

F.No.5-34/CGHS/HEC(HQ)/2025
(Comp No. - 8375449)

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
केंद्रीय सरकार स्वास्थ्य योजना महानिदेशालय

कें. स. स्वा.यो. भवन, दिल्ली
दिनांक -22.12.2025

कार्यालय ज्ञापन/OFFICE MEMORANDUM

Subject: Fresh Empanelment of Private Hospitals under CGHS

In reference to the subject cited above and the notified applicable package rates vide Office Memorandum (OM) F.No. 5-16/CGHS(HQ)/HEC/2024 (Part-I) dated 03.10.2025, applications are hereby invited from Health Care Organisations (HCOs) from both existing empanelled HCOs and new applicants for empanelment under CGHS for treatment of CGHS Beneficiaries as per the terms and conditions stipulated below:

1. **Invitation for Applications:** HCOs that satisfy the prescribed eligibility criteria, expressly agree to the terms and conditions stipulated in the Memorandum of Agreement (MoA) (Annexure-A), and unconditionally accept the notified CGHS package rates shall be considered for empanelment. The offer for empanelment is open to HCOs located in cities already covered under CGHS, as well as those situated within the municipal limits of district headquarters across India.
2. **Mandatory Compliance for Existing HCOs (Partial Modification to OM dated 03.10.2025):**
 - a. In partial modification of para 4(c) of the Office Memorandum F.No. 5-16/CGHS(HQ)/HEC/2024 (Part-I) dated 03.10.2025, the deadline for execution of the MoA for existing hospitals shall be **on or before 31st March 2026**.
 - b. All currently empanelled Health Care Organisations (HCOs) are hereby informed that they are required to submit fresh applications, along with the prescribed application fee. Upon being found eligible and approved by the HEC Committee, they shall execute the Memorandum of Agreement (MoA) in accordance with the revised terms and conditions.
 - c. Failure to comply with this requirement of fresh application will result in the **de-empanelment** of the concerned HCOs, effective from **1st April 2026**.
3. **CGHS Rates and Application Submission:**
 - a. The CGHS rates applicable to various procedures and treatments are available for download on the CGHS website: <https://cghs.mohfw.gov.in/>.

- b. Applications from eligible hospitals (Annexure – B) must be submitted through the dedicated portal: <https://hem.nha.gov.in/>. Applicants should follow the steps detailed in Annexure C for submission.
4. **Structure of Differential Rates:** Differential CGHS Rates are based on accreditation status, hospital type, city classification, and Ward entitlement of CGHS Beneficiary:
- a. **Accreditation Status:** For Non-NABH / Non-NABL HCOs, package rates shall be **15% lower** than those applicable to NABH/NABL-accredited HCOs. (NABL stands for National Accreditation Board for Testing and Calibration of Laboratories).
 - b. **Super Speciality Hospitals:** Rates for Super Speciality Hospitals shall be **15% higher** than those applicable to NABH-accredited hospitals for the corresponding super specialities within the same city category.
 - c. **City Classification:** Differential rates apply based on city tiers: i. HCOs in **Y (Tier-II)** cities shall receive rates that are **10% lower** than X (Tier-I) city rates. ii. HCOs in **Z (Tier-III)** cities shall receive rates that are **20% lower** than X (Tier-I) city rates. iii. Y-Tier rates shall also be applicable to HCOs located in the **North-East Region**, the **Union Territory of Jammu & Kashmir**, and **Ladakh**.
 - d. **Ward Entitlement Adjustment:** subject to the provisions contained in point (4.e.) below, revised package rates are notified for the **semi-private ward**. i. For the **General ward**, a **5% decrease** in the applicable rates will apply. ii. For the **Private ward**, a **5% increase** on the admissible claim amount will apply.
 - e. **Uniform Rates:** Rates for **consultations, radiotherapy, investigations, day-care procedures, and minor non-admission procedures** shall remain uniform across all wards, regardless of entitlement.
 - f. **Cancer Treatment:** Existing CGHS rules and rates for **cancer surgeries** shall continue to apply. Revised rates will, however, apply to **chemotherapy, investigations, and radiotherapy**.
5. A fresh Performance Security, in the form of a Bank Guarantee issued by any Scheduled Commercial Bank (as per the format at Annexure-D), shall be submitted prior to empanelment. The Bank Guarantee shall have a validity of 42 months and shall be furnished for the amount applicable to the respective HCO and city category. In case the Empanelled HCO is re-applying for empanelment, the Existing Performance Security shall be released only upon submission of the fresh Bank Guarantee. It is further clarified that top-up or

enhancement of an existing Performance Bank Guarantee will not be permitted.

6. The duly signed Memorandum of Agreement (MoA) and the Hospital Policy for CGHS beneficiaries shall be submitted to the concerned Additional Director of the City along with the Performance Security to complete the empanelment process. (As defined in Table 4 of Clause 13.2 of Annexure A)
7. This issues with the approval of the competent authority.

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(Dr. Satheesh Y.H.)
Director CGHS

Enclosures:

- 1) Hospital Empanelment Document
- 2) Annexure A – Draft Memorandum of Agreement with Annexures
 - Annexure A.I – Admissible and Non-Admissible Items (Billing Guidelines)
 - Annexure A.II – Draft Format – Annual Report (Hospital)
 - Annexure A.III – Definition, Scope and Framework for Addressing Frauds
 - Annexure A.IV – Acronyms
 - Annexure A.V – Undertaking (Format)
 - Annexure A.VI – OPD undertaking and IPD Verification undertaking
 - Annexure A.VII – Summary of Tables and Flow Charts
 - Annexure A.VIII – Super Speciality Hospitals
- Annexure B – Eligibility criteria for empanelment
- Annexure C – Empanelment Procedure
- Annexure D – Format for Performance Security
- Annexure E – Draft Format - Hospital Policy for CGHS beneficiaries

To:

- 1) All empanelled Health Care Organisations through the CGHS website.
- 2) Addl. Director, CGHS(HQ)/ Addl. DDG(CGHS)/ Addl. Directors, CGHS of Cities / Zone.
- 3) All CGHS Wellness Centres through the concerned AD, CGHS, with the instruction to publicise through the Notice Board.
- 4) MCTC, CGHS with the request to upload the document on the CGHS Website (www.cghs.mohfw.gov.in).
- 5) LACs/ ZACs through Addl. Directors, CGHS.

Copy of Information to:

- 1) PPS to Secretary (H&FW), MoHFW
- 2) PPS to AS&DG, CGHS
- 3) PPS to JS (MoHFW), CGHS

(Dr. Satheesh Y.H.)
Director CGHS

**EMPANELMENT OF PRIVATE HOSPITAL, EXCLUSIVE CANCER
HOSPITALS/SINGLE SPECIALTY HOSPITALS/EYE HOSPITALS/DENTAL
CLINICS/DIALYSIS CENTRES/CHEMOTHERAPY CENTRES, DIAGNOSTIC
LABORATORIES & IMAGING CENTRES UNDER CGHS 2025**

Chapter I-CGHS OVERVIEW

1. CGHS Background and Scheme Overview

- (i.) CGHS is a comprehensive contributory Health Scheme started in 1954 and caters to the healthcare needs of eligible beneficiaries covering all four pillars of democratic set up in India namely Legislature, Judiciary, Executive and Press. Its beneficiaries include serving/retired Central Government employees, their dependents, Ex-Vice Presidents and their families, Ex-Governors and Lt. Governors and their families, sitting and former Members of Parliament, freedom fighters, Sitting Judges of Supreme Court and High Court of Delhi and former Judges of Supreme Court and High Courts and such other beneficiaries as notified by the Government under the Scheme. CGHS is the model Health care facility provider and is unique of its kind due to the large volume of beneficiary base, and open-ended generous approach of providing comprehensive health care.
- (ii.) Presently approximately 42 lakh beneficiaries are covered by CGHS in 81 cities all over India and the endeavour is to include more cities to improve the accessibility of the services.

Table 1- CGHS Covered cities/towns

1. Agra	22. Cuttack	43. Jodhpur	64. Pune
2. Agartala	23. Darbhanga	44. Kannur	65. Raipur
3. Ahmedabad	24. Dhanbad	45. Kanpur	66. Ranchi
4. Aizawl	25. Dehradun	46. Kohima	67. Rajahmundry
5. Ajmer	26. Delhi & NCR*	47. Kolkata (including Ishapore)	68. Saharanpur
6. Aligarh	27. Dibrugarh	48. Kochi	69. Shillong
7. Prayagraj (Allahabad)	28. Gandhinagar	49. Kota	70. Shimla
8. Ambala	29. Gangtok	50. Kozhikode (Calicut)	71. Silchar
9. Amritsar	30. Gaya	51. Lucknow	72. Siliguri (including Jalpaiguri)
10. Baghpat	31. Gorakhpur	52. Meerut	73. Sonapat
11. Bengaluru	32. Guwahati	53. Moradabad	74. Srinagar
12. Bareilly	33. Guntur	54. Mumbai	75. Thiruvananthapuram
13. Berhampur	34. Gwalior	55. Muzaffarpur	76. Varanasi (Banaras)
14. Bhopal	35. Hyderabad	56. Mysuru	77. Tiruchirappalli (Trichy)
15. Bhubaneswar	36. Imphal	57. Nagpur	78. Tirunelveli
16. Chandrapur	37. Indore	58. Nashik	79. Vadodara

17. Chandigarh	38. Itanagar	59. Nellore	80. Vijayawada
18. Chhatrapati Sambhaji Nagar (Aurangabad)	39. Jabalpur	60. Panaji	81. Vishakapatnam
19. Chennai	40. Jaipur	61. Panchkula	
20. Chhapra	41. Jalandhar	62. Patna	
21. Coimbatore	42. Jammu	63. Puducherry	

* Delhi NCR includes Delhi, Faridabad, Ghaziabad, Greater Noida, Noida, Gurgaon, Indirapuram, Sahibabad

(iii.) CGHS beneficiaries are classified based on their eligibility, with distinct card colour codes. Details as per the *Table 2* below

Table 2. **Beneficiaries, eligibility for credit and type of CGHS Cards:**

Sr. No	Beneficiary category including beneficiaries from other cities.	Eligibility for Credit/ Cashless Treatment	Card Identification
1	Pensioners holding CGHS Card, Ex-Members of Parliament, Freedom Fighters	Yes	Green strip
2	Sitting Members of Parliament	Yes	Red strip
3	Serving CGHS/DGHS/ Ministry of H&FW Employees and their dependants	Yes	Blue Strip
4	Serving Employees and their dependents of all other Departments having CGHS card (blue stripe) (other than CGHS/DGHS/Ministry of H&FW)	Credit to be given in emergency cases. Before the discharge a credit letter may be obtained from HOO/HOD of Beneficiary department. The letter shall certify the entitlement of beneficiary or beneficiary dependent along with details of submission of bill and payment process	Blue Strip
5	Pensioners of autonomous bodies	No	Yellow Strip
6	Pensioners of Air India	Yes. But BCA as decided by concerned authorities. Currently the BCA is UTITSL	Orange Strip

(iv). The CGHS card is valid across India, allowing CGHS beneficiaries and their dependents, including those from other cities, to receive treatment (OPD/IPD) at

empanelled HCOs at CGHS rates. The hospital/ diagnostic centres shall agree to charge CGHS rates to all Central Government Employees and Central government pensioners on production of valid I-Card / Documentary proof even though treatment is not sought as CGHS beneficiary.

2. CGHS Organogram/Contact Details:

- (i.) The Central Government Health Scheme (CGHS) operates under the **Ministry of Health & Family Welfare (MoHFW), Government of India**, with a structured hierarchy. A detailed table containing CGHS contact details, including headquarters, regional offices is mentioned in *Table 3*, *Table 4* and *Table 5* for reference. This table provides city-wise contact numbers and addresses of key CGHS offices. For the latest information, refer to the official CGHS website: <https://cghs.mohfw.gov.in/>

Table 3 Contact Details of Directorate Of CGHS

<u>Sl. No</u>	<u>Official post</u>	<u>Address</u>	<u>Contact Number</u>	<u>Official E-mail ID</u>
1	AS & DG (Addl. Secretary and Director General)	Kartavya Bhavan 1 Mansingh Road, New Delhi-110001	011-23063693, 011-23063687	asfr-mohfw@nic.in
2	Director, CGHS	Room 101, CGHS Bhawan, Sector-13, R K Puram, New Delhi-110066	011-20863436	director-cghs@cghs.nic.in
3	Additional Deputy Director General (ADDG)	Room 302, CGHS Bhawan, Sector 13, R K Puram, New Delhi - 110066	011-20861930	addghq.dl@cghs.nic.in

Table 4. Contact Details of Office of Additional Director(HQ), Delhi & NCR

<u>Sl.No.</u>	<u>Official Post</u>	<u>Address</u>	<u>Contact Number</u>	<u>Official e-mail ID</u>
1	Additional Director (HQ)	CGHS Bhawan, Sector - 13 R. K. Puram New Delhi - 110066	011-20863431	adhq.dl@cghs.nic.in

2	Joint Director, Grievance (HQ)	Room 209,CGHS Bhawan, Sector - 13 R. K. Puram New Delhi - 110069	011- 20863450	jdgrhq.dl@cghs.nic.in
3	CMO-HEC	Room 209 ,CGHS Bhawan, Sector - 13 R. K. Puram New Delhi - 110069	011- 20863450	cmo-hec.dl@cghs.nic.in

3. Administrative Divisions for Empanelment of Hospitals in District Headquarters Not Under CGHS Coverage

- (i.) To ensure accessibility to quality healthcare for Central Government employees and pensioners in **district headquarters not covered under CGHS**, the government has established **Administrative Divisions** for hospital empanelment. These divisions categorize district headquarters based on regional control and administrative supervision. Details in *Table 5* below. Only the hospitals located within the municipal limits of the district headquarters and fulfil the eligibility criteria shall be considered for empanelment.

Table 5 - Administrative Divisions

Sl.N o.	Administrative City & Districts Covered	Office Address of Additional Directors Outside Delhi	Contact Details Contact No. & email ID
1	Ahmedabad (All the districts of Gujarat, and Diu)	O/o Additional Director CGHS,2nd Floor, S. R. House, Opp. Mount Carmel School, Ashram Road, Ahmedabad- 380009, Gujarat	079-26587798, ad.ah@cghs.nic.in
2	Bengaluru (All the districts of Karnataka)	O/o Additional Director CGHS Bangalore, 3rd Floor, E Wing, Kendriya Sadan, Koramangala, Bangalore 560034, Karnataka	080-25538300, cghsbng-ka@nic.in ad.ba@cghs.nic.in
3	Bhopal (All Districts except Jabalpur division of MP)	O/o the Additional Director, CGHS Bhopal, Plot No. 23, 3rd Floor, Arera Hills, Near Meteorological Department, Bhopal (M.P) - 462027	0755 – 2550265, adcghs.bpl@cghs.nic.i n
4	Bhubaneshwar (All the districts of Odisha)	O/o Additional Director, CGHS Bhubaneswar, Unit IV, Old AG Colony, Bhubaneswar-751001, Odisha	0674-2500127, ad.bh@cghs.nic.in

5	Chandigarh (All the districts of Punjab, Haryana, Himachal Pradesh, and districts of UT of Jammu & Kashmir and Ladakh)	O/o Additional Director CGHS Chandigarh, Room No. 427, 4th floor, Kendriya Sadan, Sector 9A, Chandigarh-160009	0172 -2740716, adchd@cghs.nic.in
6	Chennai (All the districts of Tamil Nadu and Puducherry and Karaikal)	O/o Additional Director CGHS Chennai, E-2 C, Rajaji Bhavan, Besant Nagar, Chennai-600090	044-23458400, cghs-chennai@nic.in
7	Dehradun (All the districts of Uttarakhand)	O/o Additional Director CGHS Dehradun, 19-20, Navyug Enclave, Phase-III, Milan Vihar, GMS Road Dehradun	0135-2979800, jd.dd@cghs.nic.in
8	Delhi & NCR (All districts of New Delhi and NCR)	CGHS Bhawan, Sector - 13 R. K. Puram New Delhi - 110066	011-20863431 adhq.dl@cghs.nic.in
9	Guwahati (All the districts of Assam, Sikkim, Mizoram, Arunachal Pradesh, and Nagaland)	O/o The Additional Director CGHS Guwahati, GMSD Complex, A.K. Azad Road, Gopinath Nagar Guwahati-781016, Assam	0361-2492698, cghs.guwahati@gov.in
10	Hyderabad (All the districts of Telangana, Andhra Pradesh, and Yanam)	O/o Additional Director CGHS Hyderabad, Kendriya Swasthya Bhavan, Begumpet, Hyderabad -500016	040-27902316, adcgshshyd@nic.in
11	Jabalpur (Districts in Jabalpur division of MP)	O/o Additional Director, CGHS Jabalpur, 1544/A, First Floor, Napier Town, Home Science College Road, Jabalpur-482001, Madhya Pradesh	0761-2405205, cghsjab-mp@nic.in
12	Jaipur (All the districts of Rajasthan)	O/o Additional Director CGHS Jaipur, Kendriya Sadan Parisar, Block-B, Ground Floor, Sector-10, Vidyadhar Nagar, Jaipur-302039, Rajasthan	0141-2235110, ad.jp@cghs.nic.in
13	Kanpur (Districts of Bundelkhand, UP)	O/o Additional Director CGHS Kanpur, Plot No. 8-11, Ratan Lal Nagar, Kanpur-208022, Uttar Pradesh	0512-2283499, ad.kn@cghs.nic.in
14	Kolkata (All the districts of West Bengal and Andaman Nicobar)	O/o the Additional Director, CGHS Kolkata, 6, Esplanade East (Ground Floor), Kolkata - 700069	033-22103922, ad.ko@cghs.nic.in

15	Lucknow (Districts of central UP)	O/o Additional Director CGHS Lucknow, B-114/115, Vibhuti Khand, Gomti Nagar, Lucknow - 226010, Uttar Pradesh	0522-2728989, cghslko@nic.in
16	Meerut (Districts of Western UP)	O/o Additional Director CGHS Meerut, Swasthya Bhawan, S K Road, Meerut-250002, Uttar Pradesh	0121-2601426, admeerut-cghs@nic.in
17	Mumbai (Districts in Konkan and Nashik division of Maharashtra and Goa, Daman, Dadra and Nagar Haveli)	O/o Additional Director CGHS Mumbai, Old CGO Building (Pratishtha Bhawan), Ground Floor, South Wing, 101, M.K. Road, New Marine Lines, Mumbai 400 020	022-2018600, ad.mum@cghs.nic.in
18	Nagpur (Districts in Nagpur and Amravati divisions of Maharashtra and Districts of Chhattisgarh)	O/o the Additional Director, CGHS, Swasthya Bhavan, Near T.V Tower Square, Seminary Hills, Nagpur - 440006, Maharashtra	0712-2513723, ad.ng@cghs.nic.in
19	Patna (All the districts of Bihar)	O/o Additional Director CGHS Patna, 4th Floor, A Wing, GPOA Complex, Karpuri Thakur Sadan, Ashiana Digha Road, Patna-800025	0612-2565014, ad.pa@cghs.nic.in
20	Prayagraj (Districts of Eastern UP)	O/o Additional Director CGHS Allahabad, 2nd Floor, Sangam Place, Civil Lines, Allahabad (Prayagraj), Uttar Pradesh	0532-2561310, ad.al@cghs.nic.in
21	Pune (Districts in Pune and Aurangabad division of Maharashtra)	O/o Additional Director, CGHS Pune, Second Floor, Swasthya Sadan, Mukundnagar, Pune-411 037, Maharashtra	020-24262831, ad.pu@cghs.nic.in
22	Ranchi (All the districts of Jharkhand)	O/o Additional Director CGHS Ranchi, New A.G. Colony Doranda, Ranchi, Jharkhand	0651-2480147, adcghs.ran-jhr@gov.in
23	Shillong (All the districts of Meghalaya, Tripura and Manipur)	O/o the Additional Director CGHS Shillong, Nongrim Hills, Shillong -793 003, Meghalaya	0364-2520626, ad.cghs-meg@gov.in
24	Thiruvananthapuram (All the districts of Kerala and Mahe and Lakshadweep)	O/o of Additional Director CGHS Thiruvananthapuram, TC 25/1379(1) Charachira Road, Plamoodu Kowdiar PO Thiruvananthapuram-695003, Kerala	0471-2449760, ad.tr@cghs.nic.in

4. Classification of Cities for Hospital Empanelment under CGHS

- (i.) For the purpose of **empanelment of hospitals, diagnostic centers, and healthcare facilities** under the **Central Government Health Scheme (CGHS)** cities are classified into three categories: **Tier 1, Tier 2, and Tier 3**. This classification is based on **HRA classification**.
(change tier cities)

Table 6 – List of tier 1 and tier 2 cities

State/Union Territory	Tier 1 Category Cities	Tier 2 Category Cities
Andhra Pradesh & Telangana	Hyderabad	Vijayawada, Warangal, Visakhapatnam, Guntur, Nellore
Assam		Guwahati
Bihar		Patna
Chandigarh		Chandigarh
Chhattisgarh		Raipur, Durg Bhilai Nagar
Delhi	Delhi	
Goa		Goa
Gujarat	Ahmedabad	Rajkot, Jamnagar, Vadodara, Surat, Bhavnagar
Haryana	Gurgaon, Faridabad	Panchakula
Jammu & Kashmir		Srinagar, Jammu
Jharkhand		Jamshedpur, Dhanbad, Ranchi, Bokaro Steel City
Karnataka	Bengaluru	Belgaum, Hubli-Dharwad, Mangalore, Mysore, Gulbarga
Kerala		Kozhikode, Kochi, Thiruvananthapuram, Thrissur, Malappuram, Kannur, Kollam
Madhya Pradesh		Gwalior, Indore, Bhopal, Jabalpur, Ujjain
Maharashtra	Greater Mumbai, Pune	Nagpur, Aurangabad, Nashik, Amravati, Bhiwandi, Solapur, Kolhapur, Vasai-Virar, Malegaon, Nanded-Waghala, Sangli
Odisha		Cuttack, Bhubaneswar, Raurkela
Port Blair		Port Blair (Andaman and Nicobar islands)
Puducherry		Puducherry
Punjab		Amritsar, Jalandhar, and Jalandhar Cantonment, Ludhiana, Mohali (Sahibzada Ajit Singh -SAS Nagar)
Rajasthan		Jaipur, Jodhpur, Kota, Bikaner, Ajmer
Tamil Nadu	Chennai	Coimbatore, Tiruchirappalli, Madurai, Erode, Salem, Tiruppur

Uttar Pradesh	Noida, Ghaziabad	Lucknow, Kanpur, Agra, Allahabad (Prayagraj), Meerut, Varanasi, Bareilly, Moradabad, Aligarh, Gorakhpur, Saharanpur, Firozabad, Jhansi
Uttarakhand		Dehradun
West Bengal	Kolkata	Asansol, Durgapur, Siliguri
*All other cities and towns not classified under Tier 1 or Tier 2 are Tier 3 cities .		

Table 7 - Administrative City & Districts covered

Sl. No.	Administrative City & Districts Covered	Tier 1	Tier 2
1	Ahmedabad (All the districts of Gujarat, and Diu)	Ahmedabad	Rajkot, Jamnagar, Vadodara, Surat, Bhavnagar
2	Bengaluru (All the districts of Karnataka)	Bengaluru	Belgaum, Hubli-Dharwad, Mangalore, Mysore, Gulbarga
3	Bhopal (All Districts except Jabalpur division of MP)		Indore, Bhopal, Ujjain
4	Bhubaneswar (All the districts of Orissa)		Cuttack, Bhubaneswar, Raurkela
5	Chandigarh (All the districts of Punjab, Haryana, Himachal Pradesh, and districts of UT of Jammu & Kashmir and Ladakh)		Srinagar, Jammu (*All the towns of UT of Jammu & Kashmir and Ladakh)Amritsar, Jalandhar, and Jalandhar Cantonment, Ludhiana, Mohali (Sahibzada Ajit Singh -SAS Nagar) , Panchakula, Chandigarh
6	Chennai (All the districts of Tamil Nadu and Puducherry and Karaikal)	Chennai	Coimbatore, Tiruchirappalli, Madurai, Erode, Salem, Tiruppur, Puducherry
7	Dehradun (All the districts of Uttarakhand)		Dehradun
8	Guwahati (All the districts of Assam, Sikkim, Mizoram, Arunachal Pradesh, and Nagaland)		Guwahati, *All the towns of Assam, Sikkim, Mizoram, Arunachal Pradesh, and Nagaland
9	Hyderabad (All the districts of Telangana, Andhra Pradesh, and Yanam)	Hyderabad	Vijayawada, Warangal, Visakhapatnam, Guntur, Nellore
10	Jabalpur (Districts in Jabalpur division of MP)		Jabalpur

11	Jaipur (All the districts of Rajasthan)		Jaipur, Jodhpur, Kota, Bikaner, Ajmer
12	Kanpur (Districts of Bundelkhand, UP)		Kanpur, Jhansi, Gwalior,
13	Kolkata (All the districts of West Bengal and Andaman Nicobar)	Kolkata	Asansol, Durgapur, Siliguri, Port Blair
14	Lucknow (Districts of central UP)		Lucknow, Agra, Bareilly, Gorakhpur,
15	Meerut (Districts of Western UP)		Meerut, Moradabad, Aligarh, Saharanpur, Firozabad,
16	Mumbai (Districts in Konkan and Nashik division of Maharashtra and Goa, Daman, Dadra and Nagar Haveli)	Greater Mumbai	Nashik, Goa, Sangli, Bhiwandi, Vasai-Virar
17	Nagpur (Districts in Nagpur and Amravati divisions of Maharashtra and Districts of Chhattisgarh)		Nagpur, Raipur, Durg Bhilai Nagar, , Nanded-Waghala
18	Patna (All the districts of Bihar)		Patna
19	Prayagraj (Districts of Eastern UP)		Allahabad (Prayagraj), Varanasi,
20	Pune (Districts in Pune and Aurangabad division of Maharashtra)	Pune	Aurangabad, Solapur, Kolhapur
21	Ranchi (All the districts of Jharkhand)		Jamshedpur, Dhanbad, Ranchi, Bokaro Steel City
22	Shillong (All the districts of Meghalaya, Tripura and Manipur)		*All the towns of Meghalaya, Tripura and Manipur
23	Thiruvananthapuram (All the districts of Kerala and Mahe and Lakshadweep)		Kozhikode, Kochi, Thiruvananthapuram, Thrissur, Malappuram, Kannur, Kollam

CGHS Referral System: All CGHS beneficiaries (in all CGHS Cities) shall be permitted for seeking OPD/IPD treatment at empanelled HCOs after being referred by any Medical Officer from any CGHS wellness Centre in India. Referrals are also valid at any of the HCO in any city. In emergency cases, HCO shall not insist for referral or endorsement from CGHS and shall provide cashless treatment including unlisted procedures/ investigations /implants to eligible beneficiaries based on the emergency certificate given by the treating specialist at empanelled hospital. Those eligible for credit shall be given credit. Various categories of referral are listed in

Table 8. Categories of Referrals

Referral Category	Definition (as per CGHS Guidelines)
e-Referral	The beneficiary will avail treatment at empanelled HCO after referral by CGHS Wellness Centre through the CGHS HMIS module. Only sign of Medical officer is mandatory and stamp is not mandatory
Manual Referral	Beneficiary may avail treatment along with manual referral document under the following circumstances 1. A referral issued by a CGHS Wellness Centre when the CGHS online module is unavailable (e.g., due to power or network or server outage etc.) 2. Permission issued by Office of Additional Director in case of In Patient only cards, Unlisted permissions,), or 3. When facility is obtained based on advice or referral issued by any Government specialist in accordance with CGHS rules/Guidelines. 4. Sign and Stamp of Medical officer / Concerned referral authority is mandatory for manual referrals
Non-Referral	The beneficiary can avail treatment without referral under the following circumstances 1. Emergency admissions to a hospital. 2. Follow up consultations up to 5 more including cross consultations. 3. Essential Follow-up investigation/ Minor OPD procedures (Except CT, MRI, Nuclear scans ,OCT (eye), Physiotherapy and dental procedures) as per the consultation /cross consultation advise and those not requiring admission and costing less than Rs 3000/-.These are to be availed in the same HCO where primary consultation was availed. 4. The patients above 70 years are eligible to avail direct consultation without prior permission from CGHS . 5. If treating physician advises any listed treatment or investigations during such consultation the same may be availed without any endorsement or permission or endorsement from CGHS or competent authority. . However Planned (non-emergency) unlisted procedures/investigations /implants require referral from CGHS or competent authorities.

5. Table 9. Details on Frequently used terms

S NO	Description	Details
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1	Room Rent / Ward Charges	Means all charges towards providing an environment to deliver care and shall comprise of but not limited to accommodation charges, nursing charges, registration charge, air bed, water bed, alpha bed , flowtron charges ,luxury tax, surcharge, air conditioning, facility Charges, HVAC charges, water & electricity charges, housekeeping charges, infection control/CSSD, biomedical waste management, portable/bedside/emergency service charges, laundry charges, patient identification band, bed sheet, patient gown, visitor passes, duty doctor charges, patient diet and dietician charges, any certificate charges, etc. It also includes attendant bed charges in case of private ward and above.
2	Nursing Charges	Shall comprise of but not limited to charges related to Medication Administration, IV cannulation, IM/IV injection, Ambulation (Mobilisation) of patient, Ryles tube feeding, Suction Charges, ICD/any catheter/bed sore care, oral care, tracheostomy care, personal hygiene, sponge bath, monitoring, health education, etc. Nursing charges are part of ward charges and hence cannot be charged separately or collected from the patient.
3	Equipment Charges	Charges towards C-arm, OT equipment, DVT pump, infusion pump, portable X-ray or any other machine charges or their rental charges are also part of room rent charges/surgical procedure. Hence, they are not payable separately.
4	Day Care Charges	“Day Care Charges” refer to the accommodation charges where in the patient is treated and monitored for up to 6–8 hours, typically in the emergency or casualty unit, chemo therapy ward. It includes components similar to ward charges. The rate is fixed at ₹1,500, irrespective of hospital, city, or accreditation status.
5	ICU/CCU/ICC U/PICU/MICU / HDU/NICU / Isolation Charges	Shall include similar charges as applicable to providing care in a critical care unit or Isolation ward. ICU rate (Rs 5400/-) is the same for all categories of ward entitlement and across all hospitals irrespective of tier of the city. The ICU charge includes monitoring charges ; it excludes ventilator charges (ventilator, if used, is billed separately as per CGHS rate). .

7	CGHS Package Rate	Lump sum cost of inpatient treatment/daycare/diagnostic procedure for which a CGHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge, including (but not limited to): (i) Registration charges (ii) Admission charges (iii) Accommodation charges including patient's diet (iv) Operation charges (v) Injection charges (vi) Dressing charges (vii) Doctor/consultant visit charges (viii) ICU/ICCU charges (ix) Monitoring charges (x) Transfusion charges and Blood processing charges (xi) Anaesthesia charges (xii) Operation theatre charges (xiii) Procedural charges/surgeon's fee (xiv) Cost of surgical disposables and all sundries used during hospitalization (xv) Cost of medicines and consumables/disposables (xvi) Related routine and essential investigations (xvii) Physiotherapy charges etc. (xviii) Nursing care charges ,(xix) O2 charges , Ventilator charges as routinely required if any etc. In case a beneficiary is required to undertake multiple surgical procedures in one OT session, the procedure with highest rate shall be considered as the primary package and reimbursed at 100%, thereupon the 2nd (next highest rate) surgical procedure shall be reimbursed at 50% of package rate, 3rd and subsequent surgical procedures shall be reimbursed at 25% of the package rate.
8	Blood Charges (PRBC/Whole Blood/FFP/Cryoprecipitate/SDP/RDP etc.)	Refers to Donor screening, Patient Screening and component or whole blood processing and preparation charges including /Blood Irradiation/Leuco Filtration etc
9	Provision of Medicines & Consumables	During treatment, HCOs must provide all necessary consumables, including surgical sundries and medications, from their pharmacy for both inpatients and OPD patients undergoing procedures like POP application, dilation and curettage, wound dressing, etc. within the package rate, fixed by the CGHS which includes the cost of all the items and will not ask the beneficiary or his/her attendant to purchase separately .HCOs are not allowed to charge for surgical sundries and can only collect payment for non-admissible items.
10	Additional Stay Charges	No additional charge on account of an extended period of stay shall be allowed if that extension of stay is due to infection acquired as a consequence of a surgical procedure or due to any improper procedure/medical negligence and is not justified.

11	Consultation fees	Consultation Charges of Rs 350/- and Rs 700/- are payable for specialist and super specialist consultations respectively in OPD including consultation in emergency / casualty room. However, the indoor consultations shall be payable at the rate of Rs 350/- for all indoor consultations for both superspecialist and specialist consultation. Outpatient consultations provided by Super Specialists holding DM/MCh /DNB SS qualifications shall be governed uniformly across all categories of empanelled hospitals, including both multispecialty and super-specialty hospitals. The consultation fee shall remain the same irrespective of whether the consultant is in-house or a visiting specialist. The consultation fee is inclusive of the cost of examination consumables such as paper gloves, unsterile gloves, or examination gloves, if used during the examination of the patient. For Eye consultations, the fee shall also cover the cost of procedures such as Refraction, Auto Refraction, Non-Contact Tonometry, and 90D Lens Examination (Fundus Examination). These shall not be charged separately. · Each consultation will be considered valid for a period of 7 days, provided it pertains to the same specialty. · An enhanced consultation fee of Rs. 700/- shall be applicable for outpatient psychiatry consultation.
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Chapter 2: Empanelment of HCO

With a view to provide comprehensive health Care facilities to CGHS beneficiaries, CGHS is empanelling private hospitals, exclusive Eye hospitals / Centres, exclusive Dental Clinics, Cancer Hospitals/units, diagnostic laboratories and imaging centres. The eligible private health Care Organizations seeking empanelment and having prescribed infrastructure and staff and willing to accept the rates of various treatment procedures/ investigations notified by CGHS and other conditions as detailed below and Memorandum of Agreement (MOA) may apply for the same.

1. Under the CGHS Empanelment Scheme 2025 the Multi-speciality Hospitals, Exclusive Cancer Hospitals/Super Specialty Hospitals/Exclusive Single Speciality Hospitals/Eye Hospitals/Dental centres/Dialysis Centres/Chemotherapy Centres , Diagnostic Laboratories & Imaging Centres accredited by National Accreditation Board for Hospitals and Health Care providers (NABH) or its equivalents such as Joint Commission International (JCI), ACHS (Australia), National Health Systems Resource Centre (NHSRC) or by any other accreditation body approved by International Society for Quality in Health Care (ISQua) shall be considered for empanelment under NABH category (for information on ISQUA Recognised Accreditation Bodies refer to <https://ieea.ch/awards/>) Even non- NABH accredited HCOs can also apply for empanelment under the NON- NABH category . However, entry level NABH accreditation or QCI recommendation is

mandatory for empanelment with CGHS. These HCOs shall be empanelled at NON-NABH/ NON NABL rates.

2. All Hospitals seeking empanelment under the super-speciality category irrespective of the city shall compulsorily be fully accredited by NABH or its equivalent bodies.
3. The Standalone Diagnostic Laboratories & Imaging Centres shall be compulsory be accredited by NABL. However, for Tier III, North east states, and Jammu and Kashmir even NON NABL laboratories but having entry level NABL certification or QCI recommendation shall be empanelled subject to the condition that full NABL accreditation shall be obtained within one year failing which they shall be removed from empanelment.
4. NABH (or equivalent) accredited Dialysis centres shall be empanelled under NABH category .While those having entry level accreditation or QCI recommendation shall be empanelled under NON NABH category.
5. Since currently , there are no NABH or its equivalent standards for Chemo centres these centres shall be empanelled under NON NABH category subject to the condition that they will obtain QCI recommendation within 6 months failing which they shall be removed from the list of empanelled HCOs under CGHS.
6. HCOs desirous of getting empanelled with CGHS shall pay the prescribed non-refundable application fee (Rs 25000/- for Super Speciality Hospitals and Rs 10000/- for other Hospitals and Rs 5000/- for Laboratory and diagnostic centres , Eye Hospitals, Dental Centres, Chemo therapy Centres and Dialysis centres) online in bharat kosh .These HCOs shall mandatorily attend the pre empanelment meeting to understand terms of MOA including the policies and procedures of CGHS .Those accepting all the terms shall only be considered for empanelment. CEO/head of facility of such HCO,s shall be registered on User Management Portal (UMP portal- <https://ump.pmjay.gov.in/>) . Subsequently the HCO apply for empanelment through hospital Engagement Module (HEM portal) – hem.nha.gov.in).
7. After the application is approved by the empanelment committee, the Healthcare Organization (HCO) must sign the Memorandum of Agreement (MOA) (Annexure A) within specified time and submit the MOA along with the duly signed hospital policy document (Annexure E) & the prescribed Performance Bank Guarantee (PBG- valid for minimum of 42 months) (Annexure D), to the office of the Additional Director of the respective city for CGHS cities outside Delhi, or to the office of AD(HQ) for Delhi NCR. within 2 weeks from the date of approval of the application.The copies of are also to be submitted in HEM Portal.
8. Differential rates shall be applicable to the HCOs empanelled under CGHS depending on the NABH and NABL accreditation, Super speciality status of the HCO and geographic location of HCO i.e. Tier I, Tier II .and Tier III cities.

The HCOs having full NABH or NABL shall be entitled for NABH or NABL rates respectively. If the laboratory services are included in the scope of full NABH accreditation, then NABL rates are applicable to laboratory services and there is no need to have separate NABL accreditation. Similarly, if the imaging services are part of scope of NABL accreditation, NABH rates are applicable for imaging services and there is no need to have separate NABH accreditation. The hospitals empanelled under super speciality category shall meet all the requisite criteria and are entitled for super speciality rates.

