

F. No. S.14025/47/2014-MS  
Government of India  
Ministry of Health & Family Welfare  
Department of Health & FW

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GUIDELINES FOR EMPANELMENT OF PRIVATE EYE HOSPITALS/CLINICS UNDER CS (MA) RULES, 1944  
FOR CENTRAL GOVERNMENT EMPLOYEES AND THEIR FAMILY MEMBERS.

**A. General requirements**

1. The Eye clinic must have been in operation for at least past two years, copy of balance sheet, profit and loss account for the last 2 financial years to be provided.
2. A copy of the list of treatment procedures /investigations /facilities along with rates available in the applicant of eye clinic will be required to be submitted.
3. A copy of the valid State registration certificate / Registration with Local bodies, wherever applicable will be required to be submitted.
4. Information about the validity of recognition by C.G.H.S. / State Government for the treatment of its employees, if applicable, to be provided.
5. In case, the unit is already recognized by any state Government/CGHS for its own employees, the clinic will be recognized under CSMA rules, after scrutinizing the documents and if required inspection by an expert team may be carried out.
6. A copy of the documents related to compliance with necessary statutory requirements to be enlisted including that of waste Management, fire safety etc.
7. NABH accreditation-optional.
8. The Eye Clinics which is considered for empanelment will have to enter into an agreement with MS Section of Ministry of Health for providing services at rates notified by CGHS.
9. As per MOU (Sl. No. 1 (i)), Hospital stands recognized for a period of 2 years from the date of signing of MOU. The period will be extendable to another 2 year on request if there are no complaints against the clinic and work has been found satisfactory.



**10. CURRUPT AND FRAUDULENT PRACTICES**

“Corrupt Practice” means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official.

If at any time it is found that Organization has engaged in corrupt and fraudulent practices, Ministry of health will have the right to declare the clinic as ineligible, either indefinitely or stated period of time.

11. Empanelled eye clinic shall notify a Nodal officer for CSMA beneficiaries to hear their grievances.
12. Whenever required, a visit to inspect the facilities available in the clinic may be carried out by a team of experts.
13. These guidelines are mainly for general purpose eye clinics. For specialized eye clinic additional technical information will be required depending upon type of specialisation.
14. Power back up facility should be available.
15. Fire Clearance certificate/Certificate by authorized third party regarding the details of Fire safety mechanism as in place in the health care Organization.

**B. Certificate of undertaking to be submitted by the clinic**

1. That if any information is found to be untrue at any stage the eye clinic would be liable for de-recognition/debarment to apply for empanelment for next 2 years under CSMA.
2. The Clinic will be liable to pay compensation for any physical or mental injuries caused to CSMA beneficiary due to gross medical negligence.
3. That the Eye Clinic has not been derecognized by CGHS/CSMA or any State Government.
4. That no investigation by Central Government/ State Government or any statutory Investigating agency is pending or being contemplated against the clinic.
5. That applicant clinic must certify that they shall charge as per CGHS rates of the nearest city or the actual rate whichever is less and that the rates charged from CSMA patients are not higher than the rates being charged from other patients who are not CSMA Beneficiaries.

**C. INFRASTRUCTURE AND TECHNICAL SPECIFICATION**

1. Name of the city where Eye hospital/ centre is located.
2. Name of the Eye hospital/Clinic
3. Address of the Eye hospital/ Clinic
4. Telephone No



5. Fax
6. E –Mail Address
7. Name and contact details of Nodal person
8. Applied for Empanelment as (Specify)
  - (a) Cataract/Glaucoma
  - (b) Retinal – Medical – Vitreo-retinal surgery
  - (c) Strabismus
  - (d) Oculoplasty & Adnexa & other specialized treatment

**9. FOR IOL IMPLANT:**

**QUALIFICATION:**

Post Graduate qualification – Qualified ophthalmic surgeon (MD/MS/DO/DNB in ophthalmology) with experience in Intra-ocular Lens implanation Surgery

- All Specialists employed on regular and visiting basis must M.C.I. / State Medical Council recognized qualification.

