



No.AAI/Admn/Medical/2012

भारतीय विमानपत्तन प्राधिकरण
AIRPORTS AUTHORITY OF INDIA

28 March, 2012

The Regional Executive Director
Airports Authority of India
Northern/Western/Eastern/Southern/NER
Delhi/Mumbai/Kolkata/Chennai/Guwahati

The Executive Director,
RCDU/FIU
AAI, New Delhi.

The Airport Director,
Airports Authority of India
Kolkata/Chennai Airport.

The Director,
Indian Aviation Academy,
New Delhi.

The Principal,
CATC, Allahabad.

The General Manager,
CRSD/E&M Workshop,
AAI, New Delhi.

CORPORATE HR CIRCULAR No.9/2012

**Subject:-Indoor medical treatment - revision of room / bed entitlement
of employees and policy guidelines for empanelment of hospitals:**

Further to order No.A.60011/55/2006/IR&PP dated 14th August, 2006, the room/bed entitlement for serving employees and their dependants availing indoor treatment at AAI empanelled hospitals is hereby revised as follows with immediate effect:-

S.No.	Level of the serving employee	Category of room entitlement
(i)	NE-1 to NE-7	Multi bedded room
(ii)	NE-8 to NE-10 / E-1 to E-5	Double bedded room
(iii)	E-6 to E-7	Single room
(iv)	E-8 to E-9	Deluxe single room
(v)	Chairman and Board Members	Suite

2. The room/bed entitlement in respect of superannuated employees shall correspond to the entitlement at the level/grade at which he/she was serving at the time of superannuation.

3. Also, in continuation of circular No.A.60011/55/PP/2006 dated 7th July, 2007 regarding empanelment of hospitals/nursing homes, the following revised guidelines are prescribed for empanelment of hospitals for indoor treatment at CHQ/Regions/Stations for convenience of the employees:-

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Procedural guidelines for empanelment of hospitals/nursing homes.

- (i) A medical committee consisting of officers from the Departments of HRM, Finance and Medical Services may be constituted at CHQ and RHQs for carrying out negotiations with hospitals/nursing homes and recommending a list of hospitals/ nursing homes which comply with general guidelines of AAI for empanelment.
- (ii) The committee so constituted may follow the guidelines enclosed at Annexure-I while negotiating with hospitals / nursing homes for recommending empanelment.
- (iii) All hospitals / nursing homes considered for empanelment should be registered with the municipal, state, central authorities as per the law of the land.
- (iv) The hospitals/nursing homes considered for empanelment for indoor treatment should be registered under section 197(1) and Section 17(ii)(b) of the Income Tax Act, 1961 or the current laws of taxation in this regard. However, in exceptional circumstances, this condition may be relaxed by Member (HR) in the case of CHQ and the RED concerned in the case of regions subject to the Department of Finance certifying the fulfilment of tax obligations on the part of AAI.
- (v) Hospitals/nursing homes having accreditations such as JCI (Joint Commission International), NABH (National Accreditation Board for Hospitals and health care providers) or ISO (International Organisation for Standardisation) shall be given preference for empanelment.
- (vi) Government hospitals may also be taken on AAI panel.
- (vii) Only such hospitals/nursing homes having minimum capacity of 35 beds may be considered for empanelment. However, under exceptional circumstances, this condition may be relaxed by Member (HR) in the case of empanelment of hospitals / nursing homes at CHQ and RED concerned in the case of empanelment for the regions depending upon the need of the employees in that particular area. Further, for smaller cities and remote areas (as specified vide 'Z' category classification of HRA orders of Government of India vide order No.2(13)/2008-EII(B) dated 29th Aug, 2008), the minimum capacity of the hospitals/ nursing homes being considered for empanelment may be reduced to 15 beds.
- (viii) The single/dual speciality hospitals/nursing homes for cardiology, oncology, ENT, maternity, urology, etc having minimum bed strength of 15 may be considered for empanelment for that particular speciality(s) only.



