

 <p><b>ESIC</b> चिन्ता से मुक्ति Chinta Se Mukti</p>	<p>राज्य चिकित्सा आयुक्त कार्यालय <b>OFFICE OF THE STATE MEDICAL COMMISSIONER</b> कर्मचारी राज्य बीमा निगम <b>EMPLOYEES' STATE INSURANCE CORPORATION</b> पंचदीप भवन, उत्तरी स्वराज राउंड, त्रिश्शूर, 680 020 PANCHDEEP BHAVAN, NORTH SWARAJ ROUND, THRISSUR, 680 020 दूरभाष/Phone: 0487-2330424 ; ईमेल / E-Mail: <a href="mailto:smc-ke@esic.in">smc-ke@esic.in</a>; वेबसाइट/Website: esickerala.gov.in [आई एस ओ/ISO 9001 2008 (QS) प्रमाणित Certified]</p>	
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**APPLICATIONS ARE INVITED FROM HEALTH CARE ORGANISATIONS FOR EMPANELMENT FOR SUPER SPECIALITY TREATMENT**

SMC Office, Thrissur is proceeding to make additional tie-up with Health Care Organizations – Hospitals/Cancer Hospitals in Kerala Region for providing Super Speciality treatment and investigations to ESI beneficiaries as per ESIC guidelines and conditions for Super Speciality Services. HCOs which are willing and empanelled under CGHS will be considered first. In the absence of sufficient number of such HCOs, the State Govt. 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 and are near to ESI Hospitals. If none of the HCOs approved by above agencies are available or inadequate, other HCOs will be considered. Details and application formats are available in the website [www.esic.nic.in](http://www.esic.nic.in) or can contact Office of the State Medical Commissioner, ESI Corporation, Regional Office, Panchdeep Bhavan, North Swaraj Round, Thrissur, 680020.

Those hospitals who are already empanelled with SMC Office for providing SST services based on the previous advertisement need not apply again. Those hospitals whose period of empanelment has been extended should also give fresh application.

Application fee (Non refundable) Rs.1000/- as demand draft drawn in favour of ESIC Fund A/c No. 1 payable at Thrissur from State Bank of India.

**Last date of receipt of application : 21.07.2017 05.00 P.M.**

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 State Medical Commissioner, ESI Corporation, Regional Office, Panchdeep Bhavan, North Swaraj Round, Thrissur, 680020.

Application received without required detail or after the last date and time specified will not be considered.

Please contact State Medical Commissioner, Thrissur for any other clarification.

**STATE MEDICAL COMMISSIONER**

 <p><b>ESIC</b> चित्त से मुक्ति Chinta Se Mukti</p>	<p>राज्य चिकित्सा आयुक्त कार्यालय <b>OFFICE OF THE STATE MEDICAL COMMISSIONER</b> कर्मचारी राज्य बीमा निगम <b>EMPLOYEES' STATE INSURANCE CORPORATION</b> पंचदीप भवन, उत्तरी स्वराज राउंड, तृशूर, 680 020 PANCHDEEP BHAVAN, NORTH SWARAJ ROUND, THRISSUR, 680 020 दूरभाष/Phone: 0487-2330424 ; ईमेल / E-Mail: <a href="mailto:smc-ke@esic.in">smc-ke@esic.in</a>; वेबसाइट/Website: <a href="http://esickerala.gov.in">esickerala.gov.in</a> [आई एस ओ/ISO 9001 2008 (QS) प्रमाणित Certified]</p>	
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**EMPANELMENT OF PRIVATE HOSPITALS, CANCER HOSPITALS/ UNITS, UNDER ESIC KERALA REGION.**

General Criteria for Empanelment of Health Care Organizations

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

- i. Cardiology and cardiothoracic vascular surgery
- ii. Neurology and neurosurgery
- iii. Pediatric surgery
- iv. Oncology and oncosurgery
- v. Urology/Nephrology
- vi. Gastroenterology and GI surgery
- vii. Endocrinology and endocrine surgery
- viii. Burns and plastic surgery
- ix. Reconstruction surgery
- x. 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 specialized investigations will also be covered under SST:
  - a. CT scan
  - b. MRI
  - c. PET scan

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- d. Echo cardiography
- e. Scanning of other body parts
- f. Specialized bio-chemical and immunological investigations
- g. Any other investigation costing more than Rs. 3000/- per test

2. The Health Care Organization (Private Hospitals/exclusive Cancer Hospitals) should preferably be accredited by **NABH**.

3. However, the HCOs 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.

4. Copy of NABH Accreditation in case of NABH accredited Health care Organization should be submitted.

5. Copy of NABH application in case of Non- NABH accredited Health Care Organization should be submitted.

6. ESIC also reserves the right to prescribe/revise rates for new or existing treatment procedure(s)/investigation(s) as and when CGHS revises rates or otherwise.

7. 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 is to be submitted.(Main documents only).

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

9. HCOs should submit Scanned copies of all the documents mentioned in the criteria for empanelment Annexure-J (d).

10. HCOs should have State registration certificate/Registration with local bodies, wherever applicable.

11. Compliance with all statutory requirements including that of waste Management.

12. Fire Clearance Certificate/ Certificate by authorized third party regarding the details of Fire safety mechanism as in place in the Health Care Organization.

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13. Registration under PNDT Act, for empanelment of Ultrasonography facility.
14. AERB approval for tie up for radiological investigation Radiotherapy, wherever applicable.
15. HCOs should submit Certificate of undertaking as per the Annexure –J(C).
16. Certificate of Registration for Organ Transplant facilities, wherever applicable.
17. The 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.
18. The 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 ESI beneficiaries.
19. The 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.
20. The Health care Organizations must agree for implementation of EMR/ EHR as per the standards notified by Ministry of Health & Family Welfare within one year of their empanelment.
21. The Health Care Organization must have minimal annual turnover of Rs. 2 Crores for Metro cities and Rs.1 Crore for Non- Metro cities.
22. Photo copy of Pan Card.
23. Bank details.
24. **In addition the imaging centers shall meet the following criteria or relevant documents.**

**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

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**iii. 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.

**iv.Mammography Centre**

Standard quality mammography machine with low radiation and biopsy attachment

**v. USG / Color 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.

**vi.Bone Densitometry Centre**

Must be capable of scanning whole body

**vii. Nuclear Medicine Centre**

Must have been approved by AERB / BARC.

**25. Minimum number of beds required**

- a) METRO CITIES ..... 50
- a) OTHER CITIES ..... 30

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.

**26. The HCO should accept to undertake MOA with terms and conditions.**

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**ANNEXURE-J(B)**

**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	

<b>Whether NABH Accredited</b>	
<b>Whether NABH applied for</b>	

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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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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7. 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	

8. Total Area of the hospital

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

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9. 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)**

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

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

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

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

12. 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)	

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

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

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

16. Laboratory facilities available –

Pathology	
Biochemistry	
Microbiology	
or any other	

17	Imaging facilities available	
18	No. of Operation Theaters.	
19	Whether there is 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	
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**22. ESSENTIAL INFORMATION REGARDING 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	

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### 23. RENAL TRANSPLANTATION, HAEMODIALYSIS/ UROLOGY-UROSURGERY

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 <b>four</b> good Haemodialysis machines with facility of giving bicarbonate Haemodialysis.
Centre should have <b>water-purifying unit equipped with reverse osmosis.</b>
Unit should be <b>regularly fumigated</b> and they should perform regular antiseptic precautions.
Centre should have <b>facility for</b> providing dialysis in <b>Sero positive</b> cases.
Centre should have trained dialysis Technician, Nurses, <b>full time Nephrologist</b> and Resident Doctors available to manage the complications during the dialysis.
Centre should conduct at least <b>150</b> 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		

**24. 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	

**25. 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		

**26. 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		

**27. GASTRO-ENTEROLOGY**

	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		

**28. Oncology**

	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		

**SIGNATURE OF APPLICANT OR AUTHORIZED AGENT**

## ANNEXURE J (C)

### 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 J (D)**

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

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**