OPERATIONAL MANUAL

PRIME MINISTER'S NATIONAL HEALTH PROGRAMME

MINISTRY OF NATIONAL HEALTH SERVICES, REGULATIONS & COORDINATION

M/O NHSR&C

April 28th, 2016

Contents

Acronyms

PMNHP	Prime Minister's National Health Programme
PMU	Project Management Unit
BISP	Benazir Income Support Programme
IC	Insurance Company
M/o NHSR&C	Ministry of National Health Services, Regulations & Coordination
NADRA	National Database and Registration Authority
FAQs	Frequently Asked Questions
CGMRM	Complaint & Grievance Management & Redress Mechanism
CMIS	Central Management Information System
BEC	Beneficiary Enrolment Center
IC-FDO	Insurance Company Front Desk Officer
HF	Health Facility
MOU	Memorandum of Understanding
NGOs	Non-Government Organizations
DMO	Duty Medical Officer
PSC	Pakistan Sehat Card
PMA	Partner Mobilization Agency
CNIC	Computerized National Identity Card
DHO	District Health Office
SOP	Standard Operating Procedures

Preface

This Manual aims to provide all operational and implementation guidelines for smooth, effective and efficient delivery of Prime Minister's National Health Programme (PMNHP) to its beneficiary families. It describes the detailed Standard Operating Procedures (SOPs) of the PMNHP and the primary aim remains to provide a general understanding of the basic principles to implement and manage its operations.

Considering complex and dynamic nature of PMNHP, the manual would be amended or improved/fine-tuned with the passage of time in the light of new methods, approaches and by taking account of problems encountered and experiences gained during the initial phase of the PMNHP. This document has been designed as an added value to the Design Document of PMNHP and it would complement in describing the procedural rules into practical modules for implementation of the scheme.

We would like to acknowledge in particular the lead technical role of GIZ in the development of the Operational Manual of PMNHP.

Prime Minister's National Health Programme

Introduction

The Government of Pakistan is committed to principles of Universal Health Coverage (UHC) and is approaching the goal in a phased manner. To improve the access of the population, living below poverty line, to quality medical services, Ministry of National Health Services, Regulation and Coordination (M/o NHSR&C) has adopted a health protection approach through health insurance programme. The programme will cover expenditures of hospitalization including during child birth; common diseases of childhood; injuries and accidents; common surgeries, limited tertiary care and medical ailments. Through this programme access to health services by the focused population groups will be improved by reducing financial barriers and by strengthening of the quality of health service provision. At the end of the project the health status of the population in the intervention districts will have improved and its impoverishment levels decreased.

In accordance with the vision of Honorable Prime Minister of Pakistan, Prime Minister's National Health Program (PMNHP) is striving to provide a cash less programme for the poor people of Pakistan to access needed health care services in a phased manner. Through this programme poor families will be provided with free of cost health cover to access secondary as well as priority disease treatment (only hospitalization) without any financial obligations.

The Prime Minister's National Health Program would be implemented by Federal PMU headed by a Chief Executive Officer (PMU) through a third party, an insurance company. The premium would be paid by both Federal and Provincial Government for their respective beneficiaries. In provinces and regions the scheme would be implemented with the support of respective provincial and regional PMU's.

The insurance companies will be selected through open bidding competition and selected company would be contracted for a period of 3 years. The insurance scheme would cover a family consisting of family head, his spouse & his children registered with BISP & NADRA. The enrollment process will be carried out by selected insurance company in closed liaison with federal, regional and provincial governments.

The households will be identified by using BISP database. The household data will be converted into family data using NADRA database. The program will cover all ages & gender starting at birth.

The Provider Payment Mechanism is a Cashless System with pre-established prices to be paid to the provider fortnightly by the insurance company. The program would be implemented empaneling both public and private sector hospitals registered with either Federal or Provincial PMU's.

Product Description

Definitions

1.1 Beneficiary (ies)

The Beneficiary (ies) mean beneficiaries in the nominated districts identified through BISP poverty data, enrolled under "Prime Minister's National Health Insurance Programme

1.2 Household

A household is defined as the unit that lives within one housing structure and shares a common kitchen; the family is a nuclear group defined by a wife, her husband, and children.

1.3 Unit of Enrolment

Family will be the unit of enrolment in this scheme. Coverage would be provided for Pakistan Sehat card holders and their families.

1.4 Family

Family consists of head of family, spouse and any number of children. Until they get employed or married or attain the age (21 Years for male child & 25 years for female child) whichever is earlier

1.5 Health Care Providers

Health Providers mean the Hospital, Nursing Home, Day Care Center or such other medical aid provider, as has been contracted by the Insurance Company to provide Health care services under "Prime Minister's National Health Insurance Programme.

1.6 Project Management Unit (PMU)

Project Management Unit means the operational head unit of PMNHP; the programme executing unit of PMNHP.

1.7 Insurance Company

The organization selected by the Government of Pakistan to provide the services of PMNHP

Key Essentials of Product Delivery

A partnership is formed among the PMNHP and an insurance company, and healthcare provider. PMNHP is responsible for design and development of products, while the insurance company retains all responsibility for delivery of product to PMNHP beneficiary.

1.8 Composition of Benefit Package

The benefit package includes all the medical inpatient facilities provided by the PMNHP to the designated beneficiaries.

a) The programme consists of the two distinct packages; coverage of the secondary care up to PKR. 50,000 per family per annum including maternity care with sublimit of PKR. 15,000 and coverage for the priority treatment up to PKR. 250,000 per family per annum

b) All ages and gender would be covered starting at birth.

c) For secondary services covered in the scheme, there will be no exclusions of pre-existing conditions (with the exception of some specific "standard exclusions" such as injuries due to suicide attempts, drug addiction or overdose, cosmetic surgery, etc.

d) The secondary services covered in the programme will be the hospital services and day care admissions normally provided at the secondary-level (up to DHQ Hospital level) such as medicine, general surgery, gynaecology and obstetrics, ophthalmology and ENT etc. The tertiary care hospitals both in the public and private sector are also been contracted by the organisation as providers for provision of these services;

e) The secondary care coverage also includes maternity care package, including SVD, C-Section, Complication in Pregnancy / Delivery, 4 Antenatal Visits, 1 Postnatal Visit and 1 Neonatal visit.

f) The secondary services covered in this scheme will cover pre and post hospitalization up to 1 day prior to hospitalization and up to 5 days, including medicines, from the date of discharge from the hospital shall be part of the package rates;

g) For accessing secondary care, a transportation cost up 3 visits and each visit with a cap of PKR. 350, payable at the point of discharge is included

h) The priority care treatment package coverage is only limited to tertiary hospitals both in the public and private sector;

i) For priority treatment covered in the scheme, there will be set of inclusions criteria's mentioned in annex (--).

j) The priority treatment package in this scheme will cover diagnosis, treatment, hospitalization, one day post hospitalization visit and five day medication according to defined packages

k) Secondary and Tertiary health care facilities of other districts are empaneled, both public and private, for the diseases coverage keeping in view ease of access for the beneficiaries, if the district where health insurance is provided does not have such facilities.

l) The coverage for priority treatment packages at tertiary level of hospitals will strongly use referral from the secondary care programme as a gate keeping mechanism.

1.9 Beneficiary Enrolment Center(BECs)

BEC is a card distribution/issuance point managed by Insurance Company and Partner Mobilization Agency (PMA) and over sighted by PMNHP

Scope of BECs

a) Issuance of Pakistan Sehat Cards
b) Promotional Material
c) Awareness of Beneficiary (Awareness/Communication of PMNHP, Benefit Package)

1.10 Pakistan Sehat Card (PSC) & Package

Pakistan Sehat Card & Package includes Information Letter, PSC and Brochure

1.11 Policy Period

The policy period is for one year, usually starting on the first day of the month after enrolment.

1.12 Financing

It's a cashless programme funded by the federal and provincial Government of Pakistan

1.13 Enrolment Process

The poorest segment of the population will be identified by the PMU using the targeting data from the poverty score generated by Benazir Income Support Programme (BISP). Data on this segment of the population will be provided by the PMU to the Insurance Company and it will be responsible to enroll the beneficiary in the scheme using technical capacities of NADRA.

1.14 Awareness campaign

The campaign is intended to motivate the PMNHP beneficiaries, so that they can understand and utilize the health benefits made available through programme. The objective of this is to inform the

beneficiaries regarding enrolment and benefits of the scheme for optimum utilization of the services by the programme population.

1.15 Empanelment of hospitals

Empanelment of hospitals is the process through which health care providers are included by Insurance Company for delivery of services to PMNHP beneficiaries with certain set of PMNHP standards. Empanelment is the process through which a health facility is allowed to provide health services for PMNHP based on quality standards.

1.16 Complaint & Grievance Management & Redress Mechanism

Complaint management is the process through which all grievances and complaints of all parties are managed and addressed

1.17 Monitoring & Central Management Information Systems (CMIS)

It is the process through which the health programme will be constantly monitored for improvement. CMIS is the system which will activate user friendly information flows for the better delivery of health care. The CMIS of PMNHP will collate, collect and decimate the information for effective design making and management. A comprehensive system of CMIS including hardware and software, a web-based application, which would be available to the Health providers and the PMNHP. Central Management Information System reports will provide information regarding enrolment, complaint redressal mechanism, health-service usage patterns, claims data, customer grievances and such other information regarding the delivery of benefits as required by the program / government. The reports shall be submitted by the Insurance Company to the government in a format and regularity to be agreed with the PMU

1.18 Agreed principles of scheme

a) The scheme rests on the principle of sustainability meaning that financial and other incentives from government and insurance company are sufficient to keep PMNHP aligned with its objectives and moving towards its goals.
b) The scheme being flexible meaning that information management system facilitates a continues flow of commonly agreed and comparable sets of data from insurance company and hospitals to PMU at district and head office level and that the data must be quickly analysed and reported on PMNHP website or Dashboard/CMIS.

1.19 Pakistan Sehat Card (PSC)

a) Cashless facility
b) Portability : PSC will be portable within district (pilot phase)
c) Security: Unique security feature as bearing the NIC number of beneficiary to avoid moral hazards.

1.20 Empowering the beneficiary Families

Providing choice to the beneficiary as the PMNHP beneficiary can select a hospital from the list of network hospitals, including private hospitals, for seeking treatment.

1.21 Business Model

Business opportunities for all the key players, like Insurance Companies, Hospitals /Health Card Service Providers and the Intermediaries.

How to Use the Manual

This document is prepared for PMNHP management, in consultations with all other key stakeholders who directly or indirectly are involved in the implementation activities of PMNHP. The information is presented in a concise, direct-to-the point, easy-reading, and outline format. It aims simply to provide the basic elements of the programme. The main role and responsibilities for each one of the stakeholder will be described in detail. The Manual is intended as a guide, to assist PMNHP Management and the stake holders in developing the skills necessary to move projects ahead with confidence. It outlines methodologies for identifying, verifying, implementing, and managing PMNHP.

Proposed Scope and Style of the Manual

Each chapter is proposed to be designed with the minimum of following parts:

2. **Purpose** -The purpose of each chapter is laid for the better understanding of each segment of the scheme
3. **Process flow charts** -The process flow charts gives the reader/user an idea how to go through the different steps or how to process different issues in an organized and systemic manner
4. **Process flow description and Roles & Responsibilities-** The last part of each chapter describes the details of each step of the process flow chart in a systemic manner for the guidance of the reader/user. Each chapter includes the detailed roles & responsibilities of all the stakeholders involved in the different phases of the programme implementation

CHAPTER-I EMPANELMENT OF HEALTH FACILITY

Chapter – I Empanelment of Health Facility

Purpose

Empanelment is the process through which a health facility is allowed to provide health services for PMNHP based on quality standards. This chapter provides the guide lines and plans for all hospitals selected for PMNHP to have similar standards, so convergence towards a single quality system for all the organizations involved in health provision can be assured. The empanelment process provides the market entry to the programme for the service providers (Health Facilities (HF)). The minimum eligibility, critical and core standards for the empanelment of health facilities are approved by the steering committee. For this health facilities empanelled for PMNHP are required to meet the standards agreed for service provision and documentation by the PMNHP. The process of empanelment starts with the pre requisite of registration with relevant registration authority (Health Care Commission in Punjab & KPK) if present or otherwise meet minimum eligibility standards approved by steering committee.

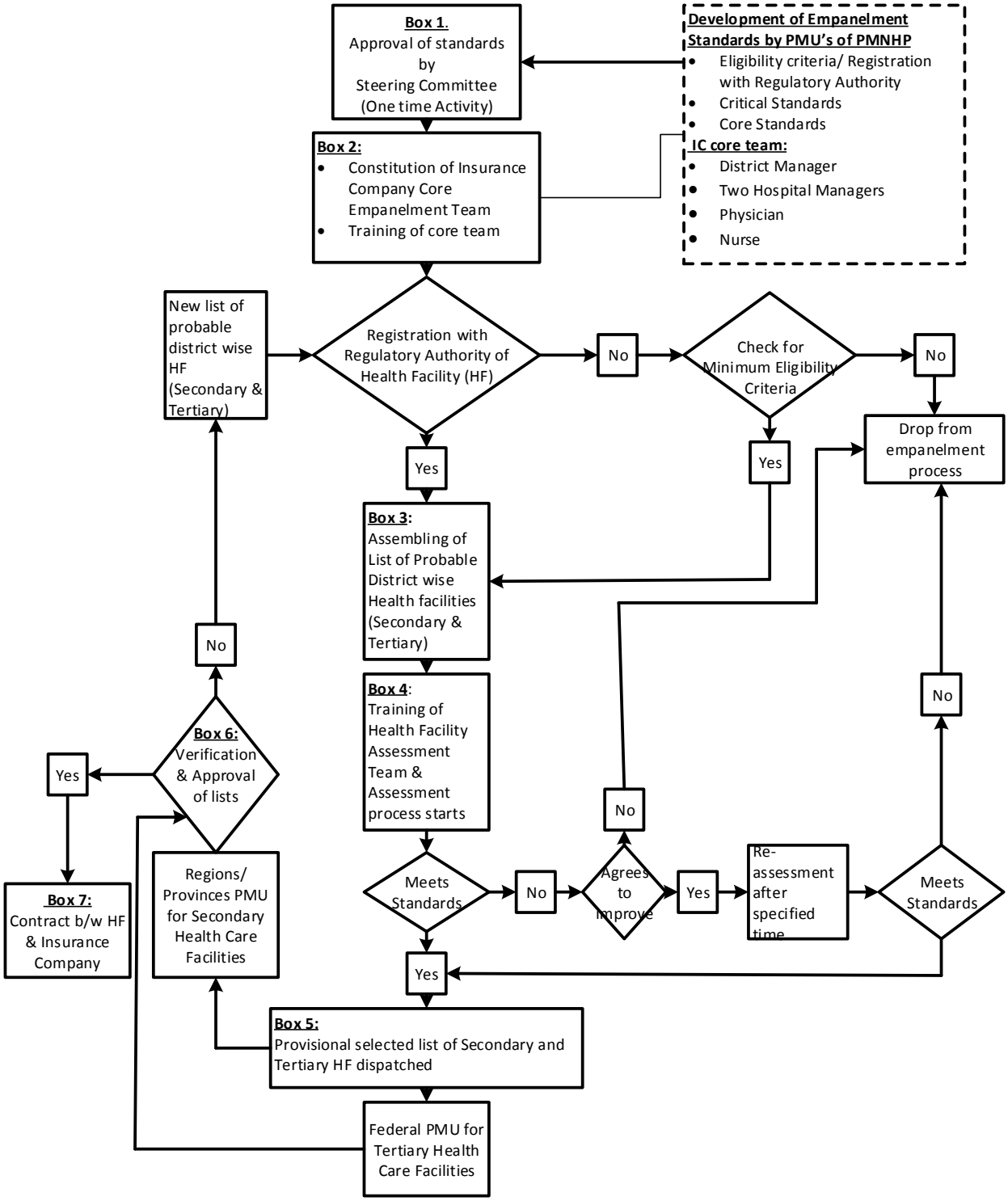
The facilities will have to satisfy the service facility criteria determined by PMNHP under the following:

I. Minimum eligibility standards for the empanelment
II. Critical (Minimum Acceptable Criteria)
III. Core Standards

Empanelment of Health Facility (HF) Overall Process Flow

This section elaborates mapping of overall process of Empanelment of Health Facility in set of stepwise activities initiating and concluding the overall process.
Figure 1 below explains the process:

Figure 1: Empanelment of Health Facilities (HF) Overall Process Flow



Process flow description and Roles & Responsibilities

The detail list of activities for Empanelment of Health Facilities (HF) Overall Process Flow along with responsibilities of each stakeholder is elaborated below: The process of empanelment will take approximately 2 months so it should be completed 15 days before the enrolment process

Figure wise S. No	**Activity/Pre-requisites**	**Time period to be completed by**	**Responsibility** • **Lead** • **Support** • **Follow up**	**Annexure for detail**
Box 1.	**<u>Approval of Health Facility (HF) Empanelment Standards by Steering Committee (SC)</u>** • Federal Project Management Unit (PMU) of PMNHP will develop & put forward proposed empanelment standards for the health facility in the Steering Committee. • PMU will incorporate feedback from stakeholders in the SC. • Federal PMU will publish the Empanelment standards (both online and offline) after approval from SC • The Health facilities will satisfy the service facility criteria determined by PMNHP under the following: I. Minimum eligibility standards for the empanelment (Annex I)/ Registration with relevant Regulatory Authority in provinces/regions o The process of empanelment will start with the pre requisite of registration with relevant registration authority (Health Care Commission in Punjab & KPK) in the province/ region; if present or otherwise the health facilities will be assessed on the basis of meeting up basic minimum eligibility criteria (Annex I) approved by steering committee. II. Critical (Minimum Acceptable Criteria) Annex II	Six (06) months before empanelment	Lead: Federal PMU & Provincial PMU & Regions Support: Ministry of NHSR&C Follow up: SC	Annex I, II & III for details of empanelment standards

	○ For empanelment in the secondary care of the PMNHP, health facility should meet the critical standards (Annex II) approved by the Steering Committee. i. These critical standards will be mandatory for empanelment ii. In the final scoring, the weightage for compulsory scores has been kept at 70% for critical areas (Critical care, ER Facility, indoor facilities, total number of beds, availability of standardized OT, Infection control measures) and, while 40 to 50 % in non-critical areas e.g. Blood Bank, Lab services and Pharmacy Services) to ensure attainment of minimum service delivery standards by healthcare facilities. iii. The sum total score of all the specialties will constitute the total score of the hospital, based on which the HF shall be awarded a grade. iv. However for the empanelment of HF in the secondary care of the programme, the core standards are desirable but not mandatory but for Service Level Agreement or the next phase contract, core standards will be mandatory for empanelment of health facility in the secondary care of the programme v. The verification of secondary care hospitals will be done by respective provincial or regional PMU's III. Core Standards (Annex III) ○ The core standards will be mandatory for the empanelment of Health facilities for tertiary care services in the Programme ○ The verification of tertiary care hospitals is the responsibility of Federal PMU. • Insurance Company will designate a core empanelment team of each district for the process of empanelment as approved and advised by SC comprising of: o District Manager o Two Hospital Managers o Physician			

	o Nurse			
Box 2.	**<u>Constitution of Insurance Company Core Empanelment Team Approved by SC & its Training</u>** The responsibility of empanelment of health facilities will lie with Insurance Company (IC). • For this IC will constitute an empanelment core team. • Federal, Provincial and Regional PMU's will train their respective core team on empanelment standards and procedures. The core team will take up the role of training consortium partners in each district of implementation	One month before Empanelment (One week)	Lead: IC Support: Federal, Regional & Provincial PMU	
Box 3.	**<u>Assembling of List of probable district wise health facilities</u>** IC core team will make a list of probable district wise health facilities. • IC will make a list of health facility record and details in each district separately for secondary and tertiary HF in the prescribe format. • The list will have the probable HF meeting up the basic criteria of either registration with regulatory authority if present or otherwise meeting up the basic eligibility criteria. • Based on the number of beneficiary population of each district, number of health facilities will be empaneled in each district including both public and private. i. There should be at least 5 health facilities in each district ii. There should be at least one health facility for approx. 2000 beneficiary families iii. There should be at least two health facilities in each catchment area.	15 days before start of empanelment (one week)	Lead: IC Support: District team & Federal PMU for supervisory role	
Box 4.	**<u>HF Assessment Team</u>** IC will constitute an assessment team from the core team for the assessment process of health facilities in the empanelment process and trained. • The Assessment team will assess HF based on the criteria with the district team • District team will manage the conflict if it arises at any step	Week before empanelment process starts (One Week)	Lead: IC Support: Federal, provincial and regional PMUs. District Team	

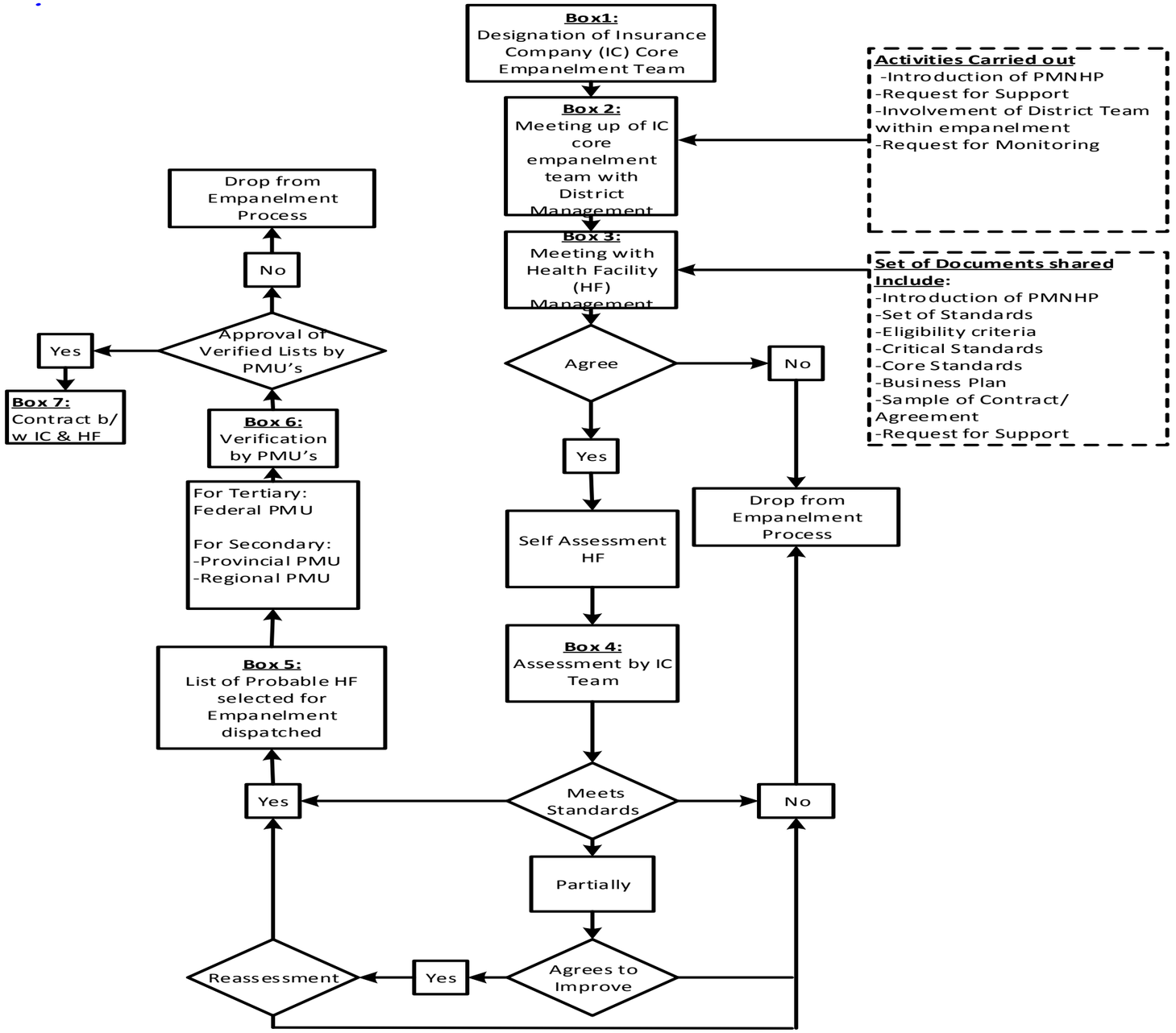
Box 5.	**<u>Provisionally selected lists of HF & its dispatching</u>** • IC assessment team will make separate provisional list of secondary and tertiary health facilities in each district based on the standards • Provisional list of Secondary Health facilities will be sent to provincial/Regional PMUs and Federal PMU respectively for verification process • Provisional list of Tertiary Health facilities will be sent to provincial/Regional PMUs and Federal PMU respectively for verification process	Two months before enrolment (20 days)	Lead: IC Support: District Team	
Box 6.	**<u>Verification of Provisional Lists by PMU's (PMNHP)</u>** • The federal, regional and provincial PMUs will notify a verification team which can be a third party. • The verification team will be in place before the PMU receives the list of provisional empanelled HF from IC. • The orientation of the verification team will be conducted by the Respective PMU team and resources will be provided for the verification team to conduct the verification. • The verification team will visits each hospital in the list if the hospital number is less than 6 in a district. • If it is more than 6 then a stratified random sample of 30% of the facilities will be taken up for verification • The team will hand over the list of verified hospitals to Respective PMU's and will also provide in written the reasons if any for not verifying the standards of a hospital given in the empanelment list provided by IC. • Respective PMU's of PMNHP will approve and notify the list of empanelled hospitals to IC after the verification. • If Respective PMU's of PMNHP will not approve selected provisional list of HF, then news lists of HF will be formed and the whole process will be repeated again.	One and a half month before enrolment (One week)	Lead: Federal, provincial and regional PMUs Support: District Team	

Box 7.	**<u>Contract between IC and HF</u>** • IC will contract with the HF • The empanelment process should be completed 15 days prior to process of enrolment	15 days before the launch of Programme (one week)	Lead: IC & HF	Annex IV

Empanelment Process Flow for Health Facility (HF)

This section elaborates process flow and mapping of procedures in set of activities at district and health facility level, the overall process of empanelment and de- empanelment of a health facility under PMNHP. Figure 2 and 3 below explains the process.

Figure 2: Empanelment Process Flow for Health Facility (HF)



Process flow description and Roles & Responsibilities

The detail list of activities for Empanelment of Health Facilities (HF) Overall Process Flow along with responsibilities of each stakeholder is elaborated below: The process of empanelment will take approximately 2 months so it should be completed 15 days before the enrolment process

Figure wise S. No	Activity	Time period to be completed by	Responsibility • Lead • Support • Follow up	Annexure for detail
Box 1.	**<u>Constitution of Insurance Company Empanelment Core Team</u>** • Insurance Company will designate a core empanelment team for the process of empanelment comprising of: o District Manager o Two Hospital Managers o Physician o Nurse • Respective PMU's will conduct training of trainers on empanelment procedures and standards for the core team. • This team will take up the role of training consortium partners in each district of implementation. • This team will collect the data regarding the probable hospitals that can be empanelled according to a prescribed format.	One week before empanelment	Lead: IC Support: Federal & Provincial/Regional PMU Follow up: IC	
Box 2.	**<u>District Team Designation for the Empanelment of HF</u>** Insurance Company core team will meet the district management in each district. • IC core empanelment team will give introduction of PMNHP to district management and will request for support. Related set of documentation will be provided by the respective PMU's of PMNHP at federal, provincial and regional level. • IC core team will request the district management to designate a district representative for empanelment process.	Two days	Lead: IC Support: Federal, Regional & Provincial PMU, District Management Team	

	• IC core team will request district management to play role in monitoring process after the empanelment. (Annex V) • Training will be provided to the designated officer by core team • IC core team will share the list of identified probable HF with district management • IC core team will take feedback from district management on probable HF lists. • District management team will resolve the conflict if arises anywhere in the process			
Box 3.	**<u>Contact with Health Facility Management</u>** The health facility Assessment team consisting of: o A district representative from DoH o A District Manager (IC) o A Hospital Manager (IC) o Physician (IC) o Nurse (IC) • This Assessment team will contact management of HF from the list of probable health facility identified based on the prescribed criteria approved by SC. • IC representative contacts each HF manager and introduce PMNHP, its business plan, set of standards, and sample of agreement/contract and requests for support. He also discusses with him the packaging and pricing of the services. (All the set of documents will be shared with HF management at the time of meeting). • The HF management in charge will provide the list of services the HF intends to provide to the beneficiaries. • The IC representative explains him the set of standards, critical and core and hands him over the documents check list for	3 days	Lead: IC Support: District team	Annex I, II & III

	internal assessment and informs him of the date of the external assessment by the IC empanelment team. • IC representative also offers support for orienting HF staff on the internal assessment process for the services which HF intends to provide.			
Box 4.	**<u>HF Assessment by HF Assessment Team</u>** • The IC empanelment team visits the HF on the designated time and date for the external assessment • The Assessment team will assess HF based on the prescribed criteria approved by SC • The external assessment process should take maximum of one day and should be conducted in a manner that should help gap identification and does not criticize the provider. • After the assessment is completed, results should be shared with the HF manager and discrepancies should be discussed if any. • The sum total score of all the specialties will constitute the total score of the HF, based on which the HF shall be awarded a grade. • In addition if 70% of the critical standards are completely met and the HF manager accepts that critical standards (100%) will be improved within months' time period by the administration then the HF will be selected in the list of probable HF for empanelment. • Contract will only be signed with the HF management after verification from respective PMU's of PMNHP. This information should be clearly intimated to the management of HF.	Week before empanelment process starts (Two Week)	Lead: IC Support: District Team	
Box 5.	**<u>Provisionally Selected lists of HF & Dispatching of lists to respective PMU's of PMNHP</u>** • After the completion of assessment process with each probable HF in the district; a complete list of tentative empanelled HF with	One week	Lead: IC Support: District Team	

	the services provided will be forwarded to the respective PMU's of PMNHP • Provisional list of Secondary Health facilities will be sent to provincial/Regional PMUs and Federal PMU respectively for verification process • Provisional list of Tertiary Health facilities will be sent to provincial/Regional PMUs and Federal PMU respectively for verification process			
Box 6.	**<u>Verification & Approval of Provisionally Selected Lists</u>** • The federal, regional and provincial PMUs will notify and create a pool of verification team which can be a third party constituting of: o 7-8 Hospital Managers o 2 Nurses • The verification team will be in place before the PMU receives the list of provisional empanelled HF from IC. • The orientation of the verification team will be conducted by the Respective PMU's team and resources will be provided for the verification team to conduct the verification. • The verification team will visits each hospital in the list if the hospital number is less than 6 in a district. • If it is more than 6 then a stratified random sample of 30% of the facilities will be taken up for verification • The verification team will visit the HF and on entry meet the manager of the hospital and explain him the purpose and the method of verification. • The verification will be conducted in a conducive way and on completion team will inform the manager of the results. • The team will hand over the list of verified hospitals to Respective PMU's and will also provide in written the reasons if	One week	Lead: Federal, provincial and regional PMUs Support: District Team	

	any for not verifying the standards of a hospital given in the empanelment list provided by IC. • The respective PMU's of PMNHP will discuss discrepancies with the IC team and will collectively decide on corrective actions or removal of the hospital from the probable empanelment list. • PMU will approve and notify the list of empanelled hospitals to IC after the verification.			
Box 7.	**<u>Contract between IC and HF</u>** • IC will contract with the HF • The empanelment process should be completed 15 days prior to empanelment process	one week	Lead: IC & HF	Annex IV

1. De-Empanelment Process Flow for Health Facility (HF)

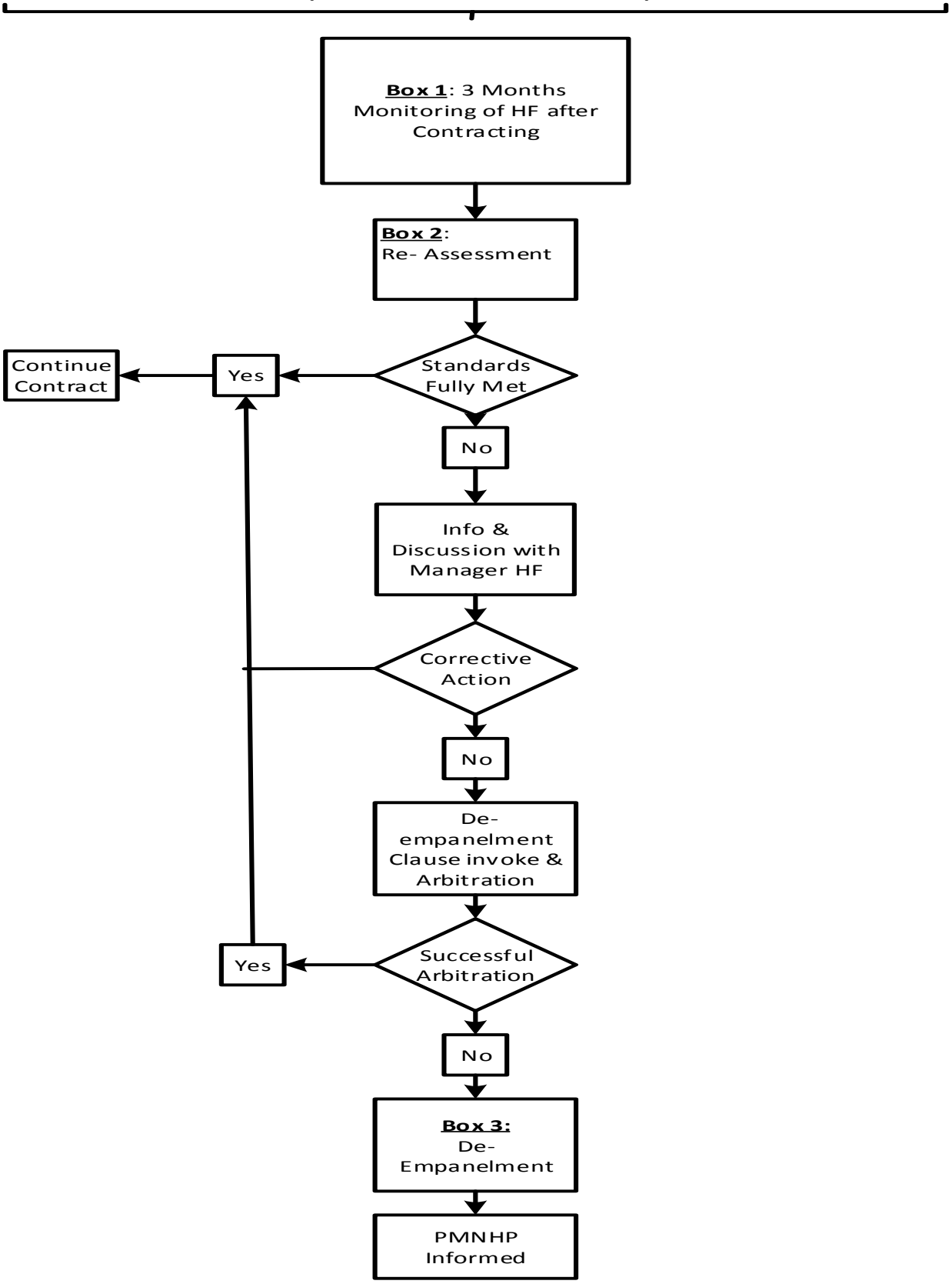
De- empanelment is the process through which HF will be barred from providing the services, contract will be discontinued with IC and HF will be dropped from programme. This section elaborates overall process of de- empanelment of a health facility under PMNHP

De-empanelment can be due to:

- *Fraudulent behavior*
- *Non adherence to Empanelment Standards*
- *Non- compliance to contractual clauses*

This section only explains de- empanelment due to non-adherence to Empanelment Standards. Figure 3 below explains the process.

Figure 3: De-Empanelment Process Flow Chart
(Non- adherence to Standards)



Process flow description and Roles & Responsibilities-

The detail list of activities for De-Empanelment of Health Facilities (HF) Overall Process Flow along with responsibilities of each stakeholder is elaborated below:

Figure wise S. No	Activity	Time period to be completed by	Responsibility • Lead • Support • Follow up	Annexure for detail
Box 1.	**<u>3 Months Monitoring</u>** After contract between HF & IC, monitoring will be conducted quarterly in set of three visits by HF Assessment team with a checklist of empanelment standards promised at the time of empanelment to examine if the standards are maintained during the course of time and reports will be submitted in the mutually agreed format (PMU & IC) to the respective PMU's of PMNHP.	Two days	Lead: IC	Annex II & III
Box 2.	**<u>Re-assessment</u>** • Health Facility Assessment team will then revisit the health facilities • Re assessment will take place and adherence to the empanelment standards will be examined through check lists • The contract will only be continued if HF's will meet the standards • If a HF partially meeting the standards at the time of empanelment fail to achieve 100% within 3 months' time period of monitoring then its management will be contacted for discussion. • If a HF fails to meet the empanelment standards within 3 months' time period of monitoring then its management will be contacted for discussion. • The HF Assessment team will provide the information to the management of HF and discussion would take place. • HF will be given an additional time period of a month or so to improve	Two days	Lead: IC & HF	Annex II & III

	• HF will be re assessed for corrective actions, if corrective measures are taken, then the contract will be continued • If a HF will not take the corrective measures, IC will invoke the de empanelment clause and arbitration will take place.			
Box 3.	**<u>De-empanelment & Notification to PMU's of PMNHP</u>** • If the arbitration will be successful and HF will take corrective action, then HF will be continuing the contract • If the arbitration will not be successful, HF will be de-empanelled • The respective PMU's will be notified of de- empanelled HF.	one day	Lead: IC & HF	

Annexures

Annex- I (A) Eligibility Criteria of Secondary Care Health Facilities for Empanelment

A set of the benchmarks for minimum level of mandatory services that a Healthcare Facility should have to be considered for the empanelment in the PMNHP.

1. At least 10 inpatient beds for primary inpatient health care functional 24/7.
2. The following specialties shall be available through empanelled hospitals in each district:
   a) ICU
   b) General Medicine
   c) General Surgery
   d) Obstetrics and Gynecology
   e) Pediatrics
   f) Ophthalmology
   g) ENT
   h) Orthopedic
3. The healthcare practitioner(s) is registered with the appropriate professional regulatory body
4. Those facilities undertaking surgical operations should have a fully equipped Operating Theatre (OT) of their own.
5. Fully qualified doctors and nursing staff according to the services mentioned above under its employment round the clock
6. The services to be performed by the institutions are in accordance with the services listed in the registration form provided to PMNHP and approved by PMNHP
7. Maintaining of necessary records as required and providing necessary records of the patient as and when required
8. Health facility has access to ambulance services in twenty minutes.
9. Potable water and electrical power/ Alternate sources of water and power are available 24 hours a day, seven days a week
10. The HF and its departments are clearly signposted and a site plan is displayed at a central place for orientation of staff and patients
11. HF demonstrates enough capacities/ willing to experience in cashless service delivery and paper base claim development

Annex-I (B) Eligibility Criteria of Tertiary Care Health Facilities for Empanelment

A set of the benchmarks for minimum level of mandatory services that a Healthcare Facility should have to be considered for the empanelment in the PMNHP.

1. At least 51 inpatient beds for primary inpatient health care.
2. The following specialties shall be available through empanelled hospitals
   i) ICU
   j) CCU
   k) Nephrology
   l) Cardiology
   m) Trauma/burn center
   n) Oncology
   o) Endocrinology
   p) Internal Medicine
   q) Hepatic Centre
3. The healthcare practitioner(s) is registered with the appropriate professional regulatory body
4. Those facilities undertaking surgical operations should have a fully equipped Operating Theatre (OT) of their own.
5. Fully qualified doctors and nursing staff according to the services mentioned above of relevant specialty under its employment round the clock
6. The services to be performed by the institutions are in accordance with the services listed in the registration form provided to PMNHP and approved by PMNHP
7. Maintaining of necessary records as required and providing necessary records of the patient as and when required
8. Health facility has access to ambulance services in twenty minutes.
9. Potable water and electrical power/ Alternate sources of water and power are available 24 hours a day, seven days a week
10. The hospital and its departments are clearly signposted and a site plan is displayed at a central place for orientation of staff and patients
11. HF demonstrates enough capacities/ willing to experience in cashless service delivery and paper base claim development

Annex II- Critical Standards

CRITICAL STANDARDS

Health Facility

- At least 10 inpatient medical beds for primary inpatient health care. The requirement of minimum number of beds can be reduced based on available infrastructure in rural areas.
- The facility is accessible by a motor able road, allowing for patient movement.
- Functional wheel chairs and stretchers are available at the gate/reception for patients who are unable to walk.
- The hospital and its departments are clearly signposted and a site plan is displayed at a central place for orientation of staff and patients.
- A reception with a receptionist to guide the patients is open during operating hours.
- Clients/Patients admitted to the hospital have access to an allotted bed with fresh linen and do not have to double up with other clients/patients.
- There are separate wards for males and females
- Toilets and bathrooms are available and adequate for the number of clients/patients in the ward or department (at least one toilet for every twelve clients/patients) with warm water for winter months.
- Potable water and electrical power/ Alternate sources of water and power are available 24 hours a day, seven days a week.

Management

- A health facility can also provide the services for which it has the right skills mix, infrastructure and equipment

- The services to be performed by the institutions are in accordance with the services listed in the registration form provided to BISP and approved by BISP.
- There are clear, documented lines of responsibility for all clinical and non-clinical services.
- All health facilities should have access to ambulance services within twenty minutes.
- The ambulance service may be contracted out, but the vehicle used for patient transport must be available for 24 hours. There must be a mechanism to ensure that it is readily available whenever there is a need to transfer patients to a higher level of facility or to transport patients to diagnostic facilities.
- Electricity/ telephones/ water/ civil engineering may be contracted out.
- Where an external contractor provides services, a detailed service specification is available, where appropriate.
- Client/Patient records are maintained through the use of a unique number or other form of identification unique to the patient.
- Where referrals have been made, the client/patient record includes the referral letter and indications for referral.

Infection Control, Hygiene & Waste Management

- The hospital establishes an infection control program designed to prevent or reduce the incidence of nosocomial infection, based on current scientific knowledge and accepted practice guidelines and developed and monitored with multi-disciplinary involvement.
- There is a defined department or area for sterilization which physically separates functions of cleaning, processing and sterile storage and distribution.
- Sufficient covered, clean dustbins are provided for clients/ patients, visitors/ attendants and staff and dustbins are emptied on regular basis
- Staff follow written policies and procedures and schedules for:

- Disinfection and cleaning of all equipment, furniture, floors, walls, storage areas and other surfaces & areas
- Cleaning of specialized areas, e.g. OT, Lab our room, emergency, ward, dressing room, laboratory and ICU

- Cleaners are trained and provided with sufficient appropriate equipment and cleaning material and work according to cleanliness and sanitation policies and procedures

- The health care facility has a written waste disposal plan specifying procedures, responsibilities, timetable for waste collection and necessary equipment such as bins and bags

- The waste disposal plan includes written guidelines for the regulation, identification, containment and storage, transport, treatment and subsequent disposal of different categories of infectious waste, including if appropriate:

    - Pathology waste
    - Cytotoxic and chemical liquid waste
    - Heavy metals, radioactive or any other form of high-risk waste in accordance with the Pakistan Environmental Protection Act (PEPA), XXXIV of 1997

- Continued waste buried in landfills is done so in accordance with the Pakistan Environmental Protection Act (PEPA) , XXXIV of 1997

- If contractor's services will be taken for removal and incineration of clinical waste, a written contractual agreement and consignment procedure is used which includes identification of origin, contents and quantity of waste.

Human Resources

- The healthcare practitioner is registered with the appropriate professional regulatory body.

- The practitioner is trained, experienced and entitled for the roles they undertake.

- Written and dated job descriptions are available for all posts, which specify at least the following: Job title and grade, Job purpose and objectives, Responsibilities, Accountability, Review date.

- A duty resident medical officer and a nurse are physically available for 24 hours in the healthcare facility.
- The duty medical officer should have MBBS or equivalent degree approved by Pakistan Medical & Dental Council with one year house job experience.
- The nurse should have a bachelor's degree in nursing approved by Pakistan Nursing Council.
- One duty medical officer for every 20 indoor patients should be available for 24 hours.
- Physician/Consultant -on-Call is a physician who may be called on at any time to provide services. There must be at least one (1) Physician/ Consultant-On-Call.
- A healthcare facility providing surgical facilities should have a surgeon and anesthetist available on call.
- A nursing home providing maternity facilities should have an obstetrician and gynecologist, an anesthetist, and a neonatologist available on call round the clock.
- A duty shift of eight (8) hours is recommended for Nurses at all levels of healthcare facilities. A twelve (12) hours shift may be allowed for Nurses under special circumstances like in rural areas.
- A healthcare facility providing surgical facilities must have a qualified operation theatre nurse in every shift.
- Every ward should have one ward boy or ayah available 24 hours with a maximum twelve hours shift.

Clinical Practice

- As soon as a patient arrives at a nursing home, (in emergencies) he or she should immediately be seen by a Duty Medical Officer otherwise within half an hour.
- In case the required services are not available a mechanism for referral to higher level facility is available.
- ECG facilities should be available in the healthcare facility round the clock.

- Medical devices intended for single use are not reprocessed for reuse.

- The client/patient record is sufficiently detailed to enable the client/patient to receive effective coordinated treatment and care and includes:

- Details of admission, date and time of arrival
- Client/Patient assessment and medical examination
- Sheet containing history pertinent to the condition being treated including details of present and past history and family history
- Diagnosis by a registered medical doctor for each entry to the hospital
- Details of the client/patient care or treatment plan and follow-up plans
- Diagnostic test orders and results of these tests
- Progress notes written by medical, nursing and allied health staff to record all significant events such as alterations in the client's/patient's condition and responses to treatment and care
- Record of any near misses, incidents or adverse events
- Medication sheet recording each dose given
- Treatment record
- Observation charts, e.g. temperature chart, input and output chart, head injury chart, diabetic chart
- Specialist consultation reports
- Mode of discharge, e.g. left against medical advice or discharge on will
- In case of death, details of circumstances leading to the death of patients

Operating Theatre Department

- Autoclaving is used for maintaining the quality of sterilization.

- A height adjustable OT Table, and a cold, shadow less Operating light is available.

- The anaesthetic induction area/room and operating theatre are equipped with safe and well maintained equipment specific for OT activities including but not restricted to the following:

- Anaesthetic machine
- Laryngoscopes
- Endotracheal tubes/laryngeal masks
- Airways
- Nasal tubes
- Suction apparatus and connectors
- Oxygen
- Drugs and IVs required for planned anaesthesia
- Drugs for emergency situations
- Monitoring equipment including ECG, ETCO2, temperature monitoring, pulse oximeter and blood pressure
- Suction machine
- Instrument cleaning/decontamination/ sterilization facilities
- Adequate light sources

- Adequate lighting, Air conditioning and Ventilation are provided in each OT.

- The operating area is of sufficient size to accommodate the patient, the anesthetist, the surgeon and the assistants for the anesthetist and the surgeon

- Procedures are available and up to date for;

  - Informed patient consent
  - Pre-operative assessment
  - Post-operative care

Casualty Department

- The casualty department is managed at all times by a suitably qualified and experienced nurse, doctor or senior casualty department assistant.

- A procedure exists for referral for specialist care if necessary.

- The casualty entrance is clearly signposted from outside the hospital.

Intensive Care Unit

- Registered nurses in the unit have completed formal in-service training or a recognised course in intensive care and at least one is present on all shifts.

- A suitably experienced doctor is immediately available at all times.

- Each bed has a facility for:

- Oxygen
- Suction
- Compressed air
- Central ECG monitoring.

- Facilities in the unit include:

- CVP monitoring
- Pulse oximetry
- Blood pressure monitoring (automatic)
- Urometry
- Ambient and client/patient temperature monitoring
- Arterial blood gases
- Glucometer
- Electrolyte machine

Maternity Services

- The maternity department is managed by a suitably qualified, registered and experienced nurse, doctor or senior midwife for normal delivery.

- The maternity department has 24 hour on-site cover from qualified medical doctor, obstetrician & gynaecologist and an anaesthesiologist.

- Written procedures and guidelines are used consistent with the hospital policies and functions for:

- ante natal care and booking/registration
- post-natal care
- peri-natal care
- identifying high risk pregnancy
- admission to labour room/ward
- planning, treatment and mode of delivery
- plan for managed pain during labour and delivery
- delivery monitoring process
- referral
- discharge including discharge summary
- birth record and certificate

- A trained midwife/nurse is present at every birth.

- A guideline on summoning medical assistance at any time during labour is used by nurses and midwives

- For C Section an anaesthetist and obstetrician with relevant qualifications and experience available for mothers with epidural, emergency breech and instrumental deliveries, multiple or high risk deliveries, instrument deliveries or C-sections, emergency resuscitation and women with eclampsia.

- The delivery room is equipped with functioning, safe and well maintained equipment specific for deliveries including but not restricted to the following:

- Fetoscope
- Delivery table which can be turned to the Trendelenburg position
- An anaesthetics machine with emergency oxygen supplies in case of management of complicated delivers.

- Endotracheal tubes, laryngoscope in case of surgery
- Resuscitation equipment and drugs for infants and for adults
- Intravenous crystalloid and plasma expanders
- Weighing machine for the baby.

AUXILIARY SERVICES

Laboratory Services

- Availability of services of a licensed clinical laboratory is mandatory. A Contract of Service or Memorandum of Agreement with a clinical laboratory located within the locality can be done, provided that results for emergency cases are transmitted within one hour.

- If the medical testing laboratory is present in the healthcare facility it is managed by a suitably qualified and registered pathologist and experienced medical technologist

- Staff has access to sufficient laboratory equipment to carry out their jobs safely.

- There are designated storage areas for specimens, reagents and records.

Radiology

- The services of a licensed radiology facility should be available, which may be contracted out but must be situated in close proximity to the healthcare facility to ensure availability and timeliness of services.

- If the radiology services are available within the healthcare facility then a trained radiologist (either on site or visiting) is responsible for the clinical direction of the department and the safety of the client/patients and for radiologist

- Radiology services are administered by an identified qualified, registered radiologist or radiographer with clearly defined responsibility for all non-clinical aspects of the department

- Diagnostic imaging is performed only upon a signed written request from a qualified medical practitioner.

- Required reporting times are based on the urgency of the situation, e.g. films or scans for emergency client/patients are reported within one hour and routine reports are reported within 24 hours.
- There is provision for a female attendant to accompany female patients during radiological procedures.
- There are prominently displayed signs in local language warning women of childbearing age of the dangers of radiation in pregnancy.

Pharmacy Services

- The services of a pharmacy should be available, which may be contracted out but must be situated in close proximity to the healthcare facility to ensure availability and timeliness of services.
- The pharmacy services if available within the healthcare facility must be managed by a qualified pharmacist.
- Medicines are stored on shelves enabling protection from the adverse effects of light, e.g. glass windows painted white, dampness and temperature extremes
- Heat sensitive and/or light sensitive medicines and vaccines are stored in a controlled environment to keep the items in optimum condition.

Blood Bank

- The blood bank services should be available, which may be contracted out but must be situated in close proximity to the healthcare facility to ensure availability and timeliness of blood in emergency situations.
- Effective blood cold chain should be ensured
- Blood collected is labeled appropriately with the donor's name, registration number, blood group, and the time of collection and the date of expiry.

- The blood bank maintains records of procurement, issues and transfusion of blood, cross-matching and any issue related to blood and blood components. The records are kept for at least 5 years.

Client/Patient Rights

- Guidance and advice is provided to the clients/patients at the BISP registration counter.
- The reception area and wards display information about the organisation, including:

- The rights of the clients/patients
- Services and facilities available in the hospital and BISP benefits.
- Feedback and complaints pathways

- Client/Patient consent is obtained for the proposed care or treatment. Written consent is obtained for any invasive procedures or operations.
- There is a documented process for collecting, prioritizing, reporting and investigating complaints which is fair and timely.
- There are adequate provision for patient privacy in the form of screens and curtain etc.
- In case of a male doctor is attending a female patient, there is provision for a female attendant to be present during such an event.

CHECK LIST FOR EMPANELMENT STANDARDS

The Check List for Empanelment Standards is designed for external evaluators/hospitals to assess hospital performance against the Empanelment Standards.

Assessment Methods

In order to determine how well the hospital meets a standard, the assessment teams must assess the evidence available, noting the tool's listed evidence required and the suggested assessment method.

Key

D = Document Review

I = Interview

MI = Management Interview

SI = Staff Interview

PI = Patient Interview

HPI= Health Provider Interview

O = Observation

Q = Questionnaire

SQ = Staff Questionnaire

PQ = Patient Questionnaire

Ex amples

Documents

Written policies, procedures or protocols
Patient records
Other records, e.g. maintenance records, records of refrigerator temperature monitoring
Plans, e.g. hospital strategic or annual plans, patient care plans, programme plans
Minutes of meetings
Reports
Analyses of data results

Interviews

Management interviews: discussions with medical superintendent, assistant medical superintendent, nursing superintendent, assistant nursing superintendent, departmental managers, other managers

Staff interviews: discussions with staff in particular wards or departments

Patient interviews; discussions with patients and/or their families in various parts of the hospital

Health provider interviews: discussions with non-staff health providers, e.g. visiting health professionals, health providers outside the hospital such as primary care providers or pharmacy providers

Interviews may be formal or informal discussions with people outside the assessment team or with assessment team members who have the knowledge and experience to provide the required information.

Observation

Visual observation or inspection of a process, staff behaviour or interaction, how staff treats patients, whether a piece of equipment or supplies are available, cleanliness of an area or of equipment, whether posters or signs are on the walls, etc.

Questionnaires

Staff questionnaires such as staff satisfaction surveys

Patient questionnaires such as patient satisfaction surveys, feedback forms

Rating

The next stage of the assessment process is the rating of the team's level of compliance with each standard.

Rating Scale

Rating	Definition
0	Not Meeting Requirement
1	Partially Meeting Requirement
2	Fully Meeting Requirement

EMPANELMENT OF HEALTH FACILITY CRITICAL STANDARDS CHECKLIST

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
1.	HEALTH FACILITY				
	CRITICAL				
1.1	At least 10 inpatient medical beds for primary inpatient health care. The requirement of minimum number of beds can be reduced based on available infrastructure in rural areas.	O			

1.2	The facility is accessible by a motor able road, allowing for patient movement.	O			
1.3	Functional wheel chairs and stretchers are available at the gate/reception for patients who are unable to walk.	O, PI			
1.4	The hospital and its departments are clearly signposted and a site plan is displayed at a central place for orientation of staff and patients.	O			
1.5	A reception with a receptionist to guide the patients is open during operating hours.	O, PI, SI			
1.6	Clients/Patients admitted to the hospital have access to an allotted bed with fresh linen and do not have to double up with other clients/patients.	O, PI,			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
1.7	There are separate wards for males and females	O			
1.8	Toilets and bathrooms are available and adequate for the number of clients/patients in the ward or department (at least one toilet for every twelve clients/patients) with warm water for winter months	O			
1.9	Potable water and electrical power/ Alternate sources of water and power are available 24 hours a day, seven days a week.	O, MI, PI			
2.	**MANAGEMENT**				
	CRITICAL				
2.1	A health facility can also provide the services for which it has the right skills mix, infrastructure and equipment.	D, O, MI,			
2.2	The services to be performed by the institutions are in accordance with the services listed in the registration form provided to PMNHIP and approved by PMNHIP.	D			
2.3	There are clear, documented lines of responsibility for all clinical and non-clinical services.	D			
2.4	Health facility has access to ambulance services in twenty minutes.	PI, O, MI			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
2.5	The ambulance service may be contracted out, but the vehicle used for patient transport must be available for 24 hours. There must be a mechanism to ensure that it is readily available whenever there is a need to transfer patients to a higher level of facility or to transport patients to diagnostic facilities.	D, MI			
2.6	Electricity/ telephones/water/civil engineering may be contracted out.	D, MI			
2.7	Where an external contractor provides services, a detailed service specification is available, where appropriate.	D, MI			
2.8	Client/Patient records are maintained through the use of a unique number or other form of identification unique to the patient.	D			
2.9	Where referrals have been made, the client/patient record includes the referral letter and indications for referral.	O, PI, D,			
3.	**INFECTION CONTROL, HYGIENE & WASTE MANAGEMENT**				
	CRITICAL				
3.1	The hospital establishes an infection control program designed to prevent or reduce the incidence of nosocomial infection, based on current scientific knowledge and accepted practice guidelines and developed and monitored with multi-disciplinary involvement.	D			

No	Standard	Assessment Method	Rating		
			0	1	2
3.2	There is a defined department or area for sterilization which physically separates functions of cleaning, processing and sterile storage and distribution.	O, SI			
3.3	Sufficient covered, clean dustbins are provided for clients/ patients, visitors/ attendants and staff and dustbins are emptied on regular basis	O, SI			
3.4	Staff follow written policies and procedures and schedules for: -Disinfection and cleaning of all equipment, furniture, floors, walls, storage areas and other surfaces & areas -Cleaning of specialized areas, e.g. OT, Lab our room, emergency, ward, dressing room, laboratory and ICU	D, O, SI			
3.5	Cleaners are trained and provided with sufficient appropriate equipment and cleaning material and work according to cleanliness and sanitation policies and procedures	O, SI			
3.6	The health care facility has a written waste disposal plan specifying procedures, responsibilities, timetable for waste collection and necessary equipment such as bins and bags	D, SI			

No	Standard	Assessment Method	Rating		
			0	1	2
3.7	The waste disposal plan includes written guidelines for the regulation, identification, containment and storage, transport, treatment and subsequent disposal of different categories of infectious waste, including if appropriate: -Pathology waste -Cytotoxic and chemical liquid waste -Heavy metals, radioactive or any other form of high-risk waste in accordance with the Pakistan Environmental Protection Act (PEPA), XXXIV of 1997	D			
3.8	Continued waste buried in landfills is done so in accordance with the Pakistan Environmental Protection Act (PEPA) , XXXIV of 1997	O, D			
3.9	If contractor's services will be taken for removal and incineration of clinical waste, a written contractual agreement and consignment procedure is used which includes identification of origin, contents and quantity of waste.	D			
4.	**HUMAN RESOURCES**				
	CRITICAL				
4.1	The healthcare practitioner is registered with the appropriate professional regulatory body.	D			
4.2	The practitioner is trained, experienced and entitled for the roles they undertake.	D, SI			
4.3	Written and dated job descriptions are available for all posts, which specify at least the following:	D, MI			

	Job title and grade, Job purpose and objectives, Responsibilities, Accountability, Review date.				

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
4.4	A duty resident medical officer and a nurse are physically available for 24 hours in the healthcare facility.	PI, SI, MI, D			
4.5	The duty medical officer should have MBBS or equivalent degree approved by Pakistan Medical & Dental Council with one year house job experience.	D			
4.6	The nurse should have a bachelor's degree in nursing approved by Pakistan Nursing Council.	D			
4.7	One duty medical officer for every 20 indoor patients should be available for 24 hours.	D, SI, MI			
4.8	Physician/Consultant -on-Call is a physician who may be called on at any time to provide services. There must be at least one (1) Physician/ Consultant-On-Call.	D, MI			
4.9	A healthcare facility providing surgical facilities should have a surgeon and anesthetist available on call.	D, MI,			
4.10	A nursing home providing maternity facilities should have an obstetrician and gynecologist, an anesthetist, and a neonatologist available on call round the clock.	D, MI			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
4.11	A healthcare facility providing surgical facilities must have a qualified operation theatre nurse in every shift.	D, SI			
4.12	Every ward should have one ward boy or ayah available 24 hours with a maximum twelve hours shift.	O, SI, D			
5.	**CLINICAL PRACTICE**				
	CRITICAL				
5.1	As soon as a patient arrives at a nursing home, (in emergencies) he or she should immediately be seen by a Duty Medical Officer otherwise within half an hour.	D, PI, O, MI			
5.2	In case the required services are not available a mechanism for referral to higher level facility is available.	O,HPI,MI			
5.3	ECG facilities should be available in the healthcare facility round the clock.	O, SI,			
5.4	Medical devices intended for single use are not reprocessed for reuse.	SI, MI, D, O			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
5.5	The client/patient record is sufficiently detailed to enable the client/patient to receive effective treatment and care and includesdetails of admission, date and time of arrival. Client/Patient assessment and medical examination sheet containing history pertinent to the condition being treated including details of present, past history. Diagnosis by a registered medical doctor for each entry. Details of the client/patient treatment plan and follow-up plans, diagnostic test orders and results, progress notes written by medical, nursing and allied health staff to record all significant events such as alterations in the client's/patient's condition and responses to treatment and care Record of any near misses, incidents or adverse events. Medication sheet recording each dose given. Treatment recordObservation charts, e.g. temperature chart, input and output chart, head injury chart, diabetic chart. Specialist consultation reports, Mode of discharge, e.g. left against medical advice or discharge on will. In case of death, details of circumstances leading to the death of patients	O, D			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
6.	**OPERATING THEATRE DEPARTMENT**				
	CRITICAL				
6.1	A height adjustable OT Table, and a cold, shadow less Operating light is available.	O			
6.2	The anaesthetic induction area/room and operating theatre are equipped with safe and well maintained equipment specific for OT activities including but not restricted to the following: • Anaesthetic machine • Laryngoscopes • Endotracheal tubes/laryngeal masks • Airways • Nasal tubes • Suction apparatus and connectors • Oxygen • Drugs and IVs required for planned anaesthesia • Drugs for emergency situations Monitoring equipment including ECG, ETCO2, temperature monitoring, pulse oximeter and blood pressure • Suction machine • Instrument • cleaning/decontamination/ sterilization facilities • Adequate light sources	O,D			
6.3	Adequate lighting, Air conditioning and Ventilation are provided in each OT.	O			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
6.4	The operating area is of sufficient size to accommodate the patient, the anesthetist, the surgeon and the assistants for the anesthetist and the surgeon.	O			
6.5	Procedures are available and up to date for; • Informed patient consent • Pre-operative assessment • Post-operative care	D, SI			
7	**CASUALTY DEPARTMENT**				
7.1	The casualty department is managed at all times by a suitably qualified and experienced nurse, doctor department assistant	O, D, SI			
7.2	Procedure exists for referral for specialist care if necessary.	O, D			
7.3	The casualty entrance is clearly signposted from outside the hospital.	O			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
8.	**INTENSIVE CARE UNIT**				
8.1	Registered nurses in the unit have completed formal in-service training or a recognized course in intensive care and at least one is present on all shifts.	(O,D)			
8.2	A suitably experienced doctor is immediately available at all times.	O,D			
8.3	Each bed has a facility for • Oxygen • Suction • Compressed air • ECG monitoring.	O,D			
8.4	Facilities in the unit include • CVP monitoring • Pulse oximetry • Blood pressure monitoring • Urometry • Ambient and client/patient temperature monitoring. • Arterial blood gases • Glucometer. • Electrolyte machine	O,D			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
9.	**MATERNITY SERVICES**				
	CRITICAL				
9.1	The maternity department is managed by a suitably qualified, registered and experienced nurse, doctor or senior midwife for normal delivery.	D, SI, MI			
9.2	The maternity department has 24 hour on-site cover from qualified medical doctor, obstetrician & gynaecologist and an anaesthesiologist.	D,SI, MI			
9.3	Written procedures and guidelines are used consistent with the hospital policies and functions for: • ante natal care and booking/registration • post-natal care • peri-natal care • identifying high risk pregnancy • admission to labour room/ward • planning, treatment and mode of delivery • plan for managed pain during labour and delivery • delivery monitoring process • referral • discharge including discharge summary • birth record and certificate	D			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
9.4	A trained midwife/nurse is present at every birth.	O,D, PI			
9.5	A guideline on summoning medical assistance at anytime during labour is used by nurses and midwives.	D,SI			
9.6	For C Section an anaesthetist and obstetrician with relevant qualifications and experience available for mothers with epidural, C Section, emergency breech and instrumental deliveries, multiple or high risk deliveries, instrument deliveries or C-sections, emergency resuscitation and women with eclampsia.	D, MI			
9.7	The delivery room is equipped with functioning, safe and well maintained equipment specific for deliveries including but not restricted to the following: • Fetoscope. Delivery table which can be turned to the Trendelenburg position • An anaesthetics machine with emergency oxygen supplies in case of management of complicated deliveries • Endotracheal tubes, laryngoscope in case of surgery. Resuscitation equipment and drugs for infants and for adults Intravenous crystalloid and plasma expanders. • Weighing machine for the baby	O,D			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
	AUXILIARY SERVICES				
10.	**LABORATORY SERVICES**				
	CRITICAL				
10.1	Availability of services of a licensed clinical laboratory is mandatory. A Contract of Service or Memorandum of Agreement with a clinical laboratory located within the locality can be done, provided that results for emergency cases are transmitted within one hour.	O,D			
10.2	If the medical testing laboratory is present in the healthcare facility it is managed by a suitably qualified and experienced medical technologist	D, MI			
10.3	Staff has access to sufficient laboratory equipment to carry out their jobs safely.	SI			
10.4	There are designated storage areas for specimens, reagents and records	O			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
11	**RADIOLOGY**				
	CRITICAL				
11.1	The services of a licensed radiology facility should be available, which may be contracted out but must be situated in close proximity to the healthcare facility to ensure availability and timeliness of services.	O			
11.2	If the radiology services are available within the healthcare facility then a trained radiologist (either on site or visiting) is responsible for the clinical direction of the department and the safety of the client/patients and for radiologist.	D, MI			
11.3	Radiology services are administered by an identified qualified, registered radiologist or radiographer with clearly defined responsibility for all non-clinical aspects of the department	D, SI			
11.4	Diagnostic imaging is performed only upon a signed written request from a qualified medical practitioner.	O, D			
11.5	Required reporting times are based on the urgency of the situation, e.g. films or scans for emergency client/patients are reported within one hour and routine reports are reported within 24 hours.	O, D			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
11.6	There is provision for a female attendant to accompany female patients during radiological procedures.	O			
11.7	There are prominently displayed signs in local language warning women of childbearing age of the dangers of radiation in pregnancy	O			
12	**PHARMACY SERVICES**				
	CRITICAL				
12.1	The services of a pharmacy should be available, which may be contracted out but must be situated in close proximity to the healthcare facility to ensure availability and timeliness of services.	O			
12.2	The pharmacy services if available within the healthcare facility must be managed by a qualified pharmacist	D			
12.3	Medicines are stored on shelves enabling protection from the adverse effects of light, e.g. glass windows painted white, dampness and temperature extremes	O			
12.4	Heat sensitive and/or light sensitive medicines / vaccines are stored in a controlled environment to keep them in optimum condition.	O, D			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
13	**BLOOD BANK**				
	CRITICAL				
13.1	The blood bank services should be available, which may be contracted out but must be situated in close proximity to the healthcare facility to ensure availability and timeliness of blood in emergency situations.	O, D			
13.2	Effective blood cold chain should be ensured	O, D			
13.3	Blood collected is labeled appropriately with the donor's name, registration number, blood group, and the time of collection and the date of expiry.	O, D			
13.4	The blood bank maintains records of procurement, issues and transfusion of blood, cross-matching and any issue related to blood and blood components. The records are kept for at least 5 years	D			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
14.	**CLIENT/PATIENT RIGHTS**				
	CRITICAL				
14.1	Guidance and advice is provided to the clients/patients at the PMNHP registration counter.	O, P			
14.2	The reception area and wards display information about the organisation, including: • The rights of the clients/patients • Services and facilities available in the hospital for PMNHIP beneficiary • Feedback and complaints pathways	O			
14.3	Client/Patient consent is obtained for the proposed care or treatment. Written consent is obtained for any invasive procedures or operations.	O, D			
14.4	There is a documented process for collecting, prioritizing, reporting and investigating complaints which is fair and timely.	O, D			
14.5	There are adequate provision for patient privacy in the form of screens and curtain etc.	O			
14.6	In case of a male doctor is attending a female patient, there is provision for a female attendant to be present during such an event.	O			

