



**SOP FOR EMPANELMENT OF PRIVATE HOSPITALS , EXCLUSIVE EYE HOSPITALS / CENTRES**  
**EXCLUSIVE DENTAL CLINICS, CANCER HOSPITALS/UNITS, DIAGNOSTIC**  
**LABORATORIES & IMAGING CENTRES**

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**SOP FOR EMPANELMENT SECTION**

<b>CHAPTER</b>	<b>SUBJECT</b>
CHAPTER 1	GENERAL INFORMATION ON EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)
CHAPTER 2	GENERAL INSTRUCTIONS AND ELIGIBILITY CRITERIA
CHAPTER 3	TERMS AND CONDITIONS
CHAPTER 4	GUIDELINES FOR QCI / NABH / NABL
CHAPTER 5	ELIGIBILITY CRITERIA FOR HOSPITALS/CANCER CENTRES/ EXCLUSIVE EYE CENTRES / EXCLUSIVE DENTAL CLINICS/STAND ALONE DIALYSIS CENTRE FOR EMPANELMENT
CHAPTER 6	LIST OF DOCUMENTS TO BE ENCLOSED WITH APPLICATION FOR FRESH AND ADDITION OF SCOPE OF SERVICES
CHAPTER 7	ELIGIBILITY CRITERIA FOR DIAGNOSTIC LABORATORIES/IMAGING CENTRES
CHAPTER 8	LIST OF DOCUMENTS DIAGNOSTIC LABORATORIES/IMAGING CENTRES TO BE ENCLOSED WITH APPLICATION FOR FRESH EMPANELMENT
CHAPTER 9	INSTRUCTIONS TO APPLICANTS HCO REGARDING EARNEST MONEY DEPOSIT (EMD)
CHAPTER 10	SUBMISSION OF APPLICATION FORMS
CHAPTER 11	SCRUTINY OF APPLICATIONS
CHAPTER 12	UNDERTAKING CERTIFICATE & ACCEPTANCE OF RATES FROM HOSPITAL
CHAPTER 13	SCREENING COMMITTEE MEETING
CHAPTER 14	CHANGE OF STATUS FROM NON NABH TO NABH ADDITION OF SCOPE OF SERVICES
CHAPTER 15	MEMORANDUM OF AGREEMENT
CHAPTER 16	GUIDELINES FOR NEWLY EMPANELLED HOSPITALS REGARDING PBG
CHAPTER 17	FLOW CHART FOR EMPANELMENT OF FRESH / ADDITIONAL HOSPITAL
CHAPTER 18	EMPANELMENT IN REMOTELY LOCATED AREA
CHAPTER 19	SIMPLIFIED PROCEDURES FOR EMPANELMENT OF CGHS EMPANELLED HOSPITAL WITH ECHS
CHAPTER 20	DIS-EMPANELMENT OF THE EMPANELLED HOSPITALS IN NORMAL CASES
CHAPTER 21	DIS-EMPANELMENT OF HOSPITALS IN FRAUDULENT CASES / PROCEDURE FOR TAKING ACTION AGAINST DEFAULTING HCOs AND DELEGATION OF POWERS TO MD, ECHS.
CHAPTER 22	FLOWCHART FOR DIS-EMPANELMENT OF HCO IN NORMAL & FRAUDULENT CASES
CHAPTER 23	EMPANELMENT OF GOVT HOSPITALS / NATIONAL REPUTE HOSPITALS WITH ECHS
CHAPTER 24	CHANGE OF NAME, BANK DETAILS, OWNERSHIP AND CHANGE OF ADDRESS OF THE EMPANELLED HOSPITALS
CHAPTER 25	EMPANELMENT OF AYUSH HOSPITAL
CHAPTER 26	GUIDELINES FOR LOWER LIMB PROSTHETIC PRESCRIPTION GUIDELINES
CHAPTER 27	AMPLIFICATION OF PROVISIONS RELATED TO EXTENSION/ TERMINATION OF MOA WITH HCOs
CHAPTER 28	GUIDELINES FOR EMPANELMENT OF HOSPITALS IN NEPAL

## CHAPTER 1

### GENERAL INFORMATION ON EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)

#### Introduction

1. The Ex-Servicemen Contributory Health Scheme (ECHS) was approved by the Government on 30 Dec 2002 and was launched on 01 April 2003, ECHS shall also be referred to as the "Scheme" in the text of this Brochure.

#### Aim

2. The aim of the Scheme is to provide **quality medical care** to Ex-Servicemen pensioners and their dependents for all known diseases.

#### ECHS Membership Cards

3. A 'Smart card' called "ECHS membership card" with inbuilt security features is issued to all members of the ECHS. The smart cards have the particulars of the pensioner in the front of the card and the particulars of the dependents on the reverse side. It contains a 64 KB chip which will carry the details of the Ex-servicemen and dependents including their medical history. Production of this card is a mandatory requirement when availing Medicare either at the ECHS Polyclinic or at Empanelled Hospital/Nursing Homes and Diagnostic centres. A person NOT producing his card for identification cannot be provided treatment.

4. An integrated software has been developed as a Management Information System for running the Scheme. In the first phase the information system will be networked between the ECHS Polyclinics, Station Headquarters, Regional Centre ECHS and Central Organisation ECHS.

5. The rank wise ECHS subscription of the armed forces personnel is appended below:-

- |     |                   |   |   |
|-----|-------------------|---|---|
| (a) | General Ward      | - | Rs-30000/- upto Hav or Equivalent Rank          |
| (b) | Semi Private Ward | - | Rs-67,000/- upto Sub Maj or Equivalent Rank     |
| (c) | Private Ward      | - | Rs-1,20,000/- for Offrs (Including Hony Offrs). |

#### Procedure for Availing Treatment

6. ECHS beneficiaries (An ESM or his dependants or a widow) who has enrolled into the ECHS scheme, can go to the nearest ECHS Polyclinic carrying his/her ECHS membership card. The doctors in the polyclinic will provide the required initial treatment and medicines. Should the disease require further/advanced treatment in a hospital, the patient will be referred to the nearest Service hospital/Empanelled facility.

7. At the Empanelled Hospital/Nursing Homes or Diagnostic Centre/Hospices, the ECHS member is mandatorily required to present his ECHS membership card or receipt of membership application and referral slip, before he/ she can avail treatment facilities. The ESM or his dependant does not have to clear any bills; this will be done by the ECHS.

8. Referrals except in Emergencies will always be made by ECHS Polyclinic. Empanelled Hospitals/Nursing Homes and Diagnostic centres/Hospices will forward their bills directly to the referring Polyclinic. The local/ Army/Navy/Air Force Station Commander in the town / city, under whose jurisdiction the ECHS Polyclinic is located will pay the Empanelled facility after approval of competent financial authority.

9. In Emergencies an ECHS member may be directly admitted to an Empanelled facility. However in all such cases the ECHS Polyclinic will be informed within a period of 48 hours and a formal referral done depending on the condition. Bills in such cases will be processed as above. The onus of providing the information shall be on the Empanelled Hospital/Nursing Home/Diagnostic Centre.

### **Organisation Structure**

10. The scheme is executed through the existing command and control structure of the Armed Forces. Polyclinics are administered by concerned Armed Forces Station Headquarters in the city under supervision of respective Sub-Area/Area/Command HQs of the respective service/nearest city.

11. The Central Organisation ECHS is located at Delhi for laying down policy, planning, provisioning of funds and monitoring the scheme. There are 31 Regional Centres **(Including Regional Centre Kathmandu in Nepal)** located across the country to ensure implementation of the scheme. The detailed addresses and location of the Central Organisation and Regional Centres located across the country is given below :-

#### **(a) Central Organisation ECHS**

- (i) Postal Address : Central Organisation ECHS  
Thimayya Marg,  
Near Gopinath Circle  
Delhi Cantt - 10
- (ii) Web site : <https://www.echs.gov.in>
- (iii) Contact Telephone Number and E-mail :-

S/NO	APPOINTMENT	CIVIL TELE NUMBER	OFFICIAL EMAIL ID
(aa)	DY MANAGING DIRECTOR	25683719	DYMDECHS-MOD[at]NIC[dot]IN
(ab)	MANAGING DIRECTOR	25684846	MDECHS-MOD[at]NIC[dot]IN
(ac)	JT DIRECTOR (STATS & AUTO) (B) (ECHS CARD)		JDITECHS1[at]ECHS[dot]GOV[dot]IN
(ad)	JT DIRECTOR (MEDICAL & CLAIMS)	25683475	JDMED[dot]NAVY[at]ECHS[dot]GOV[dot]IN
(ae)	DIRECTOR (MEDICAL)	25683476	DIRMEDECHS-MOD[at]NIC[dot]IN
(af)	JT DIRECTOR (MEDICAL - W & S)		JDMED[dot]ECHS[at]NIC[dot]IN
(ag)	JT DIRECTOR (EMPANELMENT)	25683476	JDMEDAF[at]ECHS[dot]GOV[dot]IN
(ah)	DIRECTOR (OPS & COORD)	25684847	DIROPSECHS-MOD[at]NIC[dot]IN

S/NO	APPOINTMENT	CIVIL TELE NUMBER	OFFICIAL EMAIL ID
(aj)	DIRECTOR (S & A )	25684645	DIRITECHS-MOD[at]NIC[dot]IN
(ak)	DIRECTOR (PROCUREMENT & FUND CONT)	20892519	DIRPFCECHS-MOD[at]NIC[dot]IN
(al)	JT DIRECTOR (PROCUREMENT & FUND CONT)	20892519	DIRPROC[at]ECHS[dot]GOV[dot]IN
(am)	JT DIRECTOR (OPS & COORD)	20892530	JDOPS[at]ECHS[dot]GOV[dot]IN
(an)	JT DIRECTOR (ESTABLISHMENT)		JDEST[dot]DEL[at]ECHS[dot]GOV[dot]IN
(ao)	DIRECTOR (COMPLAINTS & LITIGATION)	20892332	DIRCOMPLAINTS-MOD[at]NIC[dot]IN
(ap)	DIRECTOR (VIGILANCE)	20892594	DIRVIGILANCE[at]ECHS[dot]GOV[dot]IN
(aq)	JT DIRECTOR (DENTAL)		DENTAL-ECHS[at]ECHS[dot]GOV[dot]IN
(ar)	JT DIRECTOR (PERSONEL)	25684946	JDPERS[at]ECHS[dot]GOV[dot]IN
(as)	JT DIRECTOR (STATS & AUTO) (A) (IT & ACCTS)	20892597	JDITECHS-MOD[at]NIC[dot]IN
(at)	JT DIRECTOR (MED/EQPT)		JDMED1[at]ECHS[dot]GOV[dot]IN
(au)	JT DIRECTOR (OPS & COORD)		
(av)	JT DIRECTOR (COMPLAINTS & LITIGATION)		JDCLECHS-MOD[at]NIC[dot]IN

(aa) Managing Director : 011-25684846 and mdechs-mod@nic.in.

(ab) Dy MD : -01125683719 and dymdechs-mod@nic.in.

(ac) Director (Operation & Coordination) :011-25684847 & diropsechs-mod@nic.in.

(ad) Director (Complaint & Litigation): 011-20892332 & dircomplaints-mod@nic.in.

(ae) Director (Vigilance): 011-20892594 & dirvigilance-mod@nic.in.

(af) Director (Medical): 011-2568 and dirmedechs-mod@nic.in.

(ag) Director (Stats & Automation) : 011-25684645 & diritechs-mod@nic.in.

(ah) Director (Procurement & Fund Control : 011-20892519 and dirpfcechs-mod@nic.in.

(b) **Regional Centres**

S/No	Town/City	Name of Regional Centre	Telephone No / email
(i)	Ahmedabad	Regional Centre ECHS Ahmedabad, PIN – 936176, C/O 56 APO	<b>079-23245101</b> <a href="mailto:dirrc Ahmedabad@echhs.gov.in">dirrc Ahmedabad@echhs.gov.in</a>
(ii)	Allahabad	Regional Centre ECHS, Allahabad, PIN – 900 479, C/O 56 APO	<b>0532-2420526</b> <a href="mailto:dirrc Allahabad@echhs.gov.in">dirrc Allahabad@echhs.gov.in</a>
(iii)	Ambala	Regional Centre ECHS Ambala, PIN – 900 241 C/O 56 APO	<b>91383 89197</b> <a href="mailto:dirrc Ambala@echhs.gov.in">dirrc Ambala@echhs.gov.in</a>
(iv)	Bangalore	Regional Centre ECHS Bangalore, PIN – 937 410, C/O 56 APO	<b>080-41187710</b> <a href="mailto:dirrc Bangalore@echhs.gov.in">dirrc Bangalore@echhs.gov.in</a>
(v)	Bareilly	Regional Centre ECHS Bareilly, PIN – 900 469, C/O 56 APO	<b>0581-2511157</b> <a href="mailto:dirrc Bareilly@echhs.gov.in">dirrc Bareilly@echhs.gov.in</a>
(vi)	Chandimandir	Regional Centre ECHS C/O HQ Western Command <b>Chandimandir</b>	<b>0172-2589400</b> <a href="mailto:dirrc Chandimandir@echhs.gov.in">dirrc Chandimandir@echhs.gov.in</a>
(vii)	Chennai	Regional Centre ECHS Chennai Fort Saint George <b>Chennai-600009</b>	<b>044-25673244</b> <a href="mailto:dirrc Chennai@echhs.gov.in">dirrc Chennai@echhs.gov.in</a>
(viii)	Coimbatore	Regional Centre ECHS Coimbatore PIN – 900 123 C/O 56 APO	<b>0422-2683848</b> <a href="mailto:dirrc Coimbatore@echhs.gov.in">dirrc Coimbatore@echhs.gov.in</a>
(ix)	Dehradun	Regional Centre ECHS Dehradun, PIN – 900 469 C/O 56 APO	<b>0135-2755906</b> <a href="mailto:dirrc Dehradun@echhs.gov.in">dirrc Dehradun@echhs.gov.in</a>
(x)	Delhi – 1	Regional Centre ECHS Thimayya Marg Near Gopinath Circle <b>New Delhi -110010</b>	<b>011-20892596</b> <a href="mailto:dirrc Delhi@echhs.gov.in">dirrc Delhi@echhs.gov.in</a>
(xi)	Delhi – 2	Regional Centre ECHS Delhi Cantt Maude Lines <b>New Delhi -110010</b>	<b>011-25672153</b> <a href="mailto:dirrc Delhi2@echhs.gov.in">dirrc Delhi2@echhs.gov.in</a>
(xii)	Guwahati	Regional Centre ECHS <b>Guwahati</b> , C/O HQ 51 Sub Area PIN 900328, c/o 99 APO	<b>0361-2642697</b> <a href="mailto:dirrc Guwahati@echhs.gov.in">dirrc Guwahati@echhs.gov.in</a>
(xiii)	Hisar	Regional Centre ECHS Hisar PIN – 900 383, C/O 56 APO	<b>01662-22655</b> <a href="mailto:dirrc Hisar@echhs.gov.in">dirrc Hisar@echhs.gov.in</a>