**EQUIPMENTS:**

- (I) Phacoemulsifier Unit (preferably IIIrd or IVth generation)
- (ii) Autoclaver preferably Flash/rabid sterilizer
- (iii) Slit Lamp
- (iv) A & B Scan, Keratometer
- (v) Autorefractometer
- (vi) Refraction set with Retinoscope

**10. OCULOPLASTY & ADENEXA:**

Specific for Oculoplasty & Adenexa:  
Specialized Instruments and kits for:

- (I) Dacryocystorhinostomy
- (II) Eye lid Surgery e.g ptosis and Lid reconstruction Surgery
- (III) Orbital surgery
- (IV) Socket reconstruction
- (V) Enucleation/evisceration
- (VI) Availability of Trained, Proficient Oculoplasty surgeon who is trained for Oculoplasty, Lacrimal and Orbital Surgery from reputed centres like AIIMS/PGI Chandigarh/ any other super speciality Eye Hospital





**11. A) INVESTIGATIVE FACILITIES:**

All necessary investigation and surgical facilities should be available.

**(B) OPERATIVE (O.T.) FACILITIES:**

Proper OT with sterilization facilities and equipment related to various surgical procedures and specialized instruments & Kits for the following surgeries should be available.

- (i) Dacryo cystorhinostomy
- (ii) Lid surgery including eyelid reconstruction & Ptosis correction.
- (iii) Orbital surgery
- (iv) Socket reconstruction
- (v) Enucleation & Evisceration
- (vi) Orbital & Adnexal Trauma including Orbital fractures.

**(C) PERSONNEL:**

- (i) Resident Doctor Support (Not for day care)
- (ii) Nursing care (24 hours)
- (iii) Resuscitative facilities
- (iv) Anesthetist support

**12. STRABISMUS SURGERY:**

Functional OT with Instruments needed for strabismus surgery

Availability of set up for Pediatric Strabismus - Orthoptic room with distance fixation targets (Preferably child friendly) may have TV/VCR. Yes/No

- (a) Pediatric Vision testing – HOTV cards
- (b) Autorefractometers
- (c) Synaptophore (basic type with antisuppression) - optional
- (d) Prism Bars - optional
- (e) Stereo test(Randot/TNO)- optional
- (f) Red –Green Goggles - optional
- (g) Lees/Hess chart – optional

**13. GLAUCOMA:**

- (1) Specific: Facilities for Glaucoma investigation & management.
- (a) Applanation tonometry
- (b) Stereo Fundus photography/OCT/ Nerve fibre Analyser - optional
- (c) YAG Laser for Iridectomy - optional
- (d) Automated/ Goldmann fields (Perimetry) - optional

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT



PROFORMA

FOR EMPANELMENT OF EXCLUSIVE EYE CARE CENTRES UNDER CS(MA) RULES, 1944

1. Name of the city where Exclusive Eye Clinic is located.

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2. Name of the Eye Care Centre

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3. Address of the Eye Care Centre

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4. Tel/fax/e-mail

Telephone No.	
Fax No.	
Email/Website address	

5. Details of the Nodal officer

Name	
Telephone No.	

6. Applied for Empanelment as (Specify)

- (a) Cataract/Glaucoma
- (b) Retinal – Medical – Vitreo-retinal surgery



- (c) Strabismus  
(d) Oculoplasty & Adnexa & other specialized treatment

**7. For IOL IMPLANT :**

Post qualification – Qualified ophthalmic surgeon (MS/DO/DNB in ophthalmology) with experience in Intra-ocular lens implantation surgery      Yes      No

- All Specialists employed on regular and visiting basis must M.C.I./ State Medical Council recognized qualification.

**8. Name and Qualifications**


**9. Equipments required:**

- I) Phacoemulsifier Unit preferably IIIrd or IVth generation  
(ii) Autoclave preferably Flash/rapid sterilizer  
(iii) Slit Lamp  
(iv) A & B Scan Keratometry  
(v) Autoretractometer  
(vi) Refraction set with Retinoscope

**10. Whether beds available**

(General, Semi Private, Private or Deluxe Room)      Yes      No  
(If yes specify the number)  
G.I Ward      Semi-Pvt. Ward      Pvt. Ward

**11. Oculoplasty & Adnexa :**

Specific for Oculoplasty and Adnexa : Specialised Instruments and kits for:

- (i) Dacryocystorhinostomy  
(ii) Eye lid Surgery e.g. ptosis and Lid reconstruction Surgery  
(iii) Orbital surgery  
(iv) Socket reconstruction  
(v) Enucleation/evisceration

Availability of Trained proficient Oculoplasty surgeon who is trained for Oculoplastic, Lacrimal and Orbital Surgery from reputed centre like AIIMS/ PGIM/ Medical College/ Super specialisation eye hospital.



