



क.रा.बी.नि.
ESIC

कर्मचारी राज्य बीमा निगम
श्रम एवं रोजगार मंत्रालय भारत सरकार
EMPLOYEES' STATE INSURANCE CORPORATION
Ministry of Labour & Employment, Govt. of India



क्षेत्रीय कार्यालय, पूर्वोत्तर क्षेत्र
REGIONAL OFFICE, N. E. REGION
बामुनीमैदाम, गुवाहाटी-781021
BAMUNIMADAM, GUWAHATI-781021
Website: www.esic.gov.in, Email: smo-ner@esic.nic.in

No. 43-U.16/13/2023/Empanelment/Med

Date: 23.08.2024

अरुणाचल प्रदेश, असम, मेघालय, मणिपुर, मिजोरम, नागालैंड और त्रिपुरा राज्यों में कर्मचारी राज्य बीमा निगम के लाभार्थियों को सुपर स्पेशलिटी चिकित्सा उपचार और जांच सुविधाएं प्रदान करने के लिए सरकारी / अर्ध सरकारी / पीएमजेवाई / सीजीएचएस पैनलबद्ध / निजी अस्पताल / निदान केंद्रों से पैनल में शामिल होने के लिए अर्जी की मांग (ईओआई)

Expression of Interest (EOI) for Empanelment of Govt. / Semi Govt. / PMJAY / CGHS Empanelled / Private Hospitals / Diagnostic Centres for providing Super Specialty Treatment and Investigation facilities to ESIC Beneficiaries in the states of Arunachal Pradesh, Assam, Meghalaya, Manipur, Mizoram, Nagaland & Tripura

The Regional Director, ESIC Regional Office, Panchdeep Bhawan, Bamunimaidam, M.R.D. Road, Guwahati-21, invites Expression of Interest (EOI) from Government / Semi Government / CGHS Empanelled / Private Hospitals / Diagnostic Centres of repute located in Arunachal Pradesh, Assam, Meghalaya, Manipur, Mizoram, Nagaland & Tripura for providing Super Specialty Treatment and Diagnostic Services to ESIC Beneficiaries on cashless basis as per CGHS rate.

The applicants may download EOI which comprises the Application Form along with Terms & Conditions (Annexure-I), Application Format for Empanelment (Annexure-II), Certificate of Undertaking (Annexure-III), Application to Regional Director expressing willingness (Annexure - IV) and List of Necessary Documents (Annexure-V) from the website at www.esic.gov.in/tenders or www.eprocure.gov.in/eprocure/app

रुचि की अभिव्यक्ति सभी तरह से पूरा करके नीचे दिए गए समय के अनुसार ऑनलाइन जमा करें।

EOI should be completed in all respects and submitted online as per schedule given below.

रुचि की अभिव्यक्ति की उपलब्धता Availability of EOI document	रुचि की अभिव्यक्ति को जमा करने का समय और दिनांक (ऑनलाइन) Last Date & Time for submission of EOI (Online)	सीपीपीपी पोर्टल का निविदा आई. Tender ID of CPP Portal	रुचि की अभिव्यक्ति खोलने का समय और दिनांक Date & Time of Opening of EOI	रुचि की अभिव्यक्ति फॉर्म खोलने का स्थान Place of opening of EOI forms
23.08.2024	20.09.2024 05:00 PM	2024_ESIC_822567_1	23.09.2024 11:00 AM	कर्मचारी राज्य बीमा निगम, पंचदीप भवन बामुनी मैदान, एम.आर.डी. रोड, गुवाहाटी-21 ESIC Regional Office, Panchdeep Bhawan, Bamunimaidam, M.R.D. Road, Guwahati-21

यदि निविदा खोलने की तिथि पर कोई अवकाश होता है तो इसे अगले कार्य दिवस पर स्वीकृत किया जायेगा और खोला जायेगा।
If Bids opening date happens to be a holiday, it will be opened on the next working day.