9. It is the HCO responsibility to have valid accreditation certificates and also uploading the same in HEM portal for approval.
10. The Healthcare Organization (HCO) will be empanelled for a period of **three years**, covering all available facilities (OPD and IPD). There will be no empanelment for selected services. All services (OPD and IPD) must be provided at CGHS rates, regardless of whether the facility is outsourced or in-house. If a hospital adds new facilities or services, it must inform CGHS and provide these services to beneficiaries at CGHS-approved rates and guidelines.
11. There will be no discrimination towards CGHS or any Central Government beneficiaries when providing treatment. In fact, they will be given priority.
12. CGHS beneficiaries cannot be denied consultation or treatment by any consultant, whether in-house or visiting. They have the right to access treatment at all available facilities, including outsourced ones, and from any in-house or visiting consultant, at CGHS rates. If a facility is available at the hospital but not offered to CGHS beneficiaries, the hospital will be removed from the CGHS panel.
13. The beneficiaries are entitled for various kinds of ward based on their basic pay or level of pay as summarized in Table 9

Table 10 -The various categories of wards

S. No	Categories	Description	Room Charges
1	General Ward	General ward is defined as a hall / Room that accommodates four to ten patients.	Rs 1500
2	Semi-Private Ward	Semi Private ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings. 2-way IP based nurse call system and Room has to be Air conditioned	Rs 3000

3	Private Ward	Private ward is defined as a hospital room where a single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed-side table, sofa set, etc. as well as a bed for the attendant. The room has to be air-conditioned. 2-way IP based nurse call system.	Rs 4500
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14. Beneficiaries must be provided with the wards they are entitled to. No patient shall be denied treatment due to the nonavailability of the entitled category of ward. If the entitled category is not available, treatment may be provided in a higher-category ward until the entitled ward becomes available, and the HCO shall charge at the entitled rate, even if the treatment was given in a higher-category ward. Under no circumstances is treatment in a lower-than-entitled category ward allowed.
15. HCO's shall agree to abide by CGHS rates, guidelines or any other law as applicable to HCO's. HCO shall also mandatorily cooperate with health authorities i.e. Central / State in times of Calamities (Natural/Man-Made), disasters, epidemics, pandemics etc.
16. As Health Facility Registration ID (HFR ID) is mandatory to onboard on HEM portal, all HCOs are mandatorily to obtain their **Health Facility Registry (HFR) ID** ie register on ABDM prior to submitting the empanelment application. The HFR ID can be generated through the official portal at <https://facility.ndhm.gov.in/>. The HCO are encouraged to attain **ABDM M3 compliance as early as possible** from the date of empanelment. HCOs that are already **M3 compliant** at the time of application shall be eligible for **20% reduction** in the Performance Bank Guarantee (PBG) amount payable. HCOs that **achieve M3 compliance** shall be eligible for a **refund of 20% of the PBG amount**.
17. The Applicant Health care Organization must enter details of all available facilities and investigations including those of outsourced facilities. The HCO shall also upload under hospital tariff card with schedule of charges the hospital rates for general public for all treatment procedures / investigations/ facilities available in excel format. They must certify that they will adhere to CGHS rates and that the rates charged to CGHS beneficiaries will not exceed those charged to non-CGHS patients or the general public. Therefore, the applicable rates shall be the CGHS rates or the hospital's actual rates, whichever is lower.
18. The qualifications, Health Care Professional Registration ID (HPR ID- to be created under ABDM), Medical Council Registration Number and Mobile of all consultant are to be entered mandatorily in the HEM portal. The details of even the visiting consultants in all departments shall be provided. The copy of the list also to be uploaded in the HEM portal under Consultant List with Speciality.
19. The Healthcare Organization (HCO) shall mandatorily register as a Convergence Partner on the "consumerhelpline.gov.in" portal at the time of application, enabling consumer complaints to be addressed directly through

the Consumer Helpline system. The proof to be submitted manually and also upload to the HEM portal.

20. e-Medical / e-Ayush Visa Compliance: Every HCO empanelled under CGHS shall also register on the Government of India's IVFRT (Immigration, Visa, Foreigners Registration & Tracking) (portal at <http://indianfirro.gov.in/firro/medicalvaluetravel>) at the time of application enabling to generate and issue all medical-treatment invitation letters for foreign nationals exclusively through this portal, ensuring the correctness of every data field so that Indian Missions and FRRO/FRO offices can verify the invitation online before granting an e-Medical or e-Ayush Visa, and comply in full with the Standard Operating Procedure set out in Ministry of Home Affairs Letter No. 25022/46/2022-F.I dated 14 June 2024; any failure to register or to follow the IVFRT workflow shall constitute a material breach of this MOA attracting penalties.
21. Applicant Health care Organizations must have EMR/ EHR as per the standards notified by Ministry of Health & Family Welfare
22. Empanelled Health Care Organisations (HCOs) shall strictly refrain from any unethical, fraudulent, or discriminatory practices—such as inflated billing beyond CGHS package rates, unbundling procedures to increase costs, unjustified refusal of treatment to entitled beneficiaries, submission of false or altered documents, forgery, or discriminatory behaviour by staff—and any such violation shall invite strict penal action including suspension or removal from the CGHS panel, recovery of overcharged amounts, and legal proceedings as per applicable laws.
23. The diagnostic and imaging reports shall have a unique identifier number which shall be verifiable.
24. The HCOs are advised to adhere to Standard Treatment Guidelines and Antibiotic policy.
 - a) Prescriptions issued by Specialists of empanelled hospitals in respect of medicines must also mention the generic name of the drug and shall not insist on any specific brand to the patients.
 - b) Specialists of empanelled hospitals shall not prescribe medicines of equivalent value or items that come under the category of nutritional substances/food supplements.
 - c) The reports indicating resistance to routine antibiotics shall be examined by the designated antibiotic committee. The hospital must adhere to its antibiotic policy and ensure the judicious use of high-end antibiotics, including antifungal agents. These should be used primarily based on the recommendations of a designated committee. Any misuse of antibiotics will be treated as fraudulent activity.
 - d) Use of IV Albumin should be adhered to standard prescribed guidelines
25. Practice Evidence based Medicine: Medicine is a branch of science and it should be practiced scientifically only.

- a) Investigations and treatment provided to the patient must be based on the differential diagnosis and provisional diagnosis arrived at on the basis of complaints, history of the patient and clinical examination findings which must be clearly documented.
 - b) Investigations which are repeated must add value to the treatment or commensurate with the treatment.
 - c) Well established form of therapy should be used. Procedure/ drug on trial should not be used.
 - d) The practice of advising costly drugs / treatment procedure should be avoided when a cheaper and equally effective alternate therapy is available
 - e) If a new or newer form of drug / procedure is used, it should be specifically indicated for that particular patient because of the decisive superiority over the existing drug / procedure
 - f) Tests / Medications /Procedure irrelevant Or Not in Line with Diagnosis including recommended Dosage Is Not Payable
- 26.** CGHS will provide chemotherapy medicines and certain other injections wherever possible, and the empanelled HCOs must accept and administer these medicines to CGHS beneficiaries, regardless of the brand.
- 27.** The HCO shall charge for any other costly drugs/consumables or unlisted Implants based on the GST purchase invoice from the external vendor, reflecting the hospital's actual purchase cost. HCO shall enclose GST invoice (from external vendor), outer pouch and sticker. HCO shall also enclose a letter from the treating doctor that a particular implant (detailed specification of implant like make, size, material made of etc is to be mentioned) is used in the patient and it is functioning satisfactorily.
- 28.** The hospital administrative authorities not below the rank of Director shall attend without fail all the meetings convened by CGHS in regard to CGHS policies. The HCO will be primarily responsible for ensuring that all relevant staff members are well-trained in CGHS guidelines, rates, and policies. This includes nodal officers, managers on duty across all shifts, staff working at the CGHS kiosk, front desk, and reception—both during regular hours and evening/night shifts—as well as billing officials. The HCO is responsible for updating the name designation and contact details of CEO /Signing Authority, Nodal officers, MODs etc whenever there is change.
- 29.** The hospital will issue discharge medications for up to 7 days and bill towards the same will be enclosed along with the credit bill to be submitted to NHA in case beneficiaries eligible for cashless facility subject to following conditions
- (i.) Only the essential medicines in generic form for continuity of treatment will be issued by the hospital on request of the beneficiary.
 - (ii.) No nutritional supplements, tonic, cough syrup, vitamins; injections will be issued by the hospitals. These are not allowed.
 - (iii.) No non drug items/equipment/appliances will be issued.

- (iv.) The total cost of such medicines issued by the hospital must not exceed Rs.2000/- in any case. In case of beneficiaries where the treatment is provided on a cash basis, the amount will be collected towards the discharge medications as mentioned above. Beneficiary will claim from his/her department.
- 30.** No advance payment/deposit shall be collected from beneficiaries eligible for cashless.
- 31.** During treatment, HCOs must provide all necessary consumables, including surgical sundries and medications, from their pharmacy for both inpatients and OPD patients undergoing procedures like POP application, dilation and curettage, wound dressing, etc. HCOs are not allowed to charge for surgical sundries.
- 32.** The HCO shall not levy a separate registration fee, as all CGHS beneficiaries are considered deemed registered with the empanelled HCO.
- 33.** The HCO shall provide discharge summaries, investigation reports, or image films/CDs/DVDs and shall not charge any fees for issuing discharge summaries, investigation reports, or image films/CDs/DVDs.
- 34.** The applicant healthcare organization must have the capability to submit all claims and bills electronically to the NHA. It must also maintain dedicated equipment, software, and connectivity for such submissions. Additionally, the HCO must have digital provisions for geotagging, Aadhaar-enabled biometric services, and any other technological requirements necessary for verifying and processing CGHS beneficiaries' claims. All documents, including bills, ICPs, reports, and invoices, must be submitted in a machine-readable format, such as OCR-enabled PDFs/Excel formats. The HCO shall periodically reconcile claim settlements, including pending claims
- 35.** The HCO shall submit its Hospital policy for CGHS patients, duly signed by the CEO / head of the facility /signing Authority. (authorized by the board). It is the responsibility of the HCO to update the policy document periodically in accordance with orders issued by CGHS from time to time.
- 36.** Unique Email ID in the name of CGHS shall be created by every HCO and the same shall be used for communicating with CGHS and other CGHS stakeholders. This mail ID shall be active till the HCO is empanelled with CGHS and shall be accessible to all those who are concerned with CGHS as all the circulars shall also be sent to this mail ID.
- 37.** CGHS reserves the right to revise rates / guidelines of new or existing treatment procedure(s) / investigation(s) from time to time even during the period of empanelment.

38. HCO shall display the following information at prominent places in the HCO premises

- a) The list of credit eligible beneficiaries (Pensioners Serving Ministry of health employees, all serving employees and their dependents having CGHS card during emergency)
- b) Details of two Nodal officers along with their designation, Mobile number, email ID and location of their office within the HCO premises. One of them at least shall be of the rank of Medical Superintendent.
- c) The contact details of Manager on Duty (MOD) for all the shifts.
- d) Grievance redressal mechanism for all beneficiaries.
- e) CGHS Rates of most common 10 procedures
 - (i.) Balloon coronary Angioplasty/PTCA
 - (ii.) CABG
 - (iii.) Total Knee Joint Replacement
 - (iv.) Total Hip Joint Replacement
 - (v.) Normal delivery with or without episiotomy & perineal repair
 - (vi.) Caesarean section
 - (vii.) Laparoscopic Cholecystectomy
 - (viii.) Laparoscopic appendicectomy
 - (ix.) Transurethral Resection of Prostate (TURP)
 - (x.) Phaco with foldable IOL

39. HCO shall submit Name and address of their bankers ,mandate form duly signed by the HCO/cancelled cheque and Photo copy of PAN Card and GST details.

40. The details of any other center/s or Branch/es of the said HCO Organization, empanelled with CGHS or having applied for empanelment with CGHS in the same city or another city to be submitted.

41. Laboratories with branches in the same cities or within the empanelment jurisdiction of the ADs may operate as collection centers. However, the bill must be generated and claimed from the empanelled branch.

42. In this background, willing hospitals, exclusive Eye hospitals / Centres, exclusive Dental Clinics, Cancer Hospitals/units, Chemotherapy, Dialysis centres, diagnostic laboratories and imaging centres are invited to submit their applications for empanelment under CGHS. The applications shall be submitted to the AD (HQ) in case of CGHS Delhi & NCR and Additional Director, CGHS of concerned City in respect of other cities.

CHAPTER 3- Category of HCO

A. Empanelment of Multi-Specialty Hospitals, Exclusive Cancer Hospitals/Single Specialty Hospitals and Super Specialty in all CGHS covered cities and District Head-Quarters.

1. MINIMUM NUMBER OF BEDS REQUIRED as certified in the registration certificate of the state Government
 - a. **Tier 1 City..... 50 beds.**
 - b. **Tier II and Tier III Cities 30 beds.**
2. CATEGORIES OF HEALTHCARE ORGANIZATIONS:
 - a. **Multi-Specialty Hospitals:** Multi-specialty hospitals are healthcare facilities equipped with the necessary infrastructure, medical staff, and personnel to provide comprehensive primary, secondary, and tertiary care, including emergency services. These hospitals must be registered with the appropriate authorities.
 - b. **Standalone Single-Specialty Hospitals:** Single-specialty hospitals are healthcare facilities designed to provide primary, secondary, and tertiary care, including emergency services, but are limited to a specific specialty such as Orthopaedics, Cardiology, Nephrology, Psychiatry, Oncology (Cancer), etc. These hospitals must also be registered with the appropriate authorities. In case of emergencies, they should be capable of providing necessary emergency care or treatment in other specialties as per CGHS rates and guidelines. Cancer hospitals having all treatment facilities for cancer - surgery, Chemotherapy and radio-therapy (approved by BARC / AERB) shall only apply for empanelment.
 - c. **Super-Specialty Hospitals:** To qualify as a super-specialty hospital for CGHS empanelment, the following criteria must be met:
 - i. The hospital must have a minimum of 200 beds.
 - ii. It must be NABH accredited or hold an equivalent accreditation such as Joint Commission International (JCI) of the USA, ACHS of Australia, or any other accreditation recognized by the International Society for Quality in Health Care (ISQua).
 - iii. NABL Accreditation mandatory for in house laboratories.
 - iv. Should mandatorily have CGHS empanelled treatment facilities for all the following Super Specialties
 1. Nephrology and Urology (including Renal Transplantation).
 2. Neurosurgery,
 3. Cardiothoracic Surgery,
 4. Medical Oncology,
 5. Surgical Oncology
 6. Radiation Oncology
 7. Transplant facilities.
 8. Endocrinology.
 9. Specialized Orthopaedic Treatment facilities that include Joint Replacement Surgery

10. Gastroenterology and GI-Surgery/Transplantation.

All the above mentioned specialities services should be in -house only .In case of outsourced or any tie-up the facility will not be considered for the eligibility of superspeciality category. All the services other than the above like General medicine ,Gynaecology ,Ophthalmology ,ENT , etc available in the Super speciality Hospital have to be invariably extended to CGHS without any exception.

All three hospital categories should be mandatorily equipped with emergency services and shall have operation theatres commensurate with services being provided.

The Hospital shall submit the list of all consultants including visiting doctors along with application .

Hospitals, including multi-specialty hospitals, single-specialty hospitals, and exclusive cancer centers, shall be empanelled under the following categories:

1. NABH or Equivalent -Accredited Hospitals

- Hospitals applying under this category must be accredited by the National Accreditation Board for Hospitals and Healthcare Providers (NABH) or an equivalent accreditation body such as Joint Commission International (JCI), ACHS (Australia), National Health Systems Resource Centre (NHSRC), Quality and Accreditation Institute or any other organization approved by the International Society for Quality in Health Care (ISQua)[<https://www.isqua.org/>].
- If laboratory services fall within the accredited scope of the hospital, a separate NABL (National Accreditation Board for Testing and Calibration Laboratories) certification is not mandatory.
- NABH and NABL rates shall apply to these hospitals, including for radiotherapy and chemotherapy. However, for cancer surgeries, existing CGHS cancer rates shall be applicable.
- Super Speciality Category shall compulsorily be accredited by NABH and NABL or their equivalents. CGHS Super-specialty rates shall be applicable, while existing CGHS cancer rates shall be applicable for cancer procedures.

2. Non-NABH Accredited Hospitals

(a) Hospital seeking under NON-NABH category in Tier 1 cities shall mandatorily have Entry-Level or shall have QCI (Quality Council of India) recommendation.

(b) In Tier II, Tier III and North Eastern States, UT of J&K, Non-NABH/NABL-accredited healthcare organizations (HCOs) without QCI recommendation or entry-level NABH accreditation may still be provisionally empanelled. However, they must obtain QCI recommendation, entry-level NABH accreditation, or full NABH accreditation (or an equivalent certification) within 6 months from the date of empanelment.

(c) Failure to obtain the required accreditation within the stipulated time frame will result in removal from the CGHS Panel.

(d) Non-NABH/ NON NABL rates shall apply to these hospitals.

(e) If a NON-NABH HCO has a separate NABL certification for its in-house laboratory, NABL rates shall be applicable for laboratory services, but imaging services shall be paid at non-NABH rates.

Table 11

Criteria	Category Of City	Multi-Specialty/Single Speciality /Exclusive Cancer Hospitals	Super-Specialty
Accreditation	Tier I, Tier II and Tier III and North Eastern State *	1. NABH	NABH Or Equivalent Body Accreditation Mandatory
		2. Entry Level NABH Is Mandatory	
		3. In The Absence Of the above QCI Recommendation is required to stay on the Panel of CGHS. *	
Rates Applicable		NABH Rates or Non-NABH Rates as applicable to city (tier of city) of the Hospital	NABH Super Specialty Rates as applicable to city (tier of city) of the Hospital
Bed Capacity	Tier 1	50	200
	Tier II and Tier III and North Eastern State	30	100
Turnover	Tier 1	₹4 Crores	₹6 Crores
	Tier II and Tier III and North Eastern State	₹2 Crores	₹3 Crores
PBG*	Tier 1	₹20 Lakhs	₹25 Lakhs
	Tier II and Tier III and North Eastern State	₹10 Lakhs	₹12 Lakhs
Application Fee	Tier I, Tier II and Tier III and North Eastern State , J &K and Ladhak	₹10000	₹25000

*In Tier II, Tier III and North Eastern States, UT of J&K, HCOs without any accreditation or QCI recommendation shall be provisionally empanelled subject to the condition that they must obtain QCI recommendation, entry-level NABH

accreditation, or full NABH accreditation (or an equivalent certification) within 6 months from the date of empanelment

****ABDM- M3 compliant hospitals will a 20% discount on the Performance Bank Guarantee**

B. Empanelment of Diagnostic Laboratories & Imaging Centres / Eye Hospitals/Dental Clinics/Dialysis Centers /Chemotherapy Centers in all CGHS covered cities and District Head Quarters)

i) Eligibility Criteria for Diagnostic Laboratories & Imaging Centres

The stand alone **Diagnostic Laboratories & Imaging Centres shall be compulsory be fully accredited by NABL in all cities. However, for Tier III, North east states, and Jammu and Kashmir and ladhak even** NON NABL laboratories but having entry level NABL certification or QCI recommendation shall be empanelled subject to the condition that full NABL accreditation shall be obtained within one year failing which they shall be removed from empanelment.

1. The minimum patient volume requirement is 100 per day for Tier I City and 50 per day for Tier II, Tier III, and North Eastern States.
2. The Standalone laboratory shall have full time pathologist and a quality manager .
3. There shall be other consultants like Microbiologist , Radiologist commensurate with available services
4. It shall mandatorily have fully automatic five part analyser , fully automatic biochemistry analyser, hormone analyser and micro biology processing unit.
5. It shall also have other equipments commensurate with available services
6. If a laboratory also provides imaging services (e.g., CT, MRI, USG, etc), it must submit a NABH accreditation certificate for imaging services. If NABH accreditation is unavailable, non-NABH rates shall apply for imaging services unless the scope of NABL includes imaging services.
7. Labs with branches in the same cities or within the empanelment jurisdiction of the ADs may operate as collection centers. However, the bill must be generated and claimed from the empanelled branch.

ii) Exclusive Eye Hospitals/ Centers:

- a) Exclusive eye hospitals shall **compulsorily be fully accredited by NABH in all cities. However, for Tier III, North east states, and Jammu and Kashmir and ladhak even** NON NABH eye hospitals but having entry level NABH certification or QCI

recommendation shall be empanelled subject to the condition that full NABH accreditation shall be obtained within 6 months failing which they shall be removed from empanelment.

- b) Minimum of 6 beds is required for empanelment of exclusive Eye Hospitals/centres for tier 1. However Minimum of 5 beds is required for eye hospitals or centres located in other cities (Tier 2, Tier 3, North Eastern states and union territories of Jammu and Kashmir and Ladhak)

iii). Exclusive Dental Clinics

- c) **The exclusive dental clinics having full NABH shall be empanelled under NABH category while those having entry level accreditation certificate or QCI recommendation certificate shall be empanelled under NON NABH category .**
- d) No minimum bed strength is prescribed for empanelment of exclusive Dental Clinics However dental centres performing maxillo facial surgeries should have minimum of 10 beds.
- e) Minimum of 4 dental chairs is required for Tier 1 cities while Minimum of 2 dental chairs is required for dental centres located in other cities (Tier 2, Tier 3, North Eastern states and union territories of Jammu and Kashmir and Ladhak).

iv). Stand-alone Dialysis Centres-

The stand Alone dialysis centres having full NABH shall be empanelled under NABH category while those having entry level accreditation certificate or QCI recommendation certificate shall be empanelled under NON NABH category. However, for tier 2, tier 3, North eastern and Jammu and Kashmir, the centres not having any accreditation or QCI recommendation may be provisionally subject to the condition that they will obtain full accreditation or QCI certification within 6 months failing which the centre shall be removed from the list of empanelment .

- f) Min 10 dialysis machines with beds in tier 1 cities and 6 dialysis machines with beds in non-metro wit in other cities (Tier 2, Tier 3, North Eastern states and union territories of Jammu and Kashmir and Ladhak).
- g) Minimum of one dialysis Machine with bed shall be reserved for Sero positive patients
- h) Dialysis carried out under supervision of nephrologist (Details to be uploaded in HEM portal)
- i) There shall be trained nursing staff and trained technologist. (Details to be uploaded in HEM portal)
- j) In case of any emergency the centre shall stabilise the patient and refer to nearby CGHS empanelled Hospital after following protocols as applicable to transfer of patient.
- k) The HCO shall have Tie up with nearby hospital preferably CGHS empanelled hospital. (Details to be uploaded in HEM portal)

- l) Should have separate storage room for consumables, waiting area and toilets
- m) Treatment Room/ Minor OT ,Emergency cart, Oxygen supply defibrillator available within the facility
- n) There should be a Full Time RMO (Allopathy)
- o) Basic Lab services should be available.
- p) All services including emergency treatment at hospital (tie up) shall be provided at CGHS rates.
- q) There should be inhouse pharmacy

v). Stand Alone Chemotherapy Centre - The Chemo centre should have QCI recommendation certificate to get empanelled under CGHS. However, for tier 2, tier 3, North eastern and Jammu and Kashmir, the Stand-alone Chemotherapy Centres not having QCI recommendation may be permitted to be empanelled subject to the condition that they shall obtain QCI recommendation within 6 months failing which they shall be removed from empanelment.

- r) Minimum beds 10 in metro and 6 beds in non-metro
- s) Full time RMO (Allopathy)
- t) All chemo shall occur under supervision of medical oncologist
- u) Trained nursing staff
- v) Biosafety cabinet compulsory
- w) Basic Lab services should be available.
- x) In case of any emergency the centre shall stabilise the patient and refer to nearby CGHS empanelled Hospital after following protocols as applicable to transfer of patient. The HCO shall have Tie up with nearby hospital preferably CGHS empanelled hospital.
- y) All services including emergency treatment at hospital (tie up) shall be provided at CGHS rates.
- z) Treatment Room / Minor OT ,Emergency cart, Oxygen supply defibrillator available within the facility
- aa) Inhouse pharmacy should be there
- bb) NON-NABH /NON NABL rates are applicable to these centres

Table 12					
Criteria	Category of City	Exclusive Eye Hospitals	Exclusive Dental Clinics	Chemotherapy Centres/Dialysis Centres	Laboratory And diagnostic Centre

Rates Applicable		NABH Or Non-NABH Rates Based on Tier I, Tier II and Tier 3 city	NABH Or Non-NABH Rates Based on Tier I, Tier II and Tier 3 city	Non-NABH Rates Based on Tier I, Tier II and Tier 3 city	NABL / NON NABL Based on Tier I, Tier II and Tier 3 city For imaging services NABH /NON-NABH rates depends on scope of NABL
Bed Capacity	Tier I City	6	4 chairs	10 beds	Patient Sample size 100/day
	Tier II and tier III and North East States	5	2 chairs	5 beds	Patient sample size 50/day
Turnover	Tier I City	₹50 lakhs	₹50 lakhs	₹50 lakhs	₹2 Cr
	Tier II and tier III and North East States	₹25 lakhs	₹25 lakhs	₹25 lakhs	₹1 Cr
PBG	Tier I City	₹4 Lakhs	₹4 Lakhs	₹4 Lakhs	₹4 Lakhs
	Tier II and tier III and North East States	₹2 lakhs	₹2 lakhs	₹2 lakhs	₹2 lakhs
Application Fee	All cities	₹5000	₹5000	₹5000	₹5000

ABDM-compliant hospitals will receive 20% discount on the **Performance Bank Guarantee

GENERAL ELIGIBILITY CRITERIA FOR:

PRIVATE HOSPITAL, EXCLUSIVE CANCER HOSPITALS/SINGLE SPECIALTY HOSPITALS/EYE HOSPITALS/DENTAL CLINICS/DIALYSIS CENTRES/CHEMOTHERAPY CENTRES,

1. The health care Organizations must fulfil the requirements as mentioned in PART I and PART II of this document depending on the category under which the Multi-specialty Hospital/Exclusive Cancer Hospitals/Exclusive Single Specialty Hospitals/Super speciality hospital/Eye Hospitals/Dental Clinics/Dialysis Centres/Chemotherapy Centers is seeking empanelment and submit copies of the required documents.
2. The health care Organization must have been in operation for at least **one year**. Copy of audited balance sheet, profit and loss account for the last financial year (Main documents only- summary sheet) The business from CGHS in the last financial year should not exceed more than 50% of the total

business. A certificate to this effect from the Chartered Accountant is to be given by the applicant Health Care Organization. The HCO shall submit a certificate to this effect to every concerned AD of the City (AD HQ in case of Delhi and NCR) and also in Hospital empanelment Portal (HEM).

3. State registration certificate / Registration with Local bodies, wherever applicable.
4. Copy of NABH Accreditation/Entry-level NABH/QCI recommendation whichever applicable.
5. List of All specialists and super specialists (both inhouse or visiting) along with qualifications and HPR ID to be submitted.
6. HCO shall submit proof of having registered as a Convergence Partner on the “consumerhelpline.gov.in” portal (managed by Dept. of Consumer Affairs) within one month of signing this Agreement.
7. The HCO shall register on the Government of India’s IVFRT (Immigration, Visa, Foreigners Registration & Tracking) portal <https://indianfrro.gov.in/frro/medicalvaluetravel> and submit proof .
8. Bharatkosh payment receipt of application fee (non-refundable) as mentioned below for respective category of HCO
9. Undertaking from hospital
10. Applicant Health care Organizations must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.
11. Copy of all statutory requirements including that of Waste Management.
 - a. Fire Clearance certificate and details of Fire safety mechanism as in place in the Healthcare Organization. Exclusive Eye centres, exclusive dental Clinics, Dialysis Centres/Chemotherapy Centres, have to enclose a certificate regarding fire safety of their premises.
 - b. Applicable Registrations and Approvals like PNDT / AERB certification etc for all the machines like USG machines, CT machines, MRI machines, PET facility, radiotherapy facility etc
 - c. Certificate of Registration for Organ Transplant facilities & IVF/other assisted reproductive treatment procedures, wherever applicable.
 - d. Existing QCI certificate should have validity of 1 year at the time of application.
12. The Applicant Health care Organization must submit details of all available facilities and investigations including those of outsourced facilities. This HCO shall also submit the comparative rates with CGHS rates for all treatment procedures / investigations/ facilities available with them as charged to

General Public. They must certify that they will adhere to CGHS rates and that the rates charged to CGHS beneficiaries will not exceed those charged to non-CGHS patients or the general public. Therefore, the applicable rates shall be the CGHS rates or the hospital's actual rates, whichever is lower.

13. The applicant healthcare organization must provide an undertaking agreeing to the terms and conditions outlined in the Memorandum of Agreement, the policy document, and the application, all of which shall be considered integral parts of the application document.
14. Applicant Health care Organizations must certify that they shall charge as per CGHS rates and that the rates charged by them are not higher than the rates being charged to other non CGHS patients /general public. Hence the applicable rates shall be the CGHS rates or actual hospital rates whichever is lower.
15. Applicant Health care Organizations must agree for implementation of EMR/ EHR as per the standards notified by Ministry of Health & Family Welfare within six months of their empanelment.
16. Facilities & Equipment: The HCO must have modern and well-maintained facilities, equipment, and technology with valid licenses, ensuring that no outdated or obsolete equipment is used.

CHAPTER 4- CGHS Empanelment & De-Empanelment

The Additional Director of respective cities shall constitute a Hospital empanelment committee (HEC) under the chairman ship of Additional director and 2 senior doctors as members. The details of the committee shall be duly notified.

1) Responsibilities of the Hospital Empanelment Committee (HEC)

- Conduct pre-empanelment briefings for the HCO's CEO/Head, Finance, Billing, and other key teams.
- Evaluate and approve empanelment of hospitals, diagnostic centres, and other facilities on a regular schedule, preferably quarterly.
- Ensure physical inspections of HCOs to verify on-ground facts against submitted documents and flag any discrepancies.
- Organize training for CGHS Nodal Officers and HCO staff who handle CGHS beneficiaries (HCO Nodal Officers, reception/billing staff, and Manager on Duty).
- Review complaints and recommend appropriate actions, including penalties, de-empanelment, blacklisting, or other legal measures.
- Consider and address suggestions or grievances submitted by HCOs.
- Keep the list of empanelled HCOs current and ensure it is promptly updated and widely circulated.

2) The Empanelment procedure

Step 1— Payment of the Application fee

Health Care Organizations (HCOs) seeking empanelment with CGHS are required to pay the prescribed application fee (refer to Table 11 and 12) through the Bharatkosh portal at <https://bharatkosh.gov.in/>. The HCO representatives with Bharat kosh receipt shall approach office of additional director expressing their willingness for empanelment on a letter head signed by head of facility/ CEO.

Step 2 . Pre empanelment Briefing :

There shall be mandatory pre-empanelment briefing of HCO by HEC making them aware of

- a. CGHS , beneficiaries , referral system, MOA terms , CGHS rates , definition of ward charges , package rates . admissible and non admissible items , procedures to be followed in case of unlisted procedures , information to be displayed in the HCO premises, reports to be submitted to CGHS , definition of fraud and penalties, etc .
 - b. Eligibility criteria for empanelment, procedure of applying in (Hospital Engagement portal) HEM, Rates applicable, documents to be enclosed etc
- The HEC committee shall ensure that all the staff likely to deal with CGHS beneficiaries are to mandatorily attend the meeting. This shall include head of facility, staff at reception, billing , finance officials , Manager on duties . Since some of the policies of CGHS and hospital may vary, it is important for the head of facility who frames policies for said HCO to understand the CGHS policies, MOA and accept the same in total. The practice of empanelling HCO based on HCO marketing officials request alone is to be avoided.
 - At the end of the briefing the committee shall ensure that HCO has accepted all CGHS policies, MOA terms and shall abide by the same.
 - If HCO authorities seek additional time to decide on the matter, their application shall be returned to HCO till the time they fully accept the CGHS policies and procedures.
 - **Minutes of such briefing** must be signed and recorded.

Step 3- HCO shall apply in HEM portal by filling relevant details and uploading all requisite documents . The creation of logins for uploading in HEM portal is mentioned in flow chart in the annexure

Step 4 — Document Scrutiny (quarterly): The committee shall examine the applications submitted and application may be returned back to HCO if any deficiencies noted.

Step 5 — Physical Inspection of the HCO : The Physical inspection shall be carried out by any of the HEC member or any other GDMO as nominated by additional director

- **Existing HCOs:**
 - **Non-NABH/Non-NABL/QCI:** Physical verification is **mandatory**.
 - **NABH HCOs:** Physical inspection is also mandatory but the same **may be conducted at any time within 6 months**.

- **Newly empanelled hospitals:** Physical inspection is **mandatory for all** HCOs including accredited HCOs.

Step 6— Signing the Memorandum of Agreement (MoA)

- After approval, the hospital must **sign the MoA within 15 days**.
- HCO shall submit PBG, Hospital policy document for CGHS Beneficiaries and MOA (Hard copies to Additional Director office of respective city/ Zone
- Upload the signed MoA, Policy document and PBG (42 months validity) to the **HEM portal within 24 hours**.

Step 7 — Create System Logins (within 2 days): The HCO shall create following logins with help of office of Additional Director as per the flow chart (Annexure C)

Step 8 — Empanelment Notification: the empanelment notification shall be issued within 24 hours of creating logins. A training shall be arranged in handling of TMS portal by NHA officials covering registration of patient , pre authorisation , bill submission , responding to queries , reconciliation of payments etc .

Step 8 -Notification shall be uploaded to web site apart from widely circulating the same.

Process Timeline (at a glance)

Step	Process	Timeline
1	Payment of Application fee	At any time
2	Pre-empanelment meeting	Before the scheduled HEC meeting
3	Application in HEM portal along with creation of HEM logins	Before the scheduled HEC meeting
3	Document scrutiny by Committee	Once every quarter
4	Sign MoA and submission of MOA, PBG and policy documents	Within 15 days
5	Upload signed MoA , Policy document and PBG on HEM	Within 24 hours after signing
6	Create TMS MEDCO ID	Within 2 working days
7	Empanelment notification on CGHS website	Within 2 working days

3) Disciplinary Proceedings & De-Empanelment.: The HEC committee also responsible for examination of complaints received by any mode and recommend action to be taken. The deviations / unethical practices / violations of terms of agreement noted during regular audits or data analytics are also to be inquired.

a. Rationale for Disciplinary Proceedings and De-empanelment

Disciplinary proceedings/de-empanelment may be conducted for an empanelled Healthcare Organisation (HCO) under the scheme if they fail to meet and uphold the necessary criteria agreed upon during empanelment or indulge in wrongful acts during treatment.

The key objectives of CGHS are:

- to increase empanelment,
- to ensure that quality care is provided to the beneficiaries, and
- to curtail 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.

b. Institutional Structures for Disciplinary Proceedings and De-empanelment

The institutional structures established for empanelment will also be responsible for disciplinary proceedings/de-empanelment.

c. Process for Disciplinary Proceedings and De-empanelment

c.1. Investigation of Suspect Claims/Hospitals

Cases to be examined include:

1. Cases where specific complaints from beneficiaries are received.
2. Cases flagged by Claim Processing Doctors (CPD) or Sanctioning Authorities (SAs) or cases flagged as suspicious in NHA portal.
3. Regular review of bills of HCOs. The suspect cases shall be flagged.

The cases shall be examined for:

- billing patterns,
- unbundling of procedures,
- billing as unspecified procedure when equivalent code is available,
- irrational usage/billing of consumables or medicines,
- forging of documents,
- forging of invoices,
- collection of amount from beneficiaries, etc.

Based on the need, the records at hospital or those with beneficiaries may also be checked. This could be done by the HEC committee alone or, if needed, assistance of any recognized external agency may also be sought.

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 AD, CGHS. In case of any delay, a report must be submitted to the Director, CGHS, citing the reasons for the same.

c.2. Show-Cause Notice to the HCO

- Based on the investigation report received, if the AD, CGHS observes that there is sufficient evidence/suspicion of the HCO indulging in malpractices, a show-cause notice shall be issued to the HCO online through HEM portal or to the HCO's registered email ID provided at the time of empanelment or via hard copy (by hand/registered post/speed post) within 7 days from receipt of investigation report.
- In the show-cause notice sent to the HCO, it should be explicitly communicated to not contact the beneficiaries in question as this would lead to tampering of evidence, as per the applicable laws. In case any such tampering is found, legal action may be taken accordingly.
- The receipt of the registered/speed post or acknowledgement of receipt by HCO (in case delivered by hand) should be kept by the committee as proof by the AD.
- HCO shall respond to the show-cause notice within 5 working days from the date of receipt. The response will be sent to the AD at the email ID provided in the show-cause letter or the address specified for registered post along with supporting evidence collected as per the applicable laws of India.
- In case the response is not received within 5 working days, the HCO will be suspended. All its operations will be blocked under CGHS through its web portal, for a specified time frame not exceeding 6 months or till a decision has been taken on the proceedings, so that no new pre-authorizations can be raised by the HCO. However, the treatment of existing patients will continue as usual till they are discharged.
- The notification of suspension will be sent through email and registered/speed post. All attempts shall be made to send the notification within 2 working days of the decision and in case of any delay, a report must be submitted to the Director, citing the reasons for the same.
- In case the HCO's response to the show-cause notice is found satisfactory, it will continue to function as usual. However, if the response is not found satisfactory, further information or evidence may be requested through email. The HCO shall provide the requested documents/information within 3 working days through email, failing which the HCO may be suspended for a

specified time frame not exceeding 6 months or till a decision has been taken on the proceedings.

- During suspension, the HCO will not be allowed to conduct any new pre-authorizations. All admitted patients under the scheme will be provided continued treatment as usual till they are discharged.
- The notification of suspension will be sent through email and registered/speed post. All attempts will be made to send this notification within 2 working days of the decision taken by AD. In case of any delay, a report must be submitted to the Director, citing the reasons for the same.
- If the above-mentioned timelines are not met, then either party can approach the competent authority as per the grievance redressal guidelines.
- If there is no documentary evidence to suggest that the show-cause notice was received or the HCO denies having received the show-cause notice, the AD may share the notice again either through physical delivery or registered email ID and receive an acknowledgement of the receipt. HCO will have to respond within 3 working days from the date of receipt of the show-cause notice.
- Beneficiaries needing continued care beyond current pre-authorization may be referred to another hospital to ensure there is no disruption of services.

c.3. Detailed Investigation of HCO

- A detailed investigation will be carried out in case the HCO 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 HCO,
 - examination of case papers,
 - talking with the beneficiaries (if needed),
 - examination of hospital records, etc.
- All attempts will be made to complete the investigation and submit the report within 10 working days of show-cause issued. In case of any delay, a report must be submitted to the Director, citing the reasons for the same.
- All statements of the beneficiaries will be recorded in writing in the language known to the beneficiary and ensured that the said statement is read over to the beneficiary for confirmation. The statement will be self-attested by the beneficiary via signature or thumb impression for use as evidence. Wherever possible, video recording will be taken and, if possible, a copy of photo identity proof of such beneficiary will be maintained.

- If the detailed investigation reveals that the report/complaint/allegation against the hospital is not valid and no malpractices are detected, suspension will be revoked and operations as usual will be initiated. All attempts will be made by AD to revoke the suspension within 5 working days of the investigation report submitted. In case of any delay, a report must be submitted to the Director, citing the reasons for the same.
- If the detailed investigation reveals that the suspicion/alleged malpractice on the part of HCO is valid and further new cases are detected, the AD may recommend suspension for a specified time, not exceeding 6 months.
- However, if the original cause of suspicion/alleged mischievous activities on the part of HCO is not valid but additional malpractices are identified, a new show-cause notice will be issued to the HCO. All attempts will be made to issue the show-cause notice within 7 working days of noticing such malpractices. The HCO will not be allowed more than 10 working days to respond, and a similar process of investigation will be followed. The time duration may be decided by the AD on a case-to-case basis.

4. Suspension of the HCO

Suspension may arise in the following situations:

- i. **Suspension after show-cause notice**
 - For HCOs where adequate evidence of malpractices is present and the HCO is not able to provide satisfactory justification, the AD may suspend the hospital for a specified time, not exceeding a period of 6 months.
- ii. **No response to show-cause notice**
 - In case the HCO does not provide any response to the show-cause notice within the stipulated time as outlined above, the HCO may be suspended for a specified time, not exceeding 6 months.
 - If the response is received during suspension period, the SHA may review the response, and if found satisfactory then the suspension may be revoked.
- iii. **Direct suspension along with show-cause**
 - If the AD obtains irrefutable evidence that the actions of the HCO have or may cause grievous harm to the patients' health or life, AD may immediately suspend the HCO for a specified time, not exceeding 6 months.
 - The suspension must be accompanied with a show-cause notice, allowing the HCO time of 5 working days to respond to it.
 - In such case, AD will share the notice along with detailed justification/reason for suspension with the Director.

- The AD will also conduct a detailed investigation in such cases as outlined above.

iv. **Suspension due to non-payment of penalty**

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

In all cases outlined above:

- The notification of suspension will be sent through email and registered/speed post.
- All attempts will be made to send the notification within 3 working days of decision.
- In case of any delay, a report must be submitted to the Director, citing the reasons for the same.

Once the HCO is suspended (or de-empanelled), different scenarios shall be managed as mentioned below:

I. Suspicious cases

- All the paid and unpaid cases shall be promptly investigated within 15 working days of suspension/de-empanelment, confirmed as fraud or not fraud and recovery shall be finalized for confirmed fraudulent cases which are already paid, and the unpaid fraudulent cases shall be rejected.

II. Unpaid cases

- All unpaid cases shall be mandatorily audited within 15 days of suspension/de-empanelment.
- The audit shall be completed before payment and payment shall be based on clearance by audit and adjudication on merit.
- Claims adjudication of all cases shall be done on merit as per package booked and case papers submitted by HCO as in normal process of adjudication.
- AD will ensure that the payment of all unpaid claims is released only after making the recoveries as mentioned in point 1 and recovery of penalties as required to be levied.
- A Final Settlement Letter clearly mentioning the recovery and/or penalty and its adjustment from pending claims shall be sent to the suspended/de-empanelled HCO.

- If the matter of suspension or de-empanelment has been taken to court by the HCO or is sub-judice, in such event, the claims under the sub-judice case jurisdiction 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 as per above guidelines.
- The HCO 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 AD may decide to revoke the suspension after examining the evidence and undertaking submitted by HCO.
- In case the HCO is unable to refute the same with evidence, the AD will present the case to empanelment committee to initiate the de-empanelment proceedings against the HCO.

5. Presentation of Case for De-empanelment

- Presentation of case for de-empanelment may be initiated by AD after conducting proper disciplinary proceedings as outlined above.
- The committee will meet within 30 working days; an 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 COMMITTEE either at the time of case filing or at least 10 working days prior to the meeting.
- The COMMITTEE must ensure that the HCO has been issued a show-cause notice seeking an explanation for the alleged malpractice.
- HCO will be provided a fair opportunity to present their case with necessary evidence at the meeting conducted by COMMITTEE.
- If the COMMITTEE finds that the complaint/allegation against the HCO is valid, it will order de-empanelment of the HCO based on appropriate legal advice along with additional disciplinary actions like penalties, FIR etc. as it may deem fit.
- In case the COMMITTEE does not find adequate supporting evidence against the HCO, it may revoke the suspension of the HCO or reverse/modify any other disciplinary action taken by AD against the HCO, while making clear observations and reasons underlying the final decision.
- All attempts shall be made to take the final decision within 30 working days of 1st COMMITTEE meeting and in case of any delay, a report must be submitted to the Director, citing the reasons for the same.
- All attempts shall be made to implement any disciplinary proceeding as decided by COMMITTEE within 30 working days of the decision taken by

COMMITTEE and in case of any delay, a report must be submitted to the Director, citing the reasons for the same.

- If either party is not satisfied by the decision of COMMITTEE, they can approach the competent authority as per the grievance redressal guidelines.

6. Actions to be Taken after De-empanelment

- Once the hospital has been de-empanelled, a letter/email will be sent to the HCO regarding the decision at registered address/registered email ID of the HCO within 3 working days of the decision.
- Once de-empanelled, new pre-authorisations will be disabled and the existing pre-authorizations/treatment will have to be completed.
- A decision may be taken by the COMMITTEE to ask the AD to either lodge an FIR in case there is suspicion of criminal activity or take such other permissible legal action under applicable laws of India.
- In case of confirmed act of professional misconduct and violation of medical ethics, the appropriate professional medical bodies/NMC at the national/state level should be informed of the details of the case, the treating doctor and the hospital involved. The NMC and State Medical Council should take it up and take appropriate action as per the Code of Medical Ethics Regulation, 2002 and/or such necessary action as may be required as per the applicable laws.
- This information will be sent with other Insurance Companies, ESIC, ECHS, IRDAI and other relevant regulatory bodies and to NHA.
- Depending on nature of offence, the Additional Directors shall also write to NABH/NABL or other accrediting bodies or even to state licensing authorities for revoking licenses or accreditations.
- A list of de-empanelled hospitals will be enlisted on CGHS website. The list should be prominently displayed and easily accessible on the website to ensure beneficiary awareness. AD may notify in the local media about the entities where malpractice is confirmed, and the action taken against the HCO engaging in malpractices.
- The period of de-empanelment would be for 2 years, unless stated otherwise. Once de-empanelled, the HCO cannot seek re-empanelment until completion of 2 years from the date of such de-empanelment. Healthcare service providers will not be allowed to change their names and re-apply. The concerned local teams will keep a check on such practices.
- In case COMMITTEE decides to re-empanel an HCO within a period of 2 years, the same may be flagged in the system through HEM portal. The reason for re-empanelment of HCO will also be documented in the HEM web portal.
- If it is a hospital chain, only the concerned branch will get de-empanelled while the other hospitals will continue to function.

- Based on the severity of the offence, COMMITTEE may de-empanel the HCO for more than 2 years or may blacklist an HCO. In such cases, the COMMITTEE will inform AS & DG Health and Family Welfare of its decision along with a detailed explanation/recorded reason for the same.

7. Timeline for Disciplinary Proceedings and De-empanelment

Stage / Activity	Timeline
Investigation of suspect claims	Within 10 working days of flagging the cause
Issuance of show-cause notice	Within 7 working days of submission of the investigation report
Response to show-cause notice by HCO	Within 5 working days
Clarification response from HCO (when further information/evidence is sought)	Within 5 working days
Issuance of suspension / show-cause notice related decision (communication out)	Within 2 working days of decision
Detailed investigation along with submission of investigation report	Within 10 working days
Response to suspension by HCO	Within 5 working days
HCO can file an appeal against suspension	Within 30 working days
Final decision to suspend / suspend with fine / revoke suspension / de-empanel	Within 30 working days of the 1st COMMITTEE meeting

8. Gradation of Offences

Based on the investigation report/field audits, the following gradation of penalties may be levied by the COMMITTEE. However, this tabulation is intended to be as guidelines rather than mandatory rules. These penalties are recommendatory in nature and the AD may inflict larger or smaller penalties depending on the severity/regularity/scale/intentionality on a case-to-case basis. If any hospital is found to be involved in unethical practices/malpractices/severe offence, then legal action may also be taken by AD.

Case / Issue	First Offence	Second Offence	Third Offence
Collecting money from beneficiaries towards admissible items or those bundled under other items	Full refund + penalty of 5× amount collected,	Same as first offence + hospital suspension.	De-empanelment / blacklisting / forfeiture of

like packages, investigations/consultations or on the pretext of outsourced service or visiting consultant	payable to CGHS within 7 working days.		bank guarantee.
Refusal of credit facility to eligible beneficiaries	Full refund + penalty of 5× amount collected, payable to CGHS within 7 working days.	Same as first offence + hospital suspension.	De-empament / blacklisting / forfeiture of bank guarantee.
Charging in excess of CGHS rates	Full refund + penalty of 5× excess amount collected, payable to CGHS within 7 working days.	Same as first offence + hospital suspension.	De-empament / blacklisting / forfeiture of bank guarantee.
Billing for services not provided	Claim rejection + penalty of 5× the claimed amount.	Claim rejection + penalty of 10× the claimed amount + hospital suspension.	De-empament / blacklisting / forfeiture of bank guarantee.
Upcoding / Unbundling / Unnecessary procedures	Claim rejection + penalty up to 10× the excess amount (based on severity).	Claim rejection + penalty up to 20× the excess amount + hospital suspension.	De-empament / blacklisting / forfeiture of bank guarantee.
Wrongful beneficiary identification	Claim rejection + penalty up to 5× the claimed	Claim rejection + penalty up to 10× + hospital	De-empament / blacklisting / forfeiture of

	amount if hospital found in connivance.	suspension if connivance established.	bank guarantee.
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9. Additional Actions by Additional Directors

In addition, keeping in view the laws of the land and nature of offence committed, the Additional Directors are to take the following actions wherever it warrants:

1. Blacklisting of HCO for empanelment with CGHS.
2. Writing to licensing authorities to revoke trade licence.
3. Writing to accreditation authorities to revoke accreditation.
4. Filing FIR in case of criminal offence.
5. Communicating to Medical Council if a particular physician is involved in unethical practices contrary to Code of Medical Ethics.
6. Assisting beneficiary in filing consumer complaint with consumer forum.

Annexure A**Memorandum of Agreement**

(to be printed on Rs. 100/- non-judicial stamp paper and notarised)

(Empanelment of Private Health Care Organisation under CGHS)

This Agreement is made on the ____ day of _____ 202_. It is executed BY AND BETWEEN:

- a. The President of India, acting through the Additional Director, Central Government Health Scheme (CGHS), Ministry of Health & Family Welfare, Government of India, having its office at _____, [Name of City] (hereinafter referred to as “CGHS”, which expression shall, unless repugnant to the context, include its successors and assigns) of the First Party.

AND

- b. [_____] Name of the Health Care Organization _____], a [type of facility: Private Hospital / Exclusive Cancer Hospital / Single-Specialty Hospital / Eye Hospital / Dental Clinic / Dialysis Centre / Chemotherapy Centre / Diagnostic Laboratory / Imaging Centre] located at _____ (hereinafter referred to as the “Health Care Organization” or “HCO”, which expression shall, unless repugnant to the context, include its successors and permitted assigns) of the Second Party.

WHEREAS:

1. The **Central Government Health Scheme (CGHS)** provides comprehensive medical care facilities to Central Government employees, pensioners, and such other categories of beneficiaries as decided from time to time.
2. The **CGHS**, for the benefit of its beneficiaries, intends to empanel private health care organizations – including private hospitals (multi-specialty and single-specialty), exclusive cancer hospitals/units, eye hospitals/centres, dental clinics, dialysis centres, chemotherapy centres, diagnostic laboratories, and imaging centres – in [_____] Name of City _____] to provide treatment and diagnostic facilities under the CGHS.
3. The **HCO** named above is desirous of being empanelled under CGHS in [Name of City] and has agreed to provide all available treatment and diagnostic facilities (including those outsourced by the HCO) to CGHS beneficiaries and other eligible central government beneficiaries at the rates and on the terms and conditions prescribed by CGHS. The HCO has provided a list of all facilities and services, including outsourced facilities available in its organization (including specialities like dental care, physiotherapy, laboratory diagnostics, imaging, etc.), which is attached to this Agreement (or listed in a separate Annexure), and has confirmed that it meets the requisite criteria for empanelment under CGHS.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the Parties hereby agree as follows:

Clause 1:

Definitions and Interpretations

1.1 For the purposes of this Agreement, the following terms shall have the meanings assigned below, unless the context otherwise requires:

- a. "Agreement"** means this Memorandum of Agreement, including its recitals, Clauses, Annexures, schedules, supplements, appendices, and any amendments or modifications thereto as may be mutually agreed in writing.
- b. "Authorization Letter/Referral"** means an official document or permission (such as a referral letter or credit letter) issued by CGHS or the competent authority like Head of office (HOO)/ Head of Department (HOD) of employee department, Specialist of Government Hospital etc authorizing a CGHS beneficiary to receive specified medical consultation, investigation, or treatment at an empanelled HCO. This Agreement sets out the situations in which you must obtain a referral or permission letter.
- c. "Blood Charges (PRBC/Whole Blood/FFP/Cryoprecipitate/SDP/RDP etc.)"**: refers to Donor screening, Patient Screening and component or whole blood processing and preparation charges including /Blood Irradiation/Leuco Filtration etc.
- d. "CGHS Beneficiary"** shall mean serving Central Government employees, Freedom Fighters, sitting Members of Parliament, former Members of Parliament, Central Government pensioners, employees of specified autonomous or statutory bodies, and their eligible dependents with a valid CGHS card. Beneficiaries are entitled to avail healthcare services at empanelled Health Care Organisations (HCOs) at prescribed CGHS rates. The categories eligible for cashless treatment are as specified in Table 3. The hospital/ diagnostic centres shall agree to charge CGHS rates to all Central Government Employees on production of valid I-Card / Documentary proof even though treatment is not sought as CGHS beneficiary.
- e. "CGHS Card"** means the identity card issued to a CGHS beneficiary by the competent authority, which serves as proof of eligibility under the Scheme.

Table 1. Categories of CGHS Cards:	
Category of CGHS Beneficiary	Colour Coding of CGHS Card
Pensioners, Ex-Members of Parliament, Freedom Fighters...etc.	Green Strip
Sitting Members of Parliament	Red Strip
Serving Employees and their dependents of various ministries of Government of India eligible for CGHS Facility	Blue Strip

Serving/Pensioners of Autonomous Bodies of the Government of India/Journalists	Yellow Strip
Pensioners of Air India	Orange Strip

- f. “CGHS Rates”** means the rates notified by CGHS for various medical investigations, procedures, treatment packages, and surgeries. These include CGHS General Rates (for most treatments and procedures) and CGHS Cancer Rates (applicable specifically to cancer surgeries). For cancer surgeries, the CGHS Cancer Rates shall apply; for all other treatments (including chemotherapy, radiotherapy, and stereotactic surgeries), CGHS General Rates apply. Differential rates are applicable based on Type of city, NABH status, super specialty status and ward entitlement of patient. In all cases, the chargeable rate to the beneficiary shall be the CGHS prescribed rate or the HCO’s rate for general public (Beneficiaries not covered under this scheme), whichever is lower. (Other terms in Clause 4) . For specialised high-end procedures like liver transplant, cochlear implantation, DBS implant, Heart transplant, Lung transplant etc, Office memoranda issued by CGHS are applicable
- g. “Conservative or Medical Management”** refers to non-surgical treatment in cases where no specific CGHS package rate exists. In cases of conservative/medical management where no package rate is prescribed, reimbursement shall be made by applying the notified CGHS item-wise rates for each component, such as ward charges, consultation charges, investigation charges, oxygen charges, ventilator charges, etc. The cost of admissible medicines and admissible consumables shall be reimbursable at actuals. For IPD consultations, the specialist under whose care the patient is admitted shall be regarded as the primary consultant. Consultation charges for the primary consultant shall be admissible for up to a maximum of two consultations per day. In exceptional circumstances, where the patient’s clinical condition requires the opinion or management of additional specialists, consultation charges for such specialists may be allowed at the rate of one consultation per day per specialist, subject to adequate justification being duly recorded.
- h. “Consultation Charges”** refer to the fixed, all-inclusive fees payable to empanelled HCOs for specialist and super specialist medical consultations provided to CGHS beneficiaries, either in outpatient (OPD) or inpatient (IPD) settings. These charges are uniform across empanelled HCOs, regardless of whether the consultant is in-house or visiting, and are inclusive of examination-related consumables. The HCO shall not levy any other fee, like a registration fee for CGHS beneficiaries, while availing consultation with any consultant. Each OPD consultation remains valid for 7 days for the same speciality.
- i. “Coverage/benefit”** means the extent of healthcare services a CGHS beneficiary is entitled to receive under CGHS, subject to the Scheme’s terms, conditions, and limitations.

- j. **“Day Care Charges”** refer to the accommodation charges where the patient is treated and monitored for up to 6–8 hours, typically in the emergency or casualty unit, or chemotherapy ward. It includes components similar to ward charges. The rate is fixed at ₹1,500, irrespective of hospital, city, or accreditation status.
- k. **“De-recognition”** (of an HCO) means the cancellation of the empanelled status of the HCO under CGHS (and termination of this Agreement) due to violations such as unethical practices, fraudulent activities in treatment or billing, failure to adhere to required quality standards, or any breach of the terms and conditions of this Agreement, after due inquiry and process by the competent authority.
- l. **“Emergency”** means any sudden condition, injury or symptom which requires immediate medical attention to prevent serious harm, disability, or loss of life. In an emergency, as determined by prudent clinical judgment, urgent treatment is warranted, and the absence of immediate care would be life-threatening or pose a serious risk to the patient’s health.
- m. **“Empanelment”** means the enrolment of the HCO under CGHS for providing specified medical treatment and/or diagnostic services to CGHS beneficiaries, for a defined period, in accordance with the terms of this agreement. Empanelled facilities are authorised by CGHS through this Agreement to treat CGHS beneficiaries and to raise claims for reimbursement as per CGHS rules.
- n. **“Equipment Charges”** refers to charges towards C-Arm, OT equipment, DVT pump, infusion pump, portable X-ray or any other machine charges are also part of ward charges/surgical package rates. Hence, they are not payable separately.
- o. **“Health Care Organisation” or “HCO”** means the private health care facility empanelled under CGHS pursuant to this Agreement. It encompasses the specific hospital, clinic, or centre (whether a multi-speciality hospital, single-speciality hospital, exclusive cancer hospital/unit, eye hospital/centre, dental clinic, dialysis or chemotherapy centre, diagnostic laboratory or imaging centre, as applicable) that is party to this Agreement and provides medical investigation, treatment, and care to human patients.
- p. **“ICU/CCU/ICCU/PICU/MICU/HDU/NICU Charges”** shall refer to accommodation charges for providing care in a critical care unit, including monitoring charges. ICU rate (Rs 5400/-) is payable irrespective of hospital, city or accreditation status.
- q. **Investigation charges – Shall refer to all-inclusive cost towards the investigation and shall include cost of consumables like vacutainer, lancet, ECG electrodes, Glucometer strips etc. The charges remain the same irrespective of the methodology used.**
- r. **“Isolation ward charges”** Shall refer to accommodation charges for providing care where in patient needs to be isolated and shall include charges related to PPE (gloves, masks, gowns, etc.) apart from other charges mentioned under ward charges. Isolation ward charges of Rs 5400/- is payable irrespective of hospital, city or accreditation status.

- s. “Nursing Charges”** means charges related but not limited to Medication Administration, IV cannulation, IM/IV injection, Ambulation (Mobilisation) of patient, Ryles tube feeding, Suction Charges, ICD / any catheter/ bed sore care, oral care, tracheostomy care, personal hygiene, sponge bath, monitoring, health education, etc. **Nursing charges are part of ward charges and hence cannot be charged separately or collected from the patient.**
- t. “Package Rate”** (under CGHS General rates) refers to a rate that is all-inclusive for a particular treatment or procedure under CGHS. Unless specified otherwise, a CGHS package rate (especially for surgical or procedural interventions) includes the lump-sum cost of inpatient treatment or defined day-care treatment from the time of admission to the time of discharge. It encompasses, but is not limited to, the following components:
- i. Accommodation charges, including the patient's diet
 - ii. Admission charges
 - iii. Anaesthesia charges
 - iv. Cost of medicines and consumables/disposables
 - v. Cost of surgical disposables and all sundries used during hospitalisation
 - vi. Doctor/consultant visit charges
 - vii. Dressing charges
 - viii. ICU/ICCU charges
 - ix. Injection charges
 - x. Monitoring charges
 - xi. Nursing care charges
 - xii. O2 charges, Ventilator charges as routinely required if any etc.
 - xiii. Operation charges
 - xiv. Operation theatre charges
 - xv. Physiotherapy charges etc.
 - xvi. Procedural charges/surgeon's fee
 - xvii. Registration charges
 - xviii. Related routine and essential investigations during the admission of patient
 - xix. Transfusion charges and Blood processing charges
 - xx. Equipment Charges including Flowtron, Infusion pump, syringe pump etc.

The rates remain the same irrespective of technique or methodology, or access used. The Hospital shall not treat procedures that are unlisted or levy additional charges mentioning a different methodology or technique

- u. “Party”** means either CGHS or the HCO as a signatory to this Agreement, and “Parties” means both collectively.
- v. “Ward Charges”** means all charges towards providing an environment to deliver care and shall comprise of but not limited to accommodation charges, registration charges if any, nursing charges, registration charge, air bed, water bed, alpha bed, flowtron charges, DVT pump, luxury tax, surcharge, air conditioning, facility Charges, HVAC charges, ward equipment Charges, water & electricity charges, housekeeping charges, infection control/CSSD,

biomedical waste management, portable/bedside/emergency service charges, laundry charges, patient identification band, bed sheet, patient gown, visitor passes, duty doctor charges, patient diet and dietician charges, any certificate charges, etc. It also includes attendant bed charges in case of a private ward and above.

(Note: Any other terms used in this Agreement, if not explicitly defined herein, shall have the meaning ascribed to them in the prevailing CGHS guidelines or in general usage under the Scheme. Headings in this Agreement are for reference only and shall not affect the construction of the clauses.)

Clause 2:

Empanelment, Eligibility and Scope of Services

2.1 Empanelment & Eligibility:

- 2.1.1** The HCO confirms that it meets all the eligibility criteria for empanelment under CGHS applicable to its category/status of accreditation of healthcare facility and the city classification in which it is located.
- 2.1.2** These criteria include (but are not limited to) minimum hospital bed strength, Hospital/Health care facility infrastructure, availability of requisite medical equipment and specialities, employment of qualified medical and paramedical personnel, minimum annual patient turnover, and quality accreditations (such as NABH for hospitals or NABL for laboratories), etc, as stipulated by CGHS guidelines.
- 2.1.3** The specific eligibility requirements as applicable have been verified as per CGHS norms prior to signing this Agreement. The HCO undertakes to maintain these standards and criteria throughout the tenure of empanelment.

(A summary of the empanelment eligibility criteria and requirements is provided in CGHS's empanelment guidelines and may be referred to in Annexure or relevant CGHS notification for record.)

2.2 Scope of Services: By entering into this Agreement, the HCO shall make available all the facilities/treatments/investigations (including all in-house and outsourced facilities) to CGHS beneficiaries. The list of specialities, departments, and services available at the HCO has been disclosed by the HCO and is attached to this Agreement. All such services, including outsourced services, shall be provided at CGHS-approved rates and under CGHS guidelines, without causing any hindrance or inconvenience to patients or their wards.

- a.** If the HCO offers advanced or specialized procedures (such as In-Vitro Fertilization (IVF)/Assisted Reproductive Techniques, organ or tissue transplant services, etc.) or any treatment that requires special licensing, accreditation, or government authority approval, the HCO warrants that it possesses valid registration/license from the relevant State/Central authority/statutory bodies to provide such services. Proof of such authorisation shall be provided to CGHS upon request.
- b.** If, after empanelment, the HCO adds new specialities, services, or facilities, the HCO shall promptly notify CGHS of such additions. Any new facility or

service (including newly acquired equipment or newly introduced treatment modalities) shall also be extended to CGHS beneficiaries at CGHS rates or rates for the general public, whichever is lower.

- c. If it is established that an Empanelled Health Care Organisation (HCO) has wilfully denied or withheld access to any diagnostic or treatment facility that is available within its premises from a CGHS beneficiary or has referred the beneficiary to an external facility despite in-house availability of the required service, such conduct shall be deemed a serious violation of the terms of empanelment (Ref: **Annexure A.III and Clause 14 of MoA**). Such action shall make the HCO liable for immediate removal from the CGHS panel, in addition to any other action deemed appropriate under the applicable law, rules and guidelines.
- d. **Agree to conduct annual health check-up for Group 'A' central government officers aged '40' and above and for other categories of CGHS Beneficiaries as specified by the government.** The Hospital shall agree for conducting all investigations / diagnostic tests/consultations etc of the Central Civil Services Group A" officers of above 40 years of age and other categories of CGHS beneficiaries as specified by government from time to time as per the prescribed protocol, subject to the condition that the hospital shall not charge more than what has been CGHS has finalised from time to time for conducting the prescribed medical examination of the male officers and female officers of Central Government who come to the hospital/ institution with the requisite permission letter from their Department/ Ministry / competent authority. Permission or endorsement from CGHS as issued in regular treatment cases is not required.

2.3 EMPANELMENT WITH OTHER CENTRAL GOVERNMENT DEPARTMENTS AND AUTONOMOUS BODIES: The HCO shall agree to extend empanelment on the same terms and conditions as outlined in this Agreement to any other Central Government department, organization, or Central Public Sector Undertaking, without seeking higher charges

Clause 3:

Duration of Agreement

3.1 Initial Term: This Agreement shall come into force on the date mentioned above and shall remain in force for a period of **three (3) years** from the date of approval of the empanelment, unless earlier revoked or terminated in accordance with the provisions hereof.

3.2 Extension of Empanelment: The empanelment (and this Agreement) may be extended for an additional period of one (1) year beyond the initial 3-year term, subject to the HCO's satisfactory performance and fulfilment of all the terms and conditions of this Agreement during the initial term, and only with the mutual written consent of both Parties. Any such extension shall be on the same terms and conditions, unless otherwise modified.

3.3 Continuity Until Renewal/Termination: If the CGHS notifies revised terms or invites renewal applications upon or before the expiry of the initial term (or extended term), the HCO may apply for renewal/continuation of empanelment as per prevailing policy. In the absence of renewal, or if the HCO does not wish to continue, this Agreement shall expire at the end of its term. Notwithstanding expiration or termination, patients already admitted at the HCO prior to the expiry/termination shall continue to receive treatment under CGHS terms until discharge, and the terms of this Agreement shall be deemed to remain in force in respect of those beneficiaries until their discharge and settlement of related claims.

Clause 4

CGHS Rate and Financial Terms

4.1. Uniformity of Rates for In-House and Outsourced Services

4.1.1. The CGHS package rates shall apply uniformly to all medical services provided by the Empanelled Health Care Organization (HCO), whether such services are rendered directly in-house or outsourced through third parties.

4.1.2. Under no circumstances shall the HCO charge rates exceeding the CGHS-approved package rates by citing outsourcing as a justification. Differential pricing based on the modality of service delivery (in-house vs. outsourced) is strictly prohibited.

4.2. NABH Accreditation Scope – Applicability of Rates

4.2.1. Hospitals accredited by the **National Accreditation Board for Hospitals and Healthcare Providers (NABH)** or its equivalent such as Joint Commission International (JCI) of USA, ACHS of Australia or by any other accreditation body approved by International Society for Quality in Health Care (ISQUA) shall be eligible to claim CGHS-approved **NABH rates** only for those medical specialties and services that are explicitly covered under the hospital's **scope of accreditation**.

4.2.2. For all other specialties or services not included in the NABH-accredited scope (or equivalent accreditation scope), the applicable **non-NABH CGHS rates** shall apply, irrespective of the hospital's overall accreditation status.

4.3. Rates for super speciality hospitals shall be 15% higher than those applicable to NABH-accredited hospitals for the corresponding Super specialties within the same city category. (Annexure A.VIII)

4.4. Ward Entitlement-Based Adjustment

4.4.1. All CGHS package rates are structured based on entitlement to a **Semi-Private Ward**.

4.4.2. The following adjustments shall apply to beneficiaries based on their entitled ward category:

- a. For **General Ward** entitlement: a reduction of **5%** shall be applied to the package rate.
- b. For **Private Ward** entitlement: an increase of **5%** shall be applied to the package rate.

4.4.3. Notwithstanding the above, the rates for **Investigations, Minor OPD Procedures , Dental procedures, Physiotherapy, and Radiotherapy** shall remain **uniform** across all entitlements.

4.5. Multiple Surgical Procedures in One OT Session

4.5.1. In cases where multiple surgical procedures are performed in a single operative session, reimbursement shall be as follows:

- a. The **primary procedure** (i.e., the one with the highest rate) shall be reimbursed at **100%** of the applicable package rate.
- b. The **second procedure (ie the one with second highest rate)** shall be reimbursed at **50%** of its respective package rate.
- c. **Third and subsequent procedures** shall be reimbursed at **25%** of their respective package rates.

4.5.2. For **identical procedures performed on different anatomical sites** (e.g., bilateral cataract or knee replacement), the second procedure shall be reimbursed at **50%**.

4.5.3. If an additional procedure is performed **within the post-operative package period** of an earlier procedure, it shall be reimbursed at **75%** of the applicable package rate.

4.5.4. The HCO shall not itemize charges or bill separately for individual steps involved in a surgical procedure; the package rate shall be considered **all-inclusive**, in line with standard clinical protocols.

4.6. Implants and Consumables

4.6.1. Charges for **implants** :An **implant** is a medical device implanted in a body to replace a missing biological structure, support a damaged biological structure, or enhance an existing biological structure like lenses, stents, meshes, valves shall be **reimbursed in addition** to the package rates. The amount payable in case of listed implants is the CGHS ceiling rate or the actual purchase price mentioned in the GST purchase invoice from external vendor. However, all **consumables and medicines**, including **guidewires and catheters**, are deemed **inclusive** within the package rate and shall not be charged separately.

4.6.2. In cases involving unlisted implants, reimbursement shall be limited to the actual GST purchase invoice amount from an external vendor . The HCO to submit GST purchase invoice from external vendor. The invoice of the in house pharmacy/agency will not be considered as a valid invoice for reimbursement. A letter/ certificate from treating doctor indicating detailed specifications of the implant

like make , type , size , model , and number used shall be submitted along with the claim. The treating doctor shall also certify the satisfactory functioning of the implant

4.6.3. The use of **drug-eluting balloons** used in lieu of stents shall be reimbursed at **actual invoice rate**.

4.7. Unlisted Procedures and Investigations

4.7.1. For procedures or investigations not included in the CGHS package list, the **prevailing CGHS guidelines** for unlisted procedures shall be applicable.

4.7.2. Such procedures shall be reviewed and updated periodically by CGHS as per evolving clinical and policy considerations.

4.8. Consultation Charges- Applicable to all empanelled hospitals (in-house or visiting consultants)

Table 2 Summary of consultation

S. No.	Type of Consultation	Payable Fee (₹)	Conditions / Remarks
1	Outpatient (OPD) – Specialist	₹350 *	Includes emergency and casualty consultations
2	Outpatient (OPD) – Super Specialist (DM/MCh)	₹700	Application for super specialist holding recognised DM/Mch qualification and offering consultation in respective super speciality field.
3	Outpatient (OPD) – Psychiatry	₹700*	Flat enhanced rate for psychiatric consultations
4	Inpatient (IPD) – Specialist/Super Specialist	₹350	Flat rate across all specialities
5	Eye Consultation	₹350	Includes Refraction, Auto Refraction, Non-Contact Tonometry, and 90D Lens Examination (Fundus Examination). These shall not be charged separately

- An OPD consultation is valid for seven days within the same specialty, and the fee is identical whether the consultant is in-house or visiting. No separate registration fees shall be levied for availing any kind of consultation at the HCO.

4.9. Cancer Surgery Package Rates and Admissible Charges

4.9.1. Applicability

The applicable rates for cancer-related surgical procedures shall be governed by **Office Memorandum No. S-11045/36/2012-CGHS(HEC)** dated **7th September 2015**, categorizing surgeries from Grade I to VI with specific rates for:

- a. Anaesthesia
- b. Operation Theatre (OT) charges
- c. Surgeon's fees

4.9.2. Accreditation-Based Adjustment

- a. If the HCO is **not accredited** by the National Accreditation Board for Hospitals and Healthcare Providers (NABH) or equivalent accreditation, a **15% deduction** shall apply on applicable Anaesthesia, Operation Theatre (OT) charges, Surgeon's fees

4.9.3. Ward Entitlement Adjustment

The following adjustments also apply on Anaesthesia, Operation Theatre (OT) charges, Surgeon's fees based on the CGHS beneficiary's ward entitlement:

- a. **General Ward:** 10% **deduction** from Semi-Private ward rates
- b. **Private Ward:** 15% **enhancement** over Semi-Private ward rates

4.9.4. Treatment Duration

The HCO must ensure that treatment and hospitalization periods for cancer surgeries conform to the **standard duration norms** for Surgical Grades I to VI as specified in the applicable OM.

4.9.5. Calculation of Total Admissible Amount

The admissible amount for Cancer surgery shall be calculated as per the formula given below:

Ward charges as applicable + Anesthesia charges (category charges after adjustment based on accreditation status and ward entitlement) + OT charges (category charges after adjustment based on accreditation status and ward entitlement) + Surgery charges (category charges after adjustment based on accreditation status and ward entitlement) + Investigations at CGHS rates + Cost of Medicines and Surgical Disposables.

4.10. Chemotherapy Charges

4.10.1. The package rate for chemotherapy procedures shall be applicable solely to procedural **charges** (professional charges towards administration of chemotherapy/ immunotherapy drug).

4.10.2. Charges towards accommodation (day care charges), relevant investigations, Medicines are **reimbursable separately**, as per CGHS norms. If for any justified reason, if the patient was given chemotherapy in ward instead of chemotherapy ward, ward charges as per entitlement are applicable

4.10.3. Wherever feasible, CGHS shall supply anti-cancer medicines. In the event of non-supply by CGHS, the empanelled HCO shall procure and administer the required medicines. In such instances HCO shall submit the carton/outer pouch/vial reflecting batch no, manufacturing date and expiry date and MRP. Cost of such medicines shall be limited to 70% of MRP. HCOs cannot charge any amount from CGHS patient.

4.11. Reimbursement of Ambulance Charges for CGHS Beneficiaries:

Ambulance charges shall be reimbursable subject to the following conditions:

4.11.1. The treating doctor certifies in writing that transport by any mode other than an ambulance would pose a serious risk to the patient's life or would significantly aggravate their medical condition; and

4.11.2. The ambulance journey is undertaken within the same city.

4.11.3. State government fixed rates for ambulance will be reimbursed, in case no rates available for any state, then nearest state or delhi rates will be allowed.

Clause 5:

General Obligations of the Empanelled Health Care Organisation

5.1. The Health Care Organisation (HCO) agrees to fully abide by the following obligations throughout the period of empanelment under CGHS:

5.1.1 Compliance with CGHS Rules and Law: The HCO shall adhere to all CGHS guidelines, orders, and instructions issued by the Ministry of Health & FW/CGHS from time to time, as well as all applicable central, state and local laws and regulations relevant to the running of the health care facility. The Health Care Organisation (HCO) shall be solely responsible for remaining updated with all applicable policies, guidelines, and directives issued by the Central Government Health Scheme (CGHS), including, but not limited to, revised rates, procedure inclusion/exclusion criteria, approved treatment packages, and prescribed billing formats. The HCO must always ensure strict and continuous adherence to these CGHS norms.

5.1.2 Standards of Services and Accreditation: The HCO shall always maintain high-quality and standards of healthcare in the services it provides to CGHS beneficiaries, equivalent to that provided to any other patient. It is the duty of the HCO to obtain, maintain, and renew all statutory registrations, licenses, and certifications required for its operation (such as hospital/nursing home registration, PNDT Act registration for radiology, Blood Bank license if applicable, AERB approvals for radiology equipment, etc.). The HCO shall also endeavour to maintain quality accreditation standards (e.g. NABH for hospitals/NABL for labs or other equivalent accreditations) during the tenure of empanelment. In particular, the HCO must keep its NABH/NABL accreditation status (or equivalent accreditation as the case may be) valid. If any required accreditation

or certification lapses or is not timely renewed, the HCO shall immediately inform CGHS. If the HCO fails to renew or loses its NABH/NABL accreditation during the empanelment period, it will be deemed a non-accredited facility for the purpose of CGHS payments (i.e. CGHS shall apply the lower, non-accredited rates for bills from such date) and may also be subject to further action as per this Agreement (including suspension or termination of empanelment at CGHS's discretion). **The HCO shall ensure no degradation in infrastructure, manpower or quality of service during the term of empanelment that would render it below the initial eligibility criteria.**

5.1.3 Non-Assignment and change of ownership The empanelled HCO shall not assign or subcontract the Agreement, or any part of its obligations or services under this Agreement, to any other party without prior written consent of CGHS. The HCO cannot transfer the empanelment to a different entity, or a different location of the hospital/clinic not originally empanelled. Any change in management or ownership of the HCO shall be communicated to CGHS in advance as per the rules laid down. Even if the assignment is permitted by CGHS in writing (at its sole discretion and on such conditions as CGHS deems fit), the original HCO (assignor) shall remain liable for the performance of obligations under this Agreement and any such arrangement shall not absolve the HCO of its responsibilities and liabilities hereunder. If HCO is a partnership or a company and it undergoes dissolution, winding-up or liquidation, this Agreement shall stand terminated as of that date, and CGHS must be notified. Termination in such case does not absolve the outgoing entity (or its legal heirs in case of proprietorship) from liabilities incurred during the Agreement period. In the case of HCO takeover, the liabilities shall also get transferred to the new ownership.

5.1.4 Registration in Health Facility Registry (ABDM): The HCO shall register itself with the Ayushman Bharat Digital Mission (ABDM) Health Facility Registry and obtain a unique Health Facility (HFR) ID prior to or at the time of empanelment. The HFR ID must be provided in the empanelment application and kept active. Furthermore, within 1 year from the date of this empanelment, the HCO shall achieve at least ABDM "M3" compliance (meaning the HCO's systems are integrated with ABDM to the level required by CGHS for sharing data, etc.). Compliance with the digital initiatives of the Government in healthcare is a mandatory obligation. (For instance, "M3" compliance implies the HCO can share Outpatient and Inpatient medical records to patients' Personal Health Records with consent, etc., as per ABDM protocols.)

5.1.5 Consumer Grievance Registration: The HCO shall register as a Convergence Partner on the "consumerhelpline.gov.in" portal (managed by the Department of Consumer Affairs) within one month of signing this Agreement. By doing so, any consumer/patient complaints lodged on that portal regarding the HCO (including complaints by CGHS beneficiaries) will be directed to the HCO for prompt resolution. The HCO shall regularly check and address grievances received through this or any other public grievance system.

5.1.6 Adherence to Standard Treatment Guidelines: The HCO is obligated to practice evidence-based medicine and follow **Standard Treatment Guidelines (STGs)** and protocols as may be prescribed by the Ministry of Health & Family Welfare, Government of India, or generally accepted in medical practice. The HCO

shall also institute and follow a rational **Antibiotic Policy** in line with national/international guidelines to prevent misuse of antimicrobial / Antifungal agents. The reports indicating resistance to routine antibiotics shall be examined by the designated antibiotic committee. The usage of higher antibiotics and antifungals shall be primarily according to the recommendations of a designated committee. Any misuse of antibiotics will be treated as fraudulent activity (Ref: **Annexure A.III and Clause 14 of MoA**). The use of IV albumin shall be as per the standard prescription guidelines. The HCO and its doctors must ensure judicious use of investigations and therapies, consistent with the clinical needs of the patient.

5.1.7 Ethical & Rational Treatment Practices: The HCO shall not undertake any treatment or procedure that is experimental or not approved by the relevant regulatory bodies. The HCO shall not prescribe or administer any drug/treatment that is not approved for use by the Indian regulatory authorities (e.g., DCGI for drugs) or any treatment that lacks scientific evidence of efficacy for the given indication. Use of advanced or expensive techniques (such as robotic surgery, etc.) must be justified by clear advantages to the patient and not driven by commercial considerations without scientific merit. The HCO should, as far as possible, utilize established and proven techniques for treatment; any new or newer form of drug or procedure (if not broadly accepted as standard of care) should be used only if it is unequivocally in the patient's interest with demonstrated superiority over existing options, and its use must be specifically indicated with proper informed consent.

5.1.8 Clinical Trials and Unapproved Therapy: The HCO shall not enrol CGHS beneficiaries in any clinical research or trial of investigational drugs/devices without explicit permission of CGHS and the informed consent of the patient, and in no event shall CGHS be billed for the cost of any investigational therapy or device. The HCO also shall not use medications or treatments that are not approved by the FDA/DCGI or any relevant authority

5.1.9 Prescription Practices: All doctors at the HCO shall prescribe medicines and investigations only as necessary and indicated for proper diagnosis and treatment. The HCO's specialists shall also mention generic names of medicines and shall not insist on any specific brand of medication when writing prescriptions for CGHS beneficiaries. The HCO and its specialists also shall not prescribe vitamins, supplements, or other items of doubtful therapeutic value as "medicines" if they are essentially nutritional supplements or supportive items not admissible under CGHS. Prescribing costly drugs or high-end therapies should be avoided when an equally effective, cheaper alternative is available. All prescriptions must be duly signed and stamped by the treating specialist.

5.1.10 No Unwarranted Procedures or Investigations: The HCO affirms that no unnecessary or unwarranted diagnostic tests, procedures, or surgeries will be recommended or performed on CGHS beneficiaries. Every investigation or treatment advised must be commensurate with the patient's complaints, history, provisional or confirmed diagnosis, and should be a standard of care for that condition. Repetition of investigations should be only if clinically warranted (e.g., to monitor progress or if results may change). Splitting/Unbundling of a single procedure into multiple procedures for billing purposes is strictly prohibited. If at

any point it is found that the HCO indulged in over-prescription of diagnostics or procedures without clinical justification, or in “upcoding” (misrepresenting a procedure as more complex than performed), it will be treated as a fraudulent activity and dealt with as per the penalty provisions of this Agreement (Ref: **Annexure A.III and Clause 14 of MoA**). .

5.1.11 Acceptance of CGHS-supplied drugs under the Restricted medicines category; Empanelled Health Care Organisations (HCOs) shall accept and administer chemotherapy medications, supplied by CGHS under the Restricted Medicines category (list available on CGHS Website www.cghs.mohfw.gov.in). If the required drug is not supplied by CGHS, the HCO shall procure and administer it to the beneficiary. The HCO shall enclose the carton/outer pouch/vial reflecting batch no, manufacturing date and expiry date and MRP. Cost admissible for the purpose of claims of such medicines used in the treatment of CGHS beneficiaries shall be limited to 70% of MRP. HCOs cannot charge more than that amount from CGHS nor collect the discounted amount from the beneficiary.

5.1.12 Use of Approved Implants: The HCO shall mandatorily use Indian-manufactured implants, stents, graft, medical devices, and disposables of certified standard quality for CGHS beneficiaries. The HCO shall use imported implants only in the instance where Indian implants are not available. The cost of any implant/stent/graft is reimbursable separately in addition to package rates, only up to the ceiling rate notified by CGHS or the actual purchase cost mentioned in GST purchase invoice from external vendor. If the beneficiary, after being informed of options, chooses a more expensive implant/device than the one covered under CGHS rates (i.e., beyond the ceiling limit), the beneficiary will bear the difference in cost – such difference is not reimbursable by CGHS. In all cases where a higher-cost implant is used, the HCO must obtain written informed consent from the beneficiary (or their relative) acknowledging the choice and additional cost. The HCO must not compel or unduly influence a patient to choose a costlier implant. If the implant used is unlisted, then the hospital can bill as per actual purchase price as mentioned in the GST purchase invoice from the external vendor.

5.1.13 Provision of Medicines & Consumables: The HCO shall not ask a CGHS beneficiary (or their attendants) to procure medicines, surgical supplies, or consumables from outside during the course of inpatient treatment or approved outpatient treatment. All essential medicines and consumables required for treatment (including during outpatient procedures like dressings, POP casting, etc.) must be provided by the HCO from its in-house pharmacy/stock and are considered part of the package or procedure rates as per CGHS. Only items that are specifically listed as “non-admissible” under CGHS (Annexure A.I, Table 5) or any permissible differential cost for implants (as mentioned above) can be charged to the patient. If an HCO is found to have directed patients to purchase admissible items from outside, or charged separately for items that are part of package, CGHS will recover the cost of such items from the HCO’s pending bills (and refund to the beneficiary if the beneficiary paid), and such an incident may invite further action (including suspension or removal from the CGHS panel).

5.1.14 Provision of consumables and drugs costing above Rs 5000/-:

Subject to the provisions of Clause 5.1.11 & 5.1.12 above, all consumables and drugs(excluding restricted medicines category) costing above Rs 5000/- shall be charged/claimed as per actual purchase cost, as mentioned in the GST purchase invoice from the external vendor. The HCO must enclose the GST purchase invoice from the external vendor for drugs. In case of consumables, a certificate from the treating doctor must be enclosed, certifying that:

- a. Consumables used are single-use disposables
- b. Consumables already used for any other patient have not been reused.
- c. These consumables shall be disposed off and shall not be reused in any other patient.

5.1.15 The hospital will issue discharge medications for up to 7 days, and the bill towards the same will be enclosed along with the credit bill to be submitted to the Bill clearing agency, subject to the following conditions

- 1) Only the essential medicines in generic form for continuity of treatment will be issued by the hospital on request of the beneficiary.
- 2) No nutritional supplements, tonics, cough syrups, vitamins, or injections will be issued by the hospitals.
- 3) No non-drug items/equipment/appliances will be issued.
- 4) The total cost of such medicines issued by the hospital must not exceed Rs 2000/- in any case.
- 5) In case of beneficiaries where the treatment has been provided on a cash basis, the amount may be collected towards the discharge medications as mentioned above. The beneficiary shall be eligible to claim the said amount from his/her department.

5.1.16 No Advance Payment & No Additional Charges:

- a. The empanelled Health Care Organisation (HCO) shall **not demand any advance payment or security deposit** from CGHS beneficiaries who are **eligible for a credit facility**, as defined under **Clause 11** of this Agreement, at the time of admission or during the course of treatment.
- b. The HCO shall **not levy any separate registration fee, file charge, or documentation charge** on CGHS beneficiaries. Such beneficiaries shall be deemed **registered** by virtue of the empanelment agreement with CGHS.
- c. The HCO shall **not levy any additional fees** for the issuance of Discharge summaries, Investigation reports, image prints, Diagnostic films or CDs etc. These documents are considered an **integral part of patient care**, and their issuance is included within the CGHS-approved package, ward charges or investigations rates.

Any violation of the above sub-clauses shall constitute a **material breach of the empanelment terms** and may invite **penal action**, including **deduction, claim rejection, suspension, or de-empanelment** as per CGHS policy.

5.1.17 Reuse of Disposables Prohibited: The HCO shall use new, sterile disposable items (such as catheters, guidewires, etc.) for each CGHS beneficiary as required and shall not reuse any disposable medical item that is meant for single use. Reusing single-use items not only violates medical protocols, but any such practice, if noted, will be considered a serious breach of the Agreement (Ref: **Annexure A.III and Clause 14 of MoA**).

5.1.18 Confidentiality and Dignity: The HCO shall maintain confidentiality of all patient information and records as per law. It shall treat CGHS beneficiaries with dignity and ensure a patient-friendly environment. Any form of discrimination or substandard care toward CGHS beneficiaries compared to other patients is strictly forbidden.

5.1.19 e-Medical / e-Ayush Visa Compliance: Every HCO empanelled under CGHS shall, as a condition precedent for continued empanelment,

(a) register on the Government of India's **IVFRT (Immigration, Visa, Foreigners Registration & Tracking)** portal at <http://indianfrro.gov.in/frro/medicalvaluetravel>

(b) generate and issue all medical-treatment invitation letters for foreign nationals exclusively through this portal, ensuring the correctness of every data field so that Indian Missions and FRRO/FRO offices can verify the invitation online before granting an e-Medical or e-Ayush Visa, and

(c) comply in full with the Standard Operating Procedure set out in Ministry of Home Affairs Letter No. 25022/46/2022-F.I dated 14 June 2024; any failure to register or to follow the IVFRT workflow shall constitute a material breach of this MOA, attracting penalties.

The above obligations are in addition to any other duties and responsibilities specified elsewhere in this Agreement. Any breach of the foregoing obligations by the HCO shall constitute a material breach of this Agreement, making the HCO liable to penal action, including possible de-empanelment.

Clause 6:

Rights of CGHS Beneficiaries and Grievance Redressal

6.1 Non-Discrimination & Priority: The HCO shall not discriminate against CGHS beneficiaries in any manner. CGHS beneficiaries are entitled to the same quality and priority of medical care as any other patient of the HCO. In fact, being under a government scheme, they should be accorded priority attention. Under no circumstances shall a CGHS beneficiary be denied consultation or treatment by any doctor (including specialists or super-specialists, whether full-time or visiting) at the HCO on the grounds of being a CGHS patient. All facilities available at the HCO that are medically indicated for the patient must be made accessible to the CGHS beneficiary at CGHS rates. The hospital shall ensure that its doctors and staff maintain courteous behaviour towards CGHS beneficiaries and address all queries related to the treatment or investigations advised.

6.2 Access to All Facilities: The beneficiary has the right to access all facilities (including outsourced facilities). It is the responsibility of the HCO to ensure that all available facilities are offered to beneficiaries at CGHS rates, in accordance with the terms of empanelment.

6.3 Grievance Redressal Mechanism: The HCO shall establish an internal Grievance Redressal Mechanism specifically for CGHS beneficiaries. An officer of the rank of Medical Superintendent or equivalent of the HCO shall be designated as the Grievance Redressal Officer for CGHS patients. Any complaint or grievance from a CGHS beneficiary must be addressed promptly by the HCO. The Grievance Officer shall ensure that all grievances are resolved within 2 (two) working days of being reported. A monthly report of grievances received from CGHS beneficiaries, and the resolution provided, shall be compiled by the Grievance Officer, and a copy of this report shall be sent to the Head/Administrator of the HCO and to the Additional Director, CGHS of the city for review. Repeated or serious complaints may invite scrutiny by CGHS (Ref: **Annexure A.III and Clause 14 of MoA**).

6.4 Appointment of Nodal Officers: The HCO shall also appoint 2 Nodal Officers for day-to-day liaison with CGHS (one of the Nodal Officers should also preferably be of senior rank, such as Deputy MS or similar, who is well-versed with CGHS rules). The nodal officers shall be responsible for streamlining of treatment of beneficiaries, like providing clarification, assistance in getting appointments, etc. The contact details (name, designation, phone/mobile number, and email) of the Grievance Officer and the Nodal Officer(s) shall be prominently displayed in the hospital, especially at the reception/admission counter and the billing desk for CGHS patients.

6.5 Accessibility to all services to all eligible beneficiaries irrespective of city.

a) As per prevailing government policy, a CGHS card is valid across India for availing CGHS services. Accordingly, any CGHS beneficiary (or their dependent), irrespective of their city of registration, is entitled to receive treatment at CGHS rates at any empanelled Health Care Organisation (HCO), provided they hold a valid CGHS card.

b) Additionally, Central Government employees and their dependents and those belonging to Central Autonomous Bodies and Public Sector Undertakings (PSUs) and who are holding a valid CGHS card, are also eligible to receive treatment at CGHS-approved rates on production of a valid Identity card

6.6 Consequence of Denial: Refusal to provide treatment to a bona fide beneficiary (especially in emergency, or denial of cashless service to those entitled) without valid grounds would be considered a serious violation (Ref: **Annexure A.III and Clause 14 of MoA**). If the HCO refuses treatment or does not honour the CGHS card in any legitimate case, CGHS reserves the right to immediately suspend or cancel the empanelment of the HCO. The HCO will also be liable to reimburse any expenses incurred by the beneficiary due to such refusal, and further actions as per this Agreement may be taken.

Clause 7:**Referral Procedure, Authorisations and Admissions**

7.1 Authorisations shall be issued by CGHS (for CGHS beneficiaries, including Pensioners serving employee and their dependent beneficiaries.) The permissions issued by any Government specialist of any Government Hospital and HOO/HOD of respective employee dependent beneficiary are equally valid and shall be honoured by all HCO throughout India.

7.1.1 OPD Consultation and Treatment: Primary referral for consultation to a specialist/ super specialist at empanelled HCO is also valid for 5 more consultations, provided they are availed within 3 months. These consultations could be with the same speciality or cross consultations. However, these should be based on clinical need, and HCO shall upload consultation notes justifying need for follow-up or opinion of other specialists, along with other relevant documents including geotagged photo and undertaking by the beneficiary. **Each outpatient consultation is valid for 7 days, before which another consultation in the same speciality is not permitted.** Additionally, no further endorsement from CGHS shall be required for undergoing routine listed investigations and minor procedures, not requiring admission in the hospital, as advised by the specialist, within the validity period of 3 months from the date of issue of the initial referral. The follow-up tests and consultations to be performed in the same hospital. However, Referral/endorsement from CGHS shall be required for special investigations like Dental procedures, Physiotherapy, OCT eye scan, CT scan, MRI Scan, PET Scan, and any other investigation costing over Rs. 3,000/-, and the referral will be valid for 3 months

7.1.2 Indoor treatment - An Authorization Letter/Referral/Permission is required from CGHS or concerned Head of office (HOO)/Head of Department (HOD) for any elective hospitalization, surgery or procedure that necessitates admission (including day-care admissions), as well as for any listed outpatient procedures/investigations that are beyond the scope of direct referral (e.g., CT/MRI scans as noted). Admission should be done only after such permission is granted, except in case of a medical emergency.

7.1.3 The Special and High end procedures (like Transplant surgeries, Intravascular lithotripsy (IVL), Trans-catheter Aortic Valve Implantation (TAVI), Deep Brain Stimulation (DBS) implantation etc), unlisted treatments, implants, investigations, Restricted Drugs, shall require prior approval of CGHS (in respect of Pensioner beneficiaries) and by the Head of Office or the Head of Department in case of Serving employee beneficiaries; except in case of justified medical emergency. In respect of unlisted investigations/implants/treatments, the HCO must provide an estimate to the beneficiary to obtain a specific approval for the same from the competent authority. Such a permission is also required in specialised procedures

7.1.4 The approval for the procedure shall be granted by the Competent Authority only after due examination of its essentiality and the associated cost. The authority may examine and compare with the estimate received from other HCOs. Upon issuance, such approval shall be binding on the empanelled Health Care Organisation (HCO), which shall be obligated to perform the procedure within the

approved cost and shall not collect any amount from beneficiaries over and above the approved cost.

7.1.5 Relaxation for beneficiaries above 70 years – The patients above 70 years (limit defined are eligible to avail direct consultation without prior permission from CGHS. If the treating physician advises any treatment or investigations during such consultation, the same may be availed without any endorsement or permission from CGHS. However, OTP based authentication, submission of geotagged photos, Aadhar authentication, biometric authentication etc shall be followed as per the prevalent CGHS orders. Those eligible for credit shall be given credit. Those not eligible for credit shall pay and get reimbursement from the concerned authorities. The HCO shall obtain an undertaking (Annexure A.VI) and attach a geotagged photo along with all relevant documents. All enclosed documents shall justify each consultation, investigation performed, and treatment given. (Pensioners' beneficiaries shall get cashless treatment, and serving dependent beneficiaries will make payment and get reimbursement from the parent department)

7.2 Emergency Treatment (No Prior Referral Required):

In emergencies, no prior CGHS referral or permission is needed for a CGHS beneficiary to receive treatment at the HCO. The HCO is mandated not to refuse admission or demand any advance payment from a CGHS beneficiary (whether serving or pensioner holding a CGHS card) in an emergency. The guiding principle is to save life first, paperwork later.

7.3 Procedure for Treatment When Required Specialty Not Available at HCO:

If a CGHS beneficiary is admitted to the HCO and, during the course of treatment, it is found that the patient requires a medical/surgical speciality or service that is not available at the HCO (for example, a super-speciality procedure that the hospital is not equipped to handle):

7.3.1 In case of an emergency requiring immediate intervention, the HCO shall do everything necessary to stabilise the patient. If the patient's condition permits and requires further treatment that the HCO cannot provide, the HCO shall arrange to safely transport the patient to the nearest empanelled hospital where the required speciality is available. All the protocols applicable to the transfer of an emergency patient shall be followed in order to ensure the health of the beneficiary is not compromised

7.3.2 If the need for a speciality service is non-emergent (elective) and the HCO lacks that service, the HCO shall not admit the CGHS beneficiary for that elective treatment. The patient should be advised to obtain a referral from a wellness centre that has the required facility. (In other words, the HCO should not "hold" a patient when it knows it cannot provide the definitive treatment needed, as this could cause delay in care.)

In all cases, patient safety and continuity of care are paramount. The HCO is expected to facilitate the best possible outcome for the beneficiary within the CGHS framework.

Clause 8:

Reporting, Monitoring, and Information Obligations

The HCO agrees to the following reporting and cooperation requirements, to enable CGHS to monitor services and ensure smooth operation of the empanelment:

- 8.1 Notification of Changes in Infrastructure or Location:** The HCO shall immediately notify the Additional Director, CGHS (of the concerned city) in writing of any significant change in its infrastructure, capabilities, or staff dealing with CGHS that formed part of the empanelment credentials. This includes but is not limited to any major reduction in beds, closure of any important department or facility, shifting of premises to a new location, change in management or ownership that might affect services, or any downgrading of facility. The Empanelment is specific to a location and facility. Hence, in case of shifting premises, the empanelment at the old location shall be deemed suspended from the date of closure, and the new facility (even if under the same name/management) shall require a fresh inspection for accreditation by accrediting bodies and approval by CGHS (with payment of any prescribed inspection fee) before empanelment can continue at the new site. Failure to inform of changes can lead to withdrawal of empanelment.
- 8.2 Monthly/Annual Patient Data Reporting:** The HCO shall maintain records of CGHS beneficiary visits and treatments and submit periodic reports to CGHS. Specifically, a Daily intimation of any emergency CGHS admissions and of CGHS beneficiaries above 70 years treated (as inpatient or day-care) should be furnished to CGHS (through email or portal as instructed). Monthly reports must be submitted to the Additional Director, CGHS (city.....) summarising: the number of CGHS referrals received, the number of CGHS beneficiaries (serving and pensioner) who visited the HCO for OPD or admitted as IPD in that month, the number of CGHS bills/claims submitted (with total value), instances where admission could not be provided due to lack of available beds and the payments received against previous claims. The format for the monthly report may be prescribed by CGHS. Additionally, the HCO shall submit an Annual Report each year (for the period April–March, unless specified otherwise) in the format provided in **Annexure A.II**. The Annual Report includes details about the HCO's empanelment status (e.g., any change in accreditation status, validity of Performance Bank Guarantee, etc.), aggregated statistics of CGHS patients handled, and a summary of any complaints and actions taken. The Annual Report must be submitted to the Additional Director, CGHS – [Name of City] by a specified date after the end of each financial year, along with a copy of the HCO's annual audit report if required.
- 8.3 Electronic Medical Records (EMR/EHR):** The HCO shall implement Electronic Medical Records / Electronic Health Records systems conforming to the standards & guidelines approved by the Ministry of Health & Family Welfare. The HCO shall disclose the availability and operational status of its Electronic Health Records (EHR) / Electronic Medical Records (EMR) system at the time of submitting the empanelment application. EHR/EMR shall be in place before applying for empanelment if not already in place. The HCO should work towards integration of such systems with CGHS/ABDM digital

frameworks so that patient records can be shared securely for continuity of care and audits.

8.4 Meetings and Coordination: The HCO's authorised signatory or a designated senior representative shall attend periodic meetings convened by CGHS authorities. CGHS may call meetings such as **Local Advisory Committee (LAC)** meetings, **Zonal Advisory Committee (ZAC)** meetings, or "**CGHS Panchayat**" meetings with empanelled hospitals to discuss and address issues related to beneficiary treatment, to streamline procedures, and to resolve grievances. It is mandatory for the HCO to participate in such interactions and implement any decisions or guidelines that emerge from these forums.

8.5 Inspections and Audits: The HCO agrees to cooperate with any inspections conducted by officials of CGHS, Ministry of Health & FW, or the Directorate General of Health Services (DGHS), or by the Bill Clearing Agency (BCA) acting on behalf of CGHS. Authorised representatives (including the Additional Director or his/her representatives, CMO In-charge of CGHS Wellness Centres, members of Empanelment Committees, or designated Medical Audit Teams) may visit the HCO with or without prior notice to assess the facilities, check beneficiary treatment records, or investigate complaints. The HCO shall extend full access to patient records, including financial records like purchase invoices (pertaining to CGHS cases) and allow inspection of the premises and services. The HCO's management and staff are expected to be courteous and forthcoming during such inspections. Any information or clarification sought by CGHS or the NHA (e.g., in response to a query about a particular claim or a general inquiry) should be promptly provided by the HCO. The HCO shall also respond in writing to any show-cause notices or explanation calls from CGHS within the stipulated time frame.

8.6 Cooperation in Public Health Emergencies: In the event of any natural disaster, epidemic/outbreak, or public health emergency, the HCO shall fully cooperate with government authorities. Upon request of the Ministry of Health & FW, DGHS, or CGHS officials, the HCO should make available its resources (beds, manpower, etc.) to aid in management of the situation, and share necessary information (such as cases treated, disease surveillance data) as part of the public health response. Such cooperation may include admitting patients from a disaster or epidemic under CGHS terms or otherwise, as mutually agreed with health authorities. The HCO shall not unreasonably refuse any reasonable request of the government in such situations, recognising the larger public interest.

8.7 Training for CGHS Staff (On Request): The HCO, being a high-quality healthcare provider, agrees that upon request by CGHS, it may facilitate training sessions or workshops for CGHS medical/paramedical staff or officials. This could be in the nature of clinical training, orientation to new medical technologies, or hospital management practices, etc. Such requests will be reasonable and occasional, and the HCO's cooperation will further strengthen the CGHS system. (Any such training extended will be on mutually

agreeable terms and not at the HCO's cost beyond providing access, unless otherwise specified.)

8.8 All adverse events, including serious drug/vaccine reactions (death, life-threatening condition, hospitalisation, disability, congenital anomaly, or requiring intervention), shall be mandatorily reported by healthcare professionals/HCOs. Serious adverse events shall be reported through the prescribed notification form at <http://www.ipc.gov.in>. This obligation applies to drugs supplied by CGHS as well as by the empanelled hospital.

8.9 HCOs, Medical practitioners and diagnostic laboratories shall mandatorily notify the local health authorities of all cases of notifiable diseases, as required under law.

By complying with the above, the HCO will enable CGHS to ensure the scheme runs smoothly for beneficiaries and that the HCO itself stays aligned with CGHS requirements.

Clause 9: Display of Information and Nodal Contact Points

For the transparency and convenience of CGHS beneficiaries, the HCO shall prominently display certain information and provide trained staff for handling CGHS cases, as detailed below:

9.1 Empanelment Signage: The HCO shall display at prominent places (e.g., at the main reception, billing counters, and emergency entrance) a notice stating that "This Hospital/Centre is Empanelled under CGHS for [CGHS City]" for the information of beneficiaries. However, the HCO shall not misuse or exaggerate this empanelment for undue commercial gain. The CGHS name or the fact of empanelment must not be used in any advertisements aimed at promoting the HCO's business beyond a simple statement of fact. Specifically, the HCO must avoid projecting CGHS/Ministry of Health & Family Welfare or the Government of India's name in any manner that suggests endorsement of the hospital over others in the market.

9.2 Nodal Officer Contact Details: As required in **Clause 6.4**, the HCO must display the contact details of its CGHS Nodal Officers and Grievance Redressal Officer. This information (name, designation, location of office within hospital, direct phone/mobile, and email) should be clearly visible at the CGHS helpdesk or reception. The Nodal Officers should be easily accessible to CGHS beneficiaries and CGHS authorities, and at least one Nodal Officer of sufficiently senior rank (e.g., Medical Superintendent or Deputy MS) should be available to intervene in case of any issues (especially for grievance resolution). The HCO should also provide CGHS authorities with up-to-date contact numbers (including after-hours emergency contact) for a managerial point-of-contact (such as a Manager on Duty or Credit Cell in charge) who can coordinate admissions or resolve issues on a **24x7** basis, especially for emergency admissions on credit. A comprehensive list updated from time to time of Nodal Officers and Grievance Redressal Officers for each empanelled HCO shall be prominently displayed on the CGHS and MoHFW websites, along with their contact details.

9.3 List of Eligible Beneficiaries for Credit: The HCO shall clearly display the list of categories of CGHS beneficiaries who are eligible for credit (cashless) treatment. For instance, a board can enumerate: “CGHS Pensioners (Green Card), Serving employees of CGHS/MoHFW (Blue strip card), Ex-Members of Parliament, Freedom Fighters, etc., are eligible for cashless treatment – please produce a valid CGHS card.” In case of emergency, the serving employees holding CGHS card (Blue strip) are also eligible for the cashless facility. However, they are to submit a letter from their department indicating beneficiary entitlement and authority designation and the address where the claim must be submitted by HCO for receiving payment before the discharge. Further details in **Table 3** below:

Category of CGHS Beneficiary	Eligibility for Credit/ Cashless Treatment	Bill Submission and Payment Process	Payment authority
Pensioners holding CGHS Card with green strip, Ex-Members of Parliament, Freedom Fighters	Yes	Credit Bills to be submitted to National Health Authority portal (NHA) online.	CGHS through NHA
Sitting Members of Parliament holding CGHS Card with Red Strip	Yes	HCO shall submit directly to the concerned Parliamentary Secretariat (Lok Sabha/Rajya Sabha), New Delhi; the HCO shall retain a copy for a minimum of five years.	Lok Sabha /Rajya Sabha Secretariat, New Delhi.
Serving CGHS/DGHS/Ministry of H&FW Employees and their dependents holding CGHS Card with Blue Strip	Yes	Physical bills in duplicate shall be submitted to the Office of the Additional Director of the concerned CGHS city where treatment is undertaken in respect of Serving CGHS employees and to the concerned	HOD/HOO of Concerned Department

Category of CGHS Beneficiary	Eligibility for Credit/ Cashless Treatment	Bill Submission and Payment Process	Payment authority
		Department in respect of DGHS/Ministry of H&FW Employees	
Serving Employees and their dependents of all other Departments (other than CGHS/DGHS/Ministry of H&FW) holding CGHS Card with Blue Strip	Credit to be given in emergency cases. Obtain *letter from the HOO/HOD of the Beneficiary department.	Physical bill in duplicate to be submitted to the Office of the beneficiary as mentioned in the letter given by the HOO/HOD of the concerned department.	HOD/HOO of Concerned Department
Pensioners of Autonomous bodies holding CGHS Card with Yellow Strip	No	Treatment shall be provided on a payment basis as per the CGHS Rates. Beneficiaries shall seek reimbursement from their department	HOD/HOO of Concerned Department
Pensioners of Air India (Orange Strip)	Yes.	To be submitted to Bill Clearing Agency as decided by concerned authorities.	Air India Assets Holding Limited (AIAHL)

Category of CGHS Beneficiary	Eligibility for Credit/ Cashless Treatment	Bill Submission and Payment Process	Payment authority
		Currently the BCA is UTITSL	

***The letter shall certify the entitlement of beneficiary or dependent of beneficiary along with details of submission of bill and payment process**

9.4 Bed availability status: The availability status of beds in different wards (General, Semi-private, Private) and ICU should be updated and displayed daily in real time wherever possible so that CGHS beneficiaries are aware of bed availability, and to ensure transparency in admission category. The CGHS Beneficiaries have the right to occupy all available vacant beds, and HCO should not restrict the allotment of beds by fixing some percentage of beds to CGHS patients. **In the event of bed unavailability, the HCO shall provide a written notice to the CGHS beneficiary, duly signed and stamped by the designated Nodal Officer.**

9.5 Helpdesk and Staff Orientation: A dedicated CGHS help desk or counter with trained personnel shall be setup to streamline the treatment of CGHS patients. This counter would assist beneficiaries in filling forms, explain entitlements, and coordinate paperwork like credit bills and discharge documentation. The HCO shall ensure that its staff handling CGHS beneficiaries (front desk, billing, admission, medical records, etc.) are well-trained in CGHS procedures and guidelines. It is the prime responsibility of the HCO to keep copies of key CGHS policy documents, rate lists, and latest CGHS circulars at the counters dealing with CGHS patients apart from keeping the concerned staff trained. These should serve as references for staff and also for beneficiaries who may have queries. Periodic internal training should be conducted so that staff are updated on any changes (for example, a change in rules about referrals or an update in rates).

By adhering to the above, the HCO will facilitate CGHS beneficiaries in availing services with minimal hassle and ensure clarity in the hospital's dealings with them.

Clause 10:

Entitlement of Wards and Treatment Charges

All treatment provided under this Agreement shall be as per CGHS-approved rates and beneficiaries' entitlements. The following terms apply to charges and billing for CGHS beneficiaries:

10.1 Ward Entitlement: CGHS beneficiaries are entitled to hospital accommodation (rooms/wards) based on their pay grade/pension. The HCO must provide accommodation according to the beneficiary's eligible ward category as per CGHS

norms. The current entitlement criteria (subject to revision by the Government) are as below:

10.1.1 General Ward – Eligibility: Central Govt. employees with pay up to ₹36,500 (Level 1 to 5, as per 7th CPC) or equivalent pensioners. Definition: A general ward is typically a hospital room/hall with 4 to 10 beds without an attached bathroom (common for the ward) and basic amenities. Rate: **₹1,500** per day.

10.1.2 Semi-Private Ward – Eligibility: pay range ₹36,501 to ₹50,500 (Level 6) or equivalent. Definition: A semi-private ward is a room with 2–3 beds, an attached toilet facility, air-conditioned, with necessary furnishings. (Usually includes a nurse-call system, etc.) Rate: **₹3,000** per day.

10.1.3 Private Ward – Eligibility: pay ₹50,501 and above (Level 7 and above) or equivalent. Definition: A private ward is a single-bed room with an attached toilet, furnished with a wardrobe, bedside table, attendant's bed/sofa, etc., and is air-conditioned (with nurse-call system). Rate: **₹4,500** per day.

10.1.4 ICU/ICCU/Neonatal ICU/Paediatric ICU/HDU/Isolation Ward – Entitlement: These critical care areas, when needed, have the same rate for all categories of CGHS beneficiaries (no distinction by pay level in ICU charges). The ICU charge includes monitoring and diet; it excludes ventilator charges (ventilator, if used, is billed separately as per CGHS rate). ICU Rate: **₹5,400** per day (for any category of patient).

10.1.5 Day Care (6–8 Hour's admission) – Sometimes a patient is kept under observation or short-term treatment in the emergency/observation ward not requiring overnight admission. For such day-care cases (6–8 hours) across all categories, a flat day-care charge of **₹1,500** is applicable towards accommodation charges.

(The above rates are subject to change as per CGHS orders. "Pay" refers to basic pay of the entitlement rule. The HCO should verify the beneficiary's entitlement category from their CGHS card or employment details.)

No beneficiary shall be accommodated in a ward lower than their entitlement. If the entitled category ward is not available on admission, the HCO must provide a higher category ward (if available) but charge only the rate of the entitled category. For example, if a semi-private entitled patient is kept in a private ward due to the non-availability of semi-private, the billing shall still be at semi-private rates. Under no circumstances should a beneficiary be asked to accept a lower category (e.g., general ward for someone entitled to semi-private).

10.2 Approved Rates: The empanelled HCO shall charge CGHS beneficiaries strictly as per the CGHS notified rates applicable at the time of service, subject to the condition that if the HCO's own usual rates for a service (charged to general patients) are lower than the CGHS rate, the lower rate shall be charged. In summary, the chargeable rate is the CGHS rate or the HCO's usual rate for public (not covered by any schemes/insurance), whichever is less.

10.2.1 The CGHS rate list (both General and Cancer rates, as applicable) for the city and the procedures for which the HCO is empanelled are an integral part

and are available on the CGHS website (<http://cghs.mohfw.gov.in>). The HCO shall give an undertaking that it understands the inclusions and exclusions for each listed procedure/package in the CGHS rate list. The definitions, inclusions and exclusions of ward charges, packages, and implant rates are well understood by them, and they will strictly charge as per CGHS rates and guidelines. It shall collect money only towards non-admissible items as per the non-admissible list. The HCO shall not unbundle components of a package and charge them separately if they are included as part of a package rate. Similarly, items that are part of ward/day-care charges or part of procedural charges as per CGHS definitions (e.g., routine nursing care, routine consumables, documentation, etc.) must not be billed additionally (**Annexure A.I** provides lists of non-admissible and already-included items).

10.2.2 The HCO has provided (during application) a schedule of its normal charges for various procedures and services, and a comparative statement with CGHS rates. The HCO hereby certifies that CGHS beneficiaries shall not be charged more than what is charged to its general (non-CGHS) patients for any given service. The HCO shall furnish an authenticated list of its current prevailing rates (for major procedures, ward charges, investigations, etc.) for general patients to CGHS, along with the application. This list will be used by CGHS for reference to ensure that at no point is CGHS billed at a higher rate than other patients. In case the HCO revises any of its charges downwards for general patients (sales/discount etc.), the benefit should also pass to CGHS bills if lower than CGHS rates.

10.2.3 Revision of Rates: CGHS rates are subject to change via the Ministry's orders. The HCO agrees that any revision (increase or decrease) in CGHS rates or introduction of new rates during the period of empanelment shall be applicable to this Agreement from the effective date of such order. CGHS will endeavour to inform empanelled hospitals of such changes, but it is the HCO's duty to keep track of official rate revisions. The HCO or CGHS may, if required, append the updated rate list to this Agreement by mutual signing, but even if not physically appended, the latest CGHS-notified rates shall override previous ones.

10.3 Billing under Package Rates:

10.3.1 For all procedures for which a CGHS Package Rate has been prescribed, the Empanelled Health Care Organisation (HCO) shall charge strictly in accordance with the applicable package rate. The handwritten bills are not acceptable. The package rate is comprehensive in nature and includes the cost of all services, consumables, and components as defined under **Clause 1** (Definition of Package Rate) and Annexure A.I (List of Included Items). No additional charges shall be levied on the beneficiary for any items or services that are part of the defined package.

10.3.2 The HCO is required to adhere strictly to the scope and definition of the package, as outlined in the CGHS guidelines. CGHS encourages a single-line billing format for surgical packages, except in cases where there is documented medical management of co-morbid conditions or complications that are clearly unrelated to the primary surgical procedure.

10.3.3 In cases of conservative management, ward charges, consultations, blood charges, investigations, and any other similar items, where the individual components are clearly defined, shall be considered an integral part of the respective item. If any such component is already included in the charges for that item, it shall not be billed or recovered separately from the patient. Annexure **A.I** provides a List of Non-Admissible Items (which are never reimbursable) and a List of Items Included in Packages, which clarifies many such components. The HCO must ensure its billing software or staff do not add these items to CGHS bills. If any such inadmissible or included item is found billed, CGHS/BCA will disallow it and may impose a penalty for overcharging.

10.3.4 While submitting the claim, both the non-admissible items for which HCO has collected the amount and the essential treatment bill, which will be uploaded to the NHA portal for claiming from CGHS, shall be uploaded as separate documents. The HCO shall ensure to transparently disclose any amount collected from the beneficiary, along with a detailed breakup of such amounts, clearly identifying the non-admissible items or services against which the collection has been made. Such non-admissible items must be excluded from the claim submitted to CGHS for reimbursement.

10.3.5 The HCO understands the duration of hospitalisation covered by each package (as defined in CGHS rate list/tender). If a patient's hospital stay extends beyond the specified days in the package due to complications or justified medical reasons, the HCO can request additional reimbursement as per CGHS rules: typically limited to ward charges, routine investigations, and two doctor visit charges per day and cross consultations based on the clinical needs of the patient for the extended period. Such extensions will be scrutinised; if the extension is due to hospital-acquired infection, surgical complication, or any fault of the HCO, no extra charge should accrue to CGHS or the patient. If multiple specialists' visits were needed beyond the package, justification must be provided in the claim.

10.3.6 If CGHS has no package rate for a particular surgery/treatment (and it is not a listed procedure), then billing shall be done item-wise as per CGHS rates for ward, surgery, investigations, etc., but in aggregate not exceeding the HCO's normal package (if the HCO has its own package for it) or reasonable estimate. Prior permission is required in such cases.

10.4 Same billing practice to be followed for non-credit eligible beneficiaries:

HCO shall apply a similar billing practice of package rates, item-wise billing practice in case of medical management and shall strictly adhere to the List of Non-Admissible Items (which are never reimbursable) and the List of Items Included in Packages, which clarifies many such components (Annexure A.I). All guidelines, like for implants, high-end specialised procedures, supply of chemotherapy drugs, unlisted procedures, implants, etc, are applicable on similar lines

10.5 Purchase of Implants from Outside: As stated, the HCO must supply necessary implants and disposables from its own pharmacy stock. Implants, which are payable in addition to package rates, are to be provided to the patients. The hospital shall charge either the actual purchase cost or the CGHS ceiling rate, whichever is lower. The hospital shall enclose the GST purchase invoice from the external vendor. No handling charges are allowed. If any bulk purchase was done by the hospital (covering multiple items or patients), a copy of the bulk invoice with the particular batch/lot highlighted can be given along with a declaration that the rate

charged is proportionate and not higher than the pro-rata of the bulk. Additionally, for implants/prostheses, the surgeon must certify in a letter that the specific implant (give details: make, model, size, etc.) was used in the patient and is functioning well. Failure to provide required documentation for such outside purchases may lead to the disallowance of those charges in claims.

10.6 Action on Overcharging: If an instance comes to light where the HCO has overcharged a CGHS beneficiary (i.e., charged above CGHS rates or charged patient for an item that should not have been charged), CGHS shall issue a written warning to the HCO apart from directing the HCO to refund the excess charged amount to beneficiaries along with actions as mentioned in Annexure A.III

In summary, the HCO must charge strictly within entitlements and at CGHS-approved rates only. Any deviation not only burdens the beneficiary but also violates this Agreement, attracting penalties.

Clause 11:

Billing, Claim Submission and Payment Procedure

The process for submission of bills/claims and receiving payments for the treatment of CGHS beneficiaries is as follows:

11.1 Credit Facility and Categories of Beneficiaries: CGHS distinguishes between categories of beneficiaries who are eligible for cashless (credit) treatment and those who are not eligible for credit (must make payment themselves and seek reimbursement). Central Government pensioners and other specified categories are treated on credit, whereas serving employees (except defined cases) pay and then claim reimbursement from their departments, unless an emergency credit procedure is invoked. The broad categorisation is:

11.1.1 Always Credit (Cashless): Pensioner CGHS card holders (with Green colour code on card for pensioners), Ex-Members of Parliament, Freedom Fighters, and certain other entitled categories like former Governors, former Vice-Presidents, etc., are eligible for cashless treatment. These beneficiaries should not be charged by the hospital at the time of service (except for any non-admissible expenses as per CGHS rules). The claim shall be submitted as per the laid-down procedure.

11.1.2 Credit for Sitting MPs and CGHS/MoHFW Serving Employees: Sitting MPs holding a red-stripe CGHS card and serving employees of CGHS, DGHS, and MoHFW (blue-stripe) with their dependents are eligible for cashless treatment at the HCO; for claims, if a sitting MP is treated the HCO shall submit physical bills in duplicate directly to the concerned Parliamentary Secretariat (Lok Sabha/Rajya Sabha); for serving CGHS employees (blue-stripe) and their dependents, the HCO shall submit physical bills in duplicate to the AD office of the concerned CGHS city, while for serving DGHS and MoHFW employees (blue-stripe) and their dependents, the HCO shall submit physical bills in duplicate directly to the concerned Ministry/Department.

11.1.3 Credit for Air India Beneficiaries: The Air India beneficiaries holding an orange stripe card are entitled to credit. However, the bills are to be uploaded to

the respective BCA portal (currently UTI ITSL). The protocol for uploading the bills is the same as in the case of pensioner beneficiaries to the NHA portal.

11.1.4 Emergencies – Serving Employees of Other Departments: If a serving employee (holding CGHS card-blue strip) of a ministry (other than Health Ministry) or their dependent is brought in an emergency and does not have prior permission for credit, the HCO should still provide treatment without demanding advance. The HCO should obtain a letter from the patient's Head of Office as soon as possible (the patient's family or department can arrange this, confirming the person is a central govt employee entitled to CGHS and that bills will be reimbursed, clearly mentioning the bill submission and paying authority, along with the timeline for payment of the bill. Considering the emergency situation, a reasonable time shall be given to the beneficiary or his relatives to submit such a letter from their office. Under no circumstances, emergency treatment be delayed or denied for a delay in providing the letter. With such a letter, the HCO can treat the case as credit. The bill, after treatment, would then be sent to the patient's department for direct payment to the HCO. (The specifics are below.) .

