

***STATE EMPANELMENT CRITERIA FOR PRIVATE  
CHARITABLE & NOT FOR PROFIT HOSPITALS  
UNDER AYUSHMAN BHARAT***

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**DEPARTMENT OF HEALTH  
AND FAMILY WELFARE  
BHOPAL, MADHYA PRADESH**

# ***STATE EMPANELMENT CRITERIA FOR PRIVATE CHARITABLE & NOT FOR PROFIT HOSPITALS UNDER AYUSHMAN BHARAT***

## **Introduction:**

Ayushman Bharat National Health protection Mission aims to provide the poorest household with the equitable access to a comprehensive package of patient centered quality services.

For providing the benefits envisaged under Ayushman Bharat National Health protection Mission (AB-NHPM), the State Health department look forward for the empanelment of the Private hospitals or Health Care Service providers who fulfill the minimum set of criteria related to infrastructure, Service availability, Manpower, equipment etc. to ensure safe and patient centric quality health services.

## **A) Empanelment Requirement**

- i) Hospitals of Madhya Pradesh will only be permitted to be empaneled.
- ii) Private and charitable/Not for Profit hospitals, a tiered approach will be followed for empanelment.
- iii) Private Hospitals will be encouraged to provide ROHINI provided by Insurance Information Bureau (IIB). Similarly, Public Hospitals will be encouraged to have NIN provided by MoHFW.

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B) Criteria for Empanelment has been divided into two broad categories –

<b>CATEGORY 1: GENERAL CRITERIA</b>	<b>CATEGORY 2: SPECIALITY CRITERIA</b>
All the hospitals empaneled under AB-NHPM for providing general care have to meet the minimum criteria framed for empanelment by the State Empanelment Committee. No exceptions will be made for any hospital at any cost	Hospitals would need to be empaneled separately for certain tertiary packages authorized for one or more specialties (like-cardiology, Oncology, Neurosurgery etc.) This would only be applicable for those Hospitals who meet the stipulated general criteria for the empanelment.

## **Detailed empanelment Criteria**

### **CATEGORY 1: GENERAL CRITERIA**

A Hospital would be empaneled as a network private hospital with the approval of the State Health Authority if it adheres with the minimum criteria. (Annexure 1)

Sr No	AVILABILITY	Yes/No
<b>A</b>	<b>Spacing Criteria</b>	
	Minimum 10 inpatient medical beds with adequate spacing and supporting staff as per norm (for single specialty).	
	Exemption may be given for single-specialty hospitals like Eye and ENT	
	General ward - @80sq ft per bed, or more in a Room with Basic amenities- bed, mattress, linen, water, electricity, cleanliness, patient friendly common washroom, with provision of fan/Cooler and heater in winter.	
<b>B</b>	<b>HR</b>	
	All the doctors working in the hospital whether fulltime or part time should be registered under Madhya Pradesh State Council.	
	Facility should have adequate and qualified medical and nursing staff (doctors & nurses), physically in charge round the clock; (necessary certificates to be produced during empanelment).	
	At least one Inhouse surgeon and or inhouse physician (MD) shall be available for empanelment of surgical and Medical packages respectively	
	The hospital should have at least minimum of 5 MBBS doctors as duty	

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	doctors and 10 Bsc /GNM staff, for bed strength of 30 or below. The duty doctors mentioned will also act as emergency duty doctor.	
<b>C</b>	<b>Equipment and Necessary operational requirements for General and Specialty services (Round the clock/On Call)</b>	
	Round-the-clock availability (or on-call) of a Surgeon and Anesthetist where surgical services/ day care treatments are offered.	
	Round-the-clock availability of specialists (or on-call) in the concerned specialties where specialty services are offered. (e.g. Orthopedics, ENT, Ophthalmology, Dental, General surgery (including endoscopy) etc.)	
	Round-the-clock availability (or on-call) of an Obstetrician, Pediatrician and Anesthetist where maternity services are offered.	
	Fully equipped and engaged in providing Medical /Surgical services, commensurate to the scope of service/ available specialties and number of beds	
	Round-the-clock support systems required for the above services like Pharmacy, Blood Bank, Laboratory, Dialysis unit, Endoscopy investigation support, Post op ICU care with ventilator support, X-ray facility (mandatory) etc., either 'In-House' or with 'Outsourcing arrangements', preferably with NABL accredited laboratories, with appropriate agreements and in nearby vicinity.	
	Round-the-clock Ambulance facilities (own or tie-up).	
	24X7 technically qualified staff to manage emergency services	
	Casualty should be equipped with Monitors, Defibrillator, Nebulizer with accessories, Crash Cart, Resuscitation equipment, Oxygen cylinders with flow meter/ tubing/catheter/face mask/nasal prongs, suction apparatus etc. and with attached toilet facility.	
<b>D</b>	<b>Critical services Mandate</b>	
	Wherever intensive care services are offered it is mandatory to be equipped with an Intensive Care Unit (For medical/surgical ICU/HDU/Neonatal ICU) with requisite staff	
	The unit is to be situated in close proximity of operation theatre, acute care medical, surgical ward units, labor room and maternity room as appropriate.	
	Suction, piped oxygen supply and compressed air should be provided for each ICU bed.	
	ICU should have the following equipment: <ul style="list-style-type: none"> <li>○ Piped gases</li> <li>○ Multi-sign Monitoring equipment</li> <li>○ Infusion of ionotropic support</li> <li>○ Equipment for maintenance of body temperature</li> <li>○ Weighing scale</li> <li>○ Manpower for 24x7 monitoring</li> </ul>	


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	<ul style="list-style-type: none"> <li>○ Emergency cash cart</li> <li>○ Defibrillator.</li> <li>○ Equipment for ventilation</li> </ul>	
	In case there is common Pediatric ICU then ICU shall have Pediatric ventilator, Pediatric probes, medicines and equipment for resuscitation to be available.	
	HDU (high dependency unit) should also be equipped with all the equipment and <b>trained qualified</b> manpower round the clock as per patient load.	
	Records Maintenance: Complete records as required on day-to-day basis are maintained and retained to provide the necessary records of hospital / patients to the Society/Insurer or his representative or for Legal requirement as and when required.	
	Wherever automated systems are used it should comply with MoHFW/ NHA Electronic Health Record (HER) guidelines (as and when they are enforced)	
	All PMRSSM cases must have complete records maintained	
	Necessary Information /data is reported with designated State authorities as mandated	
	Facility abide by all Legal requirements as applicable by the local/state health authority	
	Adherence to Standard treatment guidelines/ Clinical Pathways for procedures as mandated by NHA from time to time.	
	Registration with the Income Tax Department	
	NEFT enabled bank account	
	Provided space for a separate kiosk for PMRSSM beneficiary management (PMRSSM non-medical8 coordinator) at the hospital reception	
	Ensure a dedicated medical officer to work as a medical coordinator <b><i>(Medical coordinator will be an identified doctor in the hospital who will facilitate submission of online pre-authorization and claims requests, any deficiencies &amp; coordinating necessary/appropriate treatment in the hospital)</i></b> towards PMRSSM beneficiary management (including records for follow-up care as prescribed)	
	Appropriate promotion of PMRSSM in and around the hospital (display banners, brochures etc.) being done for effective publicity of the scheme in co-ordination with the SHA/ district level PMRSSM team.	
E	IT Enabled Service delivery	
	IT Hardware requirements (desktop/laptop with internet, printer, webcam, scanner/ fax, bio-metric device etc.) as mandated by the NHA	




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## **CATEGORY 2 SPECIALITY CRITERIA**




Over and above the essential criteria required to provide basic services under PMRSSM (as mentioned in Category 1) those facilities undertaking defined specialty packages (as indicated in the benefit package for specialties mandated to qualify for advanced criteria) should have the following:

Sr No	Mandate for Specialty Services	Yes/No
<b>A</b>	Does empaneled hospitals have specialized services such as Cardiology, Cardiothoracic surgery, Neurosurgery, Nephrology, Reconstructive surgery, Oncology, Pediatric Surgery, Neonatal intensive care etc.	
<b>B</b>	A hospital could be empaneled for one or more specialties subject to it qualifying to the concerned specialty criteria for respective packages. <b>(specify available Specialty services)</b>	
<b>C</b>	<b>Hospitals should be fully equipped with ICCU/SICU/ NICU/ relevant Intensive Care Unit in support of the OT facilities</b>	
<b>D</b>	Such facilities should be of adequate capacity and number so that they can they can handle all the patients operated in emergencies for which following is required -: a) The Hospital should have sufficient experienced specialists in the specific identified fields for which the Hospital is empaneled as per the requirements of professional and regulatory bodies/ as specified in the clinical establishment act/ State regulations. b) The Hospital should have sufficient diagnostic equipment and support services in the specific identified fields for which the Hospital is empaneled as per the requirements specified in the clinical establishment act/ State regulations.	
<b>E</b>	<b>Specialty Specific Mandate</b>	
<b>1</b>	 <b>General Medicine</b>	
	○ Well-equipped AMC and ICU facility	
	○ Well-equipped OPD facility	
	○ Shall have in-house Qualified MD (General medicine) or D.N.B (General medicine)	

