GUIDELINES FOR GRANTING EMPANELMENT TO 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.

III. 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
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 I 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 (USG, Echocardiography, Colour Doppler), CT and MRI facility.
2. Having NABL 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 (USG, 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.
IV. 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.
VIII. 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 safeguard 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.
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 Secretary, Health & Family Welfare Department, Govt. of Mizoram, shall be submitted along with the application form or by online transfer to Bank Account No.________________________ open in the name of Secretary, 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:

- **Hematology and Clinical Pathology** (including Blood Analysis, Urine and other body fluids, Parasitology analysis)
- **Biochemistry** (Full battery of Serum Biochemistry)

6. **Radiological Investigation facilities**:
   The hospital shall mandatorily operate and maintain the following Radiological investigative facilities:
   - **X-Ray** (Minimum 300 MA, preferably 500 MA or digital / computerized X-Ray)
   - **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**:

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.

14. 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.

15. 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.

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. MIZORAM

<table>
<thead>
<tr>
<th>Pay Band</th>
<th>Grade Pay Rupees</th>
<th>Entitlement</th>
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<tbody>
<tr>
<td>1.</td>
<td>Rs. 8,700/ - and above</td>
<td>Rs. 2,000 or actual charge whichever</td>
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<td>Rs. 5,400/ - and above</td>
<td>Rs. 1,000 or actual charge whichever</td>
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<td>3.</td>
<td>Rs. 4,400/ - and above</td>
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<td>4.</td>
<td>Rs. 4,200/-</td>
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<td>5.</td>
<td>Rs. 1,800/- and above</td>
<td>Rs. 300 or actual charge whichever</td>
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<td>6.</td>
<td>Below Rs. 1,800/-</td>
<td>Rs. 200 or actual charge whichever</td>
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B. OUTSIDE MIZORAM

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<tr>
<th>Pay Band</th>
<th>Grade Pay Rupees</th>
<th>Entitlement</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Rs. 8,700/ - and above</td>
<td>Rs. 4,000 or actual charge whichever</td>
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<td>is less</td>
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<tr>
<td>2.</td>
<td>Rs. 5,400/ - and above</td>
<td>Rs. 2,000 or actual charge whichever</td>
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<td>3.</td>
<td>Rs. 4,400/ - and above</td>
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<td>4.</td>
<td>Rs. 4,200/-</td>
<td>Rs. 1,000 or actual charge whichever</td>
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<tr>
<td>5.</td>
<td>Rs. 1,800/- and above</td>
<td>Rs. 600 or actual charge whichever</td>
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<td>6.</td>
<td>Below Rs. 1,800/-</td>
<td>Rs. 400 or actual charge whichever</td>
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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.
XVII. APPROVED RATES

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.

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 [Vide. NO.D.12015/1/02- FEA, Dated 14.8.2017 FROM UNDER SECRETARY, FINANCE DEPARTMENT (EA)]

1. Rs 150/-per meal or actual charge whichever is less for outside Mizoram.
2. For special diet (therapeutic Diet) duly prescribed by Medical Officer – Rs 350/- per day or actual charge whichever is less.
XX. ENTITLEMENT ON AIR TRAVEL(Vide No.D.12015/1/02- FEA Dated 14/08/2017), 
FROM UNDER SECRETARY, FINANCE DEPARTMENT (EA)

The cheapest mode of travel must be encouraged and mode of travel should be as per entitlement and/or as per recommendation of the Medical Board. Actual Air Travelling expenses may be re-imbursed as charged by the Airlines for the first visit. The upper ceiling permissible for re-imbursement for the subsequent follow up visits (to & fro) per head are as follows:

Aizawl to Imphal/Guwahati/Kolkatta and back – Rs. 10,000/-
Aizawl to N.Delhi/Mumbai/Chennai/Bengaluru/- Rs. 20,000/-
Hyderabad/Thiruvanantapuram and back

All efforts be made by all concerned to avail the lowest rate as far as possible.

CREDIT FACILITIES (Vide Govt Office Memorandum No.A.17014/29/02-HFW Dated 23/10/2003)

The Credit facilities for patients referred to places outside Mizoram for Government Servants their dependents are given Vide No. A. 17014/29/02 –HFW Dated 23.10.2003.