11.1.5 No Credit (Pay & Reimburse): Serving employees and their dependents other than Ministry of Health (Holding blue stripe card), Serving employees of central Autonomous Bodies/Statutory Bodies, Public sector undertakings on CGHS (Holding Yellow stripe card), **are entitled to receive treatment on payment at CGHS rates.** However, Central Government serving employees and their dependents holding a blue stripe card are eligible for credit under emergency.

11.1.6 For clarity, the following outlines the bill submission and payment authority for major categories:

11.1.7 CGHS Pensioners (Green Card strip), Ex-Governors, Ex-MPs, Freedom Fighters: Credit. The HCO shall submit these bills online to the NHA. The physical original bills and supporting documents must be kept by the HCO (for at least 5 years) and only furnished to CGHS if asked for an audit. The claims shall be uploaded to the NHA portal, and CGHS will arrange direct payment to HCO.

11.1.8 Sitting Members of Parliament (Red Card strip): Credit. The HCO must submit physical bills (in duplicate) to the Additional Director, CGHS of the city where treatment took place. The CGHS AD's office will forward the bills to the Lok Sabha/Rajya Sabha Secretariat, New Delhi (as applicable) for payment to the HCO. (The HCO should keep a copy and also retain records for audit.) (Payment Authority: Parliament Secretariat). Contact details as below

Sr. no.	Name of the nodal Office	Address & Telephone no. of the concerned Organisation
1	Deputy Secretary Lok Sabha Secretariat	Room No.138, First Floor, Parliament House Annexe, New Delhi – 110001 Phone no. 011-23035676/ 5151/ 5861

2	Deputy Secretary Rajya Sabha Secretariat	Room No. 228, Second Floor, Parliament House Annexe, New Delhi 110001 Phone no. 011-23034228
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11.1.9 Serving Employees of MoHFW (including CGHS/DGHS) (Blue Card strip with designation): Credit. For serving CGHS employees (“blue-stripe”) and their dependents, the HCO shall submit physical bills, in duplicate, to the Additional Director (CGHS) of the respective city; for serving DGHS/MoHFW employees (“blue-stripe”) and their dependents, the HCO shall submit physical bills, in duplicate, directly to the concerned Ministry/Department. (Payment Authority: Respective Department/Ministry HOD/HOO.)

11.1.10 Serving Employees of other Departments (Blue card) – in Emergency cases where credit was extended on the basis of dept letter: The HCO must secure a letter from the patient’s HoD/HOO stating that the patient is entitled and the department will consider the bills. Then the HCO will submit the physical bills to that beneficiary’s office/department directly (or via CGHS AD if instructed, but usually directly since the department pays). The department’s HoD/HOO will arrange payment to the HCO as per Government rules. If no such letter is obtained, the HCO might not get paid – so it’s essential to coordinate on this when patient stabilizes. (Payment Authority: Beneficiary’s Department/Office.)

11.1.11 Pensioners of Autonomous Bodies (Yellow card for CGHS, if any): These cases are Non-Credit (as per CGHS instructions). The HCO should charge them at CGHS rates, and the beneficiary will pay the bill. The beneficiary then seeks reimbursement from their own organisation as per that organization’s rules. The HCO’s contract for payment is with the patient in such cases. (In summary, treat at CGHS rates, but Payment Authority: the patient (who later claims from their organisation.)

11.1.12 Pensioners of Air India (CGHS cards issued to AI retirees): Special category – Credit as per the current policy. The HCO will submit claims to the designated BCA (currently UTIITSL) or as directed; payment will be made by Air India’s concerned authority via the BCA. (Payment Authority: Concerned Air India authorities via BCA.)

The HCO is responsible for familiarising itself with these categories. **Annexure A.II** (Annual Report format) or CGHS guidelines often list the colour coding on cards for easy reference. If in doubt, the HCO’s billing department should liaise with the CGHS Nodal Officer or CGHS Wellness Centre.

11.2 Presentation of Bills/Claims:

11.2.1. For credit bills that the HCO submits (whether to NHA/ BCA or to Govt offices), each claim must be prepared and submitted in the required format with all supporting documents. The HCO shall use the electronic billing system/portal provided by the NHA/BCA for online submission wherever applicable (for CGHS

pensioner bills, etc.). Even when physical submission is needed (e.g., to a department), the HCO should maintain a digital record. The HCO shall have adequate manpower to submit bills, regularly monitor the NHA/BCA portal for claim status and queries, and respond quickly to avoid loss of legitimate payments.

11.2.2. All bills must be submitted in a timely manner – as per CGHS instructions (generally within 45 days of discharge for credit bills to NHA, etc., subject to current guidelines). Delayed submissions beyond 45 days shall be rejected and there is no scope for delay in condonation under any circumstance. The HCO must also promptly respond to any queries on bills within stipulated timelines.

The following documents (in chronological order) shall be compiled with each bill/claim:

- a. Copy of the CGHS Card** (front and back) of the beneficiary (for reference of entitlement and identity).
- b. Copy of the CGHS Permission/Referral Letter for treatment/procedure,-**
In cases of elective treatment of < 70 years beneficiaries and In all cases of planned unlisted tests/ Procedures /implants and STC drugs
- c. Undertaking form (for treatment without referral)** – the standard format to be filled by all beneficiaries availing follow up consultations or investigations and for beneficiaries above 70 years availing listed procedures /investigation etc
- d. Emergency Certificate (if applicable)** – a certificate signed by treating doctor or hospital stating that the treatment was emergency in nature. It should include brief details of the emergency and justification for immediate treatment without prior approval.
- e. Detailed Discharge Summary** – issued by the hospital for admitted cases, or detailed treatment summary for OPD cases. This must be legible (in Machine readable format) and include diagnosis, procedures done, date of admission & discharge, and treatment given including details of surgery performed. It should clearly indicate no of ICU or ward stay, justify use of antibiotics or any other costly drug or consumable, use of ventilator etc It shall justify any deviation from referral treatment or from preauthorisation. For claim scrutiny, a machine-readable (typed or electronic) discharge summary is required to be uploaded into the NHA portal. The treatment given as per discharge summary shall be in line with billing details. Discrepancies shall be construed as fraudulent activity (Ref: **Annexure A.III and Clause 14 of MoA**). All entries should be in English (or bilingual with English).
- f. OT Notes:** Separate OT notes are mandatorily to be enclosed in all surgery cases. The details shall include complete details about surgical procedure, duration of surgery, type of anaesthesia, implants used etc
- g. Hospital Final Bill(s)** – The comprehensive bill of the hospital, preferably one consolidated bill with itemized break-up attached. The charges should be grouped logically (ward charges, investigations, procedure, pharmacy, discharge medications etc.) and should align with CGHS package or rates. The bill must clearly indicate CGHS rates and calculations. If the hospital's billing

system generates a single consolidated bill, a break-up in chronological order of charges or department-wise may be attached. . The bill should be submitted in an OCR-readable format (machine readable PDF) .The detailed bill clearly specifying the items against which amount is collected from beneficiary shall be enclosed in Machine readable format separately. The HCO shall ensure that amount collected from beneficiary is deducted from the bill being submitted to CGHS and any act of claiming such items from CGHS are construed as an act of fraud (Ref: **Annexure A.III and Clause 14 of MoA**). The bill towards Discharge medications as mentioned under Clause 5 shall also be enclosed separately.

- h. Day-to-Day Clinical Notes** – legible photocopies of the doctor’s daily progress notes, nursing notes, drug charts, treatment charts, and operative notes (if surgery done). These should be arranged in chronological order (from admission to discharge) and each page should be signed by the treating medical personnel. These notes are critical for a medical audit to justify the treatment given.
- i. Investigation Reports** – copies of all investigation results (laboratory reports, imaging reports, etc.) that are relevant to the treatment and for which charges are claimed. Arrange them in chronological order. Each report shall have unique identifier number which shall be verifiable.
- j. Implant details:** a letter from the treating doctor indicating detailed specifications of the implant, like make, type, size, model, and number used. The treating doctor shall also certify the satisfactory functioning of the implant
- k. Original purchase invoices for Implants/Stents/Grafts/High-Cost Medicines** – If any implants (e.g., stents, orthopaedic implants, intraocular lens) or expensive external purchase medicines were used and charged separately, attach the original invoice from the external supplier . Also include the implant stickers (e.g., for cardiac stents, orthopaedic implants) and any warranty cards or barcodes in the documents. If bulk purchase copy is used, highlight the relevant item and ensure it matches the charge. Additionally, include the surgeon’s certificate regarding the implant as described.
- l. Any other relevant documents – Informed consent if any amount is collected towards implant difference.**
- m. Verification of IP treatment by beneficiary** – The beneficiary shall sign and mention mobile number on the final bill and shall also indicates if any amount was collected from patient.
- n. Feedback form regarding treatment**
- o. Detailed break up bill towards amount collected from Beneficiaries**

If the claim documents are not in proper order or required documents are missing, the BCA/CGHS may return the claim unpaid for rectification, causing delay or denial. The HCO should thus be diligent in claim preparation.

11.3 Digital Submission and Technology and adequate staff for submission of claim and reconciliation of payments:

The HCO must have the capability to submit claims electronically via the NHA's portal. This includes having a computer with internet, scanner, and the software to upload bills in prescribed format (OCR / machine readable format PDF/Excel etc.). The HCO shall mandatorily have facility to submit the documents in Machine readable format. The HCO is also required to implement features like geotagging and Aadhaar-enabled biometric verification of patients to ensure the patient's presence and identity. The HCO shall integrate such tech processes in their workflow as directed. They should have adequate staff for the submission of claim and reconciliation of payments.

11.4 Retention of Records:

The HCO shall maintain the original physical records of all claims for a minimum of **5 (five) years** from the date of service. (For claims sent to departments, at least keep a copy set with acknowledgement.) In case of any audit, vigilance, or investigation by authorities, the HCO must produce the records even if the hospital has received payment. Failure to produce supporting records upon request may result in recovery of the claim amount or other action.

11.5 Payment to Hospital and Bill processing Fees:

For claims processed through the NHA portal (like pensioner claims), the CGHS will make eligible payments within 90 days of claim submission (provided no exceptional approval needed), directly into the HCO's bank account by CGHS. The HCO should ensure it has given correct bank details to CGHS/NHA. The CGHS is entitled to a processing fee (and applicable taxes) as notified by CGHS. This fee is deducted at source from the claim amount. CGHS reserves the right to revise the claim processing fee rates, and the HCO shall accept the same.

A claim-processing fee of **2% of the claim amount plus applicable taxes if any** shall apply, **subject to a minimum of ₹12.50 and a maximum of ₹1,500 per claim both exclusive of taxes.** Payments to the HCO will be made **net of this fee** (i.e., claim amount minus the processing fee). The HCO must account for this deduction in its books and **may not pass this fee on to the patient.**

For claims sent to government offices (like serving employees), payments will be made as per those offices' procedures (often through cheque or bank transfer) and may not follow the 90-day norm exactly. The HCO should follow up with the paying authority if payment is delayed beyond reasonable time.

11.6 Scrutiny by NHA/CGHS/BCA (Claim Audit):

11.6.1. CGHS /BCA will scrutinize each claim against CGHS rules. The HCO should be aware that the CGHS/BCA will disallow or adjust parts of the claim that are not as per CGHS entitlements. The checks include, but are not limited to:

- a. Verification of Treatment Necessity:** Ensuring that the treatment provided was medically appropriate for the diagnosed condition. Unnecessary admissions (for minor ailments that could be managed on outpatient basis) or procedures will be flagged. If a planned procedure was billed under emergency, that will be checked.

- b. Package conformity:** Checking that only permitted procedures were done as per the referral. If procedures or tests outside the scope of permission were done, justification is needed; otherwise, those charges may be disallowed.
- c. Rates and Package components:** Verifying that the rates charged match CGHS rates and that the package rules are followed (no unbundling of costs). If the HCO charged for something included in the package/ward charges, that amount will be deducted.
- d. Non admissible items:** CGHS shall check if HCO has charged towards any non-admissible items and shall ensure that components otherwise included under consultations, ward charges, package charges, blood component charges, ICU charges are not billed separately.
- e. Quantity/Cost reasonability:** Checking if the quantity of consumables and drugs used is reasonable for the case or if it appears inflated. Also verifying that costly drugs or a high number of disposables were indeed needed as per case notes.
- f. Diagnostic correlation:** Ensuring tests conducted were in line with the diagnosis and treatment plan, preventing billing of unrelated or repetitive tests without justification.
- g. Split Billing:** Detecting any attempt to split a procedure into multiple claims or multiple entries to inflate cost (e.g., billing two separate minor surgeries on consecutive days which normally would be a single procedure).

The NHA maintains a digital record of claims history to spot patterns of excessive billing or irregularities.

11.6.2. For any recoveries or deductions beyond 25 percentage of claimed amount in an in-patient claim including the rejected claims (By SA), HCO shall have an opportunity to represent or clarify within **15 days** of the deduction notification. Based on the representation, the deduction or rejection shall be reviewed by CGHS.

11.6.3. If the HCO fails to respond /represent within **15 days**, it is assumed to have accepted the deductions, and the claim moves on. No further appeals on those deductions will be entertained by CGHS afterwards through the NHA process. The HCO is thus advised to regularly monitor the NHA portal for claim status and queries, and respond quickly to avoid loss of legitimate payments.

11.6.4. Recovery of Overpayments: If at any time a payment has been made in excess to the HCO (due to oversight or later found inadmissible), CGHS is authorized to adjust or recover that amount from future bills of the HCO. The HCO will be notified of such adjustment.

By adhering to the proper billing process and maintaining transparency, the HCO will facilitate timely payments and minimize disputes or rejections.

Clause 12:

12.1 Medical Audit and Quality Assurance

CGHS reserves the right to conduct medical audits of the services provided by the HCO to CGHS beneficiaries. This is to ensure quality of care and to detect any aberrations or fraud. The HCO agrees to cooperate with all such audits.

CGHS (or the NHA on its behalf) may carry out different types of audits, including but not limited to:

- a. **Desk Medical Audit:** Routine scrutiny of medical records submitted with claims to verify that the care provided was justified and met quality standards.
- b. **Field Medical Audit:** Physical verification of facilities and possibly patient feedback to assess the treatment given (this may tie in with inspections mentioned earlier).
- c. **Beneficiary Feedback Audit:** CGHS may contact beneficiaries to ask about their experience, whether the procedures billed were indeed done, and whether any issues occurred.

Additionally, Mortality or Morbidity audits may be done in cases of deaths or unusual outcomes to ensure proper care was given.

CGHS has established an Anti-Fraud Cell (see **Annexure A.III**) to systematically combat fraud, waste, and abuse in the system. The HCO may be required to provide information to this cell as needed.

12.2. A structured audit plan may be conducted by CGHS for the purpose of audit. A descriptive approach towards sampling of cases is exemplified:

- a. **Medical Audit** may be done on **5%** of all cases or **100%** of cases with ICU stay beyond **7 days**, to objectively review if care was appropriate and aligned with standard protocols.
- b. A **Beneficiary Audit** could randomly check about **3%** of hospitalised cases, involving patient interviews either during hospital stay or post-discharge to confirm services and satisfaction, and to rule out any impersonation or ID misuse.
- c. **Mortality Audit:** CGHS might review each case of death (**100%**) among CGHS beneficiary admissions to identify if any gaps in care could be addressed or if any pattern (like higher mortality at a particular HCO) emerges that needs investigation.

12.3. The HCO should treat these audits as quality improvement measures. Findings of audits will be communicated to the HCO for comments or remedial action. If audits reveal serious deficiencies or wrongdoing (like needless procedures, overcharging, etc.), CGHS may invoke the penalty and termination clauses of this Agreement (Ref: **Annexure A.III and Clause 14 of MoA**).

12.4. The HCO is expected to maintain high ethical standards and continuously strive to improve the quality of care, thereby passing audits with positive outcomes.

(Details of fraud definitions, examples, and anti-fraud actions are provided in **Annexure A.III** for the HCO's reference and adherence.)

Clause 13:**Performance Bank Guarantee (PBG)**

Upon empanelment, the HCO have to furnish a Performance Bank Guarantee in favour of CGHS as a security deposit from a Scheduled Commercial Bank. The PBG amount is intended to ensure efficient service delivery by the HCO and to safeguard CGHS against any defaults, including financial irregularities or contractual breaches by the HCO.

13.1. The PBG is a condition precedent to final empanelment. The required validity of the PBG is **42 months** (3.5 years), which is 6 months beyond the initial empanelment period of **3 years**. This extended validity is to allow for any lag in processing claims or settling issues after the expiry or termination of the Agreement.

13.2. Amount of PBG: The amount of the PBG corresponds to the category of the HCO and the city category, as per CGHS policy. The amounts currently prescribed are:

Table 4: Category of HCO and PBG amounts.

Category of HCO	PBG for Tier I (X City)	PBG for Tier II (Y City)	PBG for Tier III (Z City)
Multi-Specialty Hospital / Single-Specialty Hospital / Cancer Hospital/Unit	₹20,00,000 (20 lakh)	₹10,00,000 (10 lakh)	₹10,00,000 (10 lakh)
Super-Specialty Hospital	₹25,00,000 (25 lakh)	₹12,50,000 (12.5 lakh)	₹12,50,000 (12.5 lakh)
Exclusive Eye Hospital/Centre, Exclusive Dental Clinic, Diagnostic Laboratory/Imaging Centre, Chemotherapy Centre /Dialysis Unit	₹4,00,000 (4 lakh)	₹2,00,000 (2 lakh)	₹2,00,000 (2 lakh)

13.3. ("X" cities typically include Delhi/NCR, Mumbai, Kolkata, Chennai, Bangalore, Hyderabad, etc. Y and Z as classified for HRA.)

13.4. Reduced PBG for Charitable Organisations: If the HCO is a charitable/not-for-profit organisation as recognised by law and CGHS, the required PBG amount is 50% of the above-stated amount for its category.

13.5. Incentive for Digital Compliance: Empanelled HCOs that achieve ABDM "M3" compliance (as mentioned, linking with digital health records) at the time of empanelment may be given a concession in PBG of up to 20%. (E.g., a private hospital in X city needing ₹20 lakh would submit ₹16 lakh if ABDM compliant). The exact reduction is as per the CGHS policy at that time.

13.6. The **PBG** shall be valid and enforceable for the entire duration of empanelment and 6 months thereafter. The HCO is responsible for renewing/extending the PBG validity in case the empanelment is extended or if, for any reason, claims are still pending. If an empanelled HCO fails to keep its PBG valid (i.e., if the bank

guarantee is not extended/encashed post expiry), CGHS shall suspend the HCO's empanelment until a valid guarantee is in place, and the HCO will be liable for any loss to CGHS that cannot be recovered due to the absence of a valid PBG. However, it shall be binding on the HCO to ensure that admitted patients continue to receive treatment as per CGHS guidelines and no new admissions are allowed

13.7. Invocation of PBG: CGHS may forfeit and invoke the PBG (in full or part) in the event of the HCO's default, as described in **Clause 14** below, or to recover any dues (like excess payments or penalties). The HCO will be given due intimation of such invocation and reasons thereof.

13.8. The HCO shall not object to the encashment of the PBG on account of any dispute between the Parties, and such encashment shall not preclude further legal action by CGHS if the amount is insufficient to cover the loss or damage.

13.9. Return/Release of PBG: If the HCO successfully serves the empanelment period without any major breach and upon termination/exit, and after settlement of all outstanding claims or dues, CGHS will return the PBG or the balance remaining (after any deductions) to the HCO. No interest is payable on the PBG deposit.

The PBG is a critical safeguard, and the HCO is expected to comply with all terms so that CGHS does not have to resort to encashing it except in genuine cases of default.

Clause 14:

Penalties, Liquidated Damages and Termination

This section outlines the consequences and penalties if the HCO violates the provisions of this Agreement or fails to perform as required.

14.1 Violations and Unethical Practices:

If the HCO is found to be involved in any unethical, fraudulent, or improper practice, or fails to abide by the terms of this Agreement, CGHS may impose penalties including forfeiture of PBG and de-empanelment. Examples of violations include, but are not limited to:

14.1.1 Fraudulent practices: such as inflated billing, charging for services not rendered, deliberately splitting procedures to claim more, forging documents or prescriptions, or any other act of deception (see **Annexure A.III** for detailed definition of fraud).

14.1.2 Unethical practices: including prescribing or administering unnecessary drugs/tests/procedures solely to increase revenue, irrational use of high-cost drugs (like costly antibiotics, chemotherapy, immunotherapy) without adherence to approved guidelines, or enrolling patients in unapproved trials.

14.1.3 Denial of services or discrimination: for instance, refusal to admit or treat a CGHS beneficiary (especially when entitled and in an emergency), or not providing a bed citing non-availability while beds are given to non-CGHS patients,

or providing substandard care to CGHS patients vis-à-vis others. This also covers instances of not providing ICU care or specialist consult to a CGHS patient when indicated because the patient is under CGHS.

14.1.4 Overcharging and billing issues: Charging more than CGHS rates for any item, , or collecting money from credit-eligible patients (other than permitted for non-admissibles). Also, habitual submission of incorrect claims or data, can be considered a breach if done repeatedly.

14.1.5 Quality and accreditation lapse: If the HCO fails to renew mandatory licenses or accreditation (e.g., NABH/NABL) as required or if such accreditation is suspended/revoked due to the HCO's fault, it is a violation (Ref: **Annexure A.III and Clause 14 of MoA**). Reduction in staff, infrastructure, or equipment below the required standard (after empanelment) without informing CGHS is also considered a breach of trust.

14.1.6 Non-compliance in reporting: Non-submission or habitual late submission of required reports (like monthly/annual data) or submission of falsified data in those reports.

14.1.7 Refusal of credit: Denying credit facility to eligible beneficiaries or their valid referrals, and instead demanding cash from them, constitutes a serious violation of this Agreement.

14.2. If any of the above or similar violations occur, CGHS may at its discretion take the tiered actions as per the detail mentioned in Annexure A.III

14.3. In addition to the clause above, CGHS may recommend appropriate actions to other authorities:

14.3.1 It may inform the National Accreditation Board (NABH/NABL) to withdraw accreditation if fraud or poor quality is established.

14.3.2 It may request State Government authorities to review or revoke the HCO's license to operate, especially in egregious cases.

14.3.3 Legal action: In severe cases involving fraud (for example, billing for ghost patients, falsification of records, etc.), CGHS's Anti-Fraud Cell will investigate and may refer the matter to law enforcement (CBI/Police) for criminal prosecution under BNS 2023/IPC/Prevention of Corruption Act or other applicable laws.

The decision of the Additional Director, CGHS on empanelment suspension or termination shall be final and binding on the HCO.

14.4 Liquidated Damages:

14.4.1 Importantly, even after such deduction, the HCO must restore the PBG to its full amount (within a time frame given by CGHS) if the empanelment is to continue. The deduction does not diminish the requirement of maintaining the full PBG amount as security (hence "revolving guarantee").

14.4.2 In case the HCO commits repeated defaults after the first liquidated damage, CGHS will proceed to forfeit the full PBG and terminate the Agreement, as noted above in 13.1.

14.4.3 Additionally, for specific issues like over-billing or performing unnecessary procedures, CGHS will take the following approach:

- i. The excess amount charged (if identified in audits) will be deducted from pending or future bills of the HCO.
- ii. A written warning will be issued for the first occurrence.
- iii. If such things happen again, it clearly indicates willful non-compliance; CGHS will then remove the HCO from the panel altogether.

(The aim is to give one chance to correct errors; beyond that, strict action follows.)

14.5 Termination of Agreement:

This Agreement may be terminated by CGHS for default in the following circumstances, without prejudice to any other legal remedies:

14.5.1 If the HCO fails to provide the services it is empanelled for, or fails to perform any substantial obligation under this Agreement, and does not rectify such failure within a reasonable period (if rectification is possible) after being pointed out by CGHS.

14.5.2 If the HCO is found to have engaged in corrupt, fraudulent, collusive or coercive practices in connection with its empanelment or in the execution of services under this Agreement. (Corrupt/fraudulent meaning as per standard definitions – essentially bribery, misrepresentation of facts, undue influence, etc.)

14.5.3 If a particular unit/branch of a larger hospital group indulges in wrongdoing as specified under this Agreement, CGHS reserves the right to terminate the empanelment of all hospitals/units of that group across India under CGHS. This is to prevent the group from shifting patients or activities to another empanelled unit and continuing malpractices.

Termination for default shall be affected by written notice from CGHS to the HCO, indicating the breach and the effective date of termination. In certain serious cases, termination may be with immediate effect (especially if continuing the tie-up poses risk to patient safety or public funds), while in others a notice period may be given for the HCO to wind up ongoing cases (Ref: **Annexure A.III and Clause 14 of MoA**).

Upon termination, the Performance Bank Guarantee shall be invoked/forfeited as described. The HCO shall also settle any pending reimbursements to CGHS or beneficiaries forthwith.

14.6 Disciplinary Proceedings and De-empanelment of Healthcare Organisations (HCOs)

The Empanelled Healthcare Organisation (HCO) shall be subject to disciplinary proceedings or de-empanelment under the Scheme in the event of non-compliance with empanelment conditions, malpractice, unethical conduct, or actions causing financial or reputational loss to CGHS. The following process shall apply:

14.6.1. Initiation of Proceedings:

CGHS may initiate investigation based on analytics, complaints, or audits

indicating irregularities. Suspect cases may be subjected to desk or field audits and examination of patient records.

14.6.2. Show-Cause Notice:

Where prima facie evidence exists, a show-cause notice shall be issued within seven (7) working days of investigation. The HCO shall respond within five (5) working days. Non-response shall lead to suspension of empanelment for a period not exceeding six (6) months, during which new authorisations shall be barred; ongoing treatments shall continue uninterrupted.

14.6.3. Suspension Conditions:

Suspension may also be effected under the following circumstances:

- a. Receipt of unsatisfactory or delayed response.
- b. Immediate risk to patient safety supported by irrefutable evidence.
- c. Failure to remit penalties within the stipulated time.
- d. Ongoing investigations confirming malpractices.

14.6.4. Detailed Investigation:

Suspended HCOs shall undergo a detailed review within ten (10) working days. Beneficiary statements shall be recorded in the language known to the beneficiary and duly attested. Based on findings, suspension may be revoked or extended.

14.6.5. Presentation to Committee:

If disciplinary violations are confirmed, the case shall be placed before the Empanelment Committee within thirty (30) working days. The HCO shall be given a fair opportunity to present its case. Based on legal opinion and available evidence, the Committee may:

- a. Order de-empanelment for a minimum of two (2) years or more.
- b. Impose penalties, initiate FIRs or notify statutory authorities.
- c. Recommend blacklisting in egregious cases.

14.6.6. Post De-empanelment Actions:

- a. All pending and paid claims shall be scrutinised within fifteen (15) working days. Fraudulent claims shall be recovered or denied.
- b. The HCO shall not be eligible for re-empanelment for a minimum period of two (2) years from the date of de-empanelment.
- c. Hospital chains shall face branch-specific de-empanelment unless otherwise decided by the Committee.

- d. The name of the HCO shall be listed on the CGHS website and other platforms for public awareness.
- e. In cases involving medical misconduct, the matter shall be referred to NMC, State Medical Councils, IRDAI, ESIC and other regulatory authorities.

14.6.7. Appeal Process:

The HCO may file a written appeal with evidence and undertaking within thirty (30) working days of suspension. The AD shall consider the appeal and either revoke the suspension or escalate for de-empanelment as deemed fit.

14.6.8. Sub-judice Cases:

In matters pending adjudication before a Court of Law, claims under judicial scrutiny shall remain on hold until final court orders are issued. All other claims shall be adjudicated as per standard procedure.

14.7 Voluntary Exit by HCO:

14.7.1 If the HCO, for any reason (such as revised CGHS rates being non-acceptable, a new circular issued by CGHS is not being acceptable, a change in the hospital's operational focus, etc.), no longer wishes to remain on the CGHS panel, it may request exit from the empanelment by giving at least one (1) month's prior notice in writing to CGHS. During this notice period, the HCO must continue to honour any ongoing treatment of CGHS beneficiaries and complete those to discharge. No new CGHS referrals should be accepted during the notice (unless life-threatening emergencies, in which case they should treat and inform CGHS). After the notice period, the empanelment will be formally withdrawn by CGHS, provided that the HCO has cleared any issues in ongoing cases.

14.7.2 The CGHS rates and terms shall continue to apply to any CGHS beneficiaries under treatment at the HCO until their discharge even if the formal period of empanelment ends during their stay.

14.7.3 Voluntary withdrawal does not automatically release the PBG until CGHS is satisfied that no dues or pending issues exist.

14.8 Effects of Termination:

Whether termination is by default or by mutual/voluntary action, certain clauses survive termination:

- a. The HCO will remain liable for any pending liabilities or indemnity for incidents that occurred during empanelment.
- b. The HCO must return any CGHS-issued material, if any.
- c. Any ongoing billing or audit matters will be concluded even after termination.
- d. CGHS will delist the HCO from its official panel list, and beneficiaries will no longer be referred there (except to finish ongoing treatment as above).

The intent of these provisions is to ensure that the HCO either performs to standards or faces consequences, and that CGHS's interests (public funds and beneficiary welfare) are protected at all times.

Clause 15:

Indemnity and Liability

The HCO shall indemnify and hold harmless the CGHS and the Government of India from any and all liabilities, losses, claims, damages, costs or expenses (including legal fees and disbursements) that the CGHS/Government may sustain or incur as a result of any act, omission or commission by the HCO in the course of performing its obligations under this Agreement.

15.1. The HCO hereby assumes responsibility for all claims or legal proceedings (including third-party claims by beneficiaries or others) arising from any negligence, deficiency in service, malpractice, or willful misconduct of the HCO or its doctors/employees in the course of treating CGHS beneficiaries. If any lawsuit or claim is brought against CGHS/Government due to such actions of the HCO, the HCO shall be liable to pay all such damages or compensation adjudicated or agreed, and shall also bear the cost of defending such actions. CGHS/the Government may, at its discretion, join such legal proceedings but the ultimate liability will lie with the HCO.

15.2. The HCO will ensure compliance with all safety and regulatory norms in its premises (fire safety, biomedical waste disposal, etc.). If any accident, injury, or loss of life occurs to a CGHS beneficiary (or even an attendant or third party) due to any deficiency or fault on part of the HCO, its infrastructure, or staff, the responsibility for consequential compensation lies solely with the HCO. The CGHS shall not be liable for the same. The HCO shall indemnify CGHS against any such third-party claims as well.

15.3. In the event any claim is made, or suit is brought against CGHS/Government for deficiency of service or malpractice by the HCO, CGHS may, at its sole discretion, elect to conduct its defence jointly with the HCO or separately. However, any costs incurred by CGHS in such defence (including counsel fees, settlements, etc.) shall be reimbursed by the HCO. If CGHS chooses to defend separately, it shall still be at the cost of the HCO.

15.4. The HCO also indemnifies CGHS against any litigation by its own staff or vendors that may indirectly affect the services to CGHS beneficiaries. For example, if a staff dispute leads to service interruption to CGHS patients and a claim arises, the HCO is liable.

This indemnity shall survive the termination or expiry of this Agreement in respect of any act or omission occurring during the period of empanelment.

15.5. Limitation of Liability of CGHS: Nothing in this Agreement shall impose any liability on CGHS for the hospital's operations. CGHS is merely facilitating beneficiaries to get treatment at the HCO and paying for it as per terms; CGHS is not in control of or directing the medical care. The HCO is not an agent of CGHS, and CGHS shall not be vicariously liable for any act of the HCO or its staff. The HCO shall not represent itself as an agent or branch of CGHS in any dealings.

Clause 16:**Dispute Resolution and Arbitration**

In the event of any dispute or difference arising between the Parties out of or in connection with this Agreement (which cannot be settled amicably through discussion or correspondence), the matter shall be referred to arbitration as per the following terms:

- 16.1.** The dispute shall be referred to the sole arbitration of an officer appointed by the Additional Secretary & Director General, CGHS, Ministry of Health & Family Welfare, Government of India. It is agreed that the Additional Secretary & DG, CGHS may himself act as the Arbitrator or nominate a suitable senior officer (unconnected with CGHS Mumbai, if that's the city in question, to maintain impartiality) to act as Arbitrator.
- 16.2.** The Arbitrator's decision or "award" shall be given in writing and shall be final and binding on both the HCO and CGHS. The cost of arbitration (if any) shall be borne as determined by the Arbitrator.
- 16.3.** The arbitration shall be conducted in accordance with the provisions of the Arbitration and Conciliation Act, 1996, and the rules framed thereunder, as amended from time to time. The parties agree that they will not seek recourse to court except as provided under that Act (for interim measures or enforcement of award, etc.).
- 16.4.** The venue of arbitration proceedings shall be New Delhi, or at CGHS's discretion, the city of the concerned CGHS Additional Directorate (e.g., Mumbai) if both parties agree. Typically, disputes of empanelled HCOs across India are centralised to Delhi for arbitration for uniformity.
- 16.5.** The language of proceedings shall be English.
- 16.6.** By entering this Agreement, the HCO specifically agrees not to approach any court of law with any dispute under this Agreement without first seeking arbitration as above. However, CGHS's right to pursue equitable relief or other remedies (like invoking PBG or taking action under the Agreement) shall not be stalled pending arbitration.

Clause 17:**Miscellaneous Provisions**

17.1 Relationship of Parties: The relationship between CGHS and the HCO is on principal-to-principal basis. Nothing contained in this Agreement shall be construed as establishing or creating a relationship of master and servant or principal and agent between CGHS (or the Government of India) and the HCO or its employees. The HCO shall render services as an independent entity and at no time shall represent itself as an agent or representative of CGHS or the Government. The HCO does not have any authority to bind CGHS in any manner by any promise or representation, unless expressly allowed by CGHS in writing.

17.2 Notices: Any notice or communication required or permitted to be given under this Agreement shall be in writing and delivered by hand against receipt, sent by registered post (acknowledgment due), or by a recognized courier or by fax/email (if followed by physical copy) to the respective addresses of the Parties as given below (or such other address as notified in writing).

- **For CGHS (First Party): Additional Director, CGHS, Ministry of Health & Family Welfare, Govt. of India, [Address of the CGHS City Office].**

Fax: _____; **Email:** _____.

- **For the HCO (Second Party): [Name and designation of the signatory, Name of Hospital/Clinic], [Address of HCO].**

Fax: _____; **Email:** _____.

Notices shall be deemed served on the date of delivery if by hand, on the **5th day** after dispatch if sent by post/courier, and on the date of transmission if by fax/email (provided the confirmation of successful transmission is obtained and physical copy is sent promptly). If a notice is returned as refused, unclaimed, or undeliverable due to change of address not notified, it will still be considered effective from the date of such return.

17.3 Entire Agreement: This Agreement (along with its Annexures and any documents incorporated by reference) constitutes the entire understanding between the Parties with respect to its subject matter, and supersedes all prior correspondence or negotiations, if any, between the Parties regarding empanelment under CGHS. The HCO's application and forms submitted are part of the basis of empanelment, but to the extent they are not explicitly part of this signed text, this Agreement governs

17.4 Severability: If any provision of this Agreement is held to be invalid, illegal, or unenforceable by any court or authority of competent jurisdiction, the remainder of the Agreement shall not be affected, provided that such severance does not affect the fundamental rights and obligations of the Parties under this Agreement. The Parties shall endeavor in good faith to replace any invalid or unenforceable provision with a valid and enforceable one that achieves, as far as possible, the original intent.

17.5 Force Majeure: Neither Party shall be liable for failure to perform any obligation under this Agreement if the failure is caused by events such as war, riot, civil unrest, natural disaster, epidemic, pandemic, government order, or any other circumstances constituting force majeure which are beyond the reasonable control of the affected Party. The affected Party shall inform the other in writing immediately of the occurrence of such an event and make all reasonable efforts to resume performance as soon as possible. If force majeure conditions continue beyond a reasonable period, CGHS may, at its discretion, terminate the empanelment without any liability.

17.6 Expenses & Stamp Duty: The HCO shall bear all costs and expenses for executing this Agreement, including the cost of the stamp paper of **₹100** (or such value as prescribed by law) on which this Agreement is made and any registration charges if applicable. The HCO is responsible for getting the document appropriately stamped as per the State Stamp Act

17.7 Other Services: If requested by CGHS, the HCO agrees to collaborate in capacity-building by allowing training of CGHS personnel (medical, paramedical, or nursing) at its facility on mutually agreeable terms (as already noted in **Clause 8**). This will not be unreasonably demanded by CGHS and not without mutual convenience.

17.8 Governing Law & Jurisdiction: This Agreement shall be governed by and construed in accordance with the laws of India. Subject to the arbitration clause, the courts in the city of New Delhi (or *[City of CGHS HQ] may have jurisdiction – typically disputes, if not arbitrated, fall under New Delhi jurisdiction since CGHS HQ is based there).

17.9 Counterparts: This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all counterparts together shall constitute one and the same instrument. One signed original will be retained by CGHS and one by the HCO.

By signing this Agreement, the HCO affirms that all information provided to CGHS in the empanelment application and thereafter is true and correct to the best of its knowledge, and agrees to promptly inform CGHS of any change in information (especially concerning facilities, accreditation, or contact details).

Both Parties signify their acceptance of the above terms and conditions by signing below:

For and on behalf of the President of India (First Party)

Through Additional Director, CGHS, [City]

Ministry of Health & Family Welfare, Govt. of India

Signature: _____

Name: _____

Designation: _____

Date: _____ (Office Seal)

For and on behalf of [Name of Health Care Organization] (Second Party)

Signature: _____

Name: _____

Designation: _____ (Authorized Signatory)

Date: _____ (Hospital Seal)

Witnesses:

1. Name: _____ Address: _____ Signature: _____

2. Name: _____ Address: _____ Signature: _____

Annexure A.I

Admissible and Non-Admissible Items (Billing Guidelines)

This Annexure provides clarification on items and charges that are includable or excludable in bills as per CGHS. The HCO must adhere to these when billing CGHS or CGHS beneficiaries.

1. Consumables and Materials: Common medical consumables (cotton, gauze, gloves, syringes, needles, catheters, IV sets, tubing, dressing materials, etc.)

- These items are considered part of the treatment package for surgical procedures and are included in the respective package rates. No separate charge for such items is admissible in bills of surgical packages.
- In non-surgical (medical management) cases where no package rate exists, reasonable use of consumables is allowed and can be billed under the consumables head. The HCO must ensure rational use of all consumables. Billing for extraordinarily high quantities without clinical need will be viewed seriously as potential inflation and penalised (Ref: **Annexure A.III and Clause 14 of MoA**).
- Vague billing entries like “consumables kit” or “procedure kit” without specifics (e.g., “lumbar puncture kit”, “dressing kit”, “nebulization kit”) are not acceptable. Such items shall be disallowed.