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<b>2</b>	 <p><b>Obstetrics and Gynecology</b></p>	
	<ul style="list-style-type: none"> <li>○ Well-equipped Theatre with Laparoscopic equipment</li> <li>○ Well-equipped Post-operative ward and ICU facilities.</li> <li>○ Functioning Obstetric unit with support services of Pediatrician</li> <li>○ Shall have In-house Qualified MS OBG or DGO or DNB(OBG) with experience of at least 100 general/laparoscopic procedures</li> </ul>	
<b>3</b>	 <p><b>specialized new born care.</b></p>	
	<ul style="list-style-type: none"> <li>○ <b>Well-equipped</b> neonatal nurse/Neonatal ICU (NICU) appropriate for the packages for which empaneled, as per norms.</li> <li>○ Availability of radiant warmer/ incubator/ pulse oximeter/ photo therapy/ weighing scale/ infusion pump/ ventilators/ CPAP/ monitoring systems/ oxygen supply / suction / infusion pumps/ resuscitation equipment/ breast pumps/ Semi-autoanalyzer / KMC (Kangaroo Mother Care) chairs and transport incubator in enough numbers and in functional state.</li> <li>○ In-house USG. Ophthalmologist on call.</li> <li>○ Trained nurses 24x7 as per norms.</li> <li>○ Trained Pediatrician(s) round the clock arrangement for 24x7 stay of the Mother – to enable her to provide supervised care, breastfeeding and KMC to the baby in the nursery/NICU and upon transfer therefrom; provision of bedside KMC chairs</li> </ul>	
<b>4</b>	 <p><b>Mandate for Surgical Services</b></p>	
	<ul style="list-style-type: none"> <li>○ Post-op ward with ventilator and other required facilities.</li> <li>○ Fully equipped Operation Theatre In house with qualified Surgical, Anesthetist nursing and Paramedical staff under its employment round the clock.</li> <li>○ Well-equipped OT with laparoscopic equipment experience of at least 100 General/laparoscopic procedures.</li> <li>○ Well-equipped postoperative ward and ICU</li> </ul>	

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	<ul style="list-style-type: none"> <li>○ Shall Have Inhouse Qualified MS(General Surgeon) or equivalent with experience of at least 100 General Sugery /laparoscopic Procedures</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Support specialty of General Medicine and Pediatrics</li> </ul>	
5	 <p style="text-align: center;"><b>Orthopedic surgery</b></p>	
	<ul style="list-style-type: none"> <li>○ Well-equipped OT with C-Arm facility</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Well-equipped postoperative ward</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Shall have In-house Qualified Ms Ortho. or D.Ortho or DNB(ortho)</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Trained paramedics</li> </ul>	
6	 <p style="text-align: center;"><b>Specific criteria for Pediatric Surgery</b></p>	
	The Hospital should have full time/on call services of pediatric surgeons	
	<ul style="list-style-type: none"> <li>○ Well-equipped theatre</li> </ul>	
	<ul style="list-style-type: none"> <li>○ ICU support</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Support services of pediatrician</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Availability of mother rooms and feeding area.</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Availability of radiological/ fluoroscopy services (including IITV), Laboratory services and Blood bank.</li> </ul>	
7	 <p style="text-align: center;"><b>Specific criteria for Ophthalmology Services</b></p>	
	<ul style="list-style-type: none"> <li>○ Shall have fully equipped Eye OT</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Shall have Optometry facility</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Shall have OPD services with investigation facility</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Shall have In-house Qualified M.S(Ophthalmologist) or D.O or DNB (Ophth)</li> </ul>	






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8	 <p><b>ENT</b> Specific criteria for ENT Services</p>	
	<ul style="list-style-type: none"> <li>○ Shall have outpatient facility</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Shall have Audiometry and other Investigatory services specific to ENT</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Shall have well equipped OT with operating Microscope and Endoscopic</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Shall have Inhouse Qualified M.S (ENT) or DLO or DNB (ENT)</li> </ul>	
9	 <p><b>Cardiac Services</b> Specific criteria for Cardiology/ CTVS</p>	
	<ul style="list-style-type: none"> <li>○ CTVS theatre facility (Open Heart Tray, Gas pipelines Lung Machine with TCM, defibrillator, ABG Machine, ACT Machine, Hypothermia machine, IABP, cautery etc.)</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Post-op with ventilator support.</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Facility shall have equipped CCU,ICU Facility with cardiac monitoring and ventilator support.</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Hospital should facilitate round the clock cardiologist services.</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Availability of support specialty of General Physician &amp; Pediatrician.</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Fully equipped Catheterization Laboratory Unit with qualified and trained Paramedics.</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Facility shall have qualified D.M (Cardiology)or equivalent Degree (Round the Clock).</li> </ul>	
10	 <p><b>Cancer Services</b> Specific criteria for Cancer Care</p>	
	<ul style="list-style-type: none"> <li>○ For empanelment of Cancer treatment, the facility should have a Tumour Board which decides a comprehensive plan towards multi-modal treatment of the patient or if not, then appropriate linkage mechanisms need to be established to the nearest regional cancer center (RCC). Tumor Board should consist of a qualified team of Surgical, Radiation and Medical /Pediatric Oncologist in order to ensure the most appropriate treatment for the patient.</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Relapse/recurrence may sometimes occur during/ after treatment. Retreatment is often possible which may be</li> </ul>	

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	undertaken after evaluation by a Medical/ Pediatric Oncologist/ Tumor Board with prior approval and pre-authorization of treatment.	
	<ul style="list-style-type: none"> <li>○ For extending the treatment of chemotherapy and radiotherapy the hospital should have the requisite Pathology/ Hematology services/ 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 empaneled hospital for radiotherapy treatment and even for chemotherapy, the hospital shall not perform the approved surgical procedure alone but refer the patients to other centers for follow-up treatments requiring chemotherapy and radiotherapy treatments. This should be indicated where appropriate in the treatment approval plan.</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Further hospitals should have following infrastructure for providing certain specialized radiation treatment packages such as stereotactic radiosurgery/ therapy.               <ul style="list-style-type: none"> <li>i. Treatment machines which are capable of delivering SRS/SRT</li> <li>ii. Associated Treatment planning system</li> <li>iii. Associated Dosimetry systems</li> </ul> </li> </ul>	
11	 <h2 style="margin-left: 20px;"><b>Specific Criteria for Neuro Surgery</b></h2>	
	<ul style="list-style-type: none"> <li>○ 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).</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Post-op with ventilator support</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Facilitation for round the clock MRI, CT and other support biochemical investigation</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Facility for EEG, ENMG.</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Round the clock CT and MRI</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Facility shall have neuro ICU, and Post-operative wards.</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Facility Shall have Qualified Neurologist (DM or equivalent)</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Facility should have support services of Neurologist /Physician</li> </ul>	

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12	 <p style="text-align: center;"><b>Specific criteria for Burns, Plastic &amp; Reconstructive surgery</b></p>	
	<ul style="list-style-type: none"> <li>○ 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.</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Isolation ward having monitor, defibrillator, central oxygen line and all OT equipment.</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Well Equipped Theatre</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Intensive Care Unit.</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Post-op with ventilator support</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Trained Paramedics</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Post-op rehab/ Physiotherapy support/ Phycology support</li> </ul>	
13	 <p style="text-align: center;"><b>Specific criteria for Polytrauma</b></p>	
	<ul style="list-style-type: none"> <li>○ Shall have Emergency Room Setup with round the clock dedicated duty doctors.</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Shall have the full-time service availability of Orthopedic Surgeon, General Surgeon, and Anesthetist services.</li> </ul>	
	<ul style="list-style-type: none"> <li>○ The Hospital shall provide round the clock services of Neurosurgeon, Orthopedic Surgeon, CT Surgeon, General Surgeon, Vascular Surgeon and other support specialists as and when required based on the need.</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Shall have dedicated round the clock Emergency theatre.</li> </ul>	
14	 <p style="text-align: center;"><b>Specific Criteria for Nephrology and Urology Surgery</b></p>	
	<ul style="list-style-type: none"> <li>○ Dialysis unit</li> <li>○ Well-equipped operation theatre with C-ARM</li> <li>○ Endoscopy investigation support</li> <li>○ Post op ICU care with ventilator support</li> <li>○ Sew lithotripsy equipment</li> </ul>	