S/No	Town/City	Name of Regional Centre	Telephone No
(xiv)	Hyderabad	Regional Centre ECHS Golden Palm Sainik Bhawan (GPSB), Near Monda Market <b>Secunderabad-500003 Telengana</b>	<b>040-29562813</b> <a href="mailto:dirrchyderabad@echhs.gov.in">dirrchyderabad@echhs.gov.in</a>
(xv)	Jabalpur	Regional Centre ECHS 132 Robert Lines Near Manas Mandir <b>Jabalpur-482001</b>	<b>0761-2627204</b> <a href="mailto:dirrcjabalpur@echhs.gov.in">dirrcjabalpur@echhs.gov.in</a>
(xvi)	Jaipur	Regional Centre ECHS Chinkara Marg <b>Jaipur Cantt-302012</b>	<b>0141-2249359</b> <a href="mailto:dirrcjaipur@echhs.gov.in">dirrcjaipur@echhs.gov.in</a>
(xvii)	Jalandhar	Regional Centre ECHS Jalandhar, PIN – 908691 C/O 56 APO	<b>0181-2661920</b> <a href="mailto:dirrcjalandhar@echhs.gov.in">dirrcjalandhar@echhs.gov.in</a>
(xviii)	Jammu	Regional Centre ECHS Jammu Cantt, <b>Jammu - 180 003</b>	<b>0191-2433139</b> <a href="mailto:dirrcjammu@echhs.gov.in">dirrcjammu@echhs.gov.in</a>
(xix)	Kochi	Regional Centre ECHS C/O Fleet Mail Office Naval Base, <b>Kochi-682004</b>	<b>0484-2872945, 2667285, 2872949</b> <a href="mailto:dirrckochi@echhs.gov.in">dirrckochi@echhs.gov.in</a>
(xx)	Kolkata	Regional Centre ECHS C/O HQ Eastern Command <b>Kolkata-700021</b>	<b>033-22130009</b> <a href="mailto:dirrckolkata@echhs.gov.in">dirrckolkata@echhs.gov.in</a>
(xxi)	Lucknow	Regional Centre ECHS C/O HQ Central Command <b>Lucknow – 226002</b>	<b>0522-2481897</b> <a href="mailto:dirrclucknow@echhs.gov.in">dirrclucknow@echhs.gov.in</a>
(xxii)	Mumbai	Regional Centre ECHS Mumbai, C/O FMO <b>Mumbai - 400001</b>	<b>022-22752695</b> <a href="mailto:dirrcmumbai@echhs.gov.in">dirrcmumbai@echhs.gov.in</a>
(xxiii)	Nagpur	Regional Centre ECHS Nagpur PIN – 900 419 C/O 56 APO	<b>0712-2990060</b> <a href="mailto:dirrcnagpur@echhs.gov.in">dirrcnagpur@echhs.gov.in</a>
(xxiv)	Patna	Regional Centre ECHS C/O HQ JOB Sub Area Danapur Cantt <b>Patna – 801503</b>	<b>06115-222276, 225955</b> <a href="mailto:dirrcpatna@echhs.gov.in">dirrcpatna@echhs.gov.in</a>
(xxv)	Pune	Regional Centre ECHS C/O HQ Pune Sub Area <b>Pune-410001</b>	<b>020-26331452</b> <a href="mailto:dirrcpune@echhs.gov.in">dirrcpune@echhs.gov.in</a>
(xxvi)	Ranchi	Regional Centre ECHS Ranchi C/O 56 APO PIN 900200	<b>0651-2360330</b> <a href="mailto:dirrcranchi@echhs.gov.in">dirrcranchi@echhs.gov.in</a>
(xxvii)	Trivandrum	Regional Centre ECHS Trivandrum C/O 56 APO PIN 900 113	<b>0471-2350118</b> <a href="mailto:dirrctvm@echhs.gov.in">dirrctvm@echhs.gov.in</a>

<b>S/No</b>	<b>Town/City</b>	<b>Name of Regional Centre</b>	<b>Telephone No</b>
(xxviii)	Visakhapatnam	Regional Centre ECHS, Visakhapatnam, C/O 56 APO PIN 900 455	<b>0891-2813131</b> <a href="mailto:dirrcvizag@echs.gov.in">dirrcvizag@echs.gov.in</a>
(xxix)	Bhubaneswar	Reginal Centre, ECHS, Bhubaneswar, C/o 56 APO	<b>0674-2961192</b> <a href="mailto:dirrcbbsr@echs.gov.in">dirrcbbsr@echs.gov.in</a>
(xxx)	Yol	Regional Centre ECHS, YOL C/o 56 APO PIN	<b>9906906637</b> <a href="mailto:dirrc-yol@echs.gov.in">dirrc-yol@echs.gov.in</a>
(xxxi)	Kathmandu (Nepal)	Regional Center ECHS, Kathmandu, Nepal Ambassey	<b>+977-1-4413412</b> <a href="mailto:amaechs.kathmandu@mea.gov.in">amaechs.kathmandu@mea.gov.in</a>



## CHAPTER 2

### GENERAL INSTRUCTIONS AND ELIGIBILITY CRITERIA

#### General Instructions

1. **Collection of Application Forms.** Application form be downloaded from the website of Ex-Servicemen Contributory Health Scheme (ECHS). The form along with scanned copy in a CD should be submitted with an application fee of Rs 1000/- (Rupees One Thousand only) in favor of Regional CDA through MRO (Military Receivable Order) at any SBI Branch conducting Treasury business or the RBI under the **Code Head 405/03(Misc Receipt)** towards application fee. Original to be deposited at concerned Regional Centre and photocopy signed and stamped by Director, Regional Centre to be submitted with application.

2. **Categories of Cities.** As per the concentration of patients the country may be divided into 4 regions as follows:

(a) The Tri city (Chandigarh, Panchkula and Mohali) that covers patients from entire Punjab most of Haryana, entire Jammu and Kashmir, and entire Himachal Pradesh.

(b) Delhi & NCR where the number of beneficiaries taking treatment include a very large number of temporary / transitory ECHS beneficiaries from all over the country who prefer to take treatment in Delhi / NCR in view of the best medical facilities available here and also because of their kith & kin / acquaintances being located in Delhi/NCR.

(c) Other metros like Chennai, Kolkata and Mumbai and big cities like Bangalore, Hyderabad, and State Capitals where the patients from entire state, and neighboring areas/states come for taking treatment.

(d) Other cities and towns.

(e) The categories of hospitals would be general hospitals, and other centres viz., eye hospitals\ dental hospitals, diagnostic centres, physiotherapy centres and prosthesis centres.

3. **Categories of Health Care Facilities.** ECHS would consider the following categories of health care facilities for empanelment :-

(a) Hospital (Pvt Hosp, Govt Hosp & and Hosp with National Reputes & Nursing Home)

(b) Exclusive Eye Centre.

(c) Dental Centre / Dental Lab.

(d) Laboratory / Diagnostic Centre.

(e) Imaging Centre.

(f) Hospices and Rehab Centres

(g) Physiotherapy Centre.

(h) Cancer Hospitals.

**CHAPTER-3****TERMS AND CONDITIONS****Cashless Services**

1. The Hospital, Diagnostic Centre, Dental Centre/Lab ,Imaging Centre, Exclusive Eye Centre, Nursing Home, Hospices, Rehab Centre/Physiotherapy Centre etc shall provide the agreed upon services to cases referred from ECHS Polyclinics on a Referral slip duly authenticated and stamped. Cashless services would be extended on credit system to referred cases for agreed upon period. The rates for tests and treatment would be charged as per approved list.
2. The Hospital will not be at liberty to revise the rate suo moto.

**Treatment in Emergency**

3. In grave emergency, patient shall be admitted and life & limb saving treatment be given on production of ECHS card by the members, even in the absence of referral slip. All emergencies will be treated on cashless basis till stabilization even if the speciality concerned for management of the case is not empanelled. The hospital will inform the nearest Polyclinic and BPA about the admission within 48 hrs. Payments will NOT be recovered from ECHS patient in such cases. The following ailments may be treated as an emergency which is **illustrative only and not exhaustive**, depending on the condition of the patient :-

- (a) Acute Cardiac Conditions/Syndromes including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supraventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/ Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete dissection of Aorta etc.
- (b) Vascular Catastrophes including Acute Limb ischemia, Rupture of aneurysms, medical and surgical shock and peripheral circulatory failure.
- (c) Cerebro-Vascular Accidents including Strokes, Neurological Emergencies including Coma, Cerebro meningeal infections, convulsions, acute paralysis, acute visual loss.
- (d) Acute Respiratory Emergencies including Respiratory failure and decompensated lung disease.
- (e) Acute abdomen including acute obstetrical and gynecological emergencies.
- (f) Life threatening Injuries including Road traffic accidents, Head Injuries, Multiple Injuries, Crush Injuries and thermal injuries etc.
- (g) Acute Poisonings monkey/dogs and Snake bite.
- (h) Acute endocrine emergencies including Diabetic Ketoacidosis.
- (j) Heat stroke and cold injuries of life threatening nature.
- (k) Acute Renal Failure.
- (l) Severe infections leading to life threatening sequel including Septicemia, disseminated/military tuberculosis.

- (m) Acute Manifestation of Psychiatric disorders. (Refer Appx 'A' of Central Org letter No. B/49778/AG/ECHS/Policy dated 13 Nov 2007).
- (n) Dialysis treatment.
- (o) Any other condition in which delay could result in loss of life or limb. In all cases of emergency, the onus of proof lies with Empanelled hospital.

### **Corrupt and Fraudulent Practices**

- 4. "Corrupt Practice" means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official.
- 5. "Fraudulent Practice" means a misrepresentation of facts in order to influence empanelment process or a execution of a contract to the detriment of ECHS and includes collusive practice among hospitals/authorized representative/service providers designed to hike the bills or misguide the beneficiaries or any such practice adhered to.
- 6. ECHS will suspend referrals if it determines that the hospital recommended for empanelment has engaged in corrupt or fraudulent practices and initiate process for dis-empanelment.

### **Interpretation of the Clauses in the Application Document**

- 7. In case of any ambiguity in the interpretation of any of the clauses in Application Document, interpretation of Central Organisation ECHS of the clauses shall be final and binding on all parties.

### **Right to Accept any Application and to Reject any or All Applications**

- 8. ECHS reserves the right to accept or reject any application at any time without thereby incurring any liability to the affected hospital/authorized representative/ service provider or any obligation to inform the affected hospital/authorized representative/service provider of the grounds for his action.

### **Monitoring and Medical Audit**

- 9. ECHS reserves the right to inspect the hospitals at any time to ascertain their compliance with the requirements of ECHS.
- 10. Bills of hospitals shall be reviewed frequently for irregularities including declaration of planned procedures/ admissions as 'emergencies', unjustified investigations and prolonged stay etc., and if found involved in any wrong doings, the concerned hospital would be removed from panel and black listed for future empanelment. Bank guarantee shall also be forfeited.

### **Exit from the Panel**

- 11. The Rates fixed by the ECHS shall continue to hold good unless revised by ECHS. In case the notified rates are not acceptable to the empanelled Private Hospital, or for any other reason, the Private Hospital no longer wishes to continue on the list of empanelled Private Hospitals, it can apply for exclusion from the panel by giving three months notice and by depositing an exit fee of Rs 3000/- (Rupees Three thousand only) in the form of Demand Draft in favour of concerned Regional Centre ECHS.

### **Package Rates**

12. Package rate as issued by CGHS/ECHS/AIIMS shall mean and include lump sum cost of inpatient treatment/ day care/diagnostic procedure for which a ECHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) :-

- (a) Registration charges.
- (b) Admission charges.
- (c) Accommodation charges including patients diet.
- (d) Operation charges.
- (e) Injection charges.
- (f) Dressing charges.
- (g) Doctor/Consultant visit charges.
- (h) ICU/ICCU charges.
- (j) Monitoring charges.
- (k) Transfusion charges and blood processing charges.
- (l) Pre-anesthetic check up and anesthesia charges.
- (m) Operation Theatre charges.
- (n) Procedure charges/Surgeon's fee.
- (o) Cost of surgical disposables and all sundries used during hospitalization.
- (p) Cost of medicines and consumables.
- (q) Related routine and essential investigations.
- (r) Physiotherapy charges etc.
- (s) Nursing Care charges etc.
- (t) AYUSH Hospital will be paid as per the CGHS package rates (Appx-B).

13. Package rates also include to preoperative consultation and two postoperative consultation.

14. Cost of implants/stents/grafts is reimbursable in addition to package rates as per ceiling rates of CGHS for Implants/stents/graft or as per actual, whichever is lower in case there is no CGHS prescribed ceiling rate. In case a beneficiary demands specific brand of stent / implant and gives his consent in writing, difference in cost over and above the ceiling rate may be charged from the beneficiary which is non reimbursable.

15. Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.

16. The hospitals empanelled under ECHS shall not charge more than the package rates/lower rates negotiated in MOA whichever is lower.

17. Package rates envisage upto a maximum duration of indoor treatment as follows :-

- (a) 12 days for Specialised (Super Specialities) treatment.
- (b) 7 days for other Major Surgeries.
- (c) 3 days for Laparoscopic surgeries/normal deliveries/elective angioplasty.
- (d) 1 day for day care/minor (OPD) surgeries.

18. However, if the beneficiary has to stay in the hospital for his/her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional reimbursement shall be limited to accommodation charges as per entitlement, investigations charges at approved rates and doctors visit charges (not more than 2 visits per day by specialists/consultants) and cost of medicines for additional stay.

19. No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure or due to any improper procedure and is not justified.

20. **The package rates are for semi-private ward.** If the beneficiary is entitled for general ward there will be a decrease of 10% in the rates. For private ward entitlement there will be an increase of 15%. However, the rates shall be same for investigation irrespective of entitlement, whether the patient is admitted or not and the test per se does not require admission to hospital.

21. A hospital empanelled under ECHS whose normal rates for treatment procedure/test are lower than ECHS prescribed rates shall charge as per the rates charged by them for that procedure/treatment from a non ECHS beneficiary and will furnish a certificate to the effect that the rates charged from ECHS beneficiaries are not more than the rates charged by them from non ECHS beneficiaries.

22. During In-patient treatment of the ECHS beneficiary, the hospital will not ask the beneficiary or his/her attendant to purchase separately the medicines/sundries/ equipment or accessories from outside and will provide the treatment within the package rate, fixed by the ECHS which includes the cost of all the items.

