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Ayushman Bharat Pradhan Mantri
Jan Arogya Yojana

COMPENDIUM OF GUIDELINES

VOLUME-IV

July, 2026

National Health Authority

Ministry of Health & Family Welfare
Government of India

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Ayushman Bharat Pradhan Mantri Jan Arogya Yojana

COMPENDIUM OF GUIDELINES

VOLUME-IV

This Volume comprises following Guidelines

1. **Guidelines for Hospital Empanelment & De-empanelment**
2. **Guidelines for Beneficiary Engagement**
3. **Operational Guidelines for District Implimentation Units (DIUs)**

July, 2026

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मुख्य कार्यकारी अधिकारी
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FOREWORD

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) has emerged as a critical intervention in reducing the financial burden of healthcare across India . For millions of households, healthcare expenditure has historically been a leading cause of financial distress, often pushing families into poverty. The scheme directly addresses this challenge by providing financial protection for secondary and tertiary care, ensuring that the cost of treatment does not become a barrier to accessing care or trigger long-term economic hardship.

It has also helped in bridging the long-standing inequities in access to healthcare. Despite comparable levels of chronic morbidity between the poorest and richest segments of the population, hospitalisation rates among the poorest 40 percent were significantly lower, reflecting unmet healthcare needs. AB PM-JAY has played a crucial role in addressing this gap by enabling access to hospital care for those who were previously underserved. The scheme has evolved into one of the world's largest publicly funded health assurance programmes, expanding access to quality care, strengthening the hospital network, and reducing the financial burden of treatment for millions of families.

Over the years, the National Health Authority has developed and issued a comprehensive set of policy directives, operational guidelines, and implementation frameworks to support States, Union Territories, and partner institutions in delivering PM-JAY effectively. This Compendium brings these diverse directives together into a coherent, structured, and easily accessible resource, enabling stakeholders to navigate the programme with greater clarity and efficiency. Beyond serving as a consolidated reference, the compendium is envisaged as a strategic tool for strengthening institutional capacity, fostering alignment across stakeholders, and enabling more informed, consistent, and evidence-based decision-making.

As PM-JAY continues to evolve, this will remain a dynamic resource, updated to reflect emerging priorities and policy directions. I am confident that this effort will further strengthen the implementation of the scheme and contribute to delivering accessible, affordable, and quality healthcare to every eligible beneficiary.

(Dr. Sunil Kumar Barnwal)

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national health authority

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FOREWORD

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) has emerged as a transformative healthcare initiative of the Government of India, providing financial risk protection and improving access to quality healthcare for millions of vulnerable families. By reducing catastrophic health expenditure and ensuring access to cashless secondary and tertiary care hospitalization, the scheme has become a key pillar in India's journey towards Universal Health Coverage. As the scheme continues to expand in scale and complexity, ensuring uniformity in implementation across diverse geographical and administrative settings has become increasingly important. This underscores the need for a robust operational framework supported by clear policies, standardized procedures, and comprehensive implementation guidance for all stakeholders.

The successful implementation of a programme of this magnitude requires a robust governance framework supported by clear operational guidance. Over the years, the National Health Authority has continuously refined policies, strengthened institutional mechanisms, and introduced technology-driven interventions to improve efficiency, transparency, accountability, and service delivery. These efforts have enabled smoother implementation on the ground while ensuring that the scheme remains responsive to the evolving healthcare needs of the population.

To support this process, the National Health Authority has issued a number of guidelines, Office Memorandum, advisories, and operational instructions covering various aspects of scheme implementation. While these documents have provided valuable guidance, the need for a single, comprehensive reference bringing them together has been consistently felt by implementing agencies and other stakeholders.

The present Compendium of Guidelines has been developed to address this need by consolidating the key operational and policy documents issued under AB PM-JAY in one place. It is intended to serve as a practical reference for State Health Agencies, district implementation units, empanelled hospitals, insurance companies, trusts, implementation support agencies, and other partners involved in the delivery of the scheme. By providing a structured and easily accessible repository of guidelines, the compendium seeks to promote

consistency in implementation, reduce ambiguity, and facilitate informed decision-making at all levels.

It is expected that this compendium of guidelines will strengthen institutional capacity, improve coordination among stakeholders, and support the effective implementation of AB PM-JAY across the country. More importantly, it will contribute towards the shared objective of ensuring that every eligible beneficiary receives timely, accessible, and quality healthcare services with dignity and ease.

(Kiran Gopal Vaska)

PREFACE

National Health Authority (NHA) plays a pivotal role in strengthening India's health financing and service delivery ecosystem through the implementation and stewardship of key national health initiatives, most notably Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) and the Ayushman Bharat Digital Mission (ABDM). Over the years, as an attached office of the Ministry of Health and Family Welfare, NHA has issued a wide range of operational guidelines, policy advisories, standard operating procedures, and implementation frameworks to support States, Union Territories, insurers, hospitals, and other stakeholders in ensuring the effective and uniform implementation of these programmes across the country.

Given the scale and complexity of India's health system, with diverse administrative capacities, institutional arrangements, and service delivery contexts across States and Union Territories, it has become increasingly important to consolidate these directives into a single, accessible reference resource.

This Compendium of Guidelines for AB PM-JAY has therefore been developed as a comprehensive repository of key guidelines issued by NHA, bringing together critical policy documents and operational instructions related to implementation of PM-JAY in one place. The compendium aims to enhance clarity, promote consistency in implementation, and facilitate easier access to authoritative guidance for all stakeholders involved in the execution of the scheme.

The compendium will serve multiple purposes. ***First,*** it will act as a central reference document for State Health Agencies, implementation support agencies, insurers, third-party administrators, empanelled hospitals, and partner organizations for PM-JAY. By consolidating guidelines that were previously issued across different time periods and formats, it will help users navigate the regulatory and operational framework more efficiently. ***Second,*** it contributes to institutional memory and knowledge management within the health system by systematically documenting the evolution of policies, processes, and operational standards developed by NHA. ***Third,*** it supports capacity building and training efforts, enabling stakeholders at national, state, and district levels to better understand the programmatic requirements and implementation protocols.

The guidelines included in this compendium span a wide range of thematic areas essential to the effective functioning of AB PM-JAY scheme. These include policies related to beneficiary identification and verification, hospital empanelment and management, claims management and payment processes, fraud prevention and detection, grievance redressal mechanisms, IEC, finance and capacity-building initiatives. Together, these guidelines provide a structured framework that ensures transparency, accountability, and quality in programme implementation while safeguarding beneficiary interests.

PREFACE

It is important to note that the compendium is intended to function as a living resource. As the scheme evolves and new policy directions emerge, guidelines may be updated, revised, or supplemented to address emerging needs and challenges. Users of this compendium are therefore encouraged to refer to the latest notifications and advisories issued by NHA to ensure alignment with current policy directions.

By bringing together these critical guidelines in a structured and accessible format, this compendium seeks to support the continued strengthening of PM-JAY implementation, foster greater alignment across stakeholders, and ultimately contribute to the broader vision of Universal Health Coverage in India.

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GUIDELINES FOR HOSPITAL EMPANELMENT AND DE-EMPANELMENT

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana

July, 2026

National Health Authority

Ministry of Health & Family Welfare
Government of India

Applicability and Conditions of Use

This document is effective from 17 July, 2026 and is intended for official use by relevant stakeholders.

This document consolidates and supersedes all Office Memorandums (OMs) and guidelines related to the relevant subject area. Wherever required, necessary revisions, updates, and clarifications have been incorporated to ensure consistency, accuracy, and alignment with current policies and implementation needs.

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Abbreviations

Abbreviations	Full Form
AB PM-JAY or PM-JAY	Ayushman Bharat Pradhan Mantri Jan Arogya Yojana
CSC	Common Service Centre
DEC	District Empanelment Committee
EDC	Empanelment Disciplinary Committee
EHCP	Empanelled Healthcare Provider
ESIC	Employee State Insurance Corporation
FIR	First Information Report
HEM	Hospital Empanelment Module
HUD	Hospital Unit Dose
IC	Insurance Company
ICU	Intensive Care Unit
IEC	Information, Education and Communication
IFSC	Indian Financial System Code
IIB	Insurance Information Bureau
IT	Information Technology
MoHFW	Ministry of Health and Family Welfare
NABH	National Accreditation Board for Hospitals and Healthcare Providers
NAFU	National Anti-Fraud Unit
NHA	National Health Authority
NHCPs	National Healthcare Providers
NIN	National Identification Number
PV	Physical Verifier
SHA	State Health Agency
SAFU	State Anti-Fraud Unit
SEC	State Empanelment Committee
TPEA	Third Party Empanelment Agency
UTs	Union Territories

1. Introduction

1.1 The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) aligns with India's broader vision of achieving equitable access to quality healthcare for all citizens, particularly the most vulnerable. The scheme's vision is to reduce the financial burden of healthcare on the poor and marginalized, ensuring that they can access necessary health services without being pushed into poverty. The mission of AB PM-JAY is to accelerate India's progress towards Universal Health Coverage (UHC) by offering comprehensive health benefits, enhancing service delivery, and integrating public and private healthcare systems The Government of India launched the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) in September 2018.

1.2 The objective to the scheme is

- To reduce financial burden on the poorest and most vulnerable populations
- To Ensure access to quality health services
- To Accelerate progress towards Universal Health Coverage (UHC).

1.3 AB PM-JAY plays a crucial role in supporting Sustainable Development Goals (SDGs), particularly SDG 3: "Ensure healthy lives and promote well-being for all at all ages." By offering financial protection of up to ₹5 lakh per family annually for inpatient secondary and tertiary care, the scheme directly contributes to reducing maternal mortality, addressing non-communicable diseases, and expanding universal access to essential health services.

1.4 AB PM-JAY is not just a healthcare financing scheme; it is a strategic pillar in India's vision to achieve UHC and meet global health targets. By ensuring financial protection, expanding the beneficiary base, and reinforcing both public and private healthcare systems, the scheme aims to transform the landscape of healthcare access in India.

1.5 The service provider network under PM-JAY comprises government healthcare facilities with a minimum of 10 inpatient beds (5-7 inpatient beds in Aspirational Districts) that are capable of providing inpatient as well as daycare services e.g. Standalone dialysis centers, along with empanelled private hospitals across the States/UTs where PM-JAY is implemented. Eligible public healthcare facilities meeting the prescribed criteria are deemed empanelled under PM-JAY, thereby gaining the opportunity to mobilize, retain, and independently manage revenues generated through claims for treatment provided to PM-JAY beneficiaries, in accordance with applicable guidelines. Private hospitals empanelled under PM-JAY benefit from economies of scale in serving PM-JAY beneficiaries and are entitled to assured payments within stipulated timelines through the designated web-based claims management system, subject to compliance with operational and quality standards.

1.6 **Transition from HEM 1.0 to HEM 2.0,** following the official launch of HEM 2.0 in November 2024, the empanelment framework under AB PM-JAY has undergone structured digital upgradation. In view of this migration, the present guidelines are being updated to align with the enhanced functionalities and governance framework embedded in HEM 2.0.

1.7 **Key Enhancements under HEM 2.0** provides a secure, transparent, and integrated digital system for hospital empanelment and monitoring. User ID and role creation via UMP using Aadhaar-based eKYC, is followed by login to the HEM 2.0 portal with the same credentials. Integration of ABDM components such as HFR and HPR ensures standardized and verified provider information. It

integrates with the HFR for auto fetch of hospital details and supports facility group creation for multi-hospital chains. A structured two-level approval workflow at DEC and SEC levels has been instituted, along with auto-escalation mechanisms at the DEC level to reduce application processing time.

1.8 Further, the hospital profile is available for viewing in the public domain (https://hem.nha.gov.in/search), promoting transparency and informed beneficiary choice. Integrated quality audits, structured feedback mechanisms, performance dashboards, and complete integration with TMS 2.0 and other PM-JAY core systems strengthen governance and oversight. Additionally, migration to HEM 2.0 is mandatory for all empanelled healthcare providers, ensuring uniform implementation across the scheme.

2. Purpose and Scope

2.1 The empanelment is critical as it: Ensures quality and availability of healthcare, expands hospital network for beneficiaries Sets standards for infrastructure and services Strengthens accountability & patient safety

2.2 This guideline aims to provide a framework to the stakeholders involved in the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) for the Empanelment and further continuous engagement with hospitals. It outlines the essential criteria, procedures, and standards required for hospitals to become part of the AB PMJAY network, ensuring quality healthcare delivery to beneficiaries. By adhering to these guidelines, stakeholders not only can facilitate a transparent, efficient, and consistent empanelment process, thereby promoting accessible and affordable healthcare services across the country thereby ongoing operations.

2.3 The objective of these guidelines is to establish a comprehensive framework for the empanelment and continuous engagement of hospitals under healthcare schemes such as AB PM-JAY. Beyond empanelment, the guidelines focus on fostering a holistic relationship between hospitals, government agencies, and other stakeholders. This approach aims to ensure consistent delivery of high-quality, patient-centered healthcare, while also promoting capacity building, transparent communication, and adherence to ethical and operational standards. By integrating continuous engagement, these guidelines seek to create a collaborative environment that enhances hospital performance, patient satisfaction, and the overall sustainability of the healthcare system.

2.4 Any hospital empaneled under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana shall not deny cashless treatment and services to any beneficiary holding a valid and active PM-JAY card, subject to scheme guidelines and package eligibility.

3. Empanelment of Healthcare Providers Approach & Criteria

3.1 Approach for Empanelment

3.1.1 All States/UTs must empanel healthcare service providers in their own State/UT.

3.1.2 To improve access and increase utilization of services, the State Health Agency (SHA) may identify the need to empanel healthcare service providers outside one's own state. For state-specific schemes, the SHA may approach the National Health Authority (NHA) with a request, along with a clear rationale, to empanel healthcare service providers outside one's own state under such schemes. For AB-PMJAY, in case of a requirement to empanel healthcare service providers outside its own state, the SHA may submit a specific request to the NHA with detailed justification. The NHA shall review the request in consultation with the concerned SHA(s). Upon establishing the requirement, the NHA may advise or direct the concerned State - under whose jurisdiction the hospital is located—to initiate the empanelment process.

3.1.3 Any healthcare facility that fails to raise at least one pre-authorization request within a period of six months from the date of its empanelment may be considered for de-empanelment from the PMJAY Scheme. The review of such facilities shall be conducted quarterly by the SHA. All new hospitals that have completed a minimum empanelment period of six months shall be placed under review bi-annually. The NHA shall convene review meetings with the States, as and when required.

3.1.4 Public Hospitals under other schemes/government bodies including Employee State Insurance Corporation (ESIC) and CGHS hospitals are eligible for empanelment under the scheme, if they meet the minimum eligible requirement under PM-JAY. These hospitals will have to fill in the application on the web portal hem.nha.gov.in (HEM 2.0).

3.1.5 All healthcare service providers empanelled under the scheme, including public hospitals deemed empanelled, shall mandatorily ensure compliance with all applicable statutory certifications and licenses at the time of application for upgradation/empanelment under HEM 2.0. This requirement is essential to ensure operational safety, legal compliance, and environmental responsibility. The mandatory statutory approvals and licenses shall include, but not be limited to:

- Building Plan Approval
- Fire Safety Certificate
- State Pollution Control Board Certificate
- Hospital Registration Certificate
- Bio-Medical Waste Management
- Pharmacy Registration
- Vehicle Registration for Ambulance

3.2 Criteria for Empanelment

3.2.1 For empanelment under the Scheme, Healthcare Providers (HCPs) shall be required to comply with the basic minimum eligibility requirements as specified in Annexure 1. These requirements constitute mandatory minimum standards, and no exemptions or relaxations shall be permissible under any circumstances. Any non-adherence by a prospective Healthcare Provider (HCP) shall be the responsibility of the State Health Agency (SHA), and such HCP shall not be considered for empanelment until full compliance with all prescribed standards has been duly achieved. Notwithstanding the above, State Governments may exercise limited discretion in revising or relaxing empanelment criteria other than the mandatory minimum requirements, in accordance with provisions outlined in these guidelines. In addition to the basic minimum eligibility criteria, specialty-specific eligibility requirements shall apply to Healthcare Providers (HCPs) offering designated specialties such as Oncology, Neurology, and other identified disciplines. These requirements, which are supplementary to the basic minimum standards, are detailed in Annexure 1.

3.2.2 Any new hospital seeking to empanel under AB PM-JAY from 1st March 2026 onwards shall be required to use an ABDM enabled HMIS and generate ABHA linked Electronic Health Records (EHR) and continue doing so through the period of empanelment. Necessary changes have been made operational in Hospital empanelment Module 2.0 (HEM 2.0) accordingly (Refer OM No. S-1205/01 /2026/NHA, dated 29th January 2026, enclosed in annexure 01).

3.2.3 For each specialty, the requisite laboratory and diagnostic equipment, as well as treatment facilities, including their mandatory Annual Maintenance Contracts (AMC) and Comprehensive Maintenance Contracts (CMC), shall be clearly specified. Compliance with these equipment and facility requirements shall be a prerequisite for empanelment and continued participation under the Scheme. Further, the empanelment portal will incorporate a mandatory alert mechanism to notify the Healthcare Provider and the State Health Agency (SHA) of the impending or actual expiry of licenses, certifications, or validity periods pertaining to the specified equipment. Such alerts shall be system-generated to ensure timely renewal and uninterrupted compliance with Scheme requirements.

3.2.4 State Governments shall have the discretion to revise or relax the empanelment criteria—excluding the mandatory minimum requirements specified in Annexure-1, taking into consideration the local context, availability of healthcare providers, and the need to ensure an appropriate balance between quality and access, subject to conformity with applicable legal provisions and standards. Any such revision or relaxation shall require the prior approval of the National Health Authority (NHA). All approved modifications shall be duly incorporated into the online empanelment portal to ensure uniform application and transparency in the empanelment of Healthcare Providers (HCPs).

3.3 Incentive Structure for Empanelment

3.3.1 All Healthcare Service Providers (HCPs) empaneled under the Scheme shall be eligible for additional incentives over and above the base Package rate, in accordance with the HBP User Guidelines issued and periodically updated on the AB PM-JAY website. The incentive criteria include availability of Quality certification (NABH/NQAS/Bronze), teaching hospital, and geographical location (Metro cities or Aspirational Districts). The disbursement of incentives depends upon the version of HBP adopted by the SHA.

4. Institutional Set up for Empanelment

4.1 Role of NHA

4.1.1 The National Health Authority (NHA) shall continue to support the State Health Agencies (SHAs) in the empanelment process by formulating comprehensive guidelines for establishing systems and processes, ensuring the quality of healthcare services, and maximizing the empanelment of eligible Healthcare Providers (HCPs) in alignment with the objectives and criteria outlined in the empanelment guidelines.

4.1.2 The NHA recognizes the importance of addressing local context at the State and Union Territory level. Accordingly, States shall be granted the necessary flexibility to adapt and implement the empanelment guidelines, after a thorough analysis of their advantages, limitations, and societal impact. All adaptations shall be undertaken with a clear mandate to reduce Out-of-Pocket (OOP) expenditure for beneficiaries, while ensuring compliance with the overarching objectives of the Scheme. Through continuous training, the NHA will work to educate SHAs, as well as public and private hospitals, about the empanelment process.

4.1.3 For Non-PM-JAY implementation State, the empanelment process will be managed directly by the NHA.

4.1.4 NHA will ensure efficiency in the empanelment process by introducing technological interventions for ease of business from time to time in coordination with the States/UTs. NHA shall support the capacity building of State Health Agencies (SHAs) by conducting training sessions, workshops, and knowledge-sharing initiatives to promote uniform implementation of empanelment guidelines and to address operational challenges faced by States. Additionally, NHA shall oversee and monitor SHAs in the redressal of empanelment-related grievances to ensure timely and effective resolution.

4.2 Role of SHA

4.2.1 **Awareness generation among the healthcare service providers:** The State Health Agency (SHA) shall be responsible for creating awareness among healthcare service providers regarding the scheme and for facilitating maximum participation of all eligible providers. To this end, the SHA may undertake IEC campaigns and organize sensitization workshops at the district, sub-district, taluka, and block levels. These engagements should cover key aspects of the scheme, including its contours, empanelment criteria, benefit packages, empanelment procedures, and claims settlement processes, while also addressing queries raised by healthcare providers. Representatives from both public and private healthcare facilities (at managerial and operational levels), as well as officials from the Insurance Company, may be invited to participate in such workshops.

4.2.2 **Verification and approval of the applications:** The State Health Agency (SHA) will oversee the approval process for submitted applications from healthcare service providers. The authority to approve or reject applications ultimately lies with the (State Empanelment Committee) SEC. Any decisions regarding relaxations for specific healthcare service providers, based on recommendations from the District Empanelment Committee (DEC), will also be made by the SEC. Furthermore, the SEC will provide support and supervise the DEC. SEC will be responsible for providing supportive supervision to DEC and ensuring timebound empanelment process.

4.2.3 **Analysis of the Healthcare Service Provider Landscape:** To ensure equity and access to the beneficiaries, SHA will be responsible for conducting state and district level analysis of the empaneled healthcare service providers to understand the current landscape and plan for the empanelment for the future. Some of the indicators that may be considered are as follows:

- Hospital to population ratio
- Beds to population ratio
- Doctors to population ratio
- Percentage of active empaneled hospitals
- Specialties available in various districts
- Geographic distribution of empaneled hospitals
- Percentage of eligible and operational hospitals in the district that have been empaneled under the scheme.

4.3 Institutional Structures at State

4.3.1 State Empanelment Committee (SEC) - Structure and Role

- The State Empanelment Committee or the SEC will be established at the state level to monitor the overall empanelment process and undertake disciplinary proceedings against errant health service providers in the state. The role of the SEC is to supervise the work of DEC and to ensure timely empanelment of healthcare service providers, as well to handle matters pertaining to rejection or pendency of hospital applications at the SHA level.
- The recommended composition of SEC is as follows:
  - CEO, SHA
  - Medical Officer - not less than Joint-Director level, preferably the officer looking after implementation of Clinical Establishment Act-Member.
  - Two State government officials nominated by the State Health Department.
  - In case of Insurance model, nominated Insurance company representative of suitable level.
  - State Government may invite other members to SEC as deemed appropriate.
  - Alternatively, the State/SHA may continue with any existing institution under the respective State Government that may be vested with the powers and responsibilities of SEC as per these guidelines.

4.3.2 Empanelment Disciplinary Committee (EDC)

- The Empanelment Disciplinary Committee (EDC) shall be established at the State level to initiate and manage disciplinary proceedings against empanelled healthcare providers for violations. The Empanelment Disciplinary Committee (EDC) is responsible for initiating disciplinary actions against empanelled healthcare facilities. The EDC is responsible for reviewing cases of non-compliance, issuing show cause notices, and recommending appropriate actions such as stop payment, suspension, de-empanelment, blacklisting, or penalty imposition. All actions initiated by EDC shall be submitted to the State Empanelment Committee (SEC) for approval.
- **The recommended composition of EDC is as follows:**
  - Chairperson – Joint Director level, nominated by CEO SHA

- Medical Expert (Specialist from Government Medical College/State Health Department).
- Fraud, Waste & Abuse (FWA) / Anti-Fraud Officer- nominated by CEO SHA.
- Representative from Insurance Company (Non-voting).