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.

A. FOR REFERRED CASES

1) Hepatitis B & C
2) Dialysis
3) Parental Chemotherapy for cancer & other chronic disease eg. Rheumatoid arthritis for rituximad infusion
4) Refractive Eye Surgery
5) Laser Therapy for Diabetic Retinopathy
6) Hemifacial Spasm/ Blepherospasm/ Cervical Dystonia requiring Therapeutic Botox Injection
7) Connective Tissue Diseases eg. SLE, DLE
8) Lithotripsy (Kidney stone removal)
9) Treatment follow –up (monitoring) of cancer
   Organ Transplant
   Post Head Injury
   PPI (Permanent Pacemaker Implantation)
10) Laporoscopic Therapeutic Surgeries
11) Central Line Insertion
12) Chronic Heart Failure
13) Coronary Artery Disease (CAD)
14) Pulmonary hypertension

B. For non – referred cases

1) Herniotomy under GA
2) Chronic Anal Fissure under GA
3) Big Abscess cavities under GA
4) Circumcision under GA
5) Diagnostic laparoscopic examination
6) Thalassemia and other hematological disorders requiring repeated transfusion
7) OME for Grommet Insertion under GA
8) Myringoplasty (adults) under LA
9) Surgery for Cataract, Squint (adults only), Glaucoma
10) Laser procedure for Glaucoma and posterior capsular opacity

XXIII. DEFINITION OF FAMILY FOR MEDICAL REIMBURSEMENT

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Relationship with the Govt. Servant</th>
<th>Documents to be enclosed along with the Declaration</th>
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<tbody>
<tr>
<td>1.</td>
<td>Spouse</td>
<td>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.</td>
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</table>
| 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. |
| 3.      | Parents-in-law (For female Govt.Servants only) | Attested copy of EPIC/ID/ADHAAR that shows their relationship with the husband of Gov.Servant supported by the option exercised by the Government Servant that she chose her parents-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. |
| 4.      | Children including Stepchildren. (son/daughter below 25 years of age) | Attested copy of:  
1) Birth Certificate.  
2) ID Cards (s) showing the relationship with the Govt.Servant directly or indirectly. |
| 5.      | Minor Brother below 18 years of age | Attested copy of:  
1) Birth Certificate  
2) ID Cards (s) showing the relationship with the Govt.Servant directly or indirectly. |
|   | Dependent unmarried sister below 25 years of age | Attested copy of:  
|   |   | 1) Birth Certificate  
|   |   | 2) ID Cards (s) showing the relationship with the Govt.Servant directly or indirectly |
| 7. | Dependent unmarried Daughter/Sister above 25 years of age | Attested copy of:  
|   |   | 1) ID Cards (s) showing the relationship directly or indirectly.  
|   |   | 2) Non-marriage Testimonial issued by concerned Registrar of Marriage.*  
|   |   | 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. |
| 8. | Dependent Widowed Daughter/ Sister | Attested copy of:  
|   |   | 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. |
| 9. | Divorced Daughter/Sister | Attested copy of:  
|   |   | 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. |
| 10. | Adopted Children | Attested copy of Legal adoption Certificate from Magistrate. |
| 11. | Disabled son/brother | Attested copy of:  
|   |   | 1) ID Cards(s) showing the relationship with the Govt.Servant directly or indirectly.  
|   |   | 2) Permanent Disability Certificates issued by Social Welfare Department. |
DRAFT 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)

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<tr>
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<th>Number of Patients</th>
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7. IPD Data (Last three years)

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<tr>
<th>Period</th>
<th>Number of Patients Admitted</th>
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8. Number of Inpatient Beds:

__________________________

9. 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

<table>
<thead>
<tr>
<th>Clinical Service</th>
<th>Service Provided (Yes/No)</th>
<th>Numbers of Beds Available</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Cardiology</td>
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<tr>
<td>Cardiothoracic Surgery</td>
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<td>Coronary Care Unit</td>
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<td>Day Care Treatment Endoscopy (Diagnostic &amp; Therapeutic)</td>
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<td>Dentistry &amp; Oral Surgery</td>
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<td>Dermatology</td>
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<td>Dialysis</td>
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<td>Emergency Medicine &amp; Surgery</td>
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<td>Ear Nose &amp; Throat</td>
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<td>Fertility Regulation</td>
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<td>Gastroenterology</td>
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<td>General Medicine</td>
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<td>Intensive Care Unit adult</td>
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<td>Intensive care Unit Paediatric</td>
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<td>Intensive care Unit Neonatal</td>
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</table>
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)

<table>
<thead>
<tr>
<th>Diagnostic Service</th>
<th>Service Provided (Yes/No)</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic Imaging:</strong></td>
<td></td>
<td></td>
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<tr>
<td>CT Scanning</td>
<td></td>
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<tr>
<td>DSA Lab</td>
<td></td>
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<tr>
<td>Gamma Camera</td>
<td></td>
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<tr>
<td>MRI</td>
<td></td>
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<tr>
<td>PET</td>
<td></td>
<td></td>
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<tr>
<td>Ultrasound</td>
<td></td>
<td></td>
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<tr>
<td>X-Ray conventional</td>
<td></td>
<td></td>
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<tr>
<td>X-Ray digital</td>
<td></td>
<td></td>
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<tr>
<td><strong>Laboratory Services:</strong></td>
<td></td>
<td></td>
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<tr>
<td>Clinical Bio-Chemistry</td>
<td></td>
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<tr>
<td>Clinical Immunology</td>
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<tr>
<td>Clinical Microbiology</td>
<td></td>
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<tr>
<td>Clinical Pathology</td>
<td></td>
<td></td>
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<tr>
<td>Molecular Diagnostics</td>
<td></td>
<td></td>
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<tr>
<td>Blood Transfusion services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**List Inpatient Care Units / Wards and the number of each Unit/Ward**

<table>
<thead>
<tr>
<th>Name of Unit/Ward</th>
<th>Number of Wards</th>
<th>Number of Beds</th>
<th>Floor/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deluxe</td>
<td></td>
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<tr>
<td>Private Wards (Single occupancy)</td>
<td></td>
<td></td>
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<tr>
<td>Semi Private Wards (2-3 patients occupancy)-Ac</td>
<td></td>
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<tr>
<td>Semi Private Wards (2-3 patients occupancy)-non AC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Wards (4-10 patients occupancy) non AC</td>
<td></td>
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<td></td>
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<tr>
<td>ICU</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>NICU</td>
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<td></td>
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<tr>
<td>PICU</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>ITU</td>
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<td></td>
<td></td>
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<tr>
<td>HDU</td>
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<tr>
<td>Any others</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Non Clinical and Administrative Departments (tick any one)**

<table>
<thead>
<tr>
<th>Support service</th>
<th>In House</th>
<th>Out sourced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietary/Catering</td>
<td></td>
<td></td>
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<tr>
<td>Cleaning services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Record Keeping</td>
<td></td>
<td></td>
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<tr>
<td>Laundry</td>
<td></td>
<td></td>
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<tr>
<td>Pharmacy Services</td>
<td></td>
<td></td>
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<tr>
<td>Management of Clinical waste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of non-clinical waste</td>
<td></td>
<td></td>
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<tr>
<td>Mortuary Services</td>
<td></td>
<td></td>
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<tr>
<td>Central Sterile Supply Department (CSSD)</td>
<td></td>
<td></td>
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<tr>
<td>Ambulance Services</td>
<td></td>
<td></td>
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<tr>
<td>Fire Safety &amp; Security Services</td>
<td></td>
<td></td>
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<tr>
<td>Other, please specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Staff information**

<table>
<thead>
<tr>
<th>Group</th>
<th>Number</th>
<th>Remarks if any</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managerial</td>
<td></td>
<td></td>
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<tr>
<td>Doctors</td>
<td></td>
<td></td>
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<tr>
<td>• Resident Doctors – regular appointment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Resident Doctors – contractual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Resident Doctors – part time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Consultant (speciality wise)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Full Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Part Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paramedical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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: __________________________
DRAFT 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 t he 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)

c) 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**:


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
First Party

For and on behalf
Second Party

Secretary
H & FW
Govt. of Mizoram

Authorised Signatory with designation

Witness

Witness
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.

