

# **Director Health Service,(S.I)**

## **Parivar Kalyan Bhawan Sector-34 A, Chandigarh.**

**No.:-ESI/LPC(3)/Tie up Arrangement/2018**

**Dated:17.09.18**

### **EXPRESSION OF INTEREST (EOI)**

**(PLEASE READ ALL TERMS AND CONDITION CAREFULLY)**

Director Health Services (Social Insurance) Punjab, Chandigarh invites Expression of Interest from CGHS/CS(MA) Empanelled/ESI/ECHS Empanelled/Any PSU Empanelled Hospitals for Empanelment of Hospitals for Secondary care treatment & Diagnostic services. This empanelment is for **patients being referred from ESIS Hospitals, Punjab on cashless basis at applicable CGHS Rates for this region (given at its website)/ESIC Rates/AIIMS Rate.** Application forms along with Terms and conditions can be obtained from the office of Director Health Services (Social Insurance) Punjab, Chandigarh from 20/09/2018 on any working day up to 10/10/2018 Application forms along with terms and conditions can be downloaded from the website "www.pbhealth.gov.in . Duly filled in forms, complete in all respect should reach the office of Director Health Services (Social Insurance) Punjab, Chandigarh by 11/10/2018 upto 11.00.a.m. EOI will be opened on 11/10/2018 in the office of Director Health Services (Social Insurance) Punjab, Chandigarh at 2.30.p.m. If EOI opening date happens to be a holiday, it will be opened on next working day. Applicant/authorized person may choose to be present at the time of opening of EOI.

**Document Acceptance:-** EOI Documents, sealed in envelope may be dropped either in tender box or may be sent by Registered post only in sealed envelope. Documents received by Ordinary post/courier/any other means will not be accepted at all. Document received after the scheduled date and time will be rejected out rightly and Director Health Services will not be responsible for any postal delay.

#### **TERMS AND CONDITIONS**

(Please read all terms and conditions carefully before filling the application form and annexure thereto)

#### **EOI Document Cost:**

The Cost of EOI document is Rs.1000/-(Rupees One thousand Only) non-refundable which is payable in the form of a Demand Draft drawn on any nationalized/Scheduled bank in favour of " Director Health Services (Social Insurance) Punjab, Chandigarh " payable at Chandigarh. Party downloading the form from website must submit this Demand Draft in original alongwith EOI documents in sealed envelope.

### **Document Acceptance:**

Duly completed EOI forms along with annexure and necessary documents may either be dropped in person in the tender box kept at The office of Director Health Services (Social Insurance) Punjab, Chandigarh or be sent by Registered Post at the address mentioned below. The sealed envelope should be super-scribed as "**EOI for empanelment of Hospitals for Secondary Care Treatment for IP(Insured Person) in Punjab**" Documents received after the scheduled date and time (either by hand or by post) or open EOI or EOI received though e-mail/fax or without original draft will summarily be rejected.

### **Condition for opening of EOI:**

1. Please ensure that each page of the EOI is downloaded and is submitted in Toto With each page signed and stamped by the signatory authority.
2. The each page of the EOI should be serially numbered, signed by the signatory Authority.
3. EOI Document will be out rightly rejected if any technical condition is not fulfilled.
4. Photocopy of necessary certificates (as mentioned below) should be attached with EOI.

### **Performance Bank Guarantee (PBG)**

Hospitals recommended for empanelment after the initial assessment, shall have to furnish a Performance Bank Guarantee of Rs.3 Lac (rupees two lacs only),valid for a period of 30 months that is six months beyond the period of empanelment to ensure efficient services and to safeguard against any default. Bank Guarantee will not be refunded without the approval of Competent Authority. In case of Extension the period will be extended.

### **Tie-Up agreement.**

The applicants who fulfill all the criteria laid down in the EOI document and selected for the empanelment will have to sign MOU with the Director Health Services (Social Insurance) Punjab, Chandigarh.

### **Period of Empanelment:**

The empanelment shall be initially for a period of two year which may be extended for a period of one year by mutual consent.

**The Director Health Services(SI), Punjab reserves the rights to accept/reject one or all of the applications without assigning reasons thereof.**

## **Conditions for Empanelment**

1. Hospitals empanelled by CGHS/CS(MA)/ECHS will be considered for empanelment by Director Health Services (Social Insurance) Punjab, Chandigarh Such Hospital should attach copies of

valid empanelment letter from CGHS. Concerned Hospital should also submit list of empanelled specialties by CGHS.

2. If CGHS/CSMA empanelled hospitals are not available or inadequate, then ESIC empanelled Hospitals, will be considered for empanelment. Such Hospital should attach copies of MOU with ESIC.
3. If neither the CGHS nor ESIC empanelled hospitals are available or are inadequate in number, then hospitals empanelled with ECHS- (Ex-service man Contributory Health Scheme) will be considered.
4. There may be some areas where none of health care organization is approved by any of the above mentioned agencies, in such situation the empanelment shall be done by inviting applications from health care organizations through advertisements. If none/inadequate number of health care organization qualify the CGHS/ESI/ECHS criteria, then selection will be based on the relaxed criteria with inspection. The approval of the relaxed criteria will be obtained from the competent authority.
5. Tie up Hospital must agree to the Rates of reimbursements which shall be as follows:
  - a) 10% rebate on CGHS package rates for procedures.
  - b) 15 % rebate on Medicine bill.
  - c) 15 % Rebate on Consumables
  - d) 15% rebate on non listed procedures.
  - e) 10% rebate on investigation rates of CGHS.

f) **VALIDITY OF CGHS RATES** The rates shall be valid for one year and is additionally extendable by another year with mutual agreement. The empanelled Organizations shall not charge more than CGHS rates (Latest rates for Chandigarh, if Chandigarh rates not available, then Delhi rates). Any revision in CGHS Rates shall be applicable only after the same has been endorsed by ESIC Headquarters, New Delhi. CGHS "Package Rate" shall mean all inclusive – including lump sum cost of inpatient treatment / day care / diagnostic procedure for which a CGHS 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. Package rates also include two pre-operative consultations and two post-operative consultations. Cost of Implants / stents / grafts are reimbursable in addition to package rates as per CGHS ceiling rates or as per actual, whichever is lower. 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. If one or more minor procedures form part of a major treatment procedure then package charges would be permissible for major procedure and only 50% of charges for minor procedures. Package rates envisage up to a maximum duration of indoor treatment as follows: Treatment Upto 7 days for other Major Surgeries Upto 3 days for / Laparoscopic surgeries / normal deliveries 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 as per entitlement, investigations charges at approved rates, doctors visit charges (not more than 2 visits per day) 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. If any empanelled Health care Organization charges from ESIC 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, reimbursement shall be made to the beneficiary and the amount shall be recovered from the pending bills of hospitals.

Where CGHS rates do not exist.

(A) In order to remove the scope of any ambiguity on the point of package rates, it is reiterated that the package rate for a particular procedure is inclusive of all sub-procedures and all related procedures to complete the treatment procedure. The patient shall not be asked to bear the cost of any such procedure / item. Whenever there is no rate available in CGHS (listed as well as unlisted procedures), rate of AIIMS, New Delhi will be followed.

(B) 15 % discount on hospital rates which already exist for other patients (non ESI) will be paid if not prescribed in AIIMS.

(C) For devices / implants etc. 15% discount on MRP (Maximum Retail Price). In such cases, the claim is to be supported by both the sticker/Packaging & the bill of purchase. In this regard, statutory directions of Govt of India/State Govt/ESIC Headquarters governing ceiling prices etc, if any will be applicable, as amended from time to time.

(D) Expenses on toiletries, cosmetics, diet, food supplements, mouth freshener and telephone bills etc. are not reimbursable.

(E) The centre whose rates for treatment procedure/test are lower than the CGHS prescribed rates shall charge as per the rates charged by them from Non-ESIC patients and will furnish a certificate that rates charged are not more than from non-ESIC patients.

Rate list of the Health Care Organization to be submitted along with technical bid.

