GOVERNMENT OF INDIA
MINISTRY OF ROAD TRANSPORT AND HIGHWAYS

LOK SABHA
UNSTARRED QUESTION NO. 905
ANSWERED ON 04.12.2025

CASHLESS TREATMENT FOR ROAD ACCIDENT VICTIMS

905. Shri Daggumalla Prasada Rao:
Shri G M Harish Balayogi:

Will the Minister of ROAD TRANSPORT AND HIGHWAYS

सड़क परिवहन और राजमार्ग मंत्री

be pleased to state:

(a) whether the scheme for providing cashless treatment to road accident victims has been implemented across all States and Union Territories, if so, the details thereof;

(b) whether all State Governments have issued the necessary orders for implementation and the criteria prescribed for the empanelment of hospitals, if so, the details thereof;

(c) the number and the details of hospitals empanelled under this scheme, State-wise;

(d) the number of beneficiaries treated since the inception of the scheme and the details of funds disbursed from the Motor Vehicle Accident Fund, State-wise;

(e) the number and total value of claims raised by empanelled hospitals for cashless treatment and the extent of payments disbursed to them; and

(f) whether insurance companies are involved in payment disbursal and if so, the details thereof including their role, the claims raised through them and the status of disbursal?

ANSWER

THE MINISTER OF ROAD TRANSPORT AND HIGHWAYS

(SHRI NITIN JAIRAM GADKARI)

(a) In accordance with the legal mandate under Section 162 of the Motor Vehicles Act, 1988, Cashless Treatment for Road Accident Victims Scheme, 2025 has been notified vide S.O. 2015(E) dated 05.05.2025. Furthermore, comprehensive guidelines detailing the process flow, roles and responsibilities of various stakeholders, and the Standard Operating Procedures (SOPs) for its implementation have been issued vide S.O. 2489 (E) dated 04.06.2025.

The victims are entitled to cashless treatment upto ₹1.5 lakh per victim per accident for maximum period of 7 days from date of accident and applicable to all road accidents caused by use of motor vehicle on any category of road.

(b) "Hospital Empanelment Guidelines for the Cashless Treatment of Road Accident Victims" has been issued by National Health Authority (NHA) and attached as Annexure A. The scheme has been formulated under the legal mandate of the Motor Vehicle Act, 1988.

(c) As per the Scheme guidelines notified vide S.O. 2489 (E) dated 04th June, 2025, designated hospitals under the Scheme—including empanelled hospitals under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) that comply with the guidelines issued by the National Health Authority (NHA) for this scheme- shall be deemed designated hospitals for the purposes of the Scheme.

The number and the details of hospitals empanelled under National Health Authority, state-wise are as under

S.No	State/Uts	No. of empanelled Hospitals
1	ANDAMAN AND NICOBAR ISLANDS	7
2	ANDHRA PRADESH	2472
3	ARUNACHAL PRADESH	56
4	ASSAM	356
5	BIHAR	1098
6	CHANDIGARH	33
7	CHHATTISGARH	1675

8	DELHI	180
9	DNH AND DD	20
10	GOA	25
11	GUJARAT	2076
12	HARYANA	1361
13	HIMACHAL PRADESH	294
14	JAMMU AND KASHMIR	270
15	JHARKHAND	555
16	KARNATAKA	3607
17	KERALA	607
18	LADAKH	10
19	LAKSHADWEEP	5
20	MADHYA PRADESH	1611
21	MAHARASHTRA	1698
22	MANIPUR	70
23	MEGHALAYA	180
24	MIZORAM	88
25	NAGALAND	79
26	ODISHA	787
27	PUDUCHERRY	31
28	PUNJAB	812
29	RAJASTHAN	1905
30	SIKKIM	19
31	TAMIL NADU	2295
32	TELANGANA	1526
33	TRIPURA	142
34	UTTAR PRADESH	6140
35	UTTARAKHAND	419
36	WEST BENGAL	48
	Total	32557

(d) Out of the total number of 6,833 treatment requests raised, 5,480 victims have been found eligible. The remaining cases have been rejected by the Police. The total fund disbursed under the Motor Vehicle Accident Fund is Rs. 73,88,848/-.

(e) Out of the 2,644 claims raised by hospitals and approved by concerned State Health Agency, payment of Rs. 73,88,848/- has been disbursed to hospitals.

(f) The reimbursement to hospitals is being done through Motor Vehicle Accident Fund (MVAF) which is funded through contributions from General Insurance companies for cases where the Motor Vehicle involved is

insured and through budgetary support for other-than-insured motor vehicle cases.

Once the victim is discharged from the Scheme, the hospital will have to submit the claim along with required documents to State Health Agency (SHA). The claim will be verified and approved by the SHA. Once the claim is approved, the payment will be made by General Insurance Council for insured cases and by the District Collector for other-than-insured cases.

ANNEXURE REFERRED TO IN REPLY TO PART (b) OF THE LOK SABHA UNSTARRED QUESTION NO. 905 FOR ANSWER ON 04.12.2025 ASKED BY SHRI DAGGUMALLA PRASADA RAO AND SHRI G M HARISH BALAYOGI REGARDING CASHLESS TREATMENT OF ROAD ACCIDENT VICTIMS

Hospital Empanelment Guidelines for the Cashless Treatment of Road Accident Victims

Table of Contents

1. Introduction

The National Health Authority (NHA) is the apex body responsible for implementing India's flagship public health insurance scheme, the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY). It has also been entrusted with designing strategy, building technological infrastructure, and leading the implementation of the Ayushman Bharat Digital Mission to create a National Digital Health Ecosystem. NHA manages the integration of health insurance schemes across Central and State governments, ensuring the smooth delivery of healthcare services through a robust IT infrastructure and by empaneling hospitals nationwide. It collaborates with various ministries to standardize and enhance healthcare delivery across India.

