



कर्मचारी राज्य बीमा निगम , क्षेत्रीय कार्यालय (केरल)
EMPLOYEES' STATE INSURANCE CORPORATION , REGIONAL OFFICE (KERALA),
श्रम एवं रोज़गार मंत्रालय, भारत सरकार,
MINISTRY OF LABOUR & EMPLOYMENT, GOVERNMENT OF INDIA
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EOI FOR EMPANELMENT OF SPECIALITY / SST SERVICES
ESIC KERALA REGION

Applications are invited from Private Health Care Organizations (Hospitals/Cancer Hospitals/ Diagnostic Laboratories) for providing the following Medical Services for ESI beneficiaries on rates, terms and conditions of CGHS.

- (a) Super Specialty Treatment Services and Super Specialty Diagnostic Services / Investigations for all Districts of Kerala Region.
- (b) Specialty Services in Kanhangad & Kasargode areas of Kasargode District, Sultan Batheri and Mananthavadi areas of Wayanad District, Kottakkal, Perinthalmanna, Manjeri, Malappuram and Nilambur areas of Malappuram District Adimaly, Kattappana and Munnar areas of Idukki District and also at Ernakulam and Kollam.

Hospitals having all or most Super Specialty & Specialty Departments under one roof and are willing to empanel as many departments will be given preference. Details are available on the website www.esickerala.gov.in, www.esic.nic.in. The last date for receipt of application form is on **12/04/2019 at 5PM**.

The filled-up application form with all necessary documents mentioned shall be sent to the address mentioned above.

ADDITIONAL COMMISSIONER & REGIONAL DIRECTOR
ESIC, THRISSUR, KERALA.

NOTICE INVITING EXPRESSION OF INTEREST (EOI) FOR EMPANELMENT OF HOSPITALS/HEALTH CARE ORGANISATIONS (HCOs) FOR PROVIDING “SUPER SPECIALTY TREATMENT” IN KERALA STATE

ESI Corporation (ESIC) is a statutory organization established under ESIC Act 1948 & provides various benefits to its beneficiaries who are registered through their employers. Out of different benefits being provided, Medical Benefits (MB) are delivered through a chain of ESIC / ESI Scheme (ESIS) run 155 hospitals, 1300 dispensaries. Secondary/Tertiary medical services which are not available in ESIC/ESIS institutions are provided cashless through tie up arrangement with more than 1000 public/ private hospitals. In Kerala there are at present 3 ESIC Hospitals,9 ESIS hospitals,146 ESIS Dispensaries and 1DcBO.

ESIC caters to about 11 lakhs Insured Person (IP)-Family units (Approx. 44 lakhs beneficiaries) in Kerala.

Employees’ State Insurance Corporation, Regional Office, Thrissur, Kerala, intends to enter into Tie-up arrangement with reputed Hospitals located in Kerala State to provide **Super specialty treatment (SST)** and investigations on **Cashless** basis to the Beneficiaries of ESI Scheme as per CGHS Thiruvananthapuram rates. HCOs which are willing and empanelled under CGHS will be considered first. In the absence of sufficient number of such HCOs, State Government approved HCOs, followed by HCOs approved by Public Sector Insurance Companies will be considered. Preference shall be given to those hospitals having all or most of the super specialty services under one roof. Preference will be given to NABH accredited hospitals. If none of the HCOs approved by above agencies are available/ inadequate, other HCOs will be considered.EOI (Application form with Annexure & Documents) in sealed envelope complete in all respects should reach **Regional Office, Employees’ State Insurance Corporation, Panchdeep Bhawan, North Swaraj Round, Thrissur-680020**

The last date for submission of EOI is 12/04/2019 up to 5.00 p.m.

Application fee (Non-refundable) Rs.1, 000/- as demand draft (DD) drawn in favour of **ESIC fund A/c No.1 payable at Thrissur.**

Those Hospitals / Centres which have already applied for empanelment / are already empanelled also need to apply afresh in response to this notice.

Expression of Interest received after the scheduled date and time (either by hand or by post) or open Expression of Interest received though e-mail / fax shall be summarily rejected.

***ADDITIONAL COMMISSIONER & REGIONAL DIRECTOR
ESI CORPORATION, THRISSUR, KERALA***

TERMS AND CONDITIONS

A. General Criteria for Empanelment of Health Care Organizations

1. The scope of services to be covered under SST are as under:
 - i. Any treatment rendered to the patient at a tertiary centre/SST hospital by a super specialist
 - ii. Cardiology and cardiothoracic vascular surgery
 - iii. Neurology and neurosurgery
 - iv. Paediatric surgery
 - v. Oncology and Oncosurgery
 - vi. Urology/Nephrology
 - vii. Renal Transplantation
 - viii. Gastroenterology and GI surgery
 - ix. Liver Transplantation
 - x. Endocrinology and endocrine surgery
 - xi. Burns and plastic surgery
 - xii. Reconstruction surgery
 - xiii. Super specialty investigations: this will include all the investigations which requires intervention and monitoring by super specialist in the disciplines mentioned above. In addition, the following specialised investigations will also be covered under SST:
 - a. CT scan
 - b. MRI
 - c. PET scan
 - d. Echo cardiography
 - e. Scanning of other body parts
 - f. Specialised bio-chemical and immunological investigations
 - g. Any other investigation costing more than Rs. 3000/- per test

2. The health care Organizations (HCOs) (Hospitals/Cancer hospitals/Imaging centres/Diagnostic Laboratories) which are **approved for empanelment by CGHS** shall be proposed for empanelment without any inspection after obtaining consent and other particulars as required for empanelment from the concerned HCO.

3. If CGHS approved HCOs are not available / inadequate then the **State Government approved hospitals** may be considered for empanelment without any inspection after obtaining consent and other particulars as required for empanelment from the concerned HCO.
4. The areas where neither the CGHS approved nor the State Govt. approved HCOs are available or inadequate in number, then the **HCOs which are approved by Public Sector Insurance Companies** may be considered for empanelment without any inspection after obtaining consent and other particulars as required for empanelment from the concerned HCO.
5. The areas where none of the HCO is approved by any of the above-mentioned agencies or they are inadequate, in such cases HCOs qualifying the CGHS criteria shall be considered for empanelment.
6. The Health Care Organizations which have all or most of the Super specialty departments and are willing to empanel maximum number of Super specialty departments will be given priority.
7. The Hospitals/Diagnostic Laboratories/Imaging centres which have already been empanelled with this Office for Super Specialty Services/Investigations should also give E.O.I. for empanelment afresh along with cost of tender documents and necessary enclosures.
8. The cost of application form and tender document is **Rs. 1000/-** (Rupees One thousand only) **Non-Refundable, as Demand Draft drawn on State Bank of India in favour of ESIC fund Account No-1 Payable at Thrissur.**
9. Duly completed tender forms, with all necessary enclosures' may either be dropped in the tender box kept at the Office of The Additional Commissioner & Regional Director ESIC, Thrissur or be sent by Registered Post. The sealed envelope should be super scribed "**E.O.I. for Empanelment of Hospitals and Diagnostic Centres for Super specialty treatment and Investigations**". Documents received after the scheduled date and time (either by hand/by post) or open tender or tenders received through e-mail/fax or without the prescribed fee shall summarily be rejected.
10. ESIC also reserves the right to prescribe/revise rates for new or existing treatment procedure(s)/investigation(s) as and when CGHS revises rates and the same is formally adopted by ESIC or otherwise.
11. The HCO must have been in operation for at least one full financial year. Copy of audited balance sheet, profit and loss account for the preceding financial year (2014-2015) to be submitted.
12. The Health Care Organization(s) which is/are de-empanelled by ESIC/CGHS/any other Government Institutions or Public-Sector Undertakings shall not be considered for Empanelment for one Year from the date of de-empanelment.

13. The Health Care Organization(s) which is/are blacklisted by ESIC/CGHS / any other government institutions or Public-Sector Undertakings shall not be considered for empanelment for three years from the date of blacklisting.

B. Eligibility criteria for Hospitals / Cancer Hospitals.

1. Minimum number of beds required

- a) METRO CITIES50
- b) OTHER CITIES 30

NB: the number of beds as certified in the Registration Certificate of State Government / Local Bodies/ NABH/ Fire Authorities shall be taken as the valid bed strength of the hospital.

2. The Health Care Organization (Private Hospitals/exclusive Cancer Hospitals) must be accredited by National Accreditation Board for Hospitals and Health Care providers (NABH). They should submit a copy of NABH Accreditation along with Tender documents.

3. Non- NABH accredited hospitals and Cancer Hospitals may be empanelled provisionally on the basis of fulfilling the criteria and submission of an affidavit that the information provided is correct and in the event of failure to get recommendation from NABH, preferably within a period of six months but not later than one year of its empanelment, its name would be removed from the panel of ESIC. Copy of NABH application is to be submitted along with Tender document.

4. Applicant Health Care Organisation should have:

- a) State registration certificate / Registration with Local bodies, wherever applicable.
- b) Compliance with all statutory requirements including that of Waste Management.
- c) Fire Clearance certificate and details of Fire safety mechanism as in place in the health care Organization.
- d) Registration under PNDT Act, for empanelment of Ultrasonography facility.
- e) AERB approval for imaging facilities/ Radiotherapy, wherever applicable.
- f) Certificate of Registration for Organ Transplant facilities, wherever applicable.

5. Applicant Health Care Organisation should submit the certificate of Undertaking as per the format annexed. **(Annexure II).**

6. The Applicant Health Care Organization should submit the list of treatment procedures/ investigation facilities available in the hospital.

7. An Applicant Health Care Organization must have the capacity to submit all claims / bills in electronic format to the ESIC/ESIS system and must also have dedicated equipment, software and connectivity for such electronic submission.

