

## Empanelment, Disciplinary action and Medical Audit

### 7.Empanelment

#### 7.1. Introduction

Dr. YSR Aarogyasri Health Care Trust provides health insurance coverage to around 150.95 lakh poor families in the State of Andhra Pradesh for up to Rs.2.50 lakhs per annum through a network of empanelled Government and private hospitals spread across the State.

The geographical distribution of hospitals ranges from urban/semi-urban areas to rural and tribal areas. The network hospitals include both teaching and non-teaching hospitals. Payments are made on the basis of prefixed package rates for various treatments.

Empanelment process is done through an online platform in order to bring in transparency. The hospitals should meet certain requirements in the areas of infrastructure, manpower, equipment, and services offered. A health care provider who fulfils the empanelment criteria of the trust will become eligible for empanelment with the trust. An empanelled health care provider is referred to as a network hospital.

Eligibility Criteria for Empanelment of Hospitals is stated in Appendix-F- of the Service Contract Agreement.

Interested public and private hospitals can apply for empanelment at any point of time provided they meet the requirements. The hospitals shall have to apply for empanelment of all the specialties available with the hospital at the time of application. The hospitals would be inspected for verification of the infrastructure, equipment, manpower and services, and if found to be complying with the requirements would be empanelled.

The empanelled hospitals are required to enter into a Service Contact Agreement and offer services at the package prices fixed by Trust from time to time.

The hospital or nursing home applying for empanelment must be in Andhra Pradesh, established for indoor medical care and treatment of disease and injuries and should be registered under Andhra Pradesh Private Allopathic Medical Establishments (Registration & Regulation) Act and Pre-conception and Pre-Natal Diagnostic Techniques Act (Wherever applicable).

	<p>A large no. of patients need to travel to urban centers such as Hyderabad, Visakhapatnam, Vijayawada where a large no. of multi specialty and super specialty empanelled hospitals are currently available. The Trust intends to see that similar facilities are available and empanelled in remote districts such as Ananthapur and Srikakulam under the Scheme.</p> <p>The eligibility of the hospitals for empanelment with the Trust under the scheme is given below.</p> <ol style="list-style-type: none"> <li>i. Bed Strength: A hospital intending to empanel is required to have a minimum 50 beds and it shall apply for at least two specialties.</li> <li>ii. Govt. vide G.O.Ms.No.162 HM&amp;FW (K1) Dept. dated.23.05.2005 has issued orders that single specialty Ophthalmology hospitals bed strength is reduced to 20 for empanelment.</li> <li>iii. Statutory Requirements: The hospital shall have got registered Certificate under APAPMCE(R&amp;R) Act 2002. A hospital intending to empanel is required to have an Outpatient Department, Inpatient Department, Operation Theatre, Specialty Care Units –Intensive care units &amp; Post-operative wards, Specialty specific care units, Emergency and Accident Department/ Casualty, Central Sterilization and Supply Department, Medical Records Department. All the Essential drugs should be available in the Pharmacy round the clock. Adequate number of nursing staff, helpers, administrative and maintenance staff are mandatory.</li> <li>iv. A minimum of 8+1 MEDCO=9 duty doctors are mandatory.</li> </ol> <p>All the above requirements are in accordance with the Andhra Pradesh Allopathic Private Medical Care Establishments (Registration and Regulation) Act, 2002.</p>
<p><b>7.2. Requirements of the hospitals</b></p>	<p><b>i) General requirements:</b></p> <p>General Empanelment requirements are for three purposes:</p> <ol style="list-style-type: none"> <li>1. Requirements for Dr. YSR Aarogyasri Scheme,</li> <li>2. For ensuring quality treatment of patients and</li> <li>3. For convenience and safety of patients &amp; public.</li> </ol> <p><b>a. Requirements for the scheme:</b> The requirements mentioned below are specific to Dr. YSR Aarogyasri Scheme and are mandatory for empanelment. These are intended for Scheme administration.</p> <p><b>Reception:</b> The hospital shall earmark a space of 50 sft. in its reception for a dedicated Scheme kiosk. It should be by the side of the hospital entrance.</p> <p><b>Computer:</b> For submission of Pre-auths and claims in electronic format to Trust, hospital must have dedicated equipment</p>

(Computer and Peripherals), connectivity (Minimum 2 Mbps), webcam and biometric device.

**MEDCO:** Hospital shall provide a Doctor (Allopathic) as Medical Coordinator for Dr. YSR Aarogyasri Health Care Trust who is responsible for all the entries of work flow in the Trust portal and shall act as medical representative of hospital.

Hospital shall provide a paramedic as coordinator for conducting health camps as and when instructed by Trust.

**b. Requirements of functional units in the hospital:** The following are the minimum requirements for functional units. The detailed requirements are:

- i) Out Patient:** The hospital must have separate outpatient department and shall have earmarked outpatient services for Scheme patients.
- ii) Causality:** Hospital must have 5% of total bed strength subject to minimum of three bedded emergency department equipped with multipara-monitors, defibrillators, crash carts, resuscitation equipment, central oxygen & suction facilities and attached toilet facility.
- iii) ICCU:** Hospital must have at least 10% of total bed strength subject to minimum of five bedded intensive care department with multipara-monitors, Defibrillators, Crash Carts, Resuscitation equipment, central oxygen & suction facilities.
- iv) Operation Theatre:** Hospital must have fully equipped Operation Theatre along with required equipment and trained staff.
- v) Post Operative Ward:** Hospital must have at least 5% of total bed strength subject to minimum of three bedded post operative ward with bed side multipara-monitors, central oxygen and suction.
- vi) Inpatient Ward:** The Hospital shall have separate male & female wards for the patients and the hospital shall agree to allocate minimum of 25% Bed Strength in each speciality for Scheme patients.
- vii) Diagnostic Facilities:** It is mandatory on the part of hospital to have basic laboratory and imageology facilities in-house. Higher diagnostic facilities shall be provided either in-house or through tie-up. The types of laboratories are given below.
  - **Small Laboratory:** It is a laboratory performing routine tests in the field of haematology, fluids and excretions and biochemistry up to 100 tests per day, either manual or semi-automated should be manned by a qualified doctor/ lab-technician (M.Sc).
  - **Medium Laboratory:** It is a laboratory performing 101-500 tests per day. It should be manned by a qualified doctor/ lab-technician (M.Sc).
  - **Large Laboratory:** A laboratory performing more than 500 tests per day with automated instruments. It should be manned by a qualified doctor.
- viii) Imageology:** A hospital shall have X-Ray and ultra sound facility. Facilities such as MRI, CT-Scan, Endoscopy, etc.,

shall be made available by the hospital as per the required by the specialities empanelled.

- ix) Pharmacy:** A hospital shall have 24 Hrs In-house pharmacy. Pharmacy shall have approval given by the competent authority, Director General (Drug Control and Administration), AP., Hyderabad. Separate male and female windows shall be there.
- x) Physiotherapy:** Physiotherapy centre facility either 'In-House' or 'Tie-up' with a nearby Physiotherapy Center, wherever applicable shall be available.
- xi) Blood Bank:** Round-the-clock Blood Bank facility either 'In-House' or 'Tie-up' with a nearby Blood Bank shall be available.

**c. Requirements of other facilities in the Hospital:** The hospital must also have the following requirements for safety, logistics and convenience of the patients and public.

- i) Food & Pantry:** Food and Dietary facilities shall be provided as per the prescribed diet regulations to the patients and also to the attendants. Food & Diet Facilities must be made available either "In-house" or "Tie-Up" and shall carry a Food & Sanitation Inspector's Certificate of the Local Authority.
- ii) Ambulance:** Mobile facility provided for the transportation of the patient with basic emergency services such as oxygen, ventilator etc. shall be available.
- iii) Bio Medical Waste Disposal:** Bio medical waste management processes are to be followed mandatorily in every hospital as per applicable law. Authorisation from Pollution Control Board is required.
- iv) Fire Fighting System:** The hospital shall have Fire fighting system in working condition as licensed by the Fire and Municipal Authorities.
- v) 24 hrs uninterrupted Power:** A Generator in working condition to support 24hrs OT, ICU, Casualty, Elevator and other important hospital functional requirements is required.
- vi) Ramp/Lift:** Hospital shall have either or both Elevator and Ramp facility to cater to the Emergency or Non-Ambulatory patients.
- vii) Linen & Laundry:** Proper washing and drying facilities must be available in accordance with the hospital bed strength and departments.
- viii) CSSD:** Hospital must have proper sterilization facility.
- ix) Safe drinking water:** Clean & filtered drinking water must be made available to all the patients in a tidy place in all the floors of the hospital.
- x) Medical Records:** A separate section with proper upkeep of all patient records must be made available.
- xi) Stores:** A centralized procurement and storage cell must be available.

**xii) Training:** For ongoing training and capacity building for nursing staff, paramedics and doctors a training cell must be available.

**ii. Specialty wise requirements:**

A hospital intending to empanel under specific categories needs to fulfill the necessary manpower, infrastructure and medical equipment mandatory for the specific category. Guidelines on combination of specialties are given in Annexure xy. Category wise requirements are given in Annexure yz.

**Guidelines for enrolment of Basic Speciality Doctor:** The basic speciality doctors are permitted to work as Inhouse doctor in One hospital (or) can attend up to 3 hospitals as consultant doctor in the same district.

**Guidelines for enrolment of Super Speciality Doctor:** The Super Speciality doctors are permitted to work as Inhouse Doctor in one hospital and as consultant in 3 hospitals in the same district.

**In-house means:** The Specialist must available round the clock in hospital / at least 8 hours per a day.

**a. Basic specialties:** The specialties that can be empanelled as single entities are ENT, Ophthalmology, Dental and Psychiatry. A hospital can be empanelled for single, dual or multiple basic specialties. The combinations for basic specialties are provided in Annexure xy. Category wise requirements for basic specialties are mentioned in Annexure yz.

- i) General Surgery:** Empanelment for General Surgery requires a Qualified M.S or DNB (General Surgery), Laparoscopic equipment & trained staff.
- ii) Orthopedic Surgery:** Empanelment for Orthopedic Surgery requires a Qualified M.S or Diploma or DNB (Ortho.) and an Operation theatre with C-Arm facility.
- iii) Obstetrics and Gynecology:** Empanelment for Obstetrics and Gynaecology requires a Qualified M.S or DGO or DNB (OBG) Operation theatre with Laparoscopic equipment.
- iv) Ophthalmology :** Empanelment for Ophthalmology requires a Qualified M.S or D.O or DNB (Oph.), Optometry facility and a well equipped Operation theatre facility
- v) ENT:** Empanelment for ENT requires a Qualified M.S or D.L.O or DNB (ENT), Operating Micro Scope & Endoscopic equipment.

- vi) General Medicine:** Empanelment for General Medicine requires a Qualified M.D or DNB (General Medicine), AMC & ICU facilities.
- vii) Pediatrics:** Empanelment for Pediatrics requires a Qualified M.D or D.C.H or DNB (Paed.), well equipped PICU & NICU.
- viii) Pulmonology:** Empanelment for Pulmonology requires a Qualified Pulmonologist M.D (chest diseases) or equivalent to DTCD, RICU with spirometry & bronchoscopy and well equipped AMC & ICU facilities.
- ix) Dermatology:** Empanelment for Dermatology requires a Qualified M.D (Derm.) or M.D (DVL) or D.D.V.L or DNB (DVL), well equipped AMC and General Physician support.
- x) Cochlear Implant Surgery with Auditory–Verbal Therapy:** Empanelment for Cochlear Implant Surgery with Auditory Verbal Therapy requires services of Qualified and Trained ENT Specialist in Cochlear Implant Surgery and sufficient number of qualified Auditory–Verbal Therapists, Equipment and Infrastructure related to Cochlear Implant Surgery.
- xi) Poly Trauma:** Empanelment for Polytrauma requires round the clock anaesthetist services and ability to provide round the clock services of Neuro-surgeon, Orthopaedic Surgeon, CT Surgeon, General Surgeon, Vascular Surgeon, Oral and Maxillofacial Surgeon and other support specialties wherever applicable.
- xii) Prostheses (Artificial limbs):** Empanelment for prostheses requires facilitation, supply, fitting of appropriate prosthesis and gait training of patient by physiotherapist. The hospital shall ensure that an appropriate prosthesis is prescribed based on occupation of the person and standard prosthesis is supplied as per quality norms of BIS (Bureau of Indian Standards).

**b. Super Specialties:** A hospital can be empanelled for dual or multiple super specialties in combination with either specified basic or super specialties according to Annexure xy. Category wise requirements for super specialties are mentioned in Annexure yz.

- i) Cardiology:** Empanelment for Cardiology requires a Qualified D.M (Cardiology) or equivalent Degree (Round the clock), well equipped ICCU and Cath-lab facilities.
- ii) Cardio-thoracic surgery:** Empanelment for Cardio-thoracic surgery requires a Qualified CT Surgeon (M.ch or equivalent), well equipped ICCU, CT theatre with Heart Lung machine & IABP machine.
- iii) Neurology:** Empanelment for Neurology requires a Qualified Neurologist (DM or equivalent) EEG, ENMG, Angio CT facility & Neuro ICU facility.
- iv) Neuro surgery:** Empanelment for Neuro surgery requires a Qualified Neuro-Surgeon (M.Ch or equivalent) Well Equipped Theatre with Operating Microscope, Post Operative ward and ICU facilities, Neuro ICU facility & round the clock CT/MRI services.
- v) Nephrology:** Empanelment for Nephrology requires a Qualified Nephrologist (DM or equivalent) & Heamo-dialysis facility.

	<p><b>vi) Urology:</b> Empanelment for Urology requires a Qualified urologist (M.ch or equivalent), C-ARM facility, Availability of Endoscopic equipment, ESWL (optional- Tie up allowed).</p> <p><b>vii) Pediatric Surgery:</b> Empanelment for Pediatric Surgery requires a Qualified Paediatric surgeon (M.ch or equivalent), well equipped theatre, Post Operative ward and PICU facilities.</p> <p><b>viii) Medical Gastroenterology:</b> Empanelment for Medical-Gastro-Enterology requires a Qualified specialist (DM or equivalent) Endoscopic facilities, Well equipped AMC &amp; ICU facilities.</p> <p><b>ix) Surgical Gastroenterology:</b> Empanelment for Surgical-Gastro-Enterology requires a Qualified Surgical Gastroenterologist or equivalent Well Equipped Theatre, Endoscopic equipment, ICU &amp; Post Operative ward.</p> <p><b>x) Plastic Surgery:</b> Empanelment for Plastic surgery requires a Qualified Plastic Surgeon (M.ch or equivalent), well Equipped Theatre with Operating Microscope, Post Operative ward, ICU and support services of General Surgeon, Burns ward, Post-op rehabilitation &amp; Physio therapy.</p> <p><b>xi) Endocrinology:</b> Empanelment for Endocrinology requires a Qualified Endocrinologist (DM or Equivalent), well equipped AMC &amp; ICU facilities.</p> <p><b>xii) Rheumatology:</b> Empanelment for Rheumatology requires a Qualified Rheumatologist, well equipped AMC &amp; ICU facilities, Physician, Nephrologists and Orthopedic Support.</p>
<p><b>7.3. How to get empanelled</b></p>	<p>The empanelment process has to be initiated by the Hospital through an online application available on the Dr. YSR Aarogyasri Health Care Trusthome page. The hospital having the required facilities may submit their application for empanelment. The process flow is shown below.</p>