Signature
Head of Institution / Authorized Signatory
## CHECK LIST FOR INSPECTION

### A. For Indoor Services

**Essential Infrastructure Assessment Checklist.**

<table>
<thead>
<tr>
<th>SN</th>
<th>Parameter</th>
<th>Objective Element</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Physical Facilities</td>
<td><strong>More than</strong>&lt;br&gt;a. 80 bedded for multi speciality in Class A city&lt;br&gt;b. 50 beds in Class B city&lt;br&gt;c. 30 beds in Class C cities and other areas&lt;br&gt;25 bedded for single speciality&lt;br&gt;&lt;br&gt;<strong>Bed space norms &amp; Circulatory space and ramps</strong>&lt;br&gt;&lt;br&gt;<strong>Provision of 24 x 7 emergency services</strong>&lt;br&gt;&lt;br&gt;<strong>Provision of</strong>&lt;br&gt;a. Deluxe&lt;br&gt;b. Private Room&lt;br&gt;c. Semi Private Room&lt;br&gt;d. General Ward&lt;br&gt;&lt;br&gt;<strong>Provision of round the clock potable water and electricity supply with back up</strong>&lt;br&gt;&lt;br&gt;<strong>Provision of toilets and wash rooms</strong></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Equipment</td>
<td><strong>Adequately equipped emergency room with drugs, equipment, personnel</strong>&lt;br&gt;&lt;br&gt;All patient areas equipped with drugs, equipment, personnel&lt;br&gt;&lt;br&gt;Ventilator, cardiac monitor, defibrillator, pulse oximeter, Central AC in OT&lt;br&gt;&lt;br&gt;<strong>ICU/ITU</strong>&lt;br&gt;&lt;br&gt;<strong>Equipment &amp; medicines for as per scope of patients services empanelled</strong>&lt;br&gt;&lt;br&gt;<strong>Equipment for fire safety available as required</strong>&lt;br&gt;&lt;br&gt;CTG &amp; Radiant warmer in labour room</td>
<td></td>
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<tr>
<td>3.</td>
<td>Imaging &amp; laboratory services</td>
<td>In house or Formal tie up with large empanelled laboratory, BARC approved imaging center</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Empanelled Staff</td>
<td>List of empanelled specialists, specialty wise as per service offered&lt;br&gt;List of staff in payroll, category wise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Certified copies of Licences (<em>As applicable</em>)</td>
<td><strong>Trade Licence</strong>&lt;br&gt;&lt;br&gt;Building permit*&lt;br&gt;&lt;br&gt;PNDT Licence*&lt;br&gt;&lt;br&gt;AERB approvals and BARRC Radiation Protection Certificate for imaging equipment*&lt;br&gt;&lt;br&gt;NOC from Fire Department&lt;br&gt;&lt;br&gt;Explosive Licence for storage of Medical gases&lt;br&gt;&lt;br&gt;licence for lifts and elevators*&lt;br&gt;&lt;br&gt;Drugs &amp; Cosmetics Licence&lt;br&gt;&lt;br&gt;Narcotic &amp; Psychotic Substances Licence&lt;br&gt;&lt;br&gt;Blood Bank Licence*&lt;br&gt;&lt;br&gt;Excise permit to store spirit&lt;br&gt;&lt;br&gt;licence under Bio Medical Waste Management &amp; Handling Rules&lt;br&gt;&lt;br&gt;NOC under Pollution Control Act</td>
<td></td>
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</tbody>
</table>
## Vehicle Registration Certificates

6. **Certified copies of Other documents**
   - 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

7. **Other Documents**
   - Authorization letter of signatory Rate list

### OTHER 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 & wheelchairs 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 clone 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
**DOCUMENTS REQUIRED DURING SUBMISSION OF APPLICATION FOR EMPANELLMENT**

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 Secretary, 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 & PNDT Act.
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.