23. If one or more minor procedures form part of a major treatment procedure, then package charges would be permissible for major procedure and only at 50% of charges for minor procedure.

### **Entitlement of Wards**

24. ECHS beneficiaries are entitled to facilities of private, semi-private or general ward depending on their rank at the time of retirement as per GoI/MoD letter No 22D(04)/2010/WE/D(Res-I) dt 29 Dec 2017. The entitlement is as follows:-

Ser No	Category	Ward Entitlement
(i)	Recruit to Havs & equivalent in Navy & Air Force	General
(ii)	Nb Sub/ Sub/ Sub Maj or equivalent in Navy & AF (including Hony Nb Sub/ MACP Nb Sub and Hony Lt/ Capt)	Semi Private
(iii)	All officers	Private

## **Indemnity**

25. The empanelled HCO shall at all times, indemnify and keep indemnified ECHS/the Government against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Hospital in execution of or in connection with the services under this Agreement and against any loss or damage to ECHS/the Government in consequence to any action or suit being brought against the ECHS/the Government, alongwith (otherwise), Empanelled HCO as a Party for anything done or purported to be done in the course of the execution of this Agreement. The hospital shall at all times abide by the job safety measures and other statutory requirements prevalent in India and shall keep free and indemnify the ECHS from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the hospital negligence or misconduct.

26. The empanelled HCO shall pay all indemnities arising from such incidents without any extra cost to ECHS and shall not hold the ECHS responsible or obligated. It shall always be entirely at the cost of the hospital defending such suits.

## **Documents to be Submitted**

27. Summary of documents to be submitted along with the application as below:-

- (a) Copy of certificate or memo of State Health Authority, if any recognizing the Hospital.
- (b) Copy of audited balance sheet, profit and loss account for the last three years (Main documents only – summary sheet).
- (c) Copy of legal status, place of registration and principal place of business of the hospital or partnership firm, etc.
- (d) A copy of partnership deed/memorandum and articles of association, if any.
- (e) Affidavit of sole proprietorship on non-judicial stamp paper if medical facility is owned by individual.
- (f) Copy of Customs duty exemption certificate and the conditions on which exemption was accorded.
- (g) Photocopy of PAN Card.
- (h) Name and address of their bankers.
- (j) Copy of the existing list of rates approved by the Hospital for various services/procedures being provided by it.
- (k) Registration Certificate under PNDDT Act in case of Centres applying for Ultrasonography facility.
- (l) Copy of the license for running Blood bank.
- (m) If NABH accredited facility, Copy of certificate of NABH Accreditation with Scope duly attested by Public Notary.
- (n) If NABL accredited facility, Copy of NABL Accreditation with Scope duly attested by Public Notary.

(o) If CGHS empanelled medical facility, Copy of CGHS Office Memorandum regarding the empanelment of the HCO with CGHS, Valid MoA with CGHS and QCI Report.

(p) If Non NABH Accredited Hospital, Copy of QCI report to be submitted along with the application.

**Note** : Applications not containing the above particulars shall not be considered for empanelment.

28. **Certificate of Undertaking.** In addition a certificate given below will be rendered by the Head of the Institution and attached with the application.

### **CERTIFICATE OF UNDERTAKING**

1. It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
2. That Hospital shall not charge higher than the CGHS/ECHS notified rates or the rates charged from non-ECHS patients.
3. That the rates have been provided against a facility/procedure actually available at the institution.
4. That if any information is found to be untrue, Hospital be liable for de-recognition by ECHS. The institution will be liable to pay compensation for any financial loss caused to ECHS or physical and or mental injuries caused to its beneficiaries.
5. That all Billing will be done in electronic format and medical records will be submitted in digital format.
6. That the Hospital has the capability to submit bills and medical records in digital format.
7. That Hospital will allow a discount of 10% on payment that are made within seven days from the date of submission of the bill to ECHS.
8. The Hospital will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
9. That the centre has not been derecognized by CGHS or any state Government or other Organization, after being empanelled.
10. That no investigation by Central Government/State Government or any Statuary Investigating agency is pending or contemplated against the hospital.

Signature  
Head of Institution/Authorized Signatory

29. **Certificate for Acceptance of Rates.** A certificate given below will also be rendered by the Head of the Institution and attached with the application:-

**CERTIFICATE FOR ACCEPTANCE OF RATES**

1. It is certified that \_\_\_\_\_ (name of the institution / hospital) shall abide by ECHS rates promulgated from time to time and in no case shall the rates charged be in excess of those normally charged to non-ECHS members.

2. It is further certified that on approval for empanelment the hospital/institution shall negotiate and accept rates lower or equal to prevailing ECHS rates.

Signature  
Head of Institution/Authorized Signatory

30. Check list for documents must be filled, signed by authorised signatory of the medical facility, checked and countersigned by Director, Regional Centre where applicable be submitted with application form. Check list is enclosed as Annexure to empanelment application.



**CHAPTER-4****GUIDELINES FOR QCI / NABH / NABL**

1. Healthcare Organizations (Private hospitals, eye hospitals/ centres, dental clinics, diagnostic laboratories, Imaging centres and physiotherapy centres) shall apply to NABH-QCI office for processing of the application.
2. Healthcare Organizations (HCOS) shall fill the application form, make the payment, upload all the required documents on the online portal specially designed for this purpose.
3. The inspection shall be carried out in two steps a) Desktop inspection shall be carried out to check the adequacy of the documents submitted. The HCOS shall be provided an opportunity to submit the corrective actions of the non-conformities raised in desktop inspection) Onsite inspection.
4. The recommendations shall be made based on the parameters mutually agreed by ECHS and NABH-QCI follow as under:-

(a) The Healthcare Organisations (HCOs) shall apply for the inspection and recommendations for all the facilities available. The inspection shall be based on all or non criteria:-

<b>S No</b>	<b>Mandatory Licenses.</b>
1	Registration of the HCO with local registering authority (e.g. CMO-Chief Medical Officer, CEA-Clinical Establishment Atc etc).
2	Pollution control board authorization and consent (Biomedical waste-BMW, Air & Water)
3	Agreement for disposal of Biomedical waste with Bio Medical Waste collecting agency.
4	Fire NOC from the competent authority Please refer to <a href="https://www.nabh.co/Announcement/Fire%20Safety%20Checklist%20-%2031st%20July%202018.pdf">https://www.nabh.co/Announcement/Fire%20Safety%20Checklist%20-%2031st%20July%202018.pdf</a>
	Licenses/consent from AERB to operate the Imaging equipment (if applicable):
1	Registration under PC PNDD for USG
2	License to Operate X-Ray (Fixed)
3	License to Operate X-Ray (Mobile)
4	License to Operate Cath Lab
5	License to Operate CT Scan
6	License to Operate C-Arm
7	RSO Level I
8	License to Operate OPG or Dental X ray
9	License to Operate Nuclear Medicine Lab
10	License to procure Radioactive Material (Diagnostic/Therapy)
11	RSO Level II
12	License to operate Radiation Therapy
13	RSO Level III
14	Drugs-Bulk license(s) if applicable
15	Drugs-Retail license(s) if applicable
16	Narcotic license if applicable
17	License for MTP if applicable
18	Blood Bank registration if applicable
19	Organ Transplantation if applicable

\* Please note this list is not exhaustive and only includes some of the most common licenses.

### **Support Services:**

(b). Availability of basic in-house basic laboratory & imaging services as per the scope of services within the premises is essential. However, for Tier II and Tier-III cities, remote areas a) a MoU with NABL accredited laboratory is acceptable with an in-house collection centre b) For radiology services, a MoU with an outsourced centre is acceptable. However, the distance of such outsourced facility should not be more than 1.5 kms from the main premises of the HCO. QCI assessors shall be authorized to assess such outsourced centres.

### **Manpower**

(c) Nursing: GNM/BSc nursing in accordance with the Indian Public Health Standards (IPHS) as per the bed strength and the average occupancy of the hospital for last 6 months.

(d) RMOs : MBBS duty officer in accordance with the Indian Public Health Standards (IPHS) as per the bed strength and the average occupancy of the hospital for last 6 months.

(e) Consultants:

- (i) Full Time: allowed under Scope
- (ii) On the pay-roll of the organization
- (iii) Exclusive to the organization
- (iv) Has Out patient, In patient & Emergency rights
- (v) Based upon credentials, has privileges for procedural and emergency rights

(f) Part Time: allowed under Scope:-

- (i) Not exclusive to the organization
- (ii) Has regular OPD at pre-determined intervals and days
- (iii) Has procedural rights, emergency rights as per credentials, who is not exclusive to the organization.
- (iv) Has privileges for admitting patients as per his credentials.

(g) Visiting/ Consultants on case to case basis: not allowed under Scope

- (i) No rights to conduct regular OPD
- (ii) Based upon credentials, can be given admitting rights
- (iii) Not exclusive to the organization
- (iv) Has certain privileges as per his/her credentials for In patient-IP care and can come on-call in case of emergency.
- (v) No scopes can be granted considering Visiting/Case to case Basis consultants.

(h) Operation Theatre: NABH guidelines for Air Conditioning in Operation Theatres shall be applicable for super specialties.

(i) Scope addition: HCOS can add additional specialties in the scope recommended by applying to QCI-NABH in the prescribed application form. If the original inspection of the Health Care Organization (HCO) was done within two years, QCI-NABH would inspect only for the addition of the scopes (upto 3 new scopes only). A focus inspection fee of Rs. 15,000/- plus applicable taxes (presently GST @18%) per HCO shall be charged for the scope addition. If the inspection was done prior to two years, full inspection of hospital/ centre shall be done. The HCO shall have to apply as a new applicant in this case.

(k) Surprise inspections: QCI-NABH shall conduct the random Surprise inspections of the HCOS. The objective of the surprise inspections shall be to check the continued compliance to the parameters as laid down in the application form. Surprise inspections can also happen in response to adverse media report or based on complaints received at NABH or directions of ECHS.

\* Note: All the above requirements will be verified during the desktop and onsite inspection.

5. Recommendations shall be made by an independent Empanelment Committee duly constituted by NABH-QCI for issuing accreditation certificate.
6. Based on the inspection NABH-QCI will submit its recommendation in the following manner:
  - (i) Recommended.
  - (ii) Not recommended with the reasons (in case if the centre is deficient in infrastructure, equipment, requisite specialists/ Consultants, Nurses or other technical deficiencies or shortcomings which have bearing on functioning of centre or quality of care in the hospital. The HCOS which are Not Recommended can apply afresh after complying with all the deficiencies.
7. The final recommendations shall be shared with ECHS and with applicant HCO. The recommendations shall also be listed on NABH-QCI website [www.nabh.co](http://www.nabh.co).
8. For addition of specialties/facilities after achieving empanelment, if the original inspection of the Health Care Organization (HCO) was done within two years, NABH-QCI would inspect only for the addition of the scopes (upto 3 new scopes only). A focus inspection fee of Rs. 15,000/- plus applicable taxes (presently GST @18%) per HCO shall be charged for the scope addition.
9. If the inspection was done prior to two years, full inspection of hospital/ centre shall mandatorily be done. The HCO shall have to apply as a new applicant in this case. For any new addition of the scope, the service should have been functioning for at least 6 months before such request is made. The HCO will continue to be empaneled with ECHS on the basis of previous NABH-QCI report for which the GL (Government letter) was sanctioned. Both the NABH-QCI report and GL shall be considered valid till a fresh GL is issued on the basis of the new QCI report undertaken at the time of application for additional facilities.
10. NABH-QCI shall conduct the random surprise inspections of the HCOS on the request of ECHS. The objective of the surprise inspections shall be to check the continued compliance to the parameters as laid down in the application form. Surprise inspections can also happen in response to adverse media report or based on complaints received at NABH-QCI or directions of ECHS. The entire cost for such inspections shall be borne by NABH-QCI.
11. NABH-QCI shall provide information to all HCOS including applicant Hospitals, Dental Care Centre, Eye Hospitals/Centres, Diagnostic Centre, Imaging centres and physiotherapy centres seeking information on the inspection report/ assessment/ recommendations.
12. NABH-QCI may seek any information relevant for carrying out the Assignment of submitting recommendations on the applicant institutions from ECHS.

13. ECHS shall provide a list of remote areas/North East/ underserved areas, where the empanelment of Health care organizations (HCOS) is to be done on a priority. NABH-QCI shall conduct awareness workshops for the Health care organizations (HCOS) in these areas on a need basis. As a special consideration the application fee shall be discounted by 50% for HCOS of these remote areas.

14. The NABH-QCI recommendations shall not entitle the Hospitals, Dental Care Centre, Eye Hospitals/Centres, Diagnostic Centre, Imaging centres and physiotherapy centres to use NABH-QCI logo on their letterheads, stationary or for any other purpose.

15. The fee for inspection shall be as follows:-

S No	Type of facility	Bed Strength	Application fee per facility	GST
(a)	Hospitals	More than 100 beds	Rs 35,000/-	@18% or as applicable.
		Less than 100 beds	Rs 30,000/-	
(b)	Diagnostic centres, Imaging centres, Eye Dental clinics and physiotherapy Centres	Not applicable	Rs. 25,000/-	

**In addition to the above fees, the Health Care Organisations (HCOs) shall arrange and bear the cost for the travelling, boarding and lodging for the assessor(s).**

16. **PAYMENT SCHEDULE** : The application fee (**for India & Nepal Country**) and shall be paid by the Health Care Organization (HCO) through online portal at the time of filling the application. The application fee once paid is non-refundable and non-transferable.

## **CHAPTER-5**

### **ELIGIBILITY CRITERIA FOR HOSPITALS/CANCER CENTRES/EXCLUSIVE EYE CENTRES/EXCLUSIVE DENTAL CLINICS/STAND ALONE DIALYSIS CENTRE FOR EMPANELMENT**

1. Hospitals/Cancer Hospitals/Exclusive Eye Centres/Exclusive Dental Centres/Stand Alone Dialysis will adhere to the following guidelines:-

- (a) The Health Care Organizations must fulfill the requirements as detailed in the following paragraphs depending on the category under which the hospital/exclusive eye hospital/centre, exclusive dental clinic, cancer hospital/unit/ is seeking empanelment and submit copies of the required documents.
- (b) The Health Care Organization must have been in operation for at least one year, Copy of audited balance sheet, profit and loss account for the last financial year (Main documents only - summary sheet).
- (c) Copy of NABH Accreditation in case of NABH Accredited Health Care Organizations.
- (d) Copy of QCI recommendations in case of Non-NABH accredited Health Care Organization.
- (e) Copy of NABH Entry Level in case of NABH Entry Level Accredited Health Care Organizations.
- (f) List of treatment procedures/investigations/facilities available in the applicant Health Care Organization.
- (f) State Health Registration certificate/Registration with Local bodies, wherever applicable.
- (g) Compliance with all statutory requirements including that of Waste Management.
- (h) Fire Clearance certificate and details of Fire safety mechanism as in place in the Health Care Organization. Exclusive Eye Centres, exclusive Dental Clinics, have to enclose a certificate regarding fire safety of their premises issued by State Fire Department.
- (j) Registration under PNDT Act, if Ultrasonography facility is available.
- (k) AERB approval for imaging facilities/Radiotherapy, wherever applicable.
- (l) An Applicant Health Care Organization must have the capacity to submit all claims/bills in electronic format to the bill Clearing Agency and must also have dedicated equipment, software and connectivity for such electronic submission.
- (m) An applicant Health Care Organization must submit the rates for all treatment procedures/investigations/facilities available with them and as charged by them.
- (n) Applicant Health Care Organizations must certify that they shall charge as per existing CGHS rates. They shall also certify that in case lower rates are charged to any Government/private organization in future, they shall also charge the reduced rates from ECHS beneficiaries.

(o) Applicant Health Care Organizations must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.

(p) Applicant Hospitals, Cancer Hospital/unit must have minimum annual turnover of Rs 2.00 Crores for Metro cities and Rs 1.00 Crore for Non-Metro cities. Exclusive Eye Hospitals/Centres. Exclusive Dental Clinics, must have a minimum annual turnover of Rs 20 Lacs in Metro Cities and Rs 10 Lacs in Non-Metro Cities. Further, the business from ECHS in the last financial year will not exceed more than 50% of the total business. A certificate to this effect from the Chartered Accountant is to be given by the applicant Health Care Organization.

(q) Photo copy of PAN Card.

(r) Name and address of the bankers.

5. A minimum of 100 beds are required for multispecialty hospitals (for single speciality there is no restriction on bed strength) in all major cities to include Delhi & NCR, Tri city Chandigarh, Metro and State capitals. Screening Committee may waive off / review this stipulation on case to case basis depending on factors such as remoteness of a place, non availability of sufficient multispecialty Hospitals for consideration etc.

6. **NABH Accredited Hospitals.** The hospitals applying under **this category** must be accredited by **National Accreditation Board for Hospital and Health care providers (NABH)** or its equivalent such as **Joint Commission International (JCI) /AHCS (Australia)/International Society for Quality in Health Care (ISQua).**

7. **Non-NABH Accredited Hospitals.** All eligible Non NABH/Non NABL new HCOs shall be inspected by QCI and they shall be considering for empanelment only after receiving recommendation from QCI. Application form alongwith QCI report to be submitted at respective Regional Centre, ECHS.

8. **NABH Entry Level Accredited Hospitals.** All eligible NABH Entry Level new HCOs shall be inspected by NABH and they shall be considering for empanelment only after receiving recommendation from NABH. Application form alongwith NABH Entry Level report to be submitted at respective Regional Centre, ECHS.

9. **CGHS Empanelled Hospitals.** Hospitals/ Eye Centres/Dental Clinics/Diagnostic Labs/Prosthesis Centres which are empanelled with CGHS are eligible to apply for ECHS empanelment.

10. **Cancer Hospitals.** Cancer Hospitals/Units (NABH/Non-NABH) having all treatment facilities for cancer surgery, chemotherapy and radiotherapy approved by AERB.

11. **Exclusive Eye Hospitals/Eye Centres.** Exclusive Eye Hospitals/Eye Centres (NABH/Non NABH) are eligible for ECHS empanelment. No minimum bed strength for Eye Hospitals/ Eye Centres.

12. **Exclusive Dental Clinics.** Exclusive Dental clinics (NABH/Non-NABH) are eligible for ECHS empanelment. No minimum bed strength is specified. However, there shall be a minimum of '2' Dental Chairs for Dental Clinics applying for ECHS empanelment.

**CHAPTER-6****LIST OF DOCUMENTS TO BE ENCLOSED WITH APPLICATION  
FOR FRESH AND ADDITION OF SCOPE OF SERVICES**

<b>S NO</b>	<b>LIST OF THE DOCUMENTS</b>
1	CD CONTAINING SCAN COPY OF THE APPLICATION
2	HARD COPY AND CD TO BE TALLIED WITH EACH OTHER
3	PAGES OF APPLICATION / ANNEXURES TO BE SERIALY NUMBERED
4	AUTHENTICATION OF EVERY PAGE BY AUTHORISED SIGNATORY
5	COPY OF THE MRO
6	EMD (EARNEST MONEY DEPOSIT) VALIDITY
7	LEGAL STATUS / OWNERSHIP CLARIFICATION:-
	(A) SOLE PROPRIETOR – SELF AFFIDAVIT
	(B) PARTNERSHIP / DEED
	(C) PVT LTD:-
	(i) MEMORANDUM OF ASSOCIATION.
	(ii) CERTIFICATE OF INCORPORATION.
	(D) TRUST:-
	DEED + INCOME TAX REGISTRATION
	(E) SOCIETY :
	DEED+ INCOME TAX REGISTRATION
8	VALID COPY OF REGISTRATION UNDER SHOPS ACT
9	COPY OF SUBSIDIARY STATUS FROM PARENT COMPANY, IF APPLICABLE.
10	STATE HEALTH AUTH REGISTRATION OF HOSPITAL (MUNICIPALITY/ CMO/ NURSING HOME ACT/ CLINICAL ESTABLISHMENT ACT )
11	COPY OF CUSTOM DUTY EXEMPTION CERTIFICATE GIVING CONDITIONS OF EXEMPTIONS.
12	VALID COPY OF BLOOD BANK LICENSE –
	(A) OWN BANK/ OUTSOURCED
	(B) THIRD PARTY MOA WITH OUTSOURCED BLOOD BANK
	(C) LICNESE VALIDITY
13	COPY OF EXISTING RATE LIST APPROVED BY HOSPITAL
14	REGISTRATION CERTIFICATE UNDER PNDDT ACT
15	AERB CERT :
	(A) X RAY :
	(B) C ARM :
	(C) CT SCAN :
	(D) DENTAL X-RAY.
	(E) INTERVENTIONAL RADIOLOGY
16	BMW AUTHORISATION CERT
17	THIRD PARTY MOA FOR BMW OUTSOURCED
18	AIR CLEARANCE FROM STATE PCB
19	WATER CLEARACNE FROM STATE PCB
20	FIRE NOC STATE FIRE AUTHORITY
21	REGN CERT UNDER MTP ACT WITH DISTRICT / STATE GOVT AUTHORITY.
22	CGHS MOA
	(A) COPY OF COMPLETE MOA WITH CGHS.
	(B) COPY OF OFFICE MEMORANDUM WITH CGHS
	(C) COPY OF QCI / NABH / NABH EL / NABL ACCREDITATION CERTIFICATES.
23	QCI CERT WITH SCOPE
24	NABH EL CERT WITH SCOPE
25	NABH CERT WITH SCOPE
26	NABL CERT WITH SCOPE
27	3 YEARS AUDITED BALANCE SHEETS/IT RETURN

<b>S NO</b>	<b>LIST OF THE DOCUMENTS</b>
28	(A) PAN CARD (B) MANDATE FORM (AS PER FORMAT) (C) CANCELLED CHECK
29	CERTIFICATE OF UNDERTAKING AS PER PARA 27 OF TERMS AND CONDITIONS OF APPLICATION FORM
30	CERTIFICATE OF ACCEPTANCE OF RATES AS PER PARA 28 OF TERMS AND CONDITIONS OF APPLICATION FORM
31	OUTLINE DIAGRAM OF THE HOSPITAL
32	BROCHURE OF THE HOSPITAL
33	SPECIFICATION OF BEDS WITH DETAILS OF AMENITIES.
34	LIST OF INHOUSE DOCTORS / CONSULTANT
35	LIST OF AVAILABLE LAB FACILITIES
36	LIST OF AVAILABLE IMAGING FACILITIES
37	LIST OF EQPTS DEPT WISE
38	LIST OF MAJOR SPECIALISED TEST PROCEDURES AVAILABLE
39	ONE PAGE INFORMATION RECEIVED/NOT RECD



**CHAPTER-7****ELIGIBILITY CRITERIA FOR DIAGNOSTIC LABORATORIES/IMAGING CENTRES /  
PHYSIOTHERAPY CENTRES**

1. ECHS would consider the following categories of Diagnostic Laboratories and Imaging Centres for empanelment :-

- (a) The Diagnostic Laboratory/Imaging Centres / Physiotherapy Centres must fulfill the Criteria as specified above and must submit the copies of the required documents.
- (b) The Diagnostic Laboratory/Imaging Centres / Physiotherapy Centres must have been in operation for at least one year. Copy of audited balance sheet, profit and loss account for the last financial year (Main documents only - summary sheet) are to be submitted.
- (c) Diagnostic Laboratory/Imaging Centres / Physiotherapy Centres must have the capacity to submit all claims/bills in electronic format to the Bill Clearing Agency and must also have dedicated equipment, software and connectivity for such electronic submission.
- (d) Copy of NABL / NABH Accreditation in case of NABL/NABH Accredited Diagnostic Laboratory/Imaging Centres.
- (e) Copy of QCI recommendation in case of Non-NABH/Non-NABL Accredited Laboratories/Imaging Centres. **Entry Level NABH Accredited Hospital will be empanelled and will be eligible for Non NABH Rates / QCI Rates.**
- (f) Lists of investigation facilities available with Diagnostic Lab/Imaging Centre are to be submitted.
- (g) Diagnostic Lab/Imaging Centre must have been registered with State Government/Local bodies, wherever applicable.
- (h) Compliance with all statutory requirements including that of Waste Management.
- (j) Documents to establish that fire safety mechanism is in place issued by State Fire Department.
- (k) Registration under PNDT Act, if Ultrasonography facility is available.
- (l) AERB approval for imaging facilities wherever applicable.
- (m) Diagnostic Laboratory/Imaging Centres / Physiotherapy Centres must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.
- (n) Minimum annual turnover of Diagnostic Laboratory/Imaging Centres / Physiotherapy Centres must be Rs 20 Lacs in Metro Cities and Rs 10 Lacs in Non-Metro Cities. Further, the business from ECHS in the last financial year will not exceed more than 50% of the total business. A certificate to this effect from the Chartered Accountant is to be given by the applicant Diagnostic Lab/imaging centre.
- (o) Photo copy of PAN Card.

- (p) Name and address of the bankers.
- (q) Bank Mandate form as per prescribed format (Copy enclosed)
- (r) In addition, the Imaging Centres shall meet the following criteria:-
  - (i) **MRI Centre.** Must have MRI machine with magnet strength of 1.0 Tesla and above.
  - (ii) **CT Scan Centre.** Whole Body CT Scanner with scan cycle of less than one second (sub-second). Must have been approved by **AERB**.
  - (iii) **X-ray Centre/Dental X-ray/OPG Centre.**
    - (aa) X-Ray machine must have a minimum current rating of 500 MA with image intensifier TV system.
    - (ab) Portable X-ray machine must have a minimum current rating of 60 MA.
    - (ac) Dental X-ray machine must have a minimum current rating of 6 MA.
    - (ad) OPG X-ray machine must have a current rating of 4.5-10 MA.
    - (ae) Must have been approved by AERB.
  - (iv) **Mammography Centre.** Standard quality mammography machine with low radiations and biopsy attachment.
  - (v) **USG/ Colour Doppler Centre.** It should be of high resolution Ultrasound standard and of equipment having convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz. Should have minimum three probes and provision/facilities of Trans Vaginal/Trans Rectal Probes. Must have been registered under PNDT Act.
  - (vi) **Bone Densitometry Centre.** Must be capable of scanning 3 sites (that includes Spine) and whole body.
  - (vii) **Nuclear Medicine Centre.** Must have been approved by AERB/BARC.

**CHAPTER-8****LIST OF DOCUMENTS FOR DIAGNOSTIC LABORATORIES/IMAGING CENTRES  
TO BE ENCLOSED WITH APPLICATION  
FOR FRESH EMPANELMENT**

<b>SER NO</b>	<b>LIST OF THE DOCUMENTS</b>
1	CD CONTAINING SCAN COPY OF THE APPLICATION
2	HARD COPY AND CD TO BE TALLIED WITH EACH OTHER
3	PAGES OF APPLICATION / ANNEXURES TO BE SERIALY NUMBERED
4	AUTHENTICATION OF EVERY PAGE BY AUTHORISED SIGNATORY
5	COPY OF THE MRO
6	EMD (EARNEST MONEY DEPOSIT) VALIDITY
7	LEGAL STATUS / OWNERSHIP CLARIFICATION:-
	(A) SOLE PROPRIETOR – SELF AFFIDAVIT
	(B) PARTNERSHIP / DEED
	(C) PVT LTD:-
	(I) MEMORANDUM OF ASSOCIATION.
	(II) CERTIFICATE OF INCORPORATION.
	(D) TRUST:-
	DEED + INCOME TAX REGISTRATION
	(E) SOCIETY :
	DEED+ INCOME TAX REGISTRATION
8	VALID COPY OF REGISTRATION UNDER SHOPS ACT
9	COPY OF SUBSIDIARY STATUS FROM PARENT COMPANY, IF APPLICABLE.
10	STATE HEALTH AUTH REGISTRATION OF HOSPITAL (MUNICIPALITY/ CMO/ NURSING HOME ACT/ CLINICAL ESTABLISHMENT ACT )
11	COPY OF CUSTOM DUTY EXEMPTION CERTIFICATE GIVING CONDITIONS OF EXEMPTIONS.
12	COPY OF EXISTING RATE LIST APPROVED BY HOSPITAL
13	REGISTRATION CERTIFICATE UNDER PNDDT ACT
14	AERB CERT :
	(A) X RAY :
	(B) C ARM :
	(C) CT SCAN :
	(D) DENTAL X-RAY.
15	BMW AUTHORISATION CERT
16	THIRD PARTY MOA FOR BMW OUTSOURCED
17	AIR CLEARANCE FROM STATE PCB
18	WATER CLEARACNE FROM STATE PCB
19	FIRE NOC STATE FIRE AUTHORITY
20	CGHS MOA
	(A) COPY OF COMPLETE MOA WITH CGHS.
	(B) COPY OF OFFICE MEMORANDUM WITH CGHS
	(C) COPY OF QCI / NABH / NABH EL / NABL ACCREDITATION CERTIFICATES.
21	QCI CERT WITH SCOPE
22	NABH EL CERT WITH SCOPE
23	NABH CERT WITH SCOPE
24	NABL CERT WITH SCOPE
25	3 YEARS AUDITED BALANCE SHEETS/IT RETURN

**SER NO****LIST OF THE DOCUMENTS**

- |    |  |
|----|--|
| 26 | (A) PAN CARD   |
|    | (B) MANDATE FORM (AS PER FORMAT)   |
|    | (C) CANCELLED CHECK  |
| 27 | CERTIFICATE OF UNDERTAKING AS PER PARA<br>27 OF TERMS AND CONDITIONS OF APPLICATION FORM         |
| 28 | CERTIFICATE OF ACCEPTANCE OF RATES AS PER PARA 28 OF TERMS<br>AND CONDITIONS OF APPLICATION FORM |
| 29 | OUTLINE DIAGRAM OF THE HOSPITAL  |
| 30 | BROCHURE OF THE HOSPITAL   |
| 31 | LIST OF INHOUSE DOCTORS / CONSULTANT   |
| 32 | LIST OF EQPTS DEPT WISE  |
| 33 | LIST OF MAJOR SPECIALISED TEST PROCEDURES AVAILABLE  |
| 34 | ONE PAGE INFORMATION RECEIVED/NOT RECD   |

**CHAPTER-9****INSTRUCTIONS TO HOSPITALS REGARDING EARNEST MONEY DEPOSIT (EMD)****Earnest Money Deposit**

1. All the hospitals applying for empanelment will deposit Rs 1,00,000/- (Rupees one lac only) as EMD in the form of EMD Bank Guarantee in favour of respective Regional Centre, ECHS. The EMD is surety to sign MoA and will be refunded at the time of signing of MoA. Original Bank Guarantee to be deposited at concerned Regional Centre and photocopy signed and stamped by Director, Regional Centre to be submitted with application.

**Earnest Money Refund**

2. In case the application is rejected on technical grounds, Earnest Money would be refunded in full.

3. In case, the application is rejected after inspection on the grounds of submitting incorrect information, then 50 % of the Earnest Money would be forfeited and the balance would be refunded in due course.

4. In case, the applicant hospital refuses to sign the Memorandum of Agreement, 50 % of the Earnest Money would be forfeited. Authority to order for forfeiture of the EMD is MD, ECHS.

5. Format for EMD is attached as (Appx-C)

**Note :** No Earnest Money applicable for Govt Hospitals, Tata Memorial Cancer Hospital and its group, Hospital with National Repute like All India Institute of Medical Science (AIIMS).

**CHAPTER-10****SUBMISSION OF APPLICATION FORMS**

1. The application must be submitted at the following places :-
  - (a) **NABH Accredited Hospitals.** At respective Regional Centres, ECHS as mentioned at Para 10 (b) of Chapter-01 of the application.
  - (b) **Non NABH / Entry Level Accredited Hospitals.** At respective Regional Centre after the NABH Entry Level Accreditation / QCI Accreditation has been undertaken by the Hospital.
  - (c) **CGHS Empanelled Hospital.** At respective Regional Centres, ECHS as mentioned at Para 10 (b) of Chapter-01 of the application. These hospitals must submit the copy of Office Memorandum issued by CGHS along with a copy of valid MoA and QCI report undertaken for CGHS Empanelment.
2. Hospitals which have successfully underwent QCI / Entry Level NABH / NABH / NABL inspection will submit their Application forms in one sealed envelope superscribed as 'Application for empanelment of hospital' with respective Regional Centres, ECHS.
3. All the pages of Application and Annexures (each set) shall be serially numbered and spiral binded.
4. Every page of application form and Annexures serially attached need to be signed by the authorised signatory of medical facility. The signatory must mention as to whether he is the sole proprietor or authorized agent. In case of partnerships, a copy of the partnership agreement duly attested by a notary should be furnished. Similarly, in case of authorization, appropriate legal document should be furnished.
5. As far as possible, all information should be given in the application. If a particular facility is not available, it should be entered as '**not available**'; it should not be mentioned as '**not applicable**'.
6. The application is liable to be ignored if the information given on eligibility criteria is not complete.

**CHAPTER-11****SCRUTINY OF APPLICATIONS**

1. The Director/Joint Director, Regional Centre will examine the application to determine the following:-

- (a) Application should be complete as per check list.
- (b) Whether any computational errors have been made.
- (c) Whether Earnest Money Deposit and MRO has been furnished. Retain originals and attach photocopies duly authenticated by Director, Regional Centre with application.
- (d) Whether the documents have been properly signed and serially numbered.
- (e) Whether the application is generally in order.
- (f) Check list to be filled up, signed by authorised signatory of applicant and countersigned by Director, Regional Centre.

2. Defects / shortcomings will be corrected/ authenticated on the spot and the application processed further. Specific advice would be rendered by the Director, Regional Centres for rectification of incomplete applications. If the hospital wishes to submit fresh application, the MRO of Rs 1000/- (Rupees one thousand only) can be reused.

3. Applications that are found to be complete in all respects shall be forwarded to Central Organisation ECHS for consideration for empanelment.

**CHAPTER-12****CERTIFICATE OF UNDERTAKING AND CERTIFICATE OF ACCEPTANCE OF RATE****CERTIFICATE OF UNDERTAKING**

1. It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
2. That Hospital shall not charge higher than the CGHS/ECHS notified rates or the rates charged from non-ECHS patients.
3. That the rates have been provided against a facility/procedure actually available at the institution.
4. That if any information is found to be untrue, Hospital be liable for de-recognition by ECHS. The institution will be liable to pay compensation for any financial loss caused to ECHS or physical and or mental injuries caused to its beneficiaries.
5. That all Billing will be done in electronic format and medical records will be submitted in digital format.
6. That the Hospital has the capability to submit bills and medical records in digital format.
7. That Hospital will allow a discount of 10% on payment that are made within seven days from the date of submission of the bill to ECHS.
8. The Hospital will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
9. That the centre has not been derecognized by CGHS or any state Government or other Organization, after being empanelled.
10. That no investigation by Central Government/State Government or any Statuary Investigating agency is pending or contemplated against the hospital.

Signature

Head of Institution/Authorized Signatory

**CERTIFICATE OF ACCEPTANCE OF RATES**

1. Hospitals shall have to furnish an undertaking to ECHS accepting the rates notified by CGHS or the negotiated rates which under no circumstances will exceed the applicable CGHS rates or the rates being charged by the hospital from their normal patients who are not ECHS beneficiaries.
2. Hospitals must agree to accept and abide by the terms and conditions spelt out in the Memorandum of Agreement.

Signature

Head of Institution/Authorized Signatory



**CHAPTER-13****SCREENING COMMITTEE MEETING**

1. After scrutiny of the application, received from different Regional Centre across country will be once again put up to JD Emp for further scrutiny.
2. Application found in order will be discussed in Screening Committee Meeting (SCM)
3. The Screening Committee Meeting under the Chairmanship of MD ECHS shall examine the applications for their eligibility and Recommended on the basis of Scope of Services as per Hospital's Accreditation certificates, Norms for particular region. Subsequently all Recommended application will be forwarded to MoD (DoESW) for further issue of Govt Letter Note. Composition of the SCM is as under:-

**Chairman** : MD ECHS

**Members** (a) : Director Med, CO ECHS  
(b) : Rep of MoD (DoESW)  
(c) : Rep of DGAFMS  
(d) : Rep of IFA Delhi Area

**Member Secretary** : Jt Dir, Med (Emp), CO ECHS

4. After issuing of Govt Sanction Letter from MoD (DoESW), JD Emp fwd the same to concerned Regional Centre for signing of MoA with the selected Hospitals within stipulated time frame of one month.
5. On receiving the Govt Sanction Letter at Regional Centre, the Hosp call up for signing of MoA for the period of 2 years alongwith the PBG.
6. Once the MoA signed between Regional Centre and Hospital, The Hospital considered to be empanelled with ECHS, the same is intimated to BPA portal for generating ID and Pw for Hospitals.

**CHAPTER-14****CHANGE OF STATUS FROM NON NABH TO NABH ADDITION OF SCOPE OF SERVICES**

1. Additional facilities of Non NABH Hospital to be unambiguously defined in Part-4 of application (Appx-D) (Only relevant facility to be ticked in the boxes). The same to be stated in the covering letter of Regional Centre ECHS alongwith GL Note of previous empanelment.
2. Hospitals holding NABH certification on obtaining renewed accreditation will be considered for revised scope provided there is different in scope as compared to previous NABH Scope. Same to be processed CO ECHS through concerned Regional Centre ECHS for discussion in Screening Committee Meeting and further issue of Govt Sanc Letter from MoD (DoESW).
3. RC to clearly mentioned that there is a different in Scope and forwarding old GL Note as well as the copy of renewed Accreditation Certificate. If the renewed Scope is remains the same as previous, Regional Centre to sign MoA as per the renewed validity.
4. If NABH Hospital is offering only partial facilities of its Scope, then same to be obtain in writing from Hosp and mention to be made in the covering letter alongwith copy of declaration by the Hosp in offering partial facilities.
5. Regional Centre are advised to process the application of addl facility of empanelled Hospitals, Non NABH in the following manner:-
  - (a) Hospitals to clearly defined the additional facility, that is tick only those boxes for which the additional facility are asked for.
  - (a) RC in covering letter to CO ECHS will mentioned those addl facilities and also stating the hosp is already emp vide GL Note (Copy of GL Note to be attached).
  - (b) The list of the documents to be attached with the application as per chapter-7.
6. Regional Centre Director to ascertain the NABH Accreditation.

**CHAPTER-15****SIGNING OF MEMORANDUM OF AGREEMENT**

1. The Private hospitals which are selected for empanelment after the issue Govt Letter Note will have to enter into an agreement with ECHS Regional Centre for providing services at rates notified by ECHS or lower negotiated rates. This MOA has to be executed on Rs.100/- (Rupees One hundred only) non judicial stamp paper. **The Draft MoA for Govt / Pvt / Ayush / TMH Hospitals is as (Appx-E to H).**
2. In case of hospitals already empanelled under ECHS, on renewal of MoA they shall prepare a new Performance Bank Guarantee for the period of next 30 months.
3. The validity period of MoA will be for 02 years from the date of the signing of MoA.

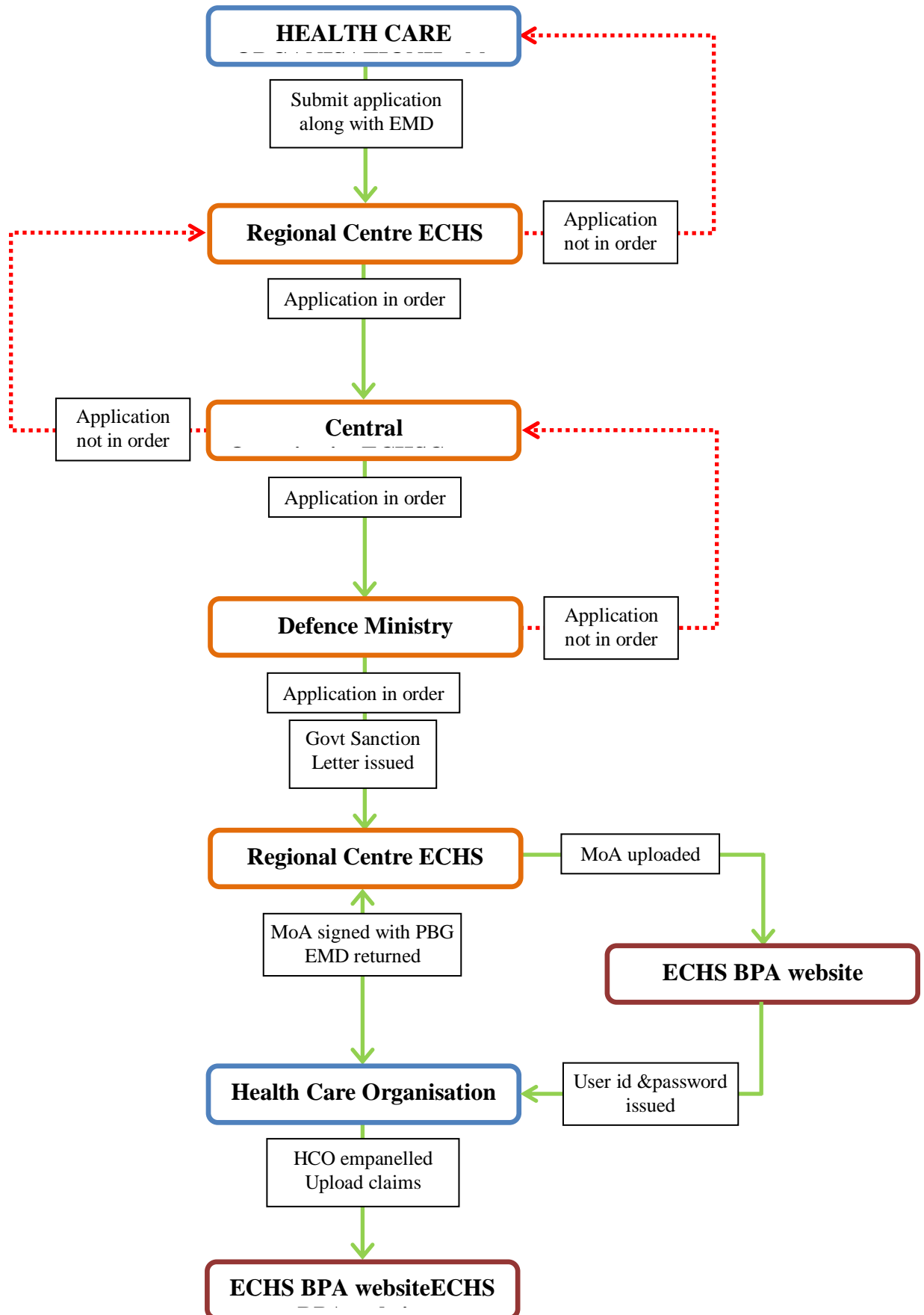
**CHAPTER-16****INSTRUCTIONS TO NEWLY EMPANELLED HOSPITAL REGARDING PBG****Performance Bank Guarantee**

(a) HCO's on signing the MoA with Regional Centre, ECHS shall furnish a Performance Bank Guarantee valid for a period of 30 months i.e. six months beyond empanelment period at the time of signing MoA with the Regional Centres to ensure efficient service and to safeguard against any default :-

Type of Hospital	Tier I City (Cities classified as X)	Tier II City (Cities classified as Y)	Tier III City (Cities classified as Z)
General Hospitals	Rs 10 Lakhs	Rs 5 Lakhs	Rs 2 Lakhs
Eye/Dental/Physio/Lab	Rs 2 Lakhs	Rs 1 Lakh	Rs 0.50 Lakh

(b) PBG for charitable Hospital, will be 50% less than normal rates.