O: Observation, D: Documentation. PI: Patient Interview. SI: Staff Interview. MI: Management Interview

Annexure-II B					
#	**STANDARD**	**RATING**	**Max. Score**	**Qualified Score**	**Score**
1	Health Facility	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**18**	**11**	
2	Management	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**18**	**11**	
3	Infection Control, Hygiene &Waste Management	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**8**	**5**	
4	Human Resource	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**24**	**14**	
5	Clinical Practice	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**10**	**6**	
6	Operation Theater Dept.	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**10**	**6**	
7	Causality Dept.	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**6**	**4**	
8	Intensive Care	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**8**	**5**	
9	Maternity Services	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**14**	**8**	
10	Laboratory Services	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**8**	**5**	
11	Radiology	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**14**	**8**	
12	Pharmacy Services	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**8**	**5**	
13	Blood Bank	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**8**	**5**	
14	Client /Patient Rights	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**12**	**7**	
TOTAL			**166**	**100**	

Annex- III Health Facility Empanelment Core Standards

1. **Health Facility**

1.1 Adequate parking areas are available for private and official vehicles

1.2 All patient areas of the hospital are easily accessible by wheelchair

1.3 Multi-storey buildings have ramps or functional lifts with an operator

1.4 Separate rooms should be available for waiting area, consultation, treatment, injection and dressing room, office, store and laundry.

1.5 Each patient has access to an area in which to keep personal possessions

1.6 Bed Tables are available

1.7 One suction machine, one filled oxygen cylinder and one needle, destroyer per ward are available.

1.8 Separate male and female & bathrooms are available and adequate for the number of clients/ patients in the ward or department (at least one toilet for every twelve clients/ patients) with warm water for winters. (Nov, Dec, Jan, Feb, March)

1.9 Consultation, treatment rooms, washing facilities, in- patient and changing facilities for clients/patients allow privacy and dignity to be maintained.

1.10 Alternate sources of water and power for heat and lighting in case of breakdown of the systems are identified and are functioning. Priority areas such as ICU and Operating Theatres are identified

1.11 Floor surfaces are no slip and even

1.12 A telephone is available within the hospital premises and suitable for private use by patients

2. **Management**

2.1 The Hospital is managed by a Hospital in charge/ Manager with appropriate Qualifications and experience (2 Years)

2.2 The job description of the Hospital in charge/ manager clearly defines responsibility and accountability for the efficient and effective operation of the hospital, including responsibility for risk and quality management, infection control and health and safety

2.3 There are clear, documented lines of responsibility for all clinical and non-clinical services

2.4 A qualified person is responsible for the financial management, producing reliable financial information and proper accounting records, including an updated cash book and annual external audits

2.5 There is a mechanism to regularly monitor, evaluate and review the contractor against the contract specifications and take actions against deviations/ noncompliance, if any.

2.6 Housekeeping, Maintenance, Security and Dietary Services may be contracted out.

2.7 The Laundry Service may be contracted out, provided that there is a mechanism to ensure that infection control is established.

2.8 Appropriate policies and procedures are in place to govern access to and storage of patient record.

2.9 The storage area for client/ patient records is protected against fire, flooding and damage by insects.

2.10A designated person has clear lines of responsibility and accountability for overall quality of the hospital. He/ she develops a quality plan which defines roles and responsibilities and sets priorities for quality improvement (continuous quality improvement)

2.11The health care facility develops a disaster plan with all departments/ services. The plan outlines individual responsibilities, linkages with external institutions, resources required in the case of a disaster and individuals within the healthcare facility who must be informed in case of a disaster.

3. Infection Control, Hygiene & Waste Management

3.1 The hospital establishes an infection control program designed to prevent or reduce the incidence of nosocomial infection, based on current scientific knowledge and accepted practice guidelines and developed and monitored with multi-disciplinary involvement.

3.2 There is a defined department or area for sterilization which physically separates functions of cleaning, processing and sterile storage and distribution.

3.3 Sufficient covered, clean dustbins are provided for clients/ patients, visitors/ attendants and staff and dustbins are emptied on regular basis

3.4 Staff follow written policies and procedures and schedules for:

- Disinfection and cleaning of all equipment, furniture, floors, walls, storage areas and other surfaces & areas
- Cleaning of specialized areas, e.g. OT, Lab our room, emergency, ward, dressing room, laboratory and ICU

3.5 Cleaners are trained and provided with sufficient appropriate equipment and cleaning material and work according to cleanliness and sanitation policies and procedures

3.6 The health care facility has a written waste disposal plan specifying procedures, responsibilities, timetable for waste collection and necessary equipment such as bins and bags

3.7 The waste disposal plan includes written guidelines for the regulation, identification, containment and storage, transport, treatment and subsequent disposal of different categories of infectious waste, including if appropriate:

- Pathology waste
- Cytotoxic and chemical liquid waste

- Heavy metals, radioactive or any other form of high-risk waste in accordance with the Pakistan Environmental Protection Act (PEPA), XXXIV of 1997

3.8 Continued waste buried in landfills is done so in accordance with the Pakistan Environmental Protection Act (PEPA) , XXXIV of 1997

3.9 If contractor's services will be taken for removal and incineration of clinical waste, a written contractual agreement and consignment procedure is used which includes identification of origin, contents and quantity of waste.

4. Human Resource

4.1 A current organizational chart identifies the line of accountability and reporting for all staff.

4.2 Every employee working regularly within the healthcare facility has a written agreement with management to do so. The general terms of this agreement have been formally adopted and documented by the medical staff and the management.

4.3 Written and dated job descriptions are available for all posts, which specify at least the flowing:

- Job purpose & objectives
- Responsibilities
- Accountability
- Review date

4.4 Duty rotas reflect appropriate skill mix requirements and are available at least 3 days in advance

4.5 Trainings of all cadres of worker at periodic intervals are as an essential component

5. Clinical Practice

5.1 A consultant should see the patient within half an hour in case of emergency

5.2 Incident, accident, near miss and adverse event data are collated into a central record, analyzed and reported to the Quality team/ committee for information and action as required

5.3 Records are kept of maintenance and servicing of all equipment

5.4 Clinical practice guidelines and standard operating procedures based on current research are available for service provision at the health facility.

6. Operating Theatre Department

6.1 Arrangements are made so that healthcare facility OT is situated separately from areas accessible to the general public.

6.2 A regular system is in force for checking safety of equipment

6.3 The OT complex is divided into sterile operating area, scrub area, storage area, instrument sterilization area and disposal zones.

7. Auxiliary Services

7.1 Written, dated and signed procedures for collection, reception, handling, labeled, storage, transportation and disposal of samples and wastes, including blood and bloody fluids are readily available to all appropriate staff

8. Radiology

8.1 A written resuscitation procedure for the department is agreed with radiologist, radiographer and medical staff and is implemented when required

8.2 Emergency drugs and equipment including all resuscitation equipment are functioning, not expired, are readily accessible and are monitored.

9. Pharmacy Services

9.1 The hospital formulary is in accordance with existing national guidelines, e.g. National Essential Drugs List (NEDL), National Hospital Formulary

10. Blood Bank

10.1Good laboratory practices are in place for screening of transfusion-transmissible infections, blood grouping, compatibility testing, blood component production and storage & transportation of blood products.

11. Client/ Patient Rights

11.1A client/ patient rights and responsibilities charter is developed and displayed in all client/ patient areas.

11.2There is mechanism to obtain patient feedback on regular basis

11.3There are mechanisms to ensure confidentiality of patient records/ information is maintained.

Annex- III (A) Health Facility Empanelment Core Standards Check List

No	Standard	Assessment Method	Rating		
			0	1	2
1.	**Health Facility**				
1.1	Adequate parking areas are available for private and official vehicles	O			
1.2	All patient areas of the hospital are easily accessible by wheelchair	O			
1.3	Multi-storey buildings have ramps or functional lifts with an operator	O			
1.4	Separate rooms should be available for waiting area, consultation, treatment, injection and dressing room, office, store and laundry.	O			
1.5	Each patient has access to an area in which to keep personal possessions	O, PI			
1.6	Bed Tables are available	O			
1.7	One suction machine, one filled oxygen cylinder and one needle, destroyer per ward are available.	O, SI			
1.8	Separate male and female & bathrooms are available and adequate for the number of clients/ patients in the ward or department (at least one toilet for every twelve clients/ patients) with warm water for winters. (Nov, Dec, Jan, Feb, March)	O			
1.9	Consultation, treatment rooms, washing facilities, in-patient and changing facilities for clients/patients allow privacy and dignity to be maintained.	O, PI			

No	Standard	Assessment Method	Rating		
			0	1	2
1.10	Alternate sources of water and power for heat and lighting in case of breakdown of the systems are identified and are functioning. Priority areas such as ICU and Operating Theatres are identified	O, MI			
1.11	Floor surfaces are no slip and even	O			
1.12	A telephone is available within the hospital premises and suitable for private use by patients	O, PI			
2.	Management				
2.1	The Hospital is managed by a Hospital in charge/ Manager with appropriate Qualifications and experience (2 Years)	D			
2.2	The job description of the Hospital in charge/ manager clearly defines responsibility and accountability for the efficient and effective operation of the hospital, including responsibility for risk and quality management, infection control and health and safety	D			
2.3	There are clear, documented lines of responsibility for all clinical and non-clinical services	D			
2.4	A qualified person is responsible for the financial management, producing reliable financial information and proper accounting records, including an updated cash book and annual external audits	D			
2.5	There is a mechanism to regularly monitor, evaluate and review the contractor against the contract specifications and take actions against deviations/ noncompliance, if any.	D			

No	Standard	Assessment Method	Rating		
			0	1	2
2.6	Housekeeping, Maintenance, Security and Dietary Services may be contracted out.	D			
2.7	The Laundry Service may be contracted out, provided that there is a mechanism to ensure that infection control is established.	D			
2.8	Appropriate policies and procedures are in place to govern access to and storage of patient record.	D, MI			
2.9	The storage area for client/ patient records is protected against fire, flooding and damage by insects.	O			
2.10	A designated person has clear lines of responsibility and accountability for overall quality of the hospital. He/ she develops a quality plan which defines roles and responsibilities and sets priorities for quality improvement (continuous quality improvement)	D, SI			
2.11	The health care facility develops a disaster plan with all departments/ services. The plan outlines individual responsibilities, linkages with external institutions, resources required in the case of a disaster and individuals within the healthcare facility who must be informed in case of a disaster.	D			
3.	**Infection Control, Hygiene & Waste Management**				
3.1	The hospital establishes an infection control program designed to prevent or reduce the incidence of nosocomial infection, based on current scientific knowledge and accepted practice guidelines and developed and monitored with multi-disciplinary involvement.	D			

No	Standard	Assessment Method	Rating		
			0	1	2
3.2	There is a defined department or area for sterilization which physically separates functions of cleaning, processing and sterile storage and distribution.	O, SI			
3.3	Sufficient covered, clean dustbins are provided for clients/ patients, visitors/ attendants and staff and dustbins are emptied on regular basis	O, SI			
3.4	Staff follow written policies and procedures and schedules for: -Disinfection and cleaning of all equipment, furniture, floors, walls, storage areas and other surfaces & areas -Cleaning of specialized areas, e.g. OT, Lab our room, emergency, ward, dressing room, laboratory and ICU	D, O, SI			
3.5	Cleaners are trained and provided with sufficient appropriate equipment and cleaning material and work according to cleanliness and sanitation policies and procedures	O, SI			
3.6	The health care facility has a written waste disposal plan specifying procedures, responsibilities, timetable for waste collection and necessary equipment such as bins and bags	D, SI			

No	Standard	Assessment Method	Rating		
			0	1	2
3.7	The waste disposal plan includes written guidelines for the regulation, identification, containment and storage, transport, treatment and subsequent disposal of different categories of infectious waste, including if appropriate: -Pathology waste -Cytotoxic and chemical liquid waste -Heavy metals, radioactive or any other form of high-risk waste in accordance with the Pakistan Environmental Protection Act (PEPA), XXXIV of 1997	D			
3.8	Continued waste buried in landfills is done so in accordance with the Pakistan Environmental Protection Act (PEPA) , XXXIV of 1997	O, D			
3.9	If contractor's services will be taken for removal and incineration of clinical waste, a written contractual agreement and consignment procedure is used which includes identification of origin, contents and quantity of waste.	D			
4.	**Human Resource**				
4.1	A current organizational chart identifies the line of accountability and reporting for all staff.	D, MI			
4.2	Every employee working regularly within the healthcare facility has a written agreement with management to do so. The general terms of this agreement have been formally adopted and documented by the medical staff and the management.	D, SI			

No	Standard	Assessment Method	Rating		
			0	1	2
4.3	Written and dated job descriptions are available for all posts, which specify at least the flowing: -Job purpose & objectives -Responsibilities -Accountability -Review date	D			
4.4	Duty rotas reflect appropriate skill mix requirements and are available at least 3 days in advance	D, MI			
4.5	Trainings of all cadres of worker at periodic intervals are as an essential component	D, SI			
5.	**Clinical Practice**				
5.1	A consultant should see the patient within half an hour in case of emergency	D, PI, MI			
5.2	Incident, accident, near miss and adverse event data are collated into a central record, analyzed and reported to the Quality team/ committee for information and action as required	D			
5.3	Records are kept of maintenance and servicing of all equipment	D			
5.4	Clinical practice guidelines and standard operating procedures based on current research are available for service provision at the health facility.	D, HPI			

No	Standard	Assessment Method	Rating		
			0	1	2
6.	**Operating Theatre Department**				
6.1	Arrangements are made so that healthcare facility OT is situated separately from areas accessible to the general public.	O			
6.2	A regular system is in force for checking safety of equipment	D, SI			
6.3	The OT complex is divided into sterile operating area, scrub area, storage area, instrument sterilization area and disposal zones.	O, SI			
7.	**Auxiliary Services**				
7.1	Written, dated and signed procedures for collection, reception, handling, labeled, storage, transportation and disposal of samples and wastes, including blood and bloody fluids are readily available to all appropriate staff.	D, SI			
8.	**Radiology**				
8.1	A written resuscitation procedure for the department is agreed with radiologist, radiographer and medical staff and is implemented when required	O, SI			
8.2	Emergency drugs and equipment including all resuscitation equipment are functioning, not expired, are readily accessible and are monitored.	O, SI			
9.	**Pharmacy Services**				
9.1	The hospital formulary is in accordance with existing national guidelines, e.g. National Essential Drugs List (NEDL), National Hospital Formulary	O, D			

No	Standard	Assessment Method	Rating		
			0	1	2
10.	**Blood Bank**				
10.1	Good laboratory practices are in place for screening of transfusion-transmissible infections, blood grouping, compatibility testing, blood component production and storage & transportation of blood products.	D, O, SI			
11.	**Client/ Patient Rights**				
11.1	A client/ patient rights and responsibilities charter is developed and displayed in all client/ patient areas.	O, D			
11.2	There is mechanism to obtain patient feedback on regular basis	D, PI			
11.3	There are mechanisms to ensure confidentiality of patient records/ information is maintained.	D, MI			

Relevant regulative and normative documents:

- Drug Act 1976
- Pharmacy Act 1967
- National Essential Drugs List
- Pakistan Environmental Protection Act

Annexure-III B					
No.	**STANDARD**	**RATING**	**Max. Score**	**Qualified Score**	**Score**
1	Health Facility	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**18**	**11**	
2	Management	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**18**	**11**	
3	Infection Control, Hygiene &Waste Management	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**8**	**5**	
4	Human Resource	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**24**	**14**	
5	Clinical Practice	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**10**	**6**	
6	Operation Theater Dept.	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**10**	**6**	
7	Laboratory Services	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**8**	**5**	
8	Radiology	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**14**	**8**	
9	Pharmacy Services	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**8**	**5**	
10	Blood Bank	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**8**	**5**	
11	Client /Patient Rights	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**12**	**7**	
TOTAL			**138**	**83**	

Annex IV- Agreement/ Contract

This agreement is made on Date between HEALTH FACILITY NAME, hereinafter called **"Hospital"** which expression shall include its representatives, successors and assigns.

And

Insurance Company hereinafter called **"-------"** which expression shall be deemed to include its successors and assigns, having its Principal office at **_ _ _ _ _ _ _.**

And WHEREAS, the Hospital has offered to provide inpatient Hospitalization treatment to the beneficiaries of IC's clients who shall present a program card from a scheme IC administered program (ICPC), and original CNIC of the beneficiary family head and patient (if applicable).

NOW, THEREFORE, IT IS HEREBY AGREED between the Hospital and IC as follows:

1. DUTIES AND RESPONSIBILITIES OF THE HOSPITAL

1.1 Certifying Requirement

i. The Hospital agrees to maintain all mandatory licenses, permits and approvals of the relevant health regulatory authority.

1.2 Contract of Medical Services

i. The Hospital agrees to provide services to IC clients' beneficiaries at the rate schedule that have been contracted.
ii. The Hospital agrees to provide services to IC clients' beneficiaries only for the diagnosis/condition for which they have admitted after receiving authorization from IC.
iii. The Hospital agrees to provide complete treatments and related services in accordance with medically acceptable standards and protocols, as per the requirements of the specific case.
iv. The Hospital agrees to provide free antenatal treatments including: vaccination of pregnant women for tetanus, routine blood tests, ultra-sounds and other necessary investigations.
v. The Hospital confirms it has adequate infrastructure, paramedical and medical staff with adequate training, knowledge and experience to provide the required contracted treatments.
vi. The Hospital agrees to maintain the proper medical records. The Hospital shall provide access to IC to the medical records. Copies of requested medical records will be provided on demand.

1.3 Communication Strategy Requirements

i. The Hospital agrees to not make any use in any manner of the IC name or any of the programs under IC's management without specific written permission. IC may use the Hospital name in their advertising and promotional literature for its administered programs.

ii. IC agrees to provide program specific signage. The Hospital agrees to place the signage in prominent locations within the Hospital, including the main entrance and reception area.

1.4 IC- MIS application Requirement

i. The Hospital agrees to provide space within its premise for IC's health facilitation officer who agrees to assist with the administration of the beneficiary

ii. The Hospital agrees to provide furniture and required computer hardware.

iii. The Hospital agrees to provide a scalable broadband internet connection

iv. IC will provide a health facilitation officer to administer the program beneficiaries from 9:00 AM to 5:00 PM. During off hours, Sundays and public holidays, the Hospital will provide this service.

2. DUTIES, RESPONSIBILITIES AND OBLIGATIONS OF IC

2.1 The Hospital agrees to allow IC's doctor/official to visit the beneficiary during their hospitalization.

2.2 IC will process all submitted claims within 15 days, after receipt of completed claim submission form and required documentation.

2.3 IC may visit the Hospital for routine inspections without notice.

2.4 IC reserves the right to audit the Hospital to ensure compliance with this agreement and also acceptable medical practices.

3. HOSPITAL PACKAGE RATE & PAYMENTS

3.1 The Hospital will be reimbursed for services rendered as per the agreement against a package rate treatment fee schedule.

3.2 The package rate will be calculated as per the "treatment requirements". No additional charge on account of extended period of stay shall be allowed.

3.3 The package rate will include the cost of:

i. All charges pertaining to a particular treatment/procedure (up to the cost of general ward), including registration charges, admission charges, accommodation charges, cost of medicines, labor room, operation /procedure charges, anesthetist charges, nursing and paramedic charges, doctor/consultant visit charges, monitoring charges, operation theatre charges, cost of implant, procedural charges/surgeon's fee, cost of disposable surgical material and cost of all sundries used during hospitalization, related routine investigations, physiotherapy charges etc. from the time of admission till discharge. This also is inclusive of all sub-procedures and all related procedures to complete the treatment.

ii. One post discharge follow up visit in maternity and surgical cases

iii. Pre and post Hospitalization medicines up to1 day prior to hospitalization and up to 5 days from the date of discharge from the Hospital

iv. Transportation charges of Rs. 350 cash payment at the time of discharge. A maximum number of three payments per family per annum. A cash receipt acknowledgement from the beneficiary which shall be submitted along with the bill.

v. Screening of the donor's and cost of blood bags shall not be the part of the package for medical and surgical treatment

3.4 The reimbursement rates for all treatment set under this Agreement may not increase for any reason during the term of this Agreement.

3.5 All admissions require a pre-authorization from IC. The Hospital may provide treatment in life threatening cases immediately with the required pre-authorization. IC representative will visit the patient as soon as possible; if it is determined the case was not an emergency case, the case will be referred to the grievance steering committee. If the committee agrees the case was not an emergency case, IC reserves the right to not pay the claim.

3.6 The Hospital may not collect any fees from either IC or the beneficiaries for any product or services outside the package rate. This includes the cost of medicines, sundries, equipment or accessories. All such fees are covered in the package rate.

3.7 In the case of a referral during the treatment of an admitted patient, the Hospital agrees to bear the expenses of the transportation charges.

3.8 In the case of a death of an admitted patient, the Hospital agrees to arrange an ambulance for transporting the body to the residence of the deceased at the Hospital cost.

4. TAXES

All payments made to the Hospital will be subject to federal and provincial taxes if applicable

5. Processing of Claims

5.1 The claim is initiated from the IC MIS system. A claim report for all beneficiaries who have been discharged since the last claim submission will be generated by the system. This form along with the required documentation will be submitted to the IC.

Required documentation for each patient

- Copy of patient discharge slip
- Readable copy of beneficiary (or head of household) CNIC Card and SLPC
- Discharge feedback form signed by the attending physician and beneficiary

The said documents should be under cover letter of the Hospital.

5.2 Only claims included from the IC MIS system may be submitted for approval

5.3 The Hospital shall make available to IC such information / additional information and assistance as may be required by IC in regard to settlement of the claim

5.4 During the course of the claim processing shall restrict the claims as per agreed terms and conditions and shall also examine in terms of the following:

i. Appropriateness of treatment including screening of patients records to identify unnecessary admissions and unwarranted treatments

ii. Whether the planned treatment is shown as emergency treatment

iii. Whether the unnecessary diagnostic medical or surgical procedures or other investigations were conducted by Hospital

iv. Whether the treatment procedures have been provided as per the package
v. Whether procedures performed were only those for which permission has been granted.

6. CONFIDENTIALITY

The Hospital shall maintain confidentiality of this agreement and shall not reveal any information, documents, data, trade secrets, in any manner to any individual, body, entity which they receives during the course of providing services in accordance with this agreement directly or indirectly with or without any consideration including terms of this agreement, nature of service, consideration for the services and beneficiaries details etc.

7. NON ASSIGNMENT

The Hospital is obliged to act within its own authority. The Hospital is responsible for managing the activities of its personnel and agrees to hold itself responsible for their services and actions.

The Hospital shall not assign, in whole or in part, its obligations to perform under the agreement, except with IC's prior written consent.

8. INDEPENDENT CONTRACTOR RELATIONSHIP

IC's relationship with the Hospital will be that of an independent contractor, and nothing in this Agreement is intended to, or should be construed to, create a partnership, agency, joint venture, or employment relationship between the parties. The Hospital shall not represent or hold itself out as agent of IC.

9. BREACH OF SERVICE

IC may, without prejudice to any other remedy for breach of Agreement, by written notice of default sent to the Hospital terminate the Agreement in whole or part for the following reasons:

i. The Hospital fails to provide any or all of the services for which it has been empanelled within the period specified in the Agreement or within any extension thereof if granted by IC, including but not limited to refusal of service, refusal of facilities to eligible beneficiaries and direct charging from the beneficiaries, under taking unnecessary procedures, prescribing unnecessary drugs / tests, deficient or defective service, over billing and negligence in treatment.
ii. The Hospital fails to perform any other contractual obligation under the Agreement.
iii. The Hospital is found to be involved in or associated with any unethical or illegal activities

The Agreement will be suspended by IC without any advance notice. A show cause notice will be issued in which the Hospital has 10 working days to prepare a response. The notice and response will be reviewed first by both parties for resolution. In the event a resolution is not reached, the issue will be sent for dispute arbitration.

10. DURATION

The Agreement shall remain in force for a period of one year. At the end of the term, if either party does not give notice for discontinuance of this agreement / services, the agreement will renew for a one year term.

11. TERMINATION

Both parties may terminate this Agreement at any time by providing the 30 days written notice. Within the notice period, treatment will continue for admitted patients, no new patients will be admitted. All outstanding claims will be settled within 15 days following the end of the notice period.

12. DISPUTE RESOLUTION

The provisions of this Agreement shall be governed by, and construed in accordance with law of Pakistan. Any dispute, controversy or claims arising out of or relation to this Agreement or the breach, termination or invalidity thereof, which cannot be amicably resolved between the parties shall be settled by arbitration in accordance with the provisions of the Arbitration Law and Conciliation Act.

i. The arbitral tribunal shall be composed of three arbitrators, one arbitrator appointed by each Party and one another arbitrator appointed by the mutual consent of the arbitrators so appointed.
ii. The place of arbitration shall be Peshawar and any award whether interim or final, shall be made, and shall be deemed for all purposes between the parties to be made, in Peshawar.
iii. The arbitral procedure shall be conducted in the English language and any award or awards shall be rendered in English. The procedural law of the arbitration shall be under law of Pakistan.
iv. The award of the arbitrator shall be final and conclusive and binding upon the Parties, and the Parties shall be entitled (but not obliged) to enter judgment thereon in any one or more of the highest courts having jurisdiction.
v. The `rights and obligations of the Parties under, or pursuant to, this Clause including the arbitration agreement in this Clause, shall be governed by and subject to law of Pakistan.
vi. The cost of the arbitration proceeding would be borne by the parties on equal sharing basis.

13. LIQUIDATED DAMAGES

In the event of an error of a billing including billing for unnecessary procedures, IC reserves the right to recover the amount from future claims with notice. A warning will be issues; repeated violations may result in de-empanelment.

14. INDEMNITY & LIMITATION OF LIABILITY

Under no circumstances shall IC be liable to Hospital or any third party for indirect, incidental, consequential, special or exemplary damages (even if advised of the possibility of such damages), arising from this agreement, such as, but not limited to, loss of revenue or anticipated profits or lost business, costs of delay, personal or property damage, or liabilities to third parties arising from any source.

IC will not be responsible in any way for any negligence or misconduct by the Hospital and its employees for any accident, injury or damage sustained or suffered by any beneficiaries or any third party resulting from or by any service performed by and/or on behalf of the Hospital.

The Hospital agrees at all times to indemnify IC against all actions, suits, claims and demands brought or made against it and against any loss or damage to IC consequent to any action or suit being brought against IC along with (or otherwise) the Hospital as a party in respect of anything done or purported to be done by the Hospital in execution of or in connection with the services under this Agreement.
The Hospital agrees at all times to abide by the job safety measures and other statutory requirements prevalent in Pakistan and indemnify IC from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the Hospital negligence or misconduct.
The Hospital agrees to pay all indemnities arising from such incidents without any extra cost to IC and agrees to not hold IC responsible or obligated. IC may at its discretion and shall always be entirely at the cost of the Hospital defend such suit, either jointly with the Hospital or singly in case the latter chooses not to defend the case.

15. WAIVER OF CONTRACTUAL RIGHT

The failure of either party to enforce any provision of this Agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.

16. SEVERABILITY

If any provision of this Agreement is held by a court of law to be illegal, invalid, or unenforceable, (a) that provision shall be deemed amended to achieve as nearly1 as possible the same economic effect as the original provision, and (b) the legality, validity, and enforceability of the remaining provisions of this Agreement shall not be affected or impaired thereby.

17. AMENDMENT

This Agreement may be modified or amended if the amendment is made in writing and is signed by both parties.

18. ENTIRE AGREEMENT

This Agreement contains the entire agreement of the parties and there are no other promises or conditions in any other agreement whether oral or written. This Agreement supersedes any prior written or oral agreements between the parties.

19. NOTICES

Any notice given by one party to the other pursuant to this Agreement shall be sent to other party in writing by registered post and confirmed by copy post the other party's address as below:

Health Insurance Company Address ----------	Medical Center with Address: (…… ……..)

A notice shall be effective when received or on the notice's effective date, whichever is later. Registered communication shall be deemed to have been served even if it is returned for any reason.

IN WITNESSES WHEREOF, the parties have caused this Agreement to be signed and executed on the day, month and the year as mentioned above.