2. Non-Admissible Items: The following categories of items shall not be reimbursed by CGHS and the amount may be collected from beneficiary:

- Toiletries and Personal Use Items: e.g. soap, shampoo, toothbrush, toothpaste, comb, sanitary pads, diapers, hand sanitizers for personal use, mouthwash, tissue papers, etc. (These are considered personal hygienic items and not part of treatment costs.)
- Cosmetics and Other Miscellaneous Personal Items: e.g. razors/shaving blades, beauty creams, powders, deodorants, oils (like coconut oil), talcum powder, makeup items, etc.
- Non-Medical Services/Overheads: e.g. telephone charges for patient calls, bedside television charges, internet fees, patient’s attendant food, hospital gown for attendant, carry bags for medicines or belongings, etc. (Basic cost of a patient’s own gown/drapes is included in ward charge, but if a hospital bills a kit, it is not reimbursable).
- Attendant Charges: Any charge for providing an attendant (ayah / ward boy) specifically to the patient or charges for extra bedding for the attendant (except one attendant bed included in a private ward) are not reimbursable. Professional nursing care is separate and included in the ward charges.
- Mortuary or Cremation charges: If, sadly, a patient expires, any charge like mortuary fee or transportation for last rites is not a CGHS-covered expense.
- Extra Bedding/Blankets beyond norm: already included in ward charges; cannot charge separately.

- **Implant Upgrades:** If the patient opts for an implant or prosthesis of higher value than what CGHS covers the difference in cost is not reimbursable. The beneficiary has to bear that difference, with prior consent. Such differences should not be billed to CGHS.

(In summary, anything that is not directly related to treatment and is primarily for patient convenience or personal preference is non-admissible.)

3. Inadmissible Additional Charges: The HCO shall not separately bill for the following components, as they are considered part of standard charges for related services. Hence, these are neither to be billed to CGHS nor amount to be collected from Beneficiaries:

- **Glucometer strips** – Cost of blood glucose test strips is included as part of performing a Random Blood Sugar (RBS) test at bedside. No separate charge per strip is admissible if bedside glucose monitoring is done; it's covered under investigation or ward service.
- **ECG leads/electrodes** – included in the cost of an ECG. The hospital cannot charge for ECG electrodes or leads separately when billing for an ECG test.
- **Ventilator circuits or consumables** – when a patient is on a ventilator, the disposables (tubing, filters, circuits) are considered included in the ventilator/ICU charge. No separate line item for “ventilator consumables” should be billed.
- **Ward facilities included in room charge:** Items such as an air-bed, water bed, alpha bed or ripple mattress for bed sore prevention, routine air conditioning or heating charges, infusion pumps, DVT pump usage in ward, pulse oximeter or basic monitors, medical record photocopy charges, etc., are all included in the room/ward daily charge. They must not appear as separate charges.
- **Issuance of Medical Records/Films:** Providing the patient with discharge summary, lab reports, X-ray/CT/MRI films or CD copies of scans is part of the treatment rates. No fee should be charged for giving these to patient (aside from very exceptional cases like multiple copies of a large file, but even then CGHS doesn't pay for it).
- **Vacutainers, syringes for investigations:** Blood collection tubes, needles, lancets used for drawing samples are part of the lab test cost and not billable as separate “consumable” to CGHS.

(Essentially, any item that is by nature a part of doing a test or procedure or running a ward facility cannot be carved out to charge extra.)

- 3. Common List of Non-Admissible Items:** The table below lists common items and services that cannot be billed to CGHS (many of which align with points above). This list is illustrative but not exhaustive – analogous items are also non-admissible. The HCO should use judgment to identify similar non-payable items.

Table 5

Sl. No.	Item Description	Admissibility	Category (if applicable)
1	Home visit/home consultation charges	Non-Admissible	General (Not covered by CGHS)
2	Bed pan (utensils for patient use)	Non-Admissible	Consumables (basic patient care item)
3	Urine container, Urine can, Urobag	Non-Admissible	Consumables (part of nursing care)
4	Moisturizer (for skin care)	Non-Admissible	Personal Care item
5	Underpad/Chux, Sanitary pad, Bath wipes	Non-Admissible	Consumables (personal hygiene)
6	Room fresheners (air freshener sprays, etc.)	Non-Admissible	Hygiene (ambience item)
7	Hand Sanitizer solutions (Microshield, Sterillium), Mouthwash (Listerine), Depilatory creams (hair removal), hand wash liquids	Non-Admissible	Hygiene/Personal use
8	Spectacles or Contact lenses (if given post eye surgery)	Non-Admissible	Personal Item (corrective device, not covered)
9	Food charges for attendant / extra meals, Mineral water bottles	Non-Admissible	Dietary (only patient diet included in room charge)
10	Telephone, Email or Internet charges (patient communication)	Non-Admissible	Communication convenience
11	Mortuary sheet or shroud	Non-Admissible	Equipment/Supplies (post-mortem)
12	Protein supplements, Sugar-free tablets, Artificial sweeteners	Non-Admissible	Nutrition (not medication)
13	Baby feeding bottles, infant formula, baby food	Non-Admissible	Infant Care (routine baby supplies)
14	Toiletries kit: Toothpaste, Toothbrush, Coconut oil, Talcum powder, Comb, Ear buds, Soap, Shower gel, etc.	Non-Admissible	Personal Hygiene kit

Sl. No.	Item Description	Admissibility	Category (if applicable)
15	“Baby set” (general term for newborn care items like baby soap, oil, etc.)	Non-Admissible	Infant Care (not treatment)
16	Barber charges or Beauty parlor services (shaving, haircut for patient)	Non-Admissible	Personal Services
17	Welcome kit , Carry bags (for medicines or reports)	Non-Admissible	Miscellaneous (overhead)
18	Vaccinations (Baby/Adult) – when not part of treatment	Non-Admissible	Medical (Preventive vaccines not covered unless part of treatment protocol; All essential vaccines are provided free of cost by GOI under immunization programme .Hence no separate reimburse
19	Cosmetic procedures (e.g., LASIK eye surgery purely for refractive error removal, cosmetic dental implants for aesthetics)	Non-Admissible	Cosmetic (not medically necessary as per CGHS)
20	Tests or medications not relevant to the diagnosis on record (e.g., an unrelated screening test without indication)	Non-Admissible	Unwarranted diagnosis – will be disallowed in audit
21	Equipment repair or maintenance charges (if hospital equipment fails during treatment, etc.)	Non-Admissible	Equipment (hospital overhead, not patient's cost)

Note: The above categories being Non - Admissible means CGHS will not reimburse these costs. If the HCO chooses to provide some of these as part of hospitality, they may do so at their own cost or charge the patient directly (for select personal items) but must inform the patient that it's not covered by CGHS. No such charges should appear on CGHS claim bills except possibly on a separate retail bill settled by the patient.

This list is not all-inclusive; any other item analogous to the ones above or which is clearly not a part of necessary treatment should be treated as non-admissible. In case of doubt, the decision of CGHS will be final.

4. **Items Included Under Package Rates:** The following items/services are integral to inpatient package treatments or ward charges and hence must not be billed separately. They are deemed included in the rates (either in procedure package or daily room charge, as applicable):

Table 6

Sl. No.	Item/Service Description	Inclusion Status	Included Under
1	Registration/Admission charges (hospital admin fees)	Included	Ward/Procedure Package (no separate charge)
2	Administrative discharge processing or TPA handling charges	Included	Ward/Package (any administrative overhead is within rates)
3	Special beds: Alpha bed, Air bed, Water/Nimbus mattress for bed sore prevention	Included	Ward/Package (ward charges covers basic bed needs)
4	Charges for portable X-ray/ECG/ultrasound or bedside services in ward	Included	Ward/Package (when done as part of IP care)
5	Routine housekeeping charges (cleaning of room, etc.)	Included	Ward/Package (hospital overhead)
6	Biomedical waste management fee	Included	Ward/Package (hospital overhead)
7	Infection control surcharges (e.g., fumigation, PPE for staff)	Included	Ward/Package (hospital overhead)
8	Water and electricity charges for hospital stay	Included	Ward/Package (hospital overhead)
9	Laundry charges for bed linen, gown, etc.	Included	Ward/Package (basic linen service)
10	Air conditioning, room heating, HVAC usage	Included	Ward/Package (if applicable to ward)
11	Surcharges or Luxury tax (some states had luxury tax on ward charges)	Included	Ward (CGHS won't pay tax separately; the rate is all-inclusive)
12	Bedside consumables: bed sheet, blanket, patient gown, foot covers, caps, etc.	Included	Ward/Package (part of ward charges)
13	CSSD/sterilization charges, razor for site prep, alcohol swabs for IV line, etc.	Included	Ward/Package (part of procedure/ward)

Sl. No.	Item/Service Description	Inclusion Status	Included Under
14	Patient's diet and dietician consultation	Included	Ward (patient meals included, dietician's routine advice part of care)
15	Duty Doctor charges (the cost of RMO/CMO rounds)	Included	Ward (the hospital's doctors on duty cost is in overhead)
16	Documentation: preparation of discharge summary, billing file, medical record copying for claim	Included	Ward/Package (administrative)
17	Booking services: e.g., blood reservation charges, OT booking charges	Included	Ward/Procedure (no extra booking fee)
18	Temperature charting, blood sugar monitoring chart, intake-output chart maintenance	Included	Ward/Nursing care (nursing duties)
19	Routine maintenance charges for equipment used in care (infusion pumps, monitors)	Included	Ward/Package (overhead)
20	Charges towards Infusion pump, DVT pump, syringe pump, Flowtron	Included	Ward / package(overhead)
21	Rental charges for equipment used in ward (e.g., oxygen cylinder, BiPAP machine)	Included	Ward (except for ventilator in ICU which is separately charged, other minor equipment is part of care)
22	Handling/procurement of implants or medicines (the service of getting an implant – aside from implant cost)	Included	Ward/Package (no handling fee allowed)
23	Attendant bed charges in private ward (one attendant couch/bed is expected in private wards)	Included	Ward (private ward definition includes attendant bed)
24	Medication administration by nurses (IV infusions, injections)	Included	Nursing care (part of ward service)
25	Tracheostomy care, suctioning, nursing of catheters/tubes	Included	Nursing care (no separate "ICU nursing" charge; it's in ICU charge)
26	Ryle's (NG) tube feeding, enema administration, etc.	Included	Nursing care duties

Sl. No.	Item/Service Description	Inclusion Status	Included Under
27	IV cannulation, IM/IV injections, IV line setup (labour of it)	Included	Nursing care (nurse service)

(The above is drawn from standard CGHS package definitions and hospital practices. Essentially, anything that forms part of routine patient care, the hospital's own operational costs, or a necessary adjunct to a procedure is built into the rates.)

Important: The HCO must carefully review the CGHS package definitions for surgeries they perform. If an item is listed as excluded (e.g., cost of a specific high-value implant, or chemotherapy drug in a surgery package), only then can it be charged separately, that too within CGHS ceiling. If it's not listed as excluded, it is deemed included.

All billing personnel at the HCO should be trained on these admissibility rules to avoid claim deductions. The CGHS and BCA will use these guidelines when auditing bills.

(The above annexure is subject to revisions by CGHS. The latest CGHS Office Memoranda on admissible/non-admissible items will prevail if there is any discrepancy.)

Annexure A.II**Annual Report Format**

Annual Report by Empanelled Health Care Organization

(To be submitted by April ____ each year for the previous financial year, or as specified by CGHS)

I. Basic Information of the HCO

Name of the Hospital / Diagnostic Center	
CGHS Empanelment effective since	
Current Empanelment valid up to (renewal due on)	
Onboarding to NHA IT platform (if applicable)	
CGHS Nodal Officer (Name & Designation)	
Contact Number	
Email Address	
CGHS Form "C" issued on	
Performance Bank Guarantee valid till	
NABH / NABL Accreditation Status	

II. Beneficiary Treatment Summary (FY _____)

Parameter	Count
Total CGHS Referrals received (from Wellness Centres etc.)	
Total CGHS OPD Consultations (Beneficiaries treated)	
Total CGHS Inpatients admitted	
• Pensioner Beneficiaries admitted	
• Serving Beneficiaries admitted	
Total Emergency Admissions (included above)	
Beneficiaries aged >70 treated without referral	

III. Billing and Payment Summary**A. Pensioner Cases (BCA – NHA/UTIITSL)**

Description	Number	Amount (₹)
Bills Submitted		
Payments Received		
Pending Payments		

B. Staff (Serving) – MoHFW (Blue Strip Cases i.e. CGHS/RHO/APHO/...etc)

Description	Number	Amount (₹)
Bills Submitted		
Payments Received		
Pending Payments		

C. Other Government Departments (Specify Departments)

Department	Number of Bills	Amount (₹)	Payment Status

D. Credit Bills of Honourable Sitting Members of Parliament (Lok Sabha/Rajya Sabha Secretariat)

Parameter	Number	Amount (₹)	Payment Status
Bills			

IV. Grievances and Complaints Summary

S. No.	Date of Complaint	Complainant Name / CGHS Card No.	Subject of Complaint	Action Taken & Date of Resolution

V. Updated CGHS Contact Details (if changed during year)

Role	Name	Contact Number	Email
Empanelment / CGHS Billing In-Charge			
24/7 Manager on Duty (Alternate Contact)			

Authorized Signatory for HCO:

Name: _____ Designation: _____

Signature (with stamp): _____ Date: _____

(End of Annual Report format – The HCO should sign and submit this to Additional Director, CGHS.)

For Office Use (CGHS Hospital Empanelment Committee):

Remarks on Annual Performance of HCO:

(e.g., "Satisfactory – no adverse issues noted / Renewed empanelment recommended" or any concerns.)

Date: _____ Signature: _____ (Addl. Director, CGHS _____)

Instructions to HCOs (Annexure to MOA, for compliance):

1. The HCO's representative or authorized signatory shall attend all periodic meetings convened by CGHS (Additional Director, JD, or CMO i/c), as these meetings are crucial for addressing issues, improving services, and resolving any operational difficulties.
2. During any visit/inspection by Additional Director, Joint Director, CMO In-Charge of a CGHS Wellness Centre, or any other authorized Ministry/DGHS/BCA official, the HCO must extend full cooperation. The empanelled HCO should nominate appropriate personnel to liaise and provide the required information promptly to inspectors.
3. The HCO shall not use CGHS's name for commercial publicity beyond the factual display of empanelment status. Marketing or advertisements implying recommendation by CGHS are not allowed. However, the fact of empanelment can be displayed within the hospital as per **Clause 9**.
4. The HCO must ensure timely renewal of its NABH/NABL accreditation (if applicable). Failing to renew before expiry will result in claims being paid at non-accredited rates from date of expiry (lower rates), and if not rectified, could lead to suspension of empanelment until renewal. It is thus in HCO's interest to keep accreditation active.
5. The HCO must ensure that the Performance Bank Guarantee (PBG) remains valid for at least 6 months beyond the empanelment period at any given time. If empanelment is extended, PBG must be extended accordingly. Non-renewal of PBG may result in the HCO being removed from panel or payments withheld.
6. In an emergency, the HCO shall not refuse admission or demand advance from any CGHS beneficiary (serving or retired) with a valid CGHS card. Emergency treatment must be given promptly and billing sorted out later as per credit rules. The hospital cannot insist on a referral in emergency cases – life saving comes first.
7. The following acts by the HCO constitute violation of the MOA and have been elaborated in **Clause 14** for penalties:
 - Refusal of service to CGHS beneficiary without valid reason.
 - Undertaking or recommending unnecessary procedures/tests.
 - Prescribing unneeded or overly expensive drugs in violation of rational use guidelines.
 - Over-billing or billing in contravention of CGHS rules.
 - Reduction in stated facilities (beds/equipment/manpower) after empanelment without notice.
 - Non-submission or habitual late submission of claims as required in query cases, or submitting incorrect data.
 - Refusal to provide credit when it's due and asking eligible beneficiaries to pay.

- Failure to maintain or renew quality accreditation (NABH/NABL) as promised.
- Any form of discrimination against CGHS patients compared to other patients.

The HCO should note that any single serious violation or multiple minor violations can lead to forfeiture of PBG and removal from the CGHS panel, besides other legal actions (Ref: **Annexure A.III and Clause 14 of MoA**).

By complying with these instructions and all terms of the Agreement, the HCO will contribute to a smooth and effective partnership with CGHS, ensuring high-quality healthcare for beneficiaries and timely reimbursement for the HCO. Non-compliance can result in unpleasant actions which both parties would like to avoid. CGHS looks forward to a professional and ethical collaboration with your esteemed organization.

Annexure A.III**Definition, Scope, and Framework for Addressing Fraud under CGHS**

(This Annexure provides the HCO with CGHS's perspective on fraud prevention and the consequences of fraudulent activities, to encourage self-regulation and vigilance.)

1. Definition and Scope of Fraud:

Fraud in the context of CGHS refers to any deliberate deception, misrepresentation or omission by an empanelled HCO, beneficiary, or any other stakeholder, made with the intent of obtaining an unauthorized benefit (financial or otherwise) under the CGHS scheme. Such acts violate CGHS rules and also often the law.

Fraud can be committed by:

- **Empanelled Health Care Organizations (HCOs)** – e.g., billing for services not provided, or providing unnecessary services to claim more.
- **Beneficiaries** – e.g., using someone else's card (impersonation) or claiming reimbursements for fake bills.
- **Internal CGHS staff or intermediaries** – though not relevant to HCO directly, collusion with hospitals can happen (and is equally punishable).

Examples of fraudulent practices include:

- **Impersonation:** Providing treatment to a person who is not the actual CGHS beneficiary, by using another's CGHS card/credentials. (For instance, allowing a relative of a card-holder to avail services and billing CGHS – strictly illegal.)
- **Document Forgery:** Tampering with or fabricating prescriptions, referral letters, diagnostic reports, discharge summaries or any medical records to inflate a claim or to justify an unwarranted procedure.
- **Misappropriation of Funds:** Using the CGHS mechanism to divert funds for purposes not intended – e.g., hospital claiming payment for a free service or a service that was never given, essentially siphoning government funds.
- **Criminal Breach of Trust:** If an HCO colludes to submit fabricated bills or multiple claims for the same service, it's a breach of trust. E.g., splitting one admission into two bills, or using one surgery consent for multiple claims.
- **Billing Inflation Tactics:**
 - Using unnecessarily expensive branded drugs or devices when cheaper generics or alternatives were available and equally effective, without medical justification, just to raise the cost.
 - **Splitting procedures:** Deliberately breaking a single comprehensive procedure into parts on paper (on separate days or sessions) to charge more than the package rate or to bypass cost caps.

- Adding non-admissible charges (as listed in Annexure A.I) under misleading descriptions to get payment.
- **Induced Prescription:** The hospital or its doctors prescribing certain high-cost drugs, tests or follow-ups not because the patient truly needs them, but because of some kickback or incentive (e.g., from pharma companies or just to inflate bill).
- **Unjustified Diagnostics/Procedures:** Ordering tests or performing minor procedures that have no bearing on the patient's condition (e.g., doing a full MRI in a simple migraine case with normal exam, or repeating tests too frequently without need), solely to increase billing.
- **Falsification/Concealment of Records:** Not recording key information or altering the recorded patient information to avoid detection of a protocol violation (Ref: **Annexure A.III and Clause 14 of MoA**). E.g., not noting that a patient had an infection due to hospital negligence or altering entries to justify an extended stay.

These actions come under fraud and abuse and are taken very seriously by CGHS (Ref: **Annexure A.III and Clause 14 of MoA**).

2. Distinction Between Fraud, and Abuse:

It's important to note that not every incorrect claim is wilful fraud. CGHS differentiates:

- **Fraud** – Intentional deception for gain. (E.g., knowingly billing for a service not given.)
- **Abuse** – Practices that are not outright fraud legally, but are inconsistent with sound fiscal/medical practice, often leading to excess costs. (E.g., keeping a patient admitted one extra day without medical need, because coverage is available – that's an abuse of the program.)

Understanding these categories helps in compliance. CGHS aims to minimize not just fraud, but also waste and abuse.

A quick reference table 7:

Category	Definition (in CGHS context)	Examples
Fraud	Intentional deception or misrepresentation to gain unauthorized benefit.	Forged documents, billing for services not given, swapping patient identities.
Abuse	Practices against medical/fiscal norms causing undue cost or disregard of rules, though not blatantly fraudulent by intent.	Over-prescription of physiotherapy sessions beyond need, unnecessarily long hospitalization for minor issues.

The HCO should strive to have zero fraud, minimal errors, and reduce waste/abuse by adhering to guidelines.

3. Role of the CGHS Anti-Fraud Cell:

CGHS has an Anti-Fraud Cell tasked with detecting, investigating, and preventing fraudulent or abusive practices. The HCO may interact with this Cell in the following ways:

- a. **Routine Audits:** The Anti-Fraud Cell conducts periodic audits of empanelled HCOs' claims and patterns. The HCO should maintain transparency and cooperate by providing medical records and clarifications when asked.
- b. **Claims Scrutiny:** Using data analytics, unusual patterns (like an HCO repeatedly doing a certain high-cost procedure far more than peers, or sudden surge in implants usage, etc.) are flagged. The Cell may inquire with the HCO or even conduct on-site verification.
- c. **Corrective Actions:** On finding an issue, the Cell can recommend actions such as:
 1. Warning letters or recovery notices to the HCO for first-time or minor issues.
 2. Financial penalties for infractions as per MOA (e.g., deducting payments, forfeiting PBG portion).
 3. Suspension or De-empanelment in case of serious or repeated fraud.
 4. The Cell may also instruct NHA to put certain claims on hold if fraud is suspected, pending investigation.
- d. **Capacity Building:** The Anti-Fraud Cell, ironically, also helps prevent fraud by educating providers. They may issue guidelines or hold workshops to train hospital billing and medical staff on CGHS rules, common mistakes to avoid, etc. HCOs should make use of these to avoid pitfalls.
- e. **Law Enforcement Coordination:** If a fraud case is beyond administrative handling – e.g., an HCO and individuals have colluded in a large scam – the Anti-Fraud Cell will coordinate with law enforcement (CBI/Police as applicable). CGHS will file FIRs or legal complaints for such severe cases as per the BHARATIYA NYAYA SANHITA (**BNS**) 2023. The HCO's management may face criminal investigation in such scenarios.

The presence of this Cell underscores CGHS's commitment to integrity. The HCO is encouraged to implement internal checks to ensure compliance. For example, the HCO should have an internal audit of CGHS claims, a staff training program on CGHS billing, and perhaps a whistleblower encouragement that if any staff notices something unethical, it can be corrected internally before CGHS detects it.

4. Categorization of Fraud under CGHS:

A. Provider Fraud (Fraud by Hospitals/Diagnostic Centers):

This is most pertinent to the HCO. Some forms of provider fraud:

- a. **Falsified Empanelment Credentials:** If a hospital submitted fake documents to get empanelled (like forged quality certificates, or misinformation about facilities), that is fraud ab initio. CGHS can cancel empanelment if discovered.
- b. **Unauthorized Charges / Kickbacks:** Charging CGHS beneficiaries illicit fees off-record (like asking patient to pay extra for an upgrade which CGHS doesn't allow) is fraudulent. Also, any involvement of CGHS officials in referring patients in exchange for commissions (kickback) is an unethical practice that the hospital must avoid. If the HCO is found to have offered any kickback or bribe to any CGHS official for favors (like empanelment or unduly clearing bills), that is corruption and will attract legal action.
- c. **Billing Manipulation & Phantom Claims:**
 1. **Upcoding:** Billing a higher priced service than what was actually provided (e.g., charging for a complex surgery whereas a minor surgery was done).
 2. **Phantom billing:** Charging for tests or services that were never actually done. E.g., adding an extra lab test in the bill that wasn't conducted, or a therapy not given.
 3. **Duplicate billing:** Submitting the same claim or part of it more than once (maybe changing dates a bit).
- d. **Medically Unwarranted Services:** Providing treatments that are not medically justified, just to bill CGHS. E.g., admitting a patient for a simple cold, or giving an expensive injection when not needed. Using substandard or unapproved drugs also falls here – it's not directly a billing fraud but is a quality fraud (charging CGHS but giving low-quality care).

(If CGHS beneficiaries are used to claim money for services that didn't benefit them, it's also breach of trust medically.)

If the Anti-Fraud Cell identifies any provider fraud, the process is: investigation -> show cause to HCO -> if unsatisfactory answer, then actions as per MOA (financial penalty, de-listing, legal).

5. Gradation of Offences and Penalties for Empanelled Hospitals

Table 8

Case/Issue	First Offence	Second Offence	Third Offence
Collecting Money from Beneficiaries towards admissible items or those bundled under other items like packages, investigations/ consultations/ or on the pretext of outsourced service or visiting consultant	Full refund + penalty of 5× amount collected, payable to CGHS within 7 working days.	Same as first offence + hospital suspension	De-empanelment / blacklisting / forfeiture of bank guarantee

Refusal of credit facility to eligible beneficiaries.	Full refund + penalty of 5× amount collected, payable to CGHS within 7 working days.	Same as first offence + hospital suspension	De-empamentment / blacklisting / forfeiture of bank guarantee
Charging in excess to CGHS rates.	Full refund + penalty of 5× excess amount collected, payable to CGHS within 7 working days.	Same as first offence + hospital suspension	De-empamentment / blacklisting / forfeiture of bank guarantee
Billing for services not provided	Claim rejection + penalty of 5× the claimed amount.	Claim rejection + penalty of 10× the claimed amount + hospital suspension	De-empamentment / blacklisting / forfeiture of bank guarantee
Upcoding / Unbundling / Unnecessary Procedures	Claim rejection + penalty up to 10× the excess amount (based on severity).	Claim rejection + penalty up to 20× the excess amount + hospital suspension	De-empamentment / blacklisting / forfeiture of bank guarantee
Wrongful beneficiary identification	Claim rejection + penalty up to 5× the claimed amount if hospital found in connivance.	Claim rejection + penalty up to 10× + hospital suspension if connivance established.	De-empamentment / blacklisting / forfeiture of bank guarantee

- a. Penalties are **recommendatory**; the Additional Director (AD) may modify them based on **severity, intentionality, and frequency**.
- b. In **severe or unethical cases**, legal action, FIRs, or reporting to **regulatory bodies (e.g., NMC)** may also follow.
- c. Once **de-empaneled**, the hospital is barred from re-empanelment for **2 years** (minimum).

In conclusion, the HCO must uphold the highest standards of honesty in all dealings under CGHS. Prevention is better than cure: It should enforce proper billing practices, audit its own CGHS claims for anomalies, and train staff to avoid even the appearance of impropriety. CGHS has moved to IT-enabled systems making detection easier – e.g., software can compare an HCO's pattern with norms and flag outliers quickly.

By understanding the above and committing to ethical conduct, the HCO not only avoids penalties but also contributes to the sustainability of CGHS, ensuring trust and goodwill on both sides.

Annexure A.IV**Table 9 of Acronyms (Alphabetical Order)**

Acronym	Full Form
ABDM	Ayushman Bharat Digital Mission
AD	Additional Director
AERB	Atomic Energy Regulatory Board
BCA	Bill Clearance Authority/Agency
BNS	Bharatiya Nyaya Sanhita
CGHS	Central Government Health Scheme
CMOs	Chief Medical Officers
CSSD	Central Sterile Supply Department
CS(MA)	Central Services (Medical Attendance) Rules
CT scan	Computed Tomography Scan
DCGI	Drug Controller General of India
DGHS	Directorate General of Health Services
DVT Pump	Deep Vein Thrombosis Pump
ECG	Electrocardiogram
EOB	Explanation Of Benefits
FDA	Food And Drug Administration
HCO	Healthcare Organization
HDU	High Dependency Unit
HoD	Head Of Department
HoO	Head Of Office
HFR	Health Facility Registry
HRA	House Rent Allowance
HVAC	Heating, Ventilation and Air Conditioning
ICCU	Intensive Coronary Care Unit
ICU	Intensive Care Unit
ID-Card	Identification Card
IM/IV	Intramuscular / Intravenous
IPC	Indian Penal Code
IPD	Inpatient Department
IT	Information Technology
LAC	Local Advisory Committee
MRI	Magnetic Resonance Imaging
MS	Medical Superintendent
NABH	National Accreditation Board for Hospitals & Healthcare Providers
NABL	National Accreditation Board for Testing and Calibration Laboratories
NG tube	Nasogastric Tube
NHA	National Health Authority
NMC	National Medical Commission

NPPA	National Pharmaceutical Pricing Authority
OCT	Optical Coherence Tomography
OPD	Outpatient Department
PBG	Performance Bank Guarantee
PET	Positron Emission Tomography
PMR	Physical Medicine & Rehabilitation
PNDT	Pre-Conception and Pre-Natal Diagnostic Techniques Act
POP	Plaster Of Paris
PPE	Personal Protective Equipment
QCI	Quality Council of India
RMO	Resident Medical Officer
STGs	Standard Treatment Guidelines
STC	Standing technical Committee
TPA	Third Party Agency
UTIITSL	UTI Infrastructure Technology and Services Ltd
ZAC	Zonal Advisory Committee

Annexure A.V**UNDERTAKING (FORMAT)**

To
The Additional Director
CGHS / Respective CGHS Authority
[City Name]

Sir/Madam,

Subject: Undertaking Regarding Adherence to CGHS Package Rates, Inclusions, and Exclusions

I, the undersigned, on behalf of [Name of the Empanelled HCO], hereby submit this undertaking in reference to our empanelment under the CGHS scheme.

The health care organisation mentioned above confirms that:

1. We have fully understood the CGHS rate list, including the definitions, inclusions, and exclusions related to:
 - Ward Charges
 - Package Rates
 - Implant Rates, etc.
2. We undertake to strictly adhere to CGHS prescribed rates and guidelines and shall not exceed the approved rates under any circumstance.
3. We shall collect payment only for items or services that are clearly listed as non-admissible in the CGHS Non-Admissible Items List. No amount shall be charged from CGHS beneficiaries for items already included or bundled under CGHS package/ ward charges /investigations / consultations .
4. We further affirm that:
 - We shall not unbundle components of a CGHS package and charge them separately if already included in the package.
 - Similarly, any item or service that is part of ward/day-care charges or procedural charges (e.g., routine nursing care, routine consumables, patient documentation, etc.) as per CGHS definitions will not be billed separately.
5. We are aware that Annexure A.I of the CGHS guidelines provides a detailed list of non-admissible and already-included items, and we shall abide by it in letter and spirit.

This undertaking is being submitted voluntarily and with full understanding of the guidelines and implications under the CGHS empanelment scheme.

Thanking you,

Yours sincerely,
[Name]
Authorized Signatory
[Designation]
[Name of the Empanelled HCO]

[City]

Date: [DD/MM/YYYY]

Seal of the Hospital

Annexure A.VIa**OPD UNDERTAKING**

To,
The Medical Superintendent,
..... (Name of empanelled hospital & City)

Date:**Letter Ref. No. OM Z15025/35/2019/DIR/CGHS(P) DATED 29-05-2019****Respected Sir/Madam,**

70 +
beneficiaries
/Follow-up
special cases

I am year old CGHS beneficiary (Name), (Ben. ID),
.....(city).

I am a patient of(Disease) and I want OPD consultation of
(specialty).

or

I am a follow-up case of ☐ Post-cardiac surgery cases ☐ Post-organ transplant cases ☐ Post-neurosurgery cases

☐ End-stage renal disease ☐ Cancer treatment ☐ Autoimmune disorders ☐ Neurological disorders

And, I want follow-up consultation/investigations for (specialty)

Beneficiary's signature
Mobile No.

Letter Ref. No. OM Z15025/19/2024/DIR/CGHS/EHS) DATED 28-06-2024**Respected Sir/Madam,****Subject: - Follow-Up/Cross-Consultation(Specialty) for CGHS Beneficiary**

Follow-up
Consultatio
n

I, CGHS beneficiary, (Name), (CGHS
Beneficiary ID), belonging to (City) have been advised Follow-up /
OPD consultation of (Specialty) by the Primary Consultant
.....(Specialist Name & Specialty) based on the referral issued from
CGHS Wellness Centre(WC Name & City) bearing Referral ID
..... dated

Follow-up Consultation Num

1	2	3	4	5
---	---	---	---	---

Beneficiary's signature
Mobile No.

Subject: - Follow-Up Investigations (Less Than Rs 3000/- NABH) & Minor Procedures Not Requiring Admission for CGHS Beneficiary

Follow-up
Investigation
s & Minor
Procedures

I, CGHS beneficiary, (Name),(Ben ID), belonging to(City)
want to undergo the following Investigations/ Minor Procedures:

.....
.....

advised by the Primary/Secondary Consultant(Specialist Name &
Specialty) on(date), based on the referral issued from CGHS Wellness Centre

..... (WC Name & City) bearing Referral ID dated
.....

**I have not undergone the above said investigations based on the same referral
elsewhere.**

Beneficiary's signature
Mobile No.

Annexure A.VIb**FEEDBACK OF TREATMENT BY THE BENEFICIARY ON DISCHARGE**

Date:

To,
The Additional Director ,

(Name of City)

Subject: Feedback of IPD Treatment and Declaration by CGHS Beneficiary

I, the undersigned CGHS beneficiary, hereby declare that I was admitted and treated in your hospital as per the following details:

Name of Beneficiary: _____

CGHS Beneficiary ID: _____

Mobile No.: _____

Residential Address: _____

Wellness Centre (WC) Name & City: _____

Referral Type: ☐ CGHS Referral ☐ Emergency Admission

Referral ID No. (if applicable): _____

Date of Admission: ____ / ____ / 20____

Date of surgery :

Date of Discharge: ____ / ____ / 20____

Department / Specialty: _____

Name of Treating Consultant: _____

Total In Patient Bill : -----

Amount paid to Hospital (towards non-permissible items/services):

Declaration:

1. I confirm that I was admitted and treated at the above-mentioned hospital as an inpatient, under a valid CGHS referral / under an emergency condition.
2. I have been informed about the treatment provided, and I underwent the stated procedures/admission during the period of admission.
3. I understand that this declaration is required to verify that my admission was genuine.
4. I confirm that I have not paid any amount to the hospital other than the amount mentioned above, which pertains solely to non-permissible items/services as clarified under CGHS rules. I understand that these are non-reimbursable and shall not be claimed from CGHS. (Refer to the list of non-permissible items available on the CGHS website.)

Signature of Beneficiary: _____

Name: _____

Annexure A.VII**Summary Tables and flow charts for Easy Reference****Table 10**

Scenario	Required Procedure/Investigation	Approval Required From	Steps to be Followed	Remarks
Unlisted Procedure (i.e., not in CGHS rate list)	Any unlisted procedure/investigation	- Pensioners : Additional Director, CGHS - Serving Employees : Head of Office (HOO) / Head of Department (HOD)	1. HCO provides an estimate to the beneficiary. 2. Beneficiary obtains specific approval from competent authority.	Approval is mandatory before the procedure, except in emergency
Specialised Procedures (e.g., Transplant surgeries, IVL, TAVI, DBS implantation, etc.)	Specialised high-end procedures	Same as above (AD CGHS - STC / HOO/HOD depending on beneficiary type)	1. HCO submits detailed estimates. 2. Competent authority examines: a. Essentiality b. Reasonableness of cost 3. Approval issued.	Approval is binding on HCO to perform within the sanctioned cost unless emergency

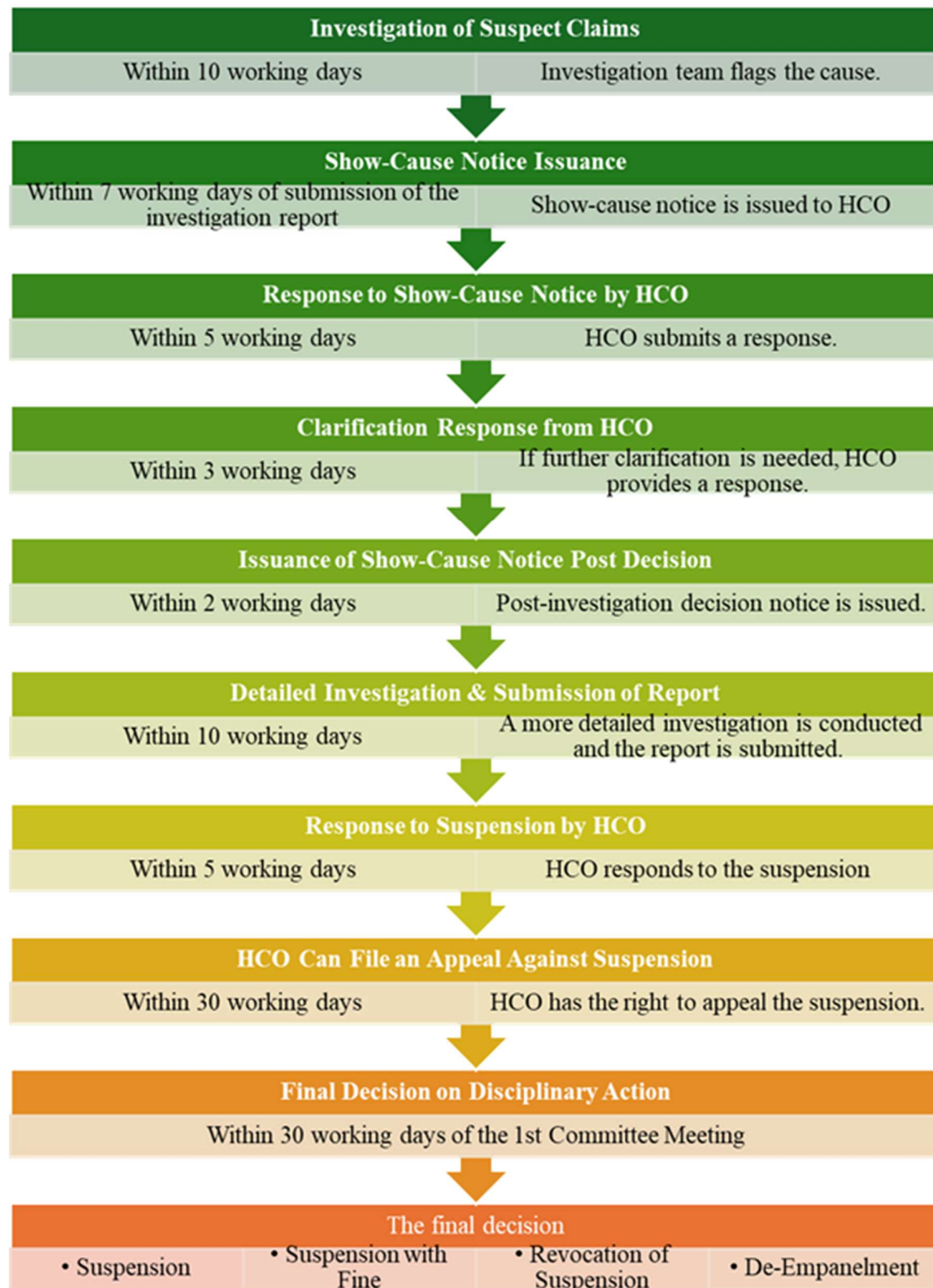
Table 11

Referral Category	Definition (as per CGHS Guidelines)
E-Referral	A referral generated by a CGHS Wellness Centre through the CGHS online module
Manual Referral	A referral issued by a CGHS Wellness Centre when the CGHS online module is unavailable (e.g., due to power or network or server outage), or by a State/Central Government

	Specialist in Government Hospital OPD Slip- in accordance with CGHS rules.
Non-Referral	No referral is required under the following circumstances: (a) Emergency admissions to a hospital; (b) Follow-up treatment for ongoing cases under CGHS coverage; (c) CGHS beneficiaries aged 70 years or above.

Important Notes:

1. E-Referrals are the preferred mode when the CGHS module is available.
2. Manual Referrals are permissible only under exceptional circumstances (system failures) or when issued by authorised State/Central Government Specialists.
3. Non-Referral scenarios, particularly emergency admissions and follow-up care are exempt from the referral requirement. Beneficiaries aged 70 years or above are likewise not required to obtain a referral for treatment.