4.3.3 District Empanelment Committee (DEC)

- **Roles & Responsibilities**

  It is prescribed that a District Empanelment Committee (DEC), consisting of 4–5 members, will be formed at the district level. The DEC will assist the State Empanelment Committee (SEC) in the empanelment process and disciplinary proceedings related to healthcare providers at the district level.

  The DEC will be responsible for the following:

  - Validation and Scrutiny: To validate and scrutinize the documents uploaded by the hospital for completeness and accuracy.
  - Verification Activities: To conduct field and/or desktop-based verification of hospitals—both during the empanelment process and in response to any complaints related to infrastructure, human resource
  - Submission of Reports: To submit the verified reports to the SHA through the HEM portal, along with a clear recommendation to approve or reject the application (including specific reasons for rejection, if any).
  - Recommendation for Relaxation: To recommend any relaxation in empanelment criteria, if necessary, with proper justification.

- Recommended Composition of the DEC

  The recommended structure of the DEC includes:

  - Chief Medical Officer (CMO) of the district – Chairperson
  - District official nominated by the District Magistrate
  - District Program Manager or District Program Coordinator, nominated by SHA
  - Representative of the Insurance Company (in case of an Insurance Model)
  - Medical representative from the Insurance Company, if required by SHA, to assist the DEC in its activities. In case of TPEA being in use, a member of TPEA will assist the DEC in its activities.

4.3.4 Physical Verifier

- The Physical Verifier is responsible for conducting on-site verification of the healthcare facility to ensure that all details filled in and submitted on the HEM portal are accurate, complete, and in line with empanelment guidelines. This includes verifying that the declared infrastructure, human resources, equipment, and services are actually available at the facility and meet the prescribed empanelment criteria and to check that hospital has applied for all the specialties available or not.
- **The roles and responsibilities include:**
  - **Conduct On-site Verification**
    - Perform ground-level inspection of the healthcare facility as per assigned application.
    - Verify availability and functionality of infrastructure, equipment, and services.

- **Validation of Information**
  - Cross-check details submitted in the empanelment application with actual facility conditions.
  - Verify human resources, statutory licenses, registrations, and clinical services.
- **Assessment of Compliance**
  - Ensure the facility meets empanelment criteria and scheme's guidelines.
  - Identify gaps, deficiencies, or non-compliance (if any).
- **Documentation & Evidence Collection**
  - Upload photographs, supporting documents, and geo-tagged evidence (if applicable).
  - Record accurate observations in the HEM portal
- **Reporting:** Submit a detailed verification report in the portal within the stipulated timeline.

- **Who can conduct Physical Verification:**

  Physical Verification may be conducted by the following authorized personnel:

  - DEC Verifier
    - Member/official designated by the District Empanelment Committee (DEC).
    - Typically includes district-level health officials or authorized representatives.
    - Officials from the Health Department (e.g., CMO office, district health authorities) as nominated.
- **TPEA Representative/External Verifier (if applicable)**

  In case of Trust/TPA/Insurance hybrid models, authorized TPEA personnel may assist in verification.

4.3.5 Third Party Empanelment Agency (TPEA) - Structure and Role

- If additional assistance is needed for the empanelment process, the State Health Agency (SHA) may hire a third-party empanelment agency (TPEA) as recommended by NHA (OM: S-12017/69/2023-NHA). The TPEA will facilitate the verification of healthcare providers, conducting both physical and desk-top verifications.

  When hiring a TPEA, the following guidelines must be observed:

  - The TPEA should not be the same agency currently engaged as an Implementation Support Agency (ISA) or Third-Party Administrator (TPA) by insurance companies in the state's hybrid model.
  - 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.
  - SHA (either directly or through DEC) shall conduct a sample physical audit of 10% of the facilities verified by the TPEA, including rejected facilities, within a period of 3 months. (An additional 10% audit shall be conducted specifically on rejected facilities). If any discrepancies are observed during the physical audit by SHA, stipulated penalties shall be imposed.

5. Process of Empanelment

5.1 Application and Registration on the Portal

5.1.1 It is mandatory for every hospital aspiring for empanelment under AB-PMJAY, to register themselves on the web-based platform called "Health Facility Registry (HFR)" under Ayushman Bharat Digital Mission. The hospital must apply through this portal using URL https://nhpr.abdm.gov.in/nhpr/v4/search as a first step for empanelment.

5.1.2 Hospital Registration and Empanelment Process under PM-JAY

5.1.2.1 Step 1: Registration on User Management Portal (UMP)

- All healthcare service providers must first register on the User Management Portal (UMP) via https://ump.pmjay.gov.in/login
- Registration on UMP is mandatory before proceeding to the Hospital Empanelment Module (HEM 2.0) at https://hem.nha.gov.in/

5.1.2.2 Step 2: Creating an Admin Account

- After logging into the UMP portal, the user must create an Admin account.
- Once the Admin account is created, the user will be able to access the HEM 2.0 portal for further application processing.

5.1.2.3 Step 3: Admin Code Generation

- No Admin Code is required for registering a new hospital. For existing hospitals, an Admin can be created using the Admin Code of the SHA Admin.

5.1.2.4 Step 4: HEM 2.0 Account Creation

- Upon logging into the HEM portal with the UMP login credentials, the hospital will create an account.
- These credentials must be used to access the detailed empanelment application form

5.1.2.5 Step 5: Submission of Detailed Application

- The healthcare provider must complete and submit the detailed application form through the HEM portal to initiate the empanelment process under PM-JAY.

5.2 Approval Process of the Application

5.2.1 Approval Flow and Process

5.2.1.1 Once the healthcare provider has filled the application, the verification and approval process will be undertaken by the SHA. Only those healthcare service 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). For Non-PM-JAY implementing states, the empanelment shall be looked after by NHA directly as per prevailing guidelines.

5.2.1.2 Desktop and Physical Verification

5.2.1.2.1. The application shall be scrutinized by the District Empanelment Committee (DEC) and processed within 15 working days from the date of receipt. At the initial stage, the DEC shall verify the completeness and adequacy of the documents submitted by the healthcare service provider. In case of any deficiencies, the DEC may raise queries or return the application

for correction and resubmission. Where required, the DEC may refer the application for physical verification. The roles of the DEC and the Physical Verifier (PV) shall be mandatory for initiating and conducting the verification process, and actions may only be undertaken where such roles are duly assigned. The DEC may raise queries either before or after the physical verification.

5.2.1.2.2. Following the desktop verification, the District Empanelment Committee (DEC) or the designated District Nodal Officer through physical verifier shall conduct a physical inspection of the hospital premises. This inspection aims to verify the accuracy and authenticity of the information provided in the empanelment application. The verification will cover, but is not limited to:

- Availability and functionality of medical equipment
- Adequacy and qualifications of human resources
- Range and quality of healthcare services offered
- Compliance with required service and quality standards
- After completing the physical verification, the team shall submit a detailed inspection report in the prescribed format available on the HEM portal. The report must be accompanied by appropriate supporting evidence, such as photographs, videos, and scanned copies of relevant documents.
- Additionally, the inspection team shall confirm whether the healthcare provider has applied for empanelment under all specialties that are actually available and operational in the hospital.

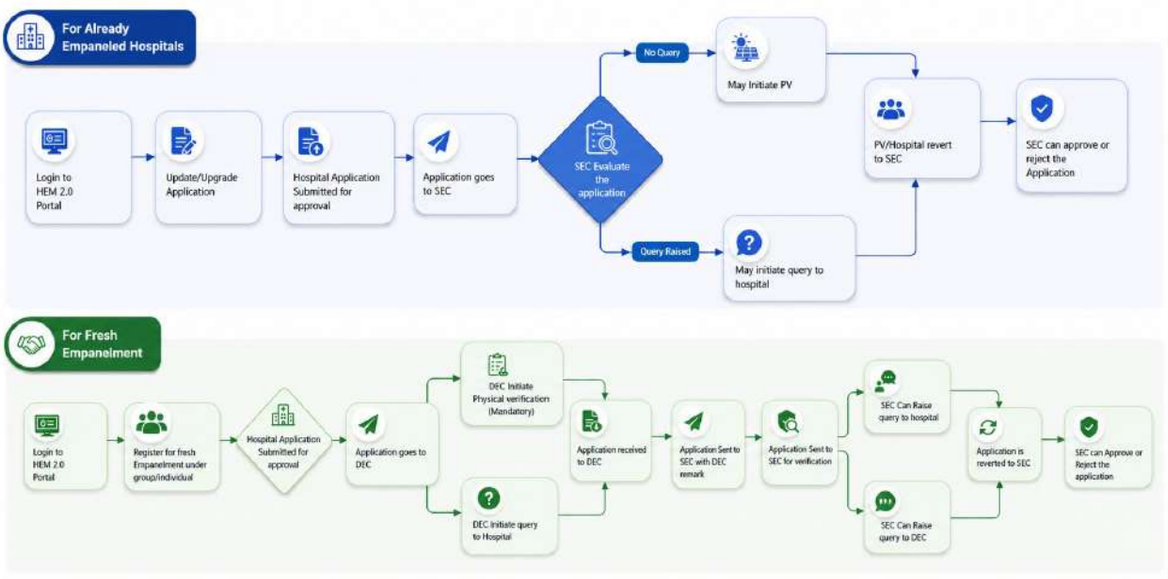

Figure 1: Approval process for empanelment

5.2.1.2.3. In case it is found that the hospital has not applied for all the specialties available in the hospital, it will be instructed to apply for the missing specialties within a stipulated timeline (i.e., 15 working days from the date of inspection). The hospital will be required to modify the application form accordingly on the web portal and resubmit it for DEC verification. Failure to apply for the remaining specialties within the stipulated timeframe may lead to disqualification from the empanelment process.

5.2.1.2.4. Physical Verification can be done by both DEC and SEC with the help of District Physical verifier (PV) and State Physical verifier. SEC can initiate PV even through a District PV as and when required.

5.2.1.2.5. **While partial specialty empanelment is not allowed,** exception may be provided to the hospitals who are willing to get empaneled for certain specific tertiary care specialties i.e, Pediatric cancer, Pediatric surgery, Radiation oncology, medical oncology, Surgical oncology, Neuro surgery, Neonatology, Burn management, Plastic reconstructive surgery, Cardiology and Interventional neuro radiology specialties. This should be allowed as an exception on case-to-case basis by the SHA to ensure availability of specialty services to beneficiaries not routinely available in public or currently empaneled private hospitals. Partial specialty empanelment will be allowed only in cities classified as X & Y (total 8 and 88) as per Ministry of Finance, O.M. No.2/5/2017 E.II (B) dated 7.7.2017 (Annexure 2).

5.2.1.2.6. In case during inspection, it is found that hospital has applied in the category of "Dialysis Single Specialty Hospital" but is found to be multiple specialty hospital, the hospital's application will be rejected and a show cause notice shall be issued to them for willful submission of fraudulent detail, except in case of the dialysis centre associated (outsourced) with a hospital which is not empaneled under AB PM-JAY and the dialysis centre is run by an organization who has a separate legal entity or separate parent company.

5.2.1.2.7. The DEC will submit its final inspection report to the SEC within a period of 15 working days from receipt of the application request. The district nodal officer/DEC will upload the reports through the portal login assigned to him/her. The DEC can exercise the following options while forwarding the case to the SEC

- **Recommend approval:** DEC will review the documents and conduct a physical verification of the hospital within the stipulated time. If the findings are satisfactory, a recommendation may be sent to SEC along with the report findings for approval of the application, if found suitable.

- **Recommend relaxation and approval:** The DEC Shall be responsible for recommending, if applicable, any relaxation in empanelment criteria (above the minimum empanelment criteria) that may be required to ensure that an adequate number of empaneled facilities are available in the district. All such relaxations need to be approved by the SEC/SHA with due rationale clearly documented.

- For healthcare providers where some minor lacunae are observed, DEC may intimate the hospital to rectify the lacunae within 30 days period. During this period of 30 days, weekly auto generated reminders will be shared with the healthcare provider to upload the additional information required for the empanelment process. If the hospital does not provide proof of rectification within the stipulated time, the application is automatically rejected. If satisfactory proof of rectification is obtained, the DEC can recommend approval of the application.

5.2.1.2.8. **Recommend rejection:** For applications which do not meet the minimum standards, or the healthcare providers have been found to be misreporting information, DEC will recommend rejection. All recommendations must be reviewed by SHA. All healthcare providers whose applications are rejected will be intimated on the HEM portal along with reason for rejection. In the event of rejection, healthcare providers whose applications have been rejected have the right to file a review within 15 working days of the rejection, through the designated portal. Healthcare providers may also approach the State Empanelment Committee (SEC) for

remedy and redressal of their grievances.

5.2.1.2.9. SHA will review the reports submitted by the DEC and will consider their recommendation to approve or deny or return the request to the hospital. Based on the review, SHA shall make the final decision on empanelment within 15 working days.

- 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 empanelment request, the SHA will state the reasons for rejection of the request and share it with the healthcare provider. The reason for rejection can be added in the remark section of the Hospital. It will be reflected immediately. The SHA may direct the hospital to remedy the deficiencies observed and submit a fresh request for empanelment, if needed. Healthcare providers will have the right to file a review against the rejection with the State Empanelment Committee (SEC) within 15 working days of rejection. In case the 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.
- SHA will also consider the DEC's recommendations for 'relaxation criteria of empanelment' and decide to approve or reject it. A decision may be taken based on the local need while balancing quality of care and access to healthcare services within the state.

5.2.1.2.10. DEC must make a final recommendation on empanelment under PM-JAY within 30 working days of receiving the application.

5.2.1.2.11. If no action is taken by DEC within the stipulated time, the case is auto- escalated to the SECon the HEM portal.

5.2.1.2.12. The final decision for approval/rejection remains with the SHA. Any hospital whose application is rejected can approach the SEC for remedy within 15 working days from the date of rejection.

5.2.1.2.13. If a hospital is found to be wrongfully empaneled under PM-JAY where it fails to meet the minimum criteria defined by the scheme or any other issue of misconduct or fraudulent activity is observed, empanelment will be revoked and disciplinary action may be taken, if necessary.

5.2.1.2.14. In case the hospital chooses to withdraw from the PM-JAY network, the hospital must provide a minimum advance notice of 30 days to the State Health Agency (SHA). The hospital will only be permitted to re-enter or get fresh empanelment after a minimum period of 6 months from the date of withdrawal. After serving the notice period, the hospital shall be allowed to withdraw, provided the decision to withdraw is not triggered by any action initiated against the hospital by a government instrumentality, including PM-JAY.

5.2.1.2.15. If a hospital is de-empaneled for a defined period, it can be permitted to re- apply at the end of the de-empanelment period or revocation of the de-empanelment order, whichever is earlier; provided all other changes directed by SEC are completed.

5.2.1.2.16. There will be no restriction on the number of healthcare providers that can be empaneled under the scheme in a district/state. However, the SHAs are advised to undertake the exercise as in para 4.2.3 above to arrive at decision on number of hospitals to be empanelled.

5.3 On-boarding Processes after Approval

5.3.1 Once the application is approved, the healthcare service provider will be assigned a unique national hospital registration number under the scheme. Additionally, SHA will ensure that the status of the application is updated on the AB-PMJAY portal and the respective healthcare service provider is informed about the decision through email on their registered email id.

5.3.2 Healthcare service provider will have to designate a nodal officer as a focal point of contact for the scheme, User ID of ADMIN is created through UMP by the end-user after which the empanelment process is initiated by the ADMIN/Nodal.

5.3.3 UMP portal allows a new hospital to create the roles of TMS/BIS under the hospital name from the front end by the end user. The EHCP once approved, is listed in UMP for the creation of further roles like MEDCO, MS and PMAM. In case of any queries, the hospital may contact the SHA for resolution.

5.3.4 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.

5.3.5 It shall be mandatory for the empanelled healthcare service provider to update and upgrade any changes in basic information, infrastructure, equipment, scope of services, or human resources on the HEM portal. The hospital shall ensure that all details on the portal remain accurate and up to date at all times.

5.4 Guidelines on Stand-Alone Dialysis Centres

5.4.1 Chronic Kidney Disease (CKD) has emerged as a major public health concern globally and in India. Recent estimates indicate that CKD prevalence in India has increased to approximately 16.38% among individuals aged 15 years and above during 2018–2023, compared to 11.2% during 2011–2017, reflecting a substantial rise in disease burden[1] . India currently has around 138 million people living with CKD, representing the second-highest number of CKD patients globally, according to findings reported from the Global Burden of Disease (GBD) analysis published in recent global health assessments[2]. The increasing burden of CKD is closely associated with the rising prevalence of diabetes mellitus, hypertension, and other lifestyle-related risk factors, which are the leading causes of kidney disease in the country.

5.4.2 The burden of advanced kidney disease is also increasing. It is estimated that approximately 2.2 lakh patients progress to End-Stage Renal Disease (ESRD) in India every year, requiring Renal Replacement Therapy (RRT) such as dialysis or kidney transplantation[3]. The growing demand for dialysis services places considerable pressure on existing healthcare infrastructure. Under the Pradhan Mantri National Dialysis Programme (PMNDP), dialysis services are operational across 748 districts through more than 1,600 dialysis centres with over 11,000 hemodialysis machines (as of 2025), delivering dialysis services to millions of patients annually[4].

5.4.3 Stand-Alone Dialysis Centres play an important role in strengthening dialysis service delivery by reducing the burden on tertiary-care nephrology centres and improving accessibility to Renal Replacement Therapy for ESRD patients. By providing dialysis services closer to patients'

1 Singh AK, Farag YM, Mittal BV, et al. Epidemiology and prevalence of chronic kidney disease in India – updated prevalence estimates and trends. Kidney International Reports / national analyses (updated 2023–2025 reporting).
2 Chronic Kidney Disease global burden estimates. The Lancet / Institute for Health Metrics and Evaluation (IHME), 2023–2024 global estimates.
3 Ministry of Health & Family Welfare (MoHFW), Government of India. Burden of End-Stage Renal Disease in India (~2.2 lakh new ESRD patients annually)
4 National Health Mission (NHM), Government of India. Pradhan Mantri National Dialysis Programme (PMNDP) operational update 2025 – dialysis services operational in 748 districts with ~1,600 centres and ~11,000 hemodialysis machines.

residences, these centres significantly reduce indirect costs such as travel, accommodation, and loss of wages, thereby improving treatment adherence and continuity of care.

5.4.4 Earlier, dialysis centres operating solely as dialysis units had to opt for specialty categories such as General Medicine or General Surgery to become empanelled under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) ecosystem. However, this approach posed operational challenges, including limited access to relevant Health Benefit Package (HBP) procedures and the requirement to submit infrastructure details that were not directly applicable to dialysis-only facilities.

5.4.5 These challenges led several State Health Agencies (SHAs) and private dialysis providers to request the National Health Authority (NHA) to introduce a simplified empanelment pathway for Stand-Alone Dialysis Centres under the AB PM-JAY scheme. Considering that dialysis is a life-sustaining procedure that must be performed regularly for patients with ESRD, and in view of the growing demand for dialysis services across the country, the NHA has revised its policy to incorporate Stand-Alone Dialysis Centres as a distinct category under the empanelment criteria, while ensuring that quality and safety standards of dialysis care are maintained.

5.4.6 Specific criteria for stand-alone dialysis centers

5.4.6.1 The Medical institutions seeking to be empanelled under "Dialysis Single Specialty Hospital" should be a separate physical and legal entity and not be attached to or a part of any other multispecialty hospital or medical college. A Self-declaration format mentioning the same is available in the attachment section, and the stand-alone dialysis centres must submit a duly signed and scanned copy of the same on the institute's letterhead at the time of application submission.

5.4.6.2 The stand-alone dialysis centres shall be registered under Clinical Establishment Act and have necessary licenses like:

- NOC from Fire Department
- Ambulance - Commercial Vehicle Permit, Commercial Driver License, Pollution
- Control Licenses
- DG Set Approval for Commissioning
- Diesel Storage Licenses
- Medical Gases Licenses / Explosives Act
- Clinical Establishments Act Registration (if applicable)
- MoU / agreement with outsourced services (e.g., human resource agencies as per Labor laws, security services, housekeeping services, canteen facilities, pharmacy etc.)
- MoU with Multispecialty Hospitals for Emergencies
- Blood banks License/ MoU with registered blood banks

5.4.6.3 Space and Facility Requirements:

5.4.6.3.1 Haemodialysis area:

- Each dialysis machine unit requires at least, 120 square feet per machine).
- Facility for monitoring ECG and other vitals like Blood Pressure and Heart Rate.

- Each machine should be easily observed from the nursing station.
- Head end of each bed should have a stable electric supply, oxygen supply, vacuum outlet, treated water inlet and drainage facility.
- Air conditioning to achieve 70-72°F (21.1-22.2°C) temperature and 55 to 60% humidity.
- Patients with viral diseases such as HIV, HBV, and HCV should be separated from those without viral infections, and separate, dedicated machines shall be allotted to such patients.
- Facilities for hand washing/hand rub; sterillium or alcohol-based hand rub/sterilant dispensers must be available in each patient area.

5.4.6.3.2 Machinery/ Physical facilities:

- Minimum 5 dialysis units should be available to empanel any centre. However, depending on the requirement and situation in the state, the SHA may change the criteria by recording reasons in writing.
- All precautions to prevent infection, including HIV, HBV, and HCV, should be taken.

5.4.6.3.3 Preparation, storage, and work area:

- Independent area for reprocessing the dialysers (Separate reprocessing area for 1. Viral marker negative 2. HBV posistive 3. HCV positive 4. HIV positive)
- Two storage areas, one for storage of new supplies and one separate area for reprocessed dialysers (Separate reprocessing area for 1. Viral marker negative 2. HBV posistive 3. HCV positive 4. HIV positive).

5.4.6.3.4 Consultation room for the Doctor in charge of the unit.

5.4.6.3.5 Office area for nurses and technicians

5.4.6.3.6 Storage facility for individual patients' belongings

5.4.6.3.7 Space for a water treatment unit.

5.4.6.3.8 Patient and Patient attendant waiting area.

5.4.6.3.9 **Manpower Requirements:**

- Qualified Nephrologist having DM or DNB in nephrology or MD/DNB Medicine with two years of training in Nephrology from a recognised centre on a full-time or part-time basis, performing the clinical review of all patients.
- Dialysis Medical Officer (at least one doctor per shift for a maximum of 10 machines)
    - M.B.B.S. with valid registration in each shift.
    - One-year clinical experience post-registration.
    - Certified in advanced cardiac life support (ACLS).
    - Experience in central line placement.
    - Experience in critical care management.
    - To be trained under the care of a nephrologist for 06 months or more.
    - To report to a nephrologist in the same institute or, in the case of a stand-alone unit, to the visiting nephrologist from the nearest facility.

5.4.6.3.10 **Dialysis Technician (Full-time)**

- One year or longer certificate course in dialysis technology (after high school) certified by a government authority or medical technician with verifiable hands-on experience in dialysis care.
- One technician for every three machines and one dedicated to a dialysis machine for patients with blood-borne infections per shift.

5.4.6.3.11 **Dialysis nurses (Full-time)**

- The centre shall have qualified and trained nursing staff as per the service scope. The nursing care shall be provided as per the requirements of professional and regulatory bodies.
- One nurse for every three machines and one nurse dedicated to a dialysis machine for patients with blood-borne infections per shift.

5.4.6.3.12 Dialysis attendants (Full-time) One attendant for every five machines per shift.

5.4.6.3.13 Dietician (Optional), and social worker (Optional)

5.4.6.3.14 Housekeeping service (Full-time) One personnel for every five machines per shift.

5.4.6.3.15 **Equipment Requirements:**

- **Emergency Equipment:**
  - Resuscitation equipment including laryngoscope, endotracheal tubes, suction equipment, xylocaine spray, oropharyngeal and nasopharyngeal airways, Ambu Bag (Adult & Paediatric) (neonatal if indicated)
  - Oxygen cylinders with flow meter, tubing, catheter, face mask, and nasal prongs
  - Suction Apparatus
  - Defibrillator with accessories
  - Equipment for dressing, bandaging, and suturing
  - Basic diagnostic equipment such as Blood Pressure Apparatus, Stethoscope, weighing machine, thermometer
  - ECG Machine
  - Pulse Oximeter
  - Nebulizer with accessories
  - Glucometer, Rapid diagnostic kit (HIV, HCV, HBsAg)
  - Refrigerator
  - Crash trolley
  - Fans and Airconditioning
- **Other Equipment for Regular use:**
  - Stethoscope
  - Sphygmomanometer
  - Examination light
  - Oxygen unit with gauge
  - Minor surgical instrument set

- Instrument table
- Gooseneck lamp
- Standby rechargeable light
- ECG machine
- Suction machine
- Defibrillator with cardiac monitor
- Stretcher
- Wheelchair
- Haemodialysis Equipment
- Haemodialysis Set
- Monitor
- Pulse Oximeter

- **Machine and Dialyzer:**
  - Haemodialysis machines
  - FDA/CE / DCGI approved machines
  - Peritoneal Dialysis machine (optional)
  - CRRT machine (optional)
  - Dialyzers
- **RO PLANT water plant/reverse osmosis (RO) system Components:**
  - Feed water temperature control
  - Backflow preventer
  - Multimedia depth filter
  - Water softener
  - Brine tank
  - Ultraviolet irradiator (optional)
  - Carbon filters tanks
  - Micron/cartridge filter
  - RO water storage tank with distribution loop
  - Provision for safe disposal of RO reject water and spent dialysate in accordance with applicable statutory guidelines.

5.4.6.3.16 **Medical Records Requirements:**

- **Patient Care**
  - Dialysis Charts
  - Standing order for haemodialysis by a nephrologist – updated quarterly
  - Physician's order
  - Complete and duly signed consent forms

- Standing order for medications
- Laboratory results
- History and physical examination
- Complication list
- Transfer/referral slip (for patients that will be transferred or referred to another health facility)
- Electricity supply plan based on the energy utilised.
- Power failure backup plan (Generator/ Battery etc)
- Emergency medicine kits

- **Incident and Accident (In logbooks)**
  - Complications related to dialysis procedure
  - Complications related to vascular access
  - Complications related to disease process
  - Dialysis adequacy of patients on thrice weekly treatments outcomes
  - Staff/patient's hepatitis status
- **Staff and patient vaccination and antibody titre status as applicable**
  - Hepatitis B (double dose) – 0,1,2,6 months
  - Influenza – annually
  - Pneumococcal – every five years
- **Water Treatment**
  - Bacteriological
  - Endotoxin
  - Chemical
- **Facility and equipment maintenance schedule**
  - Preventive maintenance
  - Corrective measures

6. Disciplinary Proceedings and De-empanelment of Healthcare Providers

6.1 Rationale for Disciplinary Proceedings and De-empanelment

6.1.1 Disciplinary proceedings/de-empanelment may be conducted for an Empaneled Healthcare Provider (EHCP) 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).

6.1.2 The key objectives of NHA and SHA are to increase empanelment, ensuring that quality care is provided to the beneficiaries 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.

6.2 Institutional Structures for Disciplinary Proceedings and De-empanelment

6.2.1 The institutional structures set up for empanelment shall also oversee processes related to disciplinary actions or de-empanelment. The process can be initiated by Empanelment Disciplinary Committee (EDC) and the request will be moved to SHA for final approval after conducting the proper disciplinary proceedings (on misrepresentation of claims, fraudulent billing, wrongful beneficiary identification, overcharging, unnecessary procedures, false/ misdiagnosis, referral misuse, other frauds, etc) against empaneled Facility.

6.2.2 The recommended composition of EDC is as follows:

- Chairperson – Joint Director level, nominated by CEO SHA
- Medical Expert (Specialist from Government Medical College/State Health Department).
- Fraud, Waste & Abuse (FWA) / Anti-Fraud Officer- nominated by CEO SHA.
- Representative from Insurance Company (Non-voting).

6.3 Process for Disciplinary Proceedings and De-empanelment

6.2.1 The institutional structures set up for empanelment shall also oversee processes related to disciplinary actions or de-empanelment. The process can be initiated by Empanelment Disciplinary Committee (EDC) and the request will be moved to SHA for final approval after conducting the proper disciplinary proceedings (on misrepresentation of claims, fraudulent billing, wrongful beneficiary identification, overcharging, unnecessary procedures, false/ misdiagnosis, referral misuse, other frauds, etc) against empaneled Facility.

6.3.1 Investigation of Suspected Claims/Hospitals

6.3.2 As part of the responsibilities, the State Health Agency (SHA), EDC, Insurance Company (IC), National Health Authority (NHA), or any of their authorized representatives shall conduct continuous data analytics to identify aberrant or suspect Empanelled Health Care Providers (EHCPs).

6.3.3 This process will include

- Desk audits of identified suspect cases,

- On-site visits to the EHCPs in question,
- Investigation of complaints received from beneficiaries, third parties, or those reported through the grievance redressal mechanism.
- Any EHCP found to be under suspicion due to these processes may be placed on watch by the SHA.
- The status and details of such actions should be reflected and regularly updated on the HEM portal to ensure transparency and enable centralized oversight.
- The data of such EHCPs will be analysed for patterns, trends, and anomalies. For certain high-risk suspect cases, field medical audit may be conducted to collect and analyze evidence.

6.3.4 Investigation of the case including submission of report will be done within 10 working days of flagging the case. All attempts will be made to close the case within the above-mentioned period by EDC. In case of any delay, report must be submitted to CEO SHA, citing the reasons for the same.

6.3.5 EDC Actions in HEM 2.0

On receipt of complaint and based on the preliminary assessment of the case, the Empanelment Disciplinary Committee (EDC) or the SHA can initiate following actions through the EDC login or SHA login in the HEM portal:

- **Initiate General Communication:** Communicate the identified issue to the hospital to seek clarification, supporting documents, or necessary corrective action.
- **Initiate Show Cause Notice:** Seek a formal explanation from the hospital regarding the identified issue.
- **FIR:** Initiate legal action through filing of an FIR, where warranted.
- **Initiate Immediate Stop Payment with or without Stoppage of new Registration:** Temporarily stop claim payments pending investigation or further review. Stop claim payments can be combined with stoppage of new registration depending upon severity of misconduct.

6.3.6 Show-Cause Notice to the EHCP

6.3.6.1 Based on the investigation report received, if the SHA/EDC observes sufficient evidence or reasonable suspicion that an EHCP has indulged in malpractice, a show cause notice shall be issued to the EHCP through the HEM portal, requiring the EHCP to submit its response within 5 working days of issuance of the notice. All attempts will be made to issue show cause notice within 5 working days from receipt of investigation report and in case of any delay, report must be submitted to CEO SHA, citing the reasons for the same.

6.3.6.2 In the show cause notice issued to the Empanelled Health Care Provider (EHCP), it must be explicitly stated that they are not to contact the beneficiaries concerned, as such actions may constitute tampering with evidence under applicable laws. Any instance of such tampering, if found, shall attract appropriate legal action by the competent authority.

6.3.6.3 **The show-cause notice shall be sent to the Empanelled Health Care Provider (EHCP):**

- Through the HEM portal via EDC Officer login/SEC-EDC action card, in SEC officer login.
- Any offline show-cause notice has to be updated in the HEM portal by the SHA to enable further actions like de-empanelment/blacklisting.

6.3.6.4 The EHCP shall submit its response to the show-cause notice within the timeline given in the

notice through the HEM portal (Admin login). The response shall be submitted to the SHA/EDC along with supporting documents, as required under applicable laws.

6.3.6.5 If the EHCP fails to respond, disciplinary action may be taken after completion of the show-cause notice period. The disciplinary action notification shall be issued through the HEM portal.

6.3.6.6 Depending upon the findings of the enquiry and the extent of mis-conduct of the EHCP, the EDC and SEC-EDC may initiate the following actions in the HEM portal after receipt of reply to the Show cause notice:

- **Initiate De-Empanelment:** Initiate proceedings for de-empanelment of the EHCP.
- **Initiate Suspension:** The suspension shall remain effective for a maximum period of 6 monthsor until a final decision is made. Ongoing treatments shall be allowed to continue until patient discharge. Efforts shall be made to issue the notification within 2 working days of the suspension decision, and any delay shall be reported to the CEO of SHA along with reasons for the delay.
- **Initiate Penalty:** Impose a penalty on the EHCP as per applicable guidelines
- **Initiate stoppage of payment with or without stopping new registration:** Temporarily withhold claim payments, with or without restricting new registrations or transactions.
- **Initiate Blacklisting:** Initiate proceedings for blacklisting of the EHCP.
- **Initiate De-Empanelment of speciality:** Initiate proceedings for de-empanelment of one or more specialties of the EHCP.
- **FIR:** Initiate or recommend filing of an FIR with the appropriate authority, where warranted.
- **Accept response to Show Cause Notice:** Accept and review the response submitted by the EHCP to the show cause notice.

6.3.6.7 In case the response submitted by the EHCP to the show-cause notice is found satisfactory, the facility will continue to function as usual. The response must be submitted through the HEM portal within 5 working days. If no response is received, or if the response is found unsatisfactory, the EHCP may be subject to further disciplinary action. All such actions and related communications are conveyed through the portal and email.

6.3.6.8 Any PMJAY Empanelled Health Care Provider (EHCP) shall not deny the available services to a PMJAY beneficiary. If such a case is found, the concerned authority may take appropriate disciplinary action.

6.3.7 Detailed Investigation of EHCP

6.3.7.1 A detailed investigation will be carried in case the EHCP is suspended due to the reasons mentioned above or if a serious complaint has been filed by the beneficiary. A detailed investigation may include field visits to the EHCP, examination of case papers, interaction with the beneficiaries (if needed), examination of hospital records etc.

6.3.7.2 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, report must be submitted to CEO SHA, citing the reasons.

6.3.7.3 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.

6.3.7.4 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, report must be submitted to CEO SHA, citing the reasons.

6.3.7.5 If the detailed investigation validates the suspicion or alleged malpractice by the EHCP or identifies additional cases, the SHA may impose a suspension for a period not exceeding six months.

6.3.7.6 However, if the original cause of suspicion/alleged mischievous activities on the part of EHCP are not valid but additional malpractices are identified, a new show-cause notice will be issued to the EHCP. All attempts will be made to issue the show cause notice within 5 working days of noticing such malpractices. A similar process of investigation will be followed, with the time frame to be determined by the SHA on a case-by-case basis.

6.3.8 Suspension of the EHCP

6.3.8.1 Suspension after show cause notice: For EHCPs where adequate evidence of malpractice is present and the EHCP is not able to provide satisfactory justification, the SHA may suspend the hospital for a specified time, not exceeding a period 6 months.

6.3.8.2 No response to show cause notice: In case, the EHCP does not provide any response to the show-cause notice within the stipulated time as outlined above, the EHCP may be suspended for a specified time, not exceeding 6 months.

6.3.8.3 If the response is received during suspension period, the SHA may review the response, if found satisfactory then the suspension may be revoked. In cases where the response is not found satisfactory and the SHA deems it necessary to extend the suspension period, the SHA may re-impose suspension after issuing a fresh show cause notice.

6.3.8.4 Suspension due to non-payment of fine: If the penalty is levied on the EHCP for an offence and it fails to submit the penalty amount within the stipulated time, SHA may adjust the fine with the pending payment to the EHCP. If the pending amount after the adjustment of dues is not paid by the SHA, a reminder may be sent to the EHCP. Upon no response, the SHA may decide to suspend the EHCP till the amount is recovered.

6.3.8.5 In all cases outlined above, the notification of suspension will be sent through HEM portal and email. All attempts will be made to send the notification over the portal as soon as possible, if an offline suspension notification is served. In case of any delay, a report must be submitted to CEO SHA, citing the reasons for the same.

6.3.8.6 **Claims Adjudication:** All claims shall be adjudicated on their merits, based on the booked package and the case documents submitted by the EHCP, following the standard adjudication guidelines and process.

6.3.8.7 The SHA shall ensure that payment of all unpaid claims is made only after recovering amounts and any applicable penalties.

6.3.8.8 A Final Settlement Letter clearly mentioning the recovery and/or penalty and its adjustment from pending claims shall be sent to the suspended/de-empaneled EHCP.

6.3.8.9 If the matter of suspension or de-empanelment has been taken to a court of law by the EHCP or is sub-judice, in such event, the claims under the sub-judice cases shall not be considered for above guidelines till the matter is finally concluded in court of law. The rest of claims (not forming part of court case), shall be handled.

6.3.8.10 The EHCP may file an appeal against suspension to review the order along with the submission

of necessary evidence and an undertaking of not repeating similar instances of malpractices within 30 working days of suspension. The SHA may decide to revoke the suspension after examining the evidence and undertaking submitted by EHCP. In case the EHCP is unable to refute the same with evidence, the SHA will present the case to SEC to initiate the de -empanelment proceedings against the EHCP.

6.3.9 Presentation of case to the SEC and De-empanelment

6.3.9.1 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 EHCP has been issued a show-cause notice seeking an explanation for the alleged malpractice. Both parties (SHA and EHCP) will be provided a fair opportunity to present their case with necessary evidence at the meeting conducted by SEC.

6.3.9.2 If the SEC finds that the complaint/allegation against the EHCP is valid, it will order de-empanelment of the EHCP based on appropriate legal advice along with additional disciplinary actions like penalties, FIR etc. as it may deem fit.

6.3.9.3 In case the SEC does not find adequate supporting evidence against the EHCP, it may revoke the suspension of the EHCP or reverse/modify any other disciplinary action taken by SHA against the EHCP, while making clear observations and reasons underlying the final decision.

6.3.9.4 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.

6.3.9.5 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-Health and Family Welfare Department of the State, citing the reasons for the same.

6.3.10 Actions to be taken after De-empanelment

6.3.10.1 Once the hospital has been de-empaneled, a letter/email will be sent to the EHCP regarding the decision within 3 working days of the decision. Once de-empaneled, new pre-authorisations will be disabled and the existing pre-authorizations/ treatment will have to be completed.

6.3.10.2 A decision may be taken by the SEC to ask the SHA/IC to either lodge an FIR in case there is suspicion of criminal activity or take other necessary legal action under applicable laws of India.

6.3.10.3 In cases where professional misconduct and/or violation of medical ethics is confirmed, the concerned authority shall notify the appropriate professional medical body or council at the National and/or State level, as applicable, providing complete details of the case, including the particulars of the treating medical practitioner and the hospital involved. Upon receipt of such information, the National Medical Council and/or the concerned State Medical Council shall examine the matter and initiate appropriate action in accordance with the provisions of the Code of Medical Ethics Regulations, 2002, and/or any other applicable laws, rules, or regulations in force.

6.3.10.4 A list of de-empaneled hospitals will be enlisted on NHA website. 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 EHCP engaging in malpractices.

6.3.10.5 The period of de-empanelment would be for 1 year, unless stated otherwise. Once de-empaneled, the EHCP cannot seek for 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 DEC/SEC will keep a check on such practices. In case SHA/SEC decides to re-empanel an EHCP within a period of 1 year, the same may be flagged in the system through HEM portal. The reason for re-empanelment of EHCP will also be documented in the HEM web portal.

6.3.10.6 If it is a hospital chain, only the branch will get de-empaneled while the other hospitals will continue to function.

6.3.10.7 Based on the severity of the offence, SEC may de-empanel the EHCP for more than 1 year or may blacklist an EHCP. In such cases, the SHA/SEC will inform NHA and PS/AS -Health and Family Welfare Department of the concerned state of its decision along with a detailed explanation/ recorded reason for the same.

6.3.10.8 While the de-empanelment is for a fixed period of time as per de-empanelment order, the Blacklisting is permanent in nature.

6.4 Gradation of Offences

6.4.1 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 add is to be involved in unethical practices/malpractices/severe offence, then legal action may also be taken by SHA.

6.4.2 Penalties

Panalties 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.	In addition to the actions prescribed for the first offence, the concerned authority may, as deemed appropriate, order rejection of the claim pertaining to the case and impose suspension of the hospital from participation in the scheme/ program for such period as may be determined.	De-empanelment/ blacklisting
Billing for services not provided	Rejection of claim and penalty up to 5 times the amount claimed for services not provided, to IC/SHA	Rejection of claim and penalty of up to 10 times the amount claimed for services not provided, to IC/SHA and suspension of hospital	De-empanelment/ blacklisting

Up coding/ Unbundling/ Unnecessary Procedures	Rejection of claim and penalty of up to 10 times the excess amount claimed due to up coding/ unbundling/ unnecessary procedures, to IC/SHA SHA may decide the amount based on the severity of the breach	Rejection of claim and penalty of up to 20 times the excess amount claimed due to up coding/ unbundling/ unnecessary procedures, to IC/SHA and suspension of hospital	De-empanelment/ blacklisting
Wrongful beneficiary identification	Rejection of claim and penalty of up to 5 times the amount claimed for wrongful beneficiary identification to IC/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/IC if the hospital is found to be in connivance and suspension of hospital	De-empanelment/ blacklisting
Non-adherence to minimum criteria for empanelment, quality and service standards as laid under PM-JAY	In case of minor gaps: Show cause notice with compliance period of 2 weeks for rectification and rejection of claims related to gaps In case major gaps and willful suppression / misrepresentation of facts: Show cause notice with compliance period of 2 weeks for rectification, suspension if not rectified within 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

ANNEXURES

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.

1. Minimum Criteria

A hospital would be empanelled as a network private hospital with the approval of the respective State Health Agency[1] if it adheres with the following minimum criteria and as well as the Indian Public Health Standard (IPHS) guidelines:

The hospital must be mandatorily registered under the Clinical Establishments Act with the appropriate State/UT authority. It shall mandatorily obtain and maintain a valid Health Facility Registry (HFR) ID. Possession of an active HFR ID shall be a prerequisite for empanelment, participation, and continuation under the scheme/program, and the hospital shall ensure that aall details registered under the HFR remain accurate and up to date at all times.

a) Should have at least 10 inpatient beds with adequate spacing and supporting staff as per norms:

   i. Exemption may be given for day-care procedure hospitals like Eye, ENT, and Standalone Dialysis Centres.

   ii. General ward - @80sq 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

b) It shall have adequate and qualified medical and nursing staff (doctors[2] & nurses[3]), 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.

c) The hospital shall be fully equipped and actively engaged in providing medical and surgical services, commensurate with the declared scope of services, available specialties, and the number of operational beds.

   i. Round-the-clock availability (or on-call) of a Surgeon and Anesthetist where surgical services/day care treatments are offered.

   ii. Round-the-clock availability (or on-call) of an Obstetrician, Pediatrician and Anesthetist where maternity and surgical services are offered.

   iii. Round-the-clock availability of specialists (or on-call) in the concerned specialties having enough experience where such services are offered (e.g., Orthopedics, ENT, Ophthalmology, Dental, general surgery (including endoscopy) etc.)

d) Hospital should have adequate arrangements for round-the-clock support systems required for the above services like pharmacy, pathological services, 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.

e) Separate male and female wards with toilet and other basic amenities.

1 In order to facilitate the effective implementation of AB PM-JAY, state governments shall set up the State Health Authority (SHA) or designate this function under any existing agency/trust designated for this purpose, such as the State Nodal Agency or a trust set up for the state insurance program.
2 Qualified doctors are a MBBS approved as per the Clinical Establishment Act/state government rules & regulations as applicable from time to time.
3 Qualified nurse 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 spelt out.

f) 24 hours emergency services managed by technically qualified staff wherever emergency services are offered or a minimum first aid/emergency medicine/oxygen availability:

i. Casualty should be equipped with monitors, defibrillator, nebulizer with accessories, crash cart, resuscitation equipment, oxygen cylinders with flow meter/tubing/catheter/face mask/ nasal prongs, suction apparatus etc. and with attached toilet facility (as per IPHS standards).

ii. Round the clock ambulance services (own or tie-up).

g) Mandatory for hospitals wherever surgical procedures are offered:

i. Fully equipped Operation Theatre of its own with qualified nursing staff under its employment round the clock.

ii. Post-op ward with ventilator and other required facilities.

h) Wherever intensive care services are offered it is mandatory to be equipped with an Intensive Care Unit (for medical/surgical ICU/HDU) with requisite staff:

i. The unit is to be situated in proximity of operation theatre, acute care medical and surgical ward units.

ii. Suction, oxygen supply and compressed air should be provided for each bed.

iii. Further High Dependency Unit (HDU) - where such packages are mandated should have the following equipment (as per IPHS standards):

1. Piped gases
2. Multi-sign monitoring equipment
3. Infusion of ionotropic support
4. Equipment for maintenance of body temperature
5. Weighing scale
6. Manpower for 24x7 monitoring
7. Emergency cash cart
8. Defibrillator
9. Equipment for ventilation
10. HEPA filter rooms to maintain strict infection control
11. In case there is common Pediatric ICU then pediatric equipments, e.g.: pediatric ventilator, pediatric probes, medicines, and equipment for resuscitation to be available.

iv. HDU should also be equipped with all the equipment and manpower as per HDU norms.

h) Records Maintenance: Maintain complete records as required on day-to-day basis and can provide necessary records of hospital/patients to the Society/Insurer or his representative as and when required:

i. Wherever automated systems are used it should comply with MoHFW/NHA EHR guidelines (as and when they are enforced).

ii. All AB PM-JAY cases must have complete records maintained.

iii. Share data with designated authorities for information as mandated.

iv. Patient level cost data when needed.

j) Legal requirements as applicable by the local/state health authority.

k) Adherence to Standard Treatment Guidelines/Clinical Pathways for procedures as mandated by NHA from time to time.

l) Registration with the Income Tax department.

m) NEFT enabled bank account.

n) Telephone/fax/internet.

o) Safe drinking water facilities.

p) Uninterrupted (24 hour) supply of electricity and generator facility with required capacity suitable to the bed strength of the hospital.

q) Waste management support services (General and Bio Medical) – in compliance with the bio-medical waste management act.

r) Appropriate fire-safety measures.

s) Provide space for a separate kiosk for AB PM-JAY beneficiary management (AB PM-JAY non-medical[4] coordinator) at the hospital reception; with required office supplies and computer/ camera/scanner/printer/other accessories as required.

t) Ensure a designated medical officer to work as a medical[5] coordinator towards AB PM-JAY beneficiary management (including records for follow-up care as prescribed).

u) Ensure appropriate promotion of AB PM-JAY in and around the hospital (display banners, brochures etc.) towards effective publicity of the scheme in co-ordination with the SHA/district level AB PM-JAY team.

v) IT hardware requirements (desktop/laptop with internet, printer, webcam, scanner/fax, bio - metric device etc.) as mandated by the NHA.

