



OFFICE OF THE STATE MEDICAL COMMISSIONER (KAR)
EMPLOYEES' STATE INSURANCE CORPORATION
NO. 10, Binnypet, Binny Fields, Bangalore-560023.
Tele : 080-26742642, E-mail : ssmc-kar@esic.nic.in

EXPRESSION OF INTEREST FOR EMPANELEMNT OF HEALTH CARE ORGANIZATIONS(HCOs) FOR PROVIDING CASHLESS SUPER SPECIALITY TREATMENT TO ESI BENEFICIARIES

INTRODUCTION

Employees' State Insurance Corporation is a Statutory organisation under the ministry of Labour and Employment, Government of India providing Social security services to beneficiaries in India.

The State Medical Commissioner seeks Consent from CGHS empanelled Health Care Organizations (HCOs), Karnataka State Govt empanelled HCOs(Network Hospitals), and Public Sector Insurance Companies empanelled HCOs/PSU empanelled HCOs for considering empanelment with ESIC to provide Cashless Super Speciality Services to ESI Beneficiaries across Karnatka at CGHS rates, Terms and Conditions mentioned, according to Clauses in the Memorandum of Agreement and its annexures, etc through this advertisement.

Duly completed tender forms may either be handed over to the office or be sent by Registered/Speed post. The sealed envelope should be super scribed "**Application for Empanelment of Hospitals & Diagnostic Centers for Super speciality treatment and investigations**". Documents received after the scheduled date and time (either by hand or by post) or through e-mail/fax or without the prescribed fee shall summarily be rejected.

(A) SUPER SPECIALITIES

SI NO.	SUPER SPECIALITY DEPT	SI No.	SUPER SPECIALITY DEPT
1	CARDIOLOGY	2	CARDIOTHORACIC AND VASCULAR SURGERY
3	NEUROLOGY	4	NEUROSURGERY
5	UROLOGY	6	NEPHROLOGY
7	MEDICAL GASTROENTEROLOGY	8	SURGICAL GASTROENTEROLOGY
9	ENDOCRINOLOGY	10	ENDOCRINE SURGERY
11	MEDICAL ONCOLOGY	12	SURGICAL ONCOLOGY
13	RADIATION ONCOLOGY	14	PLASTIC SURGERY
15	PAEDIATRIC SURGERY		

(B) **SUPERSPECIALITY INVESTIGATIONS/DIAGNOSTICS**

Sl. No.	SUPERSPECIALITY INVESTIGATIONS/DIAGNOSTICS
1	INVESTIGATIONS WHICH REQUIRE INTERVENTION AND MONITORING BY SUPER SPECIALISTS IN THE ABOVE DISCIPLINES
2	CT SCAN
3	MRI SCAN
4	ECO CARDIOGRAPHY
5	SCANNING OF OTHER BODY PARTS
6	ANY OTHER INVESTIGATION COSTING MORE THAN RS 3000/- PER TEST

I. **GENERAL TERMS AND CONDITIONS**

1. Submission of Consent, Undertaking/Acceptance letter and other particulars by HCOs for consideration of ESIC should not be construed as Right for Empanelment with ESIC.
2. The following HCOs need only submit Consent and apply with required particulars,
 - a. CGHS empanelled HCOs
 - b. Karnataka State Government empanelled HCOs/Network Hospitals (Like Vajapayee Arogyashree Scheme empanelled Network Hospitals, Rajiv Arogya bhagya Scheme empanelled Network Hospitals etc.)
 - c. Public Sector Units/Public Insurance Companies empanelled HCOs.
 - d.. In areas where above mentioned HCOs are not available, other HCOs may also apply.
3. All HCOs/Tie-up Hospitals currently in empanelment with ESI may also send Consent based on T&C mentioned in this advertisement. Empanelmentl of MOA is subject to the same T&C mentioned herein.
4. Duly filled Application form(**Annexure I**) and undertaking(**Annexure – II**) with all required particulars/ documents (**Annexure - III**). will submitted alongwith **demand draft for Rs. 1000/- (Non refundable) in favour of ESI Fund Account No. 1** to this office **by 15 JUN 2017** either by Registered/Speed post or by hand. The sealed envelope should be super scribed **“Application for Empanelment of Hospitals & Diagnostic Centers for Super speciality treatment and investigations”**. Application received after the scheduled date and time either by hand or by post or through e-mail/fax or without the prescribed fee shall summarily be rejected. **State Medical Commissioner, ESIC, Bangalore, reserves the right to accept or reject any application without assigning any reason thereof.**
5. Rates of package and procedure should be as per Revised CGHS (Bangalore) rates. CGHS (DELHI) rates will be applicable where CGHS Bangalore package rates are not available.
6. HCOs are at liberty to apply for any number of super specialty treatment/super specialty Investigations.

7. The health Care Organizations should preferably be accredited by National Accreditation Board for Hospitals & Health Care Providers (NABH).

8. 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.

9. Similarly, the diagnostics 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 apply for empanelment but their empanelment shall be provisional till they are accredited for NABL certificate which must be done preferably within a period for six months but not later than one year from the date of their empanelment.

10. 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, or otherwise.

11. The Health Care Organization must certify that they shall charge as per CGHS rates and the rates charged by them are not higher than the rates being charged from their other patients who are not ESI beneficiaries.

12. 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.

13. The Health Care Organization (except exclusive eye hospitals/centres, exclusive dental clinical/diagnostic laboratories/imaging centre) must agree for implementation of EMR/EHR as per the standards notified by Ministry of Health & Family Welfare within one year of their empanelment.

14. The Health Care Organization must have minimal annual turnover of Rs. 2 Crores for Metro cities and Rs. 1 crore for Non Metro cities. Exclusive Eye hospitals/centre & Dental clinics. Diagnostic laboratories and Imaging centre must have a minimal annual turnover of Rs. 20 lacs in metro cities and Rs. 10 lacs in Non metro cities.

15 (a) The Health Care Organizations rate list should be submitted at the time of entering into MOU.

(b) The HCOs tariff list is effective and unchanged at least for one year from the date of empanelment.

(c) Tariff revision is allowed for one time in empanelment duration of 2 years.

(d) Revised Tariff list should be submitted for approval of the SMC.

16. Minimum Requirement for Empaneled of Hospital/Diagnostic Centre for Super-Specialty Treatment/Investigations are :-

(A) FOR HOSPITALS

(a) **Hospitals with minimum 50 beds in metro city and 30 beds in other cities** with treatment facilities in at least **three** of the following Super Specialties in addition to Cardiology & Cardiothoracic surgery and Specialized Orthopedic treatment facilities including Joint Replacement surgery:

* Nephrology & Urology including Renal Transplantation

* Endocrinology & endocrine Surgery

- * Neurosurgery & Neurology
 - * Gastro-enterology & GI Surgery including Liver Transplantation
 - * Oncology - (Surgery, Chemotherapy and Radiotherapy)
 - * Paediatric Surgery
 - * Well equipped Burn Unit.
 - * Super Specialty Eye care services.
- (b) Reputed Cancer hospital having all treatment facility for cancer including radiotherapy (approved by BARC/AERB).
- (c) Private hospitals already on the panel of CGHS (super specialty treatment/investigation) may also be empaneled subject to fulfilling relevant eligibility criteria.
- (d) Intensive Care Unit with minimum ten beds.
- (e) 24 hours emergency services managed by technically qualified staff.
- (f) Provision of dietary services. g) Blood Bank services.

NB : The number of beds as certified in the Registration Certificate of State Govt/local bodies/NABH/Fire Authorities shall be taken as the valid bed strength of the hospital.