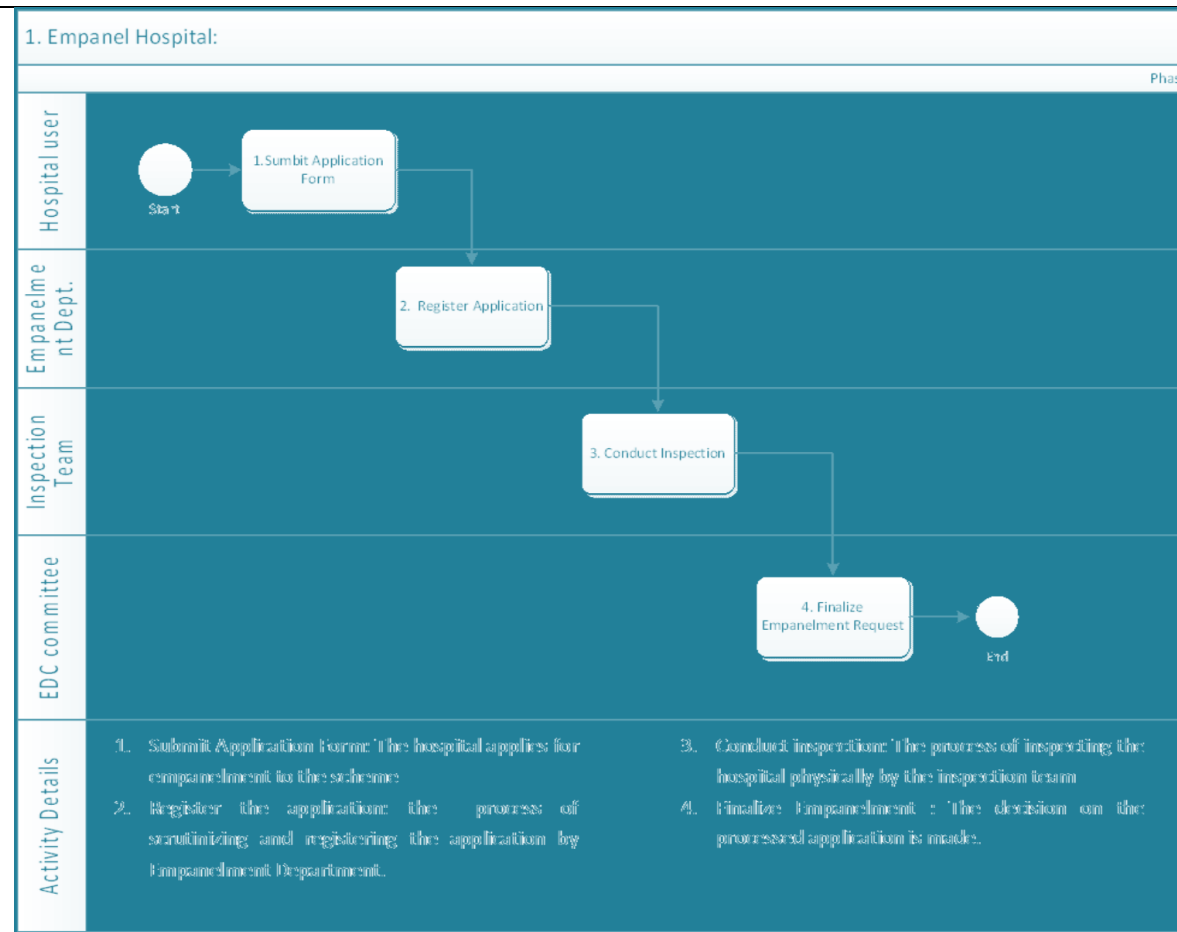


Diagram 1: Overview of Empanelment of Hospital



**7.4. Apply for empanelment****i. Fill the fresh application form:**

Application form consists of six parts which need to be duly filled in for further processing.

- a. **First step:** Hospital Basic Information -The basic details of the hospital like name, address etc are to be duly filled in. All fields are mandatory.
- b. **Second step:** Hospital Mandatory Approval Details – All the concerned licences and approvals from various authorities like APMCE registration certificate, etc with date of issue and date of expiry are to be provided. All fields are mandatory. The following documents are mandatory requirements for an existing hospital and hence are necessary for empanelment with the Trust.

S. No	Name of the Certificate	Issuing Authority	Mandatory (M) /Desirable(D)
a	Building plan approval	Municipal Commissioner/ Executive Officer Panchayat	M
b	D & O trade licence	Municipal Commissioner/ Executive Officer Panchayat	M
c	Fire dept., clearance certificate	Fire Services Authority	M
d	APMCE Registration	DM & HO	M
e	PCPNDT Act Registration	DM & HO	M
f	Blood bank licence	Director Drug Control administration (DCA)	M
g	Pharmacy licence	Director Drug Control administration (DCA)	M
h	Transplantation of human organs registration certification	Director of Medical Education Committee	M*

i	Pollution Control Board certificate	Pollution Control Board	M
j	Registration certificate of Ambulance	Regional Transport Authority	M
k	Licence for surgical spirit	Excise Authority	D
l	Licence for morphine	Excise Authority	D
m	Licence for opium	Excise Authority	D

\*In the specialties of Urology (S9), Ophthalmology (S3), ENT (S2) & Cochlear Implant Surgery (S16), Surgical Gastroenterology (S6), CT Surgery (S7) and Plastic Surgery (S14).

- c. **Third step:** Hospital Infrastructure Details – The infrastructure details of the hospital specifying various departments, floor areas, bed strengths, etc are to be provided. All fields are mandatory.
- d. **Fourth step:** Financial Details – Details of Bank account number and other concerned specifications are to be provided. All fields are mandatory.
- e. **Fifth step:** Specialty Services Facilities – Specialty wise admissions for previous two consecutive financial years are to be provided. Details pertaining to those specialties which are be treated in the hospital are to be filled in.
- f. **Sixth step:** General Services Facilities – All the facilities available in the hospital, e.g.: radiology, laboratory, blood bank, ambulance, pantry, etc. are to be provided.
- g. Once the basic details are submitted, an HSIN No. and Pin No. will be generated.

**ii. Fill the signed application form:**

- a. After receiving the HSIN No. and Pin No., the hospital applicants fill-up the details online. The applicant shall go back to the home page, click ‘Online Application Form for Empanelment’, scroll down the page till the end and then click on signed application, enter the HSIN No. and Pin No. Select the option to fill up the application either in ‘Excel form or online form’.
- b. If the hospital applicant would like to opt for excel format, it needs to follow 3 steps.  
Step 1: Download the form and fill all the details,  
Step 2: save and upload the excel sheet.

Step 3: Click on ‘show online application form’. Filled-up hospital application form will be displayed, then applicant shall click on the add attachment option; upload all the certificates and photographs.

c. If the hospital would like to fill an ‘online application form’, click on ‘online application form’ and fill out

Step 1: Fill the details in Basic Application Form

Step 2: Fill the details in General – Infrastructure Form

Step 3: Fill the details in General – Equipment Form

Step4: Fill the details in General – Manpower Form

Step5: Fill the details in General –Services

Step6: Fill the details for the applied specialty which automatically reflects based on the previously filled fresh application form.

d. Applicant shall click on the print application form, take the print out and the MD/CEO of the hospital shall sign with hospital seal on the form, scan the form and attach the e-copy of the application form. Then submit the application.

e. All information shall be furnished in the application. If particular facility is not available, it shall be entered as ‘not available’; it shall not be mentioned as ‘not applicable’.

f. The application is liable to be ignored if the information given on eligibility criteria is not complete.

**iii. Time lines for empanelment process:** If the hospital fulfils the criteria the empanelment team shall process the submitted application. The timelines for each step in the process of Empanelment has been mentioned below.

a. Application: Initial processing within 7 days.

b. Registration: Within 24 hours on complete updation.

c. Inspection: Within 14 working days after Registration.

d. Submission of Inspection Report: Within 48 hours after the Inspection.

e. EDC proceedings: Within 7 working days from receipt of inspection report.

f. Training and orientation: Within 15 days of empanelment proceedings.

g. Signing of Contract agreement: Within 7 days on receipt of communication of Empanelment.

h. Empanelment: Within 24 hours of signing and registration of agreement, logins will be given.

<b>7.5. Scrutiny of applications</b>	The online Applications shall be scrutinized by the Empanelment department. The deficiencies of the application will be pointed out in the form of remarks and it will be sent to hospital by keeping it in ‘pending’ status. Accordingly hospital shall respond to all the remarks to update the ‘pending-remarks’. After rectifying defects/deficiencies the application will be registered.
<b>7.6. Inspection of hospitals</b>	<p>After the registered status the inspection team will be assigned for the physical verification of the online data submitted by the hospital.</p> <p>The inspection team shall visit the Hospital and submit its report on the following aspects:</p> <ol style="list-style-type: none"> <li>i. Availability of the physical facilities for providing the services for which hospital has requested.</li> <li>ii. Availability of requisite medical, paramedical and nursing manpower.</li> <li>iii. Compliance with statutory requirements like registrations, biomedical waste disposal, fire fighting etc.</li> </ol>
<b>7.7. EDC &amp; final steps in empanelment</b>	<ol style="list-style-type: none"> <li>i. Final approval by the EDC: <ol style="list-style-type: none"> <li>a. The inspection team report will be placed in EDC.</li> <li>b. The EDC after verification of the inspection report supported by photographic and videos evidences and the recommendation /rejections are forwarded to CEO for final approval.</li> <li>c. In case, the hospital is recommended for empanelment, it shall be informed accordingly to the hospital.</li> </ol> </li> <li>ii. Orientation programme for the empanelled hospital: <ol style="list-style-type: none"> <li>a. Based on the CEO’s approval Hospital CEO/MD, MEDCO, Billing head, allotted Vaidya Mithras will be invited for Orientation programme.</li> <li>b. Orientation is given for preauths, claims, follow-ups, and Health camps etc.</li> <li>c. At the end of the programme login and password letter will be issued to the hospital.</li> </ol> </li> <li>iii. Service contract agreement: The hospital after CEO’s approval for empanelment shall enter into Service Contract Agreement (SCA) with the Dr. YSR Aarogyasri Health Care Trustfor providing services at the approved Package rates. The SCA has to be signed at the beginning of the training session.</li> <li>iv. Re-orientation programme for the empanelled hospital: The Network hospitals will be called for periodical re-orientation programmes after a gap of 6 months to 1 year for updation of the online changes that are done in various modules.</li> </ol>

## 8. Disciplinary action

### 8.1. Reasons for disciplinary action

The EDC shall initiate disciplinary proceedings against erring NWHs for the following reasons:

- i. Infrastructure deficiencies
- ii. Equipment deficiencies
- iii. Man power deficiencies
- iv. Service deficiencies
- v. Violation of service contract agreement

A case shall be initiated by the EDC for the above mentioned deficiencies.

In the matters of Disciplinary Actions under the Employees Health Scheme (EHS), the relevant provisions as mentioned in vide G.O Ms. No.174, dated 01/11/2013, HM&FW (M2) Dept. issued by the erstwhile Govt. of Andhra Pradesh or any G.Os/Notifications issued by the Govt. of Andhra Pradesh from time to time shall be applicable, along with the above clauses as mentioned in the Article-9 of the Service Contract Agreement.

The Network Hospital understand and agrees that the Trust/EDC has the liberty to prosecute the erring Establishment/ hospital and its responsible personnel as per law in civil and criminal jurisdiction, including the legal action of recovery in the matters of collection of money by the hospital and the relief of damages/compensation against the hospital concerned.

- i. A Network Hospital has the opportunity to prefer an Appeal to the Chief Executive Officer of the Dr. YSR Aarogyasri Health Care Trust within Fifteen (15) days from the date of communication (Online) of the Order of the Empanelment and Disciplinary Committee (EDC).
- ii. In the event of non-compliance of the decision/order of the EDC and in the absence of an Appeal to the Chief Executive Officer and not obtained any order in an Appeal, the action of delisting or other competent action as per law and the Guidelines laid down by the Trust will be taken against the non compliant hospital.
- iii. The Article-9 of the Service Contract Agreement is applicable and binding upon Dr. YSR Aarogyasri Health Care Trust,

	<p>Employees Health Scheme, Working Journalist Health Scheme (WJHS), Aarogya Raksha and the other Scheme(s) under the Trust.</p>
<p><b>8.2. Pre requisites for initiating a case.</b></p>	<ul style="list-style-type: none"> <li>i) Receipt of an unresolved complaint from the grievance department with the available material evidence or from field operations in the form of an enquiry report or a report of Medical audit shall be the basis of initiation.</li> <li>ii) The following items shall be verified for availability of satisfactory material evidence before a case can be admitted in EDC. The report <ul style="list-style-type: none"> <li>a. It shall be related to the NWH, but not to outsiders or Dr. YSR Aarogyasri Health Care Truststaff.</li> <li>b. It shall contain the name, date, address, contact number and be duly signed /with thumb impression of the complainant.</li> <li>c. It shall accompany with documentary /voice /video evidence establishing the allegations and based upon facts in issue rather than mere hearsay.</li> <li>d. Shall have proper date, time and place with name of persons involved.</li> <li>e. The complaint shall supported by material evidence i.e., any evidence of money collection prescription, investigation reports and diagnosis proof or any other related evidence concerning the matter establishing the involvement of the NWH or its personnel in the particular case</li> </ul> </li> <li>iii) The report may be returned to respective department if it does not satisfy the above pre-requisites, for re-submission after compliance.</li> </ul>
<p><b>8.3. Initiation of Case</b></p>	<p>EDC shall start disciplinary action by initiating a case against the network hospital. A show a cause notice with a direction to offer their remarks on the charges shall be sent electronically on IT portal seeking a counter within seven working days through postal.</p> <p>The NWH or its authorized representative of hospital shall have the opportunity to attend the EDC proceedings of their case at the appointed time and place mentioned in the show a cause notice with relevant material.</p> <p>The EDC shall hear the case based on available material on record even if the NWH does not appear in the EDC proceedings of the case. The EDC may also call for records, documentation or further explanation from the NWH to ascertain the truth.</p> <p>The EDC if necessary may at its discretion cause further enquiry to be conducted in the matter by appointing sub-committees for obtaining expert opinion, conducting inspection etc., in the matter.</p> <p>The EDC after the conclusion of hearing the case complaint shall pass an order within (7) days of conclusion of hearing either by</p>

	<p>allowing the complaint by imposing the necessary penalty or by closing it. The order will be issued by the Chief Medical Auditor as Chairman of Empanelment, Disciplinary Committee (EDC).</p>
<p><b>8.4. Disciplinary Action</b></p>	<p>Based on the assessment of deficiencies, the EDC shall have the powers to impose one or more of the following penalties’.</p> <ol style="list-style-type: none"> <li>i. During the course of hearing a case, the EDC may take the following interim actions. <ol style="list-style-type: none"> <li>a. Withholding of payments: Cashlessness is the bedrock and the primary non- negotiable of this scheme. Any violation of this condition shall result in immediate withholding of entire payments of the hospital. Payments shall be released only after the hospital repays the patient and takes corrective measures. A particular claim may also be withheld in case of any service deficiency in management of any case and the payment may be released based on the expert opinion obtained by the Trust or after rectification.</li> <li>b. Suspension: NWH cannot raise preauth and claims.</li> </ol> </li> <li>ii. Permanent Disciplinary Actions: <ol style="list-style-type: none"> <li>a. Levy of fine: In cases where all the payments have been released to the NWHs, a penalty shall be levied on the NWH for violations attracting action at Term 8.4 (i). <ol style="list-style-type: none"> <li>i) Exemplary costs: The EDC may impose levy fine against the erring NWHs for the following acts of omissions and or commissions of NWH and its personnel. <ul style="list-style-type: none"> <li>• Collection of money either in cash or kind from Scheme patients.</li> <li>• Deficiency in services by the NWH and its personnel.</li> </ul> </li> <li>ii) The EDC shall follow the principles of natural justice while levying fines against the NWHs.</li> <li>iii) Quantum of fine. <ul style="list-style-type: none"> <li>• The fine will be determined as per the reasonable value of omission and or commission determined by the EDC may extend up to 10 times of its said value.</li> <li>• The amount of the fine ordered by EDC panel while pronouncing orders may be remitted by the NWHs or its personnel in Dr. YSR Aarogyasri Health Care TrustAccount. In case the erring NWH against whom the fine is imposed fails to pay then such a NWH may forthwith be ‘Delisted’ without any notice or intimation.</li> </ul> </li> </ol> </li> </ol> </li> </ol>

	<p>b. De-empanelment of specialties: The NWH shall be de-empanelled for a particular specialty in case of service deficiencies.</p> <p>c. Delisting: The NWH shall be delisted for repeated violation of service contract agreement and other service deficiencies for a period of not less than two years. The delisted NWHs for default are barred from re-empanelment till the expiring of 2 years.</p>
<b>8.5.Appellate Authority</b>	<p>A NWH has the opportunity to prefer an appeal to the Chief Executive Officer, Dr. YSR Aarogyasri Health Care Trust within 15 days from the date of communication of an order of EDC. An appeal shall be decided within (2) weeks of the filing.</p> <p>In the event of non-compliance of a decision of imposing of penalty by EDC and in the absence of an appeal to the Chief Executive Officer and not obtained any order in an Appeal, the NWH may be delisted.</p>
<b>8.6. Procedure after delisting</b>	<ul style="list-style-type: none"> <li>i. In case of delisting of NWH the login and used id of NWH cannot be used for registering of new patients. However the NWH can login for processing on bed cases. Treating new patients under Scheme shall not be allowed.</li> <li>ii. The on-bed patients who are already admitted under the Schemes and undergoing treatment in NWH have to be provided 100% cashless facility till they are discharged by the hospital.</li> <li>iii. All cases which are registered or admitted and for which preauthorization is already given shall be treated under the scheme as per preauthed amount.</li> </ul>



## 9. Medical Audit

### 9.1 Medical Audit

There shall be a Medical Audit of the services provided by the empanelled hospital. The medical audit team shall scrutinise the following data among other items. In case the medical audit team finds improper or poor quality care, the case against the hospital shall be referred to the Disciplinary committee.