The Ministry of Road Transport and Highways (MoRTH) has recognized the importance of hour when immediate care can save lives. MoRTH on 5th May 2025 has notified the scheme offering cashless treatment for road accident victims. The scheme provides free treatment of up to Rs

1.5 lakhs per accident per person for a maximum period of 7 days.

The Ministry of Road Transport and Highways shall be the nodal authority in the Central Government for notification of the guidelines and addressing issues related to the Scheme. The implementation of the Scheme in each State or Union Territory shall be monitored by the respective State Road Safety Council. The implementation of the Scheme in each district shall be monitored by the District Road Safety Committee constituted under sub-section (3) of section 215 of the Act.

For the empanelment under the scheme, SHA shall be responsible in their respective States/UTs. The treatment will be provided through hospitals already empanelled under PM- JAY which have the facility to provide the treatment for road traffic accidents victims.

2. Purpose and Scope

2.1 Purpose

The primary purpose of these empanelment guidelines is to ensure smooth onboarding and participation of hospitals which are equipped to provide cashless medical treatment to road accident victims under the Scheme launched by the Ministry of Road Transport and Highways (MoRTH). This applies to hospitals across India that wish to participate in MoRTH's accident care scheme.

These guidelines aim to ensure that only hospitals with the necessary infrastructure, skilled personnel, and capacity to deliver high-quality, timely emergency care, especially during the golden hour, are empaneled.

The ultimate objective is to reduce fatalities and improve recovery outcomes for road accident victims.

2.2 Scope

The scope of these guidelines outlines the key areas to ensure comprehensive and transparent process for empanelling hospitals for providing cashless treatment to road accident victims under the scheme

2.2.1 Empanelment of Healthcare Providers: Approach, Criteria, and Incentives

The guidelines detail the approach for selecting hospitals based on infrastructure, medical specialties, and experience in trauma and polytrauma care. Specific criteria and an incentive structure will be outlined to encourage hospitals to join the network and maintain high standards of care for road accident victims.

2.2.2 Institutional Setup and Oversight

A detailed framework for institutional roles at the national and State levels is provided. The roles of the National Health Authority (NHA), State Health Authorities (SHA), as well as State- Specific committees like the State Empanelment Committee (SEC) and District Empanelment Committee (DEC),

is described. Additionally, the function of Third-Party Empanelment Agencies (TPEAs) in evaluating hospitals is also included.

2.2.3 Process of Empanelment and Disciplinary Actions

This guideline covers the application and approval process for hospitals to be empanelled, including registration steps and post-empanelment procedures. Processes for handling non- compliance, disciplinary actions, and de-empanelment is also clearly outlined to ensure that hospitals adhere to the required standards for trauma, polytrauma and emergency care.

3. Empanelment of Healthcare Providers – Approach & Criteria

3.1 Approach for Empanelment

The guidelines for empanelment of hospitals for cashless treatment of Road Accident Victims (CTRAV) ensures that hospitals capable of providing trauma and polytrauma care are empaneled. Hospitals should be located not only in high-risk areas identified by MoRTH as accident hotspots but also in other places (National Highways, State Highways, municipal Roads, etc) to make sure accident victims can get quick and easy access to care in all regions. The following approach outlines the key steps for empaneling hospitals:

- ***Deemed Empanelment for AB PMJAY Hospitals:***

The empanelled hospitals identified by their respective states which are equipped with trauma and polytrauma care support for treatment of road traffic accident victims will be deemed empanelled and notified. These provisions are made for immediate onboarding of hospitals to provide critical trauma care services to the road traffic accident victims. Any new hospital empanelled under AB PMJAY which is capable of providing Trauma and polytrauma services to the Road Traffic Accident (RTA) Victim will also be deemed empaneled.

- ***New hospital empanelment exclusively for CTRAV Scheme***

Under AB PM-JAY, fast-Track Empanelment is available for NABH-accredited/AB-PMJAY quality accreditation or CGHS empanelled hospitals which are equipped with trauma and polytrauma care support for treatment of road traffic accident victims.

For hospitals that are not eligible for fast-track empanelment, the existing verification process as used under AB PM-JAY shall be conducted

As per the scheme guideline, in case an accident victim reaches a hospital which is not empanelled either under AB PM-JAY or MoRTH, the hospital shall be still be required to provide initial treatment (stabilization) to the accident victim and subsequently shall refer him/her to nearby empanelled hospital.

- ***Targeted Approach for Empanelment***

The approach for empanelment is designed to strategically enhance the healthcare network, with a focus on:

- **Geographic Areas: Special consideration must be given to hospitals with trauma and polytrauma facilities in accident-prone areas as highlighted by MoRTH from time to time. This ensures that trauma care is accessible to accident victims in areas where medical facilities may currently be limited.**
- **Accredited Hospitals: States are encouraged to prioritise hospitals with trauma and polytrauma facilities that are accredited by the**

NABH, NQAS and AB PMJAY quality accreditation, to ensure high standards of care and service delivery.

- **Use of Alternate Hospital Databases: Additional efforts should focus on hospitals from alternate hospital databases to further broaden the network, ensuring adequate trauma care availability across the country.**
- **Empanelment managed by States and Union Territories SHA's SHA of AB PMJAY implementing States and Union Territories are responsible for empanelling healthcare providers within their respective regions.**

3.2 Criteria for Empanelment

The empanelment criteria for hospitals under the CTRAV Scheme for providing cashless treatment of Road Accident Victims, must follow established guidelines to ensure that hospitals meet the required standards for providing trauma and emergency care to accident victims.

3.3 Infrastructure Requirements:

- **The hospital should have a dedicated emergency department equipped to handle trauma cases.**
- **Availability of a 24/7 emergency care facility and adequate trauma care infrastructure, including**
  - **Fully equipped Intensive Care Unit (ICU)**
  - **Operation theatres with facilities for emergency surgery**
  - **IPD services**
  - **Imaging facilities (e.g., X-ray, CT scan, Ultrasound, MRI, etc)**
  - **Blood bank or blood storage facilities**
  - **Ambulance services with Basic Life support (BLS) / Advanced Life Support (ALS) systems.**

3.4 Specialities required for empanelment

3.4.1 Specialties Required for Empanelment:

- **Emergency Medicine / General Medicine**
- **General Surgery**
- **Orthopedic Surgery / Polytrauma**

3.4.2 Specialties for Enhanced Care

- **Burns Management**
- **Cardiothoracic and Vascular Surgery (CTVS)**
- **Cardiology**
- **Ear, Nose and Throat (ENT)**
- **Neurosurgery**
- **Obstetrics & Gynaecology**
- **Ophthalmology**
- **Oral & Maxillofacial Surgery**
- **Paediatric Medical Management**
- **Paediatric Surgery**
- **Plastic & Reconstructive Surgery**
- **Urology**

3.4.3 Qualified Medical Personnel

Please refer to Annexure 1

3.4.4 License and Accreditation:

- **The Private hospital must be registered with the local health authorities and meet any state- specific regulatory requirements.**
- **National accreditation e.g., NABH, NQAS and AB PMJAY quality accreditation will be preferred.**
- **Hospitals must have a valid licence for operation under various medical and legal provisions, including licences for imaging and surgical equipment, and waste management.**

3.4.5 24x7 Service and Monitoring:

- **Availability of round-the-clock diagnostic services, including pathology and radiology, will be preferred for empanelment.**

3.4.6 Geographical Location:

- **Hospital empanelment must be prioritised in the accident hotspots as identified by MoRTH from time to time.**

4. Role and Responsibility for Empanelment

4.1 Role of MoRTH

- **MoRTH should identify the hotspots for empanelment of Hospitals along accident prone areas, which are critical in providing cashless treatment to victims of road accidents under the scheme, which should be informed from time to time by MoRTH.**

4.2 Role of State Road Safety Council (SRSC)

- **Coordinate with National Health Authority for adoption and utilisation of the portal for onboarding of designated hospitals[1].**
- **Coordinate with State Health Agency to designate hospitals under the Scheme for providing treatment, in addition to the hospitals empanelled under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, as specified by the National Health Authority;**
- **Coordinate with State Health Agency to implement measures required for the detection and prevention of fraud or misuse of the Scheme or its benefits;**

4.3 Role of State Health Agency (SHA)

- **The SHA will identify and empanel hospitals with trauma and poly trauma care facilities that are essential for managing road accidents.**
- **The SHA is required to take necessary action in cases of irregularities, such as fraud, and to proceed in accordance with the existing guidelines for disciplinary action against hospitals, as outlined by the National Health Authority (NHA).**
- **The SHA is tasked with raising awareness among healthcare service providers regarding the scheme to ensure maximum participation from eligible providers. This may involve conducting Information, Education and Communication (IEC) campaigns or sensitization workshops at various levels district, sub district, taluka and block etc.**

- **SHA will maintain a list of empaneled hospitals and ensure compliance with the set standards/ guidelines**
- **SHA will ensure creation of relevant application logins through the system after onboarding the hospital in the scheme.**

4.4 Role of National Health Authority (NHA)

- **The National Health Authority (NHA) will continue to support State Health Agencies (SHAs) in the empanelment process by developing comprehensive guidelines that establish systems and processes to ensure the quality of services and maximise the empanelment of healthcare**

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[1] Designated Hospitals refer to hospitals or clinical establishments onboarded by the State Government or State Health Agency (SHA) for providing cashless treatment to victims of road accidents arising from the use of motor vehicles. This includes: Hospitals empanelled under AB PM-JAY that are capable of providing trauma and polytrauma services, and Hospitals specifically empanelled for the CTRAV scheme.

providers, especially in critical areas.

- **NHA recognizes the need to consider state-specific contexts and provides SHAs with the flexibility to adapt and implement these guidelines as per local needs.**

4.5 Role of State Empanelment Committee (SEC)

- **SEC will play a key role in the approval flow for the submitted applications. The final decision to approve/reject the application of the healthcare service provider will rest with the SEC. The decision on relaxation to be given to any healthcare service provider based on the recommendation of the District Empanelment Committee (DEC) will also rest with SHA. SHA to ensure that the quality of medical care rendered to the patient is not compromised by this relaxation.**
- **Additionally, SHA will be responsible for providing supportive supervision to DEC and ensuring timebound empanelment process throughout its lifecycle.**
- **SHAs shall take necessary action to empanel the hospitals located near the accident hotspots identified by MoRTH.**
- **It will be the responsibility of the SHA/SEC to monitor that the hospital maintains the capacity of delivering quality services to the road accident victims in this scheme from time to time. It may also include periodic physical verification.**

4.5.1 Structure of State Empanelment Committee (SEC)

The State/SHA may continue with existing institutions under the AB PMJAY schemes with the vested powers and responsibilities of SEC as per the guidelines.

4.6 Role of District Empanelment Committee (DEC)

The District Empanelment Committee (DEC) will play a critical support role by assisting the State Empanelment Committee (SEC) and State Health Agency (SHA) at the district level. The DEC will ensure that

healthcare providers meet the required standards for empanelment and handles disciplinary proceedings when necessary.

