

Annexure 6

G.O. No. HFW 69 CGE 2018, dated: 15.11.2018

Integrated Ayushman Bharath-Arogya Karnataka - Empanelment Criteria for Public Health Institutions and Private Hospitals.

1. Introduction

In order to acquire patients under the “Ayushman Bharath-Arogya Karnataka” scheme Public Health institutions and Private hospitals should be empanelled with Suvarna Arogya Suraksha Trust. Applications for empanelment should be submitted online in the portal of SAST www.sast.gov.in. The following points are considered while processing the application forms to determine the eligibility for empanelment.

- i) Hospital /Health care Provider empanellment request
- ii) Health Care Organisation registration details
- iii) Accreditation and Statuary regulations (AERB, KPME, Pollution Control Board, NABH and other statutory requirements)
- iv) Tax and PAN card details
- v) General Infrastructure (Hospital Bed Strength/General Ward Beds/No. of Beds (Male)/ No. of Beds (Female)
- vi) Hospital infrastructure Operation theatre, emergency facilities, CSSD facility, etc.
- vii) Diagnostic facilities.
- viii) Specialist details with all the necessary documents.

1.1 Basic Principles of empanelment

For providing the benefits under integrated AB-ARK scheme the State Health Agency (Suvarna Arogya Suraksha Trust) through State Empanelment and Disciplinary Committee will empanel Public Healthcare Institute and Private Hospitals in the State and in neighbouring States for the benefit of border areas. The physical verification is done through District empanelment committee (DEC) or through State Empanelment and Disciplinary committee. The following points are considered for empanelment;

- i. Private hospitals that were empaneled with SAST or Yeshaswini Trust or with RSBY insurance companies and others may be given provisional empanelment for the Ayushman Bharat - Arogya Karnataka scheme subject to fulfillment of norms prescribed herein.
- ii. On getting the provisional empanelment, the concerned hospital shall be provided a three-month period to submit the formal application along with supporting documents in fulfillment of the norms, or submission of requests, to the concerned authorities for the statutory approvals.
- iii. On submission of the formal application with supporting documents, the empanelment committee of SAST shall consider the application for

continuation of the provisional empanelment, for a period not exceeding one year in case of partial compliance to the norms, or according full empanelment for a period of three years on compliance of all the norms. After a period of three years, the empanelment would have to be renewed.

- iv. For fulfilling the requirement of the norms relating to NABH entry level certification and fire safety advisory plan from prescribed agencies, a period of one year is provided for compliance.
- v. For fulfilling the requirement of the statutory norms such as KPME renewal, AERB permission, Pollution control certification, a period of six months is provided for compliance
- vi. Based on the decision of the empanelment committee, a Memorandum of Understanding (MOU) between SAST and the concerned hospitals shall be signed according to the status of the empanelment, defining the rights and obligations of the parties.
- vii. In the event of a provisionally empaneled hospital not submitting the formal application with supporting documents within a period of three months from the date of the provisional empanelment based on the consent letter, or not submitting compliance to the norms within the stipulated time, as relevant for the norms mentioned in paras iv and v above, from the date of the formal application, the provisional empanelment shall stand terminated.
- viii. A one-time processing fee for application for empanelment or its renewal shall be the following.
 - a Rs. 10000 (ten thousand), for a private hospital seeking to provide complex secondary healthcare treatments only;
 - b Rs. 20000 (twenty thousand), for a private hospital seeking to provide tertiary healthcare treatments only;
 - c Rs. 10000 (ten thousand), for a private hospital seeking to provide emergency healthcare treatments only;
 - d Rs. 20000 (twenty thousand) for a private hospital seeking to provide all three types of treatment complex secondary, tertiary and emergency healthcare treatment.

There shall not be any fee for empanelment of the PHIs.

1.2 Institutional Setup For Empanelment

The State Empanelment and Disciplinary Committee will be constituted by the Government.

1.3 The SHA through state empanelment and disciplinary committee shall ensure:

- i) Empanelment within the stipulated timeline for quick implementation of the programme
- ii) The empanelled provider meets the minimum criteria as defined by the guidelines for general or specialty care facilities.
- iii) Transparency in Empanelment and De- empanelment processes.
- iv) Time bound processing of all applications; and
- v) Time bound escalation of appeals

It is prescribed that at the district level, a similar committee, District Empanelment Committee (DEC) will be formed, which will be responsible for hospital empanelment related activities at the district level and to assist the SEC in empanelment and disciplinary proceedings with regards to network providers in their districts.

1.4 District Empanelment Committee (DEC) will constitute of the following members

- i) District Surgeon/Principal Government medical college of the respective district
- ii) District Nodal officer – State Health Agency
- iii) Regional Coordinator – SAST
- iv) One Specialist /Superspeciality Member from the district for facility inspection.

1.5 The DEC will be responsible for:

- i) Getting the field verification done along with the submission of the verification reports to the SEC through the online empanelment portal.
- ii) Recommending, if justified, any relaxation in empanelment criteria that may be required to ensure that sufficient number of empanelled facilities are available in the district.
- iii) Final approval of relaxation will lie with SEC.
- iv) The SEC will consider, among other things, the reports submitted by the DEC and recommendation for approval or denial or return to the requesting hospital for more details.

1.6 Role of DEC

- i) After the empanelment request by a hospital is filed, the application should be scrutinized by the SEC and processed completely within 15 days of receipt of application and will be forwarded to DEC.
- ii) A login account for a nodal officer from DEC will be created by SEC. This login ID will be used to download the application of hospitals and upload the

inspection report. As a first step, the documents uploaded have to be correlated with physical verification of original documents produced by the hospital. In case any documents are found wanting, the DEC may return the application to the hospital for rectifying any errors in the documents.

- iii) After the verification of documents, the DEC will physically inspect the premises of the hospital and verify the physical presence of the details entered in the empanelment application, including but not limited to equipment, human resources, service standards and quality and submit a report in a said format through the portal along with supporting pictures/videos/document scans.
- iv) DEC will ensure the visits are conducted for the physical verification of the hospital. The verification team will have at least one qualified specialist (With PG qualification).
- v) The team will verify the information provided by the hospitals on the web-portal and will also verify that hospitals have applied for empanelment for all specialties as available in the hospital.
- vi) In case during inspection, it is found that hospital has not applied for one or more specialties but the same facilities are available, then the hospital will be instructed to apply for the missing specialties within a stipulated timeline (i.e. 7 days from the inspection date).
- vii) In this case, the hospital will need to fill the application form again on the web portal. However, all the previously filled information by the hospital will be prepopulated and hospital will be expected to enter the new information.
- viii) If the hospital does not apply for the other specialties in the stipulated time, it will be disqualified from the empanelment process.
- ix) In case during inspection, it is found that hospital has applied for multiple specialties, but all do not conform to minimum requirements under AB-ArK then the hospital will only be empanelled for specialties that conform to AB-ArK norms.
- x) The team will recommend whether hospital should be empanelled or not based on their field-based inspection/verification report.
- xi) DEC team will submit its final inspection report to the state. The district nodal officer has to upload the reports through the portal login assigned to him/her.
- xii) The DEC will then forward the application along with its recommendation to the SEC.

1.7 Process of Empanelment

Empanelment requirements

- i) The empanelment of private hospitals in the neighboring states can also be considered in case of inadequate capacity being available in the PHIs and the empanelled hospitals in the border districts.
- ii) All public facilities with capability of providing inpatient services (Community Health Centre level and above) are deemed empanelled under integrated AB-ArK. The State Health Department shall ensure that the enabling infrastructure and guidelines are put in place to enable all public health facilities to provide services under AB- ArK.
- iii) AB-ArK hospitals will also be eligible for empanelment in AB-NHPM, based on the approvals.

- iv) Hospitals will be encouraged to attain quality milestones by making NABH (National Accreditation Board of Health) pre entry level accreditation/ NQAS (National Quality Assurance Standards) mandatory for all the empaneled hospitals to be attained within 1 year.
- v) Hospitals with NABH/ NQAS accreditation will be given incentivised payment structures by the states within the flexibility provided by MoHFW/NHA at rates fixed by the State Government.
- vi) Hospitals will undergo a renewal process for empanelment once every 3 years or till the expiry of validity of NABH/ NQAS certification, whichever is earlier to determine compliance to minimum standards.

1.8 Empanelment of Private Network hospitals in the border districts of Maharashtra, Andhra Pradesh, Telangana and Goa states

Private Network hospitals are empaneled under AB-ArK with the same Terms of reference prescribed in the empanelment criteria in the border districts for Complex secondary, Tertiary and Emergency treatment packages. Patients acquisition can be done only if referred from Public Health Institutions in case of procedure packages Annexure-7B & 8. For procedures under Annexure-9 patients can directly go to empaneled private hospitals.

1.9 Empanelment and Disciplinary Committee

An Empanelment and Disciplinary Committee shall be constituted by the Government of Karnataka for the process of Empanelment and De-empanelment of hospitals under the “Arogya Karnataka” scheme. The Committee will be vested with powers to conduct inspections or cause to conduct inspections of the hospitals registering for empanelment under the Arogya Karnataka scheme, and also to review the empanelment status of hospitals with reference to the MoU signed and recommend disciplinary action including levying of penalty and De-empanellment of the hospital.

1.10 Role of SEC

- i) The SEC will consider, among other things, the reports submitted by the DEC. The hospital empanelment request shall be approved, denied or returned to the hospital.
- ii) In case of refusal, the SEC will record in writing the reasons for refusal and either direct the hospital to remedy the deficiencies, or in case of egregious emissions from the empanelment request, either based on documentary or physical verification- direct the hospital to submit a fresh request for empanelment on the online portal.
- iii) The SEC will also consider recommendations for relaxation of criteria of empanelment received from DEC or from the SHA and approve them to ensure that sufficient number and specialties of empanelled facilities are available.
- iv) Hospital will be intimated as soon as a decision is taken regarding its empanelment and the same will be updated on the AB-ArK web portal. The hospital will also be notified through SMS/email of the final decision. If the

application is approved, the hospital will be assigned a unique national hospital registration number under AB-ArK.

- v) If the application is rejected, the hospital will be intimated of the reasons on the basis of which the application was not accepted and comments supporting the decision will be provided on the AB-ArK web portal. Such hospitals shall have the right to file a review against the rejection with the State Health Agency within 15 days of rejection through the portal.
- vi) In case the hospital chooses to withdraw from AB-ArK, it will only be permitted to reenter/ get re-empanelled under AB-ArK after a period of 6 months.
- vii) If a hospital is blacklisted for a defined period due to fraud/abuse, after following due process by the State Empanelment Committee, it can be permitted to re-apply after cessation of the blacklisting period or revocation of the blacklisting order, whichever is earlier.
- viii) Final decision on request of a Hospital for empanelment under AB-ArK shall be completed within 30 days of receiving such an application.

1.11 Signing of MOU

- i) After execution of the MoU and remittance of the prescribed fee, the hospital will be provided an user ID and password for the process of preauthorization, claims, and further processing.
- ii) For the process of inclusion of additional super specialists in the empanelled list, the hospital has to submit the online request by selecting the upgradation option and uploading doctor's Medical Council registration certificates, degree certificates, appointment letter and consent letter.
- iii) For the process of inclusion of additional speciality, the hospital has to submit online application in the same reference ID along with the list of equipment, additional infrastructure, doctor's Medical Council registration certificates, degree certificates, appointment letter and consent letter.

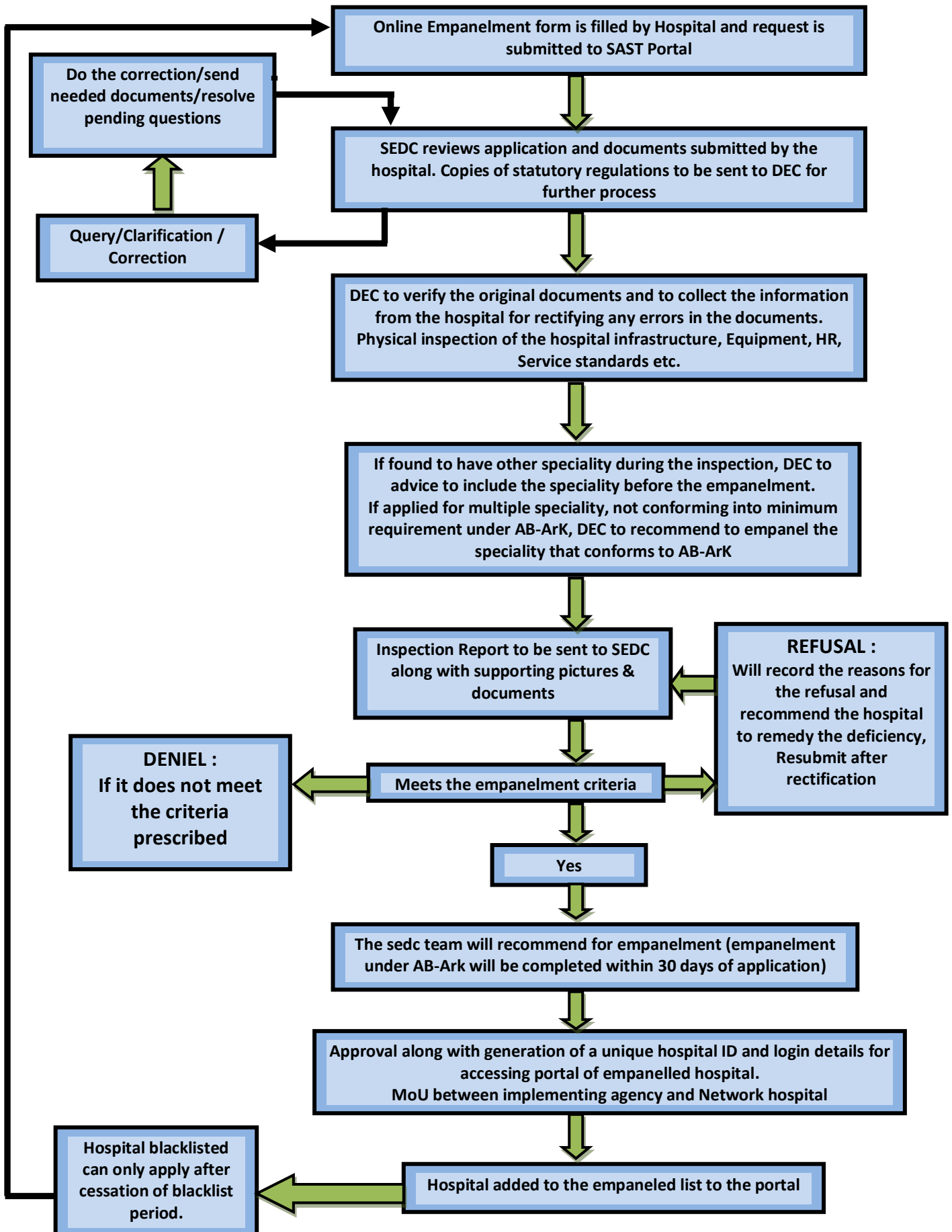
2. Appellate Authority

The Principal Secretary, Department of Health and Family Welfare will be the Appellate authority for any grievance against the actions taken by the Empanelment and Disciplinary Committee.

Process Flow:

The process flow for hospital empanelment is depicted in the figure below:

Fig 1: Process Flow for Hospital Empanelment



3. Empanelment Criteria for Hospitals

Table 1: Basic empanelment Criteria for Hospitals

The hospitals empanelled under one speciality shall be deemed to be empanelled to related speciality Emergency care. Hospitals empanelled under Complex secondary shall be deemed to be empaneled under related speciality emergency care.

	Complex Secondary care	Tertiary care
Number of beds	15 beds or more	50 beds or more ¹
Separate male and female wards	YES	YES
Emergency services	YES	YES
Pharmacy	In house	In – house – 24X7
Diagnostic labs	In house or tie up	In – house – 24X7
Blood bank access	In house or tie up	In – house – 24X7
Radiology	In house	In – house – 24X7/ For higher Radiology Tie –Up
Sonology	In house or tie up (In house preferred)	In – house – 24X7
Operation theatres	If conducting surgeries (As per standard OT guidelines for secondary care.	Yes (As per standard super-specialty OT guidelines for tertiary care.
ICU	If conducting surgeries (Level II ICU)	Yes (Level III ICU with Dialysis port)
Step down ICU	Optional	YES
Post op wards	(Optional) Level II ICU	YES
MBBS doctors 24x7	24*7round the clock duty doctors at emergency and ICU	Intensivist support with 24*7 duty doctors for emergency and ICU
Specialists	Depending on the specialty request for empanelment	Depending on the specialty request for empanelment
Anesthetist	In house preferred	In house – 24 x7
Nurses	Nurses as per bed patient ratio prescribed by INC at ICU, OT, emergency and HDU	Nurses as per bed patient ratio prescribed by INC at ICU, OT, emergency and HDU
Para-medical staff	ICU technicians and OT technicians to be provided	In house as per Standard treatment guidelines
Equipment	Depending on the specialization applied for; (requires DG set for uninterrupted supply)	Depending on the specialization applied for; (requires DG set for uninterrupted power supply)

¹ For single speciality tertiary hospitals, only 30 beds are required

4.1. Detailed Empanelment Criteria for All Hospitals

- The detailed mandatory licenses requirement and accreditation criteria is presented in

Table 2: Certification and Accreditation Criteria

Criteria	Secondary/ Complex Secondary	Tertiary
Mandatory Licenses	Pollution Control Board licenses. KPME registration AERB licenses DG set Lift license Electrical safety and other relevant statutory certificate	Pollution Control Board licenses. KPME registration AERB licenses DG set Lift license Electrical safety and other relevant statutory certificates
Accreditation	Requirement : NABH entry level (as minimum requirement.)	Requirement : NABH entry level (as minimum requirement) -Will consider other international quality standards accredited by ISQua(eg. JCI), which is equivalent to corresponding NABH accreditation (Full level).

- i) Must have a KPME registration (for private hospitals). Any hospital applying for renewal of KPME registration has to furnish renewal application No. and registration such hospitals may be empanelled pending the receipt of renewal certificate
- ii) Must have a Pollution control board certificate, drug and pharmaceutical licence and electrical safety licence. Hospital should have a bio-medical waste management system
- iii) Should have inpatient services and emergency / casualty services.
- iv) Should have NABH entry level accreditation certification or should have applied for it.
- v) If the hospital does not have complete required facility for empanellment and such of the facilities, which are not mandated for in house facility, hospital can co-opt with other hospitals/diagnostic centre for fulfilling the requirement of empanelment. MoU should be executed with the hospital/diagnostic facility and the document needs to be uploaded and intimated in the relevant column in the registration application
- vi) Particulars of the specialist and duty doctors working in intended hospitals for empanelment need to be furnished. The required speciality certificates duly registered and endorsed by the Medical Council is to be furnished.
- vii) Qualified nursing staff as per the INC guidelines for various facilities mentioned in the empanelment registration are to be provided and should

conform to the rules laid down by State Govt. / Clinical Establishment Authority as applicable from time to time.

- viii) An executive should be designated for facilitating the patients visiting the hospital, facilitating the beneficiaries, also to apprise them of the scheme and the benefits that they can avail, coordinate with the SAST for pre-authorisation, claim settlement and follow up.
- ix) The medical coordinator will be an identified doctor in the hospital who will facilitate submission of online pre-authorization and claims requests, follow up for meeting any deficiencies and coordinating necessary and appropriate treatment in the hospital.

4.2 Detailed Empanelment Criteria for Hospitals providing Secondary Care

- i) Should be providing at least one or more of the following specialities
 - o Medical: General Medicine, Paediatrics, Dermatology, Psychiatry, Endocrinology,
 - o Surgical: General Surgery, Orthopaedics, ENT, Ophthalmology, Obstetrics and Gynaecology, Gastrointestinal Surgery, Hysteroscopic procedures.
 - o Dental
- ii) Should have at least 10 beds for admissions
- iii) Should have inpatient and emergency services.
- iv) Should have in-house/tie-up laboratory, Radiology, Pharmacy, Blood bank and ambulance services.
- v) Should have nursing staff as per the INC guidelines for all facilities including OT and/or Labour room.
- vi) If surgical services are provided, an anaesthetist should also be available (either in-house or on call).
- vii) Those hospitals providing surgical services should have standard Operation Theatre setup with required equipments.
- viii) Laboratory and Radiological investigations are mandatory (in-house/tie up) If registered for empanelment of obstetric services, the hospital should have labour room Operation Theatre setup with required equipments, qualified obstetrician, paediatrician and an anaesthetist services should be available at the hospital
- ix) The hospital registered for empanelment should have the necessary equipment like (but not limited to) Autoclave, Suction apparatus, defibrillator, Resuscitation kit, Nebuliser, CSSD services etc., as per the speciality for which registered
- x) Those hospitals that provide other specialities like ENT or Dentistry should have the necessary equipment specific to that speciality, e.g. an operating microscope or a dental chair.

- xi) Other than the equipment, the hospital should store emergency medicines like Inj. Adrenaline, Inj. Atropine, oxygen supply, etc.
- xii) Should have a medical record system documentation system, e.g. an inpatient register, a death register, Medico legal register, individual case files for admitted patients.

4.3. Detailed Empanelment Criteria for Hospitals providing Complex Secondary Care

- i) Should be providing at least one or more of the following specialities
- ii) Medical: General Medicine, Paediatrics, Dermatology, Psychiatry, Endocrinology,
- iii) Surgical: General Surgery, Orthopaedics, ENT, Ophthalmology, Obstetrics and Gynaecology, Gastrointestinal Surgery, Neurosurgery, Urology, Burns, Hysteroscopic procedures.
- iv) Dental
- v) Should have at least 15 beds for admissions
- vi) Should have inpatient and emergency services.
- vii) Should have in-house for laboratory, radiological, Pharmacy, Blood Bank/Blood Storage Unit and ambulance services.
- viii) Should have nursing staff as per the INC guidelines for all facilities including OT and/or Labour room, Post-Operative Ward, etc.
- ix) Hospitals registering for empanelment of speciality services should have the services of at least one specialist in the respective speciality
- x) The hospital empanelled for providing surgical services should have the services of in house anaesthetist, services of surgeon in the concerned speciality, standard OT set up with required equipments.
- xi) If registered for empanelment of obstetric services, the hospital should have labour room Operation Theatre setup with required equipments, qualified obstetrician, paediatrician and an anaesthetist services should be available at the hospital
- xii) The hospital registered for empanelment should have the necessary equipment like (but not limited to) Autoclave, defibrillator, Suction apparatus, Resuscitation kit, Nebuliser, CSSD services etc., as per the speciality for which registered
- xiii) Hospitals that provide other specialities like ENT or Dentistry should have the necessary equipment specific to that speciality, e.g. an operating microscope or a dental chair.
- xiv) Other than the equipment, the hospital should store emergency medicines like Inj. Adrenaline, Inj. Atropine, oxygen supply, etc.

- xv) Should have a medical record system documentation system, e.g. an inpatient register, a death register, Medico legal register, individual case files for admitted patients.

4.4. Detailed Empanelment Criteria for Hospitals providing tertiary care

Should have at least one or more of the following specialities

- i) **Medical specialities:** Cardiology, Medical Oncology,
- ii) **Surgical specialities:** Cardiology, Cardiothoracic surgery, cardiovascular surgery Neurosurgery, Burns, Paediatric and Neonatal surgery, Polytrauma, Genito-Urinary Surgery, Surgical Oncology, Medical Oncology.
- iii) Radiation Oncology
- iv) Should have at least 50 beds for admissions. Can be relaxed to 30 beds for single speciality hospitals.
- v) Should have at least one super speciality OT, one ICU
- vi) Level III one Step Down ICU and one post Op ward.
- vii) Should be general wards as well as separate male and female wards.
- viii) Should have in-house laboratory, radiological, Pharmacy, Blood bank and ambulance services that are available round the clock.
- ix) Nurses are required as per bed- patient ratio prescribed by INC at ICU, OT, emergency and HDU.
- x) Should have Intensivist and round the clock ICU Doctors.
- xi) Should have at least one in-house specialist round the clock for each specialised service that it provides
- xii) If surgical services are provided, an anaesthetist should also be available round the clock.
- xiii) The hospital should have the necessary equipment depending on the specialty.
- xiv) Hospitals providing surgical services should have an OT with anaesthesia work station, central oxygen, multi para monitor, infusion pump, defibrillator, OT Lamps, Cardiac monitors and diathermy.
- xv) The ICU should be in close proximity of operation theatre, acute care medical and surgical wards units. Suction, oxygen supply and compressed air should be provided for each bed. Others facilities like piped gases, multi-monitoring equipment, infusion of ionotropic support, equipment for maintenance of body temperature, at least one dialysis portal, weighing scale etc., ICU should also be equipped with all the equipment and manpower as per HDU norms, plus paediatric ventilator(s) for 24*7 monitoring.
- xvi) Legal requirements as applicable by the local/state health authority.
- xvii) Registration with the Income Tax Department.

- xviii) NEFT enabled bank account
- xix) Safe drinking water facilities.
- xx) Uninterrupted (24 hour) supply of electricity and generator facility with required capacity suitable to the bed strength of the hospital.
- xxi) Waste management support services (General and Bio Medical) – in compliance with the bio-medical waste management act.
- xxii) Appropriate fire-safety measures.

4.5. Specific criteria for Cardiology/ CVTS

- i) CTVS theatre facility (Open Heart Tray, Gas pipelines Lung Machine with TCM, defibrillator, ABG Machine, ACT Machine, Hypothermia machine, IABP, cautery etc.)
- ii) Post-op with ventilator support.
- iii) ICU Facility with cardiac monitoring and ventilator support
- iv) Hospital should facilitate round the clock cardiologist services.
- v) Availability of support specialty of General Physician & Paediatrician.
- vi) Fully equipped Catheterization Laboratory Unit with qualified and trained Paramedics.

4.6. Specific criteria for Cancer Care

- i) For empanelment of Cancer treatment, the facility should have a tumour board which decides a comprehensive plan towards multi-modal treatment of the patient. In case of such board not being there, appropriate linkage mechanisms need to be established to the nearest regional cancer centre (RCC). Tumour board should consist of a qualified team of Surgical, Radiation and Medical Oncologist in order to ensure the most appropriate treatment for the patient.
- ii) Relapse/recurrence may sometimes occur during/ after treatment. Retreatment is often possible which may be undertaken after evaluation by a Medical/ Paediatric/Oncologist/ Tumour board with prior approval and pre-authorization of treatment.
- iii) For extending the treatment of chemotherapy and radiotherapy the hospital should have the requisite infrastructure for radiotherapy treatment viz. for cobalt therapy, linear accelerator radiation treatment and brachytherapy available in-house. In case such facilities are not available in the empanelled hospital for radiotherapy treatment and even for chemotherapy, the hospital shall not perform the approved surgical procedure alone, but refer the patients to other centres for follow-up treatments requiring chemotherapy and radiotherapy treatments. This should be indicated where appropriate in the treatment approval plan.

- iv) Further hospitals can have infrastructure capable for providing certain specialized radiation treatment packages such as stereotactic radiosurgery/therapy.
 - Treatment machines which are capable of delivering SRS/SRT
 - Associated Treatment planning system
 - Associated Dosimetry systems

4.7. Specific criteria for Neurosurgery

- i) Well Equipped Theatre with qualified paramedical staff, C-Arm, Microscope, neurosurgery compatible OT table with head holding frame (horse shoe, may field / sugita or equivalent frame).
- ii) Neuro ICU facility
- iii) Post-op with ventilator support
- iv) Facilitation for round the clock MRI, CT and other support biochemical investigations.

4.8. Specific criteria for Burns, Plastic & Reconstructive surgery

- i) The Hospital should have full time / on - call services of qualified plastic surgeon and support staff with requisite infrastructure for corrective surgeries for post burn contractures.
- ii) Isolation wards having monitor, defibrillator, central oxygen line and all OT equipment.
- iii) Well Equipped Theatre
- iv) Surgical Intensive Care Unit.
- v) Post-op with ventilator support
- vi) Trained Paramedics
- vii) Post-op rehab/ Physiotherapy support/ Psychology support.

4.9. Specific criteria for Neonatal/Paediatric Surgery

- i) The Hospital should have full time/on call services of paediatric surgeons / plastic surgeons / urologist/paediatric orthopaedic surgeon related to congenital malformation in the paediatric age group.
- ii) Well-equipped theatre
- iii) Paediatric and Neonatal ICU support
- iv) NICU should be divided into 2 portions, one for clean babies and other for septic babies.
- v) NICU should be Equipped with Ventilators, Phototherapy Units, Transport incubators, Nebulizer, Pulse oxymeter, Multipara monitors, Syringe pumps, Infusion pumps, Resuscitation trolley.
- vi) Support services of pediatrician (should be in-charge of NICU).

- vii) Availability of mother rooms and feeding area.
- viii) Availability of radiological/ fluoroscopy services (including IITV), Laboratory services and Blood bank.

4.10 Specific criteria for Polytrauma

- i) Shall have Emergency room setup with round the clock dedicated duty doctors.
- ii) Shall have the full-time service availability of Orthopaedic Surgeon, General Surgeon, and anaesthetist services.
- iii) Shall provide round the clock services of Neurosurgeon, Orthopaedic Surgeon, CT Surgeon, General Surgeon, Vascular Surgeon and other support specialists as and when required based on the need.
- iv) Shall have dedicated round the clock Emergency theatre with C-Arm facility, Surgical ICU, Post-OP Setup with qualified staff.
- v) Shall be able to provide necessary diagnostic support round the clock including specialized investigations such as CT, MRI, emergency biochemical investigations.
- vi) For conducting joint replacement surgery clean air super speciality OT with SG.

4.11 Specific criteria for Nephrology and Urology Surgery

- i) Shall have a Dialysis unit
- ii) Shall have a well-equipped operation theatre with C-ARM
- iii) Shall have Endoscopy investigation support
- iv) Shall have Post op ICU care with ventilator support and dialysis portal in ICU
- v) Shall have Lithotripsy equipment

4.12 Criteria for Emergency Room

- i) Trauma care rooms equipped with the latest medical technologies
- ii) Radiology suite with X-Ray, Ultrasound
- iii) Integrated HDU – High Density Unit
- iv) Doctors 24/7 availability
- v) Require Emergency Department to be conveniently located near laboratory and radiological services and separate from surgical and obstetric suites and, at a minimum, contain a reception and control area; public waiting space, a well-marked entrance separate from the hospital's main entrance, sheltered from weather, and able to service ambulances and pedestrians;
 - an emergency room with clinical sink and hand washing facilities;
 - a nurses station (which may be in the reception and control area or the emergency room);
- vi) The hospital must make provisions for additional nursing staff during unusual circumstances

4.13 Criteria for Mental Health

- a. Criteria for Mental Health
 - i) Qualified specialist
 - ii) Adequate provision of human resource management to take care of assessment
 - iii) In patient & Out-patient services
 - iv) Intensive case management facility with provision of emergency Psychiatrist round the clock
 - v) Rehabilitation units
 - vi) Provision for in-house kitchen/canteen
 - vii) Provision for adequate security measures for preventing violence/escapes.
 - viii) CCTV facilities in the public places.
 - ix) Registered under Mental Healthcare Act. 2017 (meaning, qualifying under minimum standards according to the MHCA, 2017)

- b. Criteria for High risk population
 - i) Mental Health establishment should be compliant with MHCA, 2017
 - ii) Separate ward/facilities for admitting
 - Perinatal admissions
 - Children and adolescents (aged below 18 years)
 - Geriatric population (aged 60 or above)

4.14 Criteria for Interventional Neuroradiology

- i) Interventional digital angiography unit
- ii) A department of neurosurgery and neurology with neuro-vascular expertise
- iii) An intensive care unit
- iv) 24/7 service service is strongly recommended
- v) In-patient, intensive care, and continued monitoring beds should be made available in sufficient numbers to accommodate patients of interventional neuroradiologists, at any time.
- vi) An interventional neuroradiologist
- vii) Trained nurse/radiographer
- viii) Anesthetist should be required on call
- ix) A postoperative recovery unit ,
- x) A digital angiography suite accommodating anaesthesia and aseptic conditions similar to an operating theatre,
- xi) A minimum a single plane high resolution DSA C-arm and the ability to perform 3D imaging in at least one diagnostic modality, i.e. CT,MRA or angiography or, optimally, a bi-plane digital angiography unit with three-dimensional image reconstruction capabilities.
- xii) Radiation protection measures in accordance with national regulations

4.15 Criteria for Interventional Oral & Maxillofacial Surgery

- i) Well-equipped Oral & Maxillofacial Surgery OT with equipments & instruments
- ii) OPD with dental unit
- iii) Qualified Oral & Maxillofacial Surgery surgeon
- iv) Defibrillator and other CPR equipment.

5. Empanelment of Diagnostic centers

Parameters and guidelines fixed for recognition of private clinical laboratories for the investigations of beneficiaries and their families.

5.1. General

- i) The clinical laboratories should have minimum 1000 sq. feet area
- ii) Should have 24 hours Emergency Services
- iii) Should have sufficient water supply and back-up power supply in case of electricity failure
- iv) should have at least two toilets, one for ladies and one for gents
- v) The laboratory should be owned /managed by a PG Diploma/Degree in pathology or Bacteriology or there should be a full employed pathologist or bacteriologist with PG Diploma / Degree qualification.
- vi) Should employ qualified lab-technicians.
- vii) Should have two beds ready in case of emergency while conducting lab. Procedures with all emergency drugs and oxygen.
- viii) Should have auto analyser and refrigerator.
- ix) The lab reports are to be validated as per the Standard Guidelines
- x) Mandatory licenses as applicable

5.2. Pathology section

- i) Should have all facilities for routine examinations of urine, stools and blood examinations, etc.,
- ii) Should have all facilities for immunological test like HIV, A.S.L.O titre etc.,
- iii) The laboratory should possess all requirement and facilities for Histo-pathological examination of tissue, fluids, including facilities for frozen section and wax section.

5.3. Bio chemical section

- i) The laboratory should possess all required equipments for conducting all bio chemical examinations.

5.4. Microbiology Examination:

- i) Laboratory should possess all facilities for Bacteriological Examination of slides.
- ii) It should have facilities for culture and sensitivity test.

5.5. Diagnostic Facility (Radiology)

Diagnostic facility CT,Ultra sound and MRI

5.6. Empanelment Fee

Empanelment fee will be fixed by the Principal Secretary, Department of Health & Family Welfare for the purpose from time to time.

6. Doctor Empanelment

The process of doctor empanelment will take place concurrently with the process of hospital empanelment. Doctors serving in Karnataka Hospitals must meet the following doctor empanelment criteria as mentioned in Table 3.

Table 3. Doctor Qualifications Criteria

Criteria	Secondary/ Complex Secondary	Tertiary
Minimum Qualification	MBBS with PG to be endorsed by medical council <ul style="list-style-type: none">• Degree or a diploma	<ul style="list-style-type: none">• Super specialty qualification in respective specialty endorsed by Medical Council
Documents to be submitted for empanelment	<ul style="list-style-type: none">• Degree certificate• Qualification registered in KMC or equivalent Medical Councils.• Appointment letter and consent letter from the hospitals.• Form 16/ 16A of in house consultant.	<ul style="list-style-type: none">• Degree Certificates• Qualification registered in KMC or equivalent Medical Councils• Appointment letter and consent letter from the hospitals• Form 16/ 16A of in house consultant.

7. De-Empanelment Procedure

Hospitals empanelled under the UHC Scheme “ Arogya Karnataka” can be de-empanelled if they fail to meet and uphold the necessary criteria agreed upon. De-empanelment will be on the recommendations of the Empanelment and Disciplinary Committee formed for the purpose. The following steps are to be followed for de-empanelment of hospitals.

7.1. “Watch-List” Status

Based on the claims data analysis or hospital visits by the Vigilance Officer of SAST or any authorized inspection authority, or any complaint received about the hospital from the patient or any third party interested person or any complaint received /reported in the grievance cell the EDC or its representative can put that hospital in the watch list and serve a show cause notice for the observed

deviations. The data of such hospital shall be analyzed very closely on a daily basis by SAST or its representatives for patterns, trends and anomalies.

7.2. Suspension

A hospital can be temporarily suspended in the following cases:

- i) For the hospitals which are in the “Watch-List” if continuous patterns or strong evidence of irregularity based on either claims data or field visit of hospitals is observed, the hospital shall be suspended from providing services to UHC scheme patients and a formal investigation shall be instituted.
- ii) If a hospital is not in the “Watch-list”, but it is observed at any stage that it has data/ evidence that suggests that the hospital is involved in any unethical practice/ is not adhering to the major clauses of the contract under UHC scheme, or their representatives/ involved in financial fraud related to UHC Scheme patients, it may immediately suspend the hospital from providing services under UHC scheme and a formal investigation shall be instituted.
- iii) All admitted patients under the “Arogya Karnataka” scheme will be provided continued treatment and no fresh admission can be done by the Hospital.
- iv) To ensure that suspension of the hospital results in their not being able to treat UHC patients, a provision has been made in the software so that Hospital cannot send electronic claims data to UHC scheme portal.
- v) A formal letter shall be sent to the hospital regarding its suspension with mentioning the timeframe within which the formal investigation will be completed.

7.3. Detailed investigation

There shall be a detailed investigation into the activities of a hospital in the following conditions:

- i) For the Hospitals which have been suspended.
- ii) Receipt of complaint of a serious nature from any of the stakeholders.
- iii) The detailed investigation may include field visits to the hospitals, examination of case papers, talking with the beneficiaries (if needed), examination of hospital records etc.
- iv) If the investigation reveals that the report/ complaint/ allegation against the hospital is not substantiated, suspension will be immediately revoked (in case it is suspended) the same will be informed to the concerned Hospital, district hospital and the process to receive claim from the hospital will be restarted.

7.4. Operative Action

If the investigation reveals that the complaint/allegation against the hospital is correct then following procedure shall be followed:

7.5. Deviations from MoU are classified as follows

1. Medical Deviation (Example)

- i) Denial of admission /treatment.
- ii) Service unavailability
- iii) Non delivery of commitment

2. Financial Deviation (Example)

- i) Co-payment
- ii) Not giving conveyance charges/post discharge medicines /ambulance in case of death
- iii) Outside prescription or investigations.
- iv) Cancellation of approvals and converting scheme patients to cash

3. Denial of services (Examples)

- i) Follow up care denial.
- ii) Denial of treatment of post-operative complications.
- iii) Excessive delays

4. Other deviations (Example)

- i) Discrimination of the scheme patient in allotting dates for procedures or standard of care
- ii) Injustice concerns (such as Overage, caste, sex, religion etc.,)
- iii) Staff misbehavior

7.6. Procedure to be followed in case of reporting of deviation by a hospital (Fig. 2)

- i) The Hospital will be issued a notice seeking an explanation for the deviation.
- ii) After receipt of the explanation and its examination, the case would be placed in the empanelment and disciplinary committee meeting for further action. The charges may be dropped or action can be taken based on the explanation and findings for which the committee is empowered to institute a fact-finding enquiry against the hospital.
- iii) The action could entail one of the following based on the seriousness of the issue and other factors involved:

- A warning to the concerned Hospital and financial penalty as prescribed from time to time.
- De- empanelment of the Hospital.

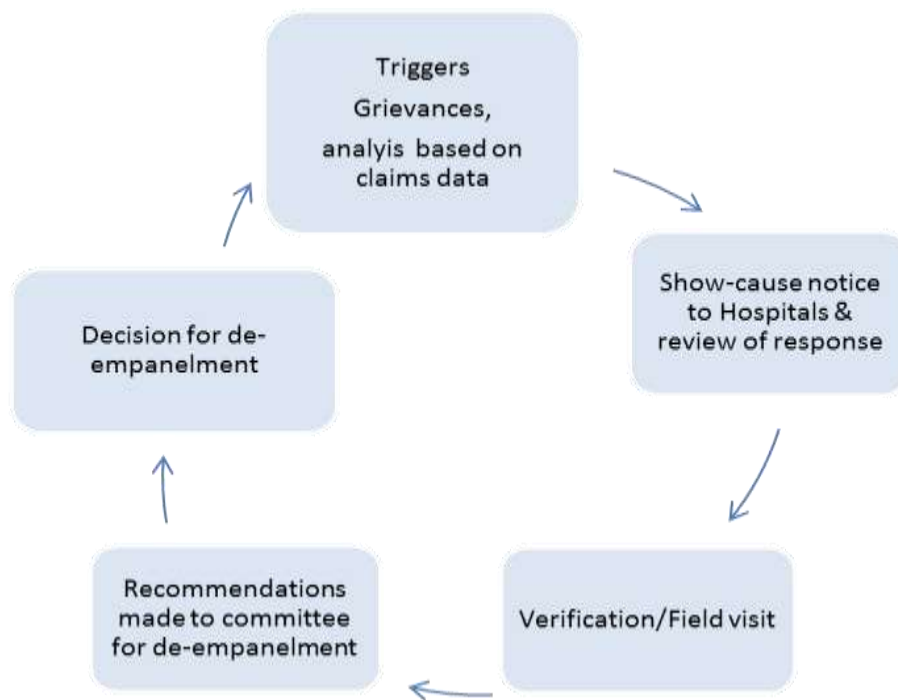
7.7 Post De-empanelment Phase

Once de-empanelled, the Hospital cannot seek for re-empanelment until completion of 1 year from the date of such de-empanelment.

7.8 Appellate Authority

The hospital can approach the Principal Secretary, Department of Health and Family Welfare, if they are not agreeable with the decision of the EDC. The Principal Secretary, Department of Health and Family Welfare, will take a final view of the receipt of representation. However, the hospital will continue to be de-empanelled until the time a final view is taken by the Principal Secretary.

Fig 2 : Process flow of the review by EDC



- * **Note that the entire process should be completed within 30 days from the data of suspension.**
- ** **Penalties will be fixed by the Empanelment & Disciplinary Committee which shall be issued from time to time**