

CENTRAL SERVICES (MEDICAL ATTENDANCE) RULES, 1944

PREAMBLE

In exercise of the powers conferred by sub-section (2) of section 241, read with sub-section (3) of section 313 of the Government of India Act, 1935, the Governor General – in – Council is pleased to make the following Rules, namely:

Rule 1 SHORT TITLE AND EXTENT OF APPLICATION

- Rule 1 (1). These rules may be called the Central Services (Medical Attendance) Rules, 1944.
- Rule 1 (2). They shall apply to all Government servants other than (i) those in railway service and (ii) those of non-Gazetted rank stationed in or passing through Calcutta, whose conditions of service are prescribed by Rules made or deemed to be made by the Central Government, when they are on duty, leave or Foreign Service in India or when under suspension

Rule 2. DEFINITIONS

In these Rules, unless there is anything repugnant in the subject or context:-

Rule 2 (a) “Authorised Medical Attendant” means –

- (i) in respect of a Government servant who belongs to a Central Service, Class I, or whose pay is not less than Rs.500 per mensem, the Principal Medical Officer of the district appointed by the Government to attend its officers in the district;
- (ii) in respect of Government servant not belonging to a Central Service Class I, whose pay is less than Rs.500 but more than 150 per mensem, an assistant surgeon grade I (Medical Graduate), or other medical officer appointed by the Government to attend its officers in the station.;
- (iii) in respect of any other government servant an Assistant Surgeon Grade II (Medical Licentiate), or other Medical Officer, similarly appointed.

Rule 2 (b) “Districts” means the district in which the Government servant falls ill.

Rule 2(c) “The Government” means –

- (i) in respect of a Part “A” or Part “B” state, the State Government; and
- (ii) in respect of a Part “C” State, the Lieutenant Governor or the Chief Commissioner, as the case may be.

Rule 2 (d) “Government Hospital” includes a Military Hospital, subject to the provisions of Appendix 32 to the Regulations for Medical Services of the Army in India, 1937, a hospital maintained by a local authority and any other hospital with which arrangements have been made by the Government for the treatment of government servants.

Rule 2 (e). “Medical Attendance” means-

- (i) in respect of a government servant specified in sub-clause(a), attendance in hospital or at the residence of government servant, including such pathological, bacteriological, radiological or other methods of examination for the purpose of diagnosis as are available in any government hospital in the district and are considered necessary by the authorised medical attendant and such consultation with specialist or other medical officer in the services of the Government stationed in the state as the authorised medical attendant certifies to be necessary, to such extent and in such manner as the specialist of medical attendant determine;
- (ii) in respect of any other government servant but excluding a member of the central service class IV, attendance at a hospital or in the case of illness which compels the patient to be confined to his residence, at the residence of the government servant, including such methods of examination for purposes of diagnosis as are available in the nearest government hospital and such consultation with a specialist or other medical officer of the government stationed in the district as the authorised medical attendant certifies to be necessary to such extent and in such manner as the specialist for medical officer may, in consultation with the authorised medical attendant, determine;
- (iii) in respect of a member of the central service, class IV, attendance at a hospital including such methods of examination for purposes of diagnosis as are available in the nearest government hospital and such consultation with a specialist or other medical officer of the government stationed in the district as the authorised medical attendant certifies to be necessary to such extent and in such manner as the specialist or medical officer may, in consultation with the authorised medical attendant, determine.

Rule 2 (f) “Patients” means a government servant to whom these Rules apply and who has fallen ill;

- Rule 2 (g) “State” means the State in which a patient has fallen ill;
- Rule 2 (h) “Treatment” means the use of all medical and surgical facilities available at the Government hospital in which the Govt. servant is treated and includes-
- (i) the employment of such pathological, bacteriological, radiological, or other methods as are considered necessary by the authorised medical attendant;
 - (ii) the supply of such medicines, vaccines, sera or other therapeutic substances as are ordinarily available in the hospital;
 - (iii) the supply of such medicines, vaccine, sera or other therapeutic substances not ordinarily so available as the authorised medical attendant may certify in writing to be essential for the recovery or for the prevention of serious deterioration in the condition of the Government servant;
 - (iv) such accommodation as is ordinarily provided in the hospital and is suited to his status; accommodation in general or free wards in the hospital being regarded as suitable for a member of the Central Services, Class IV;
 - (v) such nursing as is ordinarily provided to in-patients by the hospitals; and
 - (vi) the specialist consultation described in clause (e) but does not include diet or provision at the request of the Govt. servant or accommodation superior to that described in sub-clause (iv).

Rule 3 MEDICAL ATTENDANCE

- Rule 3 (i)- A Government servant shall be entitled, free of charge to medical attendance by the authorised medical attendant;
- Rule 3 (ii)- Where a Government servant is entitled under sub-rule (i), free of charge, to receive medical attendance, any amount paid by him on account of such medical attendance shall, on production of a certificate in writing by the authorised medical attendant in this behalf be reimbursed to him by the Central Government.

Rule 4 TRAVELLING ALLOWANCE FOR MEDICAL ATTENDANCE JOURNEYS

- Rule 4 (i)- When the place at which a patient falls ill is more than five miles by the shortest route from the consulting room of the authorised medical attendant-
- (a) the patient shall be entitled to traveling allowance for the journey to and from such consulting room, or

(b) if the patient is too ill to travel the authorised medical attendant shall be entitled to traveling allowance for the journey to and from the place where the patients.

Rule 4(ii)- Application for traveling allowance under sub-rule (i) shall be accompanied by a certificate in writing by the authorised medical attendant stating that medical attendance was necessary and if the application is under clause (b) of that sub-rule that the patient was too ill to travel.

Rule 5 CONSULTATION WITH SPECIALIST

Rule 5 (1)- If the authorised medical attendant is of opinion that the case of a patient is of such a serious or special nature as to require medical attendance by some person other than himself, he may, with the approval of the Chief Administrative Medical Officer of the State (which shall be obtained beforehand unless the delay involved entails danger to the health of the patient)-

- (a) send the patient to the nearest specialist or other medical officer as provided in clause (e) of Rule 2, by whom, in his opinion, medical attendance is required for the patient; or
- (b) if the patient is too ill to travel, summon such specialist or other medical officer to attend upon the patient.

Rule 5(2)- A patient sent under clause (a) of sub-rule (1) shall on production of a certificate in writing by the authorised medical journeys to and from the headquarters of the specialist or other medical officer.

Rule 5(3)- A specialist or other medical officer summoned under clause (b) of sub-rule (1) shall, on production of a certificate in writing by the authorised medical attendant in this behalf be entitled to travelling allowance for the journey to and from the place where the patient is.

Rule 6 MEDICAL TREATMENT

Rule 6 (1)- A Government servant shall be entitled, free of charge, to treatment-

- (a) in such Government hospital at or near the place where he falls ill as can in the opinion of the authorised medical attendant provide the necessary and suitable treatment; or
- (b) if there is no such hospital as is referred to in sub-clause (a) in such hospital other than a Government hospital at or near the place as can in the opinion of the authorised medical attendant, provide the necessary and suitable treatment;

Rule 6(2)- Where a Government servant is entitled under sub-rule (1), free of charge, to treatment in a hospital, any amount paid by him on account of such treatment shall, on production of a certificate in writing by the authorised medical attendant in this behalf, be reimbursed to him by the Central Government.