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- (ix) Hospitals / nursing homes providing day care services in speciality fields such as ophthalmology, laparoscopy surgeries, fracture clinics and dialysis centres may be considered for empanelment on day care basis only.
- (x) In case some speciality/super speciality hospitals of repute are not willing to offer CGHS rates and it is considered necessary to empanel such hospitals for quality service/geographical necessity, the same may be considered after due negotiations to get maximum discounts in all respects. However, rates of such hospitals shall not be extraordinarily exorbitant in comparison to the local market.
- (xi) In cases where accredited/institutional hospitals are not ready to accept CGHS rates, such hospitals be negotiated to accept CGHS rates for speciality such as cardiology, CTVS, orthopaedic including joint replacement surgery, oncology and oncosurgery, neurology and neurosurgery, urology and urosurgery, nephrosurgery, ophthalmology (eye) etc (the list is only illustrative and not exhaustive). The hospitals may be empanelled only for those particular specialities.
- (xii) Hospitals/nursing homes having centralized computerised HMIS (hospital management information system) shall be given preference for empanelment. However, hospitals that fulfil all other conditions may be considered for empanelment subject to the condition that they install such system within one year. In the event of their failure to install such system during the prescribed period, they shall not be reconsidered for empanelment.
- (xiii) The Regional Headquarters shall consider empanelment of hospitals/nursing homes for all stations (other than those noted in para 4 below) under their control in a comprehensive way. At Chennai and Kolkata, there shall be a common panel and a common medical committee for RHQ and the airport.
- (xiv) The empanelment shall come into force only after the signing of an MoU (to be signed by the aforementioned medical committee on behalf of AAI and the hospital/ nursing home concerned) in the prescribed format at Annexure-II. Subsequently, the list of empanelled hospitals/nursing homes may be circulated for general information of the employees.
- (xv) The empanelment shall be valid for a specific period agreed upon with the hospital/ nursing home. The period shall, however, not be less than two years under any circumstances.

4. A Central Medical Cell consisting of officers from the Departments of HR, Finance and Medical Services may be created to empanel the hospitals/nursing homes in NCR for all Delhi based units, viz CHQ, RHQ(NR), RAU, SAP (DRC&DU), EMO, CRSD, FIU and Safdarjung Airport, etc and also to scrutinise and process the bills of these units.



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5. Similarly, Regional Medical Cells, consisting of officers from Departments of HR, Finance and Medical Services may be created at all Regional Headquarters. These cells shall be responsible for clearance of all indoor medical claims of the Region concerned (other than those noted in para 4 above) and all other associated works/jobs related to medical services. They shall also generate the Medical MIS of the Region concerned including the consolidation of medical expenditure and shall ensure quarterly submission of the required data to Central Medical Co-ordination Cell at CHQ by the end of the month following the quarter.

6. Regional Executive Directors shall complete the empanelment action based on these guidelines by 31.5.2012 and send compliance Report by 15.6.2012.

7. These guidelines take effect from the date of fresh empanelment of hospitals/ nursing homes by CHQ and RHQs.



(K.K. JHA)
MEMBER (HR)

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ANNEXURE I

GUIDELINES FOR THE COMMITTEE CONSTITUTED TO RECOMMEND
EMPANELMENT OF HOSPITALS / NURSING HOMES

- (1) The committee shall take into consideration the procedural guidelines on empanelment of hospitals and nursing homes.
- (2) Hospitals / nursing homes on the panel of CGHS may be taken on the panel at the same terms and conditions with AAI.
- (3) Hospitals / nursing homes not on the panel of CGHS but are willing to accept CGHS rates may also be empanelled. It may be ensured that the rates including room rents or the negotiated rates are as per actual or CGHS rates, whichever is lower.
- (4) Negotiations should be made to empanel the hospitals / nursing homes on the CGHS rates including the room tariff.
- (5) While recommending empanelment of a hospital / nursing home, the room tariffs shall be negotiated by the empanelment committee so as to ensure that the categories of the room/bed available in the hospitals / nursing homes correspond to different levels of employees. Discounts offered by the hospitals / nursing homes may specifically be mentioned in MoU and considered for streamlining the payment action.
- (6) The empanelment committee shall ensure that the room rents so negotiated should not further be bifurcated in different heads (e.g. room rent, nursing charges, maintenance charges etc).
- (7) The empanelment committee shall ensure that the rate list offered by the hospitals/nursing homes is properly coded so as to relate the item-wise claim with the approval rate list at the time of bill clearance.
- (8) In case of hospitals / nursing homes empanelled on CGHS rates, any item which is not covered in the CGHS rate list shall be paid on the basis of negotiated hospitals rates.



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**AGREEMENT FOR EMPANELMENT OF HOSPITAL BETWEEN
AAI
AND**

(Name of the Hospital)

This Agreement is made on the _____ day of _____, 2012 between the Airports Authority of India having its office at _____ (hereinafter called AAI, which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and assigns) of the **First Part**.