क्षेत्रीय निदेशक (प्रभारी)
Regional Director (I/c)

संलग्नक – अनुलग्नक / Encl. Annexure - I, II, III, IV & V

Specific instructions for EOI (Online Application)

Important Instructions to bidders for submission of online Tender:

1. Bidders are required to enrol on the e-procurement module of the Central Public Procurement Portal (URL: <https://eprocure.gov.in/eprocure/app>) by clicking on the link “Online Enrolment” on the CPPP Portal.
2. As part of the enrolment process, the bidders will be required to choose a unique user name and assign a password for their accounts.
3. Bidders are advised to register their valid email address and mobile numbers as part of the registration process. These would be used for any communication for the CPP Portal.
4. Upon enrolment, the bidders will be required to register their valid Digital Signature Certificate (Class III certificates with signing key usage) issued by any certifying Authority recognized by CCA India (e.g., Sify / nCode / eMudhra etc.) with their profile.
5. Only one valid DSC should be registered by a bidder. Please note that the bidders are responsible to ensure that they do not lend their DSCs to other which may lead to misuse.
6. Bidder then logs in to the site through the secured login by entering their User ID / Password and the password of the DSC / e-Token.

Bidder may call at 24x7 help desk number of CPP Portal for any technical related queries: 0120-4200462, 0120-4001002, 0120-4001005, 0120-6277787

For any issue for clarifications relating to the published tender, bidders are requested to contact Regional Office, ESIC NER, Bamunimaidam, Guwahati – 781021

Email Id: smo-ner@esic.nic.in & rd-assam@esic.nic.in
Contact No: 0361-2801325

TERMS AND CONDITIONS

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

Document Acceptance:

Duly completed tender forms along with annexures and necessary documents should be submitted online only. Tenders received either by hand or post or open tenders or tenders received through Email/Fax or without the prescribed format shall summarily be rejected.

Conditions for opening of Bids:

- 1) Please ensure that each page of the tender is submitted duly signed by the owner/authorised signatory (along with authorised letter).
- 2) EOI Document will be outrightly rejected if any technical condition is not fulfilled.
- 3) Signed and scanned copies of necessary certificates (as mentioned in Annexure - V) should be attached with technical bid. Tenderers will be informed about date and time of inspection of their centres (if required) by a duly Constituted Committee on the address given by the applicant HCO (Health Care Organization)

Earnest Money Deposit (EMD):

The tenderer shall have to deposit Earnest Money of Rs. 2,00,000/- (for Super Specialty Hospital) and Rs. 1,00,000/- (for Diagnostic Centre) in the form of Demand Draft in favour of “**ESI Fund A/C No. 1**” from any nationalized bank. Tenderer may send the Demand Draft through post to the address “**The Regional Director, ESIC Regional Office, Panchdeep Bhawan, Bamunimaidam, M.R.D. Road, Guwahati-21**” or may drop the same at the tender box kept in the room of State Medical Officer, Medical Branch, ESIC RO Guwahati.

Security / Performance Bank Guarantee Deposit:

The successful bidder must submit Security Deposit of Rs 10,00,000/- (for Super Specialty Hospital) and Rs. 2,00,000/- (for Diagnostic Centre) in the form of Demand Draft in favour of “**ESI Fund A/C No. 1**” from any nationalized bank or bidder may submit Performance Bank Guarantee (PBG) of the same amount valid for extra 60 days beyond contract period offered.

Tie-Up Agreement:

The selected applicants who fulfil all the criteria as laid down in the EOI document will be called for signing the empanelment agreement with ESIC.

Period of Empanelment:

Based on fulfilment of all the empanelment criteria, the empanelment shall be initially for a period of **two years**, which may be extended for another **one year** with mutual consent.

The Regional Director reserves the right to cancel or accept / reject one or all the EOI without assigning reasons thereof.

Indemnified Clause:

Tie-up Hospital will provide treatment to Insured Persons (IPs) / ESIC beneficiaries in accordance to law in a fair manner. In case of any loss to IP/beneficiaries due to negligence of Hospital Doctor / Staff / Wrong procedure, tie-up hospital will indemnify up to entire satisfaction of ESIC / IP. The tie-up hospital will also indemnify the penalty if any, imposed by any authority viz. consumer forums/courts etc.

Conditions for Empanelment:

1. The Health Care Organization (HCOs) (Hospitals / Cancer Hospitals/Imaging Centres / Diagnostic Laboratories) which are empanelled by CGHS need to submit a consent letter accepting the terms and conditions for providing SST services on cashless basis at CGHS rates as per ESIC instructions / communications published time to time along with duly signed and stamped tender documents.

2. Hospitals run by State Govt. / Central Govt. / PSUs / Private hospitals are eligible for submitting EOI for Super Speciality Treatment Services on cashless basis at CGHS rates.

