



Ayushman Bharat
(Niramayam)
Government of Madhya Pradesh



STANDARD OPERATING PROCEDURES FOR DE-EMPANELMENT OF PROVIDERS

APRIL 2021

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1. **Scope and application:-** State Health Agency, established under the Madhya Pradesh Society Registrarian Adhiniyam, 1973, seeks to provide cashless health facility to select surgical and medical packages under the Scheme, implemented by the Public Health and Family Welfare Department, Government of Madhya Pradesh to the identified Beneficiaries. In order to ensure the same, the State Health Agency has signed Memorandum of Understanding with the identified Empanelled Health Care Providers.

Therefore, in consideration of the general undertakings and agreement made by the Empanelled Health Care Providers, that it shall be bound by the circular(s) and/or notification(s) issued by the State Health Agency, from time to time, following is the detailed and broad Standard Operating Procedure for De-empanelment of the Empanelled Health Care Provider.

It may be noted that for the purposes of de-empanelment of a Provider, all powers relating to de-empanelment are vested with the State Empanelment Committee which includes decisions or orders of voluntary de-empanelment, auto de-empanelment and de-empanelment for any grievance, dispute, fraud, non-compliance of MoU, SHA guidelines and directions or recommendations of SHA.

2. Definitions

2.1. **“De-empanelment”** means the procedure by which the State Health Agency (SHA) will de-empanel the P from the Ayushman Bharat Yojana on occurrence of any of the events as detailed in the MoU;

2.2. **“ISA”** means implementation support agency appointed by the State Health Agency through bidding process;

2.3. **“State Health Agency”** means the society formed by the State Government of Madhya Pradesh, for implementation and governance of Ayushman Bharat Madhya Pradesh, Deen

Madhya Pradesh Ayushman Bharat State Health Agency (SHA) – De-empanelment policy
Dayal Swasthya Suraksha Parishad also known as the Deen Dayal Swasthya Suraksha Parishad.

3. Grounds and types of de-empanelment

3.1. **Auto de-empanelment: Auto De-empanelment of an EHCP from the Scheme shall be based on the following:**

- 3.1.1. On failure of the Provider to intimate the SHA 30 days prior to expiry of NABH accreditation. The intimation shall include copy of duly submitted application for renewal of NABH accreditation. However, an application for renewal of NABH

accreditation does not create a right in Provider for renewal of empanelment under the Scheme. SHA shall decide such matters only after due consideration of all available records, reports, recommendations or audits of the said Provider. Any decision of SEC/SHA shall be final and binding on the Provider.

3.1.2. Withdrawal/cancellation/expiry of NABH accreditation or any other certification, registration under any other statute of India for any reasons.

3.1.3. On completion of the term of the MoU or any period upon such terms and conditions, as may be agreed.

3.1.4. On termination of the MoU.

3.2. **De-empanelment for cause of non-compliance:** De-empanelment for cause of non-compliance with the MoU, SHA guidelines, orders or for any disciplinary proceedings order against the Provider shall be based on occurrence of any or all of the events as detailed in MoU or upon such terms and conditions as prescribed by SHA from time to time.

3.3. **Voluntary De-empanelment:** The Provider may seek de-empanelment from the Scheme on the following grounds:

3.3.1. Notice of discontinuation as provided under relevant conditions of the MoU.

3.3.2. Closure of the Provider and/or specialty.

3.3.3. Voluntary non-renewal of NABH accreditation/certification.

NOTE : However, reasons such as dissatisfaction with package rates, technical challenges in the scheme's software applications and other operational difficulties, shall not be admissible grounds for de-empanelment.

4. **De-empanelment proceedings by SHA against Provider**

4.1. De-empanelment proceedings may be initiated by the State Health Agency only after following principles of natural justice. The recommendation from SHA shall be sent to SEC for taking final action against the Provider.

4.2. SEC on the basis of recommendations made by SHA may issue order of de-empanelment of the Provider, if it deems fit so. SHA shall take in account of various criteria such as complaints against Provider, fraud by Provider, NHA or other states SHA complaints against Provider, audit reports, Grievance Redressal Committee reports and Anti Fraud Cell directions before recommending de-empanelment proceedings against the Provider. SHA must comply with principles of natural justice at all times.

- 4.3. SHA may suggest any other appropriate actions against the Provider in line with the MOU or SHA guidelines. SEC may also suo moto or based on the recommendations take other appropriate actions against the Provider apart from De-empanelment proceedings.
- 4.3.1. Inclusion in Watch list : Prior to initiating the de-empanelment proceedings, the Provider may be included in “Watch-list” based on the SEC decision. Based on the data analysis of claims, grievances, Provider visits/audit reports, if there is any doubt on the performance of a Provider, the SHA, based on SEC recommendation may put that Provider on the watch list. The data of such Provider shall be analyzed very closely on a daily basis by the SHA for patterns, trends and anomalies and flagged events/patterns may be taken up by the audit team for further action.
- 4.3.2. Issuing show-cause notice to the Provider : Based on the report, if the SHA feels that there are clear grounds of Provider indulging in any malpractices or non-compliance with the MoU or SHA guidelines, a show cause notice shall be issued to the hospital. SHA in the notice shall clearly indicate the grounds for the show cause to the Provider. Provider will need to respond to the notice within the time limit as mentioned in the show cause notice.
- 4.3.3. The reply to the show cause notice and SHA report on the same shall be put before SEC for consideration. In case the reply to the show cause notice aforementioned. is found satisfactory, the Provider shall be removed from the “watch-List” and de-empanelment proceedings will be discontinued.
- 4.3.4. In case the reply filed for showcase notice aforementioned. is found unsatisfactory, suspension proceedings may be initiated by State Health Agency based on the recommendations of SEC.
- 4.3.5. If the Provider is suspended, The Provider is estopped from providing services to the beneficiaries under the Scheme. The TMS & BIS modules for this Provider shall be blocked until as instructed by the SHA.
- 4.3.6. In case SEC deems it appropriate, Service Provider may be de-empanelled for violations of conditions of MoU.

- 4.4. At all times Providers shall be given due opportunity to be heard and submit detailed representation to the SHA. The representation shall be duly examined by the SHA and its recommendation shall be forwarded to the SEC for consideration. The SEC may pass appropriate order based on the recommendations of the SHA.
- 4.5. In case the Provider remedies the default, grievance or the cause of proceedings initiated herein, the same may be reported to the SHA. The SHA, if satisfied with the action taken by the Provider may make appropriate recommendations to the SEC for removing the Provider from the suspension or the watchlist. SEC may take appropriate actions on such matters based on the representations and warranties made by the Provider. Further, SEC may stipulate any conditions which it may deem fit for reinstating such Provider under the Scheme.
- 4.6. Any proceeding so initiated shall have to be completed within **60 days** of receiving the grievance against the Provider.
5. **Actions to be taken after De- empanelment :** Once the Provider has been de-empanelled, following steps shall be taken:
- i) The Provider shall be intimated about the decision of SEC.
 - ii) In the event of de-empanelment all admitted patients will be provided treatment and no fresh admissions of beneficiary will be done by the Provider.
 - iii) The de-empanelled Provider will be bound to complete all the surgeries/treatments, for all claims for which pre-authorization was obtained prior to initiation of de-empanelment if approved by the SHA or in line with SEC order of de-empanelment..
 - iv) This information shall be sent to all other regulatory bodies and the MoHFW / NHA.
 - v) The SHA may be advised to notify the same in the local media, informing about the de-empanelment ensuring that the beneficiaries are aware that the said Provider will not be providing services under Ayushman Bharat (AB-MP).
 - vi) A de-empanelled hospital cannot apply for empanelment for at least 1 year for the scheme or the duration mentioned in the order (whichever is more).
6. **Gradation of Penalties:** On the basis of recommendation by SHA, in case the violation charges may be found to be reasonably proved, the penalties in line with Annexure A may be levied by the SEC. The penalty tabulation is intended to be as guideline only. The SEC may order such penalty which it may think fit on a case to case basis.

7. **Delegation:** SEC may delegate power related to disciplinary actions prescribed under this SOP to Chief Executive Officer of SHA to take appropriate actions against Provider.

8. **Amendment:**

SHA is entitled to amend, suspend or rescind this document at any time. Whilst, SHA has made best efforts to define detailed procedures for implementation of de-empement, there may be occasions when certain matters are not addressed or there may be ambiguity in the procedures. Such difficulties or ambiguities will be resolved in line with the broad intent of the scheme. SHA may also establish further rules and procedures, from time to time, to give effect to the intent of the scheme regarding de-empement and further the objective of good governance.

ANNEXURE A

CASE ISSUE	PENALTY
Illegal cash payments by beneficiary / Out of pocket incurred by beneficiary for any services or supplies (including any expenses incurred 7 days before Hospitalization and 10 days post hospitalization)	<p>First Penalty 3 times penalty of actual expenses incurred by beneficiary</p> <p>Second violation 5 times penalty of actual expenses incurred by beneficiary</p> <p>De-empanelment in case of repeated violations.</p> <p>(Actual Expenses incurred shall be refunded to beneficiary)</p>
Hospital Fraud such as Upcoding/ Cloning/ Phantom Billing/ Inflated Billing/ Unbundling/fragmentation Nonpermitted referrals/ Repeat Billing/ Extended length of stay/ Manipulation in hotelling charges/ Medically unnecessary interventions/ OOPs from beneficiaries	a. Suspension or De-empanelment of EHCP b. Appropriate civil and criminal proceedings against EHCP and treating staff. c. Claim rejection d. Penalty of upto 5 times of fraudulent / defective claims raised.
Abuse and Waste by EHCP	Penalty of upto 3 times of defective claims raised
Denial of services	Penalty upto INR 10000/- per violation. Other disciplinary actions in case of repeated violations.
Non provision of care under empanelled specialties(Not raising preauthorization for successive 6 weeks)/ performing selective specialty	Penalty upto INR 10000/- per violation. Other disciplinary actions in case of repeated violations.
Non – Compliance of any other MOU terms not mentioned above	Penalty upto INR 10000/- per violation. Other disciplinary actions in case of repeated violations.
Functional Kiosk with IEC Absence of software / hardware / dedicated Human Resource /	Penalty upto INR 10000/- per violation. Other disciplinary actions in case of repeated violations.
Non issuance of Nill Bill to Beneficiary / Failure to submit Feedback Forms / Consent Letter for OOP / Referral Forms	Penalty upto INR 10000/- per violation. Other disciplinary actions in case of repeated violations.
Beneficiary Fraud Personification / collusion with	Rejection of claims / filing of criminal complaint / cancellation of beneficiary card

CASE ISSUE	PENALTY
EHCP	
BIS card generation Wrongful card rejection / approval Denial of card generation	Penalty upto INR 10000/- per violation. Other disciplinary actions in case of repeated violations.
Differential treatment of beneficiary vis-a-viz general patient (deficient services)	Penalty upto INR 10000/- per violation. Other disciplinary actions in case of repeated violations.
Failure to intimate SHA for any material change in Hospital during empanelment	Penalty upto INR 10000/- per violation. Other disciplinary actions in case of repeated violations.