8. An Applicant Health Care Organization must submit the latest Hospital rates for all treatment procedures/ investigations available with them and as charged by them.
9. Applicant Health Care Organizations must certify that they shall charge as per CGHS rates and that the rates charged by them are not higher than the rates being charged from other patients who are not ESIC beneficiaries.
10. Applicant Health Care Organizations must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.
11. In Emergency the HCO will not refuse admission or demand any advance payment from the ESI beneficiaries and will provide treatment as per CGHS rate and inform the ESI authorities for regularization.
- 12 Applicant Health Care Organization must have minimal annual turnover of Rs. 2 Crores for Metro cities and Rs.1 Crore for Non- Metro cities.

C. Eligibility Criteria for Diagnostic Laboratory/imaging Centres

1. The Diagnostic Laboratories/Imaging centres must be accredited by National Accreditation Board for testing and Calibration Laboratories (**NABL**). Copy of NABL accreditation should be submitted along with Tender Documents.
2. Non-NABL accredited diagnostic laboratories/Imaging Centres may be empanelled provisionally on the basis of fulfilling the criteria and submission of an affidavit that the information provided has been correct and in the event of failure to get recommendation from NABL, preferably within a period of six months but not later than one year of its empanelment, its name would be removed from the panel of ESIC. Copy of NABL application should be submitted along with Tender Documents.
3. Applicant Diagnostic Laboratory/Imaging Centre should have:
 - a) Diagnostic lab / Imaging Centre must have been registered with State Government / Local bodies, wherever applicable.
 - b) Compliance with all statutory requirements including that of Waste Management.
 - c) Documents to establish that fire safety mechanism is in place.
 - d) Registration under PNDT Act, for Ultrasonography facility.
 - e) AERB approval for imaging facilities, wherever applicable.
4. The applicant Diagnostic Laboratory/Imaging Centre should submit Certificate of undertaking as per the format annexed (**Annexure II**).
5. Lists of investigation facilities available with diagnostic lab/imaging centre are to be submitted along with tender documents.
6. Diagnostic lab / Imaging Centre must submit the rates for all investigations services available with it and as charged by it from other patients.

7. Diagnostic lab / Imaging Centre must give an undertaking accepting the terms and conditions spelt out in the Memorandum of Agreement (**Draft at Annexure V**) which should be read as part of the application document.

8. Diagnostic lab / Imaging Centre must certify that they shall charge as per CGHS rates and that the rates charged by them are not higher than the rates being charged from other patients who are not ESIC beneficiaries.

9. Diagnostic lab / Imaging Centre must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.

10. The Diagnostic lab / Imaging centre must fulfil the above criteria, wherever applicable and annex copies of relevant documents.

11. Minimum annual turnover of diagnostic lab / imaging centre must be 20 lacs for Metro cities and Rs. 10 lacs for Non-Metro cities.

12. **In addition, the imaging centres shall meet the following criteria:**

i. MRI Centre

Must have MRI machine with magnet strength of 1.0 Tesla or more.

ii. CT Scan Centre

Whole Body CT Scanner with scan cycle of less than one second (sub-second). Must have been approved by AERB

iii. USG / Colour Doppler Centre

a) It should be of high-resolution Ultrasound standard and of equipment having convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz, should have minimum three probes and provision/facilities of Trans Vaginal/ Trans Rectal Probes.

b) Must have been registered under PNDT Act.

iv. Nuclear Medicine Centre

a) Must have been approved by AERB / BARC.

D. General Instructions to the Bidders

1. The empanelment shall be initially for a period of one year initially which may be extended for another one year with mutual consent.

2. Tender Documents comprise Annexure I (a and b), II, III and IV

Annexure –I is the application format to be filled up and submitted by the bidder
Hospitals/cancer unit shall fill up..... Annexure-I a
Diagnostic Labs/Imaging Centres shall fill up.....Annexure I b

Annexure –II is Certificate of Undertaking.

Annexure –III is list of documents (wherever applicable) that are to be attached to the bid.

Annexure –IV is letter of Acceptance of CGHS rates

3. The cost of application form and tender document is **Rs.1000/-** (Rupees One thousand only) **Non-Refundable, as Demand Draft drawn in favour of ESIC fund Account No.1 Payable at Thrissur.**

4. Any conditional bid or a bid that is not in the prescribed Performa will not be accepted.

6. Preliminary Examination of Applications

ESIC will examine the applications to determine whether they are complete and whether the bids are generally in order. Bids without full technical details and/or incomplete Annexure will be rejected.

7. Offer of Empanelment and Signing of Memorandum of Agreement

i. All selected health Care Organizations have to submit the letter of acceptance of CGHS rates to ESIC as per **Annexure IV.**

ii. All selected NABH / NABL accredited Health Care Organizations shall be asked to sign a Memorandum of Agreement with Additional Commissioner & Regional Director, ESIC, Thrissur, Kerala.

iii. All selected Non – NABH / Non- NABL health Care Organization shall be offered provisional empanelment for signing MOA. Such health Care Organizations shall also submit a copy of application and receipt of fee for inspection received from NABH/NABL before they are provisionally empanelled. If a particular Health Care Organization is not recommended by NABH/NABL as the case may be, preferably within six months but not later than one year of its empanelment then its name shall be removed from ESIC panel **and 50% of PBG shall be forfeited.**

iv. The health Care Organizations, which are selected for empanelment, will have to enter into an agreement with ESIC for providing services at rates notified by CGHS as per the copy provided at **Annexure V.** This MOA has to be executed on Rs.100/- non-judicial Stamp paper. MOA should be read as part of bid document.

8. Performance Bank Guarantee (PBG)

Private Hospitals / Cancer Hospitals / Diagnostic Laboratories & Imaging Centres that are recommended for empanelment after the initial assessment shall also have to furnish a performance Bank Guarantee valid for a period of 30 months, i.e. six months beyond the empanelment period to ensure efficient services and to safeguard against any default.

Hospital / Cancer Hospitals	Rs. 5 lakhs
Diagnostic Centres	Rs. 1 lakh

9. Corrupt and Fraudulent Practices

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

“fraudulent practice” means a misrepresentation of facts in order to influence Tender process or execution of a contract to the detriment of ESIC and includes collusive practice among bidding hospitals / authorized representative/ service providers (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive ESIC of the benefits of the free and open competition.

ESIC will reject a proposal for award if it is established that the Health Care Organization recommended for empanelment has engaged in corrupt or fraudulent practices.

ESIC will declare a health care Organization ineligible, either indefinitely or for a stated period of time, to be empanelled if it at any time determines that the bidding health care Organization has engaged in corrupt and fraudulent practices in competing for, or in executing contract.

10. Interpretation of the Clauses in the Tender Document

In case of any ambiguity in the interpretation of any of the clauses in Bid Document, interpretation of Additional Commissioner & Regional Director, ESIC, Thrissur, Kerala shall be final and binding on all parties.

11. Right to Accept Any Bid and To Reject Any or All Bids

Additional Commissioner & Regional Director, ESIC, Thrissur, Kerala reserves the right to accept or reject any bid and to annul the bidding process and to reject all the bids at any time without thereby incurring any liability to the affected hospital / authorized representative/ service provider or any obligation to inform the affected hospital / authorized representative/ service provider of the grounds for his action. Mere responding to this notification does not provide any right on the part of the hospital to get empanelled. Selection of the hospital will strictly be based on the guidelines issued by the ESIC and the requirement of ESI beneficiaries in a particular centre.

12. List of Documents at Annexure III

Every Tender must be accompanied by documents as listed at **Annexure III**.

13. Monitoring and Medical Audit

ESIC reserves the right to inspect the health care Organization at any time to ascertain their compliance with the requirements of CGHS/ESIC. Bills of empanelled health care Organizations shall be reviewed periodically for irregularities including declaration of planned procedures / admissions as ‘emergencies’, unjustified investigations/treatment, overcharging and prolonged stay, etc., and if any empanelled health Care Organization is found involved in any such wrong doings, then the concerned hospitals/other health care Organizations would be suspended/ removed from ESIC panel and would be black listed for specified period for future empanelment with ESIC. Bank guarantee shall also be forfeited.

14. Exit from the Panel

The Rates fixed by the CGHS shall continue to hold good unless revised by CGHS/ESIC. In case the notified rates are not acceptable to the empanelled health care Organizations, or for any other reason, the health care Organization no longer wishes to continue on the list under ESIC, it can apply for exclusion from the panel by giving one-month notice. Patients already admitted shall continue to be treated.

15. Rates

- a) The Hospital agrees that it shall charge as per the rates for a particular treatment procedure and care as prescribed by the CGHS/ESIC from time to time.
- b) At present, Hospitals and Diagnostic / Imaging Centres should follow CGHS 2014 Thiruvananthapuram rates. These rates are for semi-private ward entitled class. For ESI beneficiaries there will be a reduction of 10% from these rates.
- c) For cancer surgeries the rates of Tata Memorial Hospital, Mumbai, 2012 is to be adopted. These rates are for NABH accredited hospitals. For Non-NABH accredited hospitals the rates would be reduced by 15%. These rates are for treatment for Semi private ward entitled class with 10% decrease for Gl. Ward.
- d) Wherever CGHS rates are not available AIIMS rates are applicable.
- e) If the above rates are not available, hospital rate is applicable subject to:
 - i) 15% deduction on hospital rates for treatment procedures if there is no packages rates under CGHS/AIIMS available.
 - ii) For implants devices and stents, 15% deduction on MRP. (Attested copy of tax invoice to be submitted).
 - iii) In case of Drugs used in non –package cases, 10% deduction on MRP. (Attested copy of tax invoice of drugs whose MRP is Rs. 5,000/- or more shall be submitted).
- f) If the hospital/diagnostic centre rate for any procedure(s) or investigation(s) is less than the CGHS rate, the hospital/Diagnostic centre rate will be admissible. The hospital/Diagnostic centre rate for any diagnostic investigation, surgical procedure and other medical treatment for ESI beneficiary under this Agreement shall not be increased during the validity period of this Agreement.
- g) ESIC also reserves the right to prescribe / revise rates for new or existing treatment procedure(s)/ investigation(s) as and when CGHS revises the rates and the same is formally adopted by ESIC or otherwise.
- h) The rates shall be valid until it is revised / modified by CGHS and the same is adopted by ESIC or otherwise.
- i) The empanelled Organizations shall not charge more than CGHS rates.

j) CGHS “Package Rate” shall mean all inclusive – including lump sum cost of inpatient treatment / day care / diagnostic procedure for which a ESIC beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) – (i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patients diet, (iv) Operation charges, (v) Injection charges. (vi) Dressing charges, (vii) Doctor / consultant visit charges, (viii) ICU / ICCU charges, (ix) Monitoring charges, (x) Transfusion charges and Blood processing charges (xi) Pre Anaesthetic check-up and Anaesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges / surgeon’s fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines and consumables (xvi) Related routine and essential investigations (xvii) Physiotherapy charges etc. (xviii) Nursing care charges etc.

k) Cost of Implants / stents / grafts are reimbursable in addition to package rates as per CGHS ceiling rates or as per actual, whichever is lower.

l) During In-patient treatment of the ESIC beneficiary, the hospital will not ask the beneficiary or his / her attendant to purchase separately the medicines / sundries / equipment or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS which includes the cost of all the items.

m) However, the following items are not admissible:

Toiletries & Cosmetics

Sanitary napkins

Talcum powder

Mouth fresheners

Tonics & Food supplements

Telephone Charges

n) In cases of conservative treatment where there is no CGHS package, calculation of admissible amount would be determined item wise as per CGHS / AIIMS rates or Hospital rates if there is no CGHS/AIIMS rate for a particular item.

o) Package rates envisage up to a maximum duration of indoor treatment as follows:

Up to 12 days for Specialized (Super Specialties) treatment

Up to 7 days for other Major Surgeries

Up to 3 days for / Laparoscopic surgeries / elective Angioplasty and

1 day for day care / Minor (OPD) surgeries.

However, if the beneficiary has to stay in the hospital for his / her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional reimbursement may be allowed, which shall be limited to accommodation charges, investigations charges at approved rates, doctors visit charges (not more than 2 visits per day by specialists / consultants) and cost of medicines for additional stay. No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure/ faulty investigation procedure etc.

p) The empanelled health Care Organization cannot charge more than CGHS approved rates when a patient is referred from ESI System. In case of any instance of overcharging the overcharged amount over and above CGHS rate shall be recovered from the pending bills of the hospital.

q) If any empanelled health care Organization charges from ESI beneficiary for any expenses incurred over and above the package rates vis-à-vis medicine, consumables, sundry equipment and accessories etc., which are purchased from external sources, based on specific authorization of treating doctor / staff of the concerned hospital and if they are not falling under the list of non-admissible items, the amount shall be recovered from the pending bills of hospitals.

16. ENGAGEMENT OF UTIITSL AS BILL PROCESSING AGENCY(BPA):

ESI Corporation has engaged UTIITSL as a Bill Processing Agency (BPA) for scrutiny and processing of all bills (SST/Secondary/Investigations etc) of empanelled hospitals/diagnostic centres for beneficiaries referred from ESIC Hospitals and bills for only Super Specialty Treatment in case of ESIS Institutions

The salient features of the on-line bill processing system through BPA are elaborated as below:

Introduction

ESIC is providing comprehensive medical care facility to its beneficiaries and their dependents. In the process, ESIC has empanelled hospitals/diagnostic centres for providing treatment to its beneficiaries. ESIC has decided to appoint UTIITSL as a Bill Processing Agency (BPA) for processing the claims and recommending the payment to be released on behalf of ESIC. The medical care facility is extended to the ESIC beneficiaries who are entitled to cashless facility in the ESIC empanelled hospitals/diagnostic centres. Here after respective Regional Director, ESIC will enter into MOU/Addendum to MoU (as the case maybe) with empanelled hospitals to enable referral generation and online billing through UTI Module.

BPA will provide a front-end user interface through the software where in the respective MS's-ESIC Hospitals/Regional Offices/ designated officials of ESIC will be able to update all necessary details of registration of empanelled hospitals/diagnostic centres with validity, extension of validity, details of accreditation (NABH/NABL), de-empanelment of hospital, classification of hospital and any other parameters/criteria as specified by ESIC from time to time. Expenditure incurred on services provided by empanelled hospital/diagnostic centre is paid directly to the empanelled facility by ESIC after the bill is processed by BPA. UTIITSL/BPA has agreed to provide a transparent system for online referral generation and bill processing (as per ESIC Policy and Standard Operating Procedures) for scrutiny and processing of all bills (SST/Secondary/Investigations etc) of Empanelled Hospitals/Diagnostic Centres for beneficiaries referred from ESIC Hospitals and bills for only Super Specialty treatment in case of ESIC Hospitals. BPA shall be providing the required software as per MOU to all empanelled hospitals/diagnostic centres of ESI to run the process.

I Pre-requisites:

1. Empanelled hospitals/diagnostic centres need to submit attested copies of following physical documents to BPA

a. Revised MoU/agreement signed by ESI hospital/Institution/Regional Office (Healthcare payer) with the empanelled hospital (Healthcare provider), showing the date/duration of validity of agreement/MoU.

b. Empanelled hospitals/diagnostic centres to provide user details, roles to be played and authority of users who shall be processing/submitting the claims online of referred patients of ESI Hospital/Institution using BPA.

c. NABH/NABL and other relevant certificates of the empanelled hospital/diagnostic centre along with the validity date / period.

d. Rate list for procedures and services.

2. Empanelled hospital/diagnostic centre shall abide by any other requirement specified from time to time by ESIC and/or BPA in regards to implementation of online referral processes, clinical data and claim generation using the software application.

3. On fulfilling requirements by the empanelled hospital/diagnostic centre, BPA shall provide Login Details along with User access details; the receipt of which is to be confirmed by the empanelled hospital/diagnostic centre to both ESIC and BPA.

4. BPA shall provide training to the identified employees of the empanelled hospital/diagnostic centre on the access and use of the web-based application software, process of honouring routine referrals, emergency referral treatment protocol, final bill uploading/ submission processes, and uploading/submission of clinical reports, etc. BPA shall train on the Standard Operating Processes related to bill processing.

5. BPA shall check and verify the authenticity of documents submitted by the empanelled hospital and tally with the document submitted to ESIC/ESIS Hospital/Institution. BPA shall check and keep a track on steps online, in the online processing activities in order to ensure transparent and fair processes.

6. Empanelled Hospital/diagnostic centre shall only be able to upload claims from the date of initiation of revised MoU. System shall auto-reject any claim which is backdated or for past period.

7. The validity of revised MoU with ESIC Hospital/Institution/Regional Office and NABH/NABL certificates shall be visible to all parties in the module so as to ensure checking while processing claims. The application software shall have different validations of rates based on criteria for NABH/NABL certified status of the empanelled hospital/diagnostic centre. As and when the MoU validity/Accreditation validity is about to expire, the empanelled hospital /diagnostic centre needs to upload the renewed relevant document within its login account to maintain continuity for uploading and processing of claims.

8. Access for empanelled hospitals/diagnostics centres, validity of which has expired, will be blocked in the Online Referral generation template of UTI Module but still exist in the payment module till such time that the respective empanelled hospitals/diagnostics centres are re-empanelled or completion of billing or as directed by ESIC.

9. On expiry of validity as per MoA / MoU at respective locations, empanelled hospitals /diagnostic centres should upload all pending bills at the earliest **but not later than Three (03) months from the date of expiry of MoU**, failing which the empanelled hospitals /diagnostic centres shall have to give justification and seek waiver/condonation of delay from the Competent Authority of respective ESIC Hospital/Regional office.

10. System shall accept the patient claim only with the referral letter within its validity period i.e 7 days (excluding the date of referral). As and when the referral is issued, its validity shall get captured online. Therefore, when the empanelled hospital shall submit the claim, system shall authenticate the referral validity.

11. BPA software shall accept documents only in PDF format, of limited size or in any other secure format as modified by ESIC from time to time. If the uploaded document is not legible, BPA software shall auto-reject the same.

12. Empanelled hospital/diagnostic centre shall submit original hard copies of bills along with duly signed detailed discharge summary and chronologically placed clinical sheets /investigation reports/Blood bank notes/IPD notes (if needed)/clinical reports/ Films/ pouches /invoices/price stickers/ Utilization certificates/OT Notes/pre and post operation radiological images for procedures/wrappers and invoice for drugs costing more than Rs 5000/ or any other requirement (as per T&C of MoA which the hospitals and diagnostic centres have with ESIC) etc, which were uploaded in the system in support of the claim, within 7 (seven) working days and not beyond 30 days to the ESIC/ESIS Hospitals/Institutions from where referral was generated.

Any bill/claim submitted beyond 30 days should be accompanied with online/offline waiver from ESIC/ESIS hospital/institution and BPA shall not adhere to TAT while processing such claims. The claim cannot be considered as complete for processing by BPA until such physical submissions are carried out.

13. Any delay in processing owing to non-submission/delayed submission of hard copies /physical bills will be the sole responsibility of the empanelled hospital, thereby meaning, ESIC or BPA shall not be held responsible for the same.

14. BPA shall provide training on e-claim processing and technical assistance related to software glitches.

15. Empanelled hospitals/diagnostic centres are requested to register with the BPA i.e. BPA at the earliest as all referrals shall be made through the systems only to the registered hospitals effective from the date of signing of MOU between ESIC and BPA.

II Deployment of software

BPA shall set up and deploy the customized application (software) as already being used and accepted by ESIC for the bill processing assignment.

III Training

BPA has imparted initial free of cost training to ESIC and empanelled hospitals/diagnostic centres before signing of the contract. The BPA shall again impart refresher onsite training, free of cost at all locations after the MoU is signed. In addition, BPA will prepare a video film, free of cost along with ESIC Officials for complete training purposes. Additional 3 (three) trainings if required, shall be given through electronic platforms like Skype, Team Viewer, Video Conference, Videos etc without any cost to ESIC / hospitals. BPA shall further impart training to newly empanelled hospitals at any point later whenever fresh empanelment is undertaken for that respective location and no extra charges will be paid by ESIC for such training on fresh empanelment of a new entity. In such cases also, additional 3 (three) trainings shall be given through electronic platforms like Skype, Team Viewer, Video Conference, Videos etc without any cost to ESIC / hospitals.

After the above trainings have been given and still there is a requirement of any further additional training, then it would be at a cost to be decided by BPA which shall be borne by the empanelled hospital/diagnostic centre.

IV Creation of User ID (Activation/ Deactivation)

User IDs will be created for users of empanelled Hospitals/diagnostic centres as per the procedure mentioned below:

- a) Filling the User ID creation form by prospective user.
- b) The role of the user to be mentioned, as defined in the form. (E.g.: login details, user access details etc)
- c) The form should be signed by the user and authorized by respective authorised signatory along with official seal and signature of the empanelled hospital/diagnostic centre.

- d) Filling of the user creation template in the Excel format.
- e) Scanned copies of these documents to be forwarded to esicbpa@utiitsl.com along with User Creation Template in .XLS format.
- f) If any user is discontinued by whatsoever reason, **it is imperative that** the same should be communicated to BPA by respective authorised signatory along with official seal and signature of the empanelled hospital/diagnostic centre for deactivation of old IDs and creation of fresh user IDs by following the above procedure.

V Queries:

BPA shall facilitate the replies to the queries for all users of the system i.e. ESI Hospitals/ Institutions and empanelled hospitals/diagnostic centres through e-mails (BPA - IT & Training Helpdesk) and escalation matrix as under:

Divisional Manager
Assistant Vice President
Dy Vice President
Vice President
Senior Vice President

All queries will be addressed by the BPA promptly within 24 hrs. E-mail resolution MIS will be provided by the BPA. The BPA shall also publish on its webpage www.esicbpa.utiitsl.com/esic the process flow and the procedures followed, so that the user does not have to constantly interact with BPA. BPA shall discourage direct personal discussions of employees with the hospital staff.

VII Registration of Empanelled hospitals/Diagnostic centres:

The empanelment/extension/gradation/registration of empanelled facilities, all solely coming under the purview of ESIC only. The registration of empanelled hospital/diagnostic centres with rate lists, validity, extension of validity, details of accreditation (NABH/NABL), de-empanelment of hospital, classification of hospital and any other parameters/criteria for empanelment shall be done at respective ESIC Hospital/Regional Office.

VI Procedures

1) Referral Procedure

ESIC/ESIS Hospitals/Institutions will refer an ESI beneficiary to empanelled hospital /diagnostic centre either during normal working hours of the Hospitals or as an emergency after the normal working hours

a) Routine Referrals.

i) In normal working hours, the Competent Authority of ESIC/ESIS Hospitals /Institutions will initiate referral by generating P1 referral letter online through “Dhanwantri” module. Such P1 printout, signed by the Referring Authority and other formalities completed shall be scanned and uploaded in the UTI module, in addition to generating online referral, by filling up the appropriate fields in the UTI module and handover hard copy of referral letter to patient.

ii) The validity of referral in normal circumstances shall be for 7 days only from the date of referral (excluding the date of referral). Duration of admission should be mentioned on the referral for cases not covered under CGHS package. If not specified, the admission shall be valid for Three days (03) only, pursuant to which the tie up hospital (the empanelled hospital) shall seek further permission for extension of stay.

iii) There will be no scope of revalidation of old referrals and in all such cases where the validity has elapsed; a new referral will have to be generated in the system.

iv) In special circumstances for e.g. Chemotherapy, Dialysis etc. the validity shall prevail as per instructions of ESIC, as intimated from time to time.

- Chemotherapy - Cycle wise referrals with due mention of days e.g. Cycle 1 Day 1, 3 or 5 or as the case may be. The number of days as specified by referring ESIC/ESIS Hospital needs to be mandatorily captured in the module.
- Radiotherapy- Total sittings and total dose e.g. 25 Gy in 5 sessions. The number of sessions as specified by referring ESIC/ESIS Hospital needs to be mandatorily captured in the module.
- Dialysis – Referral for 30 days with due mention of the frequency/session of dialysis. Number of days as specified by ESIC to be specified e.g. one session per week for a month, not exceeding four sessions per week for a month. Number of sessions as specified by referring ESIC/ESIS Hospital needs to be mandatorily captured in the module.
- In case numbers of sessions provided to the beneficiary are less than the number mentioned in the module, BPA shall process the payment of empanelled hospital on pro rata basis as per CGHS Rate List.

b) Referral of Emergency cases

It implies that patient comes to the emergency department of ESIC/ESIS hospital after normal working hours or on holidays, the emergency duty doctor will assess the case and if required refer the patient to Tie up hospital. The emergency medical officer will generate a hard copy/ online referral for the empanelled hospital/diagnostic centre. In such cases the Tie-up hospital shall generate provisional claim ID and submit to the concerned ESIS/ESIC hospital for online approval.

c) Direct Admission

If any ESI beneficiary is brought to the Tie-Up hospital directly without being referred by the ESI system in dire emergencies like Road traffic accidents, Employment injuries and any other life-threatening emergencies, the tie-up hospital will immediately start the stabilizing treatment and will seek permission from the respective Regional office through email for continuing further treatment. In such cases also the Tie-up Hospital shall generate provisional claim ID and submit to Regional Office for approval. Upon receiving email from Tie-up hospital, the Regional Director will designate an official at ESIC Hospital/ESIC office near to the Tie-up hospital to verify the identity, emergency and other details of the patient. The official will visit the Tie-up hospital on the same day or next working day and submit the report to the Regional Director. Once it is verified as genuine the Regional Director approves the claim online and issue regularization certificate to the tie-up hospital.

- 3) It is reiterated that the super specialty treatment requirement should be considered only if the treatment involves mandatory intervention by the Super specialist of the concerned field.
- 4) All referrals where Super specialty procedures are not specified on the referral letter and if patients are referred only for supportive care/terminal care in any discipline and where patient does not need any active intervention by the super specialist, it should be considered as 'Secondary Care'. Payment in respect of these bills by respective CFA's should be done accordingly i.e. by M.S ESIC Hospital / by DIMS (or if paid by RD then deduction for the expenditure should be done from the future 'On Account' payments, due to the State).
- 5) Only Oncosurgery/Chemotherapy/Radiotherapy Packages should be included in Oncology Super Specialty Treatment. The tie up hospitals should not use drugs under trial/ or those not approved by DCGI for use in India/ or drugs whose beneficial effects are doubtful on ESI beneficiaries. All Chemotherapeutic drugs, if available in DGESI -RC should be issued to the patient by the referring hospital as is being done in CGHS. If the same are being provided by the referring ESIC/ESIS Hospital this should be duly captured in the BPA module.
- 6) It is mandatory to attach the Chemo/Radio-therapy Schedule and drug protocol advice from the tie up hospital for respective Oncology referrals. This should be validated by BPA at the time of bill processing.
- 7) Any unlisted procedures/ implants etc, which are not listed in CGHS or AIIMS, should have prior approval and preferably budget estimation from the Competent Authority in ESIC. BPA shall implement deductions on unlisted implants, investigations and unlisted procedures as per ESIC policy, duly intimated to BPA. BPA shall apply CGHS major and minor procedure rates where ever applicable as instructed by ESIC.
- 8) As far as possible the empanelled hospitals are advised to use the drugs approved in CGHS formulary. The rate list approved by CGHS for essential lifesaving medicines should be used during bill processing. Imported brands should not be used if the Indian brand for the same is available in the market. The empanelled hospitals must strictly follow all guidelines issued by CGHS on these issues.
- 9) The empanelled hospital/diagnostic centre, on receipt of referral/admission advice of ESIC beneficiary will send an on-line intimation to the BPA within 4 hours with complete details of the patient, proposed line of treatment, cost and duration along with clinical history and any other information as specified by ESI Corporation from time to time with a copy to ESIC. If the intimation is not sent within 4 hours it will still be valid for admission caring for the patient's health after getting intimation from ESIC. BPA shall acknowledge the intimation within 4 working hours of receipt of intimation done by empanelled hospital.
- 10) BPA on receipt of intimation of receipt of referral by empanelled hospital/diagnostic centre for admission/treatment will acknowledge and scrutinize the details. BPA shall promptly note the referrals for the prescribed test/treatment/management to the concerned empanelled hospital/diagnostic centre.

The referral shall be validated by BPA on the following criteria: -

- a. Name mismatch
- b. Insurance Number mismatch
- c. Date mismatch
- d. Expired Validity of referral
- e. Continuity of Extension (if any)
- f. Mapped empanelled hospital with respective location
- g. The P1 form (referral letter) should bear the seal and signature of MS/DMS/SST in charge / Referral Committee/Designated authority.

11) Empanelled hospitals/diagnostic centres will carry out the procedure(s)/test(s)/ Health intervention/OP Consultation etc. as indicated on the referral by ESI Corporation.

12) The empanelled hospitals/diagnostic centres shall upload all the reports and bills in the system within 7 (seven) working days after completion of test/procedure/health intervention/OP consultation i.e. after final discharge. After seven days the empanelled hospital/diagnostic centre would have to give justified reasons for delay and seek further extension from respective CFA of ESIC/ESIS hospital/Institution.

13) Empanelled hospital/diagnostic centre shall submit original hard copies of bills along with duly signed detailed discharge summary and chronologically placed clinical sheets/investigation reports/Blood bank notes/IPD notes (if needed)/clinical reports/Films/pouches/invoices/price stickers/ Utilization certificates/OT Notes/pre and post operation radiological images for procedures/wrappers and invoice for drugs costing Rs. 5000/or more, any other requirement (as per T&C of MoA which the hospitals and diagnostic centres have with ESIC) etc which were uploaded in the system in support of the claim, within 7 (seven) working days and not beyond 30 days to the ESIC/ESIS Hospitals/Institutions from where referral was generated. Any bill/claim submitted beyond 30 days should be accompanied with online/offline waiver (as applicable) from concerned authorities and BPA shall not adhere to TAT while processing such claims. The claim cannot be considered as complete for processing by BPA until such physical submissions are carried out.