4.6.1 Role of DEC in Empanelment

Document Validation and Scrutiny

- **Validation at Empanelment: At the time of empanelment, the DEC will be responsible for validating and scrutinising the documents uploaded by hospitals. This includes verifying the completeness and accuracy of documents such as hospital registration, staffing details, infrastructure, and compliance with necessary standards.**
- **Ongoing Monitoring: The DEC performs regular checks to ensure that hospitals maintain compliance with empanelment requirements even after approval.**

Field and Desktop-Based Verification

- **Physical Inspections: In addition to desktop-based audits, the DEC will conduct field verifications by visiting hospitals to assess their infrastructure, equipment, and staffing capabilities, ensuring that they meet the empanelment criteria.**
- **Desktop-Based Audits: Can be initiated only in exigency cases where physical inspection is not possible. The DEC will carry out desktop-based verification by reviewing hospital records and other submitted information to verify compliance remotely.**

Submission of Verification Reports

- **Online Empanelment Portal: After completing verifications, the DEC submits its reports to the SEC through the online empanelment portal. The reports include detailed findings and a recommended decision to either approve or reject the hospital's empanelment application.**
- **Justification for Rejection: If the DEC recommends rejection, it must provide clear reasons for rejection, ensuring transparency in the decision- making process.**

Pre-Empanelment Orientation for Hospitals

- **Orientation Sessions: The DEC, in collaboration with SEC/SHA, can organise pre- empanelment orientation workshops at the district level. These sessions aim to educate hospital administrators on the empanelment process, the required documentation, and the standards they must meet.**
- **Guidance on Compliance: During these orientations, hospitals shall be guided on all the parameters for compliance including infrastructure, human resources, and digital integration before getting empanelled under the scheme.**

4.6.2 Structure of District Empanelment Committee (DEC) -

The State may continue with existing DEC institutions under the AB PMJAY schemes with the vested powers and responsibilities of DEC as per the guidelines. In case of Third Party Empanelment Agency (TPEA) being in use, a member of TPEA will assist the DEC in its activities.

4.7 Role of Third-Party Empanelment Agency (TPEA) -

- **If additional assistance is required for the empanelment process, SHA may hire a third- party empanelment agency which is either empaneled by NHA or hired by SHA separately. The TPEA will be responsible for facilitating verification of healthcare providers (both physical as well as desk-top verification). However, the following must be ensured while hiring TPEA:**
  - **The third-party empanelment agency engaged for this purpose shall not be the current implementation support agency operating within the state or any other agency that may create a conflict of interest or lead to collusion. It is important that the physical verification process remains transparent and impartial.**

- **The TPEA should not be the same agency currently engaged by the SHA for any other purpose**
- **Any agency that has previously worked as a TPA for insurance companies must observe a cooling-off period of at least six months before applying to become a TPEA.**
- **The TPEA must ensure that a physical verification of healthcare service led by DEC**
- **The SHA, will conduct a sample physical audit of 10% of the facilities verified by the TPEA**

5. Process of Empanelment

5.1 Application and Registration on the Portal

- **It is mandatory that the hospitals willing to get empanelled under the scheme are registered in the "Health Facility registry" under Ayushman Bharat Digital Mission. The hospital can get themselves registered using the web based portal (https://nhpr.abdm.gov.in/hfrAdmin/login)**
- **Hospital will register through User Management Portal (UMP) portal (at URL : https://ump.pmjay.gov.in) for creation of Hospital Engagement Module (HEM) and create logins of HEM Portal to initiate registration.**
- **Further, using the credentials created using UMP for HEM module, Hospital will login to the HEM Module and initiate the registration process. URL for HEM portal (https://hem.nha.gov.in)**
- **Once the healthcare provider has filled the application, the verification and approval process will be undertaken by the SHA/SEC. Only those healthcare providers will be allowed to get empaneled under the scheme who have been registered as an establishment under the relevant central or state acts (if applicable).**

5.1.1 Option 1: Fast-Track Empanelment

- **Hospitals holding NABH accreditation / AB PM-JAY certification for relevant specialty may be fast-tracked for empanelment without physical verification.**

5.1.2 Option 2: Desktop and Physical Verification

The entire process of desktop and physical verification for hospital empanelment must be completed within 30 days. First, the DEC or TPEA conducts a desktop verification, verifying documents uploaded by the hospital. If discrepancies or missing documents are found, the DEC will raise queries for clarification, and the hospital must address these. This is followed by a physical inspection by the District Empanelment Committee (DEC), district

nodal officer, or TPEA, ensuring the hospital's compliance with the application details

After Physical verification, the report, including pictures and documents, is uploaded on the HEM portal. In case of non-compliance of the requisite standard, the application request for empanelment may be rejected for specific specialty or may be rendered ineligible for empanelment as the case may be.

5.1.2.1 *DEC Recommendations:*

DEC can exercise the following options while forwarding the case to the SEC:

- **Recommend Approval: if the hospital meets the required standards and findings are satisfactory as per applicable norms, DEC can send the application to SEC for approval of the application.**
- **Recommend Rejection: For applications that do not meet the minimum standards or where healthcare providers have been found to be misreporting information, the DEC will recommend rejection. All rejections will be subject to review by the SHA.**
- **Recommend relaxation and approval: DEC where they find requirement of empanelling a hospital to ensure the availability of an adequate number of empaneled facilities within the district may recommend relaxations in empanelment criteria for approval to the SHA. This recommendation must be approved by the SHA, with a clear and documented rationale provided. SHA to ensure that the quality of medical care rendered to the patient is not compromised by this relaxation.**

5.1.2.2 *SEC Approval*

- **SEC will review the reports and recommendations submitted by the DEC. SEC/ SHA will also consider the DEC's recommendations for 'relaxation criteria of empanelment based on the review, SEC/ SHA shall make the final decision**

on empanelment

- In case the empanelment is approved, the same will be updated on the PM- JAY web- based portal and the healthcare provider will be notified through SMS/email of the final decision
- In case of rejection of an empanelment request, the SEC/ SHA will state the reasons for rejection of the request and share it with the healthcare provider. The decision (and reasons) will also be updated on the PM-JAY web portal
- Healthcare providers will have the right to file a review against the rejection with the State Empanelment Committee (SEC). In case the review request for empanelment is rejected by the SEC, the healthcare providers can approach the competent authority as defined in the Grievance Redressal Mechanism for remedy.