(B) FOR DIAGNOSTIC CENTERS

Diagnostic Centers should have following Super Speciality Investigation facilities:-

Note: Super specialty hospital may have in-house investigation facilities for providing super specialty treatment.

a) MRI Centre

Must have MRI machine with magnet strength of 1.0 Tesla and above.

b) CT Scan Centre

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

c) X-Ray Centre /Dental X-ray/OPG centre

(i) X- Ray machine must have a minimum current rating of 500 MA with image intensifier TV system

(ii) Portable X-ray machine must have a minimum current rating of 60 MA
Dental X-ray machine must have a minimum current rating of 6 MA
OPG X-ray machine must have a current rating of 4.5 -10 MA

Must have been approved by AERB.

d) Mammography Centre

Standard quality mammography machine with low radiations and biopsy attachment.

e) USG / Color Doppler Centre.

(i) 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.

Must have been registered under PNDDT Act.

(ii) Bone Densitometry Centre

Must be capable of scanning 3 sites(that includes Spine) and whole body

(iii) Nuclear Medicine Centre

Must be approved by AERB / BARC

(C) CRITERIA FOR DIALYSIS :-

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

II. CONDITION FOR DE-EMPANELMENT

1. Rendering resignation/written unwillingness to continue in the panel
2. Due to unsatisfactory services and proven case of mispractice/misconduct.
3. Refusal of services to ESI beneficiaries.
4. Undertaking unnecessary procedures in patients referred for IPD/OPD management.

5. Prescribing unnecessary drugs/tests while the patient is under treatment.
6. Over billing of the procedures/treatment/investigations under taken.
7. Reduction in staff/infrastructure/equipment etc. after the hospital has been empanelled.
8. Non submission of the report, habitual late submission or submission of incorrect data in the report.
9. Refusal of credit to eligible beneficiaries and instead asking the to pay.
10. Discrimination against ESI beneficiaries vis-a-vis general patients.
11. Death of owner/change of ownership, location of business place or the practice place, as the case may be, if not approved by competent authority.
12. If the owner gives the establishment on lease to other agency, they will be liable for de-empanelmen.

III. **SPECIAL TERMS AND CONDITIONS**

- a) The tenderer and his representative should always be available / approachable over phone for this purpose a Nodal Officer shall be nominated from hospital/diagnostic centers to interact with ESIC beneficiaries. His mobile number/e-mail ID/fax should be made available to ESIC.
- b) In emergencies, the centre should be prepared to inform Reports over the telephone/e-mail/Fax.
- c) The centre must be standard one (and if NABL accreditation submit such proof), with standard equipment, re-agents etc, qualified and trained manpower.
- (d) Bills should be sent monthly in triplicate, and should be accompanied by a copy of each of referral Form/slip and related documents. The lab shall deliver reports in duplicate to the hospital in person.
- e) ESIC Officials shall visit the Hospitals/Diagnostic centres at any time either before entering in to the contract, or at any time during the period of contract. The tenderer shall be prepared to explain / demonstrate to the queries of the members.
- f) In future, if the requirement of digital bills is made mandatory, the hospital/diagnostic centers shall comply with the same.
- g) **Duration of the contract:** The contract shall remain in force **02 year** and may be extended for subsequent period at the sole discretion of the State Medical Commissioner subject to fulfillment of all terms and conditions of this contract and with mutual consent. **An agreement will be signed on Stamp paper of appropriate value before starting of services/extension of Contract.** Cost of stamp paper and incidental charges related to contract shall be borne by the empaneled centre. Contract will be effective with effect from the date of the contract.
- (h) **Security/Guarantee deposit:** Selected HCOs shall have to furnish a security deposit of Rupees One lakh in the form of account payee demand draft or bank guarantee from any nationalized bank having validity 24 plus 2 months (60 days extra from the expiry of contract) and the same will be refunded without any interest after termination/completion of the contract

APPLICATION FORMAT FOR EMPANELMENT OF HOSPITALS

1. Name of the city where hospital is located

2. Name of the Hospital

3. Address of the hospital

4. Tele/fax/e-mail

Telephone No.	
Fax	
E-mail address	
Name and Contact details of Nodal person	

Whether NABH Accredited :

Whether NABH applied for

Details of Accreditation and validity period

a. Details of the application fees

Nae & Address of the Bank	DD No	Date of Issue

b. Total turnover during last financial year

(Certificate from Chartered Account is to be enclosed)