2. Criterion for Aspirational Districts

Criterion for HCPs empanelment in Aspirational Districts as per the listed districts by NITI Aayog (Annexure 2) following relaxations are provided. All the criteria remain the same for Aspirational Districts as mentioned above apart from the following (as per IPHS standards):

i. Minimum number of inpatient beds required for empanelment, should have 5 inpatient beds with adequate spacing and supporting staff as per norms unless providing day-care packages covered under PM-JAY.

ii. Minimum number of doctors and nursing staff required for empanelment, Doctor-1 (minimum Qualification MBBS).

iii. Requirements of licenses and certificates – Hospital registration certificate as per state law is mandatory, if applicable.

iv. Requirement of equipment according to the defined scope of services -Hospital needs to be fully equipped.

v. Requirement of equipment and services in emergency- life saving and resuscitation equipment as required by facility.

vi. Position of the ICU/HDU -The unit is to be situated in the same building or referral linkage with

4 The non-medical coordinator will do a concierge and helpdesk role for the patients visiting the hospital, acting as a facilitator for beneficiaries and are the face of interaction for the beneficiaries. Their role will include helping in preauthorization, claim settlement, follow-up, and kiosk-management (including proper communication of the scheme).

5 The medical coordinator will be an identified doctor in the hospital who will facilitate submission of online pre-authorization and claims requests, follow up for meeting any deficiencies and coordinating necessary and appropriate treatment in the hospital.

hospitals where ICU/HDU facility is available (mandatory self-declaration) through an MoU or tie up.

vii. Requirement of space for AB PM-JAY kiosk - Provide space for a working desk for AB PM-JAY beneficiary management (AB PM-JAY non-medical coordinator) at the hospital main entrance area.

viii. Criteria for dialysis services for nephrology and urology surgery facility - dialysis unit either inhouse or tie-up.

ix. Criteria for OT Services with staff requirement- Fully equipped Operation Theatre of its own with qualified nursing staff (Minimum qualification - ANM Course) under its employment round the clock.

x. Casualty should be equipped with minimum Emergency Tray.

3. Advanced Criteria

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

a) These empanelled hospitals may provide specialized services such as Cardiology, Cardiothoracic surgery, Neurosurgery, Nephrology, Reconstructive surgery, Oncology, Neonatal/Paediatric Surgery, Urology etc.

b) A hospital could be empaneled for one or more specialties subject to it qualifying to the concerned specialty criteria.

c) Such hospitals should be fully equipped with ICCU/SICU/NICU/relevant Intensive Care Unit in addition to and in support of the OT facilities that they have.

d) Such facilities should be of adequate capacity and numbers so that they can handle all the patients operated in emergencies:

   i. The hospital should have sufficient experienced specialists with an advanced qualification in the specific identified fields for which the hospital is empanelled as per the requirements of professional and regulatory bodies/as specified in the clinical establishment act/State regulations.

   ii. The hospital should have sufficient diagnostic equipment and support services in the specific identified fields for which the hospital is empanelled as per the requirements specified in the clinical establishment act/State regulations.

e) Indicative specialty specific criteria are as under:

3.1. Specific Criteria for Cardiology/CTVS

a) CTVS theatre facility (Open Heart Tray, Gas pipelines Lung Machine with TCM, defibrillator, ABG Machine, ACT Machine, Hypothermia machine, TMT, Intra-aortic balloon pump (IABP), Temporary and permanent pacemaker facilities, cautery etc.).

b) Post-op with ventilator support.

c) ICU facility with cardiac monitoring ventilator support and defibrillators

d) Hospital should facilitate round the clock cardiologist services.

e) Availability of support specialty of General Physician & Pediatrician.

f) Blood bank support for major surgeries that includes genotyping, NAT testing and component separation for improved transfusion safety, minimising the risk

g) Fully equipped Catheterization Laboratory Unit with qualified and trained paramedics.

3.2. Specific Criteria for Cancer Care

a) The facility should have a tumor board which decides a comprehensive plan towards multi-modal treatment of the patient or if not, then appropriate linkage mechanisms need to be established to the nearest regional cancer centre (RCC). Tumor board should consist of a qualified team of Surgical, Radiation and Medical Oncologist to ensure the most appropriate treatment for the patient.

b) In certain cases, relapse or recurrence of the disease may occur during or after completion of the initial course of treatment. In such situations, retreatment may be considered feasible based on clinical merit. Any proposal for retreatment shall be undertaken only after a comprehensive clinical evaluation by a qualified Medical Oncologist/Paediatric Oncologist and, wherever indicated, review by a duly constituted Tumour Board. The evaluation shall include assessment of disease status, prior treatment received, performance status of the patient, expected therapeutic benefit, and overall prognosis. Retreatment shall be initiated only after obtaining prior approval and pre-authorization from the competent authority/insurer, along with submission of all relevant medical documentation, investigation reports, and treatment justification, in accordance with the applicable scheme guidelines and regulatory provisions.

c) For extending the treatment of chemotherapy and radiotherapy the hospital should have the requisite infrastructure for radiotherapy treatment viz. for cobalt therapy, Linear Accelerator (LINAC) based radiation therapy, and Brachytherapy, either available in-house or through a formally established outsourced facility.

d) In case of outsourced facility, the empanelled hospital for radiotherapy treatment and even for chemotherapy, shall not perform the approved surgical procedure alone, but refer the patients to other centres for follow-up treatments requiring chemotherapy and radiotherapy treatments. This should be indicated where appropriate in the treatment approval plan. A tie up in the form of MoU with an outsourced facility should be available with the EHCP.

e) Further hospitals should have infrastructure capable for providing certain specialized radiation treatment packages such as stereotactic radiosurgery/therapy.

   i. Treatment machines which can deliver Stereotactic Radiosurgery (SRS) and Stereotactic Radiotherapy (SRT).

   ii. Associated treatment planning system

   iii. Associated Dosimetry system

f) Additionally, the hospital shall implement proper biomedical and radioactive waste management practices in accordance with statutory guidelines, ensuring safe segregation, handling, storage, and disposal of hazardous, infectious, and radioactive waste generated during SRS/SRT and other oncology procedures. All specialized treatments must be documented in the patient's treatment plan, with records maintained for audit, quality assurance, regulatory compliance, and reporting purposes, ensuring that SRS/SRT services are delivered safely, effectively, and in accordance with established oncological protocols and environmental safety standards.

3.3. Specific Criteria for Neurosurgery

a) Well-equipped theatre with qualified paramedical staff, C-Arm, Microscope, neurosurgery compatible OT table with head holding frame (horseshoe, may field/sagittal or equivalent frame).

b) Neuro ICU facility.

c) Post-op with ventilator support.

d) Facilitation for round the clock MRI, CT, and other support bio-chemical investigations.

3.4. Specific Criteria for Burns, Plastic & Reconstructive surgery

a) The hospital should have full time/on-call services of qualified plastic surgeon and support staff with requisite infrastructure for corrective surgeries for post burn contractures.

b) Isolation ward having monitor, defibrillator, central oxygen line and all OT equipment.

c) Well-equipped theatre.

d) Surgical Intensive Care Unit.

e) Post-op with ventilator support.

f) Trained paramedics.

g) Post-op rehab/Physiotherapy support/Phycology support.

3.5. Specific Criteria for Pediatric Surgery

a) The hospital should have full time/on call services of Paediatric surgeons/plastic surgeons/ urologist surgeons related to congenital malformation in the Paediatric age group.

b) Well-equipped Operation Theatre (OT)

c) Paediatric and Neonatal ICU support.

d) Support services of a Paediatrician.

e) Availability of mother rooms and feeding area.

f) Availability of radiological/fluoroscopy services (including IITV), laboratory services and blood bank.

3.6. Specific Criteria for specialized new-born care

a) The hospital should have well developed and equipped neonatal nursery/Neonatal ICU (NICU) appropriate for the packages for which empanelled, as per norms.

b) Availability of radiant warmer/incubator/pulse oximeter/phototherapy/weighing scale/ infusion pump/ventilators/CPAP/monitoring systems/oxygen supply/suction/infusion pumps/ resuscitation equipment/breast pumps/bolometer/KMC (Kangaroo Mother Care) chairs and transport incubator - in enough numbers and in functional state; access to hematological, biochemistry tests, imaging, and blood gases, using minimal sampling, as required for the service packages.

c) For Advanced Care and Critical Care Packages, in addition to point b above: parenteral nutrition, laminar flow bench, invasive monitoring, in-house USG. Ophthalmologist on call.

d) Trained nurses 24x7 as per norms.

e) Trained Pediatrician(s) round the clock.

f) Arrangement for 24x7 stay of the mother – to enable her to provide supervised care, breastfeeding and KMC to the baby in the nursery/NICU and upon transfer therefrom; provision of bedside KMC chairs.

g) Provision for post-discharge follow up visits for counselling for feeding, growth/development assessment and early stimulation, Retinopathy of Prematurity (ROP) checks, hearing screening, Neurodevelopmental surveillance etc.

3.7. Specific criteria for Polytrauma

a) Shall have Emergency Room setup with round the clock dedicated duty doctors, resuscitation facilities, and advanced life support systems.

b) Shall have the full-time service availability of Orthopedic Surgeon, General Surgeon, and anesthetist services.

c) The hospital shall provide round the clock services of Neurosurgeon, Orthopedic Surgeon, CT Surgeon, General Surgeon, Vascular Surgeon, and other support specialists as and when required based on the need.

d) Shall have dedicated round the clock Emergency Theatre with C-Arm facility, Surgical ICU, post-op setup with qualified staff.

e) Shall be able to provide necessary diagnostic support round the clock including specialized investigations such as CT, MRI, emergency biochemical investigations.

3.8. Specific criteria for Nephrology and Urology Surgery

a) Dialysis unit

b) Well-equipped operation theatre with C-ARM

c) Endoscopy investigation support

d) Post-op ICU care with ventilator support

e) Sew lithotripsy equipment either "in-house" or through outsourced facility.

3.9. OM related to adoption of ABDM-enabled HMIS by PM-JAY empanelled hospitals is below:

S-1205/01/2026/NHA
Government of India
Ministry of Health and Family Welfare
National Health Authority

4th Floor, Jeevan Bharti Building, Tower 1
Connaught Place, New Delhi – 110001
Dated :29/01/2026

OFFICE MEMORANDUM

Subject: Adoption of ABDM-enabled HMIS by PM-JAY empanelled hospitals

1) The implementation of Ayushman Bharat Digital Mission (ABDM) enabled Hospital Management Information System (HMIS) is crucial for improving hospital operations, at the same time creating inter-operable Electronic Health Records (EHR) to facilitate seamless patient health related data sharing across hospitals, thus empowering patients seeking health care in ABPMJAY empaneled health care facilities.

2) With the rollout of the ABDM, it has become essential that hospitals adopt ABDM-enabled HMIS to ensure interoperability and seamless data sharing across the healthcare ecosystem. An ABDM-enabled HMIS allows hospitals to link patient records with unique digital health IDs (ABHA IDs) and empowers patient to share health records with their consent.

3) Therefore, it has been decided that any new hospital seeking to empanel under AB PM-JAY from 1st March 2026 onwards shall be required to use an ABDM-enabled HMIS and generate only ABHA linked Electronic Health Records (EHR) and continue doing so through the period of empanelment. Necessary changes shall be made operational in Hospital empanelment Module 2.0 (HEM 2.0) accordingly.

This issues with the approval of the competent authority.

(Dr Shailesh, IAS)
Deputy Secretary, NHA

To

Chief Executive Officer, State Health Agency (All states and UTs)

Copy to:

1. PPS to CEO, NHA
2. PS to JS, ABDM
2. PS to JS, PMJAY
3. Director IT, for necessary changes in HEM 2.0
4. JD SPC

Annexure 2-List of Cities classified as X & Y

List of Cities classified as X & Y (total 8 and 88) as per the Ministry of Finance

O.M. No.2/5/2017 E.II (B) dated 7.7.2017

List of cities/towns classified for grant of house rent allowance to central government employees

Sl. No.	States/Union Territories	Cities Classified As "X"	Cities Classified As "Y"
1.	Andaman & Nicobar Islands	-	-
2.	Andhra Pradesh/ Telangana	Hyderabad (UA)	Vijayawada (UA), Warangal (UA), Greater Visakhapatnam (M. Corpn.), Guntur (UA), Neliore (UA)
3.	Arunachal Pradesh	-	-
4.	Assam	-	Guwahati (UA)
5.	Bihar	-	Patna (UA)
6.	Chandigarh	-	Chandigarh (UA)
7.	Chhattisgarh	-	Durg - Bhilai Nagar (UA), Raipur (UA)
8.	Dadra & Nagar Haveli	-	-
9.	Daman & Diu	-	-
10.	Delhi	Delhi (UA)	-
11.	Goa	-	-
12.	Gujarat	Ahmadabad (UA)	Rajkot (UA), Jamnagar (UA), Bhavnagar (UA), Vadodara (UA), Surat (UA)
13.	Haryana	-	Faridabad (M. Corpn.), Gurgaon (UA)
14.	Himachal Pradesh	-	-
15.	Jammu & Kashmir	-	Srinagar (UA), Jammu (UA)
16.	Jharkhand	-	Jamshedpur (UA), Dhanbad (UA), Ranchi (UA), Bokaro Steel City (UA)
17.	Karnataka	Bengalore/ Bengaluru (UA)	Belgaum (UA), Hubli-Dharwad (M.Corpn.), Mangalore (UA), Mysore (UA), Gulbarga (UA)
18.	Kerala	-	Kozhilkode (UA), Kochi (UA), Thiruvanathapuram (UA), Thrissur (UA), Malappuram (UA), Kannur (UA), Kollam (UA)
19.	Lakshadweep	-	-
20.	Madhya Pradesh	-	Gwalior (UA), Indore (UA), Bhopal (UA), Jabalpur (UA), Ujjain (M. Corpn.)
21	Maharashtra	Greater Mumbai (UA), Pune (UA)	Amravati (M. Corpn.), Nagpur (UA), Aurangabad (UA), Nashik (UA), Bhiwandi (UA), Solapur (M. Corpn.), Kolhapur (UA), Vasai-Virar City (M. Corpn.), Malegaon (UA), Nanded- Waghala (M. Corpn.), Sangli (UA)
22.	Manipur	-	-
23.	Meghalaya	-	-

24.	Mizoram	-	-
25.	Nagaland	-	-
26.	Odisha	-	Cuttack (UA), Bhubaneswar (UA), Raurkela (UA)
27.	Puducherry (Pondicherry)	-	Puducherry/Pondicherry (UA)
28.	Punjab	-	Amritsar (UA), Jalandhar (UA), Ludhiana (M, Corpn.)
29.	Rajasthan	-	Bikaner (M, Corpn.), Jaipur (M. Corpn.), Jodhpur (UA), Kota (M. Corpn.), Ajmer (UA)
30.	Sikkim	-	-
31.	Tamil Nadu	Chennai (UA)	Salem (UA), Tiruppur (UA), Coimbatore (UA), Tiruchirappalli (UA), Madurai (UA), Erode (UA)
32.	Tripura	-	-
33.	Uttar Pradesh	-	Moradabad (M. Corpn.), Meerut (UA), Ghaziabad (UA), Aligarh (UA), Agra (UA), Bareilly (UA), Lucknow (UA), Kanpur (UA), Allahabad (UA), Gorakhpur (UA), Varanasi (UA), Saharanpur (M. Corpn.), Noida (CT), Firozabad (NPP), Jhansi (UA)
34.	Uttarakhand	-	Dehradun (UA)
35.	West Bengal	Kolkata (UA)	Asansol (UA), Siliguri (UA), Durgapur (UA)

Annexure 3-List of Aspirational Districts*

The list of 112 aspirational districts as of September 2021 is provided below (Source: Niti Aayog).

Sl. No.	State	District
1	Andhra Pradesh	Visakhapatanam
2	Andhra Pradesh	Vizianagaram
3	Andhra Pradesh	YSR
4	Arunacha Pradesh	Namsai
5	Assam	Baksa
6	Assam	Barpeta
7	Assam	Darrang
8	Assam	Dhubri
9	Assam	Golpara
10	Assam	Hailakandi
11	Assam	Udalguri
12	Bihar	Araria
13	Bihar	Aurangabad
14	Bihar	Banka
15	Bihar	Begusarai
16	Bihar	Gaya
17	Bihar	Jamui
18	Bihar	Katihar
19	Bihar	Khagaria
20	Bihar	Muzaffarpur
21	Bihar	Nawada
22	Bihar	Purnia
23	Bihar	Sheikhpura
24	Bihar	Sitamarhi
25	Chhattisgarh	Bastar
26	Chhattisgarh	Bijapur
27	Chhattisgarh	Dantewada
28	Chhattisgarh	Kanker
29	Chhattisgarh	Kondagaon
30	Chhattisgarh	Korba
31	Chhattisgarh	Mahasamund
32	Chhattisgarh	Narayanpur
33	Chhattisgarh	Rajnandagon
34	Chhattisgarh	Sukma
35	Gujarat	Dahod
36	Gujarat	Narmada

*as of September 2021

37	Haryana	Mewat
38	Himachal Pradesh	Chamba
39	Jammu And Kashmir	Baramulla
40	Jammu And Kashmir	Kupwara
41	Jharkhand	Bokaro
42	Jharkhand	Chatra
43	Jharkhand	Dumka
44	Jharkhand	Garhwa
45	Jharkhand	Giridih
46	Jharkhand	Godda
47	Jharkhand	Gumla
48	Jharkhand	Hazaribag
49	Jharkhand	Khunti
50	Jharkhand	Latehar
51	Jharkhand	Lohardaga
52	Jharkhand	Pakur
53	Jharkhand	Palamu
54	Jharkhand	Purbi Singhbhum
55	Jharkhand	Ramgarh
56	Jharkhand	Ranchi
57	Jharkhand	Sahebganj
58	Jharkhand	Simdega
59	Jharkhand	West Singhbhum
60	Karnataka	Raichur
61	Karnataka	Yadgir
62	Kerala	Wayanad
63	Madhya Pradesh	Barwani
64	Madhya Pradesh	Chhatarpur
65	Madhya Pradesh	Damoh
66	Madhya Pradesh	Guna
67	Madhya Pradesh	Khandwa/East Nimar
68	Madhya Pradesh	Rajgarh
69	Madhya Pradesh	Singrauli
70	Madhya Pradesh	Vidisha
71	Maharashtra	Gadchiroli
72	Maharashtra	Nandurbar
73	Maharashtra	Osmanabad
74	Maharashtra	Washim
75	Manipur	Chandel
76	Meghalaya	Ri Bhoi
77	Mizoram	Mamit
78	Nagaland	Kiphire

79	Odisha	Balangir
80	Odisha	Dhenkanal
81	Odisha	Gajapati
82	Odisha	Kalahandi
83	Odisha	Kandhamala
84	Odisha	Koraput
85	Odisha	Malkangiri
86	Odisha	Nabarangpur
87	Odisha	Nuapada
88	Odisha	Rayagada
89	Punjab	Firozepur
90	Punjab	Moga
91	Rajasthan	Baran
92	Rajasthan	Dholpur
93	Rajasthan	Jaisalmer
94	Rajasthan	Karauli
95	Rajasthan	Sirohi
96	Sikkim	West District
97	Tamil Nadu	Ramanathapuram
98	Tamil Nadu	Virudhunagar
99	Telangana	Komaram Bheem Asifabad
100	Telangana	Jayashankar Bhoopalpalli
101	Telangana	Bhadradri-Kothaguden
102	Tripura	Dhalai
103	Uttar Pradesh	Bahraich
104	Uttar Pradesh	Balrampur
105	Uttar Pradesh	Chandauli
106	Uttar Pradesh	Chitrakoot
107	Uttar Pradesh	Fatehpur
108	Uttar Pradesh	Shravasti
109	Uttar Pradesh	Siddharth Nagar
110	Uttar Pradesh	Sonbhadra
111	Uttarakhand	Haridwar
112	Uttarakhand	Udham Singh Nagar

Annexure 4-Self-Declaration for Standalone Dialysis Centre

Every institution applying under the category of "Dialysis Single Specialty Hospital" must upload signed copy of the Self Declaration Document on its letterhead in the attachment section. The format for the same is as follows:

I, the undersigned, hereby declare that the information submitted in the AB PM-JAY empanelment application form is factual and correct. Specifically, I declare that we are a STAND-ALONE DIALYSIS CENTRE and all supplementary details, which forms the written evidence or attachments submitted to the AB PM-JAY office for the purposes of reviewing service provision against the standards for AB PM-JAY empanelment adopted by the NHA, gives, to the best of my knowledge, a true and accurate presentation

Signed:_____

Designation: _____

Name of the Dialysis Centre: _____

Location: _____

Date: _____

Annexure 5-Self-Declaration for Outsourced model Dialysis Centre

Self-Declaration for Outsourced model Dialysis Centre associated with Non-empaneled Hospitals under AB PM-JAY

Every institution applying under the category of "Dialysis Centre attached with Hospital" must upload signed copy of the Self Declaration Document on its letterhead in the attachment section. The format for the same is as follows:

I, the undersigned, hereby declare that the information submitted in the AB PM-JAY empanelment application form is factual and correct. Specifically, I declare that we are a DIALYSIS CENTRE attached with the hospital having separate parent company which is not associated with the hospital and all supplementary details, which forms the written evidence or attachments submitted to the AB PM -JAY office for the purposes of reviewing service provision against the standards for AB PM-JAY empanelment adopted by the NHA, gives, to the best of my knowledge, a true and accurate presentation.

Signed:_____

Designation: _____

Name of the Dialysis Centre: _____

Name of the hospital associated with:_____

Location: _____

Date: _____

national health authority

सत्यमेव जयते

Pradhan Mantri Jan Arogya Yojana

Ayushman Bharat

PM-JAY

Please visit NHA website for the above
document and other relevent information.

Further information available at www.pmjay.gov.in

National Health Authority, 3rd, 4th, 7th & 9th Floor, Tower 1, Jeevan Bharati Building,
Connaught Place, New Delhi-110001

www.nha.gov.in | www.pmjay.gov.in/ @AyushmanNHA