5. Criteria for empanelment of Hospitals:

- (i) The Health care Organizations should preferably be accredited by National Accreditation Board for Hospitals & Healthcare Providers (NABH).
- (ii) However, the hospitals which are not accredited by NABH may also apply for empanelment but their empanelment shall be provisional till they get NABH accreditation, which must preferably be done within a period of six months but not later than one year from the date of their empanelment.
- (iii) The hospitals, which are not NABH accredited 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 NABH, which must preferably be done within a period of six months but not later than one year of their empanelment, the empanelled hospital shall forego 50% of the Performance Bank Guarantee and its name would be removed from the panel of ESI.  
Similarly, the diagnostic laboratories should have been accredited by National Accreditation Board for Testing and Calibration Laboratories (NABL). However, the diagnostic laboratories, which are not accredited by NABL may also participate in application and get empanelled but their empanelment shall be provisional till they are accredited by NABL which must be done preferably within a period of six months but not later than one year from the date of their empanelment.
- (iv) ESIC also reserves the right to prescribe/revise rates for new or existing treatment procedures(s)/investigation(s) as and when CGHS revises the rates, or otherwise.
- (v) Photocopies of all the documents mentioned in the criteria for empanelment
- (vi) The Health Care Organization 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 (2017-18) to be submitted (attach copy).
- (vii) Copy of NABH Accreditation in case of NABH accredited Hospitals (Attach copy).
- (viii) Copy of NABH application(applied) in case of Non - NABH accredited hospitals (Attach copy).
- (ix) Non NABH hospitals that have not applied for NABH attach undertaking.
- (x) List of treatment procedures/investigations/facilities available in the Health Care Organization (Attach copy).

- (xi) Registration with Local bodies (Attach copy).
- (xii) Compliance with all statutory requirements including that of Waste Management.
- (xiii) Fire Clearance Certificate/Certificate by authorized third party regarding the details of Fire safety mechanism as in place in the Health Care Organization (Attach copy).
- (xiv) Registration Under PNDT Act, for empanelment of Ultrasonography facility (Attach copy).
- (xv) Certificate of Undertaking as per the Annexure-III).
- (xvi) AERB approval for tie-up for radiological investigation, where applicable (Attach copy).
- (xvii) The Health Care Organization must have the capacity to submit all claims/bills in electronic format to the ESIC/ESIC system and must also have dedicated equipment, software and connectivity for such electronic submission.
- (xviii) The Health Care Organization must give an undertaking accepting the terms and conditions spelt out into the Memorandum of Agreement, which will be read as part of this document.
- (xix) The Health Care Organization must certify that they shall charge as per CGHS rates/ESIC rates and that the rates charged by them are not higher than the rates being charged from their other patients who are not ESI Beneficiaries.
- (xx) The Health Care Organization 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.
- (xxii) The Health Care Organization must agree for implementation of EMR/EHR as per the standards notified by Ministry of Health & Family Welfare within one year of their empanelment.
- (xxi) Photo copy of PAN card
- (xxii) Bank Details.
- (xxiii) Minimum Numbers of Bed Required is : 15 (*No minimum bed strength for exclusive eye hospital*)
- (xxiv) Multiple hospitals with single ownership within the same city (cartelization) shall not be entertained and all application shall be summarily rejected.
- (XXV) Any hospital furnishing false information shall be de-empanelled and blacklisted.
- (XXVI) Unnecessary Treatment will not be paid/reimbursed.
- (XXVII) The Hospital will pay damage to the beneficiaries if any injury. Department will not be Responsible in case of loss of part damage to the beneficiaries.

NB: The number of beds as certified in the Registration Certificate of PPCB/NABH/Fire Authorities shall be taken as the valid bed strength of the hospital. (Attach copy).

**The scope of services to be covered**

**(Yes/No)**

- |  |     |
|--|-----|
| 1. Medicine                                | ( ) |
| 2. General Surgery                         | ( ) |
| 3. Pediatrics                              | ( ) |
| 4. Skin                                    | ( ) |
| 5. Orthopedics including joint replacement | ( ) |
| 6. Obstetric Gyne                          | ( ) |
| 7. ENT.                                    | ( ) |
| 8. Psychiatry                              | ( ) |
| 9. Eye                                     | ( ) |
| 10. Chest & TB                             | ( ) |

**The Scope of Diagnostic services be covered**

- |  |     |
|--|-----|
| 1. X-ray (Digital) including Contrast Studies. | ( ) |
| 2. USG   | ( ) |
| 3. Doppler studies.                            | ( ) |
| 4. Bio-lab investigations less than Rs 3000/-  | ( ) |
| 5. F.N.A.C. (Path)                             | ( ) |

**Signature of authorized signatory**

**APPLICATION FROMATE FOR EMPANELMENT OF HOSPITAL**

1. Name of city where hospital is located

2. Name of the Hospital

3. Address of the hospital

4. Nearest ESIC Hospital.

5. Distance from nearest ESIC Hospital (in Km.)

6. Tel / fax/e-mail

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

1. Whether CGHS/CS(MA) empanelled (attach proof)

2. whether ESIC .empanelled (attach proof)

3. Whether ECHS empanelled (attach proof)

4. whether PSU empanelled (attach proof)

5. Whether NABH Accredited (attach proof)

6. Whether NABH applied for (attach proof and give undertaking)

7. For Non-NABH (give undertaking)

**Detail of Accreditation and Validity period**

a. Details of the applied fee draft of Rs.1000/- (non refundable)

Name & Address of bank	DD No.	Date of Issue

b. Total turnover during last financial year:-

(Certificate from Chartered Accountant is to be enclosed).