AND

(Name of the Hospital)

WHEREAS, _____ (Name of the Hospital) give the following treatment / diagnostic facilities to the AAI Beneficiaries in the Hospital.

1. DEFINITION & INTERPRETATIONS

- 1.1 The following terms and expressions shall have the following meanings for purposes of this Agreement:
- 1.1.1 "Agreement" shall mean this Agreement and all Schedules. Supplements, appendices, appendages and modifications thereof made in accordance with the terms of this Agreement.
- 1.1.2 "Benefit" shall mean the extent or degree of service the beneficiaries are entitled to receive as per the rules on the subject.
- 1.1.3 "Card Holder / Dependant Member" shall mean a person having a AAI Medical Card.
- 1.1.4 "Emergency" shall mean any condition or symptom resulting from any cause, arising suddenly and if not treated at the early convenience, be detrimental to the health of the patient or will jeopardize the life of the patient.

- 1.1.5 “Empanelment” shall mean the Hospital empanelled by the AAI for a particular period for providing indoor treatment facilities and procedures etc. to the AAI beneficiaries at the rates agreed by the AAI.
- 1.1.6 “Hospital” shall mean the _____ (Name of the Hospital) while performing under this Agreement providing medical investigation, treatment and the healthcare of human beings.
- 1.1.7 “De-recognition of Hospital” shall mean debarring the hospital on account of adopting unethical practices or fraudulent means in providing medical treatment to or not following the good industry practices of the health care for the AAI beneficiaries after following certain procedure of inquiry.
- 1.2 “**Package Rate**” shall mean and include lump sum cost of inpatient treatment / day care / diagnostic procedure for which a AAI 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 patients 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, (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, (xvi) Related routine and essential investigations, (xvii) Physiotherapy charges etc. and excluding expenses on telephone, tonics, cosmetics etc., (xviii) Nursing care and charges for its services.
- 1.3 The Hospital shall charge from the AAI beneficiary as per the rates for a particular procedure / package deal as agreed by the AAI and attached as Annexure (rate list of the Hospital), which shall be an integral part of this Agreement.
- 1.4 **DURATION**

The Agreement shall remain in force for a period of ___ years or till it is modified or revoked, whichever is earlier. The Agreement may be extended for subsequent period as required by AAI, subject to fulfillment of all the terms and conditions of this Agreement and with mutual consent.

1.5 MEDICAL AUDIT OF BILLS

- 1.5.1 The medical bills of the hospital will be audited by the AAI or any authority designated by AAI for that purpose. The Hospital shall submit the claim within 30 days of discharge of the AAI beneficiary from Hospital.
- 1.5.2 While submitting the bills, all the details / break-up charges shall be furnished e.g. charges for room rent, charges for investigations, medicines, consumables, charges for Doctor's visit, surgical / non-surgical procedures etc. etc.
- 1.5.3 All medical bills shall be duly signed with date & stamped by the attending consultant incharge & the Medical Superintendent (or any other designated administrative authority) before submission to AAI.

1.6 TREATMENT IN EMERGENCY

- 1.6.1 In emergency the hospital will not refuse admission or demand an advance payment from the beneficiary or his family member and will provide credit facilities to the patient whether the patient is serving employee or a retired employee availing AAI medical facilities, on production of a valid AAI medical card. The Hospital will intimate to designated officer of AAI about such patient admitted in emergency by the next working day with the details of the disease, duration of stay, proposed treatment & approximate expenditure involved on treatment duly certified by the Medical Superintendent on the basis of the same the AAI will issue the authorization letter.
- 1.6.2 The following ailments may be treated as emergency which is **illustrative only and not exhaustive**, depending on the condition of the patient :
 - i. Acute Coronary Syndromes (Coronary Artery Bye-pass Graft / Percutaneous, Transluminal Coronary Angioplasty) including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supra Ventricular Tachycardia, Cardiac Temponade, Acute Left Ventricular Failure / Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete Heart Block and Stroke Adam attack, Acute Aortic Dissection.
 - ii. Acute Limb Ischemia, Repture of Aneurysm, Medical and Surgical shock and peripheral circulatory failure.
 - iii. Cerebro-Vascular attack-Strokes, Sudden unconsciousness, Head injury, Respiratory failure, decompensated lung

- disease, Cerebro-Meningeal Infections, Convulsions, Acute Paralysis, Acute Visual loss.
- iv. Acute Abdomen pain.
 - v. Road Traffic Accidents / with injuries including fall.
 - vi. Severe Hemorrhage due to any cause.
 - vii. Acute Poisoning
 - viii. Acute Renal Failure.
 - ix. Acute Abdomen pain in female including acute Obstetrical and Gynecological emergencies.
 - x. Electric shock.
 - xi. Any other life threatening condition.