**12. A) Investigative facilities**

**All necessary investigation and surgical facilities should be available .**

**B) Operative (O.T.) Facilities:**

Proper OT with Sterilization facilities and equipment related to various surgeries should be available.

- (i) Dacryo cystorhinostomy
- (ii) Lid Surgery including eyelid reconstruction and Ptosis correction.
- (iii) Orbital surgery
- (iv) Socket reconstruction
- (v) Enucleation & Evisceration
- (vi) Orbital & Adnexal Trauma including Orbital fractures.

**C) Personnel:**

- (i) Resident Doctor Support
- (ii) Nursing care
- (iii) Anaesthiest
- (iv) Resuscitative facilities
- (v) Trained Oculoplastic surgeon who is proficient in Orbit, Oculoplasty & Lacrimal surgery

**(13) STRABISMUS SURGERY:**

Functional OT with Instruments needed for strabismus surgery	Yes/No
Availability of set up for Pediatric Strabismus - Orthoptic room with distance fixation targets (Preferably child friendly) may have TV/VCR.	Yes/NO

Facilities for:

- (a) Pediatric Vision testing – HOTV cards
- (b) Auto refractometers
- (c) Synaptophore (basic type with antisuppression ) – optional
- (d) Prism Bars – optional
- (e) Stereo test(Randot/TNO)- optional
- (f) Red –Green Goggles – optional
- (g) Othoptic room with distance fixation targets - optional  
(Preferably child friendly) may have TV/VCR.
- (h) Lees/Hess chart – optional



**(14) GLAUCOMA:**

Specific: Facilities for Glaucoma investigation & management.

- (a) Applanation tonometry
- (b) Stereo Fundus photography/OCT/ Nerve fibre Analyser - optional
- (c) YAG Laser for Iridectomy – optional
- (d) Automated/ Goldmann fields (Perimetry) - optional

**SIGNATURE OF APPLICANT OR AUTHORIZED AGENT**



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CHECKLIST/COMMENTS REGARDING APPLICATION FOR EMPANELMENT/RE-EMPANELMENT OF EYE HOSPITAL/CLINIC UNDER CS(MA) RULES, 1944

DATE OF APPLICATION:

DATE OF ORIGINAL RECOGNITION:

Sl. No.	Particulars	Details	Page No
1.	Name & Address of the Hospital		
2.	Name of the Nodal Officer with all particulars(Telephone No./Mobile No., Fax No., E-mail address, Website Name)		
3.	Details the Eye Clinic have been in operation by at least past three years(A copy of supporting document to be provided)		
4.	List of treatment procedures/ investigations/ facilities along with rates		
5.	A copy of the State registration certificate/Registration with local bodies		
6.	Information on Empanelment by CGHS/State Government indicating the validity		
7.	A copy of the documents related to Compliance with all statutory requirements including that of waste Management, fire safety etc.		
8.	Power backup and arrangement of fire extinguisher be available		
9.	No. of Central Government employees to be benefited by the Empanelment		
10.	Whether the hospital has provided undertaking as per guidelines		



11.	Whether the hospital meets the building & Space requirement		
12.	List of doctors with bio-data (specify Specialist & RMO'S separately)		
13.	Diagnostic Facilities Available		
14.	List of equipments available		
15.	Average OPD Attendance during last year.		
16.	Comparative schedule of rates vis-à-vis other Govt./empanel hospitals/CGHS/ of the nearby areas, if submitted & remarks thereof		
17.	Any adverse rulings against the hospital/clinic from Consumer Courts or any other Court of Law on a case filed by a patient or his/her relative/friend against improper medical care or wrong medical care, and whether any appeal is pending in any higher Court of Laws.		
18.	Undertaking that the building of the hospital/clinic complies with the local Municipal bye laws.		
19.	Any other information hospital/clinic wants to provide		
20.	Comments/Recommendations.		

#### VERIFICATION

It is certified that all the details/facts/figures given are true and the best of my knowledge and are as per records available in the hospital and are unconditionally verified to be true. If at a later stage it is found that some information has been concealed or has been misrepresented, the recognition given under CS(MA) Rules, 1944 is liable to be cancelled without giving any notice.

(Signature of the authorised signatory)

Rubber Stamp/Seal of the Hospital



Memorandum of Understanding between the Central Government and (Eye Hospital/Clinic Name) for empanelment under CS (MA) Rules, 1944.