14) BPA shall provide relevant validation for an online waiver in the BPA module. Any delay in processing owing to non-submission/delayed submission of hard copies/physical bills will be the sole responsibility of the empanelled hospital, thereby meaning, BPA shall not be held responsible for the same.

15) ESIC/ESIS Hospital/Institution shall make provisions for receipt and verification/ attestation of these hard copy documents by identified/ specified user(s) at a designated/specified place in its premises. The name and location of the receiving and acknowledging official is to be published in a prominent place and also communicated to the empanelled hospital/diagnostic centre by respective authorities from time to time.

16) On receipt of the physical bills the concerned referring ESIC/ESIS Hospital/Institution will verify and vet the scanned copies uploaded in online BPA module in support of the claim and certify that the hard copies received are same as the uploaded scanned copies by the empanelled hospitals. Verification of bills will be done by respective ESIC/ESIS hospital/institution on receipt of hard copy to the extent that scanned copies uploaded by the empanelled hospital against claim of a given patient should be exactly same as that submitted in hard copies/physical bills i.e Patient's name, referral number, Bill Number, claimed value etc. and that the hard copies received are as per ESIC billing policy (Mandatory PI-PVI & other relevant Annexures as per SST Manual). This approval from ESIC/ESIS shall form a basis for BPA to process the bill in normal course. After physical verification/checking of the bills and documents received in hard copy, the concerned ESIC/ESIS Hospital/Institution shall validate such claim documents online within 3 (three) working days (subject to availability of server/application-duly recorded on the site/notice board), which shall enable the BPA to perform the scrutiny and further processing. After such validation any delay on the part of hospital/diagnostic centre will be deemed to be condoned by ESIC and BPA shall process these cases as usual.

17) In case of absence of certain physical documents, the "Need More Information" (NMI) status will be raised by the Verifier of the respective ESIC/ESIS Hospital to the empanelled hospital/diagnostic centre for the missing/ambiguous physical documents immediately, but not later than Seven (07) working days (subject to availability of server/application) and reasons shall be captured on the module for viewing by the concerned users. Empanelled hospitals/diagnostic centres shall have to submit the clarifications/information inter-alia for all bills returned online under "Need for more Info" category (NMI), within 15 days failing which ESIC/ESIS will forward these claims to BPA for further processing on the basis of available documents without any further intimation and such bills/claims will be closed not to be opened further by the BPA.

18) Any delay in processing owing to pending clarifications/information will be the sole responsibility of the empanelled hospital with no responsibility on BPA. BPA shall provide relevant validation of 15 days in the module.

19) On receipt of complete online claims of empanelled hospitals/diagnostic centres, the processing team of BPA under supervision of a doctor (Minimum M.B.B.S) will scrutinize the online documents/bills/reports on FIFO basis, as per approved CGHS rates, AIIMS rates, or rates as notified on BPA's website www.esicbpa.utiitsl.com/esicfrom time to time.

20) Any change in rate shall be effective after 7 days from the date mentioned and notified by ESIC. However, any rate change shall have the written authorization from ESI Corporation Headquarters Office and an Audit Trail shall be kept by the BPA for any change in the rate in the system. Since only ESI Corporation is authorized to change the rates, ESI Corporation will regularly audit the rate module so that no deviation is possible by BPA.

21) BPA may approve or reject the claims on First In First Out basis (as elaborated in the clause herein below) as per defined Turn Around Time for BPA, either fully or partially, within 10 (Ten) working days of verification by ESIC/ESIS Hospital/Institution, of the scanned copies uploaded and hard copies received from the empanelled hospital/diagnostic centre or reply to last query or completion of NMI disposal period (15days) whichever is later. Such fully or partially approved bills shall go further in the system for payment. If there is further delay, sufficient reasons must be cited and captured on the module for viewing by the concerned users.

22) Such claims shall be processed by the BPA, as per the queue within the band, i.e. on claim-amount wise bands, wherein the methodology of first-come-first-out basis in that particular band would be followed. The amount wise bands are as listed below:

0 to 10000

10001 to 25000

25001 to 50000

50001 to 100000

100001 to 300000

300001 to 500000

500001 and above

23) If an online claim is not approved by BPA, it will be moved back to the empanelled hospitals/diagnostic centres, with reasons for rejection and with provision for viewing by ESI Hospital/Institution online (for information).

24) Empanelled hospitals/diagnostic centres shall have to submit the clarifications/information inter alia for all bills returned online by BPA under “Need more Information” category (NMI), within reasonable time but not later than 15 days failing which these claims will be processed by BPA on the basis of the available documents on FIFO basis as per defined TAT of BPA (from the date of movement from NMI disposal) without any further intimation to Empanelled hospital/diagnostic centre. Relevant validation for the same shall be provided by the BPA in the system. However, final payment for all claims would be at the discretion of respective ESIC/ESIS Hospital/Institution.

25) Following aspects shall be checked by the BPA, while scrutinizing the bills/claims:

I. Appropriateness of eligibility of the beneficiary as notified to BPA under ESIC policy.

II. Appropriateness of referral with reference to eligibility and bill/s with its appendages as notified to BPA or modified under ESIC Policy from time to time.

III. Whether the claim submitted is against approved referral or direct admission without approval. All such claims without referral shall be rejected summarily.

IV. Appropriateness of treatment including screening of patient’s records to identify unnecessary admission and unwarranted treatment.

V. Whether the planned treatment has been deliberately shown as of emergency in nature and treatment billed. However, the emergency as advised in referral would be considered as emergency only.

VI. Whether any unnecessary Diagnostic, Medical or Surgical Procedures/Health Interventions or investigations were conducted by the Hospital.

VII. Whether the treatment /Services have been provided as per ESIC Policy, approved CGHS rates, AIIMS rates, or rates as notified by ESIC on BPA's website www.esicbpa.utiitsl.com/esic from time to time.

VIII. Whether the package rates billed are best suited to the beneficiary in the prevailing circumstances.

IX. Application software shall also provide validations of defined rates for procedures/processes, prior to manual scrutiny, visible to all parties concerned. BPA shall also provide ESIC with an Audit Module with designated access to officials as specified from respective CFA of ESIC Hospital /Regional Office.

X. Whether the patient was kept admitted for the period required for the treatment to be administered and that no unnecessary extension/stay is observed.

XI. Any other irregularities.

XII. Other details as per SST operations manual and/or as specified by ESIC from time to time or as conveyed to BPA in writing.

26) BPA would exercise wisdom for recommendation of claim where no written instruction is available from ESIC for e.g. consumables, visits of doctors etc. and that in all such matters where no written instructions are available BPA shall mark observation on the online data sheet provided that the final decision shall be the sole discretion of the respective CFA at ESIC Hospital (referring the patient)/Regional Office

27) All ESI beneficiaries are eligible for cashless treatment from empanelled hospitals on a valid referral. In case of online referrals, if the bills are partly paid by the ESI beneficiary, to the tie up hospital for any implant/stent, etc., inter-alia then BPA shall summarily reject the claim and capture the relevant details of part payment with online data sheet. Final decision on payment of such bills shall be the sole discretion of CFA of ESIC hospital/Regional Office. However, BPA fees shall be applicable on the total claim amount by the empanelled hospital.

28) In case of cashless treatment, continuity/Extension of ongoing treatment shall be captured on BPA module at the time of referral and any deviation shall be duly recorded by the BPA on the online data sheet at time of bill processing.

29) The scrutinized bills with remarks of BPA will be available to the empanelled hospital /diagnostic centres on a 48 hours window for completion/rectification by the respective hospital/diagnostic centre if needed and for information to all users. After 48 hours the bills will move online to the concerned ESIC Hospital/ Regional office for evaluation and further scrutiny/approval. Any objection by empanelled hospital/diagnostic centres will be reviewed by designated official at Level1- at respective hospitals/Regional offices and bill re-evaluation as per ESIC Policy may be undertaken if deemed fit though the final decision will be by CFA of ESIC.

30) On obtaining recommendations of BPA, designated officials at ESIC Hospital /Regional office will approve/ reject the bill partly or fully and can modify the claimed value of scrutinized bills approved by BPA, after capturing the reasons online, within Three (03) working days (subject to availability of server/application) . The official shall affix stamp on the hard copy/physical bill after completion of scrutiny and mention final amount due for the claim, both in BPA module and hardcopy/ physical bills.

31) For claims which need further clarifications, “Need More Information” (NMI) status will be raised by the said official of the respective ESIC Hospital/Regional Office to the empanelled hospital/diagnostic centre immediately, but not later than Seven (07) working days (subject to availability of server/application) from receipt of recommendation from BPA with reasons captured on the module for viewing by the concerned users.

32) Empanelled hospitals/diagnostic centres shall have to provide clarifications /information inter alia for all bills returned online by ESIC Hospital/Regional Office under “Need More Info” category within a reasonable time but not later than 15 days failing which these claims, without any further intimation to empanelled hospital/diagnostic centre will be processed by ESIC on the basis of available documents. These claims will be considered closed not to be opened by ESIC. BPA shall provide relevant validation of 15 days of NMI Disposal in the module. Any delay in payment owing to pending clarifications /information will be the sole responsibility of the empanelled hospital, with no responsibility on ESIC.

33) Any delay in processing owing to non-submission/delayed submission of hard copies /physical bills/Information/Clarification will be the sole responsibility of the empanelled hospital, thereby meaning, ESIC or BPA shall not be held responsible for the same.

34) Reconciliations (if any) needed by the tie up hospitals shall be done timely, preferably within the same financial year. All reconciliation matters of the empanelled hospitals/diagnostic centres shall be invariably closed within the next two months of the recommendation by BPA i.e., if a bill is recommended by BPA on 1st June or 10th June or 30th June, the reconciliation must be completed by 31st August in the same year. However, the efforts will be made to see that the reconciliations for the recommendations done during February and March are also completed by 31st March of that year. Decision of claims which are not approved (rejected) by ESIC Hospital /Regional office, with reasons for rejections, will be duly visible to all users for further action. Dispute resolution shall be a separate process.

35) After approval of the scrutinized bills online by the CFA at ESIC Hospital/Regional Office, using BPA module, the claims along with hard copies of bills shall be sent to the Cash and Accounts branch for processing and online approval in the ERP module. The authorized and identified officials of respective branches shall deduct taxes, process, concur and approve/revert the recommended claim amount by the CFA, using both the ERP module as well as BPA module till such time that both modules are synchronized in the future. Deduction of relevant taxes and final payment or revert by Finance officials shall be completed within Three (03) working days (subject to availability of server/application) of getting the approval for claims from the CFA. Accounts branch shall deface the original referral with a “Paid and cancelled” stamp and validate the final amount released against the claim, in both in BPA module and hardcopy/ physical bills.

All payment details need to be captured in the BPA module for the purpose of reconciliations. The BPA will be authorized to appeal to Director General ESIC for such delayed payments if the undisputed service fees remain in arrear for more than 30 (thirty) days from the date of recommendation of the claim. Letter confirming the amount due to BPA shall be issued by respective CFA within 30 days from date of last recommendation of claim by BPA. If the payment details are not updated by ESI Institutions in the BPA module, a follow up will be initiated by the BPA to SPOC at ESIC Hqrs. ESIC may resolve such outstanding entries within 3 working days. Processing fee towards Rejected Claims shall also be disbursed as per same terms and conditions.

36) Further, it would be ensured by BPA and ESIC Hospital/Regional office together, that three months (03 months) before the completion of empanelment period of hospital/diagnostic centre or de-empanelment (as the case maybe), a detailed statement of accounts would be prepared by BPA and ESIC Hospital/Regional Office together to crystallize any recovery and the hospital/diagnostic centre would be required to clear the recovery before closing settlements are finalized. Relevant validation for the same shall be provided by the BPA on the system. Thereafter, BPA shall be exonerated from any outstanding liability.

37) After receipt of the information from ESIC Hospital/Regional Office , the BPA will also ensure that all empanelled hospitals/diagnostic centres, validity of which has expired, are not reflected in the Online Referral generation template of the system but still exists in the payment module till such time that the respective empanelled hospitals/diagnostic centre is revalidated or completion of earlier claims/recovery and reconciliations or as directed by ESIC provided the status of the hospitals /diagnostic centre is updated by ESIC from time to time.

38) On expiry of validity as per MoA/MoU of empanelment at respective locations, empanelled hospitals/diagnostic centres should upload all pending bills at the earliest but not later than Three (03) months from the date of expiry of MoA failing which the empanelled hospitals/diagnostic centres shall have to give justification and seek waiver/condonation of delay from the respective competent Authority of ESIC Hospital/Regional Office.

VII) Claim submission guidelines:

1) Bill to be given in PI-PVI forms as per SST manual. Bill sheets to be numbered and chronologically placed with clinical sheets/investigation reports/Blood bank notes/IPD notes (if needed)/clinical reports/ Permissions for extensions/Films/pouches/invoices/price stickers/ Utilization certificates/OT Notes/pre and post operation radiological images for procedures/wrappers and invoice for drugs costing more than Rs 5000/ or any other requirement.

2) Discharge summary should be on the hospital letterhead and must have the following details:

- a) Patient name
- b) Age
- c) Gender
- d) Date and time of admission and discharge
- e) Diagnosis
- f) Presenting complaints duration,
- g) Past medical history
- h) Clinical examination
- i) Hospital course
- j) Any post-operation complications, prolonged stay and undue investigations and medications should be commented on.
- k) Discharge advice correlated with the referral/ emergency letter, line of treatment, related investigations, details of procedures/ surgery etc.
- l) Duly signed by the treating Specialist/Super specialist
- m) In case of death detailed death summary with cause and time of death to be specified.
- n) In case of LAMA (Left against medical advice) and transfer to higher centre the reason for the same to be specified.
- o) Respective super specialists should countersign discharge summaries in cases of Chemotherapy/ Dialysis/ Radiotherapy bill claims. Consolidated bill should be raised by the empanelled hospital in above mentioned cases.
- p) Date of earlier treatment in the hospital.

3) Final consolidated bill should be on the hospital letterhead with Bill number, Bill date, Date and time of admission and discharge, name, age of the patient with hospital seal and signature of the concerned authority in prescribed format²¹ (PII-PVI of SST manual). All Competent Authorities shall ensure the circulation of these formats again to empanelled hospitals/diagnostic centres.

4) Accommodation/ ICU should be checked as per entitlement and stay and as per ESIC policy.

5) Consultation - Undue consultation and excess consultation if any to be deducted, to be paid as per ESIC policy.

6) Lab Charges should be referred with prescribed rates and undue and irrelevant to be deducted.

7) Payment of Pharmacy, Consumables etc. in non-package procedures is to be done as per ESIC Policy. Undue and irrelevant expenses to be deducted.

8) Surgery charges should be referred to under ESIC Policy and package rates as applicable.

9) Implants: should be restricted to prescribed ceiling rates, if not listed then payment to be done as per ESIC Policy.

10) Any specialized investigations: Needs to be reviewed on clinical findings and to be admitted if justified.

11) Others (physiotherapy, dressing, dialysis, blood transfusion, chemo therapy etc) to be admitted as per justification and prescribed ESIC Policy.

12) Numbers of days considered for package for different categories of surgeries are as follows: -

- 12 days for specialized (super specialties) treatment.
- 7 days for other major surgeries.
- 3 days for laparoscopic surgeries/normal deliveries.
- 1 day for day care/minor (OPD) surgeries

VII Processing Fees

Subject to BPA rendering bill-processing services as per the guidelines, the empanelled hospitals /diagnostic centres/claimants shall pay to the BPA, the service fees and service tax/GST/any other tax by any name called as applicable on per claim basis, as detailed below, through ESIC. The Service Fee and Service Tax, GST or any other taxes by whatever name called payable to BPA will be deducted by ESIC from the amount payable to the empanelled hospital/diagnostic centre and the amount after deduction of applicable income tax plus Service Tax, GST or any other taxes by whatever name called shall be transferred to the account of BPA through ECS, or otherwise, as decided from time to time, simultaneously along with the payment/s for empanelled hospital/diagnostic centres. The Income tax to be deducted at source shall be applicable only on the processing fee. If the claim was rejected or results into non-payment to the empanelled hospital/diagnostic centre, ESIC shall recover the service fee and service tax/GST/any other tax by any name due to the BPA from the subsequent claims of the respective empanelled hospital/diagnostic centre (or the group hospitals / companies) and shall pay to the account of the BPA. If there are no subsequent claims from empanelled hospitals/diagnostic centre, then said fee and service tax/GST/any other relevant tax by any name shall be recovered by ESIC from the empanelled hospital and paid to BPA. BPA shall strive to adhere to the TAT of 10(ten) working days after the receipt of claim (as defined) / physical bills/ receipt of clarification or completion of period of NMI Disposal (whichever is later). ESIC reserves the right to levy a penalty upto 10% on the service fees payable to BPA for the claims pending beyond TAT of the respective bill of the empanelled hospital/s/diagnostic centres. This penalty shall be added to the approved amount of the respective empanelled hospital/diagnostic centre and shall be validated by the system to be developed and shall be auto calculated by such system and prompted to the respective ESIC Hospital/ Regional office on the system at the time of final recommendation on the claim. Letter confirming the amount due to BPA shall be issued by respective CFA within 30 days from date of last recommendation of claim by BPA. Empanelled hospitals are requested to register with the BPA i.e. UTIITSL at the earliest as all referrals shall be made through the systems only to the registered hospitals effective from the date of signing of MOU between ESIC and BPA.

17. Tie-up hospital should provide medical care as specified in the referral letter and no payment will be made for treatment/procedure/investigation which are not mentioned in referral letter.

18. If the tie-up hospital feels necessity of carrying out any additional treatment/ procedure/ investigation other than the procedure for which patient was referred, the permission for the same is essentially required from the referring hospital either through email, fax, telephonically. (to be confirmed in writing at the earliest ie. next working day).

19. Validity of referral letter is 7 days. Permission from referring authority is required for extended hospital stay in tie-up hospital (after 7 days or package period) and should be justifiable.

20. The tie-up hospital will not charge any money from patient/ attendant referred by ESI system for any treatment/ procedure/ investigation carried out. If it is reported that the tie-up hospital has charged money from the patient the concerned tie-up hospital may attract action including de-empanelment/ black-listing.

21. All the drugs/ dressing used by the tie-up hospitals should preferably be approved in CGHS drug formulary and of generic nature. Drugs and Implants from Indian manufacturers should be used, if available. All the drugs/ dressing used by the tie-up hospital requiring reimbursement should be approved under FDA/IP/BP/USP pharmacopeia or DG ESIC rate contract.

22. It is mandatory for the tie-up hospital to send a report online or written format to the MS concerned on the same day or the very next working day on receipt of referral, giving details of the case, their specific opinion about the treatment to be given and estimates of treatment.

23. Raising of bill:

a) The tie-up hospital shall raise the bill on their hospital letter head (with address and email/fax number of the hospital) in the prescribed proforma. It should be duly signed by the authorized signatory. The specimen signatures of authorized signatory certified by the competent authority of the tie-up hospital shall be submitted to all the referring ESIC/ ESIS hospitals and Regional Office.

b) The Discharge Summary (incorporating brief history of the case, diagnosis, details of procedure/treatment done) verified by treating specialist, investigation reports, identification stickers/ pouches and invoices of implants and drugs (costing Rs.5000/- per unit and above), warranty documents (if applicable), supporting document for any other claim (radiation, dialysis, transfusions etc.) are to be submitted by the Tie-up hospital along with adjustment bill.

c) Completely filled and signed patient satisfaction report should be submitted with bill.