5. For Empanelment as

Hospital for all available

Cancer Hospital/Unit

6. Total Number of beds

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7. Categories of beds available with number of total beds in following type of wards:-

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

8. Total Area of the hospital :-

Area allotted to OPD : _____

Area allotted to IPD : _____

Area allotted to Wards : _____

9. Specification of beds with physical facilities/amenities :

Dimension of ward : _____ Number of beds in each ward : _____

Length

Breadth

(Seven square meter floor are per bed required) (IS : 12433-Part 2:2001)

10. Furnishing specify as (a), (b), (c), (d) as per index below :

(a) Bedside table : _____

(b) Wardrobe : _____

(c) Telephone : _____

(d) Any other : _____

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

(a) Air conditioner : _____

(b) T.V. : _____

(c) Room services : _____

(d) Any other : _____

12. Nursing care :-

(a) Total No. of Nurses

(b) No. of Para-medical staffs : _____

Category of bed/Nurse Ration(acceptable actual bed/nurse standard) ration

(a) General 6:1 : _____

(b) Semi-Private 4:1 : _____

(c) Private 4:1 : _____

(d) ICU/ICCU 1:1 : _____

- (e) High dependency Unit 1:1 : _____
13. Alternate power sources : _____(Yes/No)
14. Bed Occupancy rate :
- (a) General : _____
- (b) Semi-Private : _____
- (c) Private : _____
15. Availability of Doctors :-
- (a) No. of in house doctors : _____
- (b) No. of in house specialists/consultants : _____
16. Laboratory facilities available : _____(Yes/No)
(Pathology, Biochemistry, Microbiology or any other)
17. Imaging facilities available : _____(Yes/No)
18. No. of operation theaters : _____
19. Whether there is separate OT for septic cases : _____(Yes/No.)
- 20 Supportive services :
- Boilers/sterlizers : _____
- Ambulance : _____
- Laudry : _____
- House keeping : _____
- Canteen : _____
- Gas Plant : _____
- Dietary : _____
- Others(Preferably) : _____
- Blood Bank : _____
- Pharmacy` : _____
- Physiotherapy : _____
21. Waste disposal systems as per statutory requirement: _____
22. **ESSENTIAL INFORMATION REGARDING CARDIOLOGY & CTVS**
- No. of coronary angiograms done in last one year : _____
- No. of angioplasty done in last one year : _____
- No. of ope heart surgery done in last one year : _____
23. **RENAL TRANSPLANTATION, HAEMODIALYSIS/UROLOGY/UROSURGERY**
- No. of Renal Transplantations done in last one year : _____
- No. of years this facilities is available : _____
- No. of Hemodialysis unit : _____

Whether it has an immunology lab, if so, does it exist : _____(Yes/No)
within the city where the hospital is located

Whether it has blood transfusion service with : _____(Yes/No)
facilities for screening HIV markers for Hepatitis (B&C), VDRL

Whether it has a tissue typing unit DBCA/IMSA/DRCG : _____(Yes/No)
scan facility and the basic radiology facilities

24. LITHOTRIPSY

No. of cases treated by lithotripsy in last one year : _____

Average No. of sitting required per case : _____

Percentage of cases selected for lithotripsy, which : _____
required conventional surgery due to failure of lithotripsy

25. LIVER TRANSPLANTATION – Essential information reg.

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

(Name and qualifications)

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Month and year since liver transplantation is being done : _____

No. of liver transplantation done during the last one year : _____

Success rate of liver transplantation : _____

Facilities of transplant immunology lab :-

Tissue typing facilities : _____

Blood Bank : _____

26. ORTHOPAEDIC JOINT REPLACEMENT

(a) Whether there is Barrier Nursing for Isolation for patient : _____(Yes/No)

(b) Facilitation for Arthroscopy : _____(Yes/No)

27. NEUROSURGERY

Whether the hospital has aseptic operation theater for Neuro surgery : _____ (Yes/No)

Whether there is Barrier Nursing for Isolation for patient : _____(Yes/No)