8. Total Number of beds

9. List of Doctors:-

Sr. No.	Speciality Applied	No. Of specialists	Name of specialists	PMC Regd. No. Attached copy

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

ICU (*\*Mandatory*)      Yes/No

Numbers of Beds in ICU


10. Specifications of beds with physical facilities/ amenities

Dimension of ward & Number of beds in each ward

Length

Breadth

13. Laboratory facilities available- Pathology, Biochemistry, Microbiology or any other
14. Imaging facilities available
15. No. of Operation Theaters
16. Whether there is separate OT for Specific cases
17. Supportive Services
- |                       |            |
|-----------------------|------------|
| Boilers / Sterilizers | (Yes / No) |
| Ambulance             | (Yes / No) |
| Laundry               | (Yes / No) |
| House Keeping         | (Yes / No) |
| Canteen               | (Yes / No) |
| Gas Plant             | (Yes / No) |
| Dietary               | (Yes / No) |
| Blood Bank            | (Yes / No) |
| Pharmacy              | (Yes / No) |
| Physiotherapy         | (Yes / No) |
18. Bio-Medical Waste disposal system as per statutory requirements. (Yes / No)
19. ORTHOPAEDIC JOINT REPLACEMENT
- |                               |          |
|-------------------------------|----------|
| A. C-ARM Facilities available | (Yes/No) |
| B. Facilities for Arthroscopy | (Yes/No) |
20. Whether there is separate OT for Specific cases (Yes / No)

**SIGNATURE OF APPLICANT OR AUTHORIZED AGENT**

## APPLICATION DOCUMENT FOR EMPANELMENT OF EXCLUSIVE EYE HOSPITALS

1. Name of the city where Eye hospital /centre is located.

2. Name of the Eye hospital/ centre

3. Address of the Eye hospital / centre and distance from nearest ESI Hospital

4. Tel / fax/e-mail Telephone No Fax e-mail address Name and Contact Person

TELEPHONE	
FAX	
E-MAIL	
NAME OF CONTACT PERSON	

5. Bank Details and PAN No.

5. Whether NABH Accredited Whether NABH applied

6. Details of Accreditation and Validity period Details of NABH application

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

7. Preferable facilities and equipments

A. FOR IOL IMPLANT: Please tick if available

(i) Phacoemulsifier Unit (IIIrd or IVth generation) – minimum 2 with extra hand pieces

(ii) Flash/rapid sterilizer – one per OT

(iii) YAG laser for capsulotomy

(iv) Digital anterior segment camera

(v) Specular microscope Yes No

(vi) Whether beds available (If yes, specify the number

OCULOPLASTY & ADENEXA:

Tick if available Specific for Oculoplasty & Adenexa:

Specialized Instruments and kits for:

(i) Dacryocystorhinostomy

(ii) Eye lid Surgery e.g ptosis and Lid reconstruction Surgery

(iii) Orbital surgery

(iv) Socket reconstruction

(v) Enucleation/evisceration

(vi) Availability of Trained, proficient Oculoplasty surgeon who is trained for Oculoplasty

,Lacrimal and Orbital Surgery

(vii) INVESTIGATIVE FACILITIES: Tick if available

(viii) Syringing, Dacryocystography

- (ix) Exophthalmometry
- (x) Ultrasonography – A&B Scan
- (xi) Imaging facilities - X-ray, CT Scan & MRI Scan
- (xii) Ocular pathology, Microbiology services
- (xiii) Blood bank services.
- (xiv) Consultation facilities from related Specialties such as ENT, Neurosurgery, Hematology, Oncology

PREFERABLE OPERATIVE (O.T.) FACILITIES: Specialized instruments & Kits for the following surgeries should be available.

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

PERSONNEL:

- (i) Resident Doctor Support (Yes / No)
- (ii) Nursing care (24 hours) (Yes / No)
- (iii) Resuscitative facilities (Yes / No)
- (iv) STRABISMUS SURGERY: Functional OT with Instruments needed for strabismus surgery YES  
NO Availability of set up for Pediatric Strabismus - Orthoptic room with distance fixation targets (preferably child friendly) may have TV/VCR, Lees/Hess. Chart YES NO
- (v) GLAUCOMA: Tick if available a. Specific: Facilities for Glaucoma investigation & management.
- (vi) Applanation tonometry
- (vii) Stereo Fundus photography/OCT/ Nerve fibre Analyser
- (viii) YAG Laser for Iridectomy
- (ix) Automated/Goldmann fields (Perimetry)
- (x) Electrodiagnostic equipments (VER, ERG, EOG)
- (xi) Colour Vision – Ishihara Charts
- (xii) Contrast sensitivity – Pelli Robson Charts
- (xiii) Pediatric Vision testing – HOTV cards
- (xiv) Autorefractometers
- (xv) Synaptophore (basic type with antisuppression)
- (xvi) Prism Bars I) Stereo test (Randot/TNO)
- (xvii) Red – Green Goggles

- (xviii) Orthoptic room with distance fixation targets (Preferably child friendly) may have TV/VCR.
- (xix) Lees/Hess chart.

**CERTIFICATE OF UNDERTAKING(Self-declaration attested from notary)**

1. It is certified that the particulars given above are correct and eligibility criteria are satisfied.
2. That Hospital shall not charge ESI beneficiaries 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.
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 of death occurs due to its negligence.
7. That the Hospital has not been derecognized by CGHS or any State Government/PSU or other Organizations.
8. That no investigation by Cental 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 and Family Welfare within one year of its empanelment.
11. Non NABH hospitals will get NABH accreditations preferably within a period of six months but not later than one year from the date of their empanelment. Failing to do so, ESIC can deduct 50% of the performance bank guarantee and its name can be removed from the empanelment.
12. I/we have facility of Blood Bank or Empanelment for Blood Bank.
13. All Bylaws for running a health care organisation are complied with.
14. 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.
15. I/we have not applied for this empanelment through any of our other owned/partnerhip/ same Directorship hospitals from within the same city.

SIGNATURE OF APPLICANT (Owner).

**Photocopies of the following documents (wherever applicable) are to be submitted along with the EOI**

- 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 custom duty exemption certificate and the conditions on which exemption was accorded, if any.**
- 4. copy of the license for running Blood Bank/M.O.U. for Blood Bank.**
- 5. Copy of the documents full filling necessary statutory requirements including waste management.(PPCB Certificate)**
- 6. copy of empanelment letter of CGHS/CS(MA)/ESI/ECHS/Public Sector Undertakings.**
- 7. Copy of NABH accreditation, if NABH accredited.**
- 8. For Non NABH, copy of application along with undertaking**
- 9. For Non NABH, (not applied) copy of undertaking.**
- 10. Copy of Proof of number of beds as certified by PPCB /NABH.  
/ Fire Authorities.**
- 11. Tender document complete in all respect with each page serially numbered, signed and stamped by the authorized signatory. (Application without this will be rejected)**
- 12. Demand Draft of Rupees 1000/- In original (Non refundable) in the name of Director Health Services(S.I.),Punjab, Chandigarh**
- 13. Attested copy of Fire & safety approval/valid certificate issued by concerned Dept.**
- 14. Copy of Bank Details.**
- 15. Copy of audited balance sheet, profit and loss amount for the preceding financial year(2017-18).to be submitted (attach copy).**
- 16. List of treatment, procedures, investigation and specialties available in the hospital.**
- 17. Copy of fire clearance certificate/certificate by authorized third party regarding the details of fire safety mechanism as in place in the health care origination (attach copy).**
- 18. Copy of Registration under PNDDT Act, for empanelment of Ultrasonography facility (Attach copy) .**
- 19. Declaration/Proof of Availability of ICU.**
- 20. Attested Photocopy of P.M.C.**
- 21. Attested copy of IMA Certificate.**
- 22. Attested copy of R.O.H.I.N.I. Certificate.**
- 23. Declaration regarding Air Pollution Certificate.**
- 24. Declaration regarding Water Pollution Certificate.**
- 25. Declaration regarding Bio-Waste /STP Plant disposable Certificate.**
- 26. Registration under Shop & Act. F & B.**
- 27. STP Plant Bill with Plant Photographs.**

**SIGNATURE OF APPLICANT OR AUTHORIZED AGENT.**