Signed by	Signed By
Divisional Head	For and or behalf of Hospital
1. Witness	1. Witness
2. Witness	2. Witness

Definitions & Interpretations

1. Agreement shall mean this Agreement and all Schedules, supplements, appendices, appendages and modifications thereof made in accordance with the terms of this Agreement.
2. 'Beneficiaries' are individuals who are enrolled under any IC administered scheme and who have the necessary scheme identification card , and are in the program data supplied, as displayed in the IC MIS
3. ICPC shall mean the identification card of the scheme administered by IC.
4. Health Facilitation officer (HFO) shall mean a IC representative who facilitates beneficiaries visiting the Hospital
5. Health Desk shall mean a room allocated by the Hospital to IC for the HFO to facilitate the sehat card holders
6. Feedback performa shall mean a performa for the assessment of service provided by the Hospital filled and signed by the patient / attendant. This shall also be used as a receipt of transportation cost.
7. Transportation cost shall mean to provide 350 per visit up to maximum 3 visits at the time of discharge of the patient from the empaneled Hospital.

Annex-V (A) List of Empaneled Health Facility Form

Information for Empanelled Hospitals						
Region **Division:**						
District:						
Name of Hospital	**Hospital Name**	**Type**	**Services**	**Average rating**	**Date of verification**	**Approved (Y/N)**
District:						

Annex- V (B) Secondary Care Health Facility Assessment & Reporting Form for Empanelment

A- Health Facility Identification	
District:	
Name & Address of Hospital:	
Type of Hospital (1.Public, 2.Private, 3.Autonomous, 4.Others):	
B- Services Provided by the Health Facility	
1. General Medicine ☐	**8. Complicate Deliveries/Cesarean** ☐
2. General Surgery ☐	**9. Gynecological Surgery** ☐
3. Specialist Medical Services ☐	**10. Blood Bank** ☐ In House ☐ Out Source ☐
4. Specialized Surgery ☐	**11. Pathology** ☐ In House ☐ Out Source ☐
5. Intensive Care ☐	**12. Radiology** ☐ In House ☐ Out Source ☐
6. Casualty/ Emergency ☐	**13. Pharmacy** ☐ In House ☐ Out Source ☐
7. Normal Delivery/Maternity Services ☐	**14. Client/ Patient Rights** ☐
Health Facility Assessment	
Date of Visit:	**Date of Re-Visit if Required:**
Assessment Team (IC):	
Average Rating of Health Facility Against Standards:	
Comments:	

Signature of Head of Assessment Team & Date:

- Insurance Company Input data
- Sent to respective PMU's head offices of PMNHP
- Frequency on each new health facility empanelment and yearly.

Annex- V (C) Tertiary Care Health Facility Assessment & Reporting Form for Empanelment

C- Health Facility Identification	
District:	
Name & Address of Hospital:	
Type of Hospital (1.Public, 2.Private, 3.Autonomous, 4.Others):	
D- Services Provided by the Health Facility	
1. General Medicine ☐	**8. Pathology** ☐ In House ☐ Out Source ☐
2. General Surgery ☐	**9. Radiology** ☐ In House ☐ Out Source ☐
3. Specialist Medical Services ☐	**10. Pharmacy** ☐ In House ☐ Out Source ☐
4. Specialized Surgery ☐	**11. Client/ Patient Rights** ☐
5. Intensive Care ☐	
6. Emergency ☐	
7. Blood Bank ☐ In House ☐ Out Source ☐	
Health Facility Assessment	
Date of Visit:	**Date of Re-Visit if Required:**
Assessment Team (IC):	
Average Rating of Health Facility Against Standards:	
Comments:	

Signature of Head of Assessment Team & Date:

- Insurance Company Input data
- Sent to Federal PMU head offices of PMNHP
- Frequency on each new health facility empanelment and yearly.

Annex- VI CERTIFICATE OF EMPANELPMENT

The ***Ministry of National Health Services, Regulations and Coordination (NHSRC)*** certifies that _____ hospital has achieved the minimum standard for quality and ***Prime Minister's National Health Program (PMNHP)*** has awarded the certification for the empanelment.

Certificate Awarded Date

_____

_____

Certificate Ending Date

_____

Secretary

M/o NHSRC

_____

Director General (Health)

Chapter-II Central Management Information Systems & Monitoring

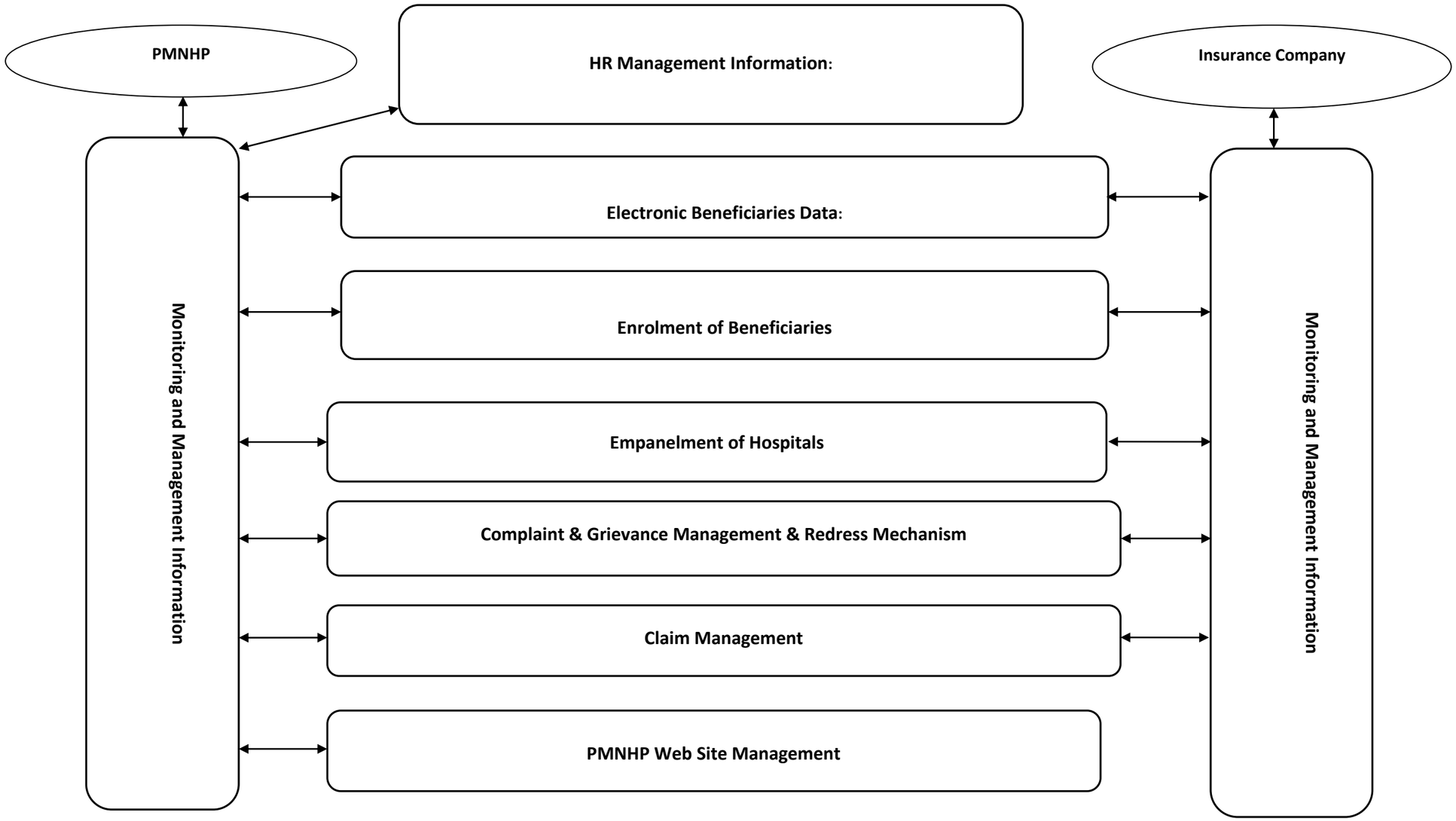
PRIME MINISTER'S NATIONAL HEALTH PROGRAMME

2. Chapter – II Central Management Information Systems (CMIS) & Monitoring

Purpose

This chapter lays down the Standard Operating Procedures (SOP) as guiding principles to utilize the CMIS for monitoring and efficient delivery of health services. CMIS will apply the real time information for quick decision making by the stakeholders. Central Management Information Systems is a section within PMNHP established by Insurance Company that supports other sections with their needs. Its important function for PMNHP will be to get data and provide information to other departments. CMIS will keep electronic data records and deliver reports, alerts, information and computer support in planning, organizing, implementing, monitoring, operations and decision making to the PMNHP management in particular. Central Management Information System (CMIS) of PMNHP will integrate all automated information systems for health insurance of its beneficiaries and will ensure precise information available for management decision support in time and in right format. It is critical for the government to monitor the programme very closely based on objective parameters. Performance of each stakeholder needs to be monitored and corrective actions need to be adopted for deficient areas.

Process Flow Figure 1: CMIS & Monitoring



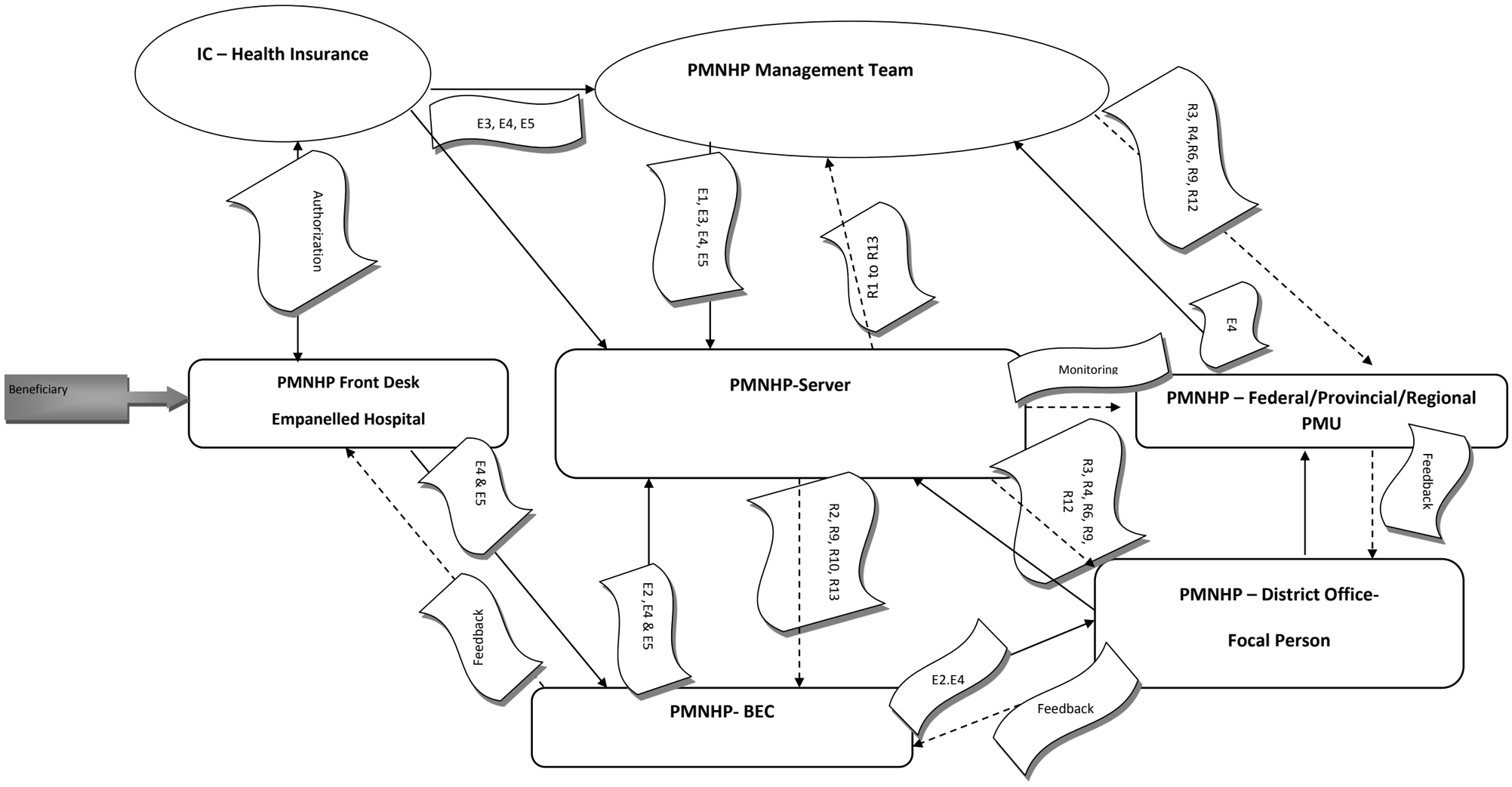
Entry Form

E1=> Human Resource Management
E2=> Enrollment with PMNHP
E3=> Hospital Assessment & Reporting Form for Empanelment
E3A=> Check List for PMNHP Hospital Empanelment Standards
E4=> Complaint & Grievance Management and Redress Mechanism
E5=> Beneficiary Reporting and Treatment Information

Reports

R1=> Detailed Pakistan Sehat Card Distribution Status
R2=> Summary-1 Pakistan Sehat Card Distribution
R3=> Summary-2 Pakistan Sehat Card Distribution
R4=> Abstract-1 Beneficiary Enrollment Status
R5=> Abstract-2 Beneficiary Enrollment Status
R6=> Information for Empanelled Hospitals
R7=> Complaint & Grievance Management and Redress Mechanism
R8=> Summary-1 - Complaints & Grievance Management and Redress Mechanism
R9=> Summary-2 - Complaints & Grievance Management and Redress Mechanism
R10=> Health Insurance Utilization
R11=> Patient Treatment and Satisfaction
R12=> Health Insurance Utilization Pattern
R13=> Abstract - Health Insurance Utilization Pattern

Process Flow- PMNHP Implementation



Legend

Data

Reports ----------

PMNHP Integrated Modular System

PMNHP CMIS will have the following modules developed and implemented, and their respective information will be available at each relevant stratum:

a) HR Management Information System
b) PMNHP Beneficiary Families Data
c) Enrolment of Beneficiaries and Pakistan Sehat Card Distribution
d) Empanelment of Hospitals
e) Complaint & Grievance Management and Redress Mechanism
f) Claim Management
g) Web Site Management
h) Monitoring

Each of the modules will be briefly explained.

HR Management Information System

Minimum information regarding all key employees of IC and PMU's along with their responsibilities must be kept into database. An entry form has been added as **-------**

PMNHP Beneficiary Families Data

PMNHP already has data from BISP poverty census data of Pakistan, the data converted into family basis structure and is provided to the Insurance Company for health insurance coverage enrollment.

- Family Data will be used as basis for CMIS database structure.
- All monitoring and executing modules having additional data fields will be added to this base structure.

Enrolment of Beneficiaries and Pakistan Sehat Card (PSC) Distribution

Information required for the beneficiary module will be the same provided to Insurance Company for beneficiary enrollment and for PS card printing. The Enrollment Entry Form information heads are **annexed at 'E2'**

The Pakistan Sehat Cards will be printed with information posted onto them as agreed by respective PMU's of PMNHP. There are some reports which will be sent from field offices (District/Division office) to PMU about the distribution of PS cards. Three different types of reports are required i.e. Detailed, Summarized and abstracted for different tiers of management:

i. Detailed Pakistan Sehat Card Distribution Status
ii. Summary-1 Pakistan Sehat Card Distribution on Tehsil Status union councils wise.

iii. Summary-2 Pakistan Sehat Card Distribution District Status on Tehsil wise
iv. Abstract-1 Beneficiary Enrollment (Pakistan status on Federal/ Provincial wise)
v. Abstract-2 Beneficiary Enrollment (Regional Status on District wise)

The report formats are attached on **Annex-'R1 to R5'** will be reported on monthly basis with hardcopy printouts. These reports will be generated on monthly basis.

This data will also be updated into PMNHP server and used for future actions to be taken.

Empanelment of Health Facility

The Insurance Company with the assistance of PMNHP will empanel the hospitals on prescribed criteria. The Insurance Company will empanel enough hospitals in the district so that beneficiaries need not travel very far to get the health care services. The Insurance Company will set up a PMNHP front desk with trained staff and requisite equipment.

The information regarding empanelled hospitals will be provided on two entry forms:

i. Hospital Health Care Services

   The IC will provide the data required in 'Hospital Assessment & reporting form for Empanelment' at Annex 'E3' and also submit the Check list at **Annex 'E3A'.**

The minimum two reports of hospital empanelment will be disseminated for awareness and information at the time of every new empanelment within anniversary date.

- Empanelment Status of HF (**Annexed at R6)**

Empanelled hospital information will remain on PMNHP server and Website. It will be updated at the time of every inclusion or exclusion of any hospital from empanelled list.

Complaint Management and Redress Mechanism

Complaints will be received through these places i.e. i) PMNHP front Desk at empanelled hospital and its Complaint box ii) PMNHP Hot line iii) PMNHP District Office /BEC and will be addressed at a) Hospital, b) Federal/ Provincial /Regional PMU's e) IC Office. The data heads shown in data entry form at **Annex-E4** regarding complaints will be forwarded to Committees and PMNHP database.

The PMNHP team needs a monthly report on complaints management on the format attached **at Annex-R7 and Annex-R8.**

Claim Management

Once the beneficiary (patient) gets the treatment and have the discharge slip, the hospitals need to send an electronic report through transaction software to the Insurance Company. The Insurance Company after going through the patients' records will make the payment to

the hospital within a specified time frame. PMNHP is not involved into it except there is any complaint.

IC will provide an aggregative summary of claims on quarterly basis to respective PMU's of PMNHP as **Annexed R9**.

Monitoring and Reporting

PMNHP needs to setup its own monitoring system at all levels. Monitoring is a continuous function that aims primarily to provide project management and the main stakeholders of an ongoing programme with early indications of progress, if lack thereof, in the achievement of programme objectives. The requirement of effective monitoring is the baseline data, indicators of performance and results, and mechanism or procedure (criteria). PMNHP and IC will have to establish its monitoring units to ensure the quality of services being provided by the health facilities. The Beneficiary Reporting and Treatment Information will be captured from the PMNHP Front desk on the data entry form as on **Annex-E5.**

The performance and impact indicators and logical framework of PMNHP are discussed in the following.

Indicators

An indicator is a quantitative or qualitative factor or variable or specific information that provides a simple and reliable means to measure achievements, to reflect changes connected to PMNHP intervention, or to help assess the performance of development partners. SMART (Specific, Measurable, Attainable, Realistic, and Time-bound) indicators would be developed for effective Monitoring, the consultation with the key stakeholders would be imperative during implementation of PMNHP. The indicators designed for PMNHP initiative are placed at **Annexure-I**

Regular monitoring Reports

A reporting system has been developed based on the information received from the smart card. The many other reporting formats may be needed after the interaction of implementing partner i.e. insurance company whenever it is on board. The set of reporting formats those have been developed and are placed as **Annexure-R10 to Annexure-R13.**

Monitoring Alerts

Monitoring alerts help define case management activities in result of information. The early warning signals indicators will provide the beneficiary's feedback, quality of health care, challenges identified and their systematic solution accordingly.

By looking at immediate warning signals, pre-emptive actions will be taken to resolve issues in order to avoid incidences of errors, frauds, embezzlements or delays. These alerts will be generated by the PMNHP Monitoring CMIS whenever they occur.

Roles and Responsibilities

Roles and responsibilities of PMNHP

Our main responsibility will be the ensuring of quality health service delivery to PMNHP beneficiaries. The Modules of CMIS systems are to be developed for smooth travel and timely availability of information for informed decision making. Effective monitoring is the main CMIS tool to ensure benefits of PMNHP to be utilized by the target group of society. In the course of implementation of PMNHP-CMIS, main responsibilities are explained as under for performing of different tasks:

Colour	Severity	Description
GREEN	**Informational**	Provides general information needs to be analysed that all the processes are followed as
YELLOW	**Warning**	Provides information about potential problems that may not require immediate action but
RED	**Critical**	Provides information about problems that need immediate resolution.

2.1 Respective PMU's of PMNHP:

Respective PMU's of PMNHP will be vigilant to oversee the progress of the programme. The information coming from different corners will be analyzed and resultantly ensure the progress at right pace and right direction. During the pilot phase, professional data analysis and accurate inferences will be continuous task for implementation success.

a. Take decision on implementation size, direction, coverage of beneficiaries and health care benefits package.
b. Make arrangements for the development of specific software modules for the PMNHP information system and uploading of PMNHP server.
c. Build capacity and training for the developed software (User-specific training modules needs to be developed and capacity building process should be initiated).
d. Required PMNHP information is to be loaded onto PMNHP Website.
e. Ensure timely communication of informed-decision for proper management of the scheme.

2.2 Monitoring Structure at District Level

This level is a coordination and support level for the execution and implementation of monitoring process of PMNHP. EDO team will be actively involved in the monitoring process and will be provided incentives for that. An incentive mechanism will be developed for district management which will offer 2% of public sector health facility revenue to the district management.

2.3 IC Management at District:

District Management level is focal for operational and monitoring data collection point from where all the data is directed to PMNHP Server for entry. The data is converted into meaningful information at this point and sent to higher offices.

a. The IC management team at district will play a pivotal role in PMNHP implementation. All information will flow upward or downward through district officer.

b. This officer will be responsible for the information of implementation such as enrollment, card distribution, complaint Redressal, monitoring and service delivery in empanelled hospitals.

c. The complaints not addressed at lower levels, will be redressed here with the hospital management. The redressal information is sent to PMNHP server and respective PMU.

d. Enroll and update beneficiary in pilot as well as regular PMNHP operations and send the data for PMNHP databases updating.

2.4 IC Front Desk at Empanelled Hospital:

IC Front desk at empanelled hospital is the health service delivery level. Health utilization, monitoring and beneficiary satisfaction data is generated here.

a. This will be the root for data generation for monitoring, complaint, quality health services, beneficiary satisfaction, hospital behavior etc.
b. Be in contact with district office and corresponding PMU and send them data via entering into server (daily, weekly).
c. Send emergency cases information directly (in case of exhausted or blocked insurance money) to IC and respective PMU.

Roles and responsibilities of Insurance Company

Insurance Company being the main implementer partner into PMNHP and having the whole responsibility of providing quality health services to PMNHP beneficiaries has to perform multifarious functions. The onus of PMNHP beneficiary information till the settlement of claims along with redressal of complaints will lie on Insurance Company. It has to develop a transparent claim/transaction management system and a robust monitoring system to curtail loses and leakages. All the specific software systems development regarding health insurance will be responsibility of IC. The main responsibilities are listed for performing CMIS tasks to be carried out.

a) Provide central server with required developed systems at PMU's.
b) Coordinate with PMNHP IT/CMIS team in software development to integrate the systems at database structure level for information exchange as per design.
c) Develop System manuals and User Guides for all the developed Software systems.
d) Ensure security of data against loss as well as leakages. Daily data backup should be taken.
e) Develop training modules and provide training to all the concerned personnel at all levels on the usage & features of the systems along with PMU Team.

f) Assess training needs for hospital designated officials, government staff & other concerned as required on features of the PS card usage & its allied devices.
g) Record complaints that are found into Complaint Box for their redressal.
h) Develop a complete Transaction System as per rrequirements of the Transaction Processes.

Monitoring Reports

The monitoring reports are critical for the government to monitor the programme on objective parameters which could possibly lead to fraudulent activities. These exception reports will provide for further introspection into various aspects of PMNHP and also facilitate in tactical and policy level decisions to be implemented.

PMNHP may utilize the inputs from CMIS to generate a national summary of the performance of the programme under various parameters.

The following CMIS reports will be used to monitor and manage the performance and progress of PMNHP at a national level.

National Summary for PMNHP for the year (----)		
Parameter	**Attributes**	**Value**
Enrolment	Families enrolled (In Thousands)	
	Average Family size	
	Enrolment Conversion Ratio as %age of Enrolment List	
Utilization	Card Ratio	
	Beneficiary Ratio	
	Wellness Check Ratio	
Pure Claim	Claims made as % of premium received	
	Claims paid as % of premium received	
CGMRM	Complaints & Grievances Filed	
	Complaints & Grievances Resolved	

Performance Summary of a PMU for a particular Financial Year

PMU Summary for the Financial Year (----)																			Date of Report
No.	District	Enrolment				Utilization								Pure Claims					
		(Source: Web CMIS- Enrolment Data from IC)				(Health Facility Data) Updated by HF				(Source of Hospital data: Web MIS - aggregate data from IC)				Source of Claims data: Claims Settlement Portal from IC, claim wise			Source of Claims data: Web MIS – aggregate data from ICs		
		Families Enrolled (Thousands)	Average Family Size	Conversion Ratio (% of Enrolment list issued cards)	Last Updated by IC	Card Ratio (% of Issued Cards used for Hospitalization)	Beneficiary Ratio (No. of beneficiaries hospitalized as % of No. of Cards Issued)	Wellness check ratio (% of issued card used for wellness check)	Last Updated (By HF)	Card Ratio (% of Issued Cards used for Hospitalization)	Beneficiary Ratio (No. of beneficiaries hospitalized as % of No. of Cards Issued)	Wellness check ratio (% of issued card used for wellness check)	Last Updated (By IC)	Claims made as % of Premium Received	Claims paid as % of Premium Received	Last Updated (By IC)	Claims made as % of Premium Received	Claims settled as % of Premium Received	Last Updated (By IC)
	A	B	C	D	E	F1	G1	H1	I1	F2	G2	H2	I2	J1	K1	L1	J2	K2	L2
	Total																		

Third Party Audit

PMNHP involves varied number of transactions being conducted at different places by different stakeholders. These can leave the scope for mal-practice at many places. It is imperative to track and monitor these transactions and activities through IT interventions. While not all the activities can be tracked directly through IT interventions, some of these require field level visits to check conformity to the processes. The concept of audit of PMNHP processes and activities is being brought in for the first time. There has to have consultations to finalize the scope of audit within PMNHP.

It is hence proposed to introduce various types of audits on the activities taking place in various processes of PMNHP. In some cases audit will be concurrent while for some it will be periodical. This section lists downs the activities which need to be audited. It also mentions the frequency and sample size for which this audit is need to be conducted. Third party audit agencies will be selected for conducting such audits and these firms will be empaneled centrally. An indicative list of audit types has been provided below:

Concurrent/field audit: This will happen in case of activities, where the number of transactions is of high value and regular, such as enrolment empanelment and card issuance at BEC etc. In these cases the frequency will be high but % of cases selected as sample will be low. This will also comprise of field checks, such as IC front desk operations, hardware at HF etc. This type of audit can be initiated at any time based on exceptions from CMIS/ field reports/ call center complaints.

System audit: All application/software developed will undergo functionality testing before going live and IT security audit should be conducted during first year of operations. A regular system audit may be done as and when changes to the system take place or a random system audit may be conducted.

Medical audit: A team of qualified doctors will conduct the audit of randomly selected cases to verify whether the treatment provided was actually required or whether the requisite treatment was actually provided or not.

For all the audits following points should be taken in to account:

1. Sample will be selected purely on random basis. System will have the provision to generate random samples for audit

2. In some cases system will generate random samples from select datasets on the basis of pre-defined triggers

3. Sample will be generated maximum 12 hours before the actual audit is scheduled.

4. Audit has to be conducted within 12 hours of sample generation

5. Audit report has to be uploaded to the system within 24 hours of audit

Who will conduct the audit: Audit will be conducted by firms that have been centrally empaneled by PMU's of PMNHP. These firms shall have prior experience of conducting audits of similar nature. These firms can be chartered accountancy firms (based on the kind of audit), management consultancy firms and other firms that have extensive field level experience and specific expertise to suit the audit requirements of PMNHP. These firms shall have multi-disciplinary expertise in-house or empaneled to conduct the requisite audit for PMNHP procedures. The audit firms shall sign an undertaking that none of the partners / members of the team of auditors of the firm face any disciplinary action on account of frauds or collusion or any act which can be construed as moral turpitude, during the empanelment process and prior to executing an audit as desired by PMNHP.

Selection of audit firms: The audit firms shall be selected on a provincial, federal and regional basis. The Federal, Provincial and Regional PMU's shall be divided into eight zones – Federal ICT, Punjab, Sindh, Baluchistan, KPK, GB, AJK & FATA. Audit firm shall be selected and they would be allocated in selected districts for audit based on an RFP by the PMU's of PMNHP. The audit firm shall be selected on a zone wise basis. Once they have been selected on a zonal basis they can be allocated work in any district in the zone for a period not exceeding one year in the district and a maximum of three years in the zone.

Disqualification of audit firms: In the process of bidding in case it is found that an audit firm tries in any way to approach or influence members who shall select the firms there shall be automatic disqualification. In case the audit firm or any partner has any professional or any other interest in the activity of any stakeholder, it shall have to be disclosed and in case not done and found later would attract disqualification. In case the conflict of interest is substantial i.e. the auditor is also auditing a stakeholder or is on the board of an insurance company in the zone concerned, there shall be automatic disqualification at the selection stage.

Suggested audits in each process of PMNHP: The list below provides for suggestive audits that can be conducted for each process of PMNHP.

PMNHP can change/ add additional audit parameters based on the requirements and the status of the programme/ issues observed in operations. It is envisaged that the proposed improvisations in CMIS of PMNHP shall provide reports which PMNHP can use for initiating audits apart from field reports, call center complaints etc.

Data Preparation and Pre- enrolment

Audit Required							
S. No	**Activity/ Systems to be audited**	**Entity Involved**	**Audit Agency**	**Sample Size**	**Sample Type**	**Periodicity**	**Triggers**
1	De Duplication Process	IC & NADRA	3rd Party Audit Team	5 % of Suspicious cases	Randomly generated by system from pre-enrolment data submitted by NADRA	Once at the time of enrolment data preparation, before submitting the data to PMNHP	High number of potential duplicate records
2	Accuracy and completion of data shared by NADRA	NADRA	Field Audit Team	0.1% of complete data	Randomly generated by system from pre-enrolment data submitted by NADRA	At the time of card distrbutiion	High number of mismatch addresses and gaps in data

Process Enrolment

Audit Required							
S. No	**Activity/ Systems to be audited**	**Entity Involved**	**Audit Agency**	**Sample Size**	**Sample Type**	**Periodicity**	**Triggers**
1	Setting up of enrolment stations (time, quality of equipment, IEC activity, quality of cards, re-verification of cards, presence of Representative of IC, extent of family data updated)	IC	3rd Party agency	5 %	Randomly Selected system generated records from route plan data provided by IC	At least once a week, during enrolment window	Complaints against IC Continuous low Process enrolment coverage by IC
2	Beneficiary enrolment, card issuance and delivery of card to beneficiary	IC	3rd Party Field Audit Team	5 %	System generated random sample	At least twice during enrolment period	Too low coverage

Process: Wellness Check and Payment of Premium

Audit Requirements							
S. No	**Activity/ Systems to be audited**	**Entity Involved**	**Audit Agency**	**Sample Size**	**Sample Type**	**Periodicity**	**Triggers**
1	Audit for wellness checks at HFs/ satisfaction	HFs	3rd Party Audit Agency	5 % of sample of beneficiaries visiting these HFs for wellness checks	Randomly generated sample	Concurrent	
2	Re-conciliation of premium invoice with PSC data	IC	3rd Party Audit Agency	5 %	Randomly selected system generated records from the premium flow application	Once a year post enrolment process	Each invoice generated will go through a random check and reconciliation.
3	Premium payment system audit	IC & PMU	3rd Party Audit Agency	NA	NA	Once a year	A complete system audit for functionality and information security

Process: Service Utilization at HF

Audit Required							
S. No	**Activity/ Systems to be audited**	**Entity Involved**	**Audit Agency**	**Sample Size**	**Sample Type**	**Periodicity**	**Triggers**
1	Claims raised by HF	IC	3rd Party Audit Agency	5 % of total cases	Randomly selected system generated records from the master set	At least once a month	Too many claims of similar types from same HF
2	Empaneled HFs claimed to be available	IC	3rd Party Audit Agency	10% of total Empanelled HFs	After the approval from PMU's Randomly selected system generated records from the master set, as well as field reports from beneficiaries,	Once a year	Field reports and complaints received through call center and other sources

					call center complaints		
3	Audit to check whether the beneficiary has been provided with cash of PKR. 350 at the time of discharge, towards transportation allowance.	IC & HF	3rd Party Audit Agency	10 % of Beneficiaries in each PMU	Randomly generated system data, feedback from beneficiary through call center/ CGMRM	Once a month in randomly selected districts	Complaints and field reports from beneficiaries through call center or through any other source
4	Audit to check utilization of PS card at HF pertaining to treatment provided	HF	3rd Party Audit Agency	5% of sample of beneficiaries visiting these HFs	CMIS exception report generated	Once in three months	Trends observed in similar treatment being provided to multiple beneficiaries at the same HF

Process: Claim Management

Audit Required							
S. No	**Activity/ Systems to be audited**	**Entity Involved**	**Audit Agency**	**Sample Size**	**Sample Type**	**Periodicity**	**Triggers**
1	Claims raised by HF	HF	3rd Party Agency	1%	System generated	Continuous process with audit at HF or at beneficiary	Unusually high number of claims raised by a HF during a

					random sample from HF claim data	location conducted randomly	specific time duration
2	Claims rejected by IC	IC or HF	3rd Party Agency	10 %	System generated random sample from HF claim data	Continuous process with audit at HF	Very high claim reject percentage by IC.

Process: Complaint & Grievance Management and Redress Mechanism

Audit Requirements							
S. No	**Activity/ Systems to be audited**	**Entity Involved**	**Audit Agency**	**Sample Size**	**Sample Type**	**Periodicity**	**Triggers**
1	CGMRM system audit	IC and Call center	3rd Party Audit Agency	NA	Complete System	Once a year before commencement of Enrolment	New features/ modules added
2	Complaint audit	IC and Call center	3rd Party audit Agency	5 %	System generated	Once in two months	Trends observed in type of complaints/

					random sample/ field reports		pending complaints.
3	Grievance audit	PMU	3rd Part audit agency	5 %	System generated Random sample / field reports	Once in two months	Type of grievance, pending grievances, number of appeals

Process: IC front desk and IC District Management

S. No	Activity/ Systems to be audited	Entity Involved	Audit Agency	Sample Size	Periodicity	Triggers
1	IC front desk and IC district Management Audit	IC	3rd Party Audit Agency	10%	Twice a year	Audit teams should conduct surprise audits to check the state of IC District management and front desk at HFs on parameters such as functioning hardware, designated front desk operator presence, service delivery satisfaction by beneficiaries through a district officer
2	Fraudulent access to CMIS software	IC or HF	3rd Party Audit Agency	Based on reports	This can be conducted in case such events are reported in the	There may be instances when unauthorized access takes place in the CMIS software. This may be due to wrong entry of password by the IC front desk operator, biometrics not matching due to faulty biometric reader; user apart from IC front desk

					CMIS reports or reports from the field by Beneficiaries.	operator tries to access the software etc. Each such reported instance will have to be audited.

Annex-E1

Annexure E

Human Resource Management

PMNHP

Form-Human Resource Management	
• Employee Code: • Name of employee : • CNIC Number: • Designation:	
• Where posted: • Employees' main TOR:	
• Performance:	

First Time Data:
Generation: PMU
Later on:
Data generation: IC District Officer
Sent to: PMU
Frequency: Quarterly

Annex-E2

Enrollment with PMNHP Form (Pakistan Card Distribution Status)	
Region Code:	**Division Code:**
District Code:	**Tehsil Code:**

- PS Card No:
- Family Code:
- Beneficiary Name:
- CNIC No:
- Delivered (Y/N):
- If 'N' why:

Pilot Phase

First Time Entry by IC and PMU: (Already entered)
Variable Data generated: Beneficiary Enrolment Center (BEC)
Sent to: PMU
Frequency: Daily
IC will Consolidate and:
Send to: District Office
Frequency: Weekly
District will consolidate and:
Send to: PMU
Frequency: Monthly

Later on:

IC will send to district office and district office will send to PMU for left over cards distribution.
Frequency: Monthly

Annex E3 Secondary Care Health Facility Assessment & Reporting Form for Empanelment

E- Health Facility Identification	
District:	
Name & Address of Hospital:	
Type of Hospital (1.Public, 2.Private, 3.Autonomous, 4.Others):	
F- Services Provided by the Health Facility	
1. General Medicine ☐	**8. Complicate Deliveries/Cesarean** ☐
2. General Surgery ☐	**9. Gynecological Surgery** ☐
3. Specialist Medical Services ☐	**10. Blood Bank** ☐ In House ☐ Out Source ☐
4. Specialized Surgery ☐	**11. Pathology** ☐ In House ☐ Out Source ☐
5. Intensive Care ☐	**12. Radiology** ☐ In House ☐ Out Source ☐
6. Casualty/ Emergency ☐	**13. Pharmacy** ☐ In House ☐ Out Source ☐
7. Normal Delivery/Maternity Services ☐	**14. Client/ Patient Rights** ☐
Health Facility Assessment	
Date of Visit:	**Date of Re-Visit if Required:**
Assessment Team (IC):	
Average Rating of Health Facility Against Standards:	
Comments:	

Signature of Head of Assessment Team & Date:

- Insurance Company Input data
- Sent to respective PMU's head offices of PMNHP
- Frequency on each new health facility empanelment and yearly.

Tertiary Care Health Facility Assessment & Reporting Form for Empanelment

G- Health Facility Identification	
District:	
Name & Address of Hospital:	
Type of Hospital (1.Public, 2.Private, 3.Autonomous, 4.Others):	
H- Services Provided by the Health Facility	
1. General Medicine ☐	**8. Pathology** ☐ In House ☐ Out Source ☐
2. General Surgery ☐	**9. Radiology** ☐ In House ☐ Out Source ☐
3. Specialist Medical Services ☐	**10. Pharmacy** ☐ In House ☐ Out Source ☐
4. Specialized Surgery ☐	**11. Client/ Patient Rights** ☐
5. Intensive Care ☐	
6. Emergency ☐	
7. Blood Bank ☐ In House ☐ Out Source ☐	
Health Facility Assessment	
Date of Visit:	**Date of Re-Visit if Required:**
Assessment Team (IC):	
Average Rating of Health Facility Against Standards:	
Comments:	

Signature of Head of Assessment Team & Date:

- Insurance Company Input data
- Sent to Federal PMU head offices of PMNHP
- Frequency on each new health facility empanelment and yearly.

Annex-E4

Complaint Management and Redress Mechanism

Data Fields	Description
Beneficiary Identification:	PS Card Number: CNIC Number:
Place where lodged?	1. IC front Desk/Complaint Box, 2. Hotline of PMNHP, 3. PMNHP District office/BEC
Date:	
Text of Complaint:	
Referred to:	
Date of referring?	
Resolved by?	
Resolution:	
Date of resolution:	
Comments by Federal Representative	
Comments by Provincial Representative	

Comments by District Representative	

Initially IC will send paper-based with photocopies of complaints (resolved and unresolved).

Data Generated at:

i. IC front Desk/ Complaint Box,
ii. Hotline of PMNHP
iii. BEC

Sent to: PMU/ PMNHP server
Frequency: Monthly
Monthly
As soon as possible in case of emergency.

Annex-E5

Beneficiary Reporting and Treatment Information

Monthly Return

District Name: **Tehsil Name:**

Health Facility Name:

Field Name	Description
P S Card Number: Beneficiary CNIC No: Name of Patient: Relationship with beneficiary: CNIC No: Date: Diagnosis: **Admitted? (Y/N):** Treatment: Date of admission: Date of Discharge: Cost of Claim:	
Rating	1. Excellent 2. Satisfactory 3. Unsatisfactory

Pilot Phase:
Data Generated at IC front Desk at each empanelled health facility at the time of beneficiary reporting.
Sent to: PMNHP server - PMU
Frequency: Quarterly
Later on: Quarterly or when PMNHP System will be developed; IC will send monthly data as per the System arrangements.

Annexure R

Reports

Management and Monitoring

Annex-R1

Detailed Pakistan Sehat Card distribution Status at Beneficiary Enrolment Centre **Monthly**				
Region/ Province: **Division/District:** **Tehsil:**				
Union Council: **Mouza:**				
P S Card Number:	**Beneficiary Name:**	**CNIC Number:**	**Delivered: (Y/N)**	**If 'N' Then specify reason:**
Union Council: **Mouza:**				

Annex-R2

Summary-1

Pakistan Sehat Card Distribution
(Tehsil Status union councils wise)

Region: **District:**

Enrollment Beneficiaries				
Union Council Mouzas	**Number of Cards**			**Main reasons of leftovers**
	Printed	**Delivered**	**Leftovers**	
Tehsil-1				
UC-1				
UC-2				
UC-3				
Tehsil-2				
UC-1				
UC-2				

When Tehsil/District/Division changes, report will start from new page.
Pilot Phase:
Tehsil Office consolidate UC wise: Send to District Officer IC
Frequency: Weekly

Annex-R3

Summary-2

Pakistan Sehat Card Distribution
(District Status on Tehsil wise)

Region:

Enrollment of Beneficiaries				
Union Council Mouzas	**Number of Cards**			**Main reasons of leftovers**
	Printed	**Delivered**	**Leftovers**	
District-1				
Tehsil-1				
Tehsil-2				
Tehsil-3				
District-2				
Tehsil-1				
Tehsil-2				

Pilot Phase:
District Office consolidate Tehsil Office: Send to Regional and Provincial PMU's
Frequency: Monthly

Annex-R4

Abstract-1

Beneficiary Enrollment Status
(Region on District wise)

Region:

Pakistan Sehat Card Distribution / Families Registered				
Name of District	**Number of Cards**			**Main reason of leftovers**
	Printed	**Delivered**	**Leftovers**	
Total:				

District Officer IC will consolidate and send to respective PMU's.
Frequency: Quarterly

Annex-R5

Abstract-2

Beneficiary Enrollment Status
(Pakistan on Region wise)

Pakistan Sehat Card Distribution / Families Registered				
Name of District	**Number of Cards**			**Main reason of leftovers**
	Printed	**Delivered**	**Leftovers**	
Total:				

IC district officer will consolidate and send to PMU top management.
Frequency: Quarterly basis or updated whenever needed by top management.

Annex-R6

Information for Empanelled Hospitals						
Region: **Division:**						
District:						
Name of Hospital	**Hospital Name**	**Type**	**Services**	**Average rating**	**Date of verification**	**Approved (Y/N)**
District:						

Data Generated at IC and will send to respective PMU
Frequency: yearly and as required.

Annex-R7

Complaint & Grievance Management and Redress Mechanism

Region: **Division:**

Name of District/ Tehsil	Number of Complaints lodged			Number of Complaints Resolved at				
	Complaint Box	PMNHP Hotline	BEC/ Tehsil	Health Facility	Tehsil	District /Division	Region	PMU / IC head office

Data generated at 1. IC Front Desk/Complaint Box, 2. Hotline of PMNHP
3. District office/BEC
Consolidation: District and PMU
Frequency: Monthly in Pilot Phase and later on quarterly.
Comments:
Federal Representative:
Provincial Representative:
District Representative:

Annex-R8

Summary

Complaints Management and Redress Mechanism

Region: **Division:**

Name of District	Number of Complaints				Comments
	Lodged	Resolved	Average days of resolving	Pending	

Data generated at IC Front Desk/Complaint Box, 2. Hotline of PMNHP, 3. District/BEC
Consolidation: District and PMU office
Frequency: Monthly in Pilot Phase and later on quarterly.
Federal Representative:
Provincial Representative:
District Representative:

Annex-R9

Summary-2

Claim Processing Performance of PMNHP

Quarterly Report

Name of District / Tehsil	Number of Beneficiaries		Number of Claims Addressed					
	Total Reported	Admitted	Received		Paid		Pending	
			Number	Amount	Number	Amount	Number	Amount

Region: **Division:**

Data generated at IC Front desk
IC will send to PMU

Frequency: Quarterly

Annexure- R10

PMNHP

Quarterly Health Insurance Utilization

Dated:
Province: _____ **Division: _____**
District: _____ **Tehsil: _____**

Card Number	CNIC Number Beneficiary /patient	Name of Patient / Relationship	Gender/ Age	Claim Generated		Hospital visited		Rating
				Amount	Balance	Type	Name	
Tehsil:								
District:								

Rating:
Hospital Services 1. Satisfactory 2. Unsatisfactory
Treatment Provided 1. Satisfactory 2. Unsatisfactory
Attitude of the Staff 1. Satisfactory 2. Unsatisfactory

Generated by IC and sent to PMU
Frequency: Quarterly

Annex-R11

Patient Treatment and Satisfaction

Quarterly

Region: **Division:**

District:

Name of Health Facility	Total	Patients Treated Three main diagnosis & Average length of stay respectively		Overall Rating Scores
		1. 2. 3.		a. b.

Rating:

Hospital Services	1. Satisfactory	2. Unsatisfactory
Treatment Provided	1. Satisfactory	2. Unsatisfactory
Attitude of the Staff	1. Satisfactory	2. Unsatisfactory

Annexure-R12

Summary

PMNHP

Quarterly Health Insurance Utilization Pattern

Dated:

Region: _____

No. of Beneficiaries		Utilization Pattern				Number of Admission into the health facility			
		Age		Gender					
Visited	**Admitted**	**Children**	**Adults**	**Male**	**Female**	**Public**	**Private**	**Autonomous**	**Others**
District-1:									
District-2:									
Division-1:									
District-n									
Division-n									
Total Region:									

Data generated at IC Front desk at hospital
IC will send to PMU office.
Frequency: Quarterly

Annexure-R13

Abstract

PMNHP

Quarterly Health Insurance Utilization Pattern

Dated:

No. of Beneficiaries		Gender (Nos.)		Number of Admission into the hospitals			
Visited	Admitted	Male	Female	Public	Private	Autonomous	Others
Punjab							
Sindh							
Khyber Pakhtoon Khawa / FATA							
Baluchistan							
Azad J&K / Gilgit Baltistan							
Pakistan							

Annexure-E3A

CHECK LIST FOR EMPANELMENT STANDARDS

The Check List for Empanelment Standards is designed for external evaluators/hospitals to assess hospital performance against the Empanelment Standards.

Assessment Methods

In order to determine how well the hospital meets a standard, the assessment teams must assess the evidence available, noting the tool's listed evidence required and the suggested assessment method.

Key

D = Document Review

I = Interview

MI = Management Interview

SI = Staff Interview

PI = Patient Interview

HPI= Health Provider Interview

O = Observation

Q = Questionnaire

SQ = Staff Questionnaire

PQ = Patient Questionnaire

Ex amples

Documents

Written policies, procedures or protocols
Patient records
Other records, e.g. maintenance records, records of refrigerator temperature monitoring
Plans, e.g. hospital strategic or annual plans, patient care plans, programme plans
Minutes of meetings
Reports
Analyses of data results

Interviews

Management interviews: discussions with medical superintendent, assistant medical superintendent, nursing superintendent, assistant nursing superintendent, departmental managers, other managers

Staff interviews: discussions with staff in particular wards or departments

Patient interviews; discussions with patients and/or their families in various parts of the hospital

Health provider interviews: discussions with non-staff health providers, e.g. visiting health professionals, health providers outside the hospital such as primary care providers or pharmacy providers

Interviews may be formal or informal discussions with people outside the assessment team or with assessment team members who have the knowledge and experience to provide the required information.

Observation

Visual observation or inspection of a process, staff behaviour or interaction, how staff treats patients, whether a piece of equipment or supplies are available, cleanliness of an area or of equipment, whether posters or signs are on the walls, etc.

Questionnaires

Staff questionnaires such as staff satisfaction surveys

Patient questionnaires such as patient satisfaction surveys, feedback forms

Rating

The next stage of the assessment process is the rating of the team's level of compliance with each standard.

Rating Scale

Rating	Definition
0	Not Meeting Requirement
1	Partially Meeting Requirement
2	Fully Meeting Requirement

EMPANELMENT OF HEALTH FACILITY CRITICAL STANDARDS CHECKLIST

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
1.	**HEALTH FACILITY**				
	CRITICAL				
1.1	At least 10 inpatient medical beds for primary inpatient health care. The requirement of minimum number of beds can be reduced based on available infrastructure in rural areas.	O			
1.2	The facility is accessible by a motor able road, allowing for patient movement.	O			
1.3	Functional wheel chairs and stretchers are available at the gate/reception for patients who are unable to walk.	O, PI			
1.4	The hospital and its departments are clearly signposted and a site plan is displayed at a central place for orientation of staff and patients.	O			
1.5	A reception with a receptionist to guide the patients is open during operating hours.	O, PI, SI			
1.6	Clients/Patients admitted to the hospital have access to an allotted bed with fresh linen and do not have to double up with other clients/patients.	O, PI,			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
1.7	There are separate wards for males and females	O			
1.8	Toilets and bathrooms are available and adequate for the number of clients/patients in the ward or department (at least one toilet for every twelve clients/patients) with warm water for winter months	O			
1.9	Potable water and electrical power/ Alternate sources of water and power are available 24 hours a day, seven days a week.	O, MI, PI			
2.	**MANAGEMENT**				
	CRITICAL				
2.1	A health facility can also provide the services for which it has the right skills mix, infrastructure and equipment.	D, O, MI,			
2.2	The services to be performed by the institutions are in accordance with the services listed in the registration form provided to PMNHIP and approved by PMNHIP.	D			
2.3	There are clear, documented lines of responsibility for all clinical and non-clinical services.	D			
2.4	Health facility has access to ambulance services in twenty minutes.	PI, O, MI			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
2.5	The ambulance service may be contracted out, but the vehicle used for patient transport must be available for 24 hours. There must be a mechanism to ensure that it is readily available whenever there is a need to transfer patients to a higher level of facility or to transport patients to diagnostic facilities.	D, MI			
2.6	Electricity/ telephones/water/civil engineering may be contracted out.	D, MI			
2.7	Where an external contractor provides services, a detailed service specification is available, where appropriate.	D, MI			
2.8	Client/Patient records are maintained through the use of a unique number or other form of identification unique to the patient.	D			
2.9	Where referrals have been made, the client/patient record includes the referral letter and indications for referral.	O, PI, D,			
3.	**INFECTION CONTROL, HYGIENE & WASTE MANAGEMENT**				
	CRITICAL				
3.1	Gloves, gowns, masks, soap and disinfectants are available and correctly used in situations where there is a risk of infection.	O, SI,			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
3.2	Maintenance of proper sanitation in toilets and other public utilities should be given utmost attention. Sufficient funding for this purpose must be kept and the services may be outsourced.	O, SI, PI,			
3.3	Sufficient covered, clean dustbins are provided for clients/patients, visitors/attendants and staff and the dustbins are emptied on a regular basis.	O, SI,			
3.4	Cleaners are trained and provided with sufficient appropriate equipment and cleaning material and work according to cleanliness and sanitation policies and procedures	SI, O			
4.	**HUMAN RESOURCES**				
	CRITICAL				
4.1	The healthcare practitioner is registered with the appropriate professional regulatory body.	D			
4.2	The practitioner is trained, experienced and entitled for the roles they undertake.	D, SI			
4.3	Written and dated job descriptions are available for all posts, which specify at least the following: Job title and grade, Job purpose and objectives, Responsibilities, Accountability, Review date.	D, MI			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
4.4	A duty resident medical officer and a nurse are physically available for 24 hours in the healthcare facility.	PI, SI, MI, D			
4.5	The duty medical officer should have MBBS or equivalent degree approved by Pakistan Medical & Dental Council with one year house job experience.	D			
4.6	The nurse should have a bachelor's degree in nursing approved by Pakistan Nursing Council.	D			
4.7	One duty medical officer for every 20 indoor patients should be available for 24 hours.	D, SI, MI			
4.8	Physician/Consultant -on-Call is a physician who may be called on at any time to provide services. There must be at least one (1) Physician/ Consultant-On-Call.	D, MI			
4.9	A healthcare facility providing surgical facilities should have a surgeon and anesthetist available on call.	D, MI,			
4.10	A nursing home providing maternity facilities should have an obstetrician and gynecologist, an anesthetist, and a neonatologist available on call round the clock.	D, MI			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
4.11	A healthcare facility providing surgical facilities must have a qualified operation theatre nurse in every shift.	D, SI			
4.12	Every ward should have one ward boy or ayah available 24 hours with a maximum twelve hours shift.	O, SI, D			
5.	**CLINICAL PRACTICE**				
	CRITICAL				
5.1	As soon as a patient arrives at a nursing home, (in emergencies) he or she should immediately be seen by a Duty Medical Officer otherwise within half an hour.	D, PI, O, MI			
5.2	In case the required services are not available a mechanism for referral to higher level facility is available.	O,HPI,MI			
5.3	ECG facilities should be available in the healthcare facility round the clock.	O, SI,			
5.4	Medical devices intended for single use are not reprocessed for reuse.	SI, MI, D, O			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
5.5	The client/patient record is sufficiently detailed to enable the client/patient to receive effective treatment and care and includesdetails of admission, date and time of arrival. Client/Patient assessment and medical examination sheet containing history pertinent to the condition being treated including details of present, past history. Diagnosis by a registered medical doctor for each entry. Details of the client/patient treatment plan and follow-up plans, diagnostic test orders and results, progress notes written by medical, nursing and allied health staff to record all significant events such as alterations in the client's/patient's condition and responses to treatment and care Record of any near misses, incidents or adverse events. Medication sheet recording each dose given. Treatment recordObservation charts, e.g. temperature chart, input and output chart, head injury chart, diabetic chart. Specialist consultation reports, Mode of discharge, e.g. left against medical advice or discharge on will. In case of death, details of circumstances leading to the death of patients	O, D			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
6.	**OPERATING THEATRE DEPARTMENT**				
	CRITICAL				
6.1	A height adjustable OT Table, and a cold, shadow less Operating light is available.	O			
6.2	The anaesthetic induction area/room and operating theatre are equipped with safe and well maintained equipment specific for OT activities including but not restricted to the following: • Anaesthetic machine • Laryngoscopes • Endotracheal tubes/laryngeal masks • Airways • Nasal tubes • Suction apparatus and connectors • Oxygen • Drugs and IVs required for planned anaesthesia • Drugs for emergency situations Monitoring equipment including ECG, ETCO2, temperature monitoring, pulse oximeter and blood pressure • Suction machine • Instrument • cleaning/decontamination/ sterilization facilities • Adequate light sources	O,D			
6.3	Adequate lighting, Air conditioning and Ventilation are provided in each OT.	O			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
6.4	The operating area is of sufficient size to accommodate the patient, the anesthetist, the surgeon and the assistants for the anesthetist and the surgeon.	O			
6.5	Procedures are available and up to date for; • Informed patient consent • Pre-operative assessment • Post-operative care	D, SI			
7	**CASUALTY DEPARTMENT**				
7.1	The casualty department is managed at all times by a suitably qualified and experienced nurse, doctor department assistant	O, D, SI			
7.2	Procedure exists for referral for specialist care if necessary.	O, D			
7.3	The casualty entrance is clearly signposted from outside the hospital.	O			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
8.	**INTENSIVE CARE UNIT**				
8.1	Registered nurses in the unit have completed formal in-service training or a recognized course in intensive care and at least one is present on all shifts.	(O,D)			
8.2	A suitably experienced doctor is immediately available at all times.	O,D			
8.3	Each bed has a facility for • Oxygen • Suction • Compressed air • ECG monitoring.	O,D			
8.4	Facilities in the unit include • CVP monitoring • Pulse oximetry • Blood pressure monitoring • Urometry • Ambient and client/patient temperature monitoring. • Arterial blood gases • Glucometer. • Electrolyte machine	O,D			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
9.	**MATERNITY SERVICES**				
	CRITICAL				
9.1	The maternity department is managed by a suitably qualified, registered and experienced nurse, doctor or senior midwife for normal delivery.	D, SI, MI			
9.2	The maternity department has 24 hour on-site cover from qualified medical doctor, obstetrician & gynaecologist and an anaesthesiologist.	D,SI, MI			
9.3	Written procedures and guidelines are used consistent with the hospital policies and functions for: • ante natal care and booking/registration • post-natal care • peri-natal care • identifying high risk pregnancy • admission to labour room/ward • planning, treatment and mode of delivery • plan for managed pain during labour and delivery • delivery monitoring process • referral • discharge including discharge summary • birth record and certificate	D			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
9.4	A trained midwife/nurse is present at every birth.	O,D, PI			
9.5	A guideline on summoning medical assistance at anytime during labour is used by nurses and midwives.	D,SI			
9.6	For C Section an anaesthetist and obstetrician with relevant qualifications and experience available for mothers with epidural, C Section, emergency breech and instrumental deliveries, multiple or high risk deliveries, instrument deliveries or C-sections, emergency resuscitation and women with eclampsia.	D, MI			
9.7	The delivery room is equipped with functioning, safe and well maintained equipment specific for deliveries including but not restricted to the following: • Fetoscope. Delivery table which can be turned to the Trendelenburg position • An anaesthetics machine with emergency oxygen supplies in case of management of complicated deliveries • Endotracheal tubes, laryngoscope in case of surgery. Resuscitation equipment and drugs for infants and for adults Intravenous crystalloid and plasma expanders. • Weighing machine for the baby	O,D			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
	AUXILIARY SERVICES				
10.	**LABORATORY SERVICES**				
	CRITICAL				
10.1	Availability of services of a licensed clinical laboratory is mandatory. A Contract of Service or Memorandum of Agreement with a clinical laboratory located within the locality can be done, provided that results for emergency cases are transmitted within one hour.	O,D			
10.2	If the medical testing laboratory is present in the healthcare facility it is managed by a suitably qualified and experienced medical technologist	D, MI			
10.3	Staff has access to sufficient laboratory equipment to carry out their jobs safely.	SI			
10.4	There are designated storage areas for specimens, reagents and records	O			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
11	**RADIOLOGY**				
	CRITICAL				
11.1	The services of a licensed radiology facility should be available, which may be contracted out but must be situated in close proximity to the healthcare facility to ensure availability and timeliness of services.	O			
11.2	If the radiology services are available within the healthcare facility then a trained radiologist (either on site or visiting) is responsible for the clinical direction of the department and the safety of the client/patients and for radiologist.	D, MI			
11.3	Radiology services are administered by an identified qualified, registered radiologist or radiographer with clearly defined responsibility for all non-clinical aspects of the department	D, SI			
11.4	Diagnostic imaging is performed only upon a signed written request from a qualified medical practitioner.	O, D			
11.5	Required reporting times are based on the urgency of the situation, e.g. films or scans for emergency client/patients are reported within one hour and routine reports are reported within 24 hours.	O, D			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
11.6	There is provision for a female attendant to accompany female patients during radiological procedures.	O			
11.7	There are prominently displayed signs in local language warning women of childbearing age of the dangers of radiation in pregnancy	O			
12	**PHARMACY SERVICES**				
	CRITICAL				
12.1	The services of a pharmacy should be available, which may be contracted out but must be situated in close proximity to the healthcare facility to ensure availability and timeliness of services.	O			
12.2	The pharmacy services if available within the healthcare facility must be managed by a qualified pharmacist	D			
12.3	Medicines are stored on shelves enabling protection from the adverse effects of light, e.g. glass windows painted white, dampness and temperature extremes	O			
12.4	Heat sensitive and/or light sensitive medicines / vaccines are stored in a controlled environment to keep them in optimum condition.	O, D			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
13	**BLOOD BANK**				
	CRITICAL				
13.1	The blood bank services should be available, which may be contracted out but must be situated in close proximity to thehealthcare facility to ensure availability and timeliness of blood in emergency situations.	O, D			
13.2	Effective blood cold chain should be ensured	O, D			
13.3	Blood collected is labeled appropriately with the donor's name, registration number, blood group, and the time of collection and the date of expiry.	O, D			
13.4	The blood bank maintains records of procurement, issues and transfusion of blood, cross-matching and any issue related to blood and blood components. The records are kept for at least 5 years	D			

NO.	STANDARD	ASSESSMENT METHOD	RATING		
			0	1	2
14.	**CLIENT/PATIENT RIGHTS**				
	CRITICAL				
14.1	Guidance and advice is provided to the clients/patients at the PMNHIP registration counter.	O, P			
14.2	The reception area and wards display information about the organisation, including: • The rights of the clients/patients • Services and facilities available in the hospital for PMNHIP beneficiary • Feedback and complaints pathways	O			
14.3	Client/Patient consent is obtained for the proposed care or treatment. Written consent is obtained for any invasive procedures or operations.	O, D			
14.4	There is a documented process for collecting, prioritizing, reporting and investigating complaints which is fair and timely.	O, D			
14.5	There are adequate provision for patient privacy in the form of screens and curtain etc.	O			
14.6	In case of a male doctor is attending a female patient, there is provision for a female attendant to be present during such an event.	O			

O: Observation, D: Documentation. PI: Patient Interview. SI: Staff Interview. MI: Management Interview

Annexure-II B

#	STANDARD	RATING	Max. Score	Qualified Score	Score
1	Health Facility	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**18**	**11**	
2	Management	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**18**	**11**	
3	Infection Control, Hygiene &Waste Management	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**8**	**5**	
4	Human Resource	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**24**	**14**	
5	Clinical Practice	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**10**	**6**	
6	Operation Theater Dept.	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**10**	**6**	
7	Causality Dept.	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**6**	**4**	
8	Intensive Care	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**8**	**5**	
9	Maternity Services	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**14**	**8**	
10	Laboratory Services	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**8**	**5**	
11	Radiology	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**14**	**8**	
12	Pharmacy Services	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**8**	**5**	
13	Blood Bank	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**8**	**5**	
14	Client /Patient Rights	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**12**	**7**	
TOTAL			**166**	**100**	

Annex- III Health Facility Empanelment Core Standards

No	Standard	Assessment Method	Rating		
			0	1	2
1.	**Health Facility**				
1.1	Adequate parking areas are available for private and official vehicles	O			
1.2	All patient areas of the hospital are easily accessible by wheelchair	O			
1.3	Multi-storey buildings have ramps or functional lifts with an operator	O			
1.4	Separate rooms should be available for waiting area, consultation, treatment, injection and dressing room, office, store and laundry.	O			
1.5	Each patient has access to an area in which to keep personal possessions	O, PI			
1.6	Bed Tables are available	O			
1.7	One suction machine, one filled oxygen cylinder and one needle, destroyer per ward are available.	O, SI			
1.8	Separate male and female & bathrooms are available and adequate for the number of clients/ patients in the ward or department (at least one toilet for every twelve clients/ patients) with warm water for winters. (Nov, Dec, Jan, Feb, March)	O			
1.9	Consultation, treatment rooms, washing facilities, in-patient and changing facilities for clients/patients allow privacy and dignity to be maintained.	O, PI			

No	Standard	Assessment Method	Rating		
			0	1	2
1.10	Alternate sources of water and power for heat and lighting in case of breakdown of the systems are identified and are functioning. Priority areas such as ICU and Operating Theatres are identified	O, MI			
1.11	Floor surfaces are no slip and even	O			
1.12	A telephone is available within the hospital premises and suitable for private use by patients	O, PI			
2.	Management				
2.1	The Hospital is managed by a Hospital in charge/ Manager with appropriate Qualifications and experience (2 Years)	D			
2.2	The job description of the Hospital in charge/ manager clearly defines responsibility and accountability for the efficient and effective operation of the hospital, including responsibility for risk and quality management, infection control and health and safety	D			
2.3	There are clear, documented lines of responsibility for all clinical and non-clinical services	D			
2.4	A qualified person is responsible for the financial management, producing reliable financial information and proper accounting records, including an updated cash book and annual external audits	D			
2.5	There is a mechanism to regularly monitor, evaluate and review the contractor against the contract specifications and take actions against deviations/ noncompliance, if any.	D			

No	Standard	Assessment Method	Rating		
			0	1	2
2.6	Housekeeping, Maintenance, Security and Dietary Services may be contracted out.	D			
2.7	The Laundry Service may be contracted out, provided that there is a mechanism to ensure that infection control is established.	D			
2.8	Appropriate policies and procedures are in place to govern access to and storage of patient record.	D, MI			
2.9	The storage area for client/ patient records is protected against fire, flooding and damage by insects.	O			
2.10	A designated person has clear lines of responsibility and accountability for overall quality of the hospital. He/ she develops a quality plan which defines roles and responsibilities and sets priorities for quality improvement (continuous quality improvement)	D, SI			
2.11	The health care facility develops a disaster plan with all departments/ services. The plan outlines individual responsibilities, linkages with external institutions, resources required in the case of a disaster and individuals within the healthcare facility who must be informed in case of a disaster.	D			
3.	**Infection Control, Hygiene & Waste Management**				
3.1	The hospital establishes an infection control program designed to prevent or reduce the incidence of nosocomial infection, based on current scientific knowledge and accepted practice guidelines and developed and monitored with multi-disciplinary involvement.	D			

No	Standard	Assessment Method	Rating		
			0	1	2
3.2	There is a defined department or area for sterilization which physically separates functions of cleaning, processing and sterile storage and distribution.	O, SI			
3.3	Sufficient covered, clean dustbins are provided for clients/ patients, visitors/ attendants and staff and dustbins are emptied on regular basis	O, SI			
3.4	Staff follow written policies and procedures and schedules for: -Disinfection and cleaning of all equipment, furniture, floors, walls, storage areas and other surfaces & areas -Cleaning of specialized areas, e.g. OT, Lab our room, emergency, ward, dressing room, laboratory and ICU	D, O, SI			
3.5	Cleaners are trained and provided with sufficient appropriate equipment and cleaning material and work according to cleanliness and sanitation policies and procedures	O, SI			
3.6	The health care facility has a written waste disposal plan specifying procedures, responsibilities, timetable for waste collection and necessary equipment such as bins and bags	D, SI			

No	Standard	Assessment Method	Rating		
			0	1	2
3.7	The waste disposal plan includes written guidelines for the regulation, identification, containment and storage, transport, treatment and subsequent disposal of different categories of infectious waste, including if appropriate: -Pathology waste -Cytotoxic and chemical liquid waste -Heavy metals, radioactive or any other form of high-risk waste in accordance with the Pakistan Environmental Protection Act (PEPA), XXXIV of 1997	D			
3.8	Continued waste buried in landfills is done so in accordance with the Pakistan Environmental Protection Act (PEPA) , XXXIV of 1997	O, D			
3.9	If contractor's services will be taken for removal and incineration of clinical waste, a written contractual agreement and consignment procedure is used which includes identification of origin, contents and quantity of waste.	D			
4.	**Human Resource**				
4.1	A current organizational chart identifies the line of accountability and reporting for all staff.	D, MI			
4.2	Every employee working regularly within the healthcare facility has a written agreement with management to do so. The general terms of this agreement have been formally adopted and documented by the medical staff and the management.	D, SI			

No	Standard	Assessment Method	Rating		
			0	1	2
4.3	Written and dated job descriptions are available for all posts, which specify at least the flowing: -Job purpose & objectives -Responsibilities -Accountability -Review date	D			
4.4	Duty rotas reflect appropriate skill mix requirements and are available at least 3 days in advance	D, MI			
4.5	Trainings of all cadres of worker at periodic intervals are as an essential component	D, SI			
5.	**Clinical Practice**				
5.1	A consultant should see the patient within half an hour in case of emergency	D, PI, MI			
5.2	Incident, accident, near miss and adverse event data are collated into a central record, analyzed and reported to the Quality team/ committee for information and action as required	D			
5.3	Records are kept of maintenance and servicing of all equipment	D			
5.4	Clinical practice guidelines and standard operating procedures based on current research are available for service provision at the health facility.	D, HPI			

No	Standard	Assessment Method	Rating		
			0	1	2
6.	**Operating Theatre Department**				
6.1	Arrangements are made so that healthcare facility OT is situated separately from areas accessible to the general public.	O			
6.2	A regular system is in force for checking safety of equipment	D, SI			
6.3	The OT complex is divided into sterile operating area, scrub area, storage area, instrument sterilization area and disposal zones.	O, SI			
7.	**Auxiliary Services**				
7.1	Written, dated and signed procedures for collection, reception, handling, labeled, storage, transportation and disposal of samples and wastes, including blood and bloody fluids are readily available to all appropriate staff.	D, SI			
8.	**Radiology**				
8.1	A written resuscitation procedure for the department is agreed with radiologist, radiographer and medical staff and is implemented when required	O, SI			
8.2	Emergency drugs and equipment including all resuscitation equipment are functioning, not expired, are readily accessible and are monitored.	O, SI			
9.	**Pharmacy Services**				
9.1	The hospital formulary is in accordance with existing national guidelines, e.g. National Essential Drugs List (NEDL), National Hospital Formulary	O, D			

No	Standard	Assessment Method	Rating		
			0	1	2
10.	**Blood Bank**				
10.1	Good laboratory practices are in place for screening of transfusion-transmissible infections, blood grouping, compatibility testing, blood component production and storage & transportation of blood products.	D, O, SI			
11.	**Client/ Patient Rights**				
11.1	A client/ patient rights and responsibilities charter is developed and displayed in all client/ patient areas.	O, D			
11.2	There is mechanism to obtain patient feedback on regular basis	D, PI			
11.3	There are mechanisms to ensure confidentiality of patient records/ information is maintained.	D, MI			

Relevant regulative and normative documents:

- Drug Act 1976
- Pharmacy Act 1967
- National Essential Drugs List
- Pakistan Environmental Protection Act

Annexure-III B					
No.	**STANDARD**	**RATING**	**Max. Score**	**Qualified Score**	**Score**
1	Health Facility	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**18**	**11**	
2	Management	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**18**	**11**	
3	Infection Control, Hygiene &Waste Management	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**8**	**5**	
4	Human Resource	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**24**	**14**	
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6	Operation Theater Dept.	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**10**	**6**	
7	Laboratory Services	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**8**	**5**	
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9	Pharmacy Services	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**8**	**5**	
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11	Client /Patient Rights	0 = Hospital do not provide the services 1 = Hospital partially qualify /provide the services 2 = Hospital fully qualify /provide the services	**12**	**7**	
TOTAL			**138**	**83**	

Annexure-I

Indicators

- **Performance indicators**
  - *Empanelled Hospitals indicators*
    - Improvement
    - quality of Health care
  - *Progress reports indicators*
    - Compliance
    - Timeliness
- **Effectiveness of Awareness Campaign**
- **Health Insurance indicators**
  - *Promptness of Claims Settlements*
- **Impact indicators**
  - *Services Utilization*
  - *Benefit Utilization*
  - *Age/ Gender Incidence*

4.1. Performance Indicators

A performance indicator defines the measurement of important and useful information about the performance of PMNHP initiative expressed in percentage, rate or other comparisons. Quantifiable performance measurement reflects success factors and determines progress towards the achievement of PMNHP objectives based on predetermined procedures and following are the essentials:

Empanelled Health Facility indicators

Quality Improvement

Definition: It will show the development for better services towards beneficiaries and its versatile characteristics. It will also help in solving practical issues if any and ameliorate the diagnostic services.

HF improve/fulfill criteria = $\frac{\text{Score in year } n}{\text{Score in year } n-1} > 1$

Data Source:

Data will be available from empanelment check list filled IC.

Use: It will show whether empanelled hospital is improving or not after PMNHP implementation.

Quality of health care (Patient perspective)

Definition: The quality of health care delivered by the empanelled health facility for the PMNHP beneficiaries.

$$\frac{\text{Number of patients satisfied with health care services}}{\text{Total number of patients admitted}} \times 100$$

Data source: Data will be taken from evaluation surveys reports and is available with PMNHP-CMIS system.

USE: This indicator shows the improvement in services offered by the empanelled HF under prescribed standards.

Quality of health care (Complaint perspective)

Definition: The quality of health care is available without any complaints for the PMNHP beneficiaries.

$$\frac{\text{Number of complaints lodged in Quarter}_{n}}{\text{Number of complaints lodged in Quarter}_{n-1}} >= 1$$

Data source: Data will be taken from Complaint management system.

USE: This indicator shows the improvement in services offered under prescribed standards. This comparison will also imply towards the successful implementation of PMNHP.

Progress reports indicators

Compliance

Definition: This indicator will give the success of Reporting System that the field staff understands not only report formats but also its importance of timely delivery.

$$\text{Compliance report} = \frac{\text{No. of progress reports submitted}}{\text{Total No. of reports in the quarter}} \times 100$$

Use: It will give the capacity level of the field officer and their sense of responsibility towards the PMNHP initiative. It will also judge the analytical capabilities of PMU team.

Timeliness

Definition: This indicator refers to percent of tehsils sending reports according to the protocol.

For regional and national level:

$$\text{Reporting timeliness} = \frac{\text{Number of Tehsils submitting reports in time}}{\text{Total number of Tehsils}} \times 100$$

USE:

This indicator shows one aspect of the reporting compliance. If data is not sent in time, it delays the many processes specifically deficiency in timely decision-making and may cause the whole system inefficient.

Effectiveness of Awareness Campaign

Definition: This indicator shows how many families used the PMNHP servicers to judge: effectiveness of Awareness campaign.

$$\text{\% increase PMNHP families visiting} = \frac{\text{Number of PS cards used}}{\text{Total numbers of cards issued}} \times 100$$

Data Source:

Data will be available from PMNHP-CMIS System or office.

USE: It will give the picture of awareness-campaign-success in the community for PMNHP. It will also address the problems causing deterrent in reaching the health facility during the survey of non-visiting beneficiaries.

4.2. Health Insurance Indicators

This indicator will measure the health insurance performance in perspective of insurance companies and their strength in delivering the health services.

Promptness of Claims Settlements

Definition

"The time to payout - how many days it takes for a client to receive a payment after the occurrence of an event." This ratio indicates the time spent, on average, on settling claims or the time passed between the date of the cases reported and the claims payment:

How to calculate it

Calculate the percentage of claims paid within each interval

Interval	Number of claims	% of claims
0-7 days	----------	**%**
8-16 days	----------	**%**
16-31 days	----------	**%**
More than 31 days	----------	**%**

Use

The acceptable delay depends on the context and the product, however, the shorter the delay; the better for the client. Paying claims promptly is an important aspect of service. Health micro-insurance models using a cashless system provide immediate relief to the client, and such systems would score highly on this indicator.

It is highlighted that the delay in payments is mostly due to time spent on claims verification. The settlement of a claim requires invoices from hospitals.

4.3.

4.4. Impact Indicators

PMNHP health services utilization

Definition:

This indicator measures the overall performance of the PMNHP health service. This is calculated as:

$$\text{Quarterly utilization} = \frac{\text{Total admitted in a quarter}}{\text{Total visits in the quarter}} \times 100$$

Data Source:

Numerator = Total Admitted

Denominator = Total visited

Use: It will also give load on a hospital if calculated on HF wise.

Patient Satisfaction

The utilization of PMNHP services begins when a beneficiary admits the empanelled HF.

$$\text{HF services satisfaction} = \frac{\text{Number of patient satisfied with services}}{} \times 100$$

Total number of patients admitted

Data Source: PMNHP-CMIS system has the data and data will also be collected from evaluation surveys.

Use: It will not only show the performance of HF which will help in empanelment decision making in future but also effectiveness of services to beneficiaries.

Age/ Gender wise Utilization of PMNHP health service

Definition:

This indicator shows the age-wise or gender-wise percentage utilization of PMNHP health service. This is calculated:

$$\text{Utilization pattern (Age/Gender)} = \frac{\text{Age or Gender specific Admitted for the quarter}}{\text{Total number of admitted during the quarter}} \times 100$$

Data Source:

Numerator = Age or gender specific visits for the quarter will come from transaction record.

Denominator = Total number of admitted or claims will come from transaction record.

Use:

It will provide the information whether male or female are using the services intensively. It will also give a picture of female permission availability to use the hospitalization services. It will give us the children or old age community utilization patterns.

Chapter-III Enrolment of Beneficiaries

PRIME MINISTER'S NATIONAL HEALTH PROGRAMME

3. Chapter – III Enrollment of Beneficiaries

Purpose

This chapter will lay down the Standard Operating Procedures (SOP) as guiding principle for the enrollment of beneficiaries for the PMNHP. It will describe the processes for enrollment of beneficiaries in which the responsibilities of the PMU and Insurance Company as implementing partner will be determined. The main objective is to identify the beneficiaries in accessing the health care under PMNHP. Enrolment is the most important process of PMNHP and entails setting up of the beneficiary enrolment center for the enrolment process in the districts by the insurance company/ through third party agency and enrolling the beneficiaries under PMNHP at the respective districts. The major objectives of this process are:

- To enroll all/maximum number of targeted beneficiaries in the enrolment list
- To educate & empower beneficiaries face to face through IEC activities to utilize the PMNHP services using the Pakistan Sehat Card (PSC)
- To ensure that only intended (only people in the enrolment list) people are getting enrolled
- To ensure that data arising out of this process is accurate, clean and re-usable

It is necessary to monitor the enrolment process very closely. Poor enrolment would result in exclusion of targeted beneficiaries. The responsibility of enrolment process lies with IC. PMU provides the list of eligible beneficiaries to IC. The detailed list of activities for the enrolment process along with the roles and responsibilities is elaborated below:

Figure 1: Process Flow of Enrolment of Beneficiaries

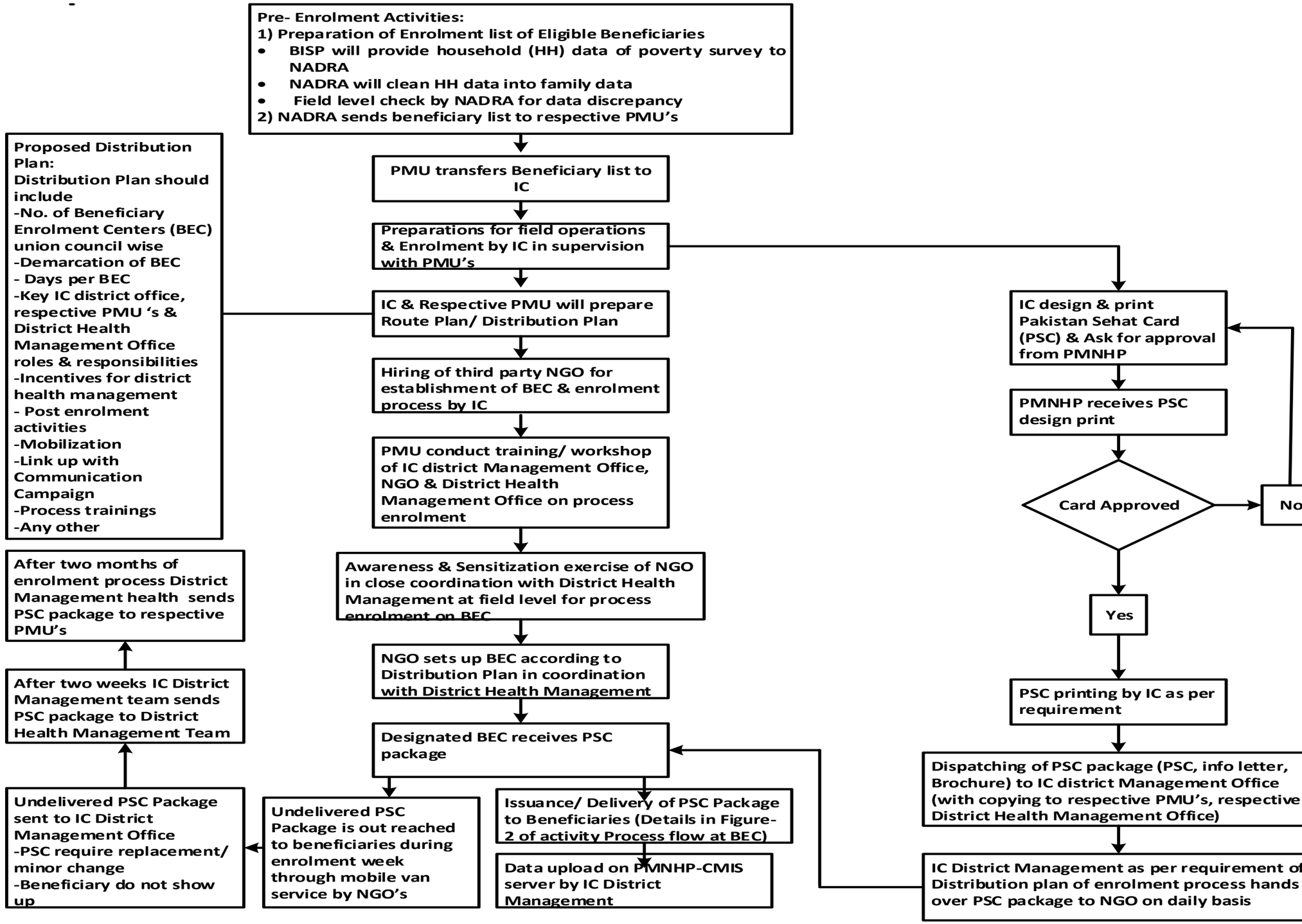
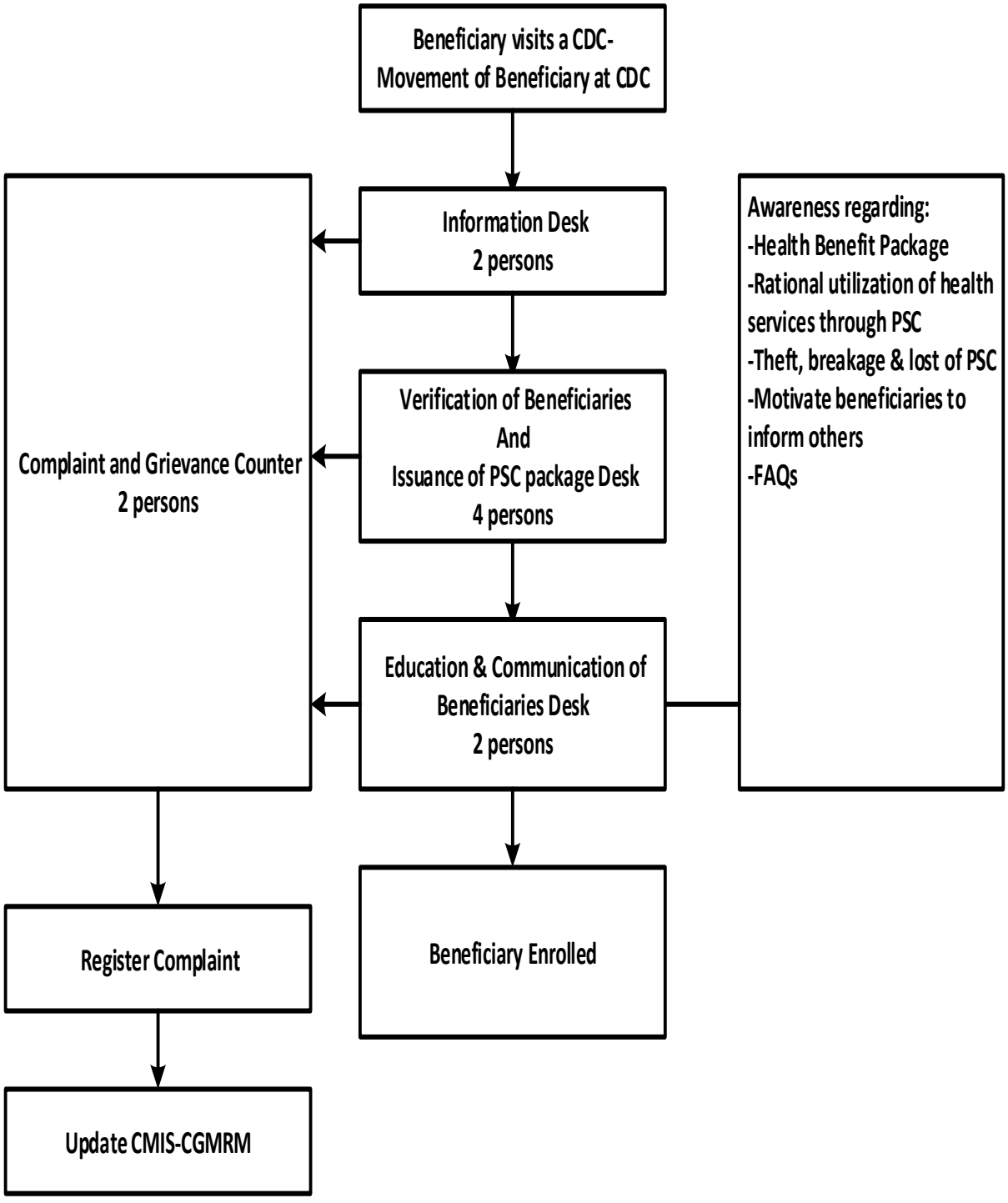


Figure 2: Enrolment of Beneficiaries- Process Flow at Card Distribution Center (CDC)



Process Flow Description

S. No.	Activities	Roles & Responsibility	Time period	Annexure for detail
1.	**Pre- Enrolment Activities:** **Preparation of List of Eligible Beneficiaries** • The most important step is the preparation of list of eligible beneficiaries. • Benazir Income Support Programme (BISP) has already been collected poverty census data of Pakistan. The data has been collected on household (HH) basis. BISP will provide the HH data to NADRA. • NADRA will convert the HH data of BISP poverty survey into family wise data. • NADRA will then conduct a filed level check for data discrepancies before handing over the list of beneficiaries to the respective PMU's of PMNHP. • NADRA will send list of beneficiaries to respective PMU's for the enrolment process to begin • Respective PMU's CMIS section will provide the clean and complete beneficiary data with all requisite standards to Insurance Company (IC). **Preparation for field Operations & Enrolment by IC** • IC and respective PMU's of PMNHP will prepare a distribution plan for the enrolment process in coordination/ support with district health management. The plan should include the following: o No. of Beneficiary Enrolment Centers (BEC) union council wise o Demarcation of BEC o Days per BEC o Key IC district office, respective PMU 's & District Health Management Office roles & responsibilities o Incentives for district health management o Post enrolment activities o Mobilization o Link up with Communication Campaign o Process trainings o Any other • IC will print a sample Pakistan Sehat Card (PSC) as per design requirement and will share PSC with PMNHP. If PMNHP will approve design then cards will be printed for distribution. Only after the approval of the PMNHP the insurance company will print the PS cards. • The printed PS card should have detailed beneficiary information (Name, NIC number, Address) and other important information (Toll free number, Health Card number, Policy Validity date, Benefits) • The PSC package containing PSC, information letter and brochure will be dispatched by IC to the IC District Management copying its detail lists to the federal PMU, respective PMU's and respective district health management of PMNHP. • A third party NGO will be hired by IC to establish BEC in the designated districts to carry out the enrolment process as per distribution plan • Work shop/ training will be conducted by respective PMU's of IC district management, NGO's and district health management on the process enrolment activities and distribution plan for enrolment • NGO will carry out mapping for enrolment of beneficiaries **Front Side:** a) Name of beneficiary b) Father/Husband Name c) ID card number d) Address **Back Side:** e) UAN f) Health card number g) Policy validity date h) Name, Relationship with beneficiary & age of all dependents i) Benefit Covered: a. Hospitalization b. Maternity c. Limit – PKR- 300000 per family	**Lead:** NADRA, BISP **Support** : Respective PMU's of PMNHP **Lead:** IC & District Health Management **Support**: Respective PMU's of PMNHP	2 months before commencement of enrolment process	Figure 1 for process flow details

2.	**<u>Enrolment Activities:</u>** **<u>Distribution of PSC package</u>** • Distribution is the key step for the service utilization of the product and would give equal opportunity to all stakeholders' i.e. respective PMU's, NGO's and beneficiary families to come face to face and discuss the PSC and its benefit package. **<u>Setting up of Beneficiary Enrolment Center</u>** • First step will be site selection by NGO's in coordination with district health management according to distribution plan. • NGO will sets up BEC- the duration (number of working days) and number of BEC's along with requisite staff for each BEC based on the scope of work and number of beneficiary families in that area as per plan. • Awareness & Sensitization exercise of NGO will be carried out in close coordination with District Health Management at field level for process enrolment on BEC. There will be two objectives of this exercise, to mobilize the beneficiaries for enrolment and to make beneficiaries aware of benefits available in programme. This is linked to the communication strategy of PMNHP and details are shared in communication section. IC should also ensure that beneficiaries are made aware of benefits of PMNHP through village level meetings, wall paintings, and display of IEC material at village/ward offices or buildings, house-to-house slip distribution with local language content, loudspeaker announcement (munadi). • IC District Management as per requirement of Distribution plan will hand over PSC package to NGO on daily basis **<u>Distribution of PSC package to beneficiaries at BEC</u>** • The beneficiary enrolment centers primarily have four counters namely, o Information Desk (2 persons) o Verification & Issuance Desk (Staff of 4 persons) o Complain /Grievance Redressal (Staff of 2 person) o Education & Communication counter (Staff of 2 person) • The beneficiary will be received at the information/verification desk manned and managed by NGO, where the staff at information desk will inform and guide the beneficiary about the availability of his/her name in the list of that particular BEC and will guide him to verification and issuance counter. • Beneficiaries will be verified for their entitlement of the health benefit package (health insurance). If enlisted, the beneficiary will be directed to the issuance/delivery staff person on the same desk and incase of non-entitlement, complaints and queries the beneficiary will be directed to complaint and grievance desk. • The complaint and grievance desk will cater to the complaints and queries of the beneficiaries and will act accordingly. This desk will have a PMU's representative or will be managed by PMU • The complaint desk will register the complaints and enter the list of complaints in CMIS- CGMRM data base. • Once receiving the complaints the respective assignee will address those complaints and sent the list of complaints (both resolved and unresolved) to the CMIS- CGMRM data base. • The issuance/delivery desk will receive the verified and enlisted beneficiaries which will reconfirm the enlistment and deliver the PSC package to beneficiary. The beneficiaries will be Tagged/Registered and a list of registered beneficiaries will be formed. From the information desk up to the issuance/delivery desk the estimated time is 10-15 minutes per family (5 minutes at information and about 10 minutes at the verification desk and Issuance desk). • The information counter will educate the entitled/enlisted beneficiaries about the health benefit package, its rational utilization and information in case of loss, theft or breakage of BS card, FAQs. It will also motivate beneficiaries to create awareness regarding the PMNHP in their localities. For better functionality and accountability one of the respective PMU/IC representatives will be on this desk. This is linked with communication strategy and is explained in detail in that section.	**Lead:** IC in financing and contracting with third party call canter **Supervisory & Support:** Federal, provincial & Regional PMU's of PMNHP in providing documentation for the process needs of call center	15 days before commencement of enrolment process	Figure 1 & 2 for process flow details

	• The BEC will update the list of beneficiaries (weekly, monthly) and send this updated list to the concerned IC district management office.
	• Concurrent audit on randomly selected villages for up to 1% villages.
	  ○ Audit to capture whether beneficiaries received the card and
	  ○ Quality of card and chip
				Annexure for concurrent audit is attached

3.	**<u>Post Enrolment Activities</u>** • The district management office on receiving the updated list of beneficiaries from the BEC will make a copy of it for their own record and will enter in CMIS database • If there are some undelivered PS cards then it is included in the duties of BECs to deliver those undelivered PS cards through mobile van service by NGOs • But if there are still some undelivered PS cards left, they will be sent to IC district management and once the district office has received the undelivered BS cards from the beneficiary enrolment centers, district office will verify the PS cards. After the verification of the PS cards the district office now act as a card distribution and replacement point for the beneficiaries for the period of two months within the enrolment process. • Any undelivered PSC package from IC district office will be sent to respective PMU's	**Lead:** IC District Management **Support:** PMU's of PMNHP		

Chapter-IV Pre- Authorization & Utilization of Services by Beneficiaries

4. Chapter – VI Pre- Authorization & Utilization of Services by Beneficiaries

Purpose

This chapter lays down the Standard Operating Procedures (SOP) as guiding principle for the pre authorization of admission in empanelled health facility and for the utilization of services by beneficiaries of PMNHP. Once the beneficiary gets the Pakistan Sehat Card (PSC), he/she can utilize the benefits of the programme (when required) from the start of policy period date. Beneficiary can visit any empanelled HF across district and get free cashless treatment. Pre-Authorization is a key element for utilization of the health benefits as it is the function of specifying access rights to the benefits provided by the PMNHP. PMNHP has laid down an extensive and fool proof authorization process so that only the authentic cases (Beneficiaries) are granted admission in the empanelled HFs.

The roles & responsibilities of all the stakeholders involved in different phases of the communication campaign will be described in detail.

Process Flow Chart – Pre- Authorization & Utilization of Services by Beneficiaries

Figure 1: Schematic Diagram of Beneficiary in Health Facility for Secondary care Treatment

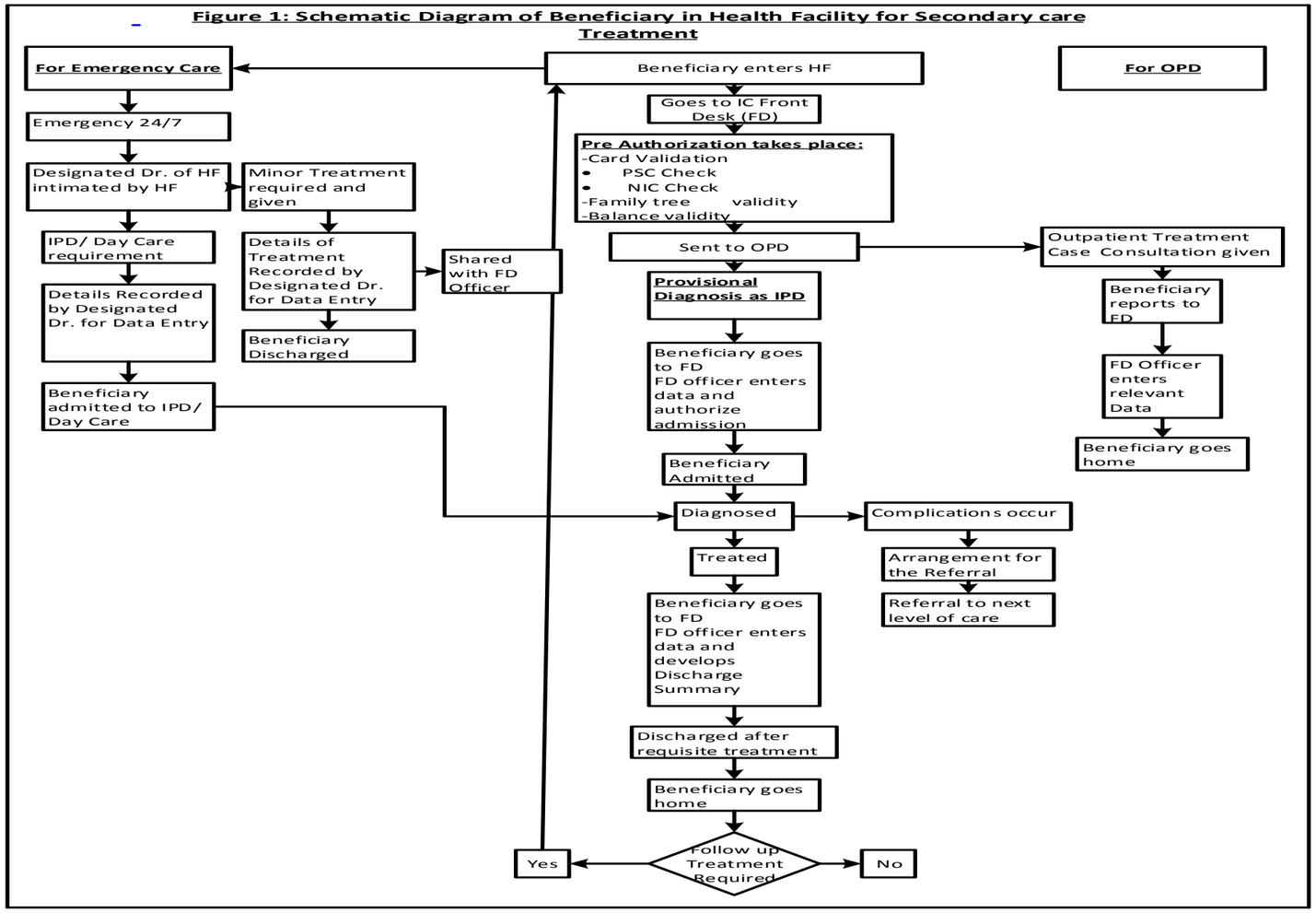
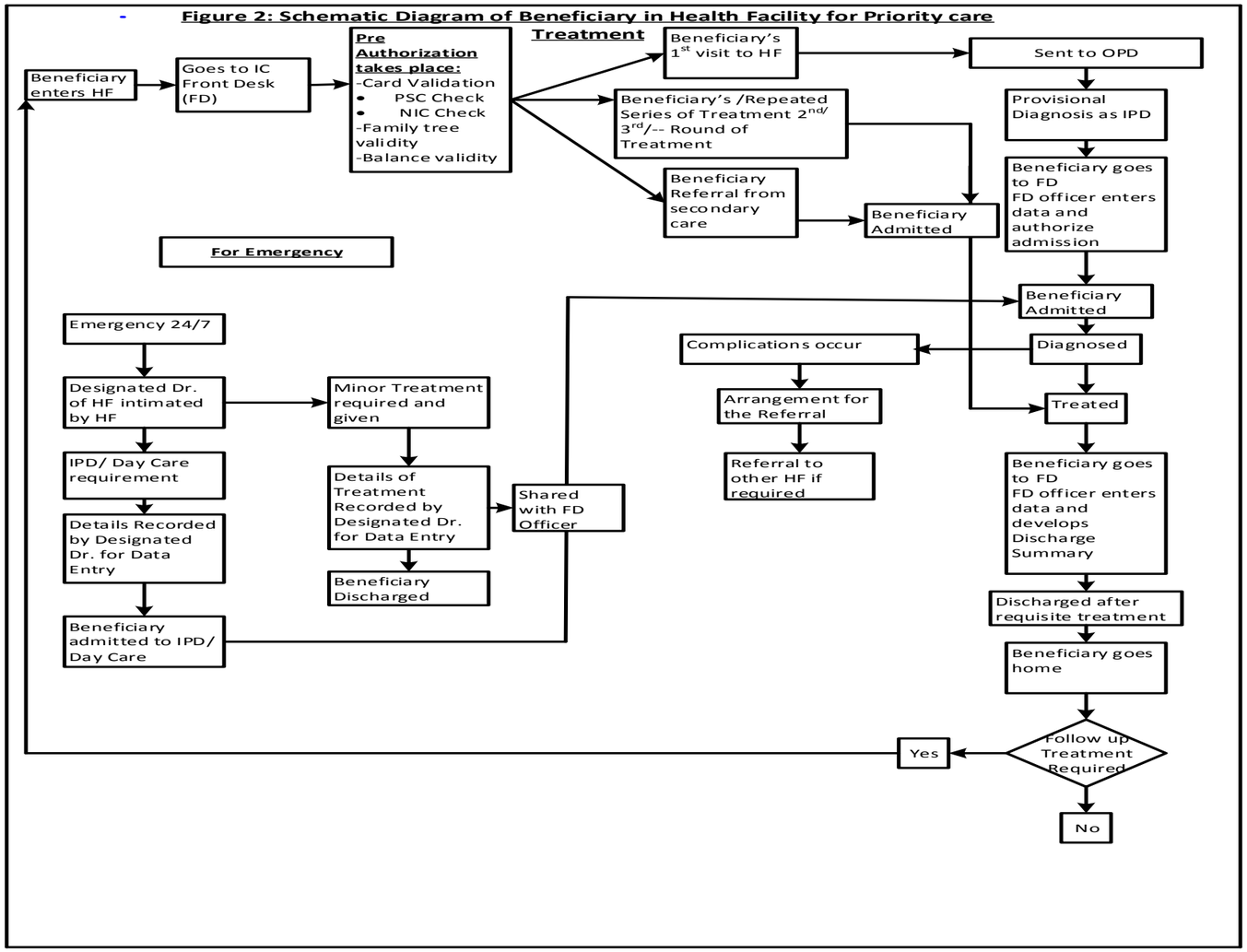


Figure 2: Schematic Diagram of Beneficiary in Health Facility for Priority care Treatment



Process Description along with Roles & Responsibilities- Pre- Authorization & Utilization of Services by Beneficiaries

<table>
<tr><th>S. No.</th><th>Activities</th><th>Roles & Responsibility</th><th>Time period</th><th>Annexure for detail</th></tr>
<tr>
<td>1.</td>
<td>
<u>For Out Patient Treatment Case (Not included in Insurance Package Provided by PMNHP)</u>

Beneficiary enters the empanelled HF and approaches IC front Desk, IC front desk is the front end delivery service delivery channel for PMNHP services to the beneficiaries. IC front desk representative requests beneficiary to provide PSC & CNIC (B form in case of child) for the purpose of identification
It is important that the IC front desk have access to the updated post enrolment data so that they can provide services to the beneficiaries in a timely and efficient manner using the PMNHP- CMIS software. The major objectives of IC front desk officer are:
Providing pre authorization to the beneficiaries for service utilization.
Provide convenience data updation of the PMNHP beneficiary, as well as complaint or grievance registration.
Providing PMNHP administrative services to the beneficiary for enhanced beneficiary access. Specific tasks of IC front desk officer are :

IC front desk officer will inform and educate beneficiaries about the benefit package
IC front desk officer will refer all eligible cases for diagnosis to the DMO
If admission is advised by the DMO than IC representative rechecks the beneficiary’s balance and authorize admission only if the balance is sufficient for the treatment prescribed
In case the balance is not sufficient, IC front desk asks the beneficiary to pay the difference and then authorize the admission
Admission made during the off duty hours and public holidays would be verified/reviewed by IC front desk officer on the next day to avoid unnecessary admissions and malpractice
IC front desk officer will remain in close contact with the patient on one side and DMO on the other side to ensure satisfactory treatment to the beneficiary during the hospitalization period.
IC front desk observes the available balance of the enrolled/admitted beneficiary, if during the treatment the balance expires would make the link up to Baitul Maal to replenish the balance amount so that the treatment may be continued

IC front desk officer on receiving the PS card and CNIC from beneficiary identifies from the lists uploaded in computer system (PMNHP Server).
Once identified the IC front desk officer refers the beneficiary to duty medical officer (DMO) for complete examination.
The DMO asks questions about presenting complaints / illness, makes diagnosis and if only consultation is required, in case of minor illness (not requiring HF admission) beneficiary is examined and treated accordingly (medicines will be out of pocket- in case of OPD)
Beneficiary goes home.

<u>Pre Authorization include:</u>
-Card Validation
• PSC Check
• NIC Check
• -Family tree validity
-Balance validity
</td>
<td>Lead: HF & IC front Desk Officer
Support : Respective PMU’s of PMNHP</td>
<td>1st day of launch of PMNHP</td>
<td>Figure 1 for process flow details</td>
</tr>
</table>

2.	**<u>For IPD- Secondary Care Treatment PMNHP:</u>** ○ Beneficiary enters the empanelled HF and approaches IC front Desk, IC front desk is the front end delivery service delivery channel for PMNHP services to the beneficiaries. IC front desk representative requests beneficiary to provide PSC & CNIC (B form in case of child) for the purpose of identification ○ It is important that the IC front desk have access to the updated post enrolment data so that they can provide services to the beneficiaries in a timely and efficient manner using the PMNHP- CMIS software. The major objectives of IC front desk officer are: ○ Providing pre authorization to the beneficiaries for service utilization. ○ Provide convenience data updation of the PMNHP beneficiary, as well as complaint or grievance registration. ○ Providing PMNHP administrative services to the beneficiary for enhanced beneficiary access. Specific tasks of IC front desk officer are : ○ IC front desk officer will inform and educate beneficiaries about the benefit package ○ IC front desk officer will refer all eligible cases for diagnosis to the DMO ○ If admission is advised by the DMO than IC representative rechecks the beneficiary's balance and authorize admission only if the balance is sufficient for the treatment prescribed ○ In case the balance is not sufficient, IC front desk asks the beneficiary to pay the difference and then authorize the admission ○ Admission made during the off duty hours and public holidays would be verified/reviewed by IC front desk officer on the next day to avoid unnecessary admissions and malpractice ○ IC front desk officer will remain in close contact with the patient on one side and DMO on the other side to ensure satisfactory treatment to the beneficiary during the hospitalization period. ○ IC front desk observes the available balance of the enrolled/admitted beneficiary, if during the treatment the balance expires would ask the beneficiary to replenish the balance amount so that the treatment may be continued ○ IC front desk officer on receiving the PS card and CNIC from beneficiary identifies from the lists uploaded in computer system (PMNHP Server). ○ Once identified the IC front desk officer refers the beneficiary to duty medical officer (DMO) for complete examination. ○ The DMO asks questions about presenting complaints / illness, makes diagnosis and if admission is required will refer the beneficiary back to the IC front desk for the purpose of authorization of admission and data updation. ○ The IC front desk officer receives the beneficiary and check his/her account balance and verifies whether the current balance is sufficient for the prescribed treatment. ○ In case the balance is sufficient the IC front desk will block the amount and authorize the admission. ○ If in any case the account balance is insufficient the IC front desk officer will link up with Baitul Maal for the outstanding dues required for the treatment. Only after receiving the amount IC front desk will authorize the admission. ○ When beneficiary approaches the HF during off hours and public holidays the DMO identifies the beneficiary by asking for PS card and CNIC. **<u>Pre Authorization include:</u>** -Card Validation • PSC Check • NIC Check • -Family tree validity -Balance validity	**Lead:** HF & IC front Desk Officer **Supervisory & Support:** Respective PMU's of PMNHP	1st day of launch of PMNHP	Figure 1 for process flow details

	○ DMO will further verify the beneficiary identification and account balance through SMS gate way (by text messaging the PMNHP server). ○ Once identification of beneficiary is confirmed by IC through SMS, the DMO will examine beneficiary. In conditions requiring admission, the DMO will admit the patient. ○ Beneficiary with the registration slip will see the doctor and doctor diagnosis the patient and check the diagnosis against the approved treatment protocol. ○ Beneficiary is admitted and treatment starts. ○ In case beneficiary avail the treatment, then at the time of discharge, the beneficiary once again go to the IC front desk for discharge transaction. The IC front desk officer will carry out the discharge transaction process and will generate three (03) transaction slips for: a. the patient, b. the HF records, c. the insurance company ○ The discharge slip should have at least the following details: a. Date & Time b. HF Name c. Diagnosis and services package d. Amount Balance Insurance cover availed and available ○ At the time of discharge, HF will pay transportation allowance to beneficiary in cash and details of which will be entered by IC front desk officer. There will be a third party audit afterwards. ○ Beneficiary goes home ○ If follow up treatment is required, the beneficiary will follow through the same procedure. ○ If for any reason, the beneficiary does not avail treatment at the HF after the amount is blocked or the HF is unable to provide the required treatment, the IC front desk can unblock the amount by cutting the block statement in the register. The concern doctor must co-sign and stamp for unblocking the amount. ○ In case of complication, Beneficiary is referred to another HF and the arrangement of Referral would be made by HF. ○ In the event that the HF refuses treatment to the beneficiary, reasons will be logged with authentication from the beneficiary for refusal of treatment. The investigative committee shall look into the matter of refusal of treatment and approve of the refusal if the reasons entered by the HF are found valid. If the HF is proved wrong post investigation, it shall be de-empanelled and a fine shall be invoked. The IC will de-empanel such a HF on the report of the investigative committee.			Chapter II Monitoring & CMIS- Auditing

	<u>For Emergency Cases- PMNHP</u> ○ In case of non-medico-legal emergency cases the admissions will be pre-authorized. Beneficiary enters the empanelled HF, and approaches DMO in Emergency. ○ DMO will examine beneficiary in detail and make diagnosis and advice admission (when required). ○ During the off working hours and Public holidays when IC representative is not available, DMO would get the information about balance amount of the enrolled family through SMS gateway. DMO will decide the admission of the patient. ○ If it is a minor treatment, Beneficiary is provided treatment, details are recorded by DMO and later intimated to IC front desk (FD) officer (ICFDO) ○ Beneficiary goes home ○ But if DMO suggests that the admission is required for the day care/ IPD then the beneficiary is admitted and details of the treatment is recorded and later intimated to ICFDO. ○ In the event of beneficiary not carrying the card during an emergency, the HF can admit the beneficiary on the following condition: 3.1 The beneficiary or the family members give an undertaking that if they fail to produce the card in at the time of discharge the treatment by HF shall be chargeable to the beneficiary	**Lead:** Designated DMO of HF & IC front Desk Officer **Support** : Respective PMU's of PMNHP	1st day of launch of PMNHP	Figure 1 for process flow details

S. No.	Activities	Roles & Responsibility	Time period	Annexure for detail
1.	**<u>For IPD- Priority Care Treatment-PMNHP:</u>** ○ Beneficiary enters the empanelled HF and approaches IC front Desk, IC front desk is the front end delivery service delivery channel for PMNHP services to the beneficiaries. IC front desk representative requests beneficiary to provide PSC & CNIC (B form in case of child) for the purpose of identification ○ It is important that the IC front desk have access to the updated post enrolment data so that they can provide services to the beneficiaries in a timely and efficient manner using the PMNHP- CMIS software. The major objectives of IC front desk officer are: ○ Providing pre authorization to the beneficiaries for service utilization. ○ Provide convenience data updation of the PMNHP beneficiary, as well as complaint or grievance registration. ○ Providing PMNHP administrative services to the beneficiary for enhanced beneficiary access. Specific tasks of IC front desk officer are : ○ IC front desk officer will inform and educate beneficiaries about the benefit package ○ IC front desk officer will refer all eligible cases for diagnosis to the DMO ○ If admission is advised by the DMO than IC representative rechecks the beneficiary's balance and authorize admission only if the balance is sufficient for the treatment prescribed ○ In case the balance is not sufficient, IC front desk asks the beneficiary to pay the difference and then authorize the admission ○ Admission made during the off duty hours and public holidays would be verified/reviewed by IC front desk officer on the next day to avoid unnecessary admissions and malpractice ○ IC front desk officer will remain in close contact with the patient on one side and DMO on the other side to ensure satisfactory treatment to the beneficiary during the hospitalization period. ○ IC front desk observes the available balance of the enrolled/admitted beneficiary, if during the treatment the balance expires would ask the beneficiary to replenish the balance amount so that the treatment may be continued ○ IC front desk officer on receiving the PS card and CNIC from beneficiary identifies from the lists uploaded in computer system (PMNHP Server). ○ Once identified the IC front desk officer refers the beneficiary to duty medical officer (DMO) for complete examination. ○ The DMO asks questions about presenting complaints / illness, makes diagnosis and if admission is required will refer the beneficiary back to the IC front desk for the purpose of authorization of admission and data updation. ○ The IC front desk officer receives the beneficiary and check his/her account balance and verifies whether the current balance is sufficient for the prescribed treatment. ○ In case the balance is sufficient the IC front desk will block the amount and authorize the admission. ○ If in any case the account balance is insufficient the IC front desk officer will link up with Baitul Maal for the outstanding dues required for the treatment. Only after receiving the amount IC front desk will authorize the admission. **<u>Pre Authorization include:</u>** -Card Validation • PSC Check • NIC Check • -Family tree validity -Balance validity	**Lead:** HF & IC front Desk Officer **Supervisory & Support:** Respective PMU's of PMNHP	1st day of launch of PMNHP	Figure 2 for process flow details

	○ When beneficiary approaches the HF during off hours and public holidays the DMO identifies the beneficiary by asking for PS card and CNIC. ○ DMO will further verify the beneficiary identification and account balance through SMS gate way (by text messaging the PMNHP server). ○ Once identification of beneficiary is confirmed by IC through SMS, the DMO will examine beneficiary. In conditions requiring admission, the DMO will admit the patient. ○ Beneficiary with the registration slip will see the doctor and doctor diagnosis the patient and check the diagnosis against the approved treatment protocol. ○ Beneficiary is admitted and treatment starts. ○ In case beneficiary avail the treatment, then at the time of discharge, the beneficiary once again go to the IC front desk for discharge transaction. The IC front desk officer will carry out the discharge transaction process and will generate three (03) transaction slips for: d. the patient, e. the HF records, f. the insurance company ○ The discharge slip should have at least the following details: e. Date & Time f. HF Name g. Diagnosis and services package h. Amount Balance Insurance cover availed and available ○ At the time of discharge, HF will pay transportation allowance to beneficiary in cash and details of which will be entered by IC front desk officer. There will be a third party audit afterwards. ○ Beneficiary goes home ○ If follow up treatment is required, the beneficiary will follow through the same procedure. ○ If the beneficiary requires repeated series of treatment 2nd/ 3rd/-- Round of Treatment, then beneficiary is admitted directly after preauthorization from the IC-FDO and does not require to go through diagnosis ○ If the beneficiary is referred from another HF then beneficiary is admitted directly after preauthorization from the IC-FDO and does not require to go through diagnosis ○ If for any reason, the beneficiary does not avail treatment at the HF after the amount is blocked or the HF is unable to provide the required treatment, the IC front desk can unblock the amount by cutting the block statement in the register. The concern doctor must co-sign and stamp for unblocking the amount. ○ In case of complication, Beneficiary is referred to another HF and the arrangement of Referral would be made by HF. ○ In the event that the HF refuses treatment to the beneficiary, reasons will be logged with authentication from the beneficiary for refusal of treatment. The investigative committee shall look into the matter of refusal of treatment and approve of the refusal if the reasons entered by the HF are found valid. If the HF is proved wrong post investigation, it shall be de-empanelled and a fine shall be invoked. The IC will de-empanel such a HF on the report of the investigative committee.			Discharge slip is annexed Chapter II CMIS & Monitoring - Auditing

	<u>For Emergency Cases- PMNHP</u> ○ In case of non-medico-legal emergency cases the admissions will be pre-authorized. Beneficiary enters the empanelled HF, and approaches DMO in Emergency. ○ DMO will examine beneficiary in detail and make diagnosis and advice admission (when required). ○ During the off working hours and Public holidays when IC representative is not available, DMO would get the information about balance amount of the enrolled family through SMS gateway. DMO will decide the admission of the patient. ○ If it is a minor treatment, Beneficiary is provided treatment, details are recorded by DMO and later intimated to IC front desk (FD) officer (ICFDO) ○ Beneficiary goes home ○ But if DMO suggests that the admission is required for the day care/ IPD then the beneficiary is admitted and details of the treatment is recorded and later intimated to ICFDO. ○ In the event of beneficiary not carrying the card during an emergency, the HF can admit the beneficiary on the following condition: 3.2 The beneficiary or the family members give an undertaking that if they fail to produce the card in at the time of discharge the treatment by HF shall be chargeable to the beneficiary	**Lead:** Designated DMO of HF & IC front Desk Officer **Support** : Respective PMU's of PMNHP	1st day of launch of PMNHP	Figure 2 for process flow details

Annex

Discharge Summary

Patient Name:

Medical Record Number:

Admission Date:

Discharge Date:

Attending Physician:

Dictated by:

Primary Care Physician:

Referring Physician:

Consulting Physician(s):

Condition on Discharge:

Final Diagnosis: ***(list primary diagnosis FIRST)***

Procedures: ***(list dates, complications)***

History of Present Illness ***(can refer to dictated/written HPI)***

Laboratory/Data ***(be BRIEF, just the most PERTINENT results that need to be followed)***

HF Course ***(by PROBLEM LIST…. NOT BY DATE ---)***

Discharge Medications ***(MOST IMPORTANT – LIST MEDS THAT ARE DIFFERENT FROM ADMISSION MEDICATIONS)***

Discharge Instructions ***(diet, activity, discharged to home/nursing facility, etc)***

Follow up Appointments

Starting Balance:

Balance Spent:

Balance Available:

Dictated by

Beneficiary Satisfaction Questionnaire For Service Provider

Health Facility Name:

Doctor's Name:

Dear Beneficiary,

We would be grateful if you would complete this questionnaire about your visit to the HF today under PMNHP. Your feedback will enable us to identify areas that may need improvement. Your opinions are therefore very valuable. Please answer all the questions below. There are no right or wrong answers and your doctor will not be able to identify your individual responses.

Thank you **Please tick or cross your option clearly**

AREA						
1.Make you feel at ease…(being friendly and warm towards you with respect, not cold or abrupt)						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding
2. Letting you tell "your" story… (giving you time to fully describe your illness in your own words; not interrupting or diverting you)						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding
3. Really listening… (paying close attention to what you were saying; not looking at the notes or computer as you were talking)						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding
4. Being interested in you as a whole person… (asking/knowing relevant details about your life, your situation; not treating you as "just a number")						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding
5. Fully understanding your concerns… (communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything)						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding
6. Showing care and compassion… (seeming genuinely concerned, connecting with you on a human level; not being indifferent or "detached")						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding

7. Being positive… (having a positive approach and a positive attitude; being honest but not negative about your problems)						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding
8. Explaining things clearly… (fully answering your questions, explaining clearly, giving you adequate information; not being vague)						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding
9. Helping you to take control… (exploring with you what you can do to improve your health yourself; encouraging rather than "lecturing" you)						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding
10. Making a plan of action with you… (discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding
11. Overall, how would you rate your consultation with this doctor today?						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding

Many thanks for your assistance.

Beneficiary Satisfaction Questionnaire for IC-FDO

Health Facility Name:

IC-FDO:

Dear Beneficiary,

We would be grateful if you would complete this questionnaire about your visit to the HF today under PMNHP. Your feedback will enable us to identify areas that may need improvement. Your opinions are therefore very valuable. Please answer all the questions below. There are no right or wrong answers and your doctor will not be able to identify your individual responses.

Thank you **Please tick or cross your option clearly**

AREA						
1.Make you feel at ease…(being friendly and warm towards you with respect, not cold or abrupt)						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding
2. Letting you tell "your" story… (giving you time to fully describe your illness in your own words; not interrupting or diverting you)						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding
3. Really listening… (paying close attention to what you were saying; not looking at the notes or computer as you were talking)						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding
4. Provided you information on Health Benefit Package						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding
5. Fully understanding your concerns… (communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything)						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding
6. Showing care and compassion… (seeming genuinely concerned, connecting with you on a human level; not being indifferent or "detached")						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding
7. Being positive… (having a positive approach and a positive attitude; being honest but not negative about your problems)						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding

8. Explaining things clearly… (fully answering your questions, explaining clearly, giving you adequate information on your balance availability and treatment protocol covered; not being vague)						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding
10. Making a plan of action with you if your PSC balance is exhausted… (discussing the options, Bitul Maal)						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding
11. Overall, how would you rate your experience with this IC-FDO today?						
o Poor to fair	o Fair	o Fair to Good	o Good	o Very Good	o Excellent	o Outstanding

Many thanks for your assistance.

Chapter – V Complaint & Grievance Management and Redress Mechanism (CGMRM)

OPERATIONAL MANUAL

PRIME MINISTER'S NATIONAL HEALTH PROGRAMME

5. Chapter – V Complaint & Grievance Management and Redress Mechanism (CGMRM)

Purpose

Complaint & Grievance management & redress mechanism is the process through which all grievances and complaints of all parties are managed and addressed. This chapter will provide the Standard Operating Procedures (SOP) as guiding principle for the Complaint & Grievance Management and Redress mechanism in PMNHP. Effective and prompt CGMRM would ensure beneficiary satisfaction, fair and equal accessibility to the benefits provided. This is the most important link to all PMNHP processes. Major objectives are:

- To ensure strong mechanism for redressal of complaints for making PMNHP service delivery to beneficiaries more responsive
- To provide adequate channels through which complaints can be registered, acknowledged, monitored and resolved at various level.
- To act and guide business processes for integration of CGMRM in to larger CMIS

Overall process:

Complaints will be received from beneficiaries, health facilities, district management, or any other party involved in the PMNHP. Complaints from various stakeholders will be logged at call center from where these complaints will be entered in the integrated CMIS. PMNHP, Insurance Company & District Management will have access to logged complaints/grievances of CGMRM in the CMIS. This chapter mainly focusses on the complaints from beneficiaries related to PMNHP service delivery. The complaints related to empanelment process of Health Facilities or any other party involved in PMNHP directly or indirectly will be dealt according to the clause/ rule of their respective contracts and will be directed to grievance committees directly.

The overall process includes:

1. Constitution of Complaint & Grievance Management & Redress Mechanism Committees (Federal, Provincial, Regional & District- Response time- 15 days after the handing over of complaints)
2. Setting up third party Call Center
3. Developing CGMRM- CMIS system training manual & conducting the training of all involved on process activities and CGMRM-CMIS
4. Awareness of beneficiaries on CGMRM integrated in Communication Campaign of PMNHP
5. Complaint Registration Mechanism for beneficiary, and resolution with case scenarios. The underlying process involves:
    - Registration
    - Acknowledgement
    - Monitoring
    - Resolution

The roles & responsibilities of all the stakeholders involved in different phases of the complaint management and redress mechanism is described in detail below.

Activities Description

S. No.	Activities	Roles & Responsibility	Time period	Annexure for detail
1.	**<u>Constitution of Grievance Committees at Federal, Regional, Provincial & District Level</u>** • Federal, Provincial and Regional PMUs will constitute grievance committees for the responsive PMNHP services to the beneficiaries at federal, provincial, regional and district level. • Grievance committees will be constituted with respect to the processes against which a grievance occurs. Following grievance committees will be constituted: 1. A grievance committee for complaints related to enrolment process of beneficiaries (A list of possible complaints for enrolment process is attached). A grievance committee for enrolment process will be of following: ○ A member of Respective PMU of PMNHP ○ A member of NADRA ○ Respective District Representatives- Coopted ○ IC Representative ○ A co-opted Member 2. A grievance committee for all processes related complaints will be formed at each district level. A grievance committee at district level will be of following: ○ DHO- Office Representative ○ District Notable ○ IC Representative 3. A grievance committee for complaints related to service utilization of beneficiaries at health facilities. A grievance committee for service utilization will be of following: ○ A member of Respective PMU of PMNHP ○ A member of HF- Co opted ○ Respective District Representative- Co opted	**Lead:** Federal/Provincial/ Regional PMUs of PMNHP **Support** : IC and District Management	15 days before commencement of enrolment process	(A list of possible complaints for various categories is attached)

	○ IC Representative ○ A co-opted Member 4. A grievance committee for complaints related to empanelment process of HF. (This will be directed to grievance committee by call center and will be dealt according to the clauses of respective contract. A list of possible complaints for empanelment process is attached) • Nomination of Investigative teams by grievance committee- Depending on the nature of grievance, grievance committee can nominate any other person of technical, legal, actuarial and any other experience on a case by case basis. This person shall have at least 10 years of relevant experience. • The investigative teams will submit their report within 15 days after receiving the grievance for investigation.			
2.	**<u>Setting up third party call center at federal, provincial & regional level</u>** • The most important step is to set up a third party call center at federal & provincial level with a toll free help line for seeking information and logging complaints related to PMNHP financed by Insurance Company. • There will be a single toll free help line and calls will be diverted to corresponding call center operators set up at federal, provincial and regional level based on information provided by beneficiaries. • The minimum number of call center seats (in every shift) for every province should be 5. This number is subject to change with the upscale or requirement of programme or change in Phase of the programme • The call center should be functional 24/7 in three shifts (6:00 am-2:00 pm, 2:00 pm-8:00 pm and 8:00 pm-6:00 am). • The all night shift may have lesser number of operators depending on demand. • Define processes for call triaging in the call center as the call center will be run by 3rd party. 1. Complaints by Beneficiary on enrolment. Process flow is shown & detailed in Figure 1. (List of possible complaints on enrolment- Annexure --)	**Lead:** IC in financing and contracting with third party call canter **Supervisory & Support:** Federal, provincial & Regional PMU's of PMNHP in providing documentation for the process needs of call center	15 days before commencement of enrolment process	

	2. Complaints by Beneficiary on service utilization aspects i. Beneficiary was denied of services. Process flow is shown & detailed in Figure 2 ii. Beneficiary was asked for money for treatment. Process flow is shown & detailed in Figure 3 iii. Beneficiary was not provided with Quality services. Process flow is shown & detailed in Figure 4 • A list of assignees and support representatives should be created, with contact information for all the stakeholders so that calls can be easily triaged.			
3.	**<u>Activities at Call Center:</u>** • Conduct training of employees at federal, provincial and regional call centers on CGMRM-CMIS domain, registration and resolution processes of PMNHP. o Employees of the national call center shall be trained on the process of handling, triaging calls, addressing complaints / grievances over the phone and CGMRM-CMIS software • The services offered from call center operators operating CGMRM-CMIS would include CGMRM-CMIS data updates, auto SMS triggers, inbound calls, outbound calls, and email management as well as USSD data transfer and assigning the complaints to the relevant assignees. • All call center operators would have login into CGMRM-CMIS system. • There would be two levels of agents at the call center – operators and supervisors. • The call would be diverted to a supervisor in case the request is made by the caller. • All calls will be recorded, and audio files will be available for audit and quality check. • For a call in any language, the waiting time should not be more than 2 minutes during the peak hours (6:00 am- 8:00 pm) and 1 minute during off peak hours (8:00 pm- 6:00 am) on 95 % of days. • The call center would provide the following other services besides complaint and grievance redressal: 1. Information/Advice/FAQ	**Lead:** Call Center in conducting over all service **Support:** PMU's of PMNHP in training employees at call center		

	2. Directory Services • Complaints will be received from beneficiaries, health facilities, district management, or any other party involved in the PMNHP. • Complaints from various stakeholders will be logged at call center from where these complaints will be entered in the integrated CGMRM-CMIS			
4.	**<u>Developing CGMRM- CMIS system training manual & conducting the training of all involved on process activities and CGMRM-CMIS</u>** Development of CGMRM-CMIS system by the Insurance Company according to the CGMRM-CMIS training manual of PMNHP is a key step. CGMRM being an extremely important aspect of PMNHP, exhaustive training will have to be conducted for all stakeholders to adhere to the timelines of resolution of complaints / grievances and bring about better efficiency and transparency in the operations of PMNHP. The CGMRM involves training of grievance committees of PMNHP, IC, District Representatives, Call center representatives, Health Facility, Assignees, NADRA or any other involved on the process of resolution of complaints and grievances and requires training for the following: • Training on handling the CGMRM-CMIS software and handling, forwarding of complaints /grievance process • PMNHP, Insurance Company & District Management will have access to logged complaints/grievances of CGMRM in the CMIS. • Training of all the grievance committee members on CGMRM-CMIS system, electronic monitoring & closure of grievances	**Lead:** Federal, Provincial & Regional PMU's of PMNHP **Support:** IC & Call Center	Prior to the commencement of enrolment process	
5.	**<u>Awareness of beneficiaries on CGMRM integrated in Communication Campaign of PMNHP</u>** The beneficiary needs to be made aware of the call center facilities and the kind of complaints he/she can register or get resolutions for. This awareness of beneficiaries on	**Lead:** Federal, Provincial & Regional PMU's of PMNHP **Support:** IC	Prior to the commencement of enrolment process	

	CGMRM will be integrated in communication campaign of the PMNHP Awareness activities on call center & for complaint box to the beneficiaries include: • Educate the beneficiary on call center, complaint box and other complaint channels through print media/ audio media / electronic media / television / IC and other government communication channels such as broadcast media. ○ Organize roadshows/ stage shows at district to demonstrate the applicability of CGMRM, call center and the process of complaint/grievance registration and resolution for beneficiaries. • Printing of National Toll Free number on the PMNHP Pakistan Sehat card and card cover, and PMNHP brochure. (If new cards are being issued currently). • District walls to be painted with toll-free number • National call center number to be printed on every IEC material and every press release issued by Federal & Provincial PMNHP. • Conduct technical workshops for hospitals, insurance company and Front Desk Operator prior to commencement of enrolment process to educate them on the use of CGMRM. These workshops should be conducted by the respective PMUs of PMNHP in a collaborated manner with IC and Call Center as the CGMRM-CMIS will also be integrated with the call center. • Display the benefits of PMNHP at every health facility through a display board along with basic information on procedures available at Health Facility. • Front desk/ Help desk at every HF to facilitate the beneficiaries. The Front Desk/ helpdesk will be managed by IC representative who can guide the beneficiaries in the hospitalization process as well as check for fraudulent activities.			