Flow chart 1 for De-empanelment

Annexure A.VIII**SUPER SPECIALITY HOSPITALS**

Super-speciality hospitals covered under this category are:

- (a) Hospitals with 200 or more beds.
- (b) Should be mandatorily accredited by NABH or its equivalent, such as Joint Commission International (JCI) of USA, ACHS of Australia or by any other accreditation body approved by the International Society for Quality in Health Care (ISQUA).
- (c) NABL Accreditation mandatory for in house laboratories.
- (d) Should mandatorily have CGHS empanelled treatment facilities of the following Super Specialities
 - I. Nephrology and Urology (including Renal Transplantation).
 - II. Neurosurgery,
 - III. Cardiothoracic Surgery,
 - IV. Medical Oncology,
 - V. Surgical Oncology
 - VI. Radiation Oncology
 - VII. Transplant facilities.
 - VIII. Endocrinology.
 - IX. Specialized Orthopaedic Treatment facilities that include Joint Replacement Surgery
 - X. Gastroenterology and GI-Surgery Transplantation.

All the services should be in-house only. In case of outsourced or any tie-up, the facility will not be considered for the eligibility of the super speciality category. All the services other than the above, like General medicine, Gynaecology, Ophthalmology, ENT, in house Labs etc, available in the Super speciality Hospital have to be invariably extended to CGHS without any exception.

Annexure B**ELIGIBILITY CRITERIA FOR EMPANELMENT**

Table 1: Eligibility Criteria for Multi-Specialty/Single Speciality /Exclusive Cancer Hospitals

Criteria	Category Of City	Multi-Specialty/Single Speciality /Exclusive Cancer Hospitals	Super-Specialty
Accreditation	Tier I, Tier II and Tier III and North Eastern State and UT of J&K and Ladakh *	Full NABH or equivalent Non NABH hospitals shall also be considered if they have either Entry Level NABH or QCI recommendation	NABH Or Equivalent Body Accreditation Mandatory
Rates Applicable	NABH Rates based on tier of the city to FULLY ACCREDITED HOSPITALS BY NABH OR EQUIVALENT BODY NON NABH RATES BASED ON TIER OF THE CITY TO HOSPITALS ENTRY LEVEL NABH OR QCI RECOMMENDED HOSPITALS NABH Super Specialty Rates as applicable to city (tier of city) of the Hospital to hospital empanelled as super speciality hospitals If scope of full accreditation includes laboratory services no sperate NABL or equivalent accreditation is mandatory to avail NABL rates for laboratory		
Bed Capacity	Tier 1	50	200
	Tier II and Tier III and North Eastern State and UT of J&K and Ladakh	30	100
Turnover	Tier 1	₹4 Crores	₹6 Crores
	Tier II and Tier III and North Eastern State and UT of J&K and Ladakh	₹2 Crores	₹3 Crores
PBG*	Tier 1	₹20 Lakhs	₹25 Lakhs
	Tier II and Tier III and Northeastern State	₹10 Lakhs	₹12 Lakhs
Application Fee	Tier I, Tier II, Tier III.	₹10000	₹25000

*In Tier II, Tier III and Northeastern States, UT of J&K, UT of Ladakh HCOs without any accreditation or QCI recommendation shall be provisionally empanelled subject to the condition that they must obtain QCI recommendation, entry-level NABH accreditation, or full NABH accreditation (or an equivalent certification) within 6 months from the date of empanelment

<u>Table 2: Eligibility criteria for Exclusive Eye Hospitals/ Exclusive Dental Clinics/ Chemotherapy Centres/Dialysis Centres/ Laboratory And diagnostic Centre *</u>					
Criteria	Category of City	Exclusive Eye Hospitals	Exclusive Dental Clinics	Chemotherapy Centres/Dialysis Centres	Laboratory And diagnostic Centre **
Accreditation		Full NABH or equivalent Non NABH hospitals shall also be considered if they have either Entry Level NABH or QCI recommendation For Stand alone laboratories full NABL or equivalent accreditation is mandatory			
Rates Applicable		NABH Rates based on tier of the city to FULLY ACCREDITED HCO BY NABH OR EQUIVALENT BODY NON NABH RATES BASED ON TIER OF THE CITY TO hco ENTRY LEVEL NABH OR QCI RECOMMENDED HOSPITALS Stand alone laboratories shall compulsorily have NABL except in tier III cities and for full NABL accredited laboratories If scope of full accreditation includes laboratory services no separate NABL or equivalent accreditation is mandatory to avail NABL rates for laboratory. For Stand alone Laboratories , if scope of NABL includes imaging services , no seprate NABH is required to avail NABH rates for imaging services			
Bed Capacity	Tier I City	6 beds	4 chairs	10 beds	Patient Sample size 100/day
	Tier II and Tier III and North Eastern State and UT of J&K	4 beds	2 chairs	5 beds	Patient sample size 50/day

	and Ladakh				
Turnover	Tier I City	₹50 lakhs	₹50 lakhs	₹50 lakhs	₹2 Cr
	Tier II and Tier III and North Eastern State and UT of J&K and Ladakh	₹25 lakhs	₹25 lakhs	₹25 lakhs	₹1 Cr
PBG	Tier I City	₹4 Lakhs	₹4 Lakhs	₹4 Lakhs	₹4 Lakhs
	Tier II and Tier III and North Eastern State and UT of J&K and Ladakh	₹2 lakhs	₹2 lakhs	₹2 lakhs	₹2 lakhs
Application Fee	All cities	₹5000	₹5000	₹5000	₹5000

*In Tier II, Tier III and Northeastern States, UT of J&K, UT of Ladakh HCOs without any accreditation or QCI recommendation shall be provisionally empanelled subject to the condition that they must obtain QCI recommendation, entry-level NABH accreditation, or full NABH accreditation (or an equivalent certification) within 6 months from the date of empanelment

**Stand alone laboratories not having accreditation or QCI recommendation can be empanelled in tier III cities subject to the condition that they will acquire full NABL or equivalent accreditation in 6 months.

Annexure C**EMPANELMENT PROCEDURE****Step 1— Payment of the Application fee**

Health Care Organizations (HCOs) seeking empanelment with CGHS are required to pay the prescribed application fee (refer to Table 11 and 12) through the Bharatkosh portal at <https://bharatkosh.gov.in/> The HCO representatives with Bharat Kosh receipt shall approach the office of the additional director expressing their willing ness for empanelment on a letterhead signed by the head of facility/ CEO. The user manual is available at: <https://bharatkosh.gov.in/pdf/UserGuideBharatkosh.pdf>

Step 2. Pre empanelment Briefing:

There shall be a mandatory pre-empanelment briefing of HCO by the Hospital Empanelment Committee (HEC), making them aware of:

- a. CGHS , beneficiaries, referral system, MOA terms, CGHS rates , definition of ward charges, package rates. admissible and non-admissible items, procedures to be followed in case of unlisted procedures, information to be displayed in the HCO premises, reports to be submitted to CGHS, definition of fraud and penalties, etc.
- b. Eligibility criteria for empanelment, procedure of applying in (Hospital Engagement portal) HEM, Rates applicable, documents to be enclosed, etc
- The HEC shall ensure that all the staff likely to deal with CGHS beneficiaries are to mandatorily attend the meeting. This shall include the head of facility, staff at reception, billing, finance officials, Manager on duty. Since some of the policies of CGHS and the hospital may vary, it is important for the head of the facility who frames policies for said HCO to understand the CGHS policies, MOA and accept the same in total. The practice of empanelling HCO based on HCO marketing officials' requests alone is to be avoided.
- At the end of the briefing, the committee shall ensure that HCO has accepted all CGHS policies, MOA terms and shall abide by the same.
- If HCO authorities seek additional time to decide on the matter, their application shall be returned to HCO till the time they fully accept the CGHS policies and procedures.
- **Minutes of such briefing** must be signed and recorded.

Step 3- HCO shall apply in the HEM portal by filling relevant details and uploading all requisite documents.

Step 4 — Document Scrutiny (quarterly): The committee shall examine the applications submitted, and the application may be returned to HCO if any deficiencies are noted.

Step 5 — Physical Inspection of the HCO: The Physical inspection shall be carried out by any of the HEC members or any other GDMO as nominated by the additional director

- **Existing HCOs:**
 - **Non-NABH/Non-NABL/QCI:** Physical verification is **mandatory**.
 - **NABH HCOs:** Physical inspection is also mandatory but the same **may be conducted at any time within 6 months**.
- **Newly empanelled hospitals:** Physical inspection is **mandatory for all** HCOs including accredited HCOs.

Step 6— Signing the Memorandum of Agreement (MoA)

- After approval, the hospital must **sign the MoA within 15 days**.
- HCO shall submit PBG, Hospital policy document for CGHS Beneficiaries and MOA (Hard copies to the Additional Director's office of the respective city/ Zone
- Upload the signed MoA, Policy document and PBG (42 months validity) to the **HEM portal within 24 hours**.

Step 7 — Create System Logins (within 2 days): The HCO shall create the logins with the help of the office of the Additional Director.

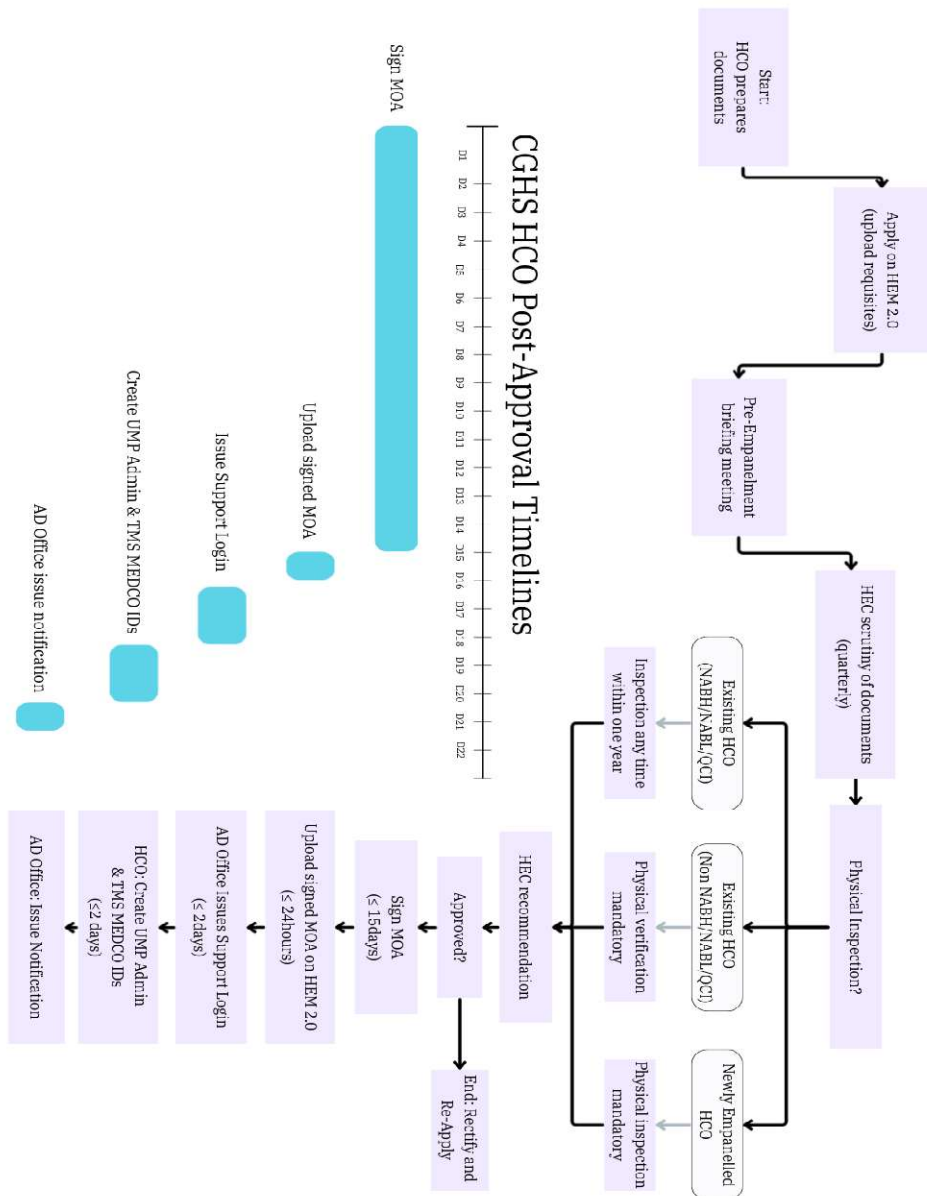
Step 8 — Empanelment Notification: The empanelment notification shall be issued within 24 hours of creating logins. A training shall be arranged in handling of the TMS portal by NHA officials covering registration of patients, pre-authorisation, bill submission, responding to queries, reconciliation of payments etc.

Step 8 -Notification shall be uploaded to CGHS website apart from widely circulating the same.

Process Timeline (at a glance)

Step	Process	Timeline
1	Payment of Application fee	At any time
2	Pre-empanelment meeting	Before the scheduled HEC meeting
3	Application in HEM portal along with creation of HEM logins	Before the scheduled HEC meeting
3	Document scrutiny by Committee	Once every quarter
4	Sign MoA and submission of MOA, PBG and policy documents	Within 15 days
5	Upload signed MoA , Policy document and PBG on HEM	Within 24 hours after signing
6	Create TMS MEDCO ID	Within 2 working days
7	Empanelment notification on CGHS website	Within 2 working days

Annexure C.I



CGHS HEM Login Workflow Annexure C.II

Scenario 1 : PMJAY empaneled hospital want to empanel in CGHS:

Step 1: Hospital admin login into the HEM application with the existing credentials.

Step 2: Hospital admin clicks on 'NEW empanelment'.

Step 3: User selects scheme and HFR ID

Step 4: If hospital already existing in CGHS, new empanelment is not allowed.

Step 5: If hospital is not present in CGHS, user is allowed to fill empanelment form and submit.

Scenario 2: CGHS migrated hospital want to access HEM.

Step 1: Hospital admin need to sign-up in UMP using the Aadhaar number, Mobile number and email ID.

Step 2: Hospital admin need to take the 'admin code' from CGHS admin.

Step 3: During the sign-up process the user needs to create the role for hospital admin with parent entity as CGHS and application as HEM.

Step 4: The user needs to enter user credentials and submit it for the approval to CGHS admin.

Step 5: Once the role is approved the hospital admin can login in HEM application and view the hospital under draft card

Step 6: The user need to upgrade the hospital details according to the latest details and submit it for approval.

Scenario 3: New CGHS hospital empanelment.

Step1: Hospital admin need to sign-up in UMP using the Aadhaar number, Mobile number and email ID.

Step 2: Hospital admin need to take the 'admin code' from CGHS admin.

Step 3: During the sign-up process the user needs to create the 'admin' role under 'Hospital Onboarding entity' with parent entity as CGHS and application as HEM.

Step 4: The user needs to enter the credentials and submit the application for approval to CGHS admin.

Step 5: The user can login into HEM application.

Step 6: The user will start the new empanelment process and submits the application for approval.

Step 7: Once the Hospital gets empanelled, the user gets the role of hospital admin in UMP automatically

Annexure D**PERFORMANCE BANK GUARANTEE (PBG)**

(For CGHS Empanelment from Scheduled Commercial Bank)

[To be executed on Non-Judicial Stamp Paper of appropriate value as per applicable State Stamp Act]

Bank Guarantee No.: [BG NO.]

Date of Issue: [DD/MM/YYYY]

Issuing Bank: [FULL BANK NAME]

Branch & Address: [BRANCH NAME & FULL POSTAL ADDRESS]

IFSC (for verification): [IFSC CODE]

SWIFT (if applicable): [SWIFT]

Central Government Health Scheme (CGHS) ("First Part"):

Additional Director, CGHS [CITY]

Ministry of Health & Family Welfare, Government of India

[OFFICE ADDRESS]

Principal Debtor / Hospital ("Second Part"):

[LEGAL NAME OF HOSPITAL]

[REGISTERED ADDRESS]

Underlying Agreement:

Agreement No. [AGREEMENT NO.] dated [DD/MM/YYYY] between CGHS and the Hospital for empanelment (the "Agreement").

Guarantee Amount*:

₹ [AMOUNT IN FIGURES] (Rupees [AMOUNT IN WORDS] only).

Validity: Up to [DD/MM/YYYY] ("Expiry Date"). (42 months)

Additional Claim Period (if any): Up to [DD/MM/YYYY] ("Claim Expiry Date").

WHEREAS the CGHS has stipulated under the Agreement that the Hospital shall furnish a Performance Bank Guarantee from a scheduled commercial bank as security for due performance of its obligations under the Agreement.

AND WHEREAS [BANK NAME] (hereinafter referred to as the "Guarantor") has, at the request of the Hospital, agreed to furnish this unconditional, irrevocable, on-demand bank guarantee in favour of the CGHS for the aforesaid amount.

NOW THEREFORE, in consideration of the premises, we, [BANK NAME], hereby irrevocably, unconditionally and absolutely guarantee and undertake as follows:

- 1. On-Demand Payment.** We shall, without demur, protest, set-off or delay and without requiring the CGHS to prove or show grounds or

reasons for its demand, pay to the CGHS any amount(s) claimed in writing up to an aggregate maximum of ₹ **[AMOUNT IN FIGURES]** (Rupees **[AMOUNT IN WORDS]** only) upon the CGHS's first written demand stating that the Hospital is in default of its performance obligations under the Agreement.

2. **Multiple / Partial Drawings.** This Guarantee permits multiple and/or partial drawings from time to time, provided that the aggregate of all such drawings shall not exceed the Guarantee Amount.
3. **Continuing Guarantee.** This Guarantee is a continuing obligation and shall remain in full force until the earlier of (a) payment by us of the Guarantee Amount in full, or (b) the Expiry Date (and, where provided, the Claim Expiry Date), subject to Clause 7 below.
4. **Independence.** Our liability under this Guarantee is independent of and not affected by any dispute(s) between the CGHS and the Hospital, or by any change in the constitution of the Hospital or the Guarantor, or by any other circumstances which might otherwise discharge the Guarantor.
5. **No Assignment by Hospital.** The Hospital shall not assign or create any encumbrance upon this Guarantee without the prior written consent of the CGHS.
6. **Mode of Demand.** Demands hereunder shall be made by written notice signed by an officer duly authorized by the CGHS and delivered at our above address (or any address notified by us in writing for this purpose) **on or before the Claim Expiry Date.**
7. **Statutory "Notwithstanding" Clause.** Notwithstanding anything contained herein:
 - (i) the liability of the Guarantor under this Guarantee shall not exceed ₹ **[AMOUNT IN FIGURES]** (Rupees **[AMOUNT IN WORDS]** only);
 - (ii) this Guarantee is valid up to **[EXPIRY DATE]**; and
 - (iii) unless a demand in writing is received by the Guarantor on or before **[CLAIM EXPIRY DATE]**, all rights of the CGHS under this Guarantee shall be forfeited and the Guarantor shall be released and discharged from all liability hereunder.
8. **Extension / Renewal.** The Hospital shall ensure that this Guarantee is kept valid for the entire period as required under the Agreement. Should the Agreement period be extended or if, for any reason, the Guarantee is required to be extended, the Hospital shall procure issuance of an appropriate extension or fresh guarantee at least **30 (thirty) days** prior to the Expiry Date; failing which, the CGHS shall be entitled to invoke this Guarantee for the then outstanding Guarantee Amount.

9. **Severability.** If any provision of this Guarantee is held invalid, the remainder shall not be affected.

Issued at **[CITY]** on **[DD/MM/YYYY]**.

For and on behalf of
[BANK NAME] (the "Guarantor")

(Signature) _____

Name: **[AUTHORIZED SIGNATORY 1]**

Designation: **[TITLE]**

Employee/ID No.: **[ID]**

(Signature) _____

Name: **[AUTHORIZED SIGNATORY 2]**

Designation: **[TITLE]**

Employee/ID No.: **[ID]**

Bank Seal: [AFFIX ROUND SEAL]

Contact for Verification: [PHONE / EMAIL]

Witnesses:

1. Name & Address: _____

Signature: _____

2. Name & Address: _____

Signature: _____

Notes for Use (delete before printing)

- **Amount of Performance Bank Guarantee:** As per the CGHS MoA 2025/Empanelment terms (Details in table below). Fill exact amount (e.g., "₹[____] of contract value").
- **The Guarantee shall remain valid for the entire term of the Agreement and for a further period of six (6) months thereafter for lodging claims. (42 months)**
- **Stamp & Signatures:** Execute on proper stamp paper; ensure two authorized bank signatories sign with **Bank Seal**. Attach a copy/extract of the bank's **Power of Attorney/Authority** evidencing signatories.
- **Demands/Invocation:** Keep CGHS address correct. If CGHS specifies an e-mail / SFMS route, add those coordinates in Clause 6.
- **PBG for charitable Organizations would be 50% of above amount.**

Additional Notes

***Category of HCO and PBG amounts. (Refer to MoA 2025 clause 13.2)**

Category of HCO	PBG for Tier I(X City)	PBG for Tier II (Y City)	PBG for Tier III (Z City)
Multi-Specialty Hospital / Single-Specialty Hospital / Cancer Hospital/Unit	₹20,00,000 (20 lakh)	₹10,00,000 (10 lakh)	₹10,00,000 (10 lakh)
Super-Specialty Hospital	₹25,00,000 (25 lakh)	₹12,50,000 (12.5 lakh)	₹12,50,000 (12.5 lakh)
Exclusive Eye Hospital/Centre, Exclusive Dental Clinic, Diagnostic Laboratory/Imaging Centre, Chemotherapy Centre /Dialysis Unit/	₹4,00,000 (4 lakh)	₹2,00,000 (2 lakh)	₹2,00,000 (2 lakh)

Annexure E

Hospital Policy for CGHS Beneficiaries

By

Hospital Name and Address

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Beneficiaries Entitled for Availing Medical Facilities under CGHS

The following Beneficiaries are eligible to avail treatment as per CGHS guidelines

1. All those having CGHS card - Central Government Employees, Pensioners, Freedom fighters, Ex MPs etc
2. Serving Members of Parliament
3. All Central Government Employees and their dependents
4. Central Government Pensioners and their dependents having CGHS card
5. Autonomous body pensioners and their dependents holding CGHS card

As the CGHS cards are valid all over India, The CGHS / Central Government beneficiaries from other city may also avail facilities.

Beneficiaries eligible for treatment on Payment basis

1. Serving employees of various Central government departments having CGHS card (in emergency shall get credit).
2. Employees and pensioners of Central autonomous bodies (with yellow CGHS card), public sector under takings and other central govt organisations and institutes.
3. CGHS pensioners or any serving employees shall be given CGHS facilities on production of valid Documentary proof even though the treatment is not sought as CGHS beneficiary

The HCO shall issue original bills, discharge summary, investigation reports including films, images, CDs etc, implant invoices, detailed OT notes or any other relevant documents to beneficiary to enable him/her to claim from his/her department. For issue of such documents no additional amount to be collected. In case of any confusion/clarification the HCO shall contact respective department or CGHS.

Beneficiaries eligible for Credit

Sl.No.	Card colour	Category of Beneficiary including those from other cities	Bill submission and Paying authority
1	Green Card	Pensioners including CGHS pensioner beneficiaries from other cities, Ex-Members of Parliament, Freedom Fighters etc	Online submission to Bill Clearing Agency (BCA) and Paying Authority is CGHS
2	Red Card	Sitting Members of Parliament	Physical bill in duplicate to be submitted to Rajya Sabha Room No.138, First Floor, Parliament House Annexe, New Delhi – 110001- Phone no. 011-23035676/ 5151/ 5861 and Lok Sabha Secretariat Room No. 228, Second Floor, Parliament House Annexe, New Delhi 110001 Phone no. 011-23034228. Paying Authority is Lok Sabha /Rajya Sabha
3.	Blue Card	Serving CGHS/DGHS / subordinate offices of Ministry of H&FW (cities to mention their own organisations eligible for credit) *	Physical bill in duplicate to be submitted to respective departments. Paying Authority respective department
4.	Blue card	All central Government Employees (only during emergencies)	Beneficiary to submit a letter from HOO/ HOD of his department (before being discharged) indicating patient entitlement and bill submission and payment procedure details. Physical bill in duplicate to be submitted to respective departments. Paying Authority respective department
5.	Orange card	Air India Pensioners	Credit bills to be uploaded to respective bill clearing agency. currently it is UTI ITSL

*Regional Health offices (RHO), Central Drug Standard Control Organisation (CDSCO), National Tuberculosis Institute Bengaluru, AirPort Health Organisation, Port Health Organisation, All India institute for physical Medicine and Rehabilitation Mumbai, National institute of Public Health etc

Services Offered, Registration and Admissions

1. Hospital shall offer all the available health care services (Consultation, treatment, diagnostic services, emergency services, critical care etc) to all CGHS AND OTHER SPECIFIED CATEGORIES OF CENTRAL GOVERNMENT BENEFICIARIES on priority at CGHS rates and as per CGHS guidelines. The services shall include even the outsourced services. There is no selective offering of facilities.
2. CGHS and other categories of Central Government beneficiaries are deemed to be registered and no registration fee shall be charged from the beneficiaries.
3. There shall be no discrimination towards CGHS patients visa vis Private patients and they can obtain any treatment /consultation from any doctor irrespective of whether the consultant is visiting or in house consultant. All the doctors irrespective of whether they are regular or visiting, are to treat CGHS beneficiaries as per CGHS guidelines.
4. The admissions are accepted 24*7 irrespective of any Holiday.
5. During emergency, the beneficiaries shall be given immediate necessary treatment without waiting for advice or referral of CGHS or any other authority.
6. The hospital will accept medications issued (if any) by CGHS for administration in our hospitals.
7. No Advance Money will be collected from CGHS Patient at the time of admission.

Referral System in CGHS

All CGHS beneficiaries (in all CGHS Cities) shall be permitted for seeking OPD/IPD treatment at empaneled HCOs after being referred by any Medical Officer from any CGHS wellness Centre in India. In emergency cases, HCO shall not insist for referral or endorsement from CGHS and shall provide cashless treatment including unlisted procedures/ investigations /implants to eligible beneficiaries based on the emergency certificate given by the treating specialist at empaneled hospital. Those eligible for credit shall be given credit. Various categories of referral are listed in *Table 6*

Table 6. Categories of Referrals

Referral Category	Definition (as per CGHS Guidelines)
e-Referral	Beneficiary will avail treatment at empaneled HCO after referral by CGHS Wellness Centre through the CGHS online module.
Manual Referral	Beneficiary may avail treatment along with manual referral document under the following circumstances 1. A referral issued by a CGHS Wellness Centre when the CGHS online module is unavailable (e.g., due to power or network or server outage etc.) 2. Permission issued by Office of Additional Director in case of In Patient only cards, Unlisted permissions, or 3. When facility is obtained based on advice or referral issued by any Government specialist in accordance with CGHS rules/Guidelines.
Non-Referral	The beneficiary can avail treatment without referral under the following circumstances 1. Emergency admissions to a hospital. 2. Follow up consultations up to 5 more including cross consultations. 3. Essential Follow-up investigation (Except CT, MRI, and nuclear scans, dental procedures and physiotherapy) as per the consultation /cross consultation advise and those not requiring admission and costing less than Rs 3000/- and OPD procedures don't require admission. These are to be

	availed in the same HCO where primary consultation was availed. 4. CGHS beneficiaries aged 70 years and above may directly consult specialists. If the consultant advises any investigations or treatment procedures that are listed under CGHS, these may be undertaken without a referral. However, such beneficiaries are not permitted to visit standalone laboratories without a referral from a CGHS or government doctor, or a prescription issued by an empanelled hospital.
--	--

Planned (Referral)/Consultation Treatment/ Investigations

1. **The beneficiaries shall submit** Shall submit Referral slip / permission prescription slip /computer generated slip to avail consultation / investigations/ procedures. along with CGHS card copy. Those eligible for credit shall get credit.
2. **Only the Sign of Medical officer is Mandatory while stamp is not mandatory for computer generated referrals. However the manual referrals issued shall bear the sign and stamp of the Medical Officer.**
3. **Whenever beneficiary is referred for a specialist / super specialist consultation, he /she is also eligible**
 - a. **To avail of following up consultations (5 more) including cross consultations with other specialists or super specialists within 3 months. However, validity of a consultation in the same specialty/ super specialty is valid for 7 days and hence follow up consultations in the same specialty offered within 7 days shall not be charged.**
 - b. **To undergo follow up listed investigations and OPD procedures (not requiring admissions) whose cost is less than Rs 3000/- and in the same hospital where the primary consultation was availed.**
 - c. **There is no need for any separate referral letter or endorsement from CGHS to perform the above.** However, OTP based authentication, submission of geotagged photos etc shall be followed as per the prevalent CGHS orders.

d. However, permission/ referral of competent authority is required in following cases

- i. Special tests like MRI, CT scan, PET scan, Physiotherapy, Dental procedures
- ii. all unlisted procedures, unlisted tests, and
- iii. listed procedure and tests requiring admission
- iv. Dental Procedures
- v. Physiotherapy

These cannot be done without referral unless it is emergency. Those eligible for credit shall be given credit. Those not eligible for credit shall be charged as per CGHS rates

4. **In case of procedures like chemotherapy/radiotherapy / dialysis , CHRONIC CRITICAL ILLNESSES and follow up treatment procedures where the permission is valid for 3-6 months, the original referral letter shall be enclosed with the first bill and the subsequent bills shall be enclosed with photocopy of the original reference letter along with the mention of the earlier CLAIM ID to which the original referral letter was enclosed.(use the option of manual referral in NHA portal) – these claims may be submitted after the last sitting.**
5. **All follow up investigations/procedures / consultations shall be need based and shall not be done arbitrarily. Relevant medical records like consultation notes indicating diagnosis, differential diagnosis, examination findings justifying the need for follow up tests or consultation/ treatment shall be up submitted to CGHS. It is clear that if there is no justification, such claims are liable to be deemed as non-essential and rejected. Claims can be rejected if the treatment is not line with the laid down treatment protocol even if there is a CGHS referral.**

Special Provisions for Beneficiaries above 70 years

1. The patients above 70 years are eligible to avail direct consultation without prior permission from CGHS.
2. If treating physician advises any treatment or investigations during such consultation the same may be availed without any endorsement or permission from CGHS. However, OTP based authentication, submission of geotagged photos, Aadhar authentication, biometric authentication etc shall be followed as per the prevalent CGHS orders. Those eligible for

credit shall be given credit. Those not eligible shall pay and get reimbursement from concerned authorities.

3. An undertaking in prescribed format (Annexure A.VIa) may be obtained from beneficiary regarding his age and request to avail consultation or treatment.
4. This shall include follow up consultations, investigations, treatment etc
5. However unlisted tests / implants / procedures shall require permission from CGHS unless it is emergency.
6. All such treatment offered to above 70 beneficiaries will be need based and will be supported with **consultation notes justifying diagnosis, differential diagnosis, examination findings. These documents shall be submitted to CGHS or respective central government departments. If there is no justification, such claims are liable to be deemed as non-essential and will be rejected.**

Procedure to be followed during emergency treatment/Investigation

1. Hospital shall give reasonable time for submitting CGHS card. Alternatively, Hospital shall accept CGHS card downloaded by beneficiary through my CGHS 2.0 app or Digi locker or <https://cghs.mohfw.gov.in/AHIMSG5/hissso/benLogin>.
2. No formal authorization or referral is required from CGHS or concerned authorities to initiate the treatment however OTP based authentication, submission of geotagged photos etc shall be followed as per the prevalent CGHS orders.
3. The pensioners and their dependents holding CGHS card (Green Stripe) shall be given credit and bill uploaded to NHA portal.
4. The central government employees and their dependents holding CGHS card (blue stripe) shall also get credit during emergency, however such beneficiary shall arrange for letter from his/her department indicating his entitlement and the address where the bill has to be submitted for payment as per CGHS rates along with paying authority.
5. If the emergency treatment involves, un-coded (unlisted) procedure/investigation, the same shall be offered as per the nearest CGHS code or as per the laid down procedure. The unlisted implants shall be offered as per the GST purchase Invoice from external vendor.

Procedure to be followed when there is deviation of treatment

1. Whenever there is deviation in treatment from that mentioned in the referral letter, enhancement shall be raised in NHA portal. There is no need to obtain any kind of formal approval from CGHS or any other authorities hence beneficiary or beneficiary attendants shall not be asked to get any kind of approval or endorsement from CGHS. The relevant documents like discharge summary, examination finding, investigation reports which justify the deviation in treatment shall be enclosed.

Procedure to be followed in unlisted treatments like procedures/unlisted investigations

1. Unlisted treatment shall be advised if there is no other equally effective listed treatment. tests advised shall add value to the treatment. drugs and regimens advised shall not be based on commercial considerations but should be based on Standard Treatment Guidelines and ethical practices.
2. Whenever the procedure is unlisted, the charges shall be levied as per nearest code.
3. In the absence of nearest CGHS code then an estimate towards unlisted procedures/ and investigations shall be given to beneficiaries to submit to CGHS or the respective departmental authorities for authorisation/permission. Such estimate shall have a clear break up charges of
 - (a) Surgery charges like surgeon charges, anaesthesia charges, OT Charges
 - (b) Ward charges/ICU charges as per CGHS rates
 - (c) Investigations/ consultations/as per CGHS rates
 - (d) Consumables as per actual.
4. Along with break up the treating doctor shall provide details regarding diagnosis, current treatment and the indication for unlisted treatment.
5. The beneficiary shall submit the estimate along clinical records indicating diagnosis, investigation reports, current treatment. The approval by CGHS or Head of Office (HOO)/Head of Department (HOD) is given based on estimate received from the said HCO and also from other HCO. The authorities shall also examine if there is nearest CGHS code prior to according such approval.
6. The hospital shall charge as per the rate mentioned in the approval letter issued by CGHS or departments. And shall not collect any additional amount from beneficiary over and above the approval given.
7. The approval letter shall be enclosed along with the claim to be submitted to concerned authorities while claiming.
8. In cases of emergency, there is no need to wait for such approval to initiate the treatment. The hospital will provide such treatment and charge reasonably and submit the bill with justification.

Adhering to standard treatment guidelines

1. *The Treating consultants shall use nomenclature mentioned in CGHS rate list while advising tests or procedure in order to facilitate issue of permissions from CGHS or concerned authorities.*
2. *The HCO shall adhere to standard treatment guidelines. It is clear that any treatments not in line with standard treatment guidelines or if it amounts to unbundling of the treatment under consideration, shall be rejected even if it was referred from CGHS*
3. *Medicine is a branch of science and it shall be practiced scientifically only. Investigations and treatment provided to the patient will be based on the differential diagnosis and provisional diagnosis arrived at on the basis of complaints, history of the patient and clinical examination findings which will be documented. Investigations which add value to the treatment or commensurate with the treatment only shall be advised.*
4. *Well established form of therapy shall be used. Procedure/ drug on trial should will not be used. If a new or newer form of drug / procedure is used, only if there is a decisive superiority over the existing drug / procedure.*

Prescription of Drugs and consumables

1. NMC guidelines regarding prescribing drug shall be followed.
2. All doctors will prescribe drugs with generic names legibly and preferably in capital letters. The prescription of TAB PARACETAMOL 500 mg- CROCIN 500 mg shall be read as Tab Paracetamol or crocin or its equivalent in terms of therapeutic value. There will be no insistence on specific brand of drugs.
3. Specialists of empaneled hospitals shall not prescribe medicines of “not of proven value” and items that come under the category of nutritional substances and are prescribed for prophylaxis only.
4. The CGHS shall issue either same medicines or medicine of similar therapeutic value. The treating specialist shall not insist on any specific brand of drug. However, if treating consultant is of the opinion that a specific CGHS issued medicine should not be given, the advice shall be specific along with documentary evidence of allergy or drug reactions etc.
5. There will be rational prescription and use of drugs and consumables like gloves, iv set etc.
6. Hospitals shall follow Antibiotic policy and care shall be taken for judicious use of high-end antibiotics including anti-fungal agents. High end anti-biotics including antifungal agents shall preferably be used on recommendations of

a Committee constituted for the same. The prescribed guidelines for use of IV Albumin shall be adhered to.

Prescription of Implants stent, graft, cardiac implants etc.

1. Implants of Indian make shall be advised, and Hospital shall use implants available within the CGHS ceiling rate unless beneficiary chooses specific brand
2. The imported implants shall be used only during non-availability of Indian make implant. A certificate mentioning same should be attached along with the bill.
3. In case of Implants where wide range of Implant, stents, grafts etc. is available, the choice will be given to the beneficiary to choose. (I feel not necessary) If the beneficiary demands for specific brand and if the purchase cost (as per purchase invoice) of chosen implant is more than the CGHS ceiling rate, a consent will be obtained from the card holder/beneficiary that he is choosing the said brand and he will pay the amount over and above the CGHS ceiling rate which is non reimbursable from CGHS. If the written consent for paying difference amount before surgery has not been obtained, then the extra amount collected is liable to be refunded to beneficiary.
4. Cost of Implants/stents/grafts is reimbursable in addition to package rates as per CGHS ceiling rates or as per actual, whichever is lower.
5. If the Implant is unlisted and does not have CGHS ceiling rate, the charges shall be as per GST purchase invoice from external vendor. CGHS will verify the same through GST department for authenticity
6. Documents to be enclosed in cases of implants
 - (i) The outer pouch, stickers etc also will be enclosed along with the bill and MRP & batch numbers should be clearly seen
 - (ii) In the event of implants being procured in bulk, the photocopy of the purchase invoice highlighting the item used and its rate shall be enclosed with the bill.
 - (iii) A certificate from treating doctor certifying that particular item/s was used during the said procedure and that the implant/s is/ are functioning satisfactorily. The certificate shall also mention detailed specifications (type, model, make, size, number, and material made of)
7. The above documents, including outer pouch, stickers, warranty card and invoices, will be issued to beneficiaries who obtain treatment on a cash payment basis to facilitate reimbursement from the concerned authorities.

Package rate – inclusions and exclusions

1. CGHS Package rate shall mean all inclusive – Lump sum cost of inpatient treatment/daycare/diagnostic procedure for which a CGHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge, including (but not limited to): (i) Registration charges (ii) Admission charges (iii) Accommodation charges including patient's diet (iv) Operation charges (v) Injection charges (vi) Dressing charges (vii) Doctor/consultant visit charges (viii) ICU/ICCU charges (ix) Monitoring charges (x) Transfusion charges and Blood processing charges (xi) Anesthesia charges (xii) Operation theatre charges (xiii) Procedural charges/surgeon's fee (xiv) Cost of surgical disposables and all sundries used during hospitalization (xv) Cost of medicines and consumables/disposables (xvi) Related routine and essential investigations (xvii) Physiotherapy charges etc. (xviii) Nursing care charges, (xix) O2 charges, Ventilator charges as routinely required if any etc.
2. In case a beneficiary is required to undertake multiple surgical procedures in one OT session, the procedure with highest rate shall be considered as the primary package and reimbursed at 100%, thereupon the 2nd (next highest rate) surgical procedure shall be reimbursed at 50% of package rate, 3rd and subsequent surgical procedures shall be reimbursed at 25% of the package rate.
3. During In-patient treatment of the CGHS beneficiary, the hospital will not ask the beneficiary or his / her attendant to purchase separately the medicines / sundries / equipment or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS which includes the cost of all the items.
4. **Duration of package – duration of package shall be taken as mentioned below unless clearly specified by CGHS for each procedure**

i. Day care /Minor (OPD) procedures	1 day
ii. Laparoscopic /endoscopic procedures/ Normal deliveries /elective angioplasty	3 days
iii. Major surgery	7 days
iv. Super specialty surgery	12 days
5. The procedure package rates mentioned in rate list are for semi-private ward only and there shall be an increase of 5 % in case of private ward entitlement and decrease of 5 % towards general ward entitlement. The rates towards other items other than surgical procedures like investigation/consultations

do not vary with ward entitlement and the same rates apply for all categories of patients. Overstay of the patient beyond package period has to be justified by the treating specialist and such cases only to be considered for billing beyond package period.