- i. The Hospital shall assist and cooperate with the medical auditing team from the Trust as and when required. The Hospital shall allow the inspection of any facility and medical audit of any case of a below poverty line card holder treated either under the scheme or as cash patient.
- ii. The Hospital shall allow any person carrying an authorization letter from the DC, or CMA to inspect the hospital, interact with any beneficiary and check his medical records without prior intimation round the clock.
- iii. The Hospital shall submit all the mandatory records and documents as prescribed in the manuals.
- iv. The Hospital shall submit the discharge summary to the Trust as well as the patient satisfaction letter.
- v. The Hospital shall submit periodical reports to the Trust as prescribed.
- vi. The Hospital shall submit the records relating to any patient on demand.
- vii. The Hospital shall not undertake unnecessary or un-indicated procedures and cause moral hazard to the patient.
- viii. The Hospital shall provide treatment to the Scheme beneficiaries as per Applicable Law.
- ix. The Hospital shall ensure that the best and complete diagnostic, therapeutic and follow-up services based on standard medical practices/recommendations are extended to the beneficiary.
- x. The Hospital shall provide quality medicines, standard prostheses, implants and disposables while treating the beneficiaries.

### 9.2 Clinical Audit

Govt. G.O.Ms.No.12 HM&FW (I.1) Dept dated 23-01-2017 has issued orders approving certain additions and improvements in Employees Health Scheme design as stated therein. One among the additions and improvements in Employees Health Scheme design is that the Trust shall empanel clinical audit agencies and it would be mandatory for hospitals to undergo third party clinical audit from any of the empanel agencies for appropriateness and adequacy of care. Non-compliance to audit shall attract a penalty of 2%. The clinical audit sample size and periodicity shall be notified by Dr. YSR Aarogyasri Health Care TrustTrust.

Govt. vide G.O. Rt.No.59 Health Medical and Family Welfare (I.1) Dept. dated 07.02.2017 has approved the certain additions and improvements in Aarogya Raksha Scheme design and requested the Trust for taking necessary action in the matter. One among the additions and improvements in the Aarogya Raksha Scheme design is that Dr. YSR Aarogyasri Health Care TrustTrust shall empanel clinical audit agencies and it would be mandatory for hospitals to undergo third party clinical audit from any of the empanelled agencies, for appropriateness and adequacy of care. Non-compliance to audit shall attract a penalty of 2%. The clinical audit sample size and periodicity shall be notified by Dr. YSR Aarogyasri Health Care TrustTrust.

Govt. vide G.O.Ms.No.82 HM & FW(I.1)Dept. dated 18.05.2017 have issued certain amendments to the G.O.Ms.No.12, HM & FW(I.1) Dept., dt:23.01.2017 and requested the Trust to take necessary action accordingly. One among the amendments is that Dr.YSRAS Trust shall empanel clinical audit agencies and it would be mandatory for hospitals to undergo third party clinical audit from any of the empanelled agencies, for appropriateness and adequacy of care. Non-compliance to audit shall attract a penalty of 2%. The clinical audit sample size and periodicity shall be notified by Dr. YSR Aarogyasri Health Care TrustTrust. The audit charges will be paid by the Dr. YSR Aarogyasri Health Care Trust.

## 10.NWH requirements

<b>10.1. Classification of requirements</b>	A NWH shall fulfill the minimum requirements relating to infrastructure, equipment, manpower and services as laid down by the Trust. The requirements are classified under two headings viz., General services requirements and Specialty service requirements based on the Andhra Pradesh Private Medical Care Establishments Act 2002. The detailed requirements are given in trust website.
<b>10.2. Infrastructure requirements in brief</b>	<p>The network hospitals shall have the following infrastructure.</p> <ol style="list-style-type: none"><li>i. A minimum of 50 in-patient medical beds. In respect of single specialty Ophthalmology hospitals, the bed strength is reduced to minimum of 20 as per G.O.Ms.No.162 HM&amp;FW (K1) Dept. dated.23.05.2005.</li><li>ii. Separate Male and Female General Wards.</li><li>iii. ICU, Post-operative ward with adequate facilities.</li><li>iv. In-house round the clock basic diagnostic facilities.</li><li>v. Fully equipped Operation Theatre.</li><li>vi. Advanced diagnostic facility either in-house or with tie-up.</li><li>vii. Blood bank facility either in-house or tie-up.</li><li>viii. Pharmacy</li><li>ix. Ambulance</li><li>x. Pantry</li></ol>
<b>10.3. Equipment requirement in brief</b>	<ol style="list-style-type: none"><li>i. Outpatient: Specialty wise op instruments</li><li>ii. ICU: Bedside Monitors, Ventilators, Oxygen, Suction.</li><li>iii. Post-operative ward: Bedside Monitors, Oxygen, Suction.</li><li>iv. Operation theatre: Equipment, Specialty Wise equipment such as operation table C-Arm, Endoscopes.</li></ol>

	<ul style="list-style-type: none"> <li>v. Sterilization: Adequate number of sterilizers.</li> <li>vi. Casualty: Oxygen, suction, monitors.</li> </ul>
<b>10.4. Manpower requirement in brief</b>	<ul style="list-style-type: none"> <li>i. Qualified doctor(s) of modern medicine should be physically in charge round the clock.</li> <li>ii. Casualty duty doctors.</li> <li>iii. Qualified Nursing staff.</li> <li>iv. Availability of Qualified or trained paramedics.</li> <li>v. Availability of specialists in the concerned specialties and support fields within short notice</li> </ul>
<b>10.5. Infrastructure needed for the scheme</b>	<ul style="list-style-type: none"> <li>i. Separate space and kiosk for running Scheme counter manned by NAMs.</li> <li>ii. Computer with networking (Minimum 2 MBPS), printer, webcam, scanner, bar code reader, biometrics, digital camera and digital signatures.</li> </ul>
<b>10.6. Special functionaries to be provided by the NWH</b>	<p><b>MEDCO:</b> The network hospital shall provide the services of a dedicated Medical Officer to work as Medical Coordinator (MEDCO) for the scheme. He will be responsible to the Trust for doing various activities under the scheme including consultation, diagnostics, preauthorization, real time updation of case details, treatment, discharge, follow-up and claims submission. He shall communicate using the CUG (Closed User Groups) Connection provided by the Trust and the web portal of the Trust.</p>
<b>10.7. Roles and Responsibilities of Dr. YSR Aarogyasri Health Care Trust Medical Co-ordinator (MEDCO)</b>	<p><b>The following are the roles and responsibilities of Dr. YSR Aarogyasri Health Care Trust Medical Co-ordinator:</b></p> <ul style="list-style-type: none"> <li><b>i.</b> He/ She will ensure that all required evaluation including diagnostic tests are done free of cost for all beneficiaries and the details of the same along with reports are captured in the Trust portal.</li> <li><b>ii.</b> He/ She will upload the OP/IP status of the patient.</li> <li><b>iii.</b> He/ She will guide the patient in all aspects and sign the investigation request.</li> <li><b>iv.</b> He/ She has to cross check whether diagnosis is covered in the Scheme. If doubtful about the plan of management then should coordinate with treating specialist along with Package list as specified in the manual.</li> <li><b>v.</b> He/ She should facilitate the admission process of Patient without any delay.</li> <li><b>vi.</b> After admission He/ She will collect all the necessary investigation reports before sending for approval.</li> <li><b>vii.</b> He/ She will upload the admission notes and preoperative clinical notes of the patient.</li> <li><b>viii.</b> He/ She will ensure that preauthorization request is sent only for those who are on bed (IP).</li> <li><b>ix.</b> He/ She will ensure before sending Preauthorization that all documents like white card, Patient photo and also necessary</li> </ul>

	<p>reports like CT Films, X-Ray films, Angio CD etc. are uploaded in the system.</p> <ul style="list-style-type: none"> <li>x. He/ She will upload the admission notes and preoperative clinical notes of the Patient.</li> <li>xi. He/ She will coordinate with Trust doctors as need arises.</li> <li>xii. Preauth kept pending from Trust will be verified on a regular basis and necessary corrections to be done by MEDCO.</li> <li>xiii. He/ She will furnish daily clinical notes (Pre-operative and Post-operative).</li> <li>xiv. He/ She will upload 3 Photographs of the Patient taken preoperative bedside, immediate post-operative showing operation wound and at the time of discharge.</li> <li>xv. He/ She will update surgery and discharge details and hand over signed copy of the summary along with follow-up advice in preprinted stationary supplied.</li> <li>xvi. He/ She will ensure free follow-up consultation, routine investigations and distribution of drugs to be supplied by the Trust to the beneficiaries.</li> <li>xvii. He/She should attend to the grievances of the Dr. YSR Aarogyasri Health Care Trust beneficiaries and Coordinate with the trust if necessary to redresses it. Further he will counsel the patient accordingly.</li> <li>xviii. He/She will ensure at the time of discharge the transportation cost to and fro to be paid to the patient.</li> <li>xix. He/She will upload the operation notes, post operative details and attach necessary post operative documents (like case sheet etc) for claim submission.</li> <li>xx. He/She will ensure that ant claim kept pending from Trust for technical or financial reasons are to be updated.</li> <li>xxi. He/She will verify that all documents are submitted in order before sending for claims.</li> <li>xxii. <b>Guidelines for enrolment of MEDCOs : The MEDCOs must be available round the clock in the hospital. Each at least 8 hours per a day.</b></li> <li>xxiii. Any other responsibility as communicated by the Trust.</li> </ul>
<p><b>10.8. Roles and Responsibilities of DR. YSR AAROGYASRI Camp Coordinator (YSRASCCO)</b></p>	<p><b>The following are the roles and responsibilities of DR. YSR AAROGYASRI Camp Coordinator:</b></p> <ul style="list-style-type: none"> <li>i. He/ She has to Co-ordinate all activities related to Health Camps.</li> <li>ii. He/ She has to follow up the patient referred from the Health Camps.</li> <li>iii. After receiving Health Camp schedule from the Trust, He/ She is responsible for confirmation of camps online and indenting online.</li> <li>iv. He/ She has to update the details of IEC Activities, Details of Facilities to be provided in the camp, Details of common drugs to be distributed in the camp and the incentives to be paid to Govt. medical officers with specific proposal and estimated</li> </ul>

	<p>amount at the time of confirming the Health camp.</p> <ul style="list-style-type: none"><li><b>v.</b> He/ She has to follow the Health Camp Policy and Health Camp Work Flow Provided by the Trust.</li><li><b>vi.</b> He/ She has to start IEC activities at least 7 days before from the camp date.</li><li><b>vii.</b> He/ She has to Mobilize the patients by doing various IEC activities like pamphlet distribution, mike announcement, advertisements in local daily's, Dandora, beat of tom-tom, SHG meetings, village meetings, scrolling in local T.V. channels, playing audio visual media etc.</li><li><b>viii.</b> He/ She has to do Campaigning in surrounding villages of the PHC.</li><li><b>ix.</b> He/ She should provide facilities for patients like shamianas, chairs, pedestal fans, drinking water, screening enclosures and snacks etc.</li><li><b>x.</b> He/ She has to provide common medicines in the Health camp.</li><li><b>xi.</b> Coordinating and ensuring participation of specialists in the Health camp.</li><li><b>xii.</b> He/ She has to arrange diagnostic equipment for the Health camp.</li><li><b>xiii.</b> He/ She has to coordinate with PHC doctors/govt. doctors, public representatives and local administration.</li><li><b>xiv.</b> He/ She has to distribute the incentives to the medical officers.</li><li><b>xv.</b> He/ She shall speak to the PHC doctor, District Coordinator of the Trust to identify the Medic Officers and Mithras who will participate in the Medical Camp so as to plan and deploy their manpower.</li><li><b>xvi.</b> After Successful completion of Health camp, YSRASCCO shall upload and submit Utilization certificate, declaration certificate by PHC medical officer/Vaidyamithra, bills, drug dispensing registers details of IEC activities, photographs of the camp and IEC activities and receipt of payment of Incentives to the medical officers participating in the camp in prescribed proformas.</li></ul>
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## 11.Obligations of NWH

### 11.1. Reception& Registration

Kiosk and facilitation counter: The service provider shall establish a Dr. YSR Aarogyasri Health Care Trustassistance counter in the form of a Kiosk for the purpose of reception and registration of beneficiaries as per the model given by the Trust.

- i. The kiosk should be at the reception counter or at the patient entry point of the hospital, or any other location as decided by the trust from time to time.
- ii. It should be easily visible and accessible to the common man.
- iii. A board is to be displayed in broad letters at a conspicuous place of the Kiosk in Telugu and English language mentioning Cashless treatment is being provided to the BPL families.
- iv. “The Trust grievance and 104 contact numbers are to be displayed in front view beneath the wordings ‘Dr. YSR Aarogyasri Health Care Trust’ Help Desk, in broad wordings and Digits.
- v. It shall provide 2 MBPS net connection and computer with peripherals.
- vi. The Service Provider shall establish a Dr. YSR Aarogyasri Health Care TrustAssistance Counter in the form of a Kiosk as per the model at the reception.

**Registration:** The Service Provider shall register all the patients having BPL ration card/health card under Dr. YSR Aarogyasri Health Care Trustand other Health Schemes managed by the Government through the Trust as soon as patient reports at the hospital on his/ her own or through referral after verification of online card details available in the Database of Dr. YSR Aarogyasri Health Care Trustweb portal provided by Civil Supplies department. The Service Provider shall intimate Vidya Mithras and MEDCO regarding emergency admissions of the Beneficiary

### 11.2. Preference to Beneficiaries

- i. The Service Provider agrees not to refuse admission to the beneficiary in case the hospital is empanelled for that required specialty where it has consultants and equipments.
- ii. The Service Provider agrees not to deny admission of the beneficiary for want of pre-authorization approval.The Service Provider agrees to render services to the beneficiaries on par with other patients.
- iii. The Network hospital agrees to provide quality medical care and cashless services to the needy eligible people covered under the Scheme for the listed therapies. It does not deny treatment on the pretext of Non- coverage of the disease in the listed

	<p>therapies, Non-availability of beds, Non-availability of Specialists, Insufficient package amount, Not tallying/ matching the photo or name of the beneficiary in the BPL card with the Aadhar card, visibility of the photo of the beneficiary in the BPL card etc. The Network hospital shall contact the Officials of the Trust before denial of treatment to the beneficiary and act as per suggestions given in the matter.</p> <p>iv. The Network hospital agrees not convert the Scheme patients into a cash patient due to non-availability of a package in the empanelled specialty until it receives confirmation from the Trust Officials to the effect. Such patients shall be counseled and referred to the nearest Govt. hospital for further management.</p> <p>v. The Network hospital does intimate the reasons for non- providing the services to the patient in writing and to the Trust after getting confirmation from the Trust Officials that there is genuine reason for their inability to provide treatment to the Scheme beneficiary. Otherwise, it will be treated as denial of treatment and disciplinary action will be initiated against such erring Network hospitals under Article-9 of special conditions of contract in Service Contract Agreement read with Term- 8 of the Scheme Manual for denial of treatment.</p>
<p><b>11.3. Separate OP</b></p>	<p>Provide separate Dr. YSR Aarogyasri Health Care Trust Out-Patient Services manned by qualified doctors to facilitate initial consultation. The Service Provider shall provide separate OP facilities for Dr. YSR Aarogyasri Health Care Trust patients.</p> <p>The Service Provider shall conduct counseling for all OP patients in order to ascertain their eligibility under Dr. YSR Aarogyasri Health Care Trust so that conversion of cash patients at a later date is avoided.</p> <p><b>Chronic OP:</b> Provision of Outpatient treatment for the identified chronic ailments for EHS beneficiaries in notified hospitals as per guidelines issued vide G.O.Ms.No.135, HM &amp; FW (I.1) Dept, dated 29.10.2014 and G.O.Ms.No.150, HM &amp; FW (I.1) Dept., 04.12.2014. The Chronic OP treatment to the identified beneficiaries shall be amended as per the guidelines/orders issued by Trust/Govt. from time to time and which is binding upon empanelled network hospitals.</p>
<p><b>11.4 .Separate Dr. YSR Aarogyasri Health Care Trust Ward :</b></p>	<p>The Service Provider shall provide a separate ward for Dr. YSR Aarogyasri Health Care Trust Beneficiaries.</p> <p>Providing 25% of beds in each specialty: The Service Provider shall provide at least 25% of their overall bed capacity as well as specialty bed capacity for occupation by the patients of the Trust.</p>
<p><b>11.5. Free pre evaluation</b></p>	<p>All the beneficiaries shall be pre-evaluated for the listed therapies till the diagnosis is established.</p>



<b>11.6. Counseling for Non- packages</b>	The patient shall be properly counseled and referred to nearby Govt. Hospital for further management, if found to be suffering from diseases other than listed therapies of the scheme.
<b>11.7. Admission and Pre- Authorization</b>	The beneficiary shall be admitted as per the medical requirement and before pre-authorisation. NWH shall send pre-authorisation for all the cases suffering from listed therapies after the final diagnosis and treatment plan along with the required documentation.
<b>11.8. Treatment</b>	NWH shall offer complete treatment to the beneficiary as per the standard medical practices choosing best possible mode of treatment. NWH shall use standard and approved medications, implants and other inputs. NWH shall attend to all the complications arising out during the course of hospitalization and make efforts to complete the treatment irrespective of costs incurred.
<b>11.9. Discharge</b>	NWH shall discharge the patient after satisfactory recovery, duly giving discharge summary. NWH shall give ten days post discharge medication, return transport fare as per the scheme norms and counsel the patient for follow-up.
<b>11.10. Food &amp; Transport:</b>	<ul style="list-style-type: none"> <li>i. The Service Provider shall provide free, quality, prescribed food of cost Rs.100/- to the patients either through an in-house pantry or through an external Service Provider.</li> <li>ii. The Service Provider shall bear the cost of transport of Rs.200/- for onward as well as return journey from the place of residence of the beneficiary.</li> </ul>
<b>11.11. Follow up</b>	NWH shall provide follow-up treatment for <b>138</b> identified listed therapies under the scheme (Annexure-V). The Service Provider shall provide follow-up services for a period of one year, following the guidelines in the manual, and submit claims for reimbursement of expenses to Dr. YSR Aarogyasri Trust, as per the Packages & Package rates. The Service Provider shall provide free post surgical physiotherapy services, before the date of discharge, if required.
<b>11.12. Management of Complications</b>	<ul style="list-style-type: none"> <li>i. During hospitalization: NWH shall attend to all the complications arising during the course of treatment in the hospital. <ul style="list-style-type: none"> <li>a. Related complications: NWH shall attend to all the related complications within the package price.</li> <li>b. Unrelated complications: NWH may obtain preauthorisation for unrelated complications due to underlying co-morbid conditions, if the said complication is among listed therapies or may apply for package price enhancement.</li> </ul> </li> <li>ii. After hospitalization: <ul style="list-style-type: none"> <li>a. Related complications: NWH shall attend to all the complications related to the primary treatment up to the period of one month from date of discharge within the package price.</li> </ul> </li> </ul>

	<p>b. Unrelated complications: NWH may obtain preauthorisation for unrelated complications due to underlying co-morbid conditions, if the said complication is among listed therapies.</p> <p>c. NWH may counsel and refer the patient to the nearest Govt. Hospital for unrelated complication not in listed therapies.</p>
<b>11.13. Quality of Services</b>	NWH shall follow the standard medical protocols and use only approved medications, implants and other inputs to ensure quality treatment. NWH shall follow the best medical practices as per the standard medical practices and ensure quality of services for the best outcome of the treatment. The hospital may establish internal medical audit mechanism for the above purpose.
<b>11.14.</b>	<p>NWH shall facilitate the interaction between white card holders both Dr. YSR Aarogyasri Health Care Trust and non- Dr. YSR Aarogyasri Health Care Trust getting treated in NWHs with field staff.</p> <p>NWH shall facilitate collection of any document / photograph or any other evidence as required by field staff.</p>
<b>11.15. MEDCO Services</b>	NWH shall provide MEDCO services as specified in Term No 10.6 and 10.7.
<b>11.16. Health Camps</b>	Network Hospitals shall participate in the mega health camps as and when planned by the Trust
<b>11.17. Cashless Service</b>	<ol style="list-style-type: none"> <li>i. The Beneficiaries are provided with cashless treatment with adequate facilities without the need to pay any deposits right from the entry into the hospital, the commencement of the treatment, the end of treatment till the expiry of 10 days post discharge, for all the procedures covered under the Dr. YSR Aarogyasri Health Care Trust Scheme.</li> <li>ii. It is envisaged that for each hospitalization the transaction shall be cashless for covered procedures. Enrolled BPL beneficiary will go to hospital and come out without making any payment to the hospital subject to procedure covered under the scheme.</li> <li>iii. The same is the case for diagnostics if eventually the patient does not end up in doing the surgery or therapy.</li> <li>iv. Dr. YSR Aarogyasri Health Care Trust beneficiary cannot request to undergo treatment as non Dr. YSR Aarogyasri Health Care Trust case (Cash patient) Network Hospitals has to ascertain from all the patients whether they have white ration card or not. Any patient with white ration card shall be evaluated and treated cashlessly for any Dr. YSR Aarogyasri Health Care Trust therapy in the Network Hospital. No white card holder can be converted into a cash patient for Dr. YSR Aarogyasri Health Care Trust Therapies.</li> </ol>
<b>11.18. Limitation of liability and indemnity</b>	<ol style="list-style-type: none"> <li>i. The NWH shall be responsible for all commissions and omissions in treating the patients referred under the scheme and will also be responsible for all legal consequences that may arise. Trust will not be held responsible for the choice of treatment and outcome of the treatment or quality of the care provided by the NWH and should any legal complications arise and is called upon</li> </ol>

	<p>to answer, the NWH will pay all legal expenses and consequent compensation, if any.</p> <p>ii. The NWH admits and agrees that if any claim arises out of alleged deficiency in service on their part or on the part of their men or agents, then it will be the duty of the NWH to answer such claim. In the unlikely event of Trust being proceeded against for such cause of action and any liability was imposed on them, only by virtue of its relationship with the NWH and then the NWH will step in and meet such liability on their own.</p> <p>iii. The mere Preauthorization approval of case by Trust based on the data provided by the Network Hospitals shall not be construed as final medical opinion with regards to Diagnosis &amp; Treatment of choice. The treating Doctor &amp; Network hospital shall be solely responsible for the final diagnosis of disease, choice of treatment employed and outcome on such treatment.</p> <p>iv. iv. NWH admits and agrees that if any claim, suit or disciplinary actions by Empanelment and Disciplinary Committee (EDC) arises due to any commissions or omissions of their employees including MEDCO, YSRASCCO, Billing Head, Data Entry Operator or employees outsourced by them, NWH will be liable for such claim or suit or Disciplinary action.</p>
<p><b>11.19. Change of Management/Person/Name of the Hospital/Building/ Premises by NWH:</b></p>	<p><b>Lease Agreement or Change of Management</b></p> <p>If the Service Provider sells, transfers, bequeath, mortgages, leases out or in any manner transfers management/ownership or control of the Service provider's hospital or the building in which the services are offered, this agreement shall remain effective and valid for the full contract term upon the new owner/management of the Network Hospital taking over and the new owner/management shall be bound by this contract as if signed by him. Settlement of claims / liabilities during the change over transit period will be in accordance with the agreement reached between the old / new management and claim payments made by accordingly. The EDC is the competent authority to verify any matter related to the Service Provider in the clauses mentioned supra, and to take a decision on consideration/continuation of the contract agreement with new management/Service Provider on case to case basis depending upon the circumstances and the situation in the best interests of the Trust and its objectives. The decision of the EDC is binding upon the parties and the conditions narrated in the Term-8.3 are applicable.</p> <p>The Service Provider shall intimate any such change to the Trust at least 30 days prior to such transfer with a copy of contract or transfer deed. The new owner/management shall submit revised certificate of registration and enter into a supplementary agreement / agreement with the Trust on the same terms and conditions.</p> <p><b>i. Change of Management The steps to be followed for the change of management by the NWH shall be as follows:</b></p> <p>a. In the letter of intimation the hospital authorities have to notify the details of existing management and proposed management along with reasons of change of management.</p> <p>b. The existing hospital is required to opt for de-empanelment submitting declaring/undertaking as follow:</p>

- i) To provide services to the Scheme beneficiaries who are on the bed till discharge and also provide follow-up treatment to eligible patients.
- ii) To be held liable and accountable for all and each of the acts of omissions and commissions committed by the existing NWHs and its personnel during their term period relating to contract as such answerable for the same in the EDC panel, courts and other forums.

c. The new management has to apply for fresh empanelment and undertake to provide follow-up treatment to the Scheme beneficiaries of existing hospitals.

d. The new owner/management shall submit the copy of contract or transfer deed to the Trust.

e. The new owner/ management shall have entered into a supplementary agreement/ agreement with the Trust on the same terms and conditions envisaged in SCA.

f. The new owner/management shall submit revised certificate of registration and incorporation.

g. Bank accounts and related other particulars.

h. Notarized affidavit / declaration to be given by new management/owner, mentioning the following particulars.