All the Health Care Organizations need to fulfil the following criteria:

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

b) 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.

c) Similarly, the diagnostic laboratories should preferably be accredited by National Accreditation Board for Testing and Calibration Laboratories (NABL). However, the diagnostic laboratories which are not accredited for NABL may also apply for empanelment but their empanelment shall be provisional till they get NABL accreditation, which must be done preferably within a period of six months but not later than one year from the date of their empanelment.

d) The hospitals / Cancer Hospitals/Imaging centres which are not NABH accredited and diagnostic laboratories which are not NABL 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 / NABL as the case may be, which must preferably be done within a period of six month but not later than one year of their empanelment, the empanelled hospital/diagnostic laboratory shall forego 50% of the Performance Bank Guarantee and its name would be removed from the panel of ESIC.

e) The areas where none of the HCO is approved by any of the above-mentioned agencies or they are inadequate, in such cases HCOs may be considered for empanelment subject to satisfactory set up of the HCOs for providing services on inspection by the ESIC Authority.

3. The tie-up hospital will provide treatment to ESIC IP & Beneficiaries on cashless basis who are referred by ESIC / ESIS. The hospital will not demand/accept any money from IPs / Beneficiaries. In case of any such incidents the hospital may be de-empanelled.

4. The Health Care Organizations shall submit all claims/bills online through UTI-ITSL module to the ESIC system.

5. Rates:

a) The Health Care Organizations must certify that they shall charge as per CGHS rates only.

b) For cancer surgeries the rates of Tata Memorial Hospital, Mumbai is to be adopted. These rates are for NABH accredited hospitals. For non-NABH accredited hospitals, the rates would be reduced by 15%.

c) Wherever CGHS rates are not available, AIIMS rates are applicable.

d) If the above rates are not available, hospital rate is applicable subject to:

i) 15% deduction on hospital rates for treatment procedures if there are no package rates under CGHS / AIIMS available.

ii) For implants devices and stents, 15% deduction on MRP. (Attested copy of tax invoice & empty pouch to be submitted).

iii) In case of Drugs used in non -package cases, 10% deduction on MRP. (Attested copy of tax invoice & empty pouch of drugs whose MRP is Rs. 5,000/- or more shall be submitted).

e) 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.

f) The rates shall be valid until it is revised / modified by CGHS and the same is adopted by ESIC or otherwise.

6. Cancer Treatment:

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. However, if the medicines are unavailable in the referring hospital/dispensary / DCBO, the same should be provide by the empanelled hospital on cashless basis and it shall be reimbursed as per rates of Life Saving Drugs provided in the CGHS website.

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.

7. Ceiling of SST Expenditure:

Upper limit on the treatment expenditure would be Rs.10 lacs per beneficiary per financial year. Cases involving expenditure of more than Rs.10 lacs will be considered as an exception and will require approval of the referring authority. 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.

8. The bidding Health Care Organization should ensure to visit the website regularly to view any such amendments / corrigendum etc. as plea of ignorance of information uploaded on website would not be entertained.

9. 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 treatment / Investigation etc.) of empanelled hospitals / diagnostic centres for beneficiaries referred from ESIC Hospitals and bills for only Super Specialty Treatment in case of ESIS Institutions. Empanelled centre / hospital shall have to agree upon this new inclusion in addition of the MOA / MOU.

The processing fee admissible to BPA will be at the rate of 2% of the claimed amount of the bill submitted by the empanelled hospital / diagnostic centre (and not on the approved amount) and service tax / GST / any other tax by any name thereon. The minimum admissible amount shall be Rs.12.50 (exclusive of service tax / GST / any other tax by any name, which will be payable extra) and maximum of Rs. 750/- (exclusive of service tax / GST / any other tax by any name, which will be payable extra) per individual bill / claim. The fee shall be auto-calculated by the software and prompted to the ESI Hospital / SMO Office by the system at the time of generation of settlement ID.

10. PAYMENT:

a) In case of referral generated by ESIS hospitals/dispensaries and DCBOs, the O/o the Regional Director, Guwahati shall process and make payments directly to the TUH.

b) Bills once scrutinized by Bill Processing Agency (BPA), the payment shall be made as per turnaround time (TAT of 15 days) and guidelines issued by ESIC Hqrs. Office on time-to-time basis.

11. Special Terms & Conditions:

The selected / empanelled HCOs and their representatives should always be available / approachable over phone. For this purpose, a Nodal Officer shall be nominated from hospital / diagnostic centre / pathology lab to interact with ESIC office & beneficiaries. His / her mobile number / Email Id / fax should be made available to ESIC.

In emergencies, the empanelled centre should be prepared to inform / report over the telephone / email / fax / online through UTI-ITSL module.

12. Criteria for De-empanelment:

De-empanelment of the Health Care Organizations (HCOs) could be made due to any one of the following reasons:

- a)** Rendering of resignation / written unwillingness to continue empanelment without serving the complete notice period of three months.
- b)** Due to proven case of malpractice / misconduct.
- c)** Refusal of services to ESI beneficiaries.
- d)** Undertaking unnecessary procedures in patients referred for IPD / OPD treatment.
- e)** Prescribing unnecessary drugs / tests and clinical trial while the patient is under treatment.
- f)** Over billing of the procedures / investigations undertaken.
- g)** Non-submission of report, habitual late submission, or submission of incorrect data in the report.
- h)** Refusal of cashless treatment to eligible beneficiaries and instead asking them to pay.
- i)** Discrimination against ESI beneficiaries vis-à-vis other patients.
- j)** On receiving information of de-empanelment / blacklisting of HCOs from the CGHS or any other Govt. Organization.

13. Penalty Clause:

In case of premature termination of contract / agreement by the empanelled HCO without giving the required notice period of three month, the Security / PBG amount for the contract will be forfeited.

In case, HCO is declared as technically qualified for empanelment, but fails to sign the agreement within the stipulated time, the total amount of EMD will be forfeited and action may be taken as deemed fit.

APPLICATION FORMAT FOR EMPANELMENT OF HOSPITALS

1. Name of the city where hospital/Diagnostic Centre is located

2. Name of the Hospital/Diagnostic Centre

3. Address of the hospital

4. Tel/fax/e-mail

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

Whether NABH Accredited

Yes / No

If Yes, Details of Accreditation and validity period

Whether NABH applied for

Yes / No

If Yes, Details of Accreditation and validity period

5. For Empanelment as

Hospital for all available facilities

Cancer Hospital/Unit

(Please select the appropriate column)

6. Total Number of beds.

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Casualty/Emergency ward

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ICCU/ICU

--	--

Private

--	--

Semi Private (2-3 bedded)

--	--

General Ward bed (4-10)

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Others

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

8. Total Area of the hospital

Area allotted to OPD

Area allotted to IPD

Area allotted to Wards

9. Specifications of beds with physical facilities/amenities

Dimension of Ward		Number of beds in each ward
Length	Breadth	

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

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

(a) Bedsides Table

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(b) Wardrobe

--

(c) Telephone

--

(d) Any other

--

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

(a) Air Conditioner

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(b) T.V.

--

(c) Room service

(d) Any other

12. Nursing Care

Total No. of Nurses

No. of Para-medical staff

Category of Bed/Nurse ratio (acceptable Actual bed/nurse standard) ratio

a) General

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b) Semi-Private

--	--

c) Private

--	--

d) ICU/ICCU

--	--

e) High dependency Unit 1:1

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13. Alternate power source:Yes/No

14. Bed occupancy rate

General bed :

Semi-Private Bed:

Private Bed :

15. Availability of Doctors

a. No. of in house Doctors :

b. No. of in-house Specialist/Consultants/Super-specialist:

16. Laboratory facilities available- Pathology/Biochemistry/Microbiology or any other:

17. Imaging facilities available:

18. No. of Operation Theatres:

19. Whether there are separate OT for Septic cases:Yes/No

20. Supportive services

Boilers/sterilizers :
 Ambulance :
 Laundry :
 Housekeeping :
 Canteen :
 Gas plant :
 Dietary :
 Others (preferably) :
 Blood Bank :
 Pharmacy :
 Physiotherapy :

21. Waste disposal system as per statutory requirements.....Yes/No

22. Kindly provide the details of the following super speciality treatment / services available at your hospital / diagnostic centre:

Sl. No.	Services	Available (YES / NO)	Remarks (if any)
a)	Cardiology		
b)	Cardiothoracic vascular surgery		
c)	Neurology		
d)	Neurosurgery		
e)	Paediatric surgery		
f)	Oncology		
g)	Oncosurgery		
h)	Urology		
i)	Nephrology		
j)	Dialysis		
k)	Gastroenterology		
l)	GI surgery		
m)	Endocrinology and endocrine surgery		
n)	Burns and plastic surgery		
o)	Reconstruction surgery		
p)	Any treatment rendered to the patient at a tertiary centre / SST hospital by a super specialist such as Pulmonology, haematology, Rheumatology etc.		
q)	Super speciality investigation:		
	i) CT scan		
	ii) MRI		

	iii) PET scan		
	iv) Echo cardiography		
	v) Scanning of other body parts		
	vi) Specialised bio-chemical and immunological investigations		
	vii) Any other investigation costing more than Rs. 3000/- per test		

23. COVID-19

Kindly provide the following details in respect of COVID – 19:

Sl. No.	Type of care available	Available (YES / NO)	If YES, Number of beds available
a)	Isolation unit		
b)	COVID ICU without ventilator		
c)	COVID ICU with ventilator		

24. ONCOLOGY

Sl. No.	Type of care available	Yes / No
a)	Whether the hospital has aseptic Operation theatre for Oncology Surgery	
b)	Whether it has required instrumentation for Oncology Surgery	
c)	Facilities for Chemotherapy	
d)	Facilities for Radio-therapy	
e)	Radio-therapy facility and Manpower shall be as Per guidelines BARC	
f)	Details of facilities under Radiotherapy	

SIGNATURE OF OWNER OR AUTHORIZED SIGNATORY

CERTIFICATE OF UNDERTAKING

1. It is Certified that the particulars furnished in the application are correct and eligibility criteria are satisfied.
2. The Hospitals / Diagnostic laboratory/Imaging centre 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 if any information is found to be untrue, the Hospital / Diagnostic Centre 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.
4. That the Hospital / 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. Referral/Bill processing will be done online through UTI-ITSL module. Hard copies of the bills shall be submitted whenever asked for / bills are available in the receiver login for acceptance of hard copies.
5. The Hospital / Diagnostic Centre will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
6. That the Hospital / Diagnostics Centre has not been derecognized / blacklisted by CGHS or any State Govt. / PSUs or other organizations.
7. The hospital agrees to the terms and conditions prescribed in the tender document.

**SIGNATURE OF OWNER OR AUTHORIZED
SIGNATORY**

(For empanelment of Hospital / Diagnostic Centre for Super Specialty Treatment / Investigation)

To,

The Regional Director,
Regional Office, ESI Corporation, North East Region,
Panchdeep Bhawan, Bamunimaidam, Guwahati – 781021

Respected Sir,

Sub: Expression of Interest (EOI) for Empanelment of Govt. / Semi Govt. / CGHS Empanelled / Private Hospitals / Diagnostic Centres for providing Super Specialty Treatment and Investigation facilities to ESIC Beneficiaries in the North East Region.

With reference to your advertisement regarding Notice Inviting Expression of Interest (EOI) for Empanelment of Govt. / Semi Govt. / CGHS Empanelled / Private Hospitals / Diagnostic Centres for providing Super Specialty Treatment and Investigation facilities to ESIC Beneficiaries in the states of Arunachal Pradesh, Assam, Meghalaya, Manipur, Mizoram, Nagaland & Tripura, I / We wish to offer the following services* to the IPs and beneficiaries of ESIC on cashless basis:

A. Tertiary Care (Super Specialty) Treatment

B. Tertiary Care (Super Specialty) Diagnostic Services

I / We pledge to abide by the terms and conditions of the EOI document and to certify that the above information by submitted me / us is correct and I / We fully understand the consequences of default on my / our part, if any.

* Tick one whichever is applicable

(Name and Signature of the Proprietor)

SCANNED COPIES OF THE FOLLOWING DOCUMENTS (Wherever applicable) ARE TO BE UPLOADED ALONG WITH THE TENDER

01. Scanned copy of APPLICATION FORMAT FOR EMPANELMENT OF HOSPITALS as per Annexure-II of the tender document duly signed and stamped (each page).
02. Scanned copy of CERTIFICATE OF UNDERTAKING as per Annexure-III of the tender document duly stamped and signed.
03. Scanned copies of duly filled Annexure-IV.
04. Copy of legal status, place of registration and principal place of business of the health care Organization or partnership firm etc.
05. A copy of partnership deed/memorandum and articles, if any.
06. Copy of the license for running Blood Bank (if available).
07. Copy of the documents fulfilling necessary statutory requirements including that of waste management.
08. Copy of Fire safety certificate.
09. Copy of PAN.
10. Proof of empanelment with CGHS / PSUs / State Government (whichever is applicable).
11. Copy of AERB registration for Radiological Investigation / radiotherapy (if any).
12. Copy of NABH / NABL (if any).
13. Copy of PNDT Registration for Ultrasonography facility (if any).
14. Copy of Registration for Organ Transplantation facility (if any).
15. ESI Registration Number.
16. EPFO Registration Number.

**SIGNATURE OF OWNER OR AUTHORIZED
SIGNATORY**