

# **Comprehensive procedure, guidelines and check list for empanelment of private hospitals – Railway Order**

**GOVERNMENT OF INDIA  
MINISTRY OF RAILWAYS  
(RAILWAY BOARD)**

No.2016/H-1/11/58/Policy

New Delhi, dated 25.4.2018

The General Managers,  
All Indian Railways & Production Units,

**Sub: Comprehensive procedure, guidelines and check list for empanelment of private hospitals.**

Ref:- SER's letter no.CMD/SER/Hosp. Tie-up/2303 Dated 14.11.2017.

PCMD/SER vide their letter under reference had sought necessary guidelines to be followed while empanelling private hospitals in consequence of powers delegated to the GMs for empanelment of private hospitals vide Railway Board letter no. 2017/Trans/01/Policy dated 18/10/17 and to the DRM's for divisions and CWMs for workshops vide letter no.2017/Trans/01/Policy/Pt 1 dated 30/11/17. Such powers are to be exercised by the delegated officers in person and shall not be delegated below. Hence now no proposal for empanelment is required to be sent to Railway Board.

A comprehensive guideline for procedure and checklist to be followed while empanelling private hospitals are being issued as per Annexure enclosed. Any new guidelines issued from MoH & FW as and when issued shall be duly incorporated and advised.

This is in surprise of all earlier guidelines issued from Railway Board on this subject.

This issues with the concurrence of the Finance Directorate of the Ministry of Railways.

Sd/-  
**(Mrs. H.K. Sanhotra)**  
Joint Director-II/Health  
Railway Board

## **Comprehensive Procedure Guideline & Check List For Empanelment of Private Hospitals**

The empanelled hospitals have been broadly categorised into two groups:-

A. CGHS / ESI / ECHS empanelled hospitals and Government of India / Public Sector Undertaking hospitals like of SAIL, BHEL, Coal India, etc.

B. Other private hospitals which are neither empanelled by CGHS, ECHS & ESI nor are run by Government of India Public Sector Unit. (PSU).

The following guide lines and check list are to be kept in consideration while empanelling hospitals by Railways. The point common to both these types of hospitals are given below:-

1. Justification for the proposal mentioning the present status of Railway Hospital i.e. number of Doctors & Paramedical on roll vis. a vis. sanctioned strength, services provided by it, any future plan for expansion, no. of Honorary Consultants/Visiting Specialists (specialty wise) & CMPs and despite existing facilities why referral services are still required.
2. Justification for empanelment with technical aspect i.e. number of beds / facilities/specialties/services offered/medical set up etc. at the proposed hospital.
3. Total number of Railway beneficiaries catered by the Railway Hospital.
4. In the Specialties Specialties for which Railway hospital do not have facilities if there are any reputed Government Hospitals rendering services in those specialties.
5. In CGHS covered states/cities, hospitals should be empanelled only at CGHS rates (in case of Government of India, PSU hospital their own rate) or even lower or some discount etc offered by them. Names of the hospital empanelled by CGHS / ECHS /ESI can be obtained from respective website. Even in places not covered by CGHS, all out efforts should be made to empanel hospital on CGHS (city-specific) rates only. In case of any deviation from CGHS rates, justification to be given by MD / CMS / CMO in charge, duly concurred by Associate Finance before being approved by Competent Authority.
6. Comparative statement of package rates as well as diagnostic charges of the proposed hospital with (i) other empanelled hospitals in the city and (ii) the CGHS rates of that city or the nearest city in tabulated form.
7. Two copies of rate list of hospital duly verified by competent authority. After approval, one copy along with sanction letter to be sent to HQ for uploading on Zonal website.
8. Concurrence of the Associate Finance as applicable along with their verbatim comments

9. Proposal to be sent for approval of GM /DG (RDSO) /DRM /CAO /CWM as the case may be (both for the first time and as well as further renewals).

10. Validity of empanelment will be two years or till it is empanelled or revoked by CGHS / ECHS /ESI whichever is earlier and for Government of India PSU hospitals too it will be for two years, Same for non CGHS / ECHS / ESI hospitals too. Overall performance of the hospital, patient's feedback etc. to be kept in mind while extension

11. Further extension may be done with mutual consent of both parties, and will be sanctioned by GM /DG (RDSO) /DRM /CAO /CWM as the case may be (also see para A((a) & B(d)).

A. CGHS / ESI/ ECHS empanelled hospitals and Government of India / Public Sector Undertaking hospitals like of SAIL' 3HEL, Coal India, etc. –

(a) In case of CGHS / ECHS / ESI empanelled & Government of India/PSU run hospitals, a letter of willingness from the hospital be obtained and can be empanelled any time Rates as and when revised by CGHS can be agreed to.

B. Other private hospitals which are neither empanelled by CGHS, ECHS & ESI

a) An open advertisement should be floated once a year or as per requirement for empanelment of private hospitals.

b) Empanelment of such hospitals should be considered only if there is no other CGHS/ ECHS / ESI nor any hospital run by Government of India – Public Sector Undertaking like SAIL, BHEL, Coal India etc. empanelled hospital, preferably within a vicinity of 5kms from the hospital already empanelled.

c) Search committee should be constituted by MD / CMS / CMO, consisting of 3 doctors of at least JAG level and they may co-opt another doctor of particular speciality when required. They will visit the hospitals and give clear justification for approving this hospital.

d) For any increase in rates, at the time of extension same should be justified by MD/CMS/CMO and concurred by Associated Finance and accepted by the concerned competent authority. If such increase in rates is more than 5%, the proposal duly justified by medical in charge and vetted by associate finance and approval of DRM/CWM in case of Division and workshops to be sent to Headquarters for sanction of General Manger. In case of headquarter controlled Central hospitals and Pus, General Manager / DG\*(RDSO) will approve such proposals. However, no enhancement in rate is permissible during that period of recognition of two years.