2. GENERAL CONDITIONS

- 2.1 The treatment to be provided by the hospital as per terms of the Authorization Letter, which is issued for the treatment of specific ailment, as intimated at the time of seeking the Authorization Letter. If there are any additional complications / development with respect to the condition of the patient, the concerned officials of the AAI (Medical/ Administration Division) is to be intimated immediately.
- 2.2 On production of a valid permission by the AAI beneficiary, the hospital shall provide credit facilities to the beneficiary or his family members included in the AAI medical card after verifying the photo in the AAI medical card. The AAI is not liable to pay in cases of impersonation or treatment of ineligible persons.
- 2.3 The hospital will not supply inadmissible items such as toiletries, sanitary, cosmetics, telephone bills etc. to the patient or their attendants. In case the concerned employee or their attendants insist for such supplies, the corresponding charges are to be settled directly with the employee concerned. AAI will not be responsible for the payment of such items to the hospital.
- 2.4 The procedure and package rates for any diagnostic investigation, surgical procedure and other medical treatment for AAI beneficiary under this Agreement shall not be increased during the validity period of this Agreement.
- 2.5 The empanelled Hospital shall provide services only for which it has been empanelled by AAI.

- 2.6 The Hospital shall provide reports on monthly basis by the 10th day of the succeeding calendar month in the **prescribed format** to the Medical unit of AAI in respect of the beneficiaries treated / investigated.
- 2.7 In case, the Medical Bill Auditing Authority of AAI feels to have details of the indoor case file of the patient then the Hospital shall supply all the photo copies of the records from the same within 15 days of the demand.
- 2.8 The Hospital agrees that any liability arising due to any default or negligence in providing or performance of the medical services shall be borne exclusively by the hospital who shall alone be responsible for the defect and / or deficiencies in rendering such services.
- 2.9 The Hospital agrees that during the In-patient treatment of the AAI beneficiary, the Hospital will not ask the beneficiary or his attendant to purchase separately the medicines / sundries / equipment or accessories from outside and will provide the treatment within the package deal rate / Agreed rates fixed by the AAI. In case there is a situation that the hospital is not able to arrange a particular medicine, which the patient was required to buy directly, then the hospital should issue a certificate to this effect.
- 2.10 The Hospital shall appoint a Nodal Officer to interact with AAI Officer for the causes arising out of a admission & treatment provided to our beneficiaries.
- 2.11 In case of any natural disaster / epidemic, the hospital shall fully cooperate with the AAI and will convey / reveal all the required information regarding the AAI beneficiary.
- 2.12 The Hospital will not make any commercial publicity projecting the name of AAI. However, the fact of empanelment under AAI shall be displayed at appropriate place with important information for the AAI beneficiaries.
- 2.13 The hospital will investigate / treat the AAI beneficiary patient only for the condition for which they are referred with permission.
- 2.14 The hospital will not refer the patient to other hospital without prior permission of Nodal Officer of AAI authorities. Prior intimation shall be given to AAI whenever patient needs further referral.

3. **DUTIES AND RESPONSIBILITIES OF HOSPITALS**

It shall be the duty and responsibility of the Hospital, at all times, to obtain, maintain and sustain the valid registration, recognition and high quality and standard of its services and healthcare and to have all statutory / mandatory licenses, permits or approvals of the concerned authorities under or as per the existing laws of the land.

4. **TERMINATION FOR DEFAULT**

- 4.1 The AAI may, without prejudice to any other remedy for breach of Agreement, by written notice of default sent to the Hospital terminating the Agreement in whole or part.
- a. If the Hospital fails to provide any or all of the services for which it has been recognized within the period(s) specified in the Agreement, or within any extension thereof if granted by the AAI pursuant to Condition of Agreement **or**
 - b. If the Hospital fails to perform any other obligation(s) under the Agreement.
 - c. If the Hospital in the judgment of the AAI has engaged in corrupt or fraudulent practices in competing for or in executing the Agreement.
- 4.2 If the Hospital found to be involved in or associated with any unethical, illegal or unlawful activities, the Agreement will be summarily suspended by AAI without any notice and thereafter may terminate the Agreement, after giving a show cause notice and considering its reply if any, received within 10 days of the receipt of show cause notice.
- 4.3 In case of any violation of the provisions of the Agreement by the Hospital such as (but not limited to), refusal of service, refusal of credit facilities to eligible beneficiaries, undertaking unnecessary procedures, prescribing unnecessary drugs / tests, deficient or defective service, over billing and negligence in treatment, the AAI shall have the right to de-recognize the Hospital as the case may be.
- 4.4 Should the hospital get wound up, partnership is dissolved or taken up by some other hospital / authority, the AAI shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the hospital or their heirs and legal representatives from the liability in respect of the services provided by the Hospital during the period when the Agreement was in force.

5. PROCESS

- 5.1 The AAI Employees / Retired employees and their dependents will be admitted in your hospital on the basis of Authorization Letter (format enclosed) issued by our office in each case.
- 5.2 Normally, the Authorization Letter is issued within 24 hours against receipt of Admission Letter. The admission letter shall contain the required details such as patient's detail, name of disease(s), proposed treatment, duration of stay, estimated cost of treatment, cost of the proposed implants & processes etc. duly certified by Consultant Incharge before same is forwarded to Department of Administration.
- 5.3 However, in case of emergency the patient may take treatment directly in your hospital on the basis of the Medical Card issued by AAI and the office is to be informed accordingly within next working day so that the required "Authorization Letter" could be issued

6. CONTENTS OF DISCHARGE SUMMARY FORMAT

While submitting the indoor claims to AAI, the discharge summary must contain the following:

- 6.1 Patient's Name
- 6.2 Telephone No. / Mobile No.
- 6.3 IPD No.
- 6.4 Admission No.
- 6.5 Treating Consultant/s Name, contact number & Department / Specialty
- 6.6 Date of Admission with Time
- 6.7 Date of Discharge with Time
- 6.8 MLC No. / FIR No. (wherever applicable)
- 6.9 Provisional Diagnosis at the time of Admission
- 6.10 Final Diagnosis at the time of Discharge
- 6.11 ICD-10 code(s) for Final diagnosis (wherever applicable)
- 6.12 Presenting Complaints with Duration and Reason for Admission
- 6.13 Summary of Presenting Illness
- 6.14 Key findings, on physical examination at the time of admission
- 6.15 History of alcoholism, tobacco or substance abuse, if any
- 6.16 Significant Past Medical and Surgical History, if any
- 6.17 Family History if significant / relevant to diagnosis or treatment
- 6.18 Summary of key investigations during Hospitalization (refer Clause 7.4)
- 6.19 Discussion on clinical course of the patient during the Hospital stay (refer Clause 7.5)
- 6.20 Advice on Discharge (refer Clause 7.6)

- 6.21 Name & Signature of treating Consultant / Authorized Team Doctor
6.22 Name & Signature of Patient / Attendant

7. **KEY FEATURES IN DISCHARGE SUMMARY**

- 7.1 The patient's name should be the official name as appearing in the Authorization Letter / Medical Card and the attendants should be made aware that it cannot be changed subsequently, because in some cases the attendants give the nick names which are different from documented names. As a matter of abundant precaution, all personal information should be shown to the patient / attendant and validated with their signature.
- 7.2 Where applicable, copy of MLC / FIR needs to be attached.
- 7.3 Significant past medical and surgical history should be relevant to present ailment and should provide the summary of treatment previously taken, reports of relevant tests conducted during that period. If case history is not given by patient, it should be specified as to who provided the same.
- 7.4 Summary of key investigations should appear chronologically, consolidated for each type of investigation. If an investigation does not seem to be a logical requirement for the main disease / line of treatment, the admitting consultant should justify the reason for carrying out such test / investigation.
- 7.5 The course in the hospital should specify the line of treatment, medications administered operative procedure carried out and if any complications arise during course in the hospital, the same should be specified. If opinion from another doctor is obtained, reason for same should be mentioned and also who decided to take opinion i.e. whether the admitting and treating consultant wanted the opinion as additional expertise or the patient relatives wanted the opinion for their reassurance.
- 7.6 Discharge medication, precautions, diet regime, follow up consultation etc. should be specified. If patient suffers from any allergy, the same should be mentioned.
- 7.7 The signatures / Thumb impression in the Discharge Summary should be that of the patient because generally the patient is discharged after having improved.

8. **PAYMENT**

- 8.1 The payment will be made to the Hospital within a period of 45 days from the date of submission of the bill subject to the fulfillment of all above conditions.