- i. The NWHs and its personnel shall protect the interests of the Trusts and its objectives

- ii. Liability for the acts and omission commission upon the new owner/

- iii. management and the previous management either separately or jointly as the case may be lies upon them, as such answerable for the same in EDC panel, court and other forums.

- iv. The EDC may take the decision on case to case basis depending upon the circumstances and the situations in the best interest of the Trust and its objectives.

**ii. Change of Person Representing the Hospital:**

The hospital authorities have to notify the details of existing authorized person and proposed authorized person to represent the hospital along with reasons for change request.

The hospital has to apply online requesting to permit the change of authorized person to represent the hospital and to sign all the documents relating to the scheme.

The hospital should submit the following documents for change of authorized person representing the hospital and the name of proposed in charge should be brought on record.

- a. Notarized copy of board resolution authorizing the person in charge to sign the document and as well to administer the hospital

- b. Authorization letter with attested signature of person in charge
- c. Notarized declaration affidavit of person in charge
- d. Current renewals MOU are signed by the person in charge submission of documents by hospital for approval.

**iii. Change of Name of Hospital:**

The hospital authorities have to notify the details of existing name and proposed name with the reasons for change.

The hospital has to apply online requesting for change of name.

The hospital should submit the following document or change of name:

- a. Notarized declaration affidavit by the MD/CEO of the hospital stating the change of name of the hospital
- b. Certificate of registration of allopathic medical care establishments from the concerned registrations authorities with new name
- c. Permission from the statutory authorities and local bodies.

**iv. Change of Building/ Premises of Hospital:**

- a. There shall be no unauthorized change of building/ premises of the NWH.
- b. The hospital authorities have to notify about the change of premises of the hospital with reasons.
- c. Change of premises at different location shall be treated as new hospital. The hospital is required to apply online freshly by submitting required documents and opt for de-empanelment of existing hospital along with a declaration/ undertaking to provide services to Scheme beneficiaries who are on bed till discharge and also provide follow-up treatment to eligible patients.

**v. In case Hospital's Pan Card is in The Name of Trust / Society Foundation/ Company and not in the Name of the Hospital:**

- a. The hospital authorities have to notify about the details of Pan Card in the name of Trust/society/foundation/company.
- b. The hospital has to apply online requesting to consider the pan card of Trust/ society/ foundation/ company for TDS exemption.
- c. The hospital should submit the following documents for considering the Pan Cards of Trust/society/foundation/company for TDS exemption.
- d. Certificate of registration of allopathic medical care establishment from the concerned registration authority with hospital name associated with the name of the Trust/ society/ foundation/company.
- e. Notarized affidavit by the member/ Trustee/ MD/ CEO/ director of the hospital declaring that hospital is a unit of Trust/ society/ foundation/ company with the details of pan card and ban accounts. Certificate from auditor/ chartered

	<p>accountant declaring that hospital is a unit of Trust/ society/ foundation/ company with the details of the bank account with Pan Card.</p>
<b>11.20. Confidentiality</b>	<ul style="list-style-type: none"> <li>i. All the stakeholders undertake to protect the secrecy of all the data of beneficiaries and trade or business secrets of and will not share the same with any unauthorized person for any reason whatsoever within or without any consideration.</li> <li>ii. The NWH agrees to protect the confidentiality of the patient data including that of the clinical photographs and take due care to follow the standard medical practices while obtaining such photographs, under any circumstances Trust or insurer cannot be held responsible for lapse in confidentiality and protecting the information of the patient in the hospital.</li> <li>iii. The NWH undertakes to handle the patient data diligently and shall not share or give access to employees of the hospital or to the outsiders under any circumstances within the hospital or outside.</li> </ul>
<b>11.21. Government Specialties and its matters;</b>	<ul style="list-style-type: none"> <li>i. The Government NWHs shall provide the services to the beneficiaries as per the existing availability of specialties at the hospital from time to time, basing upon manpower, infrastructure and equipment. However, they shall not exclude any specialty deliberately without obtaining the written approval from the Trust.</li> <li>ii. The list of specialties empanelled with the Trust is given at Appendix- B of Service Contract Agreement.</li> <li>iii. The Govt. Hospitals at the time of empanelment shall submit the details of availability of its existing specialties at its hospital, based upon its manpower, infrastructure and equipments to the Trust through the empanelment application. However, the Govt. Hospitals for its empanelment shall possess the minimum basic specialties as per the empanelment requirements of the Trust.</li> <li>iv. In the event of addition or deletion of any specialty by the GNWHs at any time during its active status then under such circumstance it shall intimate and furnish the particulars of such additions or deletions of specialties based upon manpower, infrastructure and equipments to the Trust through online portal of the Trust for approval.</li> </ul> <p>Hospital Development Funds: The GNWH shall judiciously make use of the hospital Development Funds for improving the infrastructure, equipment and resources of the GNWH and for its overall development. Further GNWH shall abide and follow the Government orders and Guidelines issued from time to time with respect to the Hospital Development Funds.</p>
<b>11.22. Change Requests</b>	<p>The MEDCO of the Network Hospital can submit for change of request to the Empanelment Department. The request for change can be either for Change of MEDCO, YSRASCCO, Bank Details, Expertise details or for De-Empanelment. All the four requests have been elaborated in subsequent diagrams.</p>

<b>11.23. Renovations</b>	Renovations: The Service Provider agrees to intimate the Trust prior to the commencement of renovations to be undertaken in the Network hospital and declares that the renovations work shall be taken up without interrupting medical services to the Dr. YSR Aarogyasri Health Care Trustpatients.
<b>11.24. Network Hospitals Do's and Don'ts</b>	<p><b>Do's :</b></p> <ol style="list-style-type: none"> <li>1. Network Hospital shall conduct camps with qualified doctors / specialists, equipment, proper awareness and IEC program at the designated location.</li> <li>2. The Hospital shall render cash less treatment to all the valid and eligible patient once identified by registering and admitting immediately.</li> <li>3. To provide space for Kiosk in the reception for VaidyaMithra along with system, network connectivity, printer, scanner, digital camera etc.</li> <li>4. Hospital shall evaluate the beneficiary by conducting free diagnostic tests and counsel the patients who are not covered under the Scheme in regard to further management.</li> <li>5. To provide a dedicated Medical Coordinator (MEDCO) to co-ordinate and perform an effective role.</li> <li>6. Hospital shall provide reasonably good food according to dietary requirement.</li> <li>7. To provide cost of transportation.</li> <li>8. To provide free follow-up for beneficiaries according to provision in the package.</li> <li>9. The hospital should submit the claim only after 10 days of discharge.</li> <li>10. The hospital should appoint dedicated DR. YSR AAROGYASRI Camp Coordinator to coordinate camp related activities.</li> <li>11. Network hospital should attend the periodical training workshops / programmes organized by Dr. YSR Aarogyasri Health Care TrustTrust.</li> <li>12. To utilize the Dr. YSR Aarogyasri Health Care Trustmanual provided by the trust to the best possible extent for proper understanding of the scheme.</li> <li>13. Hospital to send proper pre-authorisation and resubmit pre-authorisation kept pending after thorough scrutiny and only after uploading the required documents / reports to avoid delay in clearance.</li> </ol> <p><b>Don'ts :</b></p> <ol style="list-style-type: none"> <li>1. Don't collect money from patients who are identified as beneficiary under the scheme foe any consultation, diagnosis or treatment.</li> <li>2. Don't take possession of any original document from the patient at any point of time.</li> <li>3. Don't charge from the patient in any form as the package includes the entire cost of treatment from date of reporting to the</li> </ol>

time of discharge and 10 days of discharge.

4. Don't send patients home during the waiting period (for pre authorization approval).
5. Don't send for pre authorization approval in duplicate.
6. Don't misuse Telephonic intimation for approval for non-emergency cases.
7. Don't update Operation notes and Discharge summary in cases where surgery is not performed.
8. Don't apply for multiple procedures in the same patient without clinical justification.
9. Don't submit pre-authorization approval repeatedly for the same patient.
10. Don't send patient or attendants to the Trust office for approval and enhancement. It has to be done by the hospital with the help of pre-authorization and enhancement module.
11. Don't submit wrong telephone numbers of treating specialists in the column provided. This may delay the approval of pre-authorization.
12. Don't submit clinical photograph, which is incomplete and inconclusive. The postoperative photograph should reveal as much as possible the operative site and the patients face.
13. Don't collect any amount towards follow-up consultation & medicines in case where follow-up packages are provided, as the services are inherent with the pre-defined package.
14. Don't collect money from patients / family to procure blood / blood products but facilitate to procure in case it is not available within the hospital blood bank except in case of hematological disorders.