(c) Format for Performance Bank Guarantee is (Appx-J)

**CHAPTER-17****FLOW CHART FOR EMPANELMENT OF FRESH / ADDITIONAL FACILITY****FLOWCHART FOR CHANGE OF SCOPE OF SERVICES AND CHANGE OF STATUS**

**CHAPTER-18****EMPANELMENT IN REMOTELY LOCATED AREA****(NOT HOLDING QCI / NABH EL / NABH / NABL ACCREDITATION CERTIFICATE)**

As per MoD (DoESW) letter No 22B(04)/2010/US/WE/D(Res) dated 18 Feb 2011 (Appx-K). QCI / NABH Certification has made mandatory for Hospitals to apply for empanelment with ECHS. However, Hospitals located in Tier-II and Tier-III cities (Appx-L). Such cases for empanelment with ECHS can be considered by the Ministry in consultation with MoD (Fin/Pen) of case to case basis only after duly recommended by local formation of ECHS / HQ of the Area on **Statement of Case** and thereafter consider / recommended by Screening Committee Meeting headed by MD ECHS to the Ministry.

**PROCEDURE**

1. The procedure for processing of applications is as under:-

(a) Regional Centre will identify and prepare a list of such Hospitals of Tier two and Tier three cities not served by CGHS but are willing for empanelment with ECHS.

(b) The Hospitals will be asked to fill the application form and submit the same either in physical form or electronic form with relevant documents.

(c) The application with relevant documents will be submitted to Stn HQ.

(d) **The Station HQ concerned will thereafter order a Board of Offrs to inspect the Hospitals as per applications attached (Appx-M).** The composition of the Board of Officers is as under:-

Presiding Officers : Col / Equivalent from Stn HQ concerned

Member No 1 : 01x Specialist Rep of SEMO

Member No 2 : 01 x Rep from Regional Centre

Member No 3 : 01 x Lt Col / Maj / Equivalent from Station.

(e) The Board of Offrs will carry inspection of the Hospitals based on the documents received from Hospital and submit their Recommendation.

(f) The Stn Cdr will endorse his Recommendation and fwd the application alongwith Board Proceedings to concerned Regional Centre.

2. Thereafter, the Regional Centres will forward the Board Proceedings to CO ECHS alongwith Statement of Case and all connected documents after thorough scrutiny for consideration by the SCM. Objective criteria for empanelment of hospitals is att **(Appx-N)**.

**CHAPTER-19****SIMPLIFIED PROCEDURES FOR EMPANELMENT OF  
CGHS EMPANELLED HOSPITAL WITH ECHS**

1. CGHS empanelled Hospitals can also apply for empanelment with ECHS without EMD.
2. Hospital willing to get empanelled with ECHS should approach to Regional Centre for submission of application.
3. List of the documents to be attached for deemed empanelled.
  - (c) Application format duly filled / initialed by signatory authority by Hospital and perused by Concerned Regional Centre.
  - (b) Copy of valid MoA with CGHS.
  - (c) QCI / NABH EL / NABH / NABL Certificate with Scope of Services.
  - (d) Hospital Registration Certificate.
  - (e) One Page Information.
4. **The validity of MoA with ECHS will be as per the validity of CGHS MoA. Renewal of MoA to be done on the basis of valid MoA of CGHS. If the CGHS MoA has expired the hospitals will be treated as non-empanelled. Extension of the MoA will be executed as and when CGHS MoA renewed/ signed.**
5. Further, Recommendation / Selection will be as per CHAPTER-12.

**CHAPTER-20****DIS-EMPANELMENT OF THE EMPANELLED HOSPITALS IN NORMAL CASES:**

1. The dis-empanelment of the Hospital is to be undertaken because of the following aspects / reasons:-

- (a) Large No of empanelled Hospitals who have not renewed their MoA or are not desirous for continued empanelment with ECHS.
- (b) The reasons are mentioned in Para 3 to 4 of Chapter-16.
- (c) HCOs who are unwilling to renew MoA with ECHS, if a duly notarized undertaking from the HCO in the following format appended below to be received through Regional Centre, ECHS duly recommended by Dir Regional Centre, ECHS, the same will be considered for dis-empanelment in the Screening Committee Meeting :-

**UNDERTAKING FOR NO DUES PENDING WITH ECHS**

1. I/we, \_\_\_\_\_ (Name of Sole Proprietor / List of Partners/ shareholder), resident of \_\_\_\_\_, legally owners of \_\_\_\_\_ (Name of Hospital) do hereby solemnly affirm and declare as under:-

(a) I/We do not want to renew the MoA with ECHS which has expired on \_\_\_\_\_.

(b) I/We are willing for dis-empanelment from ECHS and have received complete payment from ECHS for all the bills raised till date. No payment is due towards ECHS, hence no claim will be made from my/our side in future.



## CHAPTER-21

### **DIS-EMPANELMENT OF HOSPITALS IN FRAUDULENT CASES / PROCEDURE FOR TAKING ACTION AGAINST DEFAULTING HCOs AND DELEGATION OF POWERS TO MD, ECHS.**

1. In the light of the decisions contained in Para 6 (d) of the Minutes of meeting held under the Chairmanship of Secretary, ESW on 10.08.2015, circulated vide MoD/DOESW ID No. 22B (02)/2013/ US(WE)/D(Res) dated 25.08.2015, the Competent Authority has decided to issue this order.

2. The Provisions regarding actions to be taken against private empanelled medical facilities in case of unsatisfactory performance / unethical practices / medical negligence / violations of provisions of MoA are contained in the following orders of MoD :-

- (a) Para 7 and Para 13 of MoD letter No 22B (04)/2010/US (WE)/D (Res) dated 18.02.2011.
- (b) MoD letter No 22D (04)/2011/US (WE)/D (Res) dated 22.07.2011.

3. In continuation of the provisions contained in the above mentioned letters of MoD, the procedure for taking action against private empanelled medical facilities by CO ECHS and Ministry of Defence (MoD), Deptt of Ex-Servicemen Welfare (DOESW) and delegation of powers in this regard shall be as indicated in the following paragraphs.

4. Cases of violation of conditions of MoA are categorised as Level I, Level II and Level III as under. It is clarified that the list is illustrative and not exhaustive.

(a) **Level I - Violations would include committing the following actions on the first occasion:-**

- (i) Refusal of service.
- (ii) Discrimination & against ECHS beneficiaries vis-a-vis others.
- (iii) Refusal of treatment on credit to eligible beneficiaries and charging directly from them.
- (iv) Non authentication of ECHS beneficiaries through system as laid down by ECHS from time to time.

(b) **Level II - Violations would include the following offences:-**

- (i) Reduction in staff/ infrastructure/ equipment after empanelment with ECHS.
- (ii) Undertaking unnecessary procedures.
- (iii) Prescribing unnecessary drugs/tests.
- (iv) Overbilling.
- (v). Non submission of the report, habitual late submission or submission of incorrect data in the report.
- (vi) Repetition of Level I violations despite issue of warning to the HCO by CO ECHS.

(c) **Level III - Violations would include repetition of Level I and Level II violations despite imposition of financial penalties and the following offences:-**

- (i) Not providing access to financial and medical records to ECHS authorised persons during visit to the hospital/ medical facility.
- (ii) Criminal offences by staff of the hospital against any beneficiary or dependent, like rape, molestation etc.

### **Procedure for Handling Complaints.**

5. While dealing with complaints, instructions of Central Vigilance Commission, (CVC) on action on complaints shall be kept in mind. On receipt of a complaint whether directly or from MoD/DOESW against an empanelled hospital or as a part of surprise check, MD, ECHS shall seek a preliminary inquiry report from the Director of concerned Regional Centre. The inquiry shall be conducted by an officer nominated by Director of concerned Regional Centre as authorized by MD, ECHS within a period of one month.

6. If the complaint is found to be prima facie true but it is felt that the complaint is not conclusively proven on the basis of documents/statements and further detailed enquiry is required, then MD, ECHS shall order a detailed inquiry by an officer of the RC other than the officer who conducted the preliminary inquiry. If required MD, ECHS may constitute / request appropriate authority to constitute a Board of Officers for this purpose which shall not include the officer who conducted the preliminary inquiry. The inquiry Officer/ Board shall issue detailed Show Cause Notice to the empanelled medical facility. The Show Cause notice should clearly spell out the allegations and the conclusions of the preliminary inquiry together with the grounds on which such conclusions were reached. The inquiry Officer/ Board shall make such inquiry as it deems fit. The Board shall also take statements of all the parties concerned. Finally the inquiry Officer/ Board shall submit its findings along with all the documents, show cause notice, reply to show cause notice, statements made by the parties etc to Director Regional Centre. On receipt of this report, the Director, Regional Centre concerned shall submit the inquiry report along with his views/recommendations with detailed reasons to MD, ECHS.

7. Where the case is considered fit for issue of warning only or the complaint is proven in preliminary enquiry on the basis of documents/statements, detailed inquiry may be dispensed with by MD, ECHS.

8. MD, ECHS shall take the following course of action depending on the gravity of the lapse as indicated in para 4 above:

(i) In case of violations of Level I nature, Director Regional Centre will issue a warning to the empanelled medical facility. Repetition of Level I violations will be treated as Level II violations.

(ii) If the violation is considered Level II in nature and proven in the enquiry with documentary evidences and/or statements, MD ECHS shall impose suitable financial penalty from the amount of PBG and / or impose & Stop Referral upto three months upon the medical facility concerned and submit the complete details of the case within seven working days to MoD/ DOESW for information. However, the total amount of PBG shall be maintained by the hospital being a revolving guarantee.

(iv) If the lapse is of Level III nature, and proven in the enquiry with documentary evidences and/or statements, MD ECHS shall issue an order for forfeiture of total amount of PBG and / or issue an order of stop referral for a period of three months against the medical facility concerned and submit the complete details of the case within seven working days to MoD/ DOESW for information.

(iv) Where, as per provision of para 11 of this letter, the case is fit for dis-empamentment, and the case is proven in an enquiry, the order for stop referral shall be issued by MD, ECHS until further orders. In this case complete details of the case shall be submitted by MD, ECHS to MOD/ DOESW indicating the reasons and justification for issue of stop referral within 7 working days and proposal for disempamentment will be submitted to MOD/ DOESW within 30 working days.

(v) For overbilling and unnecessary procedure, the extra amount so charged shall also be deducted from the pending/future bills of the medical facility.

(v) For offence listed in para 4(c) (ii) i.e. criminal offences by staff of a medical facility against any ECHS beneficiary, where FIR has been lodged by the concerned ECHS beneficiary, MD, ECHS shall issue stop referral orders against that medical facility which shall remain in force till final outcome of the police investigations. Based on the final outcome of the police investigations, the case shall be processed further by MD, ECHS for either revocation of the stop referral or for disempanelment.

9. In all cases mentioned at Para 8 (i) to (vi) above, MD ECHS shall record detailed reasons in writing for taking / recommending to MoD/DOESW action against the empanelled medical facility. Appeal Against Imposition of financial penalties and Stop Referral.

10. The affected medical facility shall have the right to appeal to MoD/DOESW against imposition of financial penalties from the PBG and in case of issue of stop referrals by MD, ECHS. The last Para of order of MD, ECHS shall clearly, state & You may if you so desire, prefer an appeal against this decision in writing to MOD/ DOESW by post or by email. MoD/DOESW shall consider the appeal and upon examination pass such orders as it deems fit.

### **Dis-empanelment.**

11. In the following cases MD ECHS shall send to MOD/DOESW a detailed proposal for dis-empanelment of medical facility within 30 working days of issue of Stop Referral orders against empanelled medical facility.

(a) Where the medical facility has committed fraudulent activities;

(b) Where, there is proven case of Major/serious negligence treatment leading to loss of life/limb or grave damage to the health of the ECHS Patient.

(c) Where there is repetition of violations of the provisions of MoA despite issue of written warnings to the management of the medical facility and subsequent imposition of financial penalties.

(d) If a medical facility is, at any point of time, found unfit for empanelment wit ECHS by NABH/NABL/QCI.

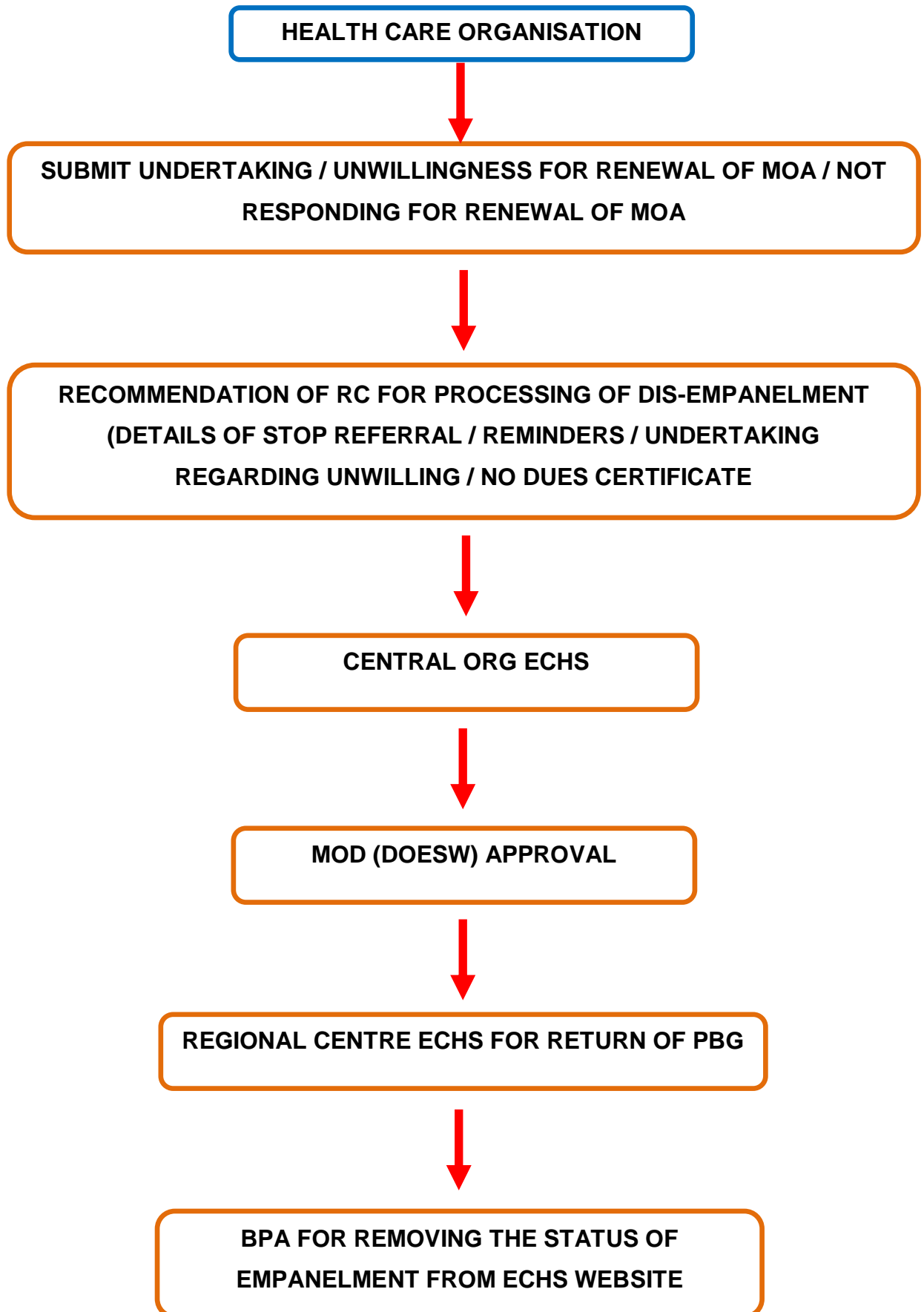
12. Once dis-empanelled, the medical facility shall be debarred from fresh empanelment for a period of 5 years from the date of order of disempanelment. However if there is 100% change of ownership of the medical facility, the 5 years moratorium shall not be applicable to it and it will be eligible to apply for fresh empanelment immediately after change of ownership. The moratorium shall remain in force even if there is part (less than 100%) change in ownership.