6.	**<u>Complaint Registration mechanism for beneficiary, and its resolution</u>**
	• Register complaint through one of the following:
	  1. Complaint box at front desk of health facility or at any other level (BEC, District Health office, Nazim office, or any other) visibly placed
	  ○ Complaint box will be opened after 3 days
		Beneficiary
		IC, Federal/ Provincial PMU's of PMNHP, Health
			• Once call or SMS received to call center- response time for	Figure 1, 2, 3 & 4 scenarios to explain process

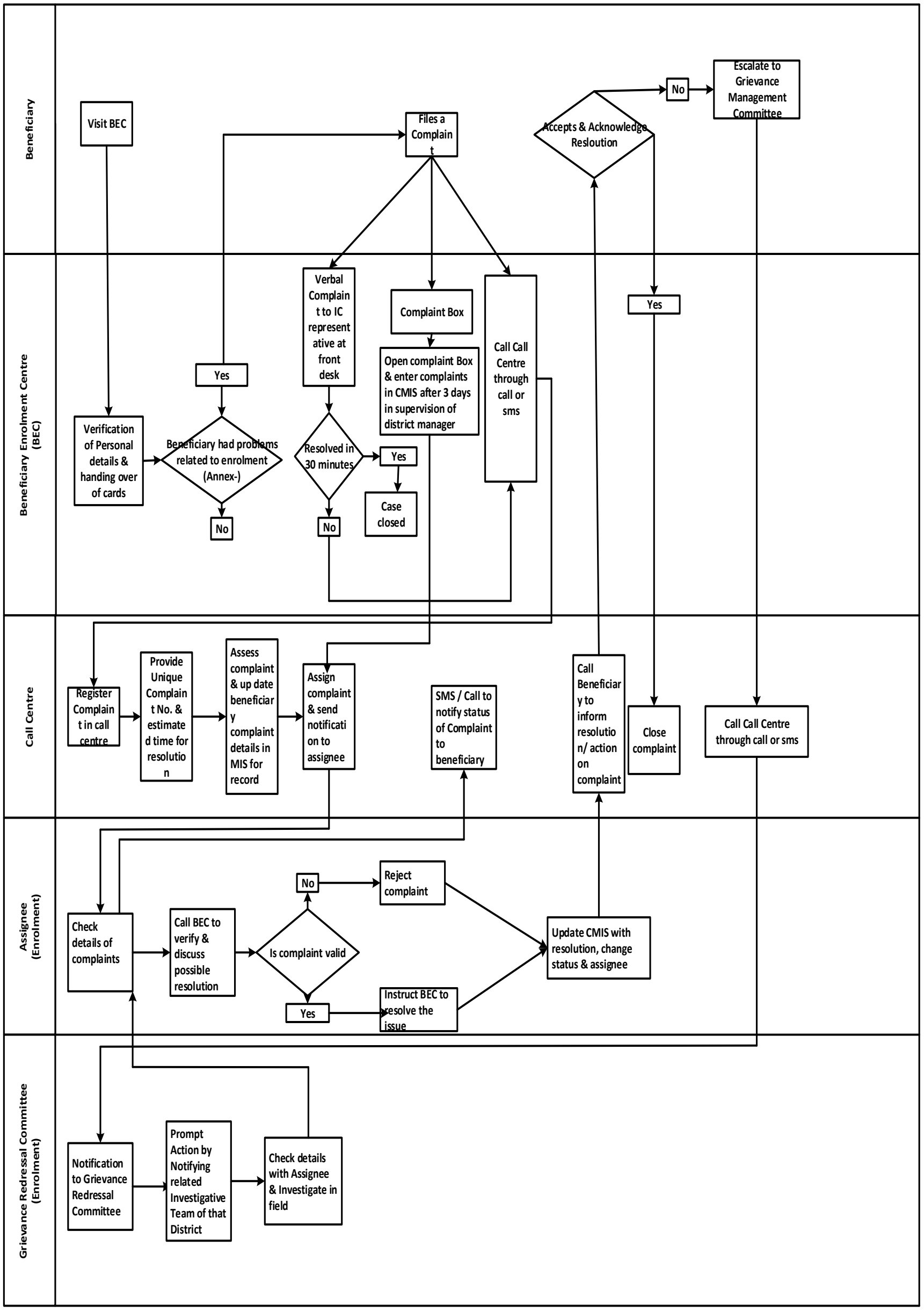
	○ Complaints will be entered in CMIS of CGMRM in supervision of District Manager 2. Call center through calls or SMS on toll free number • Once the complaint is received, a detailed log is entered into the CGMRM-CMIS system by the operator of the call center agency and a Unique Complaint Number (UCN) is generated by the system. • An SMS would be sent to the beneficiary with the service request number and time for resolution of the complaint. The SMS would go in two languages (English and local). The SMS can be sent to the beneficiary if he logs his complaint in the CGRMS through complaint box. ○ The beneficiary can check the status of the complaint through call center by providing the UCN. ○ The beneficiary can reach out to the call center or any other channels again, to check the status of service request by indicating the UCN • If the complaint is against a specific health facility, BEC, IC front desk or any other, the record will be made available to the relevant Assignee of the district by notification through call/ SMS or an email. • Assignee is categorized with respect to the processes against which a beneficiary can file a complaint: ○ For complaints related to enrolment process of beneficiaries, a representative of PMNHP for each district (Deputy Director level) will be the assignee of CGMRM ○ For complaints related to service utilization by beneficiaries at health facilities, a representative of IC for each district (District Manager IC) will be the assignee of CGMRM • Respective assignee will call, visit/ reach out the specific Health facility/ BEC/IC and will inquire about the complaint • If the complaint is valid, assignee will direct HF/BEC/IC to resolve the complaint within half an hour	Facility, District Representative.	resolution is 30 minutes. • After stipulated period of 15 days, the complaint, if still unresolved, would turn into grievance	

	• The health facility/ BEC/IC will act upon the registered complaint on the directions of assignee for resolution at their end. • Once the complaint is resolved at their end, they will inform assignee • Assignee will update the CGMRM- CMIS system, against the UCN. The tentative closure of the complaint would be available in CGMRM-CMIS system • The call center operator would call the beneficiary to verify whether the complaint has been resolved. If the call is not taken, the call center operator would try two more times within 24 hours. • Once verified, the call center operator would 'close' the complaint. • An SMS would go to the beneficiary and corresponding IC/Health Facility/BEC about the closure. • The complaint would be deemed closed if the beneficiary is not able to take any of the 3 calls. • If the beneficiary still has a complaint, the status would be reversed to 'open', and the HF/IC/BEC would receive an SMS/email notification. • If the complaint is invalid, assignee will reject the complaint and update the CGMRM-CMIS system • The call center operator would call the beneficiary to notify complaint has been closed. If the call is not taken, the call center operator would try two more times within 24 hours. • Once verified, the call center operator would 'close' the complaint. • An SMS would go to the beneficiary and corresponding IC/Health Facility/BEC about the closure. • The complaint would be deemed closed if the beneficiary is not able to take any of the 3 calls. • After the stipulated period of 15 days, the complaint, if still unresolved, would turn into grievance. Or if the issue is resolved, but the beneficiary is not satisfied, the escalation can take place before 15 days after consent from beneficiary. • Once the complaint is turned into grievance, it will be forwarded to respective grievance committees manually through notification by email/ SMS.			

	• A daily summary SMS/email notification will be sent to the respective grievance redressal Committees for grievances that have been referred to their office. • A provision for updating / uploading of meeting decisions of the grievance committees on the CGMRM is to be created. • This will serve as crucial information for CGMRM-CMIS system information generation and history of a grievance in the event of escalation of a grievance at the central level. • The grievance committees shall update the proceedings / decisions of their meetings on CGMRM-CMIS. • Grievance redressal committee shall investigate through investigative team and provide a resolution of the grievance on the CGMRM-CMIS system after the respective grievance redressal committee meeting. • The beneficiary will get a registered mobile call verifying the resolution, once grievance committee has updated the same on CGMRM-CMIS system. If the beneficiary does not provide a response after three tries the resolution is deemed accepted. • The IC/hospital/BEC against which the original complaint was made by the beneficiary would indicate compliance in writing after grievance committee decision. The respective grievance committee would ensure / update compliance through the CGMRM-CMIS system.			

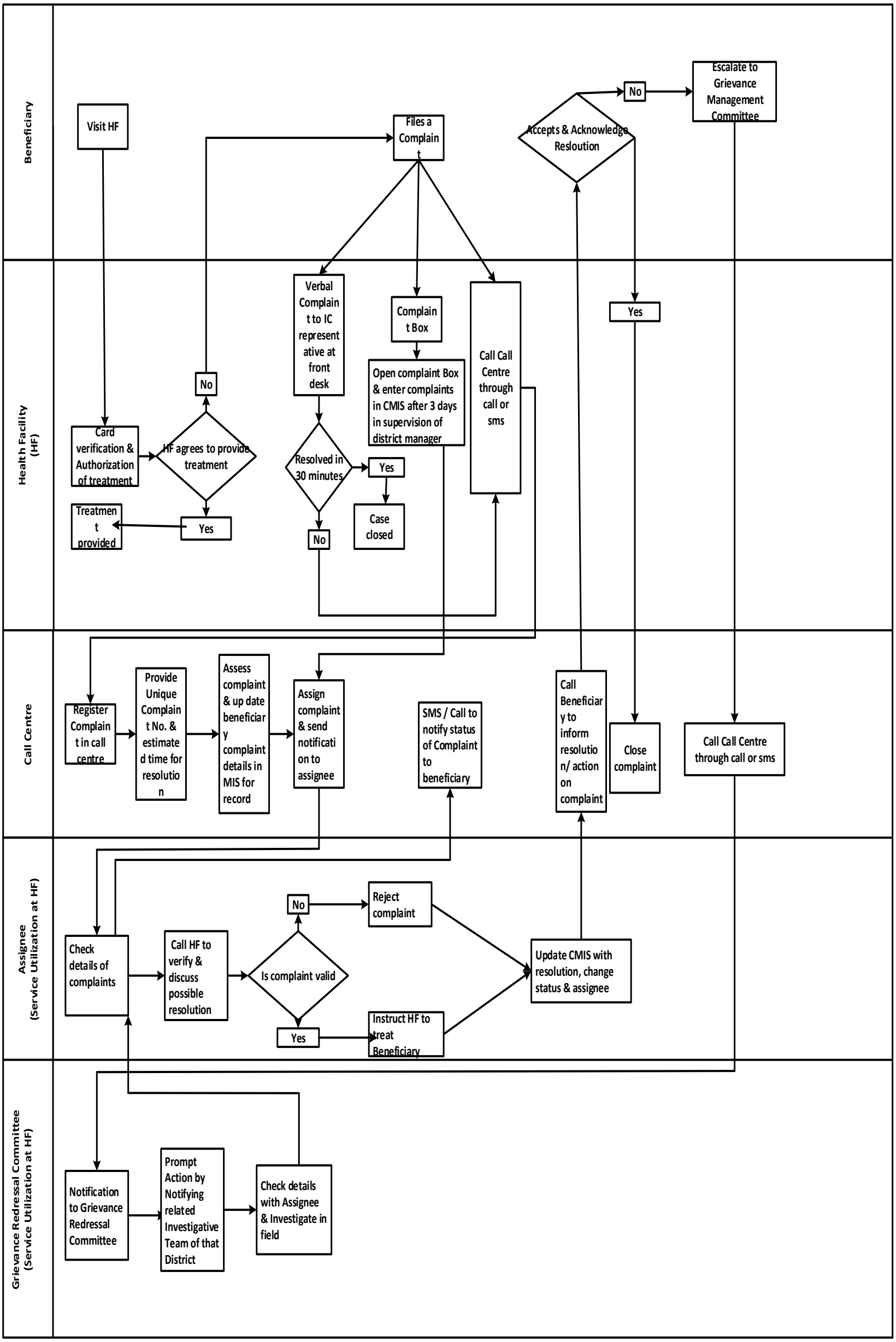
Annex- I Case Scenario Process Flow of CGMRM, Complaint related to Enrolment Process

Figure 1: Process Flow of Complaint & Grievance Management & Redress Mechanism- Scenario-IV Beneficiary has complaint related to enrolment process and registers complaint



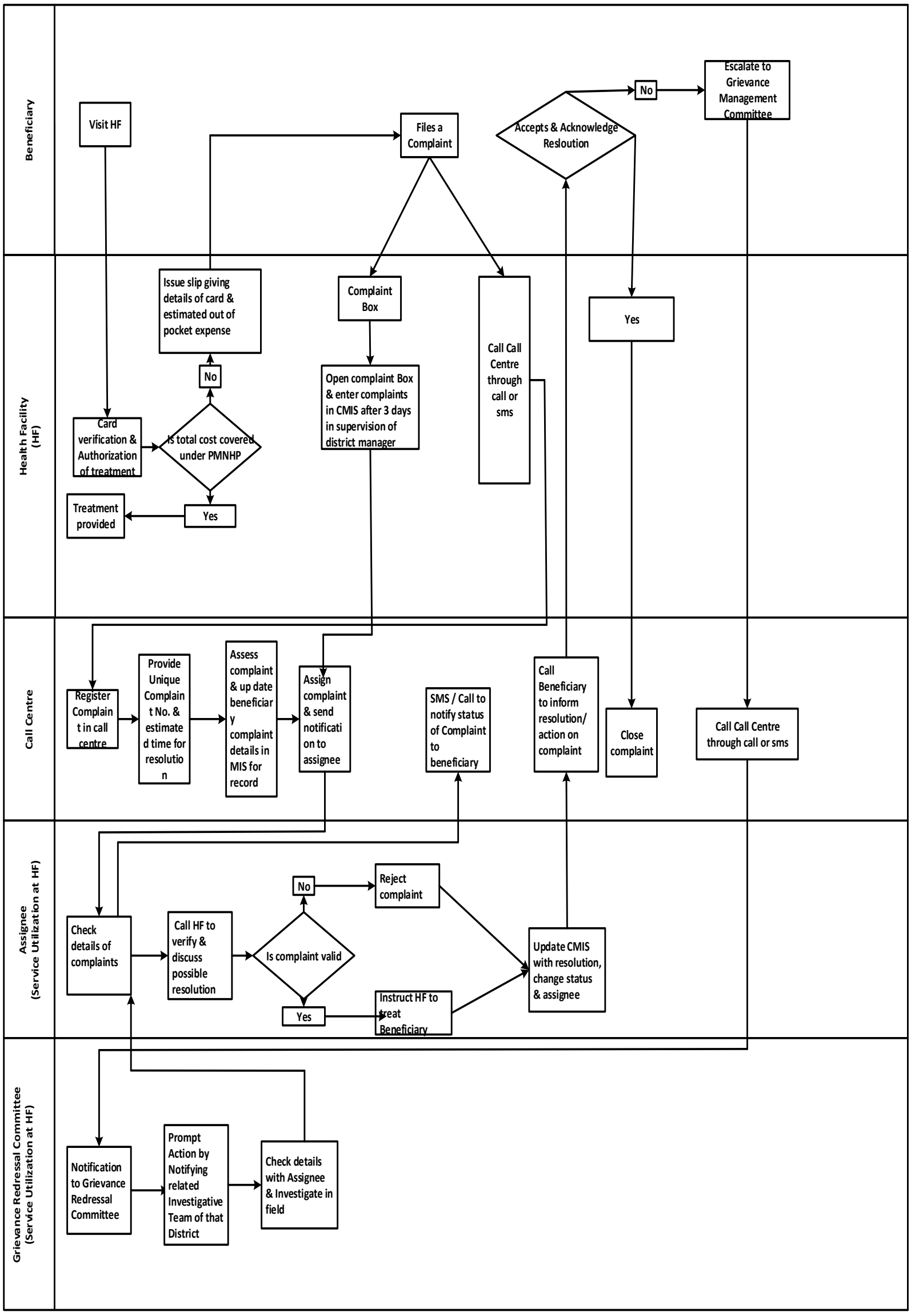
Annex- II Case Scenario Process Flow of CGMRM, Complaint related to Service Utilization

Figure 2: Process Flow of Complaint & Grievance Management & Redress Mechanism- Scenario-I Beneficiary denied of treatment at Health Facility. Beneficiary registers a complaint



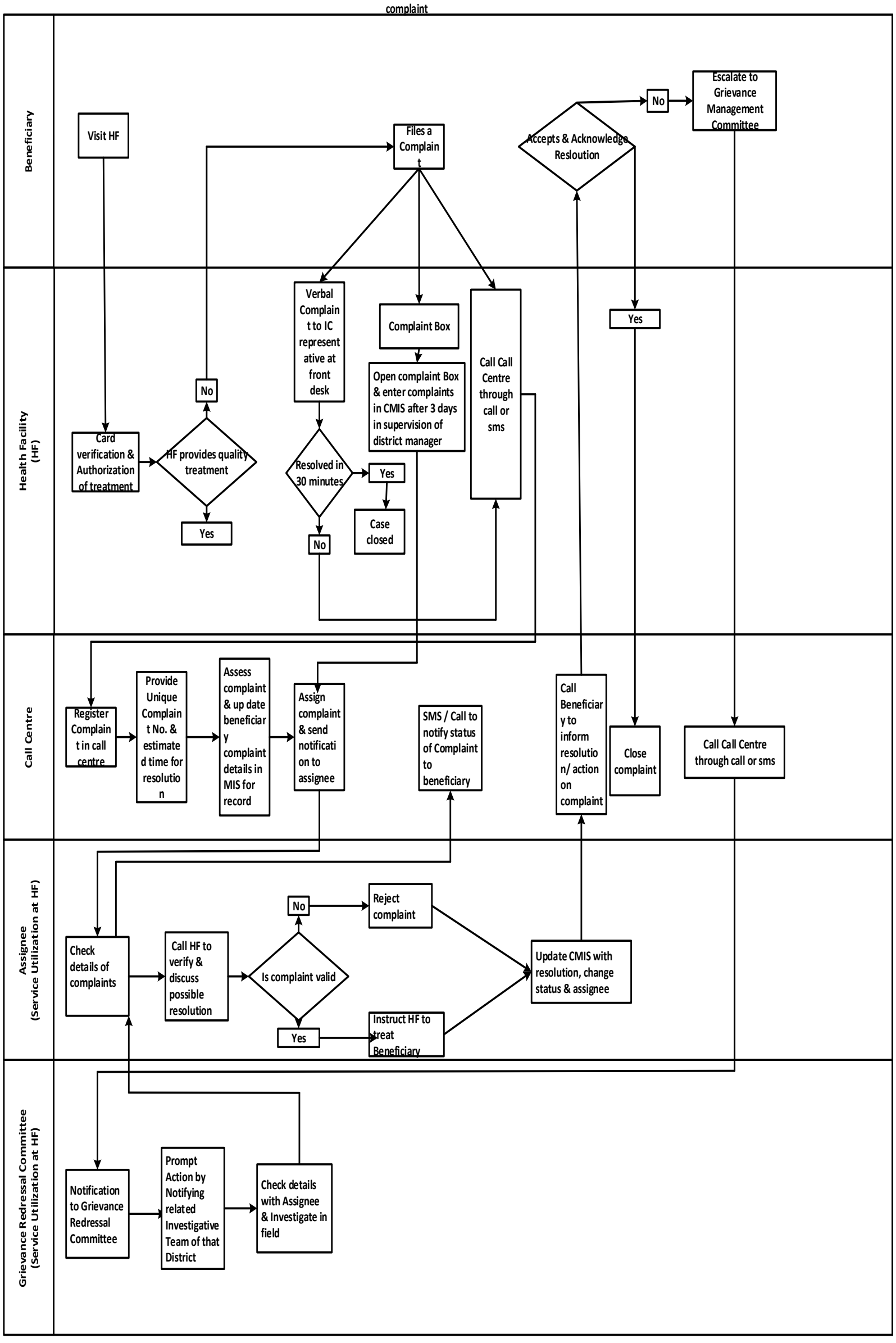
Annex- III Case Scenario Process Flow of CGMRM, Complaint related to Service Utilization

Figure 3: Process Flow of Complaint & Grievance Management & Redress Mechanism- Scenario-II Beneficiary was asked for money for treatment at Health Facility. Beneficiary registers a complaint



Annex-IV Case Scenario Process Flow of CGMRM, Complaint related to Service Utilization

Figure 4: Process Flow of Complaint & Grievance Management & Redress Mechanism- Scenario-III Beneficiary was not provided quality treatment at Health Facility. Beneficiary registers a complaint



Annex- V List of Possible Complaints/ Grievances for Various Categories

List of Possible Complaints/ Grievances pertaining to enrolment & Action		
S. No	**Possible Grievance/ Complaints**	**Type**
1.	Pakistan Sehat Card (PSC) not prepared despite name in the list	Complaint
2.	Money collected for delivery of Pakistan Sehat Card	Complaint
3.	Poor quality Pakistan Sehat Card delivered/ List of Health Facility not provided with PSC	Complaint
4.	Card given to someone by enrolment team /and the person is demanding money to return card	Complaint/ Grievance
5.	Enrolment team returned back without doing enrolment, enrolment team did not turn up for enrolment	Complaint/ Grievance
6.	Beneficiary Enrolment Centers (BEC) not functional/ closed	Complaint/ Grievance
7.	Operator at BEC demanding money for addition and doing modification in card/ issuance of duplicate card or splitting of card	Complaint/ Grievance
8.	Absence of -------- at the time of enrolment	Complaint/ Grievance
9.	------ demanding money for certifying enrolment	Complaint/ Grievance
10.	District level exercises for enrolment preparatory activities not done	Complaint/ Grievance
11.	Enrolment team not reaching on time	Complaint/ Grievance
12.	Non deployment of District personnel /absence of District personnel	Complaint/ Grievance
13.	Villages not visited and left out by the enrolment team	Complaint/ Grievance
14.	Adequate publicity not done for mobilization of beneficiaries.	Complaint/ Grievance

List of Possible Complaints/ Grievances pertaining to empanelment of Health Facility		
S. No	**Possible Grievance/ Complaints**	**Type**
1.	Health Facility not empanelled	Enquiry
2.	Health Facility meets standards but not empanelled.	Enquiry
3.	Health Facility meets standards, recommended by District committee but still not empanelled	Grievance
4.	Health Facility was part of PMNHP network but not empanelled for the current round	Grievance
5.	Health Facility complaints about in appropriate practices for empanelment	Grievance

6.	Health Facility suspended/ De-empanelled during last policy period but not empanelled despite District committee recommendations	Grievance
7.	Health Facility kept on watch list for no obvious reasons	Grievance
8.	Health Facility suspended citing unusual claim transactions	Grievance
9.	Health Facility suspended citing non adherence of Agreement/ Contract clauses	Grievance
10.	Health Facility suspended citing fraud and malpractices hospital	Grievance
11.	Health Facility suspended following fraud and malpractices reported in a hospital by news paper	Grievance
12.	Health Facility suspended without following process	Grievance
13.	Health Facility suspension following unsatisfactory reply to show cause notice	Grievance
14.	Health Facility suspended but suspension not revoked even after reassessment clearance Possible Reasons: • Investigations by insurance companies not conclusive • Investigation not completed by Insurance company	Grievance
15.	Health Facility de-empaneled	Grievance
16.	Health Facility- inappropriate practices by the Insurance company and harassment	Grievance

List of Possible Complaints/ Grievances pertaining to Claim Settlement & Action		
S. No	**Possible Grievance/ Complaints**	**Type**
1.	Claim details / payment details not received	Complaint
2.	Delayed payments	Complaint
3.	Claims rejected without giving reasons	Complaint/ Grievance
4.	IC asking for case/ patient records for claim settlement	Complaint
5.	Pending payments	Grievance
6.	Claims rejected on flimsy grounds	Grievance
7.	IC demanding money or incentive for claim settlement	Grievance
8.	Claims rejected by IC- serial number not found, ------	Grievance

Chapter-VI Communication campaign

PRIME MINISTER'S NATIONAL HEALTH PROGRAMME

6. Chapter – V Communication Campaign

Purpose

This chapter will lays down the Standard Operating Procedures (SOP) as guiding principle for the communication campaign for PMNHP. PMNHP will lay down an effective /efficient communication campaign for better involvement on both stake holders and beneficiaries. This campaign will intend to exercise better control over the programme, remove doubts (both of stake holders and beneficiaries), project a positive image of the programme for best outcomes and build an overall reliable health protection programme for the poor.

The communication activities will support pre-launch, launch and post launch phase to get the best impact for the programme.

The roles & responsibilities of all the stakeholders involved in different phases of the communication campaign will be described in detail.

Process Flow Chart - Communication Campaign

Figure 1: Process Flow - Communication Campaign

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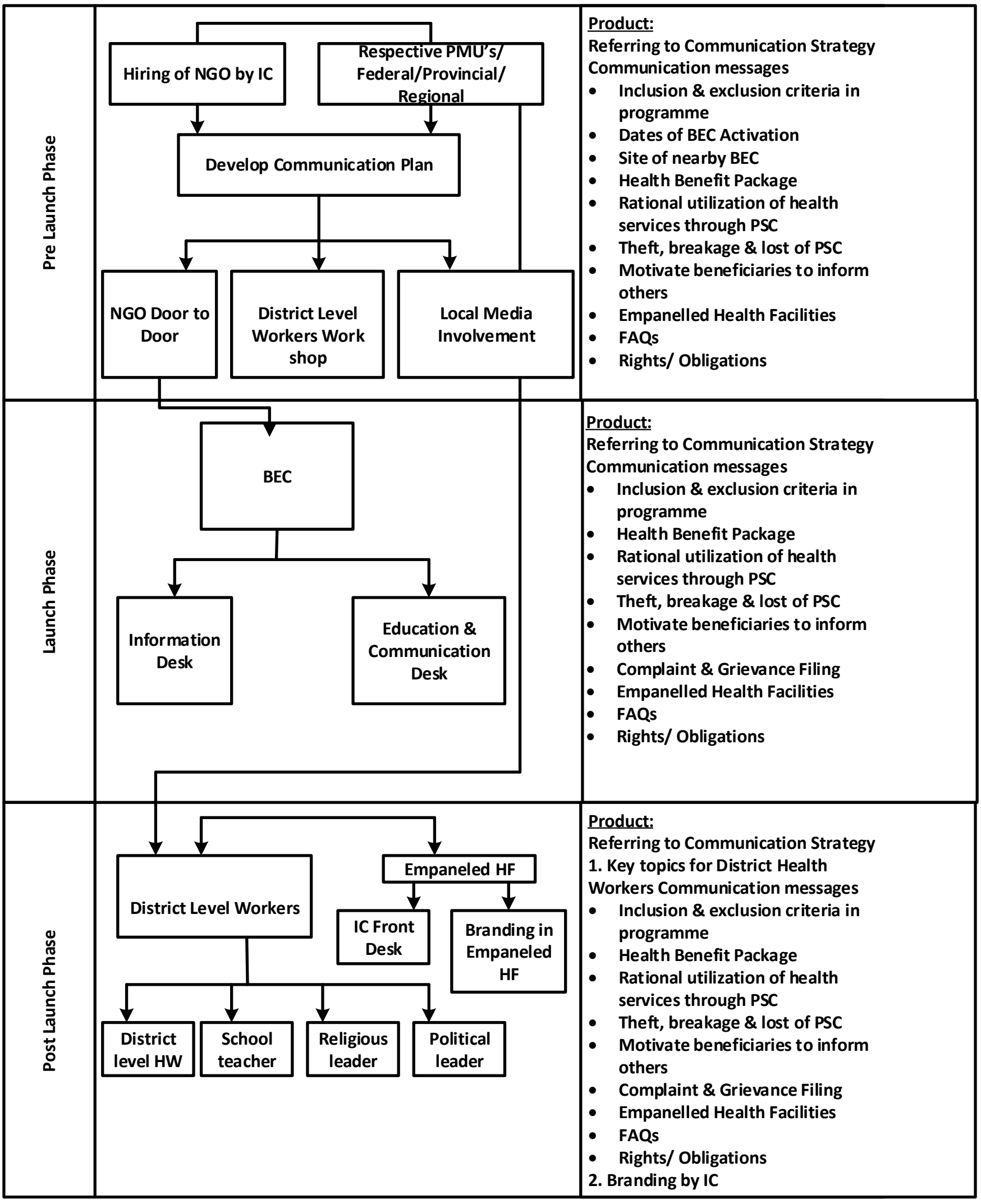

Process Description along with Roles & Responsibilities- Communication Campaign

S. No.	Activities	Roles & Responsibility	Time period	Annexure for detail
1.	**<u>Pre- Launch Phase</u>** **Objective** To mobilize community for maximum turn up of eligible beneficiaries at BEC and to make them aware of inclusion and exclusion criteria in the programme • A third party NGO will be hired by IC to establish BEC in the designated districts to carry out the enrolment process • NGO and respective PMU's will develop a communication plan keeping in line with communication strategy of PMNHP • The communication plan in pre-launch phase will involve the following: ○ Respective PMU's will train district level workers and NGO staff ○ NGO staff will go from door to door to mobilize community ○ Local media will be involved to send messages ○ NGO will also ensure that beneficiaries are made aware of benefits of PMNHP through village level meetings, wall paintings, and display of IEC material at village/ward offices or buildings, house-to-house slip distribution with local language content, loudspeaker announcement (munadi). This is linked to the communication strategy of PMNHP and details are shared in communication section. **<u>Product:</u>** **Referring to Communication Strategy** ○ **Communication messages** ○ **Inclusion & exclusion criteria in programme** ○ **Dates of BEC Activation** ○ **Site of nearby BEC** ○ **Health Benefit Package** ○ **Rational utilization of health services through PSC** ○ **Theft, breakage & lost of PSC** ○ **Motivate beneficiaries to inform others** ○ **Empanelled Health Facilities** ○ **FAQs** ○ **Rights/ Obligations**	**Lead:** NGO, Respective PMU's **Support** : IC	1 month before commencement of enrolment process	Figure 1 for process flow details Communication Strategy
2.	**<u>Launch Phase:</u>**	**Lead:** NGO staff **Supervisory & Support:** Federal, provincial & Regional PMU's of PMNHP	During the enrolment process	Figure 1 for process flow details Communication Strategy

	Objective To ensure efficient and effective enrolment and to communicate, sensitize and improve knowledge of beneficiaries by using face to face opportunity at BEC • NGO will sets up BEC- the duration (number of working days) and number of BEC's along with requisite staff for each BEC based on the scope of work and number of beneficiary families in that area as per plan. • At BEC the communication will take place on information and education & communication desk. • Awareness & Sensitization exercise of NGO will be carried out in close coordination with District Health Management at field level for process enrolment on BEC. The objective of this exercise is to make beneficiaries aware of benefits available in programme. This is linked to the communication strategy of PMNHP and details are shared in communication section. • The information and education & communication desk will educate the entitled/enlisted beneficiaries about the health benefit package, its rational utilization and information in case of loss, theft or breakage of BS card, FAQs. It will also motivate beneficiaries to create awareness regarding the PMNHP in their localities. For better functionality and accountability one of the respective PMU/IC representatives will be on this desk and they will be made aware of filing a complaint process. This is linked with communication strategy and is explained in detail in that section. **<u>Product:</u>** **Referring to Communication Strategy** ○ **Communication messages** ○ **Inclusion & exclusion criteria in programme** ○ **Health Benefit Package** ○ **Rational utilization of health services through PSC** ○ **Theft, breakage & lost of PSC** ○ **Motivate beneficiaries to inform others** ○ **Complaint & Grievance Filing** ○ **Empanelled Health Facilities** ○ **FAQs** ○ **Rights/ Obligations**			

.	**Post –launch Phase:** **Objective** To ensure continuous education and information of beneficiaries. • The district management along with IC staff at empanelled health facilities will continue providing the information and education to the beneficiaries. • IC front desk officer at the empanelled health facility will educate the beneficiaries • Empanelled Health facility will do branding as in elaborated detail in communication strategy • Trained district level staff by respective PMU's including the health workers, school teachers, religious leader and the prominent figure/ political leader of that district will be involved in continuous process of education • ***Respective PMU's of PMNHP will conduct evaluation of Communication Campaign by third party agency through KAP survey or Behavioral Change Study, etc.*** **Product:** **Referring to Communication Strategy** **1. Key topics for District Health Workers** **Communication messages** ○ **Inclusion & exclusion criteria in programme** ○ **Health Benefit Package** ○ **Rational utilization of health services through PSC** ○ **Theft, breakage & lost of PSC** ○ **Motivate beneficiaries to inform others** ○ **Complaint & Grievance Filing** ○ **Empanelled Health Facilities** ○ **FAQs** ○ **Rights/ Obligations** **2. Branding by IC**	**Lead:** IC & District Management **Support:** PMU's of PMNHP	Post enrolment	Communication Strategy