24. SS Treatment:

a) Super specialty treatment requirement **should be considered only** if the treatment involves mandatory intervention by the Super specialist of the concerned field.

b) All referrals where Super specialty procedure are not specified on the referral letter and patients are referred only for supportive care/terminal care in any discipline and where patient does not need any active intervention by the super specialist, should be considered as Secondary Care.

c) Super specialist's opinion can be taken any time by the treating specialist of ESIC/ESI hospitals for better management or opinion on the requirement of any specific super specialty intervention.

25. Cancer Treatment

a) For Cancer patients, Surgery/Chemotherapy/Radiotherapy Packages should only be included in SST. Drugs under trial/ Not approved by DCGI for use in India/ or drugs whose beneficial effects are doubtful, should not be used by the tie up hospitals on ESI beneficiaries. All Chemotherapeutic drugs, if available in DGESI -RC will be issued to the patient by the referring hospital.

b) As far as possible the tie up hospitals should use, the drugs approved in CGHS formulary. The rate list approved by CGHS for essential lifesaving medicines should be used during bill processing. Imported brands should not be used if the Indian brand for the same is available in the market and generic item should be used if available.

26. Ceiling of SST Expenditure:

Upper limit on the expenditure for procedures not covered under CGHS package rates would be Rs.10 lacs per beneficiaries per year. Cases involving expenditure of more than Rs.10 Lac may be considered only as an exception and on reimbursement basis. Tie-up hospitals are requested to be watchful not to cross the ceiling limit especially when costly and recurring treatment are involved and may take clarification regarding total expenditure from Referring hospital, if needed.

27. The Hospital will not refer the patient to other specialist/other hospital without prior permission of Referring authority.

28. The duration of indoor treatment for specialized and other procedures will be as per CGHS terms and conditions.

29. The Hospital agrees that any liability arising due to any default or negligence in providing or performance of the medical services shall be borne exclusively by the hospital who shall alone be responsible for the effect and/or deficiencies in rendering such services.

30. In case of any natural disaster / epidemic, the hospital / diagnostic hospital shall fully cooperate with the ESIC and will convey / reveal all the required information, apart from providing treatment.

31. Duties and Responsibilities of Empanelled Hospitals / Diagnostic Centres

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

32. Exit from Panel

The empaneled Health Care Organization, if for any reason, no longer wishes to continue on the list under ESIC, it can apply for exclusion from the panel by giving one month's notice. Patients already admitted shall continue to be treated.

33. Hospital's / Diagnostic Centre's Integrity and Obligations during Agreement period

The Hospital is responsible for and obliged to conduct all contracted activities in accordance with the Agreement using state-of-the-art methods and economic principles and exercising all means available to achieve the performance specified in the Agreement. The Hospital is obliged to act within its own authority and abide by the directives issued by the ESIC. The Hospital is responsible for managing the activities of its personnel and will hold itself responsible for their misdemeanors, negligence, misconduct or deficiency in services, if any.

34. Liquidated Damages

The Hospital shall provide the services as per the requirements specified by the ESIC in terms of the provisions of this Agreement. Violation of agreement can lead to de-empanelment/ blacklisting.

35. For over-billing and unnecessary procedures, the extra amount so charged will be deducted from the pending / future bills of the Hospital and the ESIC shall have the right to issue a written warning to the Hospital not to do so in future. The recurrence, if any, will lead to the stoppage of referral to that Hospital.

36. Termination for Default

36.1 The ESIC 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:

a) If the Hospital fails to provide any or all of the services for which it has been recognized within the period(s) specified in the Agreement, or within any extension thereof if granted by the ESIC pursuant to Condition of Agreement or

b) If the Hospital fails to perform any other obligation(s) under the Agreement.

c) If the Hospital, in the judgment of the ESIC has engaged in corrupt or fraudulent practices in competing for or in executing the Agreement.

d) Hospital will not indulge in instigating the patients for undue permissions.

36.2 If the hospital found to be involved in or associated with any unethical, illegal or unlawful activities or institution indulge in instigating patient, the Agreement will be summarily suspended by ESIC without any notice and thereafter may terminate the Agreement, after giving a show cause notice and considering its reply if any, received within 10 days of the receipt of show cause notice.

37. Indemnity

The Hospital shall at all times, indemnify and keep indemnified ESIC against all actions, suits, claims and demands brought or made against it 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 and against any loss or damage to ESIC in consequence to any action or suit being brought against the ESIC, along with (or otherwise), Hospital as a Party for anything done or purported to be done in the course of the execution of this Agreement. The Hospital will at all times abide by the job safety measures and other statutory requirements prevalent in India and will keep free and indemnify the ESIC from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the Hospital's negligence or misconduct.

The Hospital will pay all indemnities arising from such incidents without any extra cost to ESIC and will not hold the ESIC responsible or obligated. ESIC 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.

38. Arbitration

If any dispute or difference of any kind whatsoever (the decision whereof is not herein otherwise provided for) shall arise between the ESIC and the Hospital upon or in relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration by the Regional Director who will give written award of his decision to the Parties. The decision of the Arbitration will be final and binding. The provisions of the Arbitration and Conciliation Act, 1996 shall apply to the arbitration proceedings. The venue of the arbitration proceedings shall be at Thrissur.

40. Bidding Schedule

1	Last date for receipt of application	12/04/2019 at 5.00 P.M.
2	Fee for Application	Rs. 1000./- (Rupees One Thousand only) Non-Refundable, as Demand Draft drawn in favour of ESIC Fund A/c No.1 payable at Thrissur.

**(ADDITIONAL COMMISSIONER AND REGIONAL DIRECTOR)
E.S.I.C., THRISSUR, KERALA**

Annexure-I (a)

FORMAT FOR EMPANELMENT OF HOSPITALS

1. Name of the CGHS city where hospital is located.

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2. Name of the hospital

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3. Address of the hospital

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4. Tel / fax/e-mail

Telephone No	
Fax	
e-mail address	
Name and Contact details of Nodal persons	

Whether NABH Accredited	
Whether NABH applied for	

5. Departments / Imaging Services applied for empanelment:

Sl.No.	Departments	Sl.No.	Departments
1		5	
2		6	
3		7	
4		8	

A. Details of the application fee draft of Rs. 1000/-

Name & Address of the Bank	DD No.	Date of Issue

B. Total turnover during last financial year (Certificate from Chartered Accountant is to be enclosed).	
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6. For Empanelment as

Hospital for all available facilities	
Cancer Hospital/Unit	

(Please select the appropriate column)

7. Total Number of beds	
-------------------------	--

8. Categories of beds available with number of total beds in following type of wards

Casualty/Emergency ward	
ICCU/ICU	
Private	
Semi-Private (2-3 bedded)	
General Ward bed (4-10)	
Others	

9. Total Area of the hospital

Area allotted to OPD	
Area allotted to IPD	
Area allotted to Wards	

10. Specifications of beds with physical facilities/ amenities

Dimension of ward	Length	
	Breadth	
Number of bed in each ward		

(Seven Square Meter Floor area per bed required-) (IS: 12433-Part 2:2001)

11. Furnishing specify as (a), (b), (c), (d) as per index below Index

(a) Bedsides table	
(b) Wardrobe	
(c) Telephone	
(d) Any other	

12. Amenities specify as (a), (b) (c) (d) as per index below Amenities

(a) Air conditioner	
(b) T.V.	
(c) Room service	
(d) Any other	

13. Nursing Care

Total No. of Nurses	
No. of Para-medical staff	
Category of bed Bed/Nurse Ratio (acceptable Actual bed/nurse standard) ratio High dependency Unit 1:1)	

14	Alternate power source	Yes		No	
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15.	Bed occupancy rate	
	General Bed	
	Semi-Private Bed	
	Private Bed	

16	Availability of Doctors		
	1	No. of in house Doctors	
	2	No. of in house Specialists/Consultants	

17	Availability of Doctors		
	1	No. of in house Doctors	
	2	No. of in house Specialists/Consultants	

18. Laboratory facilities available –

Pathology	
Biochemistry	
Microbiology	
or any other	

19	Imaging facilities available	
20	No. of Operation Theaters.	
21	Whether there is separate OT for Septic cases	Yes No

22. Supportive services

Boilers/sterilizers	
Ambulance	
Laundry	
Housekeeping	
Canteen	
Gas plant	
Dietary	
Others Preferably	
Blood Bank	
Pharmacy	
Physiotherapy	

23	Waste disposal system as per statutory requirements	
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24. ESSENTIAL INFORMATION REGARDING CARDIOLOGY & CTVS

Total Number of beds in Cardiology & CTVS	
Number of coronary angiograms done in last one year	
Number of Angioplasty done in last one year	
Number of open heart surgery done in last one year	
Number of CABG done in last year	

25. RENAL TRANSPLANTATION, HAEMODIALYSIS/ UROLOGY-NEPHROLOGY

Total Number of beds in Urology	
Total Number of beds in Nephrology	
Number of Renal Transplantations done in one year	
Number of years this facility is available	
Number of Hemodialysis unit.	

Criteria for Dialysis:

The center should have good dialysis unit neat, clean and hygienic like a minor OT.
Centre should have at least four good Haemodialysis machines with facility of giving bicarbonate Haemodialysis.
Centre should have water-purifying unit equipped with reverse osmosis.
Unit should be regularly fumigated and they should perform regular antiseptic precautions.
Centre should have facility for providing dialysis in Sero positive cases.
Centre should have trained dialysis Technician, Nurses, full time Nephrologist and Resident Doctors available to manage the complications during the dialysis.
Centre should conduct at least 150 dialyses per month and each session of hemodialysis should be at least 4 hours duration.
Facility should be available 24 hours a day.

