Expression of Interest for CGHS empanelled / NABH accredited hospitals

GUIDELINES FOR THE EMPANELMENT OF PRIVATE HOSPITALS FOR STATE GOVERNMENT EMPLOYEES UNDER RCS (MA) RULES, 2013

A. Introduction:

Empanelment of Private Hospitals, who have NABH accreditations / CGHS empanelment, would be a continuous process and interested Hospitals may apply for empanelment at any point of time provided that they fulfil the prescribed norms/parameters for empanelment and they agree to give medical facilities to State employees and pensioners on agreed terms and conditions.

The information provided by the Hospitals can be verified by the competent authority in just and equitable manner which may include verification of documents and/or physical verification.

B. Categories of Hospitals:

Broadly, at present State Government is approving the following categories of Hospitals:

1. Multi-specialty Hospital

2. Specialty Hospital:
   i. Cardiac Surgery
   ii. Cardiology
   iii. Dentistry
   iv. ENT
   v. Gastroenterology
   vi. Nephrology
   vii. Neuro-Surgery
   viii. Oncology
   ix. Ophthalmology
   x. Orthopaedics
   xi. Urology

C. Last date for applying:

As there is no cut-off date prescribed for filing of application for empanelment, the application can be submitted on any working day.

D. Application form:

Application form can be downloaded from the website www.medicaleducation.rajasthan.gov.in. The form should be submitted along with the documents to Principal & Controller, SMS Medical College, Jaipur.

E. Submission of application form:

The application form (Annexure-1) along with all the documents and check list (Annexure-2) should be submitted in one envelope super scribed as "Application for empanelment of Multi-Specialty/Specialty in ...... (Category)." All the pages of application and annexure (each set) shall be serially numbered. Every page and annexure needs to be signed by authorized person. The signatory must mention as to whether he is
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the sole proprietor or authorized agent and appropriate legal document should be furnished in this regard.

F. Norms and Parameters for empanelment

1. NABH accreditation / CGHS empanelment

2. Adoption of Ethical and Professional Medical Conduct & Etiquette Regulations, 2002 of MCI (as amended):
   The Private Hospital shall mandatorily undertake the responsibility of discharging Medical Services in full consonance of Professional Conduct and Ethics and implementation of all Acts and Regulations of Government of India viz. PNDT Act and National and State Health Programmes during the period of agreement. The Private Hospital shall also undertake responsibility for its employees (Doctors and Paramedical personnel) for not committing any act of Professional Negligence or Violation of Acts (Parliamentary and State legislation) or Professional Conduct and Ethics.

3. The Hospital shall not refuse to the incumbent employee of Rajasthan Government to provide any Medical / Surgical treatment available in the Hospital on the agreed terms and condition.

4. Hospital shall be bound not to charge, from the State Government Employees and Pensioners, more than the rates as may be fixed by the State Government from time to time, for various treatments, investigations and implants.

5. The Hospital shall treat 5 BPL and 5 APL patients per month referred by the competent authority, as per guidelines of State Government (Annexure-5) which should be carried forward in a manner that at least 60 BPL and 60 APL patients can be benefited in a financial year.

6. Reference for higher / specialized treatment:
   The Hospital shall, in case of non-availability of any treatment/ specialized treatment in the hospital, refer the patient to an attached hospital of Government Medical College, and not to any private Hospital/institution.

7. Hospital shall be bound to provide facilities for annual health check-up to the Officers of All India Services and State Services at the rate as may be determined by the State Government from time to time, and Hospitals shall be bound to appoint a Nodal Officer to facilitate these officers for such health check-up.

8. Hospital shall mandatorily communicate in advance if there is any change in ownership of hospital because of sale-purchase. Empanelment of hospital shall not be deemed transferred without the consent of the State Government.
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G. Documents required during submission of proposal for empanelment as Multi-Specialty/Specialty Hospital:
1. Application Form duly filled and signed by authorized person of legal entity.
2. Application Form fee Rs. 1000/- in the form of Demand Draft or in cash drawn in favour of "Principal, SMS Medical College, Jaipur".
3. Ownership of the hospital:- Individual/Partnership/Company/ Society/Trust/Others with supporting documents such as in case of consortium, letter of association/ memorandum of understanding signed by all members. Legal authorization where application is made on behalf of company, trust etc. In case of partnership, a copy of partnership agreement duly attested by competent authority.
4. Copy of NABH Accreditation certificate / CGHS empanelment as the case may be.
5. List of Specialist / Consultants employed in the hospital with the copy of their appointment letter.
6. An affidavit as per Annexure-4 that hospital shall be bound not to charge, from the State Government Employees and Pensioners, more than the rates as may be fixed by the State Government from time to time, for various treatments, investigations and implants.
7. Declaration of the owner that he / she will accept the norms and standards of Medical care to be provided under the scheme.
8. Affidavit for No Prosecution for Negligence or Violation of Acts of Central and State Government or Professional Medical Ethics Regulations.

H. Scrutiny of the proposals:
The procedure for scrutiny of the proposals will be as under:
- Principal SMS Medical College, Jaipur will receive all the proposals as nodal officer.
- Principal, SMS Medical College, Jaipur will then forward their recommendations along with all the documents within 7 days from the date of receiving application form to Principal Secretary, Medical Education Department.
- Recommendations should be submitted with the proposals and every proposal should contain the required documents in order.
- While forwarding the recommendations Principal, SMS Medical College, Jaipur should also give a summary of total proposals received in that particular period and also the total proposals considered for recommendation by committee of concerned medical college.
- After that, the Medical Education Department should submit their observations to Finance (Rules Division) Department along with the report of committee of Medical Colleges and documents within three days of receiving report from Principal, SMS Medical College, Jaipur.
- An early meeting of HBEC will be convened by Finance (Rule Division) Department for considering the proposals received for empanelment.

I. Approval of the proposals received from Private Hospitals for empanelment as approved hospital:
- The HBEC will consider and recommend the proposals of private hospital for empanelment as approved hospital on the basis of recommendation given by Medical Education Department.
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- After competent approval, Finance (Rules Division) Department will issue letter to Medical Education Department for compliance of decision taken in HBEC who in turn will take necessary action for MOA.

J. Duration of the Agreement:

The agreement shall be effective for the period for which hospital has NABH accreditation/ CGHS empanelment. Hospital shall communicate any change in status of NABH accreditation / CGHS empanelment immediately to the FD & Medical Education Department in Government of Rajasthan. The STATE GOVERNMENT is free to terminate the agreement if deemed appropriate at any point of time without giving any notice to the Private Hospital.

K. Memorandum of Agreement:

The format for agreement will be as per Annexure 3. This agreement, on Non-Judicial Stamped of Rs. 1000/-, is to be executed between Medical Education Department (Through Deputy Secretary, Medical Education Department) and authorized person of Hospital concerned. The approved hospital will submit three copies of MOA in this regard.

L. Treatment of BPL patients and Above Poverty Line Poor patients:

The "Hospital" will mandatorily follow the procedure laid down by State Government for treatment of BPL/APL patient as per Annexure -5. The procedure for reference of BPL/APL patients has been issued by State Government and it is also available on the website of Medical Education Department.

M. Inspection by the Committee:

Representatives appointed by the Chairperson of the Health Benefits Empowered Committee of Government of Rajasthan or Divisional Commissioners / Collectors can inspect the hospital during M.O.A. period to ascertain that the parameters of approval are being maintained properly by the Hospital.

N. Penalty in case of violation of conditions of Agreement:

If at any stage, during the period of agreement, the private hospital violates any of the conditions of the agreement, especially the prescribed standards, the Medical Education Department shall be competent to take action against the approved hospital.

O. Single Point Responsibility:

The Private Hospital shall be solely responsible for acts and performance of the Medical personnel, ethical and professional code of conduct for Medical services to provide to the employees of Rajasthan Government, administration, cleanliness, control of infections and full and true implementation of the Terms and Conditions of this Agreement.
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P. Dispute Resolution:

If any dispute or difference arises between the parties relating to any matter arising from or touching upon this agreement, the same shall be referred to the Health Benefits Empowered Committee, Govt. of Rajasthan for resolution.

Q. Clause of Rates:

The Hospital will display properly at the reception, Laboratory and Web site the rates of various Diagnostic tests, Operation Charges, Cost of Implants, Dialysis and Blood Bank Charges and Accommodation Charges along with the total discounts on bill amount offered to State Government employees. Hospital shall be bound not to charge, from the State Government Employees and Pensioners, more than the rates as may be fixed by the State Government from time to time, for various treatments, investigations and implants.

R. Annual Health Check-up of All India Services and State Service Officers:

Hospital shall be bound to provide facilities for annual health check-up to the Officers of All India Services and State Services at the rate as may be determined by the State Government from time to time, and Hospitals shall be bound to appoint a Nodal Officer to facilitate these officers for such health check-up.

S. Hospital shall mandatorily communicate in advance if there is any change in ownership of hospital because of sale-purchase. Empanelment of hospital shall not be deemed transferred without the consent of the State Government.
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Annexure – 1-Application
(The documents should be submitted as per guidelines of empanelment of Hospitals)

GOVERNMENT OF RAJASTHAN

Application Form for the Approval of a Private Hospital in the Scheme of providing Medical Services to Government employees in Rajasthan.

1. Name of Hospital with Address

   ........................................................................................................................................
   ........................................................................................................................................

2. CGHS empanelment Category / NABH Accreditation
   - CGHS empanelment order no., date and validity period
   - NABH Accreditation no., date and validity period

3. Name of Proprietor of the Firm:

4. Telephone number
   (a) Office
   (b) Residence of Proprietor
   (c) Mobile of contact person

5. Category in which empanelment is applied

6. Declaration of the owner that he / she will accept the norms and standards of Medical care to be provided under the scheme.

7. An affidavit that hospital shall be bound not to charge, from the State Government Employees and Pensioners, more than the rates as may be fixed by the State Government from time to time, for various treatments, investigations and implants.

8. Affidavit of No Prosecution for Negligence or Violation of Acts of Central and State Government or Professional Medical Ethics Regulations.

9. Affidavit for BPL/APL treatment as per norms

Date of Application: ________________________________

Signature of Authorized Person: __________________________

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Annexure- 2

Check List for submission of proposal for empanelment

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Documents Required</th>
<th>Submitted:</th>
<th>Annexure No.</th>
<th>Remarks, if any</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes/No/Not applicable as per guideline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Application Form duly filled and signed by authorized person of the legal entity.</td>
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<td>2</td>
<td>Ownership of the hospital:- Individual/Partnership/Company/Society/Trust/ Others with supporting documents such as in case of consortium, letter of association/ memorandum of understanding signed by all members. Legal authorization where application is made on behalf of company, trust etc. In case of partnership, a copy of partnership agreement duly attested by competent authority.</td>
<td></td>
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<tr>
<td>3</td>
<td>Copy of NABH Accreditation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Copy of CGHS empanelment</td>
<td></td>
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<tr>
<td>5</td>
<td>Declaration of the owner that he / she will accept the norms and standards of Medical care to be provided under the scheme.</td>
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<tr>
<td>6</td>
<td>Affidavit for &quot;No Prosecution for Negligence or Violation of Acts of Central and State Government or Professional Medical Ethics Regulations&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>An affidavit as per Annexure-4 that hospital shall be bound not to charge, from the State Government Employees and Pensioners, more than the rates as may be fixed by the State Government from time to time, for various treatments, investigations and implants.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>An affidavit that the &quot;Hospital&quot; will mandatorily follow the procedure laid down by State Government for treatment of BPL/APL patient as per Annexure-5</td>
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</table>
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Annexure-3

Multi-specialty Hospital

M.O.A.

This M.O.A. is hereby executed this.............. day of........(year), between Government of Rajasthan acting through the Deputy Secretary, Medical Education Department, hereinafter called in this M.O.A., the “State Government” and referred to as “the First Party” (which expression shall include its successors and permitted assigns) as party of the one part

And

(Owner/Trust)........................................... having its registered office at .................................................., acting through the................................................................. (Name of the Hospital & location in the State) hereinafter called in this M.O.A., the “Private Hospital” and referred to as “the Second Party” (which expression shall, unless the context requires otherwise, includes its legal heirs, representatives, administrators, successors and permitted assigns) of the Other Part.

WHEREAS

a. THE FIRST PARTY has decided to reimburse the expenses incurred on medical treatment {medicines, investigation and other charges at the rates stated in Rule 7 of Rajasthan Civil Services (Medical Attendance) Rules, 2013} to the employees of the State Government of Rajasthan (recruited prior to 1.1.2004) provided by qualified Medical personnel employed by and in the Hospital run by THE SECOND PARTY.

b. AND THE SECOND PARTY is one of the bidders, who has submitted its technical qualifications and agreed with Terms and conditions of EOI, which becomes part of this M.O.A., as agreed upon by the PARTIES.

THEREFORE

THE PARTIES have agreed to sign this M.O.A. on the following terms and conditions of providing Medical / Surgical Health Care services by way of prescription of diagnostic investigations and medicines which are to be reimbursed to the employees of Rajasthan Government under the Medical Attendance Rules of Rajasthan.

1. DURATION

The M.O.A. shall be effective for the period for which hospital has NABH accreditation/ CGHS empanelment. The FIRST PARTY is free to terminate the M.O.A. if deemed appropriate at any point of after giving one month notice to the SECOND PARTY.

2. Hospital shall communicate any change in status of NABH accreditation / CGHS empanelment immediately to the FD & Medical Education Department in Government of Rajasthan.
3. **Full Adoption of Ethical and Professional Medical Conduct & Etiquette Regulations, 2002 of MCI:**

The Private Hospital (SECOND PARTY) shall mandatorily undertake the responsibility of discharging Medical Services in full consonance of Professional Conduct and Ethics and implementation of all Acts and Regulations of Government of India viz., PNDT Act and National and State Health Programmes during the period of MOA. The Private Hospital shall also undertake responsibility for its employees (Doctors and Paramedical personnel) for not committing any act of Professional Negligence or Violation of Acts (Parliamentary and State legislation) or Professional Conduct and Ethics.

4. (i) The Private Hospital shall not refuse to the incumbent employees and pensioners of Rajasthan Government to provide any Medical / Surgical treatment available in the Hospital.

(ii) The identification of Government employees and pensioners shall be done by the private hospitals on the basis of the following:

(a) The DDO's certificate on plain paper.

(b) Any identification issue by competent authority in the State Government. This includes Medical Diary/ PPO in case of pensioner.

(c) Declaration by the employee/ pensioner himself at the time of admission, to be followed by (a) or (b) in reasonable time.

5. **Reference for higher / specialised treatment:**

The Private Hospital shall, in case of non availability of any treatment/ specialised treatment in the hospital, refer the patient to an attached Hospital of Government Medical Colleges, and not to any other Private Hospital/ Institution.

6. **Treatment of BPL patients and Above Poverty Line Poor patients:**

The "Private Hospital" will mandatorily treat 5 BPL patients per month free of cost on reference from the State Government and 5 APL poor patients per month on the rates given in circular dated 16-12-2009, 1-6-2010 and subsequent orders as per guidelines of State Government.

7. **Inspection by the Committee:**

Representatives appointed by the Chairperson of the Health Benefits Empowered Committee of Government of Rajasthan or Divisional Commissioners / Collectors can inspect the hospital during M.O.A. period to ascertain that the parameters of approval are being maintained properly by the Hospital.

8. **Penalty in case of violation of conditions of M.O.A.:**

If at any stage, during the period of M.O.A., the private hospital violates any of the conditions of the M.O.A., especially the prescribed standards, the defaulting hospital will be removed from the scheme, after giving 30 days Notice. The Civil and Criminal Liability lies with the SECOND PARTY, if any case is instituted against them.

9. **Single Point Responsibility:**

The SECOND PARTY shall be solely responsible for acts and performance of the Medical personnel, ethical and professional code of conduct for Medical services to provide to the employees of Rajasthan Government, administration, cleanliness, control of infections and full and true implementation of the Terms and Conditions of this M.O.A.
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10. Dispute Resolution:
    If any dispute or difference arises between the parties relating to any matter arising from or touching upon this agreement, the same shall be referred to the Health Benefits Empowered Committee, Government of Rajasthan for resolution.

11. Clause of Rates:
    Hospital shall be bound not to charge, from the State Government Employees and Pensioners, more than the rates as may be fixed by the State Government from time to time, for various inpatient and outpatient treatments, investigations and implants. The second party will display properly at the reception, Laboratory and website the rates of various Diagnostic tests, Operation Charges, Cost of Implants, Dialysis and Blood Bank Charges and Accommodation Charges along with the discounts offered to State Government employees and pensioners.

12. Hospital shall mandatorily communicate in advance if there is any change in ownership of hospital because of sale-purchase. Empanelment of hospital shall not be deemed transferred without the consent of the State Government.

13. Hospital shall be bound to provide facilities for annual health check-up to the Officers of All India Services and State Services at the rate as may be determined by the State Government from time to time, and Hospitals shall be bound to appoint a Nodal Officer to facilitate these officers for such health check-up.

In witness thereof, the parties hereto have caused this M.O.A. to be executed on the day and year first above written.

For and on behalf of
First Party

Authorized Signatory

Witness:

For and on behalf of
Second Party

Authorized Signatory

Witness:
UNDERTAKING
(TO BE SUBMITTED AS AFFIDAVIT)

(Name of Hospital)

shall be bound not to charge from the State Government employees and pensioners more than the rates as may be fixed by the State Government from time to time for approved private hospitals for various treatments, investigations and implants."

The Undersigned (Name) has been authorized by the Board of Directors/Management of (Name of Hospital) to sign this consent letter on behalf of the management of the hospital.

Date:                                                                 Signature of Authorised

Place:                                                                 Signatory with Seal
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Consent Letter

(To be submitted on Letterhead of the Hospital on affidavit)

The ________________________ (Name of Hospital) gives consent that the hospital will treat 5 BPL patients per month free of cost, as per the provisions of Mukyamantri BPL Jeevan Raksha Kosh, and 5 APL per month (i.e. patient having income of less than 40000/ per year)-poor patients on the rates as may be fixed by the State Government from time to time for approved private hospitals for various treatments, investigations and implants.” The cases referred by State Government/ Government Medical Colleges/ Government Hospital of BPL/APL will be accepted by the hospital as per procedure.

The Undersigned ________________________ (Name) has been authorized by the Board of Directors/Management of ________________________ (Name of Hospital) to sign this consent letter on behalf of the management of the hospital.

Signature of the authorized person