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The Memorandum of Understanding is made on (Empanelment Date) between the President of India who shall be the 1<sup>st</sup> party and (Eye Hospital/Clinic Name), who shall be the 2<sup>nd</sup> party under which the Hospital/Clinic shall undertake the treatment of Central Govt. employees.

Whereas (Eye Hospital/Clinic Name) had applied for Empanelment under CS (MA) Rules, 1944 for treatment of Central Government Employees; and

Whereas the Central Government in the Ministry of Health and Family Welfare has vide its O.M. No (File No.), dated (Empanelment Date) empanelled the (Eye Hospital/Clinic Name), under CS(MA) Rules, 1944 for treatment of Central Government Employees and dependent members of their families subject to the condition that the schedule of charges for treatment of Central Government Employees and members of their family under CS(MA) Rules, 1944 shall be regulated as per the schedule of approved charges of CGHS, (Nearest Area) and also subject to the condition that (Eye Hospital/Clinic Name), would enter into an agreement with the Government of India within a period of 3 months from date of issue of O.M. to the effect that the hospital/clinic will charge Central Government employees at the rate fixed by the Government, failing which the Hospital/Clinic would be liable for de-empanelment. The hospital/clinic shall charge CGHS (Non-NABH or NABH) (Nearest Area) rates till the expiry of its accreditation i.e., upto (validity of accreditation date). If the NABH accreditation of the hospital will be renewed and continued after (validity of accreditation date) the Hospital will charge NABH rates otherwise they will charge non-NABH CGHS (Nearest Area) rates after (validity of accreditation date).

Now, therefore, the Central Government and (Hospital/Clinic Name) hereby enter into an agreement to be mutually adhered to by both the parties whose terms, conditions and applications are as below:-

1. (Eye Hospital Name) is empanelled under CS (MA) Rules, 1944 for treatment of Central Government Employees and Members of their family subject to the conditions that:-
  - (i) The Eye hospital stands recognized for a period of 2 years from the date of signing of MOU. The period will be extendable to another 2 year on request if there are no complaints against the clinic and work has been found satisfactory.
  - (ii) The (Eye Hospital/Clinic Name) will charge the Central Government Employees as per the schedule of approved charges of CGHS, (Nearest Area), which are available on the website of CGHS (<http://msotransparent.nic.in/cghsnew/index.asp>), or the actual rate of the hospital, whichever is less.





- (iii) The hospital shall, in no case, charge an amount more than that agreed to as para 1(ii) above from any central Government Employees.
  - (iv) The hospital shall not discriminate in any way the Central Government Employees receiving treatment in the hospital/clinic as compared to any other patient;
  - (v) The hospital shall nominate the Nodal Officer for hearing grievances of the Central Government Employees, and display the same at prominent place.
  - (vi) The hospital shall provide access to the financial and medical records for review by medical and financial auditors of the Central Government, as and when necessary.
  - (vii) The hospital/clinic will pay damages to the beneficiaries, if any injury, loss of part or death occurs due to gross negligence, or due to transfusion of improperly checked blood, if such injuries occur in consequence of treatment in the hospital/diagnostic centre.
  - (viii) Any legal liability coming out of such services shall be dealt by the hospital/diagnostic centre and it shall alone be responsible.
  - (ix) In case of any complaint of overcharging, the Central Government may, after due enquiry, reserve the right to de-empanel the (Eye Hospital/Clinic Name) without any notice, and without any prejudice to any other action to be taken as per law.
2. Neither Party may assign this MOU or any interest therein without the written consent of the other party. The laws of the Government of India shall govern the construction and interpretation of this MOU.
3. If any provision of this MOU or any provisions of any document incorporated by reference is held invalid, such invalidity shall not affect other provisions of this MOU. This MOU can be given effect without invalid provision and to this end, its other provisions are declared to be severable.
4. This MOU contains the entire Agreement between the two parties and no statements, promises or inducements made by either parties, its authorised parties or expert groups that are not contained in this MOU shall be valid and binding. This MOU can be modified or altered only on written agreement signed by both the parties.
5. The original copy of this Memorandum of Understanding (MOU) shall be kept at the office of First Party and a true copy shall be retained in the office of Second Party.

Signed on ----- day of ----- 2015

at-----.

For Central Government

For the Hospital