5.1.3 Empanelment in Brownfield states

- Empanelment of hospitals for the states not using NHA's IT application will continue in the same manner. These states should comply with the guidelines laid for the MoRTH scheme.

5.2 On-boarding Processes after Approval

- Once the application is approved, SHA will ensure that the status of the application is updated on the PM-JAY portal and the respective healthcare service provider is informed about the decision through email / SMS on the registered phone number. Once the hospital is empaneled, a user admin login will be created for the hospital for providing timely medical treatment to road accident victims, especially during the critical golden hour.
- SHA will ensure creation of relevant application login credentials through the system after onboarding under the scheme
- SHA will also ensure that training on systems and processes like beneficiary identification system, transaction

management system, health benefit package, standard treatment guidelines, claim settlement process is provided to HCP.

5.3 AB PMJAY empanelled hospital

- **AB-PMJAY empanelled hospitals having trauma and polytrauma services will be deemed empanelled for the CTRAV scheme.**

6. Incentive Structure for Empanelment

- **An Incentive (in addition to the Package amount) will be provided as per the current AB PMJAY scheme guideline / latest Health Benefit Package (HBP) rates.**

7. Disciplinary Proceedings and De-Empanelment

7.1 Rationale for Disciplinary Proceedings

- **Hospitals may face disciplinary actions if found indulging in fraudulent activities, violating treatment guidelines, or failing to provide quality care.**
- **Disciplinary proceedings/de-empanelment may be conducted for an Empaneled Healthcare Provider (Hospital) under the scheme if they fail to meet and uphold the necessary criteria agreed upon during empanelment or indulge in wrongful acts during treatment (detailed in section below). The key objectives of NHA and SHA are to increase empanelment, ensuring that quality care is provided and curtailing unnecessary leakages in the form of fraud and abuse which may bring disrepute to the scheme. Disciplinary proceedings/de-empanelment processes have been introduced primarily as a deterrence and control mechanism in the scheme to ensure that medically appropriate quality treatment is provided to beneficiaries at all times and all wasteful and unnecessary expenditure is curtailed.**

7.2 Process for Disciplinary Proceedings

- **Disciplinary proceeding should be initiated based on investigation findings and establishment of fraud**
- **Hospitals will be issued show-cause notices within 7 working days of investigation findings.**

7.2.1 Empanelment Disciplinary Committee (EDC)

EDC will initiate disciplinary proceedings against errant health service providers in the state. The institutional structure established for empanelment will also be responsible for processes leading upto disciplinary proceeding/ De-empanelment. The SHA, SEC and DEC at the state and District level will form the key institutions in enforcing this mechanism.

Process for Disciplinary Proceedings and De-empanelment

7.2.1.1 *Show-Cause Notice to the Hospital*

Based on the investigation report received, if there is sufficient evidence/suspicion of the Hospital indulging in malpractices, a show cause- notice shall be issued to the Hospital. All attempts will be made to issue show cause notice within 7 working days from receipt of the investigation report and in case of any delay, the report must be submitted to CEO SHA, citing the reasons for the same.

- **In the show cause notice sent to the Hospital, it should be explicitly communicated to not contact the beneficiaries in question as this would lead to tampering of evidence, as per the applicable laws. In case any such tampering is found, legal action may be taken accordingly.**
- **The show-cause notice will be sent both to the Hospital's registered email ID provided at the time of empanelment or the most current one available/updated with SHA and a hard copy will be sent via speed post or delivered by hand through district coordinator to the Hospital's notified address.**
- **The show-cause notice will mention the email ID of the SHA where the response to the show- cause needs to be sent by the Hospital. The receipt of the registered speed post or acknowledgement of receipt by Hospital (in case delivered by hand) should be kept securely as proof by the SHA. The show-cause notice will also be updated in the online portal used by the Hospital.**
- **The hospital shall respond to the show-cause notice within 5 working days from the date of receipt of show cause notice. The response will be sent to the SHA at the email id provided in the show-cause letter or address specified for registered post along with supporting evidence collected as per the applicable laws of India.**
- **In case, the response is not received within 5 working days, the Hospital will be suspended. All its operations will be blocked under PM-JAY through its web portal, for a specified**

time frame not exceeding 6 months or till a decision has been taken on the proceedings, so that no new pre-authorizations can be raised by the Hospital. However, the treatment of existing patients will continue as usual till they are discharged. The notification of suspension will be sent through email and registered speed post. All attempts shall be made to send the notification within 2 working days of the decision and in case of any delay report must be submitted to CEO SHA, citing the reasons for the same.

- **In case, the response to the show cause received from the hospital is found satisfactory, it will continue to function as usual. However, if the response is not found satisfactory, further information or evidence may be requested through email. The Hospital shall provide the requested documents/information within 3 working days through email, failing which the Hospital may be suspended for a specified time frame not exceeding 6 months or till a decision has been taken on the proceedings. During suspension, the Hospital will not be allowed to conduct any new pre-authorizations. All admitted patients under the scheme will be provided continued treatment as usual till they are discharged. The notification of suspension will be sent through email and registered speed post. All attempts will be made to send this notification within 2 working days of the decision taken by SHA. In case of any delay, a report must be submitted to CEO SHA, citing the reasons for the same.**
- **If the above-mentioned timelines are not met, then either party can approach competent authority as per the grievance redressal guidelines.**
- **If there is no documentary evidence to suggest that the show cause notice was received or the Hospital denies having received the show cause notice, the SHA may share the notice again either through physical delivery or**

registered email ID and receive an acknowledgement of the receipt. Hospital will have to respond within 3 working days from the date of receipt of the show-cause notice.