Whether it has required instrumentation for Neuro surgery : _____(Yes/No)
Facility for Gamma Knife Surgery : _____(Yes/No)
Facility for Trans-sphenoidal endoscopic surgery : _____(Yes/No)
Facility for stereotactic surgery : _____(Yes/No)

28. GASTROENTEROLOGY

Whether the hospital has aseptic operation theater for Gastroenterology : _____(Yes/No)

Whether it has required instrumentation for Gastro-Enterology & GI Surgery : _____(Yes/No)

Facilities for Endoscopy – specify details : _____(Yes/No)

29. Oncology

Whether the hospital has aseptic operation theater for oncology surgery : _____(Yes/No)

Whether it has required instrumentation for Onco surgery : _____(Yes/No)

Facilities of chemotherapy : _____(Yes/No)

Facilities for Radio-therapy (specify) : _____(Yes/No)

Radio therapy facility and manpower shall be as per guidelines of BARC : _____(Yes/No)

Details of facilities under Radio-therapy :

30. Endoscopic/Laparoscopic surgery

Criteria for laparoscopic/endoscopic surgery :-

- Centre should have facilities for casualty/emergency ward, full fledged ICU, proper wards, proper No. of nurses and paramedical, qualified and sufficient No. of Resident doctors/Specialists.
- The surgeon should be Post Graduate with sufficient experience and qualification in the speciality concerned.
- He/She should be able to carry out the surgery with its variations and able to handle its complications.
- The Hospital should carry out at least one complete set of laparoscopic equipment and instruments with accessories and should have facilities for open surgery i.e. after conversion from laparoscopic surgery.

DATE :

PLACE :

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

ANNEXURE-II

CERTIFICATE OF UNDERTAKING

1. It is Certified that the particulars given above are correct and eligibility criteria are satisfied.
2. That Hospital/ eye centre/Exclusive Dental Clinic/ Diagnostic laboratory/ Imaging Centre shall not charge CGHS beneficiaries higher than the CGHS notified rates or the rates charged from other patients who are not CGHS 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/ Eye centre/Dental clinic/ Diagnostic Centre would be liable for de-recognition by CGHS. The Organization will be liable to pay compensation for any financial loss caused to CGHS or physical and or mental injuries caused to its beneficiaries.
5. That the Hospital/ Eye centre/Dental clinic/ Diagnostic Centre 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/ Eye centre/Dental clinic/ Diagnostic Centre will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
7. That the Hospital/ Eye centre/Dental clinic/ Diagnostic Centre 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/ Eye centre/Dental clinic/ Diagnostic Centre.
9. Agree for the terms and conditions prescribed in the Application 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.

DATE :

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

PLACE :

**LIST OF DOCUMENTS (WHEREVER APPLICABLE) ARE TO BE SUBMITTED
ALONG WITH APPLICATION**

1. Copy of audited balance sheet, profit and loss account for the preceding financial year(Main documents only)
2. Copy of NABH/NABL Accreditation in case of NABH/NABL accredited HCOs.
3. Copy of NABH/NABL application in case of Non-NABH/Non NABL accredited HCOs.
4. List of treatment procedures/investigations/facilities available in the HCOs.
5. State registration certificate /Registration with local bodies, wherever applicable.
6. Compliance with all statutory requirements including that of Waste Management.
7. Fire clearance certificate by authorized third party regarding the details fire safety mechanism as in place in the HCOs.
8. Registration under PNDT Act, for empanelment of Ultrasonography facility.
9. AREB approval for tie up for radiological investigations/Radiotherapy, wherever applicable.
10. Certificate of Registration for Organ Transplant, wherever applicable.
11. Copy of legal status , place of registration and principal place of business of the health care Organization or partnership firm, etc.,
12. A copy of partnership deed ,/ memorandum and articles of association, if any.
13. Copy of Customs duty exemption certificate and the conditions on which exemption was accorded.
14. Copy of the license for running Blood Bank.
15. Copy of the documents full filling necessary statutory requirements.
16. Latest copy of MOA/MOU done with CGHS/State Govt./PSU etc. if any.

DATE :

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

PLACE :