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## **ANNEXURE -1**

### **i. Service Availability Requirement: -**

<b>S.N.</b>	<b>SPECIALITY</b>	<b>AVAILABILITY Y/N</b>	<b>Outsourced (If Y, Distance from Facility to outsourced services center (in KM))</b>	<b>Remarks</b>
<b>A</b>	<b>Broad Specialties</b>			
<b>1</b>	<b>Family Medicine</b>			
<b>2</b>	<b>Gen Medicine</b>			
<b>3</b>	<b>Pediatrics</b>			
<b>4</b>	<b>Obs and Gyn.</b>			
<b>5</b>	<b>Orthopedics</b>			
<b>6</b>	<b>Ophthalmology</b>			
<b>7</b>	<b>Dental</b>			
<b>8</b>	<b>Geriatrics</b>			
<b>9</b>	<b>Anesthesiology</b>			
<b>10</b>	<b>Dermatology and Venereology</b>			
<b>11</b>	<b>Otorhinolaryngology</b>			
<b>12</b>	<b>Psychiatry</b>			
<b>13</b>	<b>Radiation Oncology</b>			
<b>14</b>	<b>Radiology</b>			
<b>15</b>	<b>Respiratory Medicine</b>			
<b>16</b>	<b>If any Other, please state</b>			
<b>16.1</b>				
<b>16.2</b>				
<b>16.3</b>				
<b>16.4</b>				
<b>17</b>	<b>Laboratory</b>			
<b>17.1</b>	<b>Bio-chemistry</b>			
<b>17.2</b>	<b>Microbiology</b>			
<b>17.3</b>	<b>Pathology</b>			

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➤ **Scope of Accreditation (Broad Specialties in the hospital):**

<b>B</b>	<b>Super Specialties in the hospital</b>			
<b>S.N</b>	<b>SPECIALITY</b>	<b>AVAILABILITY Y/N</b>	<b>Outsourced (If Y, Distance from Facility to outsourced services center (in KM)</b>	<b>REMARKS</b>
1	Cardiac Anesthesia			
2	Cardiology			
3	Cardiothoracic Surgery			
4	Clinical Hematology			
5	Endocrinology			
6	Hepatology			
7	Hepato-Pancreato-Biliary Surgery			
8	Immunology			
9	Medical Gastroenterology			
10	Neonatology			
11	Nephrology			
12	Neurology			
13	Neurosurgery			
14	<ul style="list-style-type: none"> <li>➤ Medical Oncology</li> <li>➤ Gynecological Oncology</li> <li>➤ Oncology surgical</li> </ul>			
15	Pediatric Gastroenterology			
16	Pediatric Cardiology			
17	Pediatric Cardio-Thoracic Vascular Surgery			
18	Pediatric Surgery			
19	Plastic and Reconstructive Surgery			
20	Neuro-Radiology			
21	Rheumatology			
22	Surgical			

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	Gastroenterology			
23	Urology			
24	Vascular Surgery			
25	Nuclear Medicine			
	24X7 Emergency/Casualty (Fully Equipped)			
26	IfF any others, please state			
26.1				
26.2				

S.N.	Services	AVAILABILITY Y/N	Outsourced (If Y, Distance from Facility to outsourced services center (in KM)	REMARKS
<b>C</b>	<b>Support Services in the hospital</b>			
1	Dietetics			
2	Rehabilitation ➤ Occupational Therapy ➤ Physiotherapy Therapy Speech and Language therapy			

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➤ **Scope of Accreditation (Support departments in the hospital):**

S.N	Services	AVILABILITY  Y/N	Outsourced (If Y, Distance from Facility to outsourced services Center (in KM)	REMARKS
<b>D</b>	<b>Diagnostic Services in the hospital</b>			
	<b><i>Diagnostic Imaging:</i></b>			
<b>1</b>	CT Scanning			
<b>2</b>	Gamma Camera Mammography			
<b>3</b>	MRI			
<b>4</b>	PET			
<b>5</b>	Ultrasound			
<b>6</b>	X-Ray			
<b>7</b>	Lab Services			
<b>8</b>	Blood Transfusion services			
<b>9</b>	Clinical Bio-chemistry			
<b>10</b>	Clinical Microbiology and Serology			
<b>11</b>	Clinical Pathology			
<b>12</b>	Cytopathology			
<b>13</b>	Hematology			
<b>14</b>	Histopathology			
<b>15</b>	Genetics			
<b>16</b>	Molecular Biology			

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➤ **Scope of Empanelment (Diagnostic Services in the hospital):**

<b>E</b>	<b>Other Diagnostic Services</b>	<b>AVAILABILITY</b>	<b>Outsourced (If Y, Distance from</b>	<b>REMARKS</b>
17	ECG			
18	Audiometry			
19	2D Echo			
20	Holter Monitoring			
21	EEG			
22	Tread Mill Testing			
23	Spirometry			
24	Any other Diagnostic service (If Any)			



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➤ **Scope of Empanelment (Non-Clinical, Auxiliary and Administrative departments/Services)**

Sr N	Services/ Department	AVAILABILITY Y/N	Outsourced (If Y, Distance from Facility to outsourced services center(in KM)	REMARKS
1	Blood Bank			
2	Dietetics			
3	Physiotherapy			
4	Ambulance Service			
5	CSSD/TSU			
6	Housekeeping			
7	Management OF BMW & General waste Disposal			
8	Pharmacy			
10	Central Store			
11	Laundry			
12	E- services- (OPD, IPD, Investigation reporting, etc.) through HMIS			
13	Medical Record Room/dept			
14	Piped Gas supply or Oxygen Cylinder with			
15	Safe Drinking water for staff and Patients (RO)			
16	Separate Functional Toilets with running water for Staff and patients			

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**Services available under OT, Emergency, ICU/HDU**

S. No	Name of Department	Number of beds
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**STATE EMPANELMENT CRITERIA FOR PRIVATE  
CHARITABLE & NOT FOR PROFIT HOSPITALS UNDER  
AYUSHMAN BHARAT**

➤ Inpatient Care Units/ Wards, the Number and the type of care given in each Unit/ Ward:

S. No	Name of Unit/ Ward	Number of beds	Type of care
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

# **STATE EMPANELMENT CRITERIA FOR PRIVATE CHARITABLE & NOT FOR PROFIT HOSPITALS UNDER AYUSHMAN BHARAT**

## ➤ **Applicable Licenses and Certificates**

<b>License/Certificate</b>	<b>Issue Date</b>	<b>Valid upto</b>	<b>Remarks</b>
<b>General:</b>			
Registration Under Clinical Establishment Act (or similar)			
Maternity Act Registration			
Registration with Local Authorities			
Employee Provident Fund			
Employee State Insurance			
PAN			
Bio-medical Waste Management and Handling Authorization Certificate from MP PCB			
<b>Facility management:</b>			
Building Occupancy / Completion Certificate			
Fire (NOC)			
License for Diesel Storage			
License for Electrical Installations			
License to Store Compressed Gas			
Registration for Boiler			
<b>Radiology:</b>			
X-ray (including portable and cath lab) (AERB Registration)			
CT Scan Machine			
PNDT Act Registration for Sonography			
<b>Clinical Department</b>			
Blood bank Liscence			
License for MTP			
Transplantation			
Registration			

# **STATE EMPANELMENT CRITERIA FOR PRIVATE CHARITABLE & NOT FOR PROFIT HOSPITALS UNDER AYUSHMAN BHARAT**

➤ Details of applicable Other Statutory/Regulatory requirements (as per applicability)

<b>License/Certificate</b>	<b>Issue Date</b>	<b>Valid up to</b>	<b>Remarks</b>
<b><i>Nuclear Medicine and Radiation therapy:</i></b>			
Authorization to Treat Thyroid Cancer Patients Using I-131 (If Applicable)			
Consent for Use of Radioisotopes in Nuclear Medicine			
License for Nuclear Medicine			
Approval of Room Layout Plan for Radiation Therapy Facilities			
Authorization to Procure Radiation Sources for Radiation Therapy			
<b><i>Pharmacy</i></b>			
Drugs-Bulk license			
Drugs-Retail license			
Narcotic license			
<b>Narcotic license</b>			
<b>Miscellaneous</b>			
License for Possession and Use of Methylated Spirit, Denatured spirit and Methyl alcohol			
<b><i>Other License (if any) :</i></b>			

# **STATE EMPANELMENT CRITERIA FOR PRIVATE CHARITABLE & NOT FOR PROFIT HOSPITALS UNDER AYUSHMAN BHARAT**

## **ASSESSMENT TEAM DETAIL**

**Name of Team Members**

..... Designation.....

..... Designation.....

..... Designation.....

..... Designation.....

..... Designation.....

**1) Date of Assessment.....**

**2) Remarks .....**

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