	Yes	No
Whether it has an immunology lab.		
If so, does it exist within the city where the hospital is located		
Whether it has blood transfusion service with facilities for screening HIV markers, for Hepatitis (B&C), VDRL		
Whether it has a tissue typing unit DBCA/IMSA/ DRCG scan facility and the basic radiology facilities		

26. LITHOTRIPSY

No. of cases treated by lithotripsy in last one year	
Average number of sitting required Per case	
Percentage of cases selected for Lithotripsy, which required conventional Surgery due to failure of lithotripsy	

27. LIVER TRANSPLANTATION- Essential information reg.

	Yes	No
Technical expert with experience in liver Transplantation who had assisted in at least fifty liver transplants.		

(Name and qualifications)

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Month and year since Liver Transplantation is being carried out	
No. of liver transplantation done during the last one year	
Success rate of Liver Transplant	

Facilities of transplant immunology lab

	Yes	No
Tissue typing facilities		
Blood Bank		

28. NEUROSURGERY & NEUROLOGY

Total Number of beds in Neurology		
Total Number of beds in Neurosurgery		
	Yes	No
Whether the hospital has aseptic Operation theatre for Neuro Surgery		
Whether there is Barrier Nursing for Isolation for patient.		
Whether, it has required instrumentation for Neuro-surgery		
Facility for Gamma Knife Surgery		
Facility for Trans-sphenoidal endoscopic Surgery,		
Facility for Stereotactic surgery		

29. GASTRO-ENTEROLOGY & GI SURGERY

Total Number of beds in Gastro Enterology		
Total Number of beds in GI Surgery		
	Yes	No
Whether the hospital has aseptic Operation theatre for Gastro-Enterology & GI Surgery		
Whether, it has required instrumentation for Gastro-Enterology – GI Surgery		
Facilities for Endoscopy – specify details		

30. Oncology & Onco Surgery

Total Number of beds in Oncology		
Total Number of beds in Onco Surgery		
	Yes	No
I. Whether the hospital has aseptic Operation theatre for Oncology – Surgery		
II. Whether, it has required instrumentation for Oncology Surgery		
III. Facilities for Chemotherapy		
IV. Facilities for Radio-therapy		
V. Radio-therapy facility and Manpower shall be as Per guidelines of BARC		

VII. Details of facilities under Radiotherapy	
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31. Endocrinology

Total Number of beds in Endocrinology	
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32. Burns & Plastic Surgery

Total Number of beds in Endocrinology	Yes	No
Whether the hospital has aseptic Operation theatre for Burns and Plastic Surgery		
Whether it has required instrumentation for Burns and Plastic Surgery		

33. Paediatric Surgery

Total Number of beds in Paediatric Surgery	Yes	No
Whether the hospital has aseptic Operation theatre for Paediatric Surgery		
Whether it has required instrumentation for Paediatric Surgery		

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

TENDER DOCUMENT

Annexure-I(b)

**FOR EMPANELMENT OF DIAGNOSTIC LABORATORIES/
IMAGING CENTRES IN CGHS COVERED CITIES (EXCEPT MUMBAI)**

1. Name of the CGHS city where DIAGNOSTIC LAB / IMAGING CENTRE is located.

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2. Name of the Diagnostic Lab / Imaging Centre

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3. Address of the Diagnostic Lab / Imaging Centre

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4. Tel / fax/e-mail

Telephone No	
Fax	
e-mail / website address	

Whether NABL/NABH recommended	
Whether QCI recommended	
Whether NABL/NABH/QCI applied for Enclose copy of accreditation certificate (wherever applicable)	

Applied for ----- Diagnostic Lab (Facilities to be mentioned)

Applied forImaging Centre (Facilities to be mentioned)

Nuclear Medicines Lab

X-Ray

Ultra Sonography

CT Scan

MRI

ECG / EEG/ Nerve Conduction velocity

Others (for listed procedures)

Details of application fee of Rs. 1000/-

Name of Bank	Address of Bank	DD No.	Validity

Details of EMD amount of Rs. 100000/-

Name of Bank	Address of Bank	DD No.	Validity

5	Total turnover during last financial year (Certificate from Chartered Accountant is to be enclosed).	
6	Turnover from CGHS during last financial year (Certificate from Chartered Accountant is to be enclosed.)	

CRITERIA FOR LABORATORY DIAGNOSTIC CENTER: -

Indicate (√) for Yes and (x) for No in the Box

1) Laboratories (Clinical Pathology):

Space: Minimum 10x12 ft.	
Adequate space for collection of samples and dispatch of reports Waiting space – Minimum for 10 patients.	
Equipment:	
Microscope	
Fully automatic hematology cell counter	
Incubator	
Centrifuge Machine	
Fridge (300 liters)	
Automated Electrophoresis apparatus	
Automated Coagulation apparatus	
Cytology and histopathology related set up	
Needle Destroyer	
Trolley for waste disposal with Bags.	
Manpower with Qualification:	
Technician	
Diploma in MLT and adequate experience of handling pathology specimens including Cytology and Histopathology.	
Facilities for Waste Management: Provision for waste management as per the Biomedical waste Act., 1998	
Quality Control:	
Arrangement for Internal and external quality control.	
The set up should be able to handle the workload with adequate staff and equipments. Reports should be available at the earliest depending on the test.	
Backup of Generator, UPS, Emergency light	

General requirements for Pathological Diagnostic Centers:
• Minimum workload of 40-50 samples per day (not tests).
• Slides for Histopathology / Cytology should be preserved a reasonable period.
• Records of patients /investigation should be well maintained and updated.
• Charges should be displayed on the notice board.
• Fire Fighting system should be in place wherever it is necessary.

2) Laboratory (Biochemistry):-

Space for working lab minimum 10X12 ft.	
Reception and sample collection should have an area for at least 10 patients to sit.	
Laboratory (Preferably air-conditioned)	
Washing area/waste disposal.	
Equipment:	
Refrigerator	
Water-bath	
Hot-air-oven	
Centrifuge machine	
Photo-electric calorimeter or Spectrophotometer or semi-auto-analyzer/auto analyzer	
Flame Photometer or ISE Analyzer	
Micro-pipettes	
All related Lab glasswares and reagents	
Needle destroyer	
Standard balance	
Manpower with qualification:	
Technician with DMLT.	
Provision for waste management as per the Biomedical waste Act., 1998:	
Quality Control:	
Should be Internal as well as External	
Backup of Generator, UPS, Emergency light	
24 hours supply of water, provision for toilet.	

Indicate (√) for Yes and (x) for No in the Box

Additional requirements for Laboratory for Hospitals/ Nursing Homes:-

In addition to the criteria written above the following additional equipment will be Required

Blood Gas analyzer	
Elisa Reader	
HPLC and Electrophoresis apparatus	

3) Laboratory (Microbiology):

Minimum Space required is 10X12 ft.	
Receiving samples & labeling, sorting, registration, minimum waiting space for 10 patients and dispatch area.	
Media room (autoclave, hot air oven, pouring hood) Area required minimum 6X4 ft.	
Processing of samples – staining, cultures etc.	
Equipment:	
Non-expendable – Autoclave	
Hot Air oven	
Water bath, incubator centrifuge	
Microscopes	
Vortex ELISA reader.	
Expendable – Chemicals, media, glassware, stationery etc.	
Manpower with qualification:	
Technician - DMLT	
Provision for waste management as per the Biomedical waste Act., 1998.	
Quality control:	
Internal	
External tie up with higher Organizations.	
Backup of Generator, UPS, Emergency light.	

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

CERTIFICATE OF UNDERTAKING

1. It is Certified that the particulars given above are correct and eligibility criteria are satisfied.
2. That Hospital shall not charge higher than the CGHS notified rates or the rates charged from other patients who are not ESI beneficiaries.
3. That the rates have been provided against a facility/procedure/investigation actually available at the Organization.
4. That if any information is found to be untrue, Hospital would be liable for de-recognition by ESI. The Organization will be liable to pay compensation for any financial loss caused to ESI or physical and or mental injuries caused to its beneficiaries.
5. That the Hospital has the capability to submit bills and medical records in digital format and that all Billing will be done in electronic format and medical records will be submitted in digital format.
6. The Hospital will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
7. That the Hospital has not been derecognized by CGHS or any State Government or other Organizations.
8. That no investigation by Central Government/State Government or any statutory Investigating agency is pending or contemplated against the Hospital.
9. Agree for the terms and conditions prescribed in the tender document.
10. Hospital agrees to implement Electronic Medical Records and EHR as per the standards approved by Ministry of Health & Family Welfare within one year of its empanelment

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

Annexure III

Scanned Copies of the following documents (wherever applicable) are to be submitted with E.O.I.

1. Copy of legal status , place of registration and principal place of business of the health care Organization or partnership firm, etc.,
2. A copy of partnership deed ,/ memorandum and articles of association, if any
3. Copy of Customs duty exemption certificate and the conditions on which exemption was accorded.
4. Copy of the license for running Blood Bank.
5. Copy of the documents full filling necessary statutory requirements.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

ANNEXURE IV

From,
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.....

Dated

To

The Additional Commissioner & Regional Director,

ESI Corporation, Regional Office, Thrissur, Kerala

Ref: E.O.I. for empanelment of Health Care Organizations for Superspeciality treatment/Superspeciality investigations under ESIC in Kerala.

Sub: Acceptance of CGHS rates placed on the web site of CGHS for empanelment of Health Care Organizations

Sir,

I/Wehereby convey our acceptance for CGHS approved rates for Kerala notified on web site of ESIC. Kindly consider our Health Care organization for empanelment under ESIC in Kerala under following category(ies).

Category:

Hospital for Super Specialty Services

Cancer hospital/ unit.

Diagnostic Laboratory/Imaging Centre

Yours faithfully.

Signature (with seal)

Encl. Letter of authorization for signing the Document.