Rule 7 **TREATMENT AT RESIDENCE**

- Rule 7 (1)- If the authorised medical attendant is of opinion that owing to the absence or remoteness of a suitable hospital or to the severity of the illness, a Govt. servant cannot be given treatment as provided in clause (a) of sub-rule (1) of Rule 6, the Government servant may receive treatment at his residence.
- Rule 7(2)- A Government servant receiving treatment at his residence under sub-rule (1) shall be entitled to receive towards the cost of such treatment incurred by him a sum equivalent of the cost of such treatment as he would have been entitled, free of charge, to receive under these rules if he had not been treated at his residence.
- Rule 7(3)- Claims for sums admissible under sub-rule (2) shall be accompanied by a certificate in writing by the authorised medical attendant stating-
- (a) his reasons for the opinion referred to in sub-rule (1); and
 - (b) the cost of similar treatment referred to in sub-rule (2).

Rule 8 **OTHER MEDICAL FACILITIES**

- Rule 8 (1)- Charges for services rendered in connection with but not included in medical attendance on, or treatment of, a patient entitled, free of charge, to medical attendance or treatment under these Rules, shall be determined by the authorised medical attendant and paid by the patient.
- Rule 8(2)- If any question arises as to whether any service is included in medical attendance or treatment it shall be referred to the Government and the decision of the Government shall be final.

Rule 9- **COUNTERSIGNATURE OF CERTIFICATES**

- The Controlling Officer of a patient may require that any certificate required by these Rules to be given by the authorised medical attendant for traveling allowance purposes shall be countersigned-
- (a) in the case of a certificate given by the principal medical officer of a district, by the Chief Administrative Medical Officer of the State; and
 - (b) in the case of a certificate given by any other medical officer, by the principal medical officer of the district.

Rule10- **TRANSFER TO FOREIGN SERVICE**

No Government servant shall be transferred to foreign service unless the foreign employer undertakes to afford to him so far as may be privileges not inferior to those which he would have enjoyed under these Rules if he had been employed in the service of the Government of India.

Rule11- **TREATMENT OUTSIDE INDIA**

- Rule 11 (1)- A Government Servant shall be eligible to obtain medical treatment outside India or, as the case may be, to claim reimbursement of the cost of

medical treatment obtained inside or outside India in accordance with the provisions of this rule.

Rule 11 (2)- A Government Servant desirous of availing of medical treatment outside India may make an application through the Department/Ministry to which the Government servant is attached to the Standing Committee established under this rule in the form specified by the Standing Committee.

Rule 11 (3)- A Government servant desiring to avail of medical treatment outside India for himself or for a member of his family for any treatment specified in the Table below shall, subject to the other provisions of this rule, be eligible for medical treatment outside India.

Table

- (1) Complex/high risk Cardio Vascular Surgery cases for treatment at Centres with extensive experience;
- (2) Bone marrow Transplant;
- (3) Complex Medical and Oncological Disorders, such as leukaemia and Neo-plastic conditions;
- (4) Complex high risk cases in Micro Vascular and Neuro Surgery for treatment at Centres with extensive experience;
- (5) Treatment of extremely complex ailments other than those mentioned above which in the opinion of Standing Committee can only be treated abroad and fall in the high risk category.

Rule 11 (4)- It shall be competent for the Central Government to review from time to time the list of treatment facilities as specified in the Table to sub-rule (3) and make such additions or deletions as it may deem fit by notification in the Official Gazette.

Rule 11 (5)- The Central Government may for purposes of this rule, constitute a Standing Committee consisting of :-

- (a) the Director-General of Health Services in the Ministry of Health in the Central Government,
- (b) the Director-General of Armed Forces Medical Services.
- (c) the Director-General of the Indian Council of Medical Research, and
- (d) the Joint Secretary in the Ministry of Health and Family Welfare (Convener), for purposes of considering and recommending to the Central Government cases for medical treatment outside India.

Rule 11 (6)- On receipt of an application for medical treatment outside India, the Standing Committee may, it after due consideration, satisfied that the ailment or treatment can be treated only outside India, issue a certificate to the concerned Department or Ministry to which the applicant Government

servant is attached conveying its approval of the application and the concerned Department or Ministry shall, on the strength of that certificate incur necessary expenditure in getting the Government servant concerned or the member of his family treated outside India in accordance with the procedure laid down by the Standing Committee.

Rule 11 (7)- It shall be competent for the Central Government to authorize reimbursement of expenditure on medical treatment obtained outside India, if it is satisfied that the prior approval could not be obtained by the Central Government servant due to circumstances beyond control;

Provided that the Government servant fulfils all other conditions relating to medical treatment outside India under this rule.

Rule 11 (8)- The Standing Committee may, if it is satisfied that in the interest of the Government servant or the member of his family obtaining treatment abroad it is essential so to do, recommend one attendant to accompany the Government servant or the member of his family, as the case may be, and the expenditure so incurred shall also be eligible for reimbursement.

Rule 11 (9)- Where the Standing Committee, on receipt of an application for medical treatment outside India consider that adequate facility for treatment of the ailment sought to be treatment is available in any medical institution within India, it shall record such a finding and authorize treatment of such ailment in such medical institution within India whereupon the cost of such treatment shall be reimbursed.

Rule 11 (10)- For purposes of sub-rule(9), the Ministry of Health in consultation with the Standing Committee shall, from time to time, notify the names of such institutions along with the ailments and the types of treatment available in such institutions.

Rule 11 (11)- The scale of expenditure and the eligibility for treatment for which a Government servant or a member of his family shall be entitled, shall be identical to the scale of expenditure and the eligibility of an official of the Indian Foreign Service of the corresponding grade in the Ministry of external Affairs under any Assisted Medical Attendance Scheme for the time being in force.



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NOTIFICATION

No.A.17014/3/2018-HFW/275, the 7th October, 2019. In the interest of Public Service, the Competent Authority is pleased to notify 'Guidelines for Empanelment of private hospitals/diagnostic centres within and outside the State' as enclosed in the Annexure to this Notification with immediate effect and until further orders.

This notification supersedes previous notification No. A. 17014/3/2018-HFW dated 28.8.2018.

H. Lalengmawia,
Secretary to the Govt. of Mizoram,
Health & Family Welfare Department.

GUIDELINES FOR EMPANELMENT OF PRIVATE HOSPITALS/DIAGNOSTIC CENTRES WITHIN AND OUTSIDE THE STATE

I. This policy/guidelines may be called The Mizoram Government Empanelment Policy/ Guidelines to Private Hospitals/Diagnostic Centres within and outside the State.

II. INTRODUCTION

Presently empanelment of private hospitals is done when application for empanelment is received by the Government of Mizoram. The Govt. of Mizoram does not have a clear cut policy / guidelines on empanelment of hospitals. Therefore, the department of Health & Family Welfare is framing a policy / guidelines for granting empanelment of hospitals / diagnostic centres within and outside the state - both in private and government sectors for treatment and re-imbursement of the expenses to the govt. employees and their dependants under the Central Services (Medical Attendance) Rules, 1944.

Empanelment of private hospital / diagnostic centre is a continuous process and interested hospital / diagnostic centre can apply for empanelment at any point of time providing details of their facilities and services with tariff, etc.

The Government Medical Colleges and Hospitals, trust and charitable Hospital are worthy of empanelled provided that meet necessary standard and quality and rates are lower than the

prescribed rate. The existing empanelment of hospitals / diagnostic centres by the Govt. of Mizoram shall be deemed null and void once this policy is approved and in force, and the hospitals or centres will have to apply afresh for empanelment. Any aspiring hospital / diagnostic centre shall be empanelled henceforth according to this policy / guidelines only.

I II . CATEGORIES OF HOSPITAL & DIAGNOSTIC CENTRES

A. Broadly the state government will empanel the following categories of hospitals and diagnostic centres :

- a) Multi Speciality (General Purpose Hospital)
- b) Speciality / Super Speciality Hospital
 - i) Cardiology
 - ii) Cardiac Surgery
 - iii) Nephrology
 - iv) Urology
 - v) Neuro Surgery
 - vi) Oncology
 - vii) ENT
 - viii) Orthopedic
 - ix) Gastroenterology
 - x) Ophthalmology
- c) Diagnostic Laboratory
- d) Imaging Centre
- e) Dental Clinic

B. Classes of hospitals / diagnostic centres based on service norms as determined during assessment :

The hospitals and diagnostic centres will be categorized depending upon the fulfillment of check list for inspection.

Class 1 Service Providers – Hospitals

1. Meeting not less than 80% of all the requirement in the check list.
2. Providing all types of accommodations as per entitlement.
3. Desirable : current accreditation by recognized bodies.

Class II Service Providers – Hospitals

1. Meeting not less than 70% of all the requirements in the check list.
2. Having a Quality Assurance programme.
3. Having at least two categories of accommodation.
4. Desirable : Certification programme by recognized bodies.

Class III Service Providers – Hospitals

1. Meeting not less than 60% of all the requirements in the check list.
 2. Having at least two categories of accommodation one of which shall be ward category.
 3. Having a Quality Assurance programme.
- Applicants from Class-A city may be considered for empanelment only if they meet the criteria of Class-I service provider. Except for single superspeciality hospital.
- Applicants from Class-B, Class-C cities and other areas may be considered for empanelment only if they meet the criteria of Class-I or Class-II service provider.

Applicant from within the State may be considered for empanelment only if they meet the criteria of Class-III provider for initial empanelment. Renewal may be granted for empanelment on improving to Class-II or Class-I level.

Class I Diagnostic Centre / Imaging Centre

1. Diagnostic Centre having license as large laboratory OR as a stand alone radiology centre with Digital Imaging, Sonology (ECG, Echocardiography, Colour Doppler), CT and MRI facility.
2. Having NABH or CAP accreditation (optional).
3. Empanelment under an independent External Quality Assurance Programme for all specialities.
4. Meeting not less than 80% of all the requirements in the check list.

Class II Diagnostic Centre / Imaging Centre

1. Diagnostic Centre having license as large laboratory OR as a stand alone radiology centre with Digital Imaging, Sonology (ECG, Echocardiography, Colour Doppler), CT and / or MRI facility.
2. Following Essential Criteria or Diagnostic Laboratories norms or Quality Council of India (optional).
3. Empanelment under an independent External Quality Assurance Programme for all specialities (Bio Chemistry, Haematology, Histopathology, Microbiology, etc.).
4. Meeting not less than 70% of all the requirements in the check list.

Class III Diagnostic Centre / Imaging Centre

1. Diagnostic Centre having license as large laboratory OR as a stand alone radiology centre with Imaging, Sonology and / or CT facility.
2. There should be empanelment under an independent External Quality Assurance Programme for specialities like Biochemistry, Microbiology & Histopathology.
3. Meeting not less than 50% of all the requirements in the check list.
Applicants from Class-A city may be considered for empanelment only if they meet the criteria of Class-I service provider.
Applicants from Class-B, Class-C cities and other areas may be considered for empanelment only if they meet the criteria of Class-I or Class-II service provider.
Applicant from within the State may be considered for empanelment only if they meet the criteria of Class-III provider for initial empanelment. Renewal may be granted for empanelment on improving to Class-II or Class-I level.

I V. EMPANELMENT COMMITTEE

The Government of Mizoram shall constitute Empanelment Committee for consideration of empanelment. The Empanelment Committee shall be notified by the Government of Mizoram from time to time. Empanelment shall be given as per the classes of categories of Hospitals and Diagnostic Centres (III.B). After consideration for empanelment and upon recommendation by the Empanelment Committee, Memorandum of Agreement (M.O.A.) shall be signed between the Govt. of Mizoram and the Hospital / Diagnostic Centre. Thereafter, the Health & Family Welfare Department, Govt. of Mizoram shall notify the empanelment.

V. INSPECTION FOR EMPANELMENT

The aspiring hospital / diagnostic centre for empanelment shall be inspected. The Inspection Team shall be constituted in the Directorate under the chairmanship of The Principal Director. The Inspection Team shall be notified by the Government of Mizoram.

VI. CHECK LIST FOR INSPECTION

Check list for inspection is given in Annexure – iv. A member or two of the Inspection Team shall visit the hospital / diagnostic centre and submit report to the Chairman of the Inspection Team. After scrutiny of the inspection report, the Chairman shall forward the inspection report to the Empanelment Committee for consideration.

VII . PERIOD OF EMPANELMENT

The period of empanelment shall be in effect for 3 (three) years initially, and extendable upto 3 (three) years. The hospital / diagnostic centre shall have to apply to the Government of Mizoram for extension of empanelment two months before expiry of the empanelment. If the State Government so desires, the hospital / diagnostic centre may be inspected again by the Inspection Team for extension of empanelment. The empanelment may be terminated if the Government of Mizoram is not satisfied with performance of the empanelled hospital without prior notice.

VII I . PENALTY IN CASE OF VIOLATION OF CONDITIONS OF M.O.A.

If, at any stage, during the period of empanelment, the private hospital /diagnostic centre violates any of the conditions of the M.O.A., the empanelment of the defaulting hospital / diagnostic centre shall be cancelled by notification, after thirty days of giving a Show Cause Notice by the Chairman of the Empanelment Committee.

IX. AGREEMENT

The format for agreement shall be as per Annexure – ii for hospital and diagnostic centre. This agreement shall be executed on a Rs 100/- non judicial stamp paper. The aspiring hospital / diagnostic centre shall submit 3 (three) copies of the signed M.O.A. in this regard to the Govt. of Mizoram.

X. SECURITY DEPOSIT

The hospital / diagnostic centre that are recommended for empanelment shall also have to furnish a performance bank guarantee of Rs 1 lakh to Health & Family Welfare Department, Govt. of Mizoram, initially valid for 3 (three) years to ensure efficient service and safe guard against any default. In case of any violation of the provisions of Agreement by the hospitals / diagnostic centres such as :

1. Refusal of services.
2. Undertaking unnecessary procedure.
3. Prescribing unnecessary drugs & medicines/tests.
4. Deficient or defective service.
5. Over billing.
6. Billing beyond package rates, if any.
7. Negligence to Government Orders.
8. Reduction in staff / infrastructure / equipment, etc. after the hospital has been empanelled.

Appropriate action shall be initiated on the basis of complaint, medical audit or inspection carried out by the Inspection Team.

XI. APPLICATION FORM

Application Form can be downloaded from the website www.health.mizoram.gov.in . The form shall be submitted along with documents to the Secretary, Health & Family Welfare Department, Govt. of Mizoram. Application form fee of Rs 1,000/- in the form of Demand Draft drawn in favour of the Principal Director, Health & Family Welfare Department, Govt. of Mizoram,

shall be submitted along with the application form or by online transfer to Bank Account No.38821405210 open in the name of Principal Director, Health & Family Welfare Department and Director, Hospital & Medical Education.

XII. LAST DATE FOR APPLYING

There is no cut off date prescribed for submission of application for empanelment, the application can be submitted on any working day.

XIII. SUBMISSION OF APPLICATION FORM

The application form (Annexure – i) along with all the documents (Annexure – v) shall be submitted by online or in one envelope superscribed as “Application for empanelment of Multi-Speciality / Speciality in _____ (Category).” All the pages of application and annexure (each set) shall be serially numbered. Every page and annexure shall be signed by an authorized person. The signatory must mention as to whether he / she is the sole proprietor or authorized agent and appropriate document should be furnished in this regard. For online applicants, original documents such as application form, M.O.A., etc shall be made readily available at the time of inspection.

XIV. LIST OF DOCUMENTS

Every application must be accompanied by copies of documents listed at Annexure – v along with a Certificate of Undertaking given in Annexure - iii.

XV. NORMS AND PARAMETERS FOR EMPANELMENT

- 1.The running intake capacity of the hospital in terms of bed strength as on 1st April of current Financial Year.
- 2.Availability of qualified Consultants.
- 3.Paramedical, Nursing and Technical Staff.

The standard requirement of nursing staff as per Indian Nursing Council (INC) norms and adequate number of Nursing and Technical Staff in :

- a) Medical, Surgical, Orthopaedics, Paediatrics, Gynaecology and Maternity Wards.
 - b) Specialized ICU nursing care.
 - c) OT staff nurses.
4. Emergency Medical Services :
- The hospital shall mandatorily operate round the clock Emergency Medical Services desirably managed by competent Doctors/RMO. Emergency Medical Services shall be equipped with availability of Oxygen, Defibrillator and Ventilator and all other lifesaving equipments.
5. Essential Laboratory Diagnostic Services :
- The hospital shall mandatorily operate the following facilities :
- a)Hematology and Clinical Pathology (including Blood Analysis, Urine and other body fluids, Parasitology analysis)
 - b)Biochemistry (Full battery of Serum Biochemistry)
- Radiological Investigation facilities :
6. The hospital shall mandatorily operate and maintain the following Radiological investigative facilities :
- a)X-Ray (Minimum 300 mA, preferably 500 mA or digital / computerized X-Ray)
 - b)Ultrasonography of standard quality.
- The Radiology Department shall observe regulations of International Commission on Radiological Protection, 1955.

7. Vaccination Facility :
The hospital shall have the vaccination facility available.
8. Central Sterile Supply Department :
The hospital shall have a standard sterilization quality facilities.
9. Hospital Waste Disposal System :
The hospital shall mandatorily follow norms for disposal of biomedical waste laid down in Government of India - Biomedical Waste Management Rules, 2016 and Environment (Protection) Act, 1986.
10. Dietary Services :
The hospital shall have the facility of nutritional dietary services for indoor patients.
11. Fire Safety and Security Services :
The hospital shall have the fire safety certificate from the municipal body and shall have adequate security services.
12. Ambulance Services :
The hospital shall have the ambulance services. The ambulance should be registered in the name of the hospital or with a valid long term agreement between the hospital and other party for making available the ambulance service 24x7.
13. Adoption of Ethical and Professional Medical Conduct & Etiquette Regulations, 2002 of MCI (as amended) :
The 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 hospital shall also undertake responsibilities 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.
The hospital shall not refuse to the incumbent employee and beneficiaries of Mizoram Government to provide any Medical / Surgical treatment available in the Hospital on the terms and conditions of the M.O.A.
14. Reference for higher /specialized treatment :
The hospital shall in case of non-availability of the desired treatment / specialized treatment in the hospital, refer the patient to a competent and appropriate hospital preferably a government hospital.
- 15.

XVI. ENTITLEMENT OF VARIOUS TYPES OF WARDS

The employees and beneficiaries of Government of Mizoram are entitled to facilities of deluxe, private ward, semi private ward and general ward depending on their pay drawn in the pay band. The entitlements are amended from time to time, and the latest order in this regards shall be followed. The entitlement is as follows :

A. MIZO RAM

Pay Band	Grade Pay Rupees	Entitlement
1.	Rs. 8,700/- and above	Rs. 2,000 or actual charge whichever is less
2.	Rs. 5,400/- and above	Rs. 1,000 or actual charge whichever is less
3.	Rs. 4,400/- and above	Rs. 700 or actual charge whichever is less
4.	Rs. 4,200/-	Rs. 500 or actual charge whichever is less
5.	Rs. 4,200/- below	Rs. 400 or actual charge

B.OUT SIDE MIZORAM

Pay Band Grade Pay Rupees	Entitlement
1.Rs. 8,700/- and above	Rs. 4,000 or actual charge whichever is less
2.Rs. 5,400/- and above	Rs. 2,000 or actual charge whichever is less
3.Rs. 5,400/- below	Rs. 1,500 or actual charge whichever is less

The patient shall be admitted according to the entitlement only. If the patient is admitted above the entitlement, the amount which is beyond his / her entitlement shall be borne by himself / herself.

XVI I. APP ROVED RAT ES

The notified rates of the hospital / diagnostic centre or the rates by the Government of Mizoram whichever is lower shall be charged by the empanelled hospitals/diagnostic centre. The rates fixed by the government shall be binding. The hospital shall agree to provide credit facilities for certain diseases as notified by the Government of Mizoram-Annexure VI (Notification No. A. 17014/7/2015-HFW/544 dated 30.9.2019 published in the Mizoram Gazette Vol-XLVIII dated 30.9.2019.

XVIII. CHANGES IN INFRASTRUCTURE / STAFF

The hospital shall immediately communicate to the Government of Mizoram about any change infrastructure / strength of staff. The new establishment of the same hospital shall attract a fresh inspection for consideration of continuation of empanelment.

XIX. ENTITLEMENT ON DIET CHARGES [As per notified rate vide No.17014/7/2015-HFW/544 dated 30.9.2019 (Annexure-VI Sl.No 6)]

**XX. ENTITLEMENT ON AIR TRAVEL(Vide No.D.12015/1/02- FEA Dated 14/08/2017), FROM UNDER SECRETARY, FINANCE DEPARTMENT (EA)
As notified by Finance Department from time to time.**

CR EDIT FACILITIES

The Credit facilities for patients referred to places outside Mizoram for Government Servants their dependents are given Vide No. A.17014/29/2019 –HFW/28 Dated 4.10.2019.

XXI. The Hospital shall immediately communicate to the Govt. of Mizoram about any change in the infrastructure / strength of staff. The new Establishment of the same hospital shall attract a fresh inspection for consideration of continuation of empanelment.

**XXII. LIST OF TREATMENTS REIMBURSABLE FOR DAY CARE/OPD.
FOR REFERRED CASES AND NON –REFERRED CASES**

As per notified vide No.A.17014/7/2015-HFW/544 dated 30.9.2019 published in the Mizoram Gazette Vol No.XLVIII dated 30.9.2019.

XXIII. DEFINITION OF FAMILY FOR MEDICAL REIMBURSEMENT

Sl. N o.	Relationship with the Govt. Servant	Documents to be enclosed along with the Declaration
1.	Spouse	Attested copy of Certificate of Marriage issued by concerned Registrar of Marriage of EPIC/ID/Aadhar of the Govt.Servant of his/her spouse that shows their relationship. For marriage contracted prior to 1.2.2008 attested copy of Marriage Certificate issued by the officiating Pastor/ Elder of the Church is also acceptable.
2.	Parents	Attested Copy of : 1) EPIC/ID/Aadhar/Passport of the Govt. Servant or of the parents that shows the relationship between the parents and the Govt.Servant. In case of mother, Birth Certificate of the Govt.Servant showing the name of the mother or Marriage Certificate issued by concerned Registrar of Marriage or the officiating Pastor/ Elder of the Church for Marriage prior to 1.4.2008 showing the relationship with the Govt.Servant indirectly is also acceptable. 2) In case of Step-mother, Marriage Certificate of the parents is to be submitted and for marriage contracted prior to 1.4.2008, Certificate of Marriage issued by the officiating Pastor/ Elder of the Church is acceptable. Parents-in-law Attested copy of EPIC/ID/ADHAAR that shows their relationship (For female Govt.with the husband of Gov.Servant supported by the option exercised
3.	Servants only)	by the Government Servant that she chose her parens-in-law over her the natural parents to be included in the family members. Option exercised can be changed only once during the entire period of her service. Children including Attested copy of : Stepchildren. (son/daughter 1) Birth Certificate.
4.	below 25 years of age)	2) ID Card (s) showing the relationship with the Govt.Servant directly or indirectly. Minor Brother below Attested copy of : 18years of age1) Birth Certificate
5.	Dependent unmarried	sister below 25 years Attested copy of : 1) Birth Certificate of age2) ID Cards (s) showing the relationship with the Govt.Servant
6.	Dependent unmarried	Daughter/Sister above Attested copy of : 1) ID Cards (s) showing the relationship directly or indirectly. 25 years of age2) Non- marriage Testimonial issued by concerned Registrar
7.		3) Income Certificate issued by concerned Deputy Commissioner to show the dependency. * In case of inability to obtain testimonial in respect of dependent unmarried Daughter/Sister of a Govt. Servant posted outside

		Mizoram, the Head of Department/Head of office may issue Non-Marriage Testimonial only after being satisfied of the veracity of all the documents/facts thereof furnished by the concerned Govt/Public servant. Any person/Govt.Servant/ Public Authority indulged in any fraudulent act hereof shall be liable to be prosecuted under Section – 197, 465 IPC or any other relevant penal provision of Law as the case may be. Attested copy of :
8.	Dependent Widowed Daughter/ Sister	1) ID Cards(s) showing the relationship with the Govt.Servant directly or indirectly. 2) Death Certificate of the husband issued by Registrar of Births and Deaths provided that it is accompanied by valid document like marriage certificate, EPIC/Aadhar/Passport showing that the deceased is the husband of the widowed daughter/sister. Attested copy of :
9.	Divorced Daughter/Sister	1) ID Cards(s) showing the relationship with the Govt.Servant directly or indirectly. 2) Testimonial regarding cancellation of Marriage issued by concerned Registrar of Marriage. For marriage prior to 1.4.2008, Divorced Certificate/ Decree of Divorce issued by any Court of Competent Jurisdiction is also acceptable. 3) Income Certificate issued by concerned Deputy Commissioner to show the dependency. Attested copy of Legal adoption Certificate from Magistrate. Attested copy of :
10.	Adopted Children	1) ID Cards(s) showing the relationship with the Govt.Servant directly or indirectly.
11.	Disabled son/brother	2) Permanent Disability Certificates issued by Social Welfare Department.

Annexure – i

APPLICATION FORM FOR EMPANELMENT OF
PRIVATE HOSPITALS AND DIAGNOSTIC CENTRES

1. Name of Hospital / Diagnostic Centre -

2. Address -

3. Ownership -

4. Year in which establish -

5. Contact person -
 Mr/Ms/Dr. _____
 Designation : _____
 Tel : _____ Mobile : _____
 Fax : _____ Email : _____

6. OPD Data (Last three years)

Period	Number of Patients

7. IPD Data (Last three years)

Period	Number of Patients Admitted

8. Number of Inpatient Beds :

3. Scope of empanelment
 Application is made as a (strike out which is not applicable)
 a) Multi-Speciality (General Purpose Hospital)
 b) Speciality/Super Speciality Hospital (Indicate speciality from list below)
 c) Diagnostic Laboratory
 d) Imaging Centre
 e) Dental Clinic

Clinical Service	Service Provided (Yes /No)	Number s of Beds Available	Comments
Cardiology			
Cardiothoracic Surgery			
Coronary Care Unit			
Day Care Treatment Endoscopy (Diagnostic & Therapeutic)			
Dentistry & Oral Surgery			
Dermatology			
Dialysis			
Emergency Medicine & Surgery			
Ear Nose & Throat			
Fertility Regulation			
Gastroenterology			
General Medicine			
General Surgery			
Gynaecology			
Intensive Care Unit adult			
Intensive care Unit Paediatric			
Intensive care Unit Neonatal			

Laser Treatment			
Nephrology			
Neurology			
Nuclear Medicine			
Obstetrics			
Oncology			
Medical Oncology			
Radiation Oncology			
Surgical Oncology			
Ophthalmology			
Orthopaedic Surgery			
Paediatric Surgery			
Plastic & Cosmetic Surgery			
Physiotherapy & Rehabilitation Medicine			
Respiratory Medicine			
Surgical ICU			
Transplantation Services			
Casualty Medical Services			
Others, please state			

Scope of Empanelment (Diagnostic Services)

Dia gnostic Service	Service Provided (Yes/No)	Comment
Diagnostic Imaging :		
CT Scanning		
DSA Lab		
Gamma Camera		
MRI		
PET		
Ultrasound		
X-Ray conventional		
X-Ray digital		
Laboratory Services :		
Clinical Bio-Chemistry		
Clinical Immunology		
Clinical Microbiology		
Clinical Pathology		
Molecular Diagnostics		
Blood Transfusion services		

List Inpatient Care Units / Wards and the number of each Unit/Ward

Name of Unit/Ward	Number of War ds	NumberFloor/ of Beds Location
Deluxe		
Private Wards (Single occupancy)		
Semi Private Wards (2-3 patients occupancy)-Ac		
Semi Private Wards (2-3 patients occupancy) non AC		
General Wards (4-10 patients occupancy) non AC		

ICU			
NICU			
PICU			
ITU			
HDU			
Any others			

Non Clinical and Administrative Departments (tick any one)

Support service	In House	Out sourced
Dietary/Catering		
Cleaning services		
General Administration		
Medical Record Keeping		
Laundry		
Pharmacy Services		
Management of Clinical waste		
Management of non-clinical waste		
Mortuary Services		
Central Sterile Supply Department (CSSD)		
Ambulance Services		
Fire Safety & Security Services		
Other, please specify		

Staff information

Group	Number	Remarks if any
Managerial		
Doctors		
Resident Doctors – regular appointment		
Resident Doctors – contractual		
Resident Doctors – part time		
Consultant (speciality wise)		
a) Full Time		
b) Part Time		
Nurses		
Technicians		
Paramedical		
Others		

VERIFICATION

It is certified that all the details/facts/figures given are true and the best of my knowledge and are as per records available in the hospital and are unconditionally verified to be true. If at a later stage it is found that some information has been concealed or has been misrepresented, the recognition/empanelment given is liable to be cancelled.

Date of Application

Authorised Signatory

Name : _____

Designation : _____

Annexure – ii

MEMORANDUM OF AGREEMENT

GOVERNMENT OF MIZORAM
HEALTH & FAMILY WELFARE DEPARTMENT

All the Hospitals / Diagnostic Centres which are to be empanelled by the Govt. of Mizoram are advised to prepare the Agreement between the Secretary to the Govt. of Mizoram, Health & Family Welfare Department and the concerned Hospital on a non-judicial stamp paper of Rs 100/- for further necessary action.

(Secretary)
Health & Family Welfare Department
Govt. of Mizoram

MEMORANDUM OF AGREEMENT

This M.O.A. is hereby made on the _____ day of _____ 201__ between the Govt. of Mizoram acting through the Secretary, Health & Family Welfare Department, hereinafter called in this M.O.A. the "State Government" and referred to as "the First Party" (which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and assigns) of the First Part

AND

(Owner) _____ having its registered office at _____, acting through the _____ (Name of Hospital / Diagnostic Centre and address) hereinafter called in this M.O.A. the "Private Hospital / Diagnostic Centre" hereinafter

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 (_____) to the employee of the State Government at Mizoram provided by qualified Medical personnel employed by and in the Hospital / Diagnostic Centre 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 the M.O.A. on the following terms and conditions of providing Medical / Surgical Health Care Services by way of prescription to diagnostic investigations and medicines which are to be reimbursed to the employees of Mizoram Government under the Central Services (Medical Attendance) Rules, 1944.

1. Duration
 - (i) The M.O.A. shall remain in force for a period of 3 years initially and extendable up to ____ years (if the FIRST PARTY so decides. The Empanelment Committee will recommend extension after looking at the service rendered. Complaints of employees will also be placed before the committee.)
 - (ii) 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. Intake Capacity
 - (i) The intake capacity (bed strength) of _____ (Name of Hospital) is _____ and shall not be reduced.
3. Availability of qualified Consultants :

The second party shall have the furnish the list of Specialists and Resident Doctors along with Registration in Medical Council to the first party and intimate changes if any to the first party.
4. Paramedical Nursing and Technical Staff :

The Private Hospital (SECOND PARTY) shall provide the standard requirement of nursing staff as per Indian Nursing Council (INC) norms.
5. Casualty Medical Services :

The Private Hospital (SECOND PARTY) shall mandatorily operate round the clock Casualty Medical Services manned by experts of critical care. Casualty Medical Services shall be equipped with availability of Oxygen, Defibrillator, ventilator and other life saving equipments and gadgets as may be necessary.

6. Essential Laboratory Diagnostic Services (ELDS)
The Private Hospital (SECOND PARTY) shall mandatorily operate the following laboratories :-
a) Hematology and Clinical Pathology (including Blood Analysis, Parasitological and Urine analysis)
b) Biochemistry (Full battery of Serum Biochemistry)
c) Clinical Immunology
d) Clinical Microbiology

For ELDS the Private Hospital will be permitted to refer the patients to Medical Colleges in the circumstances where facility is not available in the hospital under M.O.A., but not to other private hospitals.

7. Radiology Investigation facilities :
The Private Hospital (SECOND PARTY) shall mandatorily operate and maintain the following Radiological investigative facilities and the Radiology Department shall observe regulations of International Commission on Radiology Protection, 1955 and possess the license of BARC :-
a) X-Ray (Minimum 300 mA, preferably 500 mA or digital / computerized X-Ray)
b) Ultra Sonography machine

For Radiological Investigation the Private Hospital will be permitted to refer the patients to Medical Colleges in the circumstances where facility is not available in the hospital under M.O.A., but not to other private hospitals.

8. Central Sterile Supply Department :
The second party shall have the Central Sterile Supply Department.

9. Hospital Waste Disposal System :
The Private Hospital / Diagnostic Centre (SECOND PARTY) shall mandatorily follow Government of India Biomedical Waste Disposal (Management & Handling) Rules, 2016 and Environment (Protection) Act, 1986.

10. Dietary Services :
The Private Hospital (SECOND PARTY) shall mandatorily have the facility of nutritional dietary Services for the admitted indoor patients.

11. Fire Safety & Security Services :
The Second Party shall have the fire safety certificate from municipal body and shall have adequate security services.

12. Ambulance Services :
The Second Party shall have the ambulance services. The ambulance should be registered in the name of the hospital or with a valid long term agreement between the hospital and other party for making available the ambulance services 24x7.

13. 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 M.O.A. 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.

14. The Private Hospital shall not refuse to the incumbent employee of Mizoram Government to provide any Medical / Surgical treatment available in the Hospital.
15. Reference for higher / specialized treatment :
The Private 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 Colleges, and not to any other Private Hospital / Institution.
16. Inspection by the Committee :
Representatives appointed by the Empanelment Committee, Govt. of Mizoram can inspect the hospital during M.O.A. period to ascertain that the parameters of approval are being maintained properly by the Hospital.
17. 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 liable to forfeit the security deposit and 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.
18. 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 Mizoram Government, administration, cleanliness, control of infections and full and true implementation of the Terms and Conditions of this M.O.A.
19. Dispute Resolution :
If any dispute of difference arises between the parties relating to any matter arising from or touching upon this agreement, the same shall be referred to the Empanelment Committee, Govt. of Mizoram for resolution. On failure the issue with the Empanelment Committee matter will be put forward to the Law Court in Aizawl, Mizoram.
20. Clause of Rates :
 - a) The notified rates of the Hospital and Diagnostic Centres or the schedule rates adopted by the Government of Mizoram, whichever is less will be charged from the beneficiaries under the Govt. of Mizoram.
 - b) The hospital agrees that it shall provide credit facilities for certain diseases as notified by the Govt. of Mizoram.
21. Entitlement for various types of wards and cabins :
The beneficiaries of the Govt. of Mizoram are entitled to facilities of private, semi-private or general ward depending on their pay drawn in pay band / pension. This entitlement are amended from time to time and the latest order in this regards is to be followed.

22. Changes in infrastructure / staff :

The hospital shall immediately communicate to the Empanelment Committee about any change in the infrastructure / strength of staff. The new establishment of the same hospital shall attract a fresh inspection for consideration of continuation of empanelment.

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

For and on behalf

For and on behalf

First Party

Second Party

Secretary
H & FW
Govt. of Mizoram

Authorised Signatory with designation

Witness

Witness

Annexure – iii

CERTIFICATE OF UNDERTAKING

1. It is certified that the particulars regarding physical facilities and experience / expertise of specialty are correct.
2. That Hospital / Diagnostic Centres shall not charge higher than the notified rates.
3. That the rates have been provided against a facility/procedure actually available at the institution.
4. That if any information is found to be untrue, Hospital / Diagnostic Centres be liable for de-recognition / de-empanelment by the Government of Mizoram. The institution will be liable to pay compensation for any financial loss caused or physical and or mental injuries caused to its beneficiaries of the State Government.
5. The Hospital / Diagnostic Centres will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
6. That the Hospital / Diagnostic Centres has not been derecognized / de-empanelment by any State Government or any other Organizations, after being empanelled.
7. That no investigation by central Government / State Government or any statutory investigating agency is pending or contemplated against the Hospital / Diagnostic Centres.
8. I hereby, on behalf of Hospital agree to abide by the terms and conditions laid down by the Government of Mizoram and further amendments from time to time.
9. That the Hospital will cooperate and implement any Government Scheme which may be Central or State relating to Health Care, if the Government of Mizoram is of the opinion that they should do so.

Signature
Head of Institution / Authorized Signatory

	Licence under Bio Medical Waste Management & Handling Rules			
	NOC under Pollution Control Act			
	Vehicle Registration Certificates			
6.	Certified copies of Building Plan			
	Audited Balance Sheet for last 3 years with profit and loss account			
	PAN Card			
	Income Tax clearance			
	Sales Tax Clearance			
	Partnership Deed			
	Accreditation Certificate			
	CGHS empanelment certificate			
	The Clinical Establishments (Registration & Regulation) Act, 2010 Certificate			
	Other Authorization letter of signatory Rate list			
7.	Documents			

OT HER REQUIREMENTS

1. Appointment Letters
 - a.designated facility maintenance person
 - b.infection control committee/ team
 - c.infection control nurse.
 - d.RMO, registrars.
 - e.Quality Assurance co-ordinator.
 - f.Front desk staff including identification of staff responsible for transfer of a patient to another hospital

2. Displays
 - a.services provided by the Hospital / Diagnostic Centre
 - b.tariffs of major/commonly utilized services

3. Documents to be prepared and used
 - a.action on sentinel events.
 - b.administrative policies regarding complaints lodged.
 - c.analysis of hospital service parameters.
 - d.antibiotic policy.
 - e.patient assessment forms.
 - f.budgetary support to QA activities.
 - g.appointment letters, acceptance letters & certificates of technical staff.
 - h.building plan.
 - i.appointment letters, acceptance letters &, certificates of consultants.
 - j.discharge/ death summary form.
 - k.inspection & calibration of equipment manuals.
 - l.letters showing intimation of change of empanelled consultants to licensing authorities.
 - m.inventory of equipment.
 - n.organogram of administrative structure of the hospital.
 - o.Record of staff immunizations & Post Exposure Prophylaxis.
 - p.copies of reports sent to statutory authorities.

- q. copies of reports & fees submitted to PCB.
 - r. forms given along with patient during transfer
 - s. protocol of use of controls & calibrators with analytical equipment.
 - t. results of validation of sterilization processes in CSSD.
 - u. staff personal records
 - v. water quality testing reports
4. Infrastructure requirements
- a. alternate source of water and electricity in case of failure
 - b. facility for isolation & barrier nursing,
 - c. adequate circulation space and ramps for smooth movement of stretchers & wheel chairs including provision for lift
 - d. well equipped emergency room having crash cart, emergency drugs, oxygen, repair set
 - e. fire extinguishers in hazardous areas (stores, OT, wards corridors, generator room, kitchen)
 - f. hygienic food handling system
 - g. adequate hand washing facilities
 - h. facility for safe immunization practice vaccines kept in vaccine refrigerators
 - i. adequate infection control supplies like disinfectants, sterilisants
 - j. Intensive Care Unit
 - k. medical gas flowmeters, manifolds, gas outlets in adequate quantities in all patient areas
 - l. well equipped labour room and obstetric ward
 - m. OT resuscitation equipment is available
 - n. Central AC in OT
 - o. OT maintains zoning & flows
 - p. adequate parking space is provided
 - q. adequate personal protection equipment is available
 - r. potable water and electricity is available round the clock
 - s. safe place is identified for keeping of medical records
 - t. medical gases are safely stored
 - u. facilities for sterilization activities (CSSD) include separate washing area, sterilization area and packing area using horizontal vacuum type autoclave with automatic recorder
 - v. all medicines are safely stored
 - w. sound alike look alike medications are separately stored
 - x. temperature sensitive medications are stored in a refrigerator
 - y. vaccines are stored in vaccine refrigerator
5. List of
- a. age specific competent pediatricians – neonatologists
 - b. CPR trained persons
 - c. empanelled consultants by specialty
 - d. equipment sterilization procedures
 - e. high risk for infection areas being monitored
 - f. high risk medications
 - g. hospital formulary
 - h. procedures requiring informed consent
 - i. persons permitted to perform surgery/ specialized techniques
 - j. persons permitted to prescribe medicines
 - k. sentinel events
 - l. staff allowed to administer medications
 - m. staff category wise

6. Policies & procedure documents on
 - a.purchase of medications listed in hospital formulary
 - b.purchase of medications not listed in hospital formulary
 - c.prevention of adverse surgical events
 - d.maintaining confidentiality of privileged information
 - e.criteria for discharge of patients
 - f.provision of emergency care including CPR
 - g.equipment maintenance plan
 - h.fire and emergency management
 - i.handling of medical records
 - j.identification & security of neonates
 - k.indications for medical gas use
 - l.criterion for intensive care unit admission & discharge
 - m.protocols for inter departmental referrals and transfers
 - n.utilization of laboratory and imaging services including emergency services
 - o.safe guarding of patient and family rights
 - p.implementation of Quality Assurance Programme
 - q.rational and safe use of blood and blood products
 - r.protocol for registration & admission of patients attending the hospital
 - s.protocol for transfer or referral to other organizations
 - t.protocol for uniform care being provided in all settings (OPD, wards. Private rooms)
 - u.use of anesthetics for different situations
 - v.initiation and withdrawal from ventilator usage

**CLASSIFICATION OF HOSPITALS/DIAGNOSTIC CENTRES
BASED ON SERVICE NORMS**

1. Class 1 Service Providers- Hospitals
 - a.Meeting not less than 80% of all the requirements and all the essential requirements
 - b.Providing all types of accommodations as per entitlement
 - c.Desirable: current accreditation by recognized bodies
2. Class 2 Service Providers- Hospitals
 - a.Meeting not less than 70% of all the requirements and all the essential requirements
 - b.Having a Quality Assurance programme
 - c.Having at least two categories of accommodation
 - d.Desirable: Certification programme by recognized bodies
3. Class 3 Service Provider- Hospitals
 - a.Meeting not less than 60% of all the requirements and all the essential requirements
 - b.Having at least two categories of accommodation one of which shall be general ward category
 - c.Having a Quality Assurance programme
 - Applicants from Class-A city maybe considered for empanelment only if they meet the criteria of Class-I service provider except for single super-speciality.
 - Applicants from Class-B, Class-C cities and other areas may be considered for empanelment only if they meet the criteria of Class-I or Class-II service provider.
 - Applicants from within the state may be considered for empanelment only if they meet the criteria of Class-III provide for initial empanelment. Renewal may be granted for empanelment on improving to Class-II or Class-I level.

B. Check List for Diagnostic & Imaging Services

Essential requirements

1. Laboratory services

a. Large Laboratory.

b. Diagnostic Laboratories should have at least 4 full time technicians and 1 full time laboratory in charge. At least one consultant/ part time specialist, having MCI recognized qualification, should be available at all times. Signing of reports is to be done by the consultants for their respective disciplines only, (i.e. the discipline for which they hold PG qualifications only).

2. Imaging services

BARC approved Imaging Centre with AERB clearance having at least

a. One 300 mA X Ray machine

b. One USG machine with probes capable of abdominal, gynecological & obstetric and pediatric screening and recording

c. At least two full time radiodiagnosis technicians

CLASSES OF DIAGNOSTIC CENTRES BASED ON SERVICE NORMS

a. Class 1 Diagnostic Centre

a. Diagnostic Centre having license as large laboratory OR as a standalone radiology centre with Digital Imaging, Sonology (USG, Echocardiography, Colour Doppler), CT and/or MRI facility

b. Having NABH/ NABL or CAP accreditation (optional)

c. Meeting not less than 80% of all the requirements

b. Class 2 Diagnostic Centre

a. Diagnostic Centre having license as large laboratory OR as a standalone radiology centre with Digital Imaging, Sonology (USG, Echocardiography, Colour Doppler) and/ or CT & MRI facility

b. Following Essential Criteria of Diagnostic Laboratories norms of Quality Council of India (optional)

c. There should be empanelment under an independent External Quality Assurance Programme for all specialties

d. Meeting not less than 70% of all the requirements

c. Class 3 Diagnostic Centre

a. Diagnostic Centre having license as large laboratory OR as a standalone radiology centre with Imaging, Sonology and/or CT and MRI facility

b. There should be empanelment under an independent External Quality Assurance Programme for all major specialties (Biochemistry, Microbiology, Histopathology)

c. Meeting not less than 60% of all the requirements

Other requirements

1. Appointment Letters, acceptance letters

a. Pathologist, Microbiologist, Bio chemist, Radiologist

b. Technicians

c. Support staff

d. Quality Assurance co-ordinator

2. Displays

a. services provided by the laboratory

b. tariffs of major/commonly utilized services

3. Documents
 - a.action on sentinel events
 - b.analysis of lab/ imaging service parameters
 - c.budgetary support to QA activities
 - d.reports on inspection & calibration of equipment
 - e.letters showing intimation of change of empanelled consultants (if any)
 - f.inventory of equipment including showing calibration status
 - g.Record of staff immunizations & PEP
 - h.copies of reports sent to statutory authorities
 - i.copies of reports & fees submitted to PCB
 - j.protocol of use of controls &, calibrators with analytical equipment
 - k.results of validation of sterilization processes
 - l.staff personal records
 - m.Radiation safety records

4. Infrastructure requirements
 - a.alternate source of water and electricity in case of failure
 - b.adequate number of fire extinguishers
 - c.adequate hand washing facilities
 - d.adequate infection control supplies like disinfectants, sterilisants
 - e.well equipped laboratory work areas and preparation rooms
 - f.lab maintains zoning & flows
 - g.adequate parking space is provided
 - h.adequate personal protection equipment is available
 - i.potable water and electricity is available round the clock
 - j.safe place for keeping of medical records
 - k.facilities are adequate for sterilization activities
 - l.separate sample collection room
 - m.samples, reagents and kits are safely stored
 - n.temperature sensitive kits are stored in a refrigerator whose temperature is daily monitored
 - o.adequate BMW management system
 - p.adequate radiation safety equipment which is regularly calibrated

5. List of
 - a. competent specialists & technicians for special investigations
 - b. empanelled consultants by specially
 - c. equipment sterilization procedures
 - d. high risk for infection areas
 - e. procedures requiring informed consent staff category wise

6. Policies & procedure documents on
 - a.SOPs for sample collection, transportation & storage
 - b.SOPs for sample processing
 - c.SOPs for reporting including critical results and verbal reports
 - d.purchase of reagents & kits for performing tests as listed in service list
 - e.purchase of reagents & kits for performing tests not listed in service list
 - f.maintaining confidentiality of privileged information
 - g.criteria for normal reporting
 - h.provision of emergency reporting

- i. equipment maintenance plan
- j. handling of medical records
- k. utilization of laboratory and imaging services including emergency services
- l. safe guarding of patient and family rights
- m. implementation of Quality Assurance Programme
- n. protocol for registration of patients attending the Hospital / Diagnostic Centre
- o. protocol for transfer or referral to other organizations
- p. Peer or External QA Programme

Annexure – v

**DOCUMENT S REQUIRED DURING SUBMISSION OF APPLICATION FOR
EMPANELLEMENT**

1. Application Form duly filled and signed by authorized person of legal entity.
2. Application Form fee Rs 1,000/- in the form of Demand Draft or in cash drawn in favour of the Principal Director, Health & Family Welfare Department, Govt. of Mizoram
3. Ownership of the hospital / diagnostic centre :- Individual/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 agreement executed with authorized agency of Pollution Control Board for determining the number of beds.
5. List of Specialist consultants employed at the Hospital / Diagnostic Centres with their qualifications, experience and registration with medical council. The list should be annexed in terms of name of specialists, speciality, PG qualification, experience and Reg. No. of medical council.
6. The availability of Emergency Medical services / Vaccination facility / Central Sterile Supply Department / Security services should be determined with an affidavit.
7. An affidavit that applicant has followed norms prescribed by BARC for prevention of Radiation along with AERB registration of the machine.
8. An affidavit that applicant has followed norms prescribed by Drugs & Cosmetic Act for Blood Bank.
9. An affidavit that applicant has followed norms prescribed by PC & PNDDT Act.
10. Fire safety certificate from Municipal Body.
11. Ambulance registration in the name of Hospital or with a valid long term agreement between the hospital and other party for making available the ambulance services 24x7.
12. Availability of dietary services should be supported by an affidavit.
13. List of equipments and other accessories as per application form.
14. Declaration of the owner that he / she will accept the norms and standards of Medical care to be provided under the policy / guidelines.
15. Affidavit for No Prosecution for Negligence or Violation of Acts of Central and State Government or Professional Medical Ethics Regulations.
16. Clinical/Hospital having Provisional/Permanent Registration, under CEA, 2010 for Hospital within Mizoram, with an Inspection Certificate mentioning that the applicant is in compliance with minimum standards for hospitals under the CEA Act, 2010 for Hospital within Mizoram.