6. No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure or due to any improper procedure and is not justified.

- i. Day care /Minor (OPD) procedures 1 day
- ii. Laparoscopic /endoscopic procedures/
Normal deliveries /elective angioplasty 3 days
- iii. Major surgery 7 days
- iv. Super specialty surgery 12 days

7. **“Conservative or Medical Management”** refers to non-surgical treatment in cases where no specific CGHS package rate exists. In cases of conservative / medical management where no package rate is prescribed, reimbursement shall be made by applying the notified CGHS item-wise rates for each component, such as ward charges, consultation charges, investigation charges, oxygen charges, ventilator charges, etc. The cost of admissible medicines and admissible consumables shall be reimbursable at actuals. For IPD consultations, the specialist under whose care the patient is admitted shall be regarded as the primary consultant. Consultation charges for the primary consultant shall be admissible for up to a maximum of two consultations per day. In exceptional circumstances, where the patient's clinical condition requires the opinion or management of additional specialists, consultation charges for such specialists may be allowed at the rate of one consultation per day per specialist, subject to adequate justification being duly recorded.

Treatment / Items Payable in addition to package

1. Any item mentioned as excluded in the CGHS rate list is payable in addition to package rate.
2. Any medical management either before or after covered by surgical package, which is not related to surgical procedure additional reimbursement may be allowed, which shall be limited to accommodation charges as per entitlement, investigations charges at approved rates, doctors visit charges (not more than 2 visits per day per visit by specialists/consultants) and cost of medicines for additional stay.
3. Treatment charges of newborn baby are payable in addition to delivery charges of mother. But regular newborn care is part of the delivery charges.
4. Ambulance charges - Provided journey is undertaken within the city and there should be a certificate that transport of patient by any other mode of

conveyance would definitely endanger the patient's life or would grossly aggravate his/her medical condition. State government fixed rates for ambulances will be reimbursed, in case no rates available for any state, then nearest state or Delhi rates will be allowed.

5. Cost of Implants, valves, stents, meshes, grafts etc. restricted to CGHS ceiling rates subject production of Invoice, outer pouch, sticker and warranty certificate.

Any special investigation/ special medicine- are the ones which were administered / performed and were essential towards any other co morbidity and that co morbidity cannot be related to the surgical procedure performed.

6. All the above charges are considered if the documents enclosed clearly justify the same.

Ward Charges

1. Ward charges means all charges towards providing an environment to deliver care and shall comprise of but not limited to accommodation charges, nursing charges, registration charge, air bed, water bed, alpha bed, flowtron charges, luxury tax, surcharge, air conditioning, facility Charges, HVAC charges, water & electricity charges, housekeeping charges, infection control/CSSD, biomedical waste management, portable/bedside/emergency service charges, laundry charges, patient identification band, bed sheet, patient gown, visitor passes, duty doctor charges, patient diet and dietician charges, any certificate charges, etc. It also includes attendant bed charges in case of private ward and above
2. Nursing charges which are part of ward charges, shall comprise of but not limited to charges related to Medication Administration, IV cannulation, IM/IV injection, Ambulation (Mobilization) of patient, Ryles tube feeding, Suction Charges, ICD / any catheter/ bed sore care, oral care, tracheostomy care, personal hygiene, sponge bath, monitoring, health education, etc., Nursing charges cannot be charged separately or collected from the patient as Nursing charges are part of ward charges.
3. Equipment Charges - Charges towards C-arm, OT equipment, DVT pump, infusion pump, portable X-ray or any other machine charges or their rental charges are also part of room rent charges/surgical procedure. Hence, they are also not payable separately.
4. **The rates for various wards are as mentioned below**
 - i. General ward - Rs 1500/-
 - ii. Semi-Private ward – Rs 3000/-
 - iii. Private ward – Rs 4500/-
 - iv. Isolation ward charges – 5400/-
3. However, in case of an emergency when the entitled category accommodation is not available, the admission in the immediate higher category will be allowed till the entitled category accommodation becomes available and the hospital shall bill as per entitlement of the beneficiary even though the treatment was given in higher type of ward.
4. “Day Care Charges” refer to the accommodation charges where in the patient is treated and monitored for up to 6–8 hours, typically in the emergency or casualty unit, chemotherapy ward. It includes components similar to ward charges. The rate is fixed at ₹1,500, irrespective of hospital, city, or accreditation status. Normally treatment in higher category of accommodation than entitled category is not permissible.

ICU/CCU/ICCU/PICU/MICU/HDU/NICU and Blood component charges

ICU/CCU/ICCU/PICU/MICU/HDU/NICU Shall include similar charges as applicable to providing care in a critical care unit or Isolation ward. ICU rate (Rs 5400/-) is the same for all categories of ward entitlement and across all hospitals. The ICU charge includes monitoring and oxygen; it excludes ventilator charges (ventilator, if used, is billed separately as per CGHS rate)

Blood Charges (PRBC/Whole Blood/FFP/Cryoprecipitate/SDP/RDP etc.)

Refers to Donor screening, Patient Screening and component or whole blood processing and preparation charges including /Blood Irradiation/ Leuco Filtration etc.

Consultation Charges

Consultation Charges of Rs 350/- and Rs 700/- are payable for specialist and super specialist consultations respectively in OPD including consultation in emergency / casualty room. However, the indoor consultations shall be payable at the rate of Rs 350/- for all indoor consultations for both superspecialist and specialist consultation.

- *Outpatient consultations provided by Super Specialists holding DM /MC / DNB SS qualifications shall be governed uniformly across all categories of empanelled hospitals, including both multispecialty and super-specialty hospitals. The consultation fee shall remain the same irrespective of whether the consultant is in-house or a visiting specialist.*
- *The consultation fee is inclusive of the cost of examination consumables such as paper gloves, unsterile gloves, or examination gloves, if used during the examination of the patient.*
- *For Eye consultations, the fee shall also cover the cost of procedures such as Refraction, Auto Refraction, Non-Contact Tonometry, and 90D Lens Examination. These procedures must not be charged separately.*
- *Each consultation will be considered valid for a period of 7 days, provided it pertains to the same specialty.*
- *An enhanced consultation fee of Rs. 700/- shall be applicable for outpatient psychiatry consultation*

Cancer Rates

1. For radiotherapy, Chemotherapy, Investigation rates mentioned in CGHS General rate list are applicable.
2. The applicable rates for cancer surgical procedures shall be governed by Office Memorandum No. S-11045/36/2012-CGHS(HEC) dated 7th

September 2015, categorizing surgeries from Grade I to VI with specific rates for Anaesthesia, Operation Theatre (OT) charges, Surgeon's fees

- a. If the HCO is not accredited by the National Accreditation Board for Hospitals and Healthcare Providers (NABH) or equivalent accreditation, a 15% deduction shall apply on applicable Anaesthesia, Operation Theatre (OT) charges, Surgeon's fees.
- b. 10 % reduction for general ward entitlement and 15 % increase for private ward entitlement respectively is also applicable on Anaesthesia, Operation Theatre (OT) charges, Surgeon's fees
- c. **The final admissible amount in case of cancer surgery is calculated as per the formula given below.**

Ward charges as applicable + Anaesthesia charges (category charges after adjustment based on accreditation status and ward entitlement) + OT charges (category charges after adjustment based on accreditation status and ward entitlement) + Surgery charges (category charges after adjustment based on accreditation status and ward entitlement) + Investigations at CGHS rates + Cost of Medicines and Surgical Disposables. Cost of implants/stents or grafts used if any is payable in addition to all these charges.

No other charges are permissible.

3. The amount admissible for chemotherapy is calculated as below

- a. I The package rate for chemotherapy procedures shall be applicable solely to procedural charges (professional charges towards administration of chemotherapy/ immunotherapy drug).
- b. Charges towards accommodation (day care charges @1500 Rs per day), relevant investigations, and Medicines are **reimbursable separately**.
- c. As per CGHS norms. If for any justified reason, ward charges as per entitlement are applicable if the patient was given chemotherapy in ward instead of chemotherapy ward.
- d. Wherever feasible, CGHS shall supply anti-cancer medicines. In the event of non-supply by CGHS, the empanelled HCO shall procure and administer the required medicines, submitting GST-compliant purchase invoices for reimbursement, following the protocol for implant reimbursement. The HCO shall enclose the carton/outer pouch/vial reflecting batch no, manufacturing date and expiry date and MRP. Cost of such medicines shall be limited

to 70% of MRP.HCOs cannot charge more than that amount from CGHS.

Admissible and Non-Admissible Items (Billing Guidelines)

1. **Consumables and Materials:** Common medical consumables (cotton, gauze, gloves, syringes, needles, catheters, IV sets, tubing, dressing materials, etc.) These items are considered part of the treatment package for surgical procedures and included in respective package rates. No separate charge for such items is admissible in bills of surgical packages. In non-surgical (medical management) cases where no package rate exists, reasonable and judicious use of consumables is allowed and can be billed under consumables head. The HCO must ensure rational use of all consumables. Billing for extraordinarily high quantities without clinical need will be viewed seriously as potential inflation and penalized (Ref: **Annexure A.III and Clause 14 of MoA**).
2. Vague billing entries like “consumables kit” or “procedure kit” without specifics (e.g., “lumbar puncture kit”, “dressing kit”, “nebulization kit”) are not acceptable. Such items shall be disallowed.
3. **Non-Admissible Items:** any item that is not directly related to treatment and is primarily for patient convenience or personal preference is non-admissible. The following categories of items shall not be reimbursed by CGHS and the amount may be collected from beneficiary:
 - Toiletries and Personal Use Items: e.g. soap, shampoo, toothbrush, toothpaste, comb, sanitary pads, diapers, hand sanitizers for personal use, mouthwash, tissue papers, etc. (These are considered personal hygienic items and not part of treatment costs.)
 - Cosmetics and Other Miscellaneous Personal Items: e.g. razors/shaving blades, beauty creams, powders, deodorants, oils (like coconut oil), talcum powder, makeup items, etc.
 - Non-Medical Services/Overheads: e.g. telephone charges for patient calls, bedside television charges, internet fees, patient’s attendant food, hospital gown for attendants, carry bags for medicines or belongings, etc. (Basic cost of a patient’s own gown/drapes is included in ward charge, but if a hospital bills a kit, it is not reimbursable).
 - Attendant Charges: Any charge for providing an attendant (ayah / ward boy) specifically to the patient or charges for extra bedding for the attendant (except one attendant bed included in a private ward) are not reimbursable. Professional nursing

care is separate and included in the ward charges.

- Mortuary or Cremation charges: If, unfortunately, a patient expires, any charge like mortuary fee or transportation for last rites is not a CGHS-covered expense.
- Implant Upgrades: If the patient opts for an implant or prosthesis of higher value than what CGHS covers the difference in cost is not reimbursable. The beneficiary has to bear that difference, with prior consent. Such differences should not be billed to CGHS.

Common List of Non-Admissible Items:

The table below lists common items and services that cannot be billed to CGHS (many of which align with points above). Amount may be collected from beneficiary. This list is illustrative but not exhaustive – analogous items are also non-admissible. The HCO should use judgment to identify similar non-payable items.

Sl. No.	Item Description	Admissibility	Category (if applicable)
1	Home visit/home consultation charges	Non-Admissible	General (Not covered by CGHS)
2	Bed pan (utensils for patient use)	Non-Admissible	Consumables (basic patient care item)
3	Urine container, Urine can, Urobag	Non-Admissible	Consumables (part of nursing care)
4	Moisturizer (for skin care)	Non-Admissible	Personal Care item
5	Underpad/Chux, Sanitary pad, Bath wipes	Non-Admissible	Consumables (personal hygiene)
6	Room fresheners (air freshener sprays, etc.)	Non-Admissible	Hygiene (ambience item)
7	Hand Sanitizer solutions (Microshield, Sterillium), Mouthwash (Listerine),	Non-Admissible	Hygiene/Personal use

	Depilatory creams (hair removal), hand wash liquids		
8	Spectacles or Contact lenses (if given post eye surgery)	Non-Admissible	Personal Item (corrective device, not covered)
9	Food charges for attendant / extra meals, Mineral water bottles	Non-Admissible	Dietary (only patient diet included in room charge)
10	Telephone, Email or Internet charges (patient communication)	Non-Admissible	Communication convenience
11	Mortuary sheet or shroud	Non-Admissible	Equipment/Supplies (post- mortem)
12	Protein supplements, Sugar-free tablets, Artificial sweeteners	Non-Admissible	Nutrition (not medication)
13	Baby feeding bottles, infant formula, baby food	Non-Admissible	Infant Care (routine baby supplies)

14	Toiletries kit: Toothpaste, Toothbrush, Coconut oil, Talcum powder, Comb, Ear buds, Soap, Shower gel, etc.	Non-Admissible	Personal Hygiene kit
15	“Baby set” (general term for newborn care items like baby soap, oil, etc.)	Non-Admissible	Infant Care (not treatment)
16	Barber charges or Beauty parlor services (shaving, haircut for patient)	Non-Admissible	Personal Services
17	Welcome kit, Carry bags (for medicines or reports)	Non-Admissible	Miscellaneous (overhead)

18	Vaccinations (Baby/Adult) – when not part of treatment	Non-Admissible	Medical (Preventive vaccines not covered unless part of treatment protocol; All essential vaccines are provided free of cost by GOI under immunization programme. Hence no separate reimbursement.
19	Cosmetic procedures (e.g., LASIK eye surgery purely for refractive error removal, cosmetic dental implants for aesthetics)	Non-Admissible	Cosmetic (not medically necessary as per CGHS)
20	Tests or medications not relevant to the diagnosis on record (e.g., an unrelated screening test without indication)	Non-Admissible	Unwarranted diagnosis – will be disallowed in audit
21	Equipment repair or maintenance charges (if hospital equipment fails during treatment, etc.)	Non-Admissible	Equipment (hospital overhead, not patient's cost)

Note: The above categories being non-admissible means CGHS will not reimburse these costs. If the HCO chooses to provide some of these as part of hospitality, they may do so at their own cost or charge the patient directly (for select personal items) but must inform the patient that it's not covered by CGHS. No such charges should appear on CGHS claim bills except possibly on a separate retail bill settled by the patient. In case of any dispute regarding such items. The hospital will be liable for the compensation if any.

This list is not all-inclusive; any other item analogous to the ones above or which is clearly not a part of necessary treatment should be treated as non-admissible. In case of doubt, the decision of CGHS will be final.

Items that neither can be charges from beneficiaries or billed separately to CGHS: The HCO shall not separately bill for the following components, as they are considered part of standard charges for related services. **Hence these are neither to be billed to CGHS nor amount to be collected from Beneficiaries:**

- Glucometer strips – Cost of blood glucose test strips is

included as part of performing a Random Blood Sugar (RBS) test at bedside. No separate charge per strip is admissible if bedside glucose monitoring is done; it's covered under investigation or ward service.

- ECG leads/electrodes – included in the cost of an ECG. The hospital cannot charge for ECG electrodes or lead separately when billing for an ECG test.
- Ventilator circuits or consumables – when a patient is on a ventilator, the disposables (tubing, filters, circuits) are considered included in the ventilator/ICU charge. No separate line item for “ventilator consumables” should be billed.
- Ward facilities included in room charge: Items such as an air-bed, water bed, alpha bed or ripple mattress for bed sore prevention, routine air conditioning or heating charges, infusion pumps, DVT pump usage in ward, pulse oximeter or basic monitors, medical record photocopy charges, etc., are all included in the room/ward daily charge. They must not appear as separate charges.
- Issuance of Medical Records/Films: Providing the patient with discharge summary, lab reports, X-ray/CT/MRI films or CD copies of scans is part of the treatment rates. No fee should be charged for giving these to patients (aside from very exceptional cases like multiple copies of a large file, but even then CGHS doesn't pay for it).
- Vacutainers, syringes for investigations: Blood collection tubes, needles, lancets used for drawing samples are part of the lab test cost and not billable as separate “consumable” to CGHS.

The table below lists common items and services in line with above principles that neither can be billed to CGHS nor amount can be collected from beneficiaries. This list is illustrative but not exhaustive – analogous items are also deemed to be part of this list. The HCO should use judgment to identify similar non-payable items

Sl. No.	Item/Service Description	Inclusion Status	Included Under
1	Registration/Admission charges (hospital admin fees)	Included	Ward/Procedure Package (no separate charge)

2	Administrative discharge processing or TPA handling charges	Included	Ward/Package (any administrative overhead is within rates)
3	Special beds: Alpha bed, Air bed, Water/Nimbus mattress for bed sore prevention	Included	Ward/Package (ward charges covers basic bed needs)
4	Charges for portable X-ray/ECG/ultrasound or bedside services in ward	Included	Ward/Package (when done as part of IP care)
5	Routine housekeeping charges (cleaning of room, etc.)	Included	Ward/Package (hospital overhead)
6	Biomedical waste management fee	Included	Ward/Package (hospital overhead)
7	Infection control surcharges (e.g., fumigation, PPE for staff)	Included	Ward/Package (hospital overhead)
8	Water and electricity charges for hospital stay	Included	Ward/Package (hospital overhead)
9	Laundry charges for bed linen, gown, etc.	Included	Ward/Package (basic linen service)
10	Air conditioning, room heating, HVAC usage	Included	Ward/Package (if applicable to ward)
11	Surcharges or Luxury tax (some states had luxury tax on ward charges)	Included	Ward (CGHS won't pay tax separately; the rate is all- inclusive)
12	Bedside consumables: bed sheet, blanket, patient gown, foot covers, caps, etc.	Included	Ward/Package (part of ward charges)
13	CSSD/sterilization charges, razor for site prep, alcohol swabs for IV line, etc.	Included	Ward/Package (part of procedure/ward)
14	Patient's diet and dietician consultation	Included	Ward (patient meals included, dietician's routine advice part of care)
15	Duty Doctor charges (the cost of RMO/ CMO rounds)	Included	Ward (the hospital's doctors on duty cost is in overhead)

Sl.No.	Item/Service Description	Inclusion Status	Included Under
16	Documentation: preparation of discharge summary, billing file, medical record copying for claim	Included	Ward/Package (administrative)
17	Booking services: e.g., blood reservation charges, OT booking charges	Included	Ward/Procedure (no extra booking fee)
18	Temperature charting, blood sugar monitoring chart, intake-output chart maintenance	Included	Ward/Nursing care (nursing duties)
19	Routine maintenance charges for equipment used in care (infusion pumps, monitors)	Included	Ward/Package (overhead)
20	Charges towards Infusion pump, DVT pump, syringe pump, Flowtron	Included	Ward / package(overhead)
21	Rental charges for equipment used in ward (e.g., oxygen cylinder, BiPAP machine)	Included	Ward (except for ventilator in ICU which is separately charged, other minor equipment is part of care)
22	Handling/procurement of implants or medicines (the service of getting an implant – aside from implant cost)	Included	Ward/Package (no handling fee allowed)
23	Attendant bed charges in private ward (one attendant couch/bed is expected in private wards)	Included	Ward (private ward definition includes attendant bed)
24	Medication administration by nurses (IV infusions, injections)	Included	Nursing care (part of ward service)
25	Tracheostomy care, suctioning, nursing of catheters/tubes	Included	Nursing care (no separate “ICU nursing” charge; it’s in ICU charge)
26	Ryle’s (NG) tube feeding, enema administration, etc.	Included	Nursing care duties

27	IV cannulation, IM/IV injections, IV-line setup (labour of it)	Included	Nursing care (nurse service)
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(The above is drawn from standard CGHS package definitions and hospital practices. Essentially, anything that forms part of routine patient care, the hospital's own operational costs, or a necessary adjunct to a procedure is built into the rates.)

Important: The HCO must carefully review the CGHS package definitions for surgeries they perform. If an item is listed as excluded (e.g., cost of a specific high-value implant, or chemotherapy drug in a surgery package), only then can it be charged separately, that too within CGHS ceiling. If it's not listed as excluded, it is deemed included.

All billing personnel at the HCO should be trained on these admissibility rules to avoid claim deductions. The CGHS and BCA will use these guidelines when auditing bills.

(The above annexure is subject to revisions by CGHS. The latest CGHS Office Memoranda on admissible/non-admissible items will prevail if there is any discrepancy.)

Discharge of beneficiaries, Declaration from beneficiary and discharge medication

1. The patients fit for discharge shall be discharged immediately. Holding of the patient for completion of any formality including approval /acknowledgment from NHA is not allowed and hence any expense toward such period is not payable. In case of any issue the CGHS Nodal officer of concerned city may be contacted
2. The drugs and consumable amount shall be entered separately and including UPLOADING OF CORRESPONDING BREAK UP BILL of drugs and consumables in the Machine-readable format-(OCR).
3. A separate bill to be generated for any amount collected from patient and shall also be enclosed to NHA during discharge Ensure that the non-admissible items are not part of this bill submitted to CGHS for which amount is collected from the patient. This document shall be uploaded to NHA portal
4. Discharge Medication

- a. The hospital based on need shall issue discharge medications for up to 7 days and bill towards the same will be enclosed along with the credit bill to be submitted to Bill clearing agency subject to following conditions
 - i. Only the essential medicines in generic form for continuity of treatment will be issued by the hospital on request of the beneficiary.
 - ii. No nutritional supplements, tonics, cough syrup, vitamins; injections will be issued by the hospitals. These are not allowed.
 - iii. No non drug items/ equipments/ appliances will be issued.
 - iv. The total cost of such medicines issued by the hospital must not exceed Rs.2000/- in any case.
 - v. In case of beneficiaries where the treatment is provided on cash basis, amount will be collected towards the discharge medications as mentioned above. Beneficiary will claim from department.

Issue of Medical Records /Investigation Reports to Beneficiaries

1. The HCO shall issue, discharge summary, investigation reports including films, images, CDs, DVDs etc, detailed OT notes or any other relevant documents as needed by beneficiary so as to maintain his/ her continuity of treatment. For issue of such documents no additional amount to be collected.
2. In cases where the treatment has been offered on “on cash basis” basis (i.e. in beneficiaries not eligible for credit), bills and other relevant documents like discharge summary, investigation reports, GST purchase invoice from external vendor etc. shall be issued to such beneficiaries to facilitate reimbursement from concerned authorities. No charges shall be collected towards above documents
3. Patients shall be issued with copy of the complete indoor case records or other documents on request as per the prevailing law and relevant charges.

Annual Medical Examination

1. Annual Medical Examination of the beneficiaries as per the MOA at approved rates and as per the list mentioned below shall be performed to eligible CGHS beneficiaries (Group A and above 70 beneficiaries) investigations
 - a. Annual Medical Examination of Men - RS 2000/-
 - b. Annual Medical Examination of Women - Rs 2200/-

2. The beneficiaries shall submit a letter from the department along with CGHS card copy (in case of CGHS card holders) or Govt dept ID card (in case of non CGHS card holders)

Heamogram (Haemoglobin/TLC/DLC(Polymorphs/Lymphocytes/Eosinophils/Basophils/Monocytes), Peripheral Smear	Gynaecology Health Check • Pelvic Examination (Local Examination, Per Vaginum (P/V), Per Speculum • Surgical examination • Breast Examination
Urine Examination (Colour/Albumin /Sugar/Microscopic Examination)	
Blood Sugar (Fasting/Post Prandial)	
Lipid Profile (Total Cholesterol /HDL Cholesterol/LDL Cholesterol /VLDL Cholesterol /Triglycerides)	• Urological Examination for Men • Rectal Examination for Men
Liver Function Tests (S Bilirubin-Total& Direct)/SGOT/SGPT)	Systematic Examination • Respiratory System • Cardio vascular System (CVS) • Abdomen • Locomotor System • Dental Examination
Kidney Function Tests (Blood Urea/Serum Creatinine/Serum Uric Acid)	
Cardiac Profile (Serum LDH/CK MB/Serum CRP/SGOT)	Eye Examination • Distant Vision • Vision with glasses • Colour Vision • Tonometry • Fundus Examination
PSA for Men	
PAP Smear for Women	
X-ray Chest PA View	
ECG	ENT • Oral Cavity • Nose • Throat • Larynx
USG Abdomen	
TMT report	
Mammography for Women	

Digital Submission and Technology Requirements:

The HCO must have the capability to submit claims electronically via the NHA's portal. This includes having a computer with internet, scanner, and the software to upload bills in prescribed format (OCR / machine readable format PDF/Excel etc.). The HCO shall mandatorily have facility to submit the documents in Machine readable format. The HCO is also required to implement features like geotagging and Aadhaar-enabled biometric verification of patients for ensuring the patient's presence and identity. The HCO shall integrate such tech

processes in their workflow as directed.

Submission of BILLS

1. The credit bills (whether to NHA/ BCA or to Govt offices) shall be prepared and submitted in the required format with all supporting documents using electronic billing system/portal provided by the NHA/BCA for online submission wherever applicable (for CGHS pensioner bills, etc.). Even when physical submission is needed (e.g., to a department), a digital record shall be maintained. The HCO shall ensure adequate manpower to submit bills, regularly monitor the NHA/BCA portal for claim status and queries, and respond quickly to avoid loss of legitimate payments.
2. The following documents (in chronological order) shall be compiled with each bill/claim:
 - a. **Copy of the CGHS Card** (front and back) of the beneficiary (for reference of entitlement and identity).
 - b. **Copy of the CGHS Permission/Referral Letter for treatment/procedure**, -In cases of elective treatment of < 70 years beneficiaries and in all cases of planned unlisted tests/ Procedures /implants and STC drugs
 - c. **Undertaking form (for treatment without referral)** – the standard format to be filled by all beneficiaries availing follow up consultations or investigations and for beneficiaries above 70 years availing listed procedures /investigation etc.
 - d. **Emergency Certificate (if applicable)** – a certificate signed by treating doctor or hospital stating that the treatment was emergency in nature. It should include brief details of the emergency and justification for immediate treatment without prior approval.
 - e. **Detailed Discharge Summary** – issued by the hospital for admitted cases, or detailed treatment summary for OPD cases. This must be legible (in Machine readable format) and include diagnosis, procedures done, date of admission & discharge, and treatment given including details of surgery performed. It should clearly indicate no of ICU or ward stay, justify use of antibiotics or any other costly drug or consumable, use of ventilator etc. It shall justify any deviation from referral treatment or from pre authorization. For claim scrutiny, a machine-readable (typed or electronic) discharge summary is required to be uploaded into the NHA portal. The treatment given as per

discharge summary shall be in line with billing details. Discrepancies shall be construed as fraudulent activity. All entries should be in English (or bilingual with English).

- f. **OT Notes:** Separate OT notes are mandatorily to be enclosed in all surgery cases. The details shall include complete details about surgical procedure, duration of surgery, type of anaesthesia, implants used etc.
- g. **Hospital Final Bill(s)** – The comprehensive bill of the hospital, preferably one consolidated bill with itemized break-up attached. The charges should be grouped logically (ward charges, investigations, procedure, pharmacy, discharge medications etc.) and should align with CGHS package or rates. The bill must clearly indicate CGHS rates and calculations. If the hospital's billing system generates a single consolidated bill, a break-up in chronological order of charges or department-wise may be attached.
 - i. The bill should be submitted in an OCR-readable format (machine readable PDF)
 - ii. The detailed bill clearly specifying the items against which amount is collected from beneficiary shall be enclosed in Machine readable format separately. The HCO shall ensure that amount collected from beneficiary is deducted from the bill being submitted to CGHS and any act of claiming such items from CGHS are construed as an act of fraud. The bill towards Discharge medications as mentioned under Clause 5 shall also be enclosed separately.
- h. **Day-to-Day Clinical Notes** – legible photocopies of the doctor's daily progress notes, nursing notes, drug charts, treatment charts, and operative notes (if surgery done). These should be arranged in chronological order (from admission to discharge) and each page should be signed by the treating medical personnel. These notes are critical for medical audit to justify the treatment given.
- i. **Investigation Reports** – copies of all investigation results (laboratory reports, imaging reports, etc.) that are relevant to the treatment and for which charges are claimed. Arrange them in chronological order. Each report shall have unique identifier number which shall be verifiable.
- j. **Implant details:** a letter from treating doctor indicating detailed

specifications of the implant like make, type, size, model, and number used. The treating doctor shall also certify the satisfactory functioning of the implant

- k. **Original purchase invoices for Implants/Stents/Grafts/High-Cost Medicines** – If any implants (e.g., stents, orthopedic implants, intraocular lens) or expensive external purchase medicines were used and charged separately, attach the original invoice from the external supplier. Also include the implant stickers (e.g., for cardiac stents, orthopedic implants) and any warranty cards or barcodes in the documents. If bulk purchase copy is used, highlight the relevant item and ensure it matches the charge. Additionally, include the surgeon's certificate regarding the implant as described.
- l. Any other relevant documents – Informed consent if any amount is collected towards implant difference.
- m. **Verification of IP treatment by beneficiary in CGHS prescribed format (duly filled)** At discharge, the beneficiary (or their family) should sign the final bill to acknowledge the services received. The bill should have a section where the beneficiary writes whether any amount was paid by them out-of-pocket (and for what). The beneficiary's contact (mobile number) should also be recorded. This beneficiary-signed bill Copy (or a certificate from beneficiary) should be included, to avoid disputes later.
- n. Feedback form regarding treatment in the prescribed format
If the claim documents are not in proper order or required documents are missing, the BCA/CGHS may return the claim unpaid for rectification, causing delay or denial. The HCO should thus be diligent in claim preparation.

Retention of Records:

The HCO shall maintain the original physical records of all claims for a minimum of **5 (five) years** from the date of service. (For claims sent to departments, at least keep a copy set with an acknowledgement.) In case of any audit, vigilance, or investigation by authorities, the HCO must produce the records even if the hospital has received payment. Failure to produce supporting records upon request may result in recovery of the claim amount or other action.

1. Hospital will submit the credit bills of pensioner beneficiaries (holding CGHS Card with green strip) including freedom fighters ex MPs for reimbursement payment to NHA portal as per the terms and conditions laid down in MOA
2. In case of serving beneficiaries including their dependents of ministry of Health like CGHS bill shall be submitted to respective offices like office of Additional director in case of CGHS staff
3. In other cases where a serving employee or their dependent has been provided with credit (as in emergency), the bill shall be submitted to office of the said employee
4. In case of Honourable Serving MPs, the Physical bill in duplicate to be submitted to Rajya Sabha Room No.138, First Floor, Parliament House Annexe, New Delhi – 110001- Phone no. 011-23035676/ 5151/ 5861 or Lok Sabha Secretariat Room No. 228, Second Floor, Parliament House Annexe, New Delhi 110001 Phone no. 011-23034228 depending on the case. Paying Authority is Lok Sabha /Rajya Sabha bills shall be submitted to office of Rajya Sabha/Lok Sabha/Secretariat
5. Hospital shall ensure that along with the other documents the following documents wherever applicable shall be submitted

The point of contact for CGHS beneficiaries

During day time

The beneficiary shall report to location (Room number building block)

Name:

Designation:

E mail ID:

Mobile number:

Landline number:

During night-time

The beneficiary shall report to location..... (Room number building block)

Name: MOD.....

Designation: Manager on duty

E mail ID:

Mobile number:

Landline number:

During Emergency

The beneficiary shall report to location..... (Room number building block)

Name: Emergency Department

Designation:

E mail ID:

Mobile number:

Landline number:

Name and address of the Nodal Officers (Two officials)

Name: Nodal Officer 1

Designation:

Mobile Number:

Landline Number:

E mail:

Name: Nodal officer 2

Designation:

Mobile Number:

Landline Number:

Email:

Display of information: Nodal officer details, Credit, Common procedure Charges

1. We shall display at the reception and at other prominent places within the hospital , regarding availability of cashless facility on referral (from CGHS) , for treatment /investigations to CGHS pensioners, Ex-Members of Parliament, Sitting Members of Parliament, Freedom Fighters, Serving CGHS/DGHS/Ministry of H&FW employees, Such other categories of CGHS cardholders as notified by the Government etc. from time to time , and to all the CGHS beneficiaries including serving employee beneficiaries of all central govt. departments under emergency (where obtaining prior permission/referral is not possible).
2. We shall display the names of our 2 Nodal Officers along with their telephone/mobile contact numbers at the reception counters and at other prominent places within the hospital. We will ensure that the nodal officers are always trained in CGHS procedures/Guidelines to ensure smooth delivery of care to CGHS beneficiaries. Any change in nodal officers shall be immediately intimated to CGHS.
3. We will display rates of common procedures at prominent procedures as mentioned below
 - (a) Balloon coronary Angioplasty/PTCA
 - (b) CABG
 - (c) Total Knee Joint Replacement
 - (d) Total Hip Joint Replacement
 - (e) Normal delivery with or without episiotomy & perineal repair
 - (f) Caesarean Section
 - (g) Laparoscopic Cholecystectomy
 - (h) Laparoscopic Appendicectomy
 - (i) Transurethral Resection of Prostate (TURP)
 - (j) Phaco with foldable IOL Implantation
4. We will display information regarding no. of caesarean section deliveries and normal deliveries at prominent places in the hospital.

5. We will not collect any advance amount from any central govt. beneficiaries who are eligible for cashless treatment.
6. We shall provide electronic platforms for accepting payments through electronic modes and accept digital payments.
7. We will not reuse disposable items while treating patients in our hospital
8. We will ensure safety standards including fire safety to all patients.
9. We have signed up as **convergence partners** by registering on the “consumerhelpline.gov.in” portal. So that the consumer complaints shall also be directly dealt by Consumer help line
10. We have registered on the Government of India’s IVFRT (Immigration, Visa, Foreigners Registration & Tracking) (portal at <http://indianfrro.gov.in/frro/medicalvaluetravel>) at the time of application enabling to generate and issue all medical-treatment invitation letters for foreign nationals exclusively through this portal, ensuring the correctness of every data field so that Indian Missions and FRRO/FRO offices can verify the invitation online before granting an e-Medical or e-Ayush Visa, and comply in full with the Standard Operating Procedure set out in Ministry of Home Affairs Letter No. 25022/46/2022-F.I dated 14 June 2024

Procedure of Grievance Redressal Mechanism for CGHS & Central government beneficiaries

1. The HCO has established an internal Grievance Redressal Mechanism specifically for CGHS beneficiaries. The Grievance Officer shall ensure that all grievances are resolved within 2 (two) working days of being reported. A monthly report of grievances received from CGHS beneficiaries, and the resolution provided shall be compiled by the Grievance Officer, and a copy of this report shall be sent to the Head/Administrator of the HCO and to the Additional Director, CGHS of the city for review. Repeated or serious complaints may invite scrutiny by CGHS as per Annexure A.III and Clause 14 of MoA.
2. Shri (An officer of the rank of Medical Superintendent or equivalent of the HCO) is designated as the Grievance Redressal Officer for CGHS patients.

3. The beneficiaries shall address the complaints or grievances on the following contact details of the Grievance redressal officer-

- i. Mail ID:
- ii. Mobile Number:
- iii. Land Line Number:

4. The beneficiaries may meet the Grievance redressal officer in his office during working hours (location of office)-

Reports to be submitted to CGHS

The hospital will submit:

1. Every month report and a consolidated annual report regarding number of referrals received, admitted CGHS beneficiaries, bills submitted to the BCA and CGHS and payment receive.
2. Monthly report of all beneficiaries where treatment is availed under CGHS facilities. This shall include cases referred cases, non-referred cases and manual referral cases. These cases shall also include all cases where treatment is given on cash basis.
3. Monthly report of grievances of beneficiaries along with action taken
4. Every forth night report of Digital payments versus cash payment received
5. Monthly report of total number of deliveries along with breakup of caesarean and normal deliveries.

Communication with CGHS /NHA/other stake holders like departments or beneficiaries

1. Any issues /grievances will be communicated through unique email ID.....
2. This email ID will remain operational throughout the period of empanelment so that the communications sent from CGHS are accessible during the period of empanelment and are not lost due to transfer of concerned employees

3. The nodal officers nominated by the HCO will have access to this mail ID in addition to those earmarked by hospital administration.

Advance

1. No advance shall be collected in anticipation of expenses from any of the beneficiaries.
2. Amount towards non-Medical (admissible) items may be collected at the end of the day or as per any other schedule convenient to both beneficiary and HCO.

CGHS BENEFICIARY FEEDBACK FORM (लाभार्थी प्रतिक्रिया प्रपत्र)

Name (नाम): _____ CGHS Card No. (कार्ड संख्या): _____

Hospital (अस्पताल): _____ Admission (भर्ती): ____/____/____

Discharge (छुटी): ____/____/____ Mobile (मोबाइल): _____

1. Are you satisfied with the treatment you received at the hospital? (क्या आप अस्पताल में मिले इलाज से संतुष्ट हैं)☐ Yes / हाँ ☐ No / नहीं

If No (यदि नहीं), please specify: _____

2. Did the hospital provide you with necessary information and assistance during your hospitalization? (क्या अस्पताल ने भर्ती के दौरान आवश्यक जानकारी और सहायता दी?)☐ Yes / हाँ ☐ No / नहीं

If No (यदि नहीं), specify issues: _____

Admission (भर्ती): _____ Treatment (इलाज): _____ Discharge (छुटी): _____

3. Were the hospital doctors, nurses and staff cooperative and courteous during your stay? (क्या डॉक्टर/नर्स/स्टाफ सहयोगी व शिष्ट थे?)☐ Yes / हाँ ☐ No / नहीं

If No (यदि नहीं), please specify: _____

4. Did you pay any money from your pocket for services/tests/implants etc.? (क्या आपने इलाज/टेस्ट/इम्प्लांट आदि के लिए अपनी जेब से पैसा दिया ?)☐ Yes / हाँ ☐ No / नहीं If Yes (यदि हाँ), please give details: _____☐ Only partial credit was offered (केवल आंशिक क्रेडिट दिया गया)**5. Did any doctor/hospital refuse to treat you under CGHS? (क्या किसी डॉक्टर/अस्पताल ने CGHS के तहत इलाज से मना किया?)**☐ Yes / हाँ ☐ No / नहीं

If Yes (यदि हाँ), please mention details: _____

6. Was quality food provided during your hospital stay? (क्या अस्पताल ने भर्ती के दौरान गुणवत्तापूर्ण भोजन दिया?)☐ Yes / हाँ ☐ No / नहीं

7. **Were prescribed medicines provided to you at the time of discharge?** (क्या छुट्टी के बाद आपको दवाइयाँ दी गईं?) ☐ Yes / हाँ ☐ No / नहीं

8. Any other feedback (अन्य प्रतिक्रिया): _____

Date (तिथि): ____/____/____

Signature (हस्ताक्षर): _____

PS: To be uploaded mandatorily in all IPD cases in BCA portal.

Declaration regarding non-claim of preferential services under CGHS

I, _____ son/daughter/wife
of _____ holding CGHS Beneficiary ID
No. _____ hereby declare as follows:

1. That during my treatment/hospitalization at _____ I have availed certain preferential services such as higher room category, implants, and other non-admissible (**As per Annexure A.I of MoA**) facilities as per my choice.
2. That I have paid the difference amount towards these preferential services from my own resources.
3. That I will **not claim reimbursement of this difference amount** from CGHS at any stage.
4. That I fully understand and accept that CGHS will only reimburse admissible expenses as per CGHS rules, and the difference amount borne by me is **non-reimbursable**.

Date:

Place:

Signature of Beneficiary

(Name: _____)

(CGHS Card No.: _____)

Hospital Name

Agreement/Policy approving authority

Name:

Designation:

Date: