



**REGIONAL OFFICE :: TELANGANA
ESI CORPORATION**
5-9-23, HILL FORT ROAD, ADARSHNAGAR,
HYDERABAD-63 e-mail: rd-telangana@esic.in
TEL NO.23232356, 57 & 58, EXTN: 229

ESIC
Chinta Se Mukti

**INVITES APPLICATION FROM HEALTH CARE ORGANIZATION FOR EMPANELMENT
FOR SUPER SPECIALTY TREATMENT**

Regional Office, Hyderabad is proceeding to make tie-up with Health Care Organization (HCO) Hospitals /Cancer Hospitals in Telangana State for providing super specialty treatment, dialysis and investigation to ESI beneficiaries as per ESIC guidelines and conditions for super specialty services. HCO 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 speciality services under one roof near ESI Hospital. 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. Details and application format are available in the website: www.esic.nic.in (Path: **Menu-Super Speciality Treatments**) or can contact Regional Office, ESI Corporation, 5-9-23, Hill Fort Road, Hyderabad-500063.

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

Last date of receiving application: **07.06.2018 (Thursday), 05.00 PM**

Completely filled application with all required documents in a sealed cover with superscription "Application for empanelment of HCO for SST" should be addressed to: The Additional Commissioner & Regional Director, ESI Corporation, Regional Office, 5-9-23, Hill Fort Road, Hyderabad-500063.

Application received without required details or after the closing time on specified date will not be considered.

Please contact Additional Commissioner & Regional Director, Hyderabad for any other clarification.

Hyderabad
Date: **17.05.2018**

Sd/-
Additional Commissioner & Regional Director

1. The scope of services to be covered under SST are as under:

- I. Cardiology and cardiothoracic vascular surgery.
- II. Neurology and neurosurgery
- III. Pediatric surgery
- IV. Oncology and Onco Surgery
- V. Urology/Nephrology
- VI. Gastroenterology and GI Surgery
- VII. Endocrinology and endocrine surgery
- VIII. Burns and plastic surgery
- IX. Reconstruction surgery
- X. Super specialty investigation this will include all the investigation which requires intervention and monitoring by Super specialist in the disciplines mentioned above. In addition the following specialized investigation will also be covered under Super Specialist Treatment.
 - a. CT Scan
 - b. MRI
 - c. PET Scan
 - d. Eco Cardiography
 - e. Scanning of other body parts
 - f. Specialized bio chemical and immunological investigation
 - g. Any other investigation costing more than Rs, 3000-00 per test.

Criteria for empanelment of HCO through advertisement are as under;

- 1) The Health care Organizations should preferable be accredited by National Accreditation Board for Hospital & Health Care providers (NABH).
- 2) 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 preferable be done with in a period of six month but not later than one year from the date of their empanelment.
- 3) ESIC also reserves the right to prescribe/ revise rate for new or existing treatment procedures investigations as and when CGHS revises the rates or otherwise.
- 4) Scanned copies of all the documents mentioned in the criteria for empanelment Annexure-J(D)
- 5) The Health care organization must have been in operation for at least one full financial year. Copy of audited balanced sheet, profit and loss account for the preceding financial year to be submitted (Main documents only).
- 6) Copy of NABH/NABL Accreditation in case of NABH/NABL accredited Health care Organization.
- 7) Copy of NABH/NABL application in case of Non- NABH/Non- NABL accredited Health Care Organization.

- 8) List of treatment procedures / investigation/ facilities available in the Health Care Organization.
- 9) State registration certificate/Registration with local bodies, wherever applicable.
- 10) Compliance with all statutory requirements including that of waste Management.
- 11) Fire Clearance Certificate/ Certificate by authorized third party regarding the details of Fire safety mechanism as in place in the Health Care Organization.
- 12) Registration under PNDT Act, for empanelment of Ultrasonography facility.
- 13) AERB approval for tie up for radiological investigation Radiotherapy, wherever applicable.
- 14) Certificate of undertaking as per the Annexure –J(C).
- 15) Certificate of Registration for Organ Transplant facilities, wherever applicable.
- 16) The Health Care Organization must have the capacity to submit all claims / bills in electronic format to the ESIC/ESIS System (through UTI ITSL etc.) and must also have dedicated equipment, software and connectivity for such electronic submission.
- 17) The Health Care Organization 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 their other patients who are not ESI beneficiaries
- 18) The Health Care Organization must certify that they are fulfilling all special condition that have been imposed by any authority in lieu of special concession such as but not limited to concessional allotment of land or customs duty exemption.
- 19) The Health Care Organization (except exclusive eye hospital /centers, exclusive dental clinics /diagnostic laboratories /imagine centre) must agree for implementation of EMR/HER as per the standards notified by Ministry of Health & Family Welfare within one year of their empanelment.
- 20) The Health Care Organization must have minimal annual turnover of Rs. 2.4 crores for Metro cities and Rs. 1.2 crore for Non Metro cities
- 21) Photo copy of Pan Card.
- 22) Bank details.
- 23) In addition the imaging centre shall meet the following criteria- copies or relevant documents.
 - a. **MRI Centre**
Must have MRI Machine with magnet strength of 1.0 Tesla or more
 - 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

- a) X-Ray machine must have a minimum current rating of 500 MA with Image intensifier TV System.
- b) 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
- c) Must have been approved by AERB.

d. Mammography Centre

Standard quality mammography machine with low radiation and biopsy attachment

e. 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

f. Bone Densitometry Centre

Must be capable of scanning whole body

g. Nuclear Medicine Centre

Must have been approved by AERB/ BARC

24. Minimum of Beds Required

- i. Metro cities (except Mumbai).....50
- ii. Other cities30

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

25. The HCO should unconditionally accept to undertake MOA for empanelment of the unit with ESIC. The HCO shall be bound by all the extant rules & regulations of ESIC including instructions issued from time to time.

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. Tel/fax/e-mail

Telephone No.	
FAX	
E-MAIL Address	
Name and contract details of Nodal Persons	

Whether NABH accredited

Whether NABH applied for

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

Name & address of the bank

D.D No.

Date of Issue

B. Total turnover during last financial year

(Certificate from Chartered Accountant is to be enclosed)

5. For Empanelment as hospital for all available facilities

Cancer Hospital /Unit

(Please select the appropriate column)

6. Total Number of beds

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

Causality /Emergency ward

ICCU/ICU

Private

Semi private (2-3 bedded)

General ward bed (4-10)

8. Total Area of the hospital
Area allotted to OPD

Area allotted to IPD

Area allotted towards

9. Specification of beds with physical facilities /amenities

Length

Breadth (Seven square floor area 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 Amenities

i. Air conditioner

ii. T.V

iii. Room Service

iv. Any other

Dietary

Others (Preferable)

Blood Bank

Pharmacy

Physiotherapy

21. Waste disposal System as per statutory requirement

22. ESSENTIAL INFORMATION REGARDING CARDIOLOGY AND 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 year

23. RENAL TRANSPLANTION HAEMODIALYSIS /UROLOGY /UROSURGERY

Number of Renal Transplantations

Number of year this facilities is available

Number of Haemodialysis unit

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 machine 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 precaution.
- e. Centre should have facility for providing dialysis in Sero positive cases.
- f. Centre should have trained dialysis technician, Nurses, full time Nephrologists and Resident Doctor available to manage the complication during the dialysis.
- g. Centre should conduct at least 150 dialysis per month and each session of hemodialysis
- h. Facility should be available 24 hours a day

Whether it has an immunology lab YES/NO
If so, does it exist within the city where the hospital is located YES/NO

Whether it has blood transfusion service with facilities for screening HIV markers for Hepatitis (B&C), VDRL YES/NO

Whether it has a tissue typing unit DBCA/ IMSA/DRCG Scan facility and the basis Radiology facilities YES/NO

24. LITHOTRIPSY

- 1. No of cases treated by lithotripsy in last one year
- 2. Average number of sitting required per case
- 3. Percentage of case selected for Lithotripsy, which required conventional surgery due to failure of lithotripsy.

25. LIVER TRANSPLANTATION –Essential Information reg.

Technical experts with experience in liver transplantation who had assisted in at least Fifty liver transplants YES/NO

(Name and qualification)

Month and year since liver transplantation is being carried out

Success rate of liver transplant

Facilities of transplant immunology lab Tissue typing facilities YES/NO

Blood Bank YES/NO

26. NEURSOSURGERY

Whether the hospital aseptic operation theatre 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

27. GASTRO-ENTEROLOGY

Whether the hospital has aseptic operation theatre for Gastro-Enterology & GI Surgery YES/NO

Whether it has required instrumentation for Gastro-Enterology GI Surgery YES/NO

Facilities for endoscopy specify details

28. ONCOLOGY

1. Whether the hospital has aseptic operation theatre for oncology surgery YES/NO

2. Whether it has required instrumentation for oncology surgery YES/NO

3. Facilities for chemotherapy

4. Facilities for Radio-therapy (Specify) YES/NO

5. Radio therapy facility and manpower shall be as per guidelines of BARC YES/NO

6. Details of facilities under Radiotherapy YES/NO

CERTIFICATE OF UNDERTAKING

1. It is certified that the particulars given above are correct and eligibility criteria are satisfied.
2. That hospital laboratory 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. 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 bill 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 organization.
8. That no investigation by Central Government/State Government or any statutory investigation agency is pending or contemplated against the hospital.
9. Agree for the terms and condition prescribed in the tender document.
10. Hospital agrees to implement electronic medical records and HER as per the standards approved by Ministry of health & family welfare and ESIC.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

ANNEXURE-J(d)

Scanned copies of the following documents (wherever applicable) are to be submitted with tender

1. Copy of legal status place or registration and principal of business of the health care organization or partnership firms, etc.
2. A copy of partnership deed / memorandum and articles of association, if any.
3. Copy of Customs duty exemption certificate and the condition on which exemption was accorded.
4. Copy of statutory licenses for running Blood Bank, P&DT, AERB clearance for Radiology equipment clearance
5. Disposal of Bio-medical waste NOC/fire clearance/NOC of building, clinical registration.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT