



कर्मचारीराज्यबीमानिगम
EMPLOYEES' STATE INSURANCE CORPORATION
श्रमएवंरोजगारमंत्रालय, भारतसरकार
MINISTRY OF LABOUR & EMPLOYMENT, GOVT.
OF INDIA



क्षेत्रीय कार्यालय :REGIONAL OFFICE,
पूर्वोत्तरक्षेत्र, बामुनीमैदाम, गुवाहाटी-21
NORTH EAST REGION, BAMUNIMAIDAM, GUWAHATI – 781021
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Website :www.esicner.in / www.esic.nic.in

No: 43-U.11/11/2015/SSMC/NER-SST

Date:07-06-2018

विषय- पूर्वोत्तर क्षेत्र (असम, नागालैंड, त्रिपुरा, मेघालय और मणिपुर) में क.रा.बी.निगम के हितलाभाधिकारियों के लिए अतिविशिष्टसेवाउपलब्धकरानेकेलिएनिजी/प्रतिष्ठित/अस्पतालों/निदानकेन्द्रोंकेपैनलकेरुचि की अभिव्यक्ति के लिए सूचना।

Sub:Notice Inviting Expression of Interest (EOI) for Empanelment of Private/Reputed Hospitals/Diagnostic Centres in NE Region (Assam, Meghalaya, Nagaland, Tripura, Manipur) for Superspeciality Services (Treatment and Diagnostic) for the beneficiaries of ESI Corporation.

कर्मचारीराज्यबीमानिगमकेलाभाधिकारियोंकोनगदीरहितऔरअद्यतितसी.जी.एच.एस. दरकेआधारपर (जैसाअनुलग्नक-1परदियागयाहै)

अतिविशिष्टसेवाउपलब्धकरानेकेलिएअपरआयुक्त-सह-क्षेत्रीयनिदेशक, पूर्वोत्तरक्षेत्र, क.रा.बी.नि. असम, नागालैंड, त्रिपुरा, मेघालय और मणिपुर राज्यकेनिजी / प्रतिष्ठित / अस्पतालों / निदानकेन्द्रोंकेलिएमुहरबंदरुचिकीअभिव्यक्तिआमंत्रितकरताहै।

The Additional Commissioner & Regional Director NER, invites sealed Expression of Interest (EOI) from Government/Semi Government/CGHS approved/Private Hospitals/Diagnostic Centres of repute located in the state of Assam, Nagaland, Tripura, Meghalaya, Manipur (For details Annexure-I enclosed) for Superspeciality Treatment and investigations for ESI beneficiary on cashless basis as per CGHS rates (given as its website).

आवेदनकर्ता रुचि की अभिव्यक्ति जिसमें आवेदन फॉर्म के साथ नियम व शर्तें (संलग्नक - II), पैनल का आवेदन प्रारूप (संलग्नक - III), घोषणा पत्र (संलग्नक - IV), आवश्यक कागजातों की सूची (संलग्नक - V), वेबसाइट www.esicner.in or www.esic.nic.in से डाउनलोड कर सकेंगे।

The applicants may download EOI which comprises the Application forms along with Terms & Conditions (Annexure-II), Application Format for Empanelment (Annexure-III), certificate of Undertaking (Annexure-IV), List of Necessary Documents (Annexure-V) from the website at www.esicner.in or www.esic.nic.in.

रुचि की अभिव्यक्ति एक मुहरबंद लिफाफे में सभी तरह पूरा करके नीचे दिए गए समय के अनुसार कर्मचारी राज्य बीमा निगम, पंचदीप भवन, बामुनी मैदान, एम. आर. डी. रोड, गुवाहाटी - 21 में पहुंच जाना चाहिए।

EOI in sealed envelope complete in all respects should reach ESIC, Regional Office Guwahati -21 as per schedule given below

रुचि की अभिव्यक्ति की वेबसाइट पर उपलब्धता Availability of EOI document in website .	पूर्ण रुचि की अभिव्यक्ति को जमा करने का समय और दिनांक Last Date & Time of submission of completed EOI	रुचि की अभिव्यक्ति खोलने का समय और दिनांक Date & Time of Opening of EOI	रुचि की अभिव्यक्ति फॉर्म जमा करने / खोलने का स्थान Place of submission of EOI Forms/opening of EOI forms
7-06-2018 09.45hrs.	6-07-2018 13hrs.	6-07-2018 15.00hrs.	कर्मचारी राज्य बीमा निगम, पंचदीप भवन बामुनी मैदान, एम. आर. डी. रोड, गुवाहाटी - 21 ESIC, RO 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 accepted & opened on next working day.

राज्य चिकित्सा अधिकारी, पूर्वोत्तर क्षेत्र

State Medical Officer, NER

कृते अपर आयुक्त सह क्षेत्रीय निदेशक

For Addl. Commissioner & Regional Director

क्र. सं. Sl. No.	राज्य State	स्थान Location
1	असम Assam	i. डिब्रूगढ़/Dibrugarh ii. जोरहाट /Jorhat iii. तेजपुर /Tezpur iv. अमीनगाँव /Amingaon v. गुवाहाटी /Guwahati vi. नगांव /Nagaon vii. गोलाघाट /Golaghat viii. सिलचर /Silchar ix. धुबरी /Dhubri x. बरपेटा /Barpeta xi. बिजनी /Bijni xii. मंगलदोई /Mangaldai