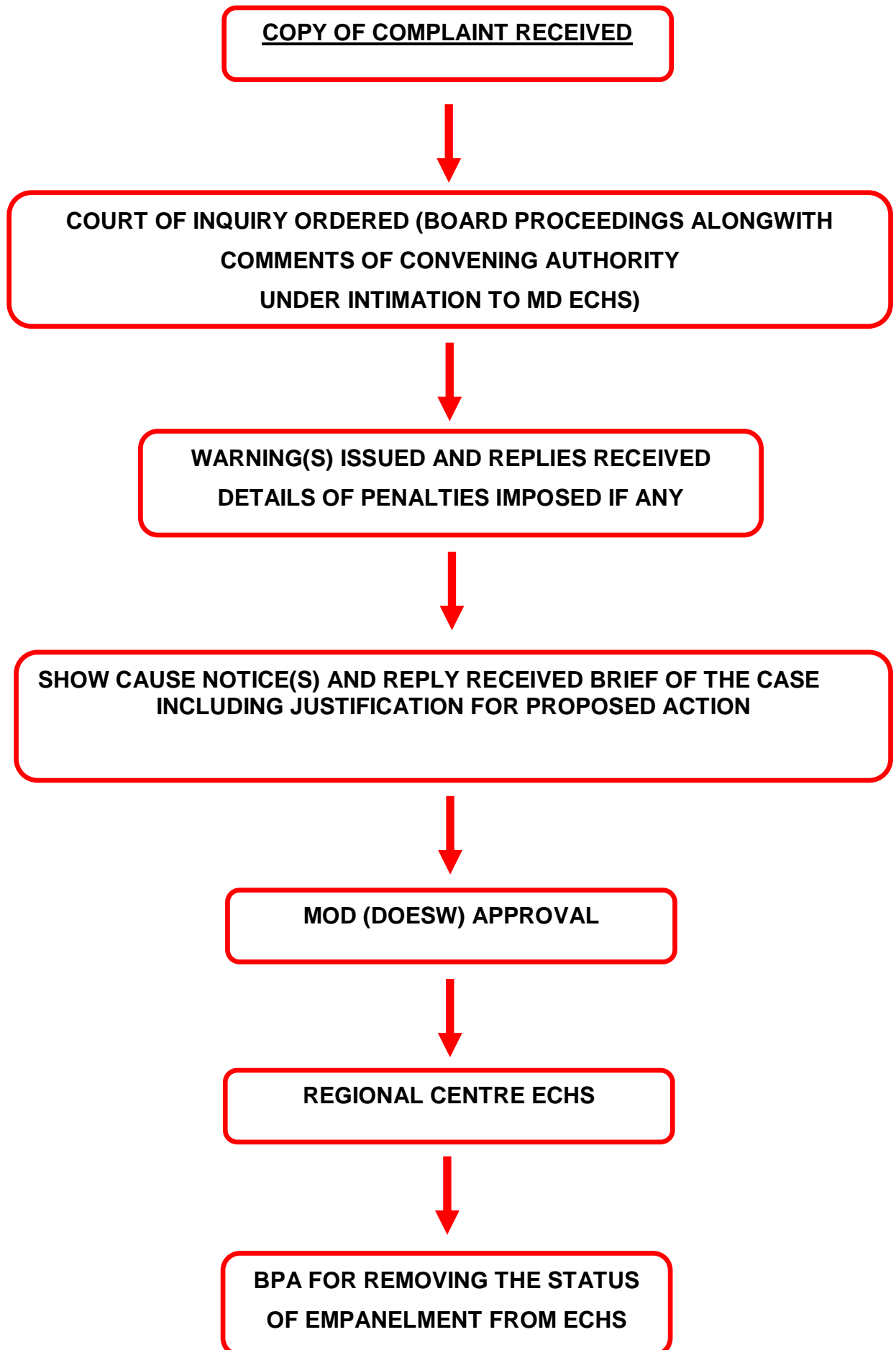
### **Revocation of Stop Referral.**

13. In cases, which are not covered under para 11 above and where MD ECHS has issued orders for Stop Referral against any medical facility for a period of three months, MD, ECHS shall write (by email and by post) to the management of medical facility within seven working days from the date of order of stop referral and offer them an opportunity to make improvement / take corrective measures and submit their reply within 30 days from the date of sending the email. In case the medical facility seeks more time to produce evidence of having taken corrective measures and the reasons for seeking additional time (which would be limited to 10 days) are considered reasonable, the same shall be granted by MD ECHS. If it is found that corrective measures have been taken by the medical facility, MD ECHS may revoke the stop referral within a period of 30 days from the receipt of reply from the medical facility, Such revocation shall be intimated to the MOD/ DOESW with detailed justification of the decision taken within seven working days from the date of revocation. If the medical facility does not take the required corrective measures or does not give any reply within 30/40 days, MD ECHS shall send a case for dis-empanelment of the said medical facility to MoD/ DOESW within 30 days from the last date of submission of reply by the medical facility. In such cases, the Stop Referral shall be extended by MD ECHS till & Extension of MoA.

14. Extension of MoA requires the medical facility to submit signed MoA with requisite documents to concerned RC well before the date of expiry of MoA for signature by Director, Regional Centre. The MoA of such an empanelled medical facility shall be renewed by Director Regional Centre concerned before the date of its expiry provided the papers being in order and no arbitration case has been filed by the medical facility against ECHS/MOD which is pending in arbitration court as on the due date of renewal of MoA and no court case has been filed by a medical facility against ECHS/MOD which is pending decision as on the due date of renewal of MOA, and no order for stop referral has been issued against that medical facility prior to the due date of renewal. In such cases, extension of MoA shall not be done until a final decision has been taken by MoD/ DOESW. In all such cases MD, ECHS shall clearly intimate to MoD/DOESW that MOA of the empanelled medical facility has not been renewed along with reasons for doing so. MD, ECHS shall also intimate the decision of not renewing the MoA along with reasons thereof to the medical facility concerned within seven working days after expiry of due date of renewal of existing MOA. Where an empanelled medical facility does not seek renewal, Director Regional Centre will issue a notice to the medical facility 30 days after expiry of MoA to submit renewal documents. If, the medical facility does not respond to the notice of Director, Regional Centre, even 60 days after expiry of the MOA, MD, and ECHS will recommend disempanelment of the medical facility to MoD/ DOESW.

15. As per the provisions of MoD letter 22D (04)/2011/US (WE)/D(Res) dated 22 Jul 2011, MoA / contract of empanelled hospitals can be suspended / terminated only with the approval of MoD/DOESW. Hence, issue of notice for termination of MoA to empanelled medical facilities by giving 30 days notice and subsequent action of termination of the MoA of any empanelled hospital can be done by MD ECHS only after obtaining prior approval of MoD/DOESW.

**CHAPTER-21****DIS-EMPANELMENT PROCESS FLOW CHART IN NORMAL CASES**

**DIS-EMPANELMENT PROCESS FLOW CHART IN FRAUDULENT CASES**

**CHAPTER-23****EMPANELMENT OF GOVT HOSPITALS / NATIONAL REPUTE HOSPITALS WITH ECHS**

1. As per Govt. of India letter 22D(09)/2013/US(WE)/D(Res) dated 26 Jul 2016 (Copy attached on echs website), all Govt (Central/State/Local Self Govt) Hospitals and Regional Cancer Centres are considered to be deemed empanelled. On acceptance of terms and conditions, MoA (approved by MoD (DoESW) vide ID No 22B(04)/2022-D(WE/Res-I) dated 17 Nov 2022 (Copy attached on echs website) can be signed with ECHS and concerned Govt Hospital.
2. After signing the MoA the confirmation to be intimated to CO ECHS and Bill Paying Agency for generating of ID and Pw.
3. No PBG is applicable for Govt Hospitals.

## **CHAPTER-24**

### **GUIDELINES FOR CHANGE OF NAME/ OWNERSHIP/ BANK DETAILS/ CHANGE OF ADDRESS IN RESPECT OF EMPANELLED MEDICAL FACILITIES**

1. Empanelled medical facilities are applying with regards to change of name, ownership, bank details. Such Healthcare Organisation (HCOs) will submit list of requisite ink signed documents regarding change of name, ownership, bankers and address are to be forwarded to CO ECHS separately as listed under :-

(a) **For Change of Name Cases.** The following documents must be obtained from the concerned medical facility :-

- (i) Registration under State Health Authority (Municipality/ CMO/Clinical Est Act/Nursing Home Act) in the new name.
- (ii) Registration under Pollution Control Board (For Bio-medical waste and consent for Air & water) in the new name.
- (iii) Fire NOC from State Fire Deptt in the new name.
- (iv) Declaration regarding change of name with address, from the owner of the HCO and Agreement/ Deed if hospital is run by Partnership or Board Resolution if the management relates to Ltd or Pvt Ltd/Trust/Society or an Undertaking (duly notarized on non-judicial stamp paper) in case of Sole Prop owner.
- (v) Certificate of incorporation regarding change of name of company issued by Ministry of Corporate Affairs along with Memorandum of Association, in case of med facility run by a company (Ltd/Pvt Ltd).
- (vi) Registration under Shops and Establishment Act from State Labor Deptt in the new name.
- (vii) Bank mandate (as per attached format) along with cancelled cheque (vide CO ECHS letter B/49771/AG/ECHS/Emp/Gen dated 21 Oct 2020 (Appx-O).
- (viii) Photocopy of PAN Card in the new name.
- (ix) A copy of latest Govt order (GL note) issued by MOD (DOESW) for the empanelled medical facility as per current MoA signed by Regional Centres ECHS.
- (x) A copy of approval letter issued earlier if any, by CO ECHS pertaining to case for change of name/ ownership in respect of the empanelled facility.

(b) **For Change of Ownership.** The following documents will be submitted by the concerned medical facility :-

- (i) Certificate of incorporation regarding change of name of company from Ministry of Corporate Affairs and Memorandum of Association from the new management in case of med facility run by a company (Ltd/Pvt Ltd).
- (ii) Copy of Board resolution from existing management stating that the assets have been transferred to the new management.



- (iii) No Objection Certificate from the owner/authorized signatory of existing management regarding payment of bills in the new management.
- (iv) No Objection certificate from the owner/authorized signatory of new management regarding pending or future dues/audit objections will be resolved/settled by the new management.
- (v) Photocopy of PAN Card in the new name.
- (vi) Bank mandate (as per attached format) along with cancelled cheque (vide CO ECHS letter B/49771/AG/ECHS/Emp/Gen dated 21 Oct 2020).
- (vii) A copy of latest Govt order (GL note) issued by MOD (DOESW) for the empanelled medical facility as per current MoA signed by Regional Centres ECHS.
- (viii) A copy of approval letter issued earlier if any, by CO ECHS pertaining to case for change of name/ ownership in respect of the empanelled facility.

(c) **For Change of Bank/ PAN Details**. The following documents will be submitted by the concerned medical facility :-

- (i) Reason for change of Bank details.
- (ii) Undertaking from the owner that there is no change in ownership of the hospital.
- (iii) Photocopy of PAN Card
- (iv) Bank mandate (as per attached format) along with cancelled cheque (vide CO ECHS letter B/49771/AG/ECHS/Emp/Gen dated 21 Oct 2020).
- (v) A copy of latest Govt Order (GL note) issued by MOD (DOESW) for the empanelled medical facility as per current MoA signed by Regional Centres ECHS.
- (vi) A copy of approval letter issued earlier if any, by CO ECHS pertaining to case for change of name/ ownership in respect of the empanelled facility.

(d) **For Change of Address Cases**. Change of address will require a fresh inspection of facility by QCI/NABH at the changed location as the case may be. A fresh application for of the hospital at the changed location is required to be submitted by the hospital and forwarded to CO ECHS. A Stop Referral will be issued to the medical facility by the Regional Centers ECHS, if the services being provided to the ECHS beneficiaries have been stopped by the hospital at the old address/location as per the existing empanelment order of the medical facility. Fresh MoA with the med facility will be signed and services of the hospital will be resumed at the changed location, only on issuance of fresh empanelment Govt order from MOD (DOESW).

(e) **Recognised Owner**. In addition to the above, it is also clarified that the type of recognized owners are as under:-

- (i) Individuals i.e. Sole Proprietor as per owner affidavit. Partnerships/Limited liability company: owner will be a firm specified in partnership deed.

- (ii) Limited Companies: Owner as per certificate of Incorporation and Memorandum of Association.
- (iii) Societies/Trust/Other Corporation: Owner as per Memorandum of Association/ Societies Act registration.

The sanctioning auth for the above corres is MD ECHS as per MoD (DoESW) letter No 22B(10)/2017/WE/D(Res) dated 05 Dec 2017 (Appx-P).

**CHAPTER-25****EMPANELMENT OF AYUSH HOSPITAL**

1. AYUSH Hospitals having OPD & IPD facility can be empanelled with ECHS to provide AYURVEDIC, YOGA & NATUROPATHY, UNANI, and SIDDHA & HOMEOPATHY Treatment to ECHS beneficiaries.
2. Eligibility Criteria for AYUSH Hospitals :-
  - (a) Hospitals should have NABH Accreditation with Scope of Services.
  - (b) Minimum 10 beds for each systems.
  - (c) Already empanelled Non NABH AYUSH Hospitals are required to obtain NABH Accreditation within one year.
  - (c) Teaching Hospitals attached with Colleges and approved by CCIM and NABH.
  - (e) Hospitals have the capability to submit bills / Medical Records in electronic format.
  - (f) Rates offered for Non NABH Accredited Hospitals will be 15% lesser than Hosp.
3. A duly recommended application (Appx-Q) is to be fwd to CO ECHS for Recommendation / Discussion in SCM further the approval of MoD (DoESW).
4. LIST OF DOCUMENTS TO BE ENCLOSED ALONGWITH THE APPLICATION AS UNDER:-
  - (a) Copy of certificate or memo of State Health authority, if any, recognizing the Hospital.
  - (b) Copy of Valid NABH Certificate, if available. For already empaneled Non NABH hospitals an undertaking is to be provided regarding obtaining NABH within one year.
  - (c) Copy of audited balance sheet, profit and loss account for the last one year- (Main documents only- Summary sheet).
  - (d) Copy of legal status, place of registration and principal place of business of the hospital or partnership firm, etc.,
  - (e) A copy of partnership deed/ memorandum and articles of association, if any.
  - (f) Copies of all statutory requirements like BMW disposal management, Air and water consent, Drugs License, Green clearance, Fire clearance etc.,
  - (g) Photo copy of PAN Card.
  - (h) Name and address of their bankers along with crossed blank Cheque to facilitate Bill Processing Agency (BPA).

- (j) Copy of the existing list of rates approved by the Hospital for various services/ procedures being provided by it.
- (k) List of staff working in the Hospital including visiting specialists.
- (l) Any other documents relevant to empanelment.
- (m) Certificate of undertaking to be attached as per Annexure-I (Appx-R)
- (n) Acceptance letter for CGHS rates as per Annexure-III (Appx-S).
- (o) Memorandum of Agreement to be signed as per Annexure-IV (Appx-T)
- (p) Determination of treatment expenditure for payment / re-imburement as per Annexur-A2, N2, Y2 (Appx-U).
- (q) Rates and Guidelines for re-imburement and settlement of AYUSH Hosp treatment expenditure as per uploaded list.

**GUIDELINES FOR LOWER LIMB PROSTHETIC PRESCRIPTION GUIDELINES**

**General Conditions.**

1. Fitting of prosthesis is a planned procedure so all the fittings/ repairs will be carried out only after referral from concerned polyclinic.
2. Keeping in view the physical growth into consideration, individuals upto 12 years of age will be considered as children for the purpose of these guidelines in general.
3. The appliances will be allowed for re-issue on completion of Five years in case of adults and Two years in the case of children
4. In the first-time fitting post amputation the amputee will be issued with Two prostheses as per procedure given in Para 7 (c) & (d). The first prescription will be as per the determined activity level of the amputee. The second prosthesis is intended to be a standby prosthesis.
5. Empanelled prosthetic centre will ensure correct manufacture, fitting, training and issue of the limbs and appliances and maintain standardization and quality assurance in respect of all devices manufactured/ issued by them. All warranties as applicable to their non ECHS clients shall be applicable to ECHS beneficiaries.

**Referral Procedure.**

1. Referral will be issued by Polyclinic to prosthetic centre of AFV & choice for all cases of initial fitting, review fittings, renewal fittings and repair on per visit basis. Prescription / endorsement of specialist concerned will be required as per table below:-

Ser No	Fitting Type	Specialist endorsement
(a)	Initial fitting of the appliances (prosthetic and orthotic)	Physical Medicine and Rehabilitation (PMP) specialist or Orthopaedic surgeon or Prosthetic Surgeon of ALC, Pune or ALC sub centres or Professor/Senior Specialist working in any Govt hospital in the specialties of Physical Medicine and Rehabilitation (PMR) or Prosthetic surgery
(b)	Second/renewal Fittings	No endorsement required. However, there will be no deviation from the prior prescription unless auth by S No 1 above.
(c)	Level 4 prosthesis	S No 1 & 2 above AND Sustained injury or undergone amputation attributable to military service
(d)	Level 4 Sports prosthesis	S No 1 & 2 above and participation at the state level sports activities duly certified by the competent sports authority.
(e)	<b>Repair</b>	
	(a) Replacement of major components like socket, joints and/or foot	Service Prosthetic surgeon / Orthopaedic surgeon/ Surgeon and approved by SEMO as per para 5 (b) below
	(b) Minor repairs and replacements of consumable items	No endorsement required

2. If any major component, like socket, joints, foot, etc becomes unserviceable within five years (two years in case of children) of fitment, assessment will be made regarding possible neglect on a case by case basis by Service Prosthetic surgeon / Orthopaedic surgeon/ Surgeon and approved by SEMO by OEM/ prosthetic centres. If within warranty, warranty clauses will apply. If not in warranty, bills will be paid as per para 10, 11 & 12 below. If the damage. is suspected to be due to neglect or tampering, the decision to replace with an equivalent part will be liability of the AFV.

### **Prescription.**

3. There is no discrimination as regards gender, rank, or whether AFV or dependant. However, older retd pers are likely to have a lesser assessed activity level as compared to younger dependents.

(a) The following procedure will be followed for arriving at a suitable prescription (a) Detailed history and relevant examination will be done and documented. Each amputee will be specifically assessed as regards the criteria in annexed guidelines.

(b) All amputees will be counseled about the procedure and the prosthesis. Prescription will be made once the patient is considered fit for prosthetic fitment. Guidelines are enclosed as Annexure to this document.

(c) In continuation with Para 4(d) *ibid*, the first-time fitting post amputation the amputee will be issued with one prosthesis. The first prescription will be as per the determined activity level of the amputee. The amputee will be trained in usage of the prosthesis and also provided the scheduled gait trg till he is satisfactorily trained in use. He will be advised review after 6 months for issue of second prosthesis. Any issues with the first prosthesis, including altered socket fit, will be addressed during this visit.

(d) The second prosthesis is intended to be a standby prosthesis. The activity level of the amputee will be reassessed at the second visit and each subsequent visit:-

(i) In case the activity level remains unchanged the second prosthesis will be of one level below the previously determined activity level.

(ii) In case the individual is of Level I activity, then both the prostheses will be of this level.

(iii) In case the activity level has improved since last assessment, the second prosthesis will be of the improved activity level. In such case the first issued prosthesis will be his standby prosthesis.

(iv) In case the amputation was sustained more than 6 months previous to the visit and the stump has stabilized or if the amputee is an existing prosthetic user coming for first time to ALC/ ALSC/ prosthetic centre, the two prostheses may be issued at the same instance.

## **Aim**

1. The aim of these guidelines is to define the prescription of prosthetics to various lower limb amputees so that a rational and scientific use of components is made to benefit the patients and the state. These guidelines have been formulated based on prescription criteria of ALC, Pune,

2. Each prescription is a specific combination of components, carefully individualized to the patient based on the following criteria:-

(a) **Clinical aspects** - level of amputation, length of stump, condition of stump, wounds/ sinuses if any, tenuousness of skin cover, tender scars, bony prominences, neuroma if any, range of motion and strength of proximal joints, patient weight, upper limb control (to don the prosthesis safely, independently and with ease), cognition (ability to understand safe usage of prosthetics), state of contralateral limb, and co-morbidities.

(b) **Anticipated/ aspired activities and motivation** To be assessed vis- a-vis past activity status. Though possible, a previously sedentary person is less likely to undertake high activity post amputation. An ill-motivated person is less likely to obtain and use the benefits of higher activity prostheses.

(c) **Occupation** - indoors/ outdoor job, extent/ duration of walking/ standing.

(d) **Anticipated environment of work** - A farmer is more likely to need at least one exoskeletal prosthesis.

(e) **Overall activity level - assessed as Levels 0-4,**

(i) **Level 0.** Non user - Individual with no ability to undertake prosthetic aided ambulation such as one with paralysis, multiple limb loss, severe contractures, etc. May only use prosthesis for cosmetic purposes/ performing transfers.

(ii) **Level 1.** Indoor user - Individual with mobility limited to indoors, walking on flat surfaces for short duration and distances. May have limitations due to limb weakness, multiple limb loss, cardiovascular illness or other co-morbidities.

(iii) **Level 2.** Limited outdoor user - Limited mobility outdoors, negotiating low obstacles. Walking distance and duration limited. May have limitations due to cardiovascular or other co-morbidities.

(iv) **Level 3.** Unrestricted outdoor user - Normal day-to-day Work related activity, negotiating varied urban terrains, walks with varied speeds. Unrestricted duration/ distance. But not rigorous use, demands/ has higher functional activity either professional .

(v) **Level 4.** Normal/ Unrestricted outdoor user. Individual has rigorous recreational, Undertakes leisure/recreational sports/fitness activity.

(vi) **Level 4 S (Sports) Competitive Sports activity needing sports prosthetics** – Individual has higher functional activity either recreational or competitive. Needs one or more components specifics to the activity.

3. Types of prosthesis to be prescribed and rates (Appx-V)

**AMPLIFICATION OF PROVISIONS RELATED TO EXTENSION/TERMINATION  
OF MOA WITH HCOS**

1. Refer the following:-

- (a) MOD (DOESW) letter No 25(02)/2018/WE/D(Res) dated 10 Oct 2019 (Appx-W).
- (b) CO ECHS letter No B/49717-C/AG/ECHS dated 04 Dec 2019 (Appx-X).

2. **EXTENSION OF MOA.**

(a) Extension of MoA requires the medical facility to submit signed MoA with requisite documents to concerned Regional Centre well before the date of expiry of MOA for signature by Director, Regional Centre. The MoA of such an empanelled medical facility shall be renewed by Director Regional Centre concerned before the date of its expiry provided the papers being in order and the following aspects are adhered to.

- (i) No arbitration case has been filed by the medical facility against ECHS/MOD which is pending in arbitration court as on the due date of renewal of MoA.
- (ii) No court case has been filed by a medical facility against ECHS/MOD which is pending decision as on the due date of renewal of MoA.
- (iii) No order for Stop Referral has been issued against that medical facility prior to the due date of renewal.
- (iv) Hospital will produce accreditation certificate i.e. QCI / NABH EL / NABH / NABL at the time of MoA. Failure for the same imposes STOP REFERRAL for period of THREE MONTHS if the hospitals has already applied for accreditation / inspection from QCI / NABH Auth. On receipt of the acknowledgement of the accreditation certificate, the MoA can be extended upto six month with prior approval of CO ECHS.
- (v) Regional Centre ECHS to submit Performance Evaluation Matrix for empanelled Hospitals to Central Org prior to Renewal of MoA (Appx-Y)

(b) In such cases as mentioned in Para 3(a) to (c) above, extension of MoA shall not be done until a final decision has been taken by MOD/DOESW. In all such cases CO, ECHS shall clearly intimate the MOD/DOESW that MOA of the empanelled medical facility has not been renewed alongwith reasons for not doing so. CO ECHS shall also intimate the decision of not renewing the MoA alongwith reasons thereof to the medical facility concerned within seven working days after expiry of due date of renewal of existing MOA. Stop Referral will be issued by Regional Centre from the date of expiry of the MoA until further renewal or natural expiry of Stop Referral after disempanelment. Before recommending a HCO for disempanelment, it will be ensured that there are no dues pending to be paid to the HCO.

3. **NON RENEWAL OF MOA BY HCO.** Where an empanelled medical facility does not seek renewal, Stop Referral will be issued by Regional Centre from the date of expiry of the MoA until further renewal. Director Regional Centre will issue a notice to the medical facility 30 days after expiry of MoA to submit renewal documents. If the medical facility does not respond to the notice of Director, Regional Centre, even 60 days after expiry of the MOA, Dir Regional Centre will recommend disempanelment of the HCO and process the case with recommendations of Cdrs in Chain to Central Org ECHS. MD ECHS will further process the case with MOD/DOESW for disempanelment with his recommendations. Before recommending a HCO for disempanelment, it will be ensured that there are no dues pending to be paid to the HCO.



4. **Premature Termination of MoA** : Para 41 (c) of the MoA provides for termination of MoA by either the empanelled HCO or ECHS with prior notice of 30 days.

(a) **Premature Termination by Empanelled HCO**. Upon intimation of premature termination of MoA by the HCO with prior notice of 30 days, the Dir Regional Centre will ensure that all concerned are intimated about the impending termination of MoA to include, the polyclinics, BPA and the beneficiaries. Stop Referral will be issued against the concerned HCO by the Regional Centre from the date of termination of the MoA. A show cause notice will be issued asking the HCO as to why the facility should not be disempanelled within 30 days of termination of MoA. Based on the reply received or non receipt of reply within 15 days of serving the notice, Dir Regional Centre may take up case with CO ECHS for disempanelment with recommendations of Cdrs in chain. CO ECHS will thereafter process the case with MoD/DOESW with recommendations of MD, ECHS. Before recommending a HCO for disempanelment, it will be ensured that there are no dues pending to be paid to the HCO.

(b) **Premature Termination by ECHS**. As per the provision of MoD letter No 22D(04)/2011/US(WE)/D(Res) dated 22 Jul 11, MOA/Contract of empanelled hospital can be suspended/terminated only with the approval of MoD/DOESW. A case will be taken up by Dir Regional Centre with recommendations of Cdrs in chain with CO ECHS for obtaining prior sanction of the MOD/DOESW for premature termination of MoA with an empanelled HCO giving reasons. On receipt of sanction of MoD/DOESW, notice for termination of MOA will be served on the HCO and the MoA will be terminated after expiry of 30 days of notice. Stop Referral will be issued against the concerned HCO by the Regional Centre from the date of termination of the MOA. A separate case for disempanelment will be taken with MoD/DOESW within 30 days after termination of MOA. Before recommending a HCO for disempanelment, it will be ensured that there are no dues pending to be paid to the HCO.

**CHAPTER-28****GUIDELINES FOR EMPANELMENT OF HOSPITALS IN NEPAL**

1. Empanelment of the Hospitals in Nepal will be done in lines of Pvt Hospitals in India except change in PBG Criteria.

2. **Performance Bank Guarantee (PBG) for Nepal** : Healthcare organisations that are recommended for empanelment after the initial assessment shall also have to furnish a Performance Bank Guarantee valid for a period of 30 months, i.e six months beyond empanelment period to ensure efficient service and to safeguard against any default. Following PBG will be applicable (Indian Rupees):

(a)	Empanelled Hospitals/Cancer units	-	Rs 2 lacks (NPR 3.20 Lacks)
(b)	Eye Centre	-	Rs 0.5 Lacks (NPR 0.80 Lacks)
(c)	Dental Clinics	-	Rs 0.5 Lacks (NPR 0.80 Lacks)
(d)	Physiotherapy Centres	-	Rs 0.5 Lacks (NPR 0.80 Lacks)
(e)	Rehabilitative Centres and Hospices	-	Rs 0.50 Lakhs (NPR 0.80 Lakhs)
(f)	Diagnostic Laboratories / Imaging Centres	-	Rs 0.50 Lakhs (NPR 0.80 Lakhs)

(g) PBG for charitable organization would be 50% less than normal rate.

3. All the terms and conditions of the MoA will be same as mentioned in MoA approved by MoD(DoESW) for private Hospitals.

**FLOWCHART FOR EMPANELMENT OF HOSPITALS IN NEPAL**