- **Beneficiaries needing continued care beyond current pre-authorization may be referred to another hospital to ensure there is no disruption of services.**

7.2.1.2 *Detailed Investigation of Hospital*

- **A detailed investigation will be carried out in case the Hospital is suspended due to the reasons mentioned above or if a complaint containing sufficient material to raise suspicion has been filed by the beneficiary. A detailed investigation may include field visits to the Hospital, examination of case papers, interaction with the beneficiaries (if needed), examination of hospital records etc.**
- **All attempts will be made to complete the investigation and submit the report within 10 working days of show-cause issued. In case of any delay, a report must be submitted to CEO SHA, citing the reasons for the same.**
- **All statements of the beneficiaries will be recorded in writing in the language known to the beneficiary and ensured that the said statement is read over to the beneficiary for confirmation. The statement will be self-attested by the beneficiary via signature or thumb impression for use as evidence. Wherever possible, video recording will be taken and if possible, a copy of photo identity proof of such beneficiary will be maintained.**
- **If the detailed investigation reveals that the report/complaint/allegation against the hospital is not valid and no malpractices are detected, suspension will be revoked and operations as usual will be initiated. All attempts will be made by SHA to revoke the suspension within 5 working days of the investigation report submitted. In case of any delay, a report must be submitted to CEO SHA, citing the reasons for the same.**
- **If the detailed investigation reveals that the**

suspicion/alleged malpractice on the part of the Hospital are valid , the SHA may recommend suspension for a specified time, not exceeding 6 months.

- **However, if the original cause of suspicion/alleged mischievous activities on the part of Hospital are not valid but additional malpractices are identified, a new show-cause notice will be issued to the Hospital. All attempts will be made to issue the show cause notice within 7 working days of noticing such malpractices. The Hospital will not be allowed more than 10 working days to respond, and a similar process of investigation will be followed. The time duration may be decided by the SHA on a case-to-case basis.**

7.2.1.3 *Suspension of the Hospital*

- **Upon receiving an investigation report indicating sufficient evidence or suspicion of malpractice by an Empanelled Health Care Provider (Hospital), the State Health Agency (SHA) will issue a show-cause notice to the Hospital within 5 working days**
- **This investigation includes field visits, examination of case papers, discussions with beneficiaries, and review of hospital records. The investigation aims to be completed within 10 working days of issuing a show-cause notice**
- **The notice will instruct the Hospital not to contact the beneficiaries involved, as this could lead to evidence tampering, which may result in legal action. Beneficiary statements are recorded in their known language, confirmed by them, and self-attested, with video recordings and photo IDs collected when possible**
- **Notices are sent to the Hospital's registered email and via speed post or hand delivery. The notice will specify the SHA email for response submission, and proof of receipt must be secured by the SHA.**
- **The Hospital must respond within 5 working days, providing supporting evidence. SHA to confirm receiving the notice to the hospital within 5 working days, if the Hospital denies**

receiving the notice, SHA will resend it, requiring acknowledgment, and the Hospital must respond within 5 working days.

- **If no response is received, the Hospital will be suspended, blocking new pre- authorizations for up to 6 months, though existing patient treatments will continue.**
- **Suspension notifications will be shared with the Hospital on registered mail/SMS.**
- **If response received but is unsatisfactory, further information may be requested, and failure to provide it within 5 working days could result in immediate suspension not extending 6 months**
- **If response received and is satisfactory, then the suspension may be revoked**
- **If no malpractices are found, the suspension is revoked on immediate basis of the report submission**
- **If malpractices are confirmed, suspension but not extending 6 months timelines**
- **Direct suspension along with show-cause, if the SHA obtains irrefutable evidence that the action of Hospital have or may cause grievous harm to the patient's health or life, SHA may immediately suspend the Hospital not extending 6 months timelines**

7.3 De-Empanelment

- **Hospitals may be de-empanelled based on SEC recommendations if found non- compliant.**
- **De-empanelled hospitals cannot seek re-empanelment for a minimum period of 1 year.**

7.3.1 Presentation of case to the SEC and De-empanelment

- **Presentation of case for de-empanelment may be initiated by SHA after conducting proper disciplinary proceedings as outlined above. The SEC will meet within 30 working days/emergency meeting could be scheduled in exceptional circumstances of the case being referred. All relevant**

documents including the detailed investigation report will be submitted to the SEC either at the time of case filing or at least 10 working days prior to the meeting. The SEC must ensure that the Hospital has been issued a show- cause notice seeking an explanation for the alleged malpractice. Both parties (SHA and Hospital) will be provided a fair opportunity to present their case with necessary evidence at the meeting conducted by SEC.

- **If the SEC finds that the complaint/allegation against the Hospital is valid, it will order de- empanelment of the Hospital based on appropriate legal advice along with additional disciplinary actions like penalties, FIR etc. as it may deem fit.**
- **In case the SEC does not find adequate supporting evidence against the Hospital, it may revoke the suspension of the Hospital or reverse/modify any other disciplinary action taken by SHA against the Hospital, while making clear observations and reasons underlying the final decision.**
- **All attempts shall be made to take the final decision within 30 working days of 1st SEC meeting and in case of any delay, a report must be submitted to CEO SHA, citing the reasons for the same.**
- **All attempts shall be made to implement any disciplinary proceeding as decided by SEC within 30 working days of the decision taken by SEC and in case of any delay, a report must be submitted to PS/AS-Health and Family Welfare Department of the State, citing the reasons for the same.**
- **If either party is not satisfied by the decision of SEC, they can approach competent authority as per the grievance redressal guidelines.**

7.3.2 Actions to be taken after De-empanelment

Once the hospital has been de-empaneled, a letter/email will be sent to the Hospital regarding the decision at registered address/registered email ID/of the Hospital within 3 working of the decision. Once de-

empaneled, new pre- authorization will be disabled, and the existing pre- authorizations/ treatment will have to be completed.

- **A decision may be taken by the SEC to ask the SHA to either lodge an FIR in case there is suspicion of criminal activity or take such other permissible legal action under applicable laws of India.**
- **In case of confirmed acts of professional misconduct and violation of medical ethics, the appropriate professional medical bodies/council at the national/state level should be informed of the details of the case, the treating doctor and the hospital involved. The Medical Council and State Medical Council should take it up and take appropriate action as per the Code of Medical Ethics Regulation, 2002 and/ or such necessary action as may be required as per the applicable laws. This information will be sent with other Insurance Companies, ESIC, CGHS, IRDAI and other relevant regulatory bodies and to NHA.**
- **A list of de-empaneled hospitals will be enlisted on NHA and SHA websites. The list should be prominently displayed and easily accessible on the website to ensure beneficiary awareness. SHA may notify in the local media about the entities where malpractice is confirmed, and the action taken against the Hospital engaging in malpractices.**
- **The period of de-empanelment would be for 1 year, unless stated otherwise. Once de- empaneled, the Hospital cannot seek re-empanelment until completion of 1 year from the date of such de-empanelment. Healthcare service providers will not be allowed to change their names and re-apply. The concerned local teams will keep a check on such practices. In case SHA/SEC decides to re-empanel an hospital within a period of 1 year, the same may be flagged in the system through the HEM portal. The reason for re- empanelment of the Hospital will also be documented in the HEM web portal.**
- **If it is a hospital chain, only the branch will get de-empaneled while the other branches of the hospitals will continue to function.**
- **Based on the severity of the offence, SEC may de-empanel**

the Hospital for more than 2 years or may blacklist a hospital. In such cases, the SHA/SEC will inform NHA and PS/AS (Dept. of Health and Family Welfare) of the concerned state of its decision along with a detailed explanation/ recorded reason for the same.

Timeline for Disciplinary Proceedings and De-empanelment	
Investigation of suspect claims	10 working days of flagging the cause
Show-cause Notice Issuance	7 working days of submission of investigation report
Response to Show-cause Notice by Hospital	Within 5 working days
Clarification of the Response from Hospital	Within 3 working days
Issuance of Show-cause Notice post Decision	Within 2 working days
Detailed Investigation along with submission of Investigation Report	Within 10 working days
Response to Suspension by Hospital	Within 5 working days
Hospital can file an appeal against suspension	Within 30 working days
Final decision to suspend/suspend with fine/ revoke suspension/de-empanelment	Within 30 working days of the 1st SEC meeting

7.4 Gradation of Offences

Based on the investigation report/field audits, the following gradation of penalties may be levied by the SEC. However, this tabulation is intended to be as guidelines rather than mandatory rules.

These penalties are recommendatory in nature and the state may inflict larger or smaller penalties depending on the severity/regularity/scale/intentionality on a case-to-case basis. If any hospital is found to be involved in unethical practices/malpractices/severe offence, then legal action may also be taken by SHA.

7.4.1 Penalties

Penalties for Offences by the Hospital			
Case Issue	**First Offence**	**Second Offence**	**Third Offence**
Illegal cash payments by beneficiary	**Full refund and penalty upto 5 times of illegal payment to be paid to the SHA by the hospital within 7 working days of the receipt of notice. SHA shall thereafter transfer money to the beneficiary, charged in- actual, within 7 working days**	**In addition to actions as mentioned for first offence, rejection of claim for the case, suspension of hospital**	**De-empanelment/ blacklisting**
Billing for services not provided	**Rejection of claim and penalty upto 5 times the amount claimed for services not provided, to SHA**	**Rejection of claim and penalty of upto10 times the amount claimed for services not provided, to SHA, suspension of hospital**	**De-empanelment/ blacklisting**
Up coding/ Unbundling / Unnecessary	**Rejection of claim and penalty of up to 10 times the excess amount claimed due to up coding/unbundling/ unnecessary procedures, to SHA**	**Rejection of claim and penalty of up to 20 times the excess amount claimed due to up coding/unbundli**	**De-empanelment/ blacklisting**

Procedures	**SHA may decide the amount based on the severity of the breach**	**ng/ unnecessary procedures, to SHA, suspension of hospital**	
Wrongful beneficiary identification	**Rejection of claim and penalty of up to 5 times the amount claimed for wrongful beneficiary identification to SHA if hospital is found to be in connivance SHA may decide the amount based on the severity of the breach**	**Rejection of claim and penalty of up to 10 times the amount claimed for wrongful beneficiary to SHA if the hospital is found to be in connivance,**	**De-empanelment/ blacklisting**
		suspension of hospital	
	In case of minor gaps:		

Non-adherence to minimum criteria for empanelment, quality and service standards as laid under PM- JAY	**Show cause notice with compliance period of 2 weeks for rectification and rejection of claims related to gaps** **In case major gaps and wilful suppression/misrepresentation of facts: Show cause notice with compliance period of 2 weeks for rectification, suspended if not rectified after 2 weeks and rejection of claims related to gaps and penalty up to 3 times of all cases related to gaps observed** **Suspension of services until rectification of gaps and validation by DEC**	**Penalty of up to 5 times of all the approved claims related to the gaps observed and suspension until rectification of gaps and validation by DEC**	**De-empanelment and penalty of up to 5 times of all the approved claims related to the gaps observed**

8. Grievance Management

- **The Grievances of the Hospital will be managed as per the Grievance redressal Guideline issued by NHA and SHA.**

9. Annexures

9.1 Annexure 1: Criteria for Empanelment

This annexure contains the basic minimum criteria for empanelment for all the healthcare service providers. It also covers the criteria in Aspirational Districts and additional criteria for empanelment of specialties under the scheme.

9.1.1 Minimum Criteria

A hospital would be empaneled as a network private hospital with the approval of the respective State Health Agency if it adheres to the following minimum criteria:

- **Should have at least 10 inpatient beds with adequate spacing and supporting staff as per norms:**
- **General ward - @80 sq ft per bed, or more in a room with basic amenities: bed, mattress, linen, water, electricity, cleanliness, patient-friendly common washroom, etc. Non-AC but with fan/cooler and heater in winter.**
- **It should have adequate and qualified medical and nursing staff (doctors and nurses), physically in charge round the clock; (necessary certificates to be produced during empanelment). The state should have specific guidelines on the number of hospitals a doctor can work.**
- **Fully equipped and engaged in providing medical and surgical services, commensurate to the scope of service/available specialties and number of beds.**
- **Round-the-clock availability (or on-call) of Orthopaedic Surgeon, General Surgeon, and anaesthetist services.**
- **Qualified nurses per unit per shift shall be available as per requirement laid down by the Nursing Council/Clinical Establishment Act/State government rules & regulations as applicable from time to time. Norms vis-a-vis bed ratio may be spelled out.**
- **Hospital should have adequate arrangements for round-the-clock support systems required for the above services like pharmacy, blood bank, laboratory, dialysis unit, endoscopy**

investigation support, post-op ICU care with ventilator support (mandatory for providing surgical packages), X-ray facility, etc., either 'in-house' or with 'outsourcing arrangements' with appropriate agreements and in nearby vicinity.

- **Separate male and female wards with toilet and other basic amenities.**
- **24 hours emergency services managed by technically qualified staff. Casualty should be equipped with monitors, defibrillator, nebulizer with accessories, crash cart, resuscitation equipment, oxygen cylinders with flow metre/tubing/catheter/face mask/nasal prongs, suction apparatus, etc., and with attached toilet facility.**
- **Round-the-clock ambulance services (own or tie-up).**
- **Fully equipped Operation Theatre of its own with qualified nursing staff under its employment round the clock.**
- **Post-op ward with ventilator and other required facilities.**

It is mandatory to be equipped with an Intensive Care Unit (for medical/surgical ICU/HDU)

DEC where they find a requirement of empanelling a hospital to ensure the availability of an adequate number of empaneled facilities within the district may recommend relaxations in empanelment criteria for approval to the SHA. This recommendation must be approved by the SHA, with a clear and documented rationale provided. SHA to ensure that the quality of medical care rendered to the patient is not compromised by this relaxation. The following minimum requirements cannot be compromised:

- **Minimum Number of Inpatient Beds: Should have 5 inpatient beds with adequate spacing and supporting staff as per norms, unless providing daycare packages covered under PM- JAY.**
- **Minimum Number of Doctors and Nursing Staff as per the requirement of speciality for which the hospital is**

empanelled.

- Licences and Certificates: A hospital registration certificate as per state law is mandatory, if applicable.
- Equipment Requirements: The hospital needs to be fully equipped according to the defined scope of services.
- Emergency Equipment: Must have life-saving and resuscitation equipment as required by the facility.
- ICU/HDU Positioning: The ICU/HDU unit must be situated in the same building or have a referral linkage with hospitals where ICU/HDU facilities are available (mandatory self-declaration) through an MoU or tie-up.
- OT Services: Fully equipped Operation Theatre with qualified nursing staff (minimum qualification: ANM Course) under its employment round the clock.
- Casualty Equipment: The casualty department should be equipped with a minimum Emergency Tray.

9.1.2 Qualified Medical Personnel

S.No	Speciality	Required Doctor's Qualification
1	Ambulance Services	Trained certified in BLS
2	Burns Management	MCH/ DNB/ Equivalent in (Plastic Surgery)
3	Cardiology	MD/DNB or equivalent to internal Medicine; DM (Cardiology)
4	CTVS	MCH/DNB / equivalent (Cardiothoracic Surgery)

5	Emergency Room Packages	MD/DNB in Emergency Medicine, General Medicine, DM in Cardiology
6	ENT	MS/DNB/ Diploma or equivalent in (ENT)
7	General Medicine	MBBS (Essential), MD/DNB(Medicine)/ DM/DNB (Paediatric) Desirable
8	General Surgery	MS/DNB/ equivalent (General Surgery)
9	Neurosurgery	MCH/ DNB/ Equivalent in (Neurosurgery)
10	Obstetrics & Gynaecology	MS /DGO/DNB or equivalent in (Obstetrics & Gynaecology)
11	Ophthalmology	MD/MS/DNB/PG Diploma or equivalent in Ophthalmology
12	Oral & Maxillofacial Surgery	MDS (Oral & Maxillofacial Surgery)
13	Orthopaedics	Diploma in Orthopedics with 5 years' Experience (Essential), MS /DNB or equivalent in Orthopaedics (Desirable)
14	Paediatric Medical Management	MD/DNB/DCH/ equivalent (Paediatric)
15	Paediatric Surgery	MCH/ equivalent (Paediatric Surgery)
16	Plastic & Reconstructive Surgery	MCH/ DNB- Plastic Surgery / Reconstructive Surgery
17	Polytrauma	MS/DNB/Equivalent (General Surgery); MS/DNB/Equivalent (Orthopaedic surgery)
18	Urology	MS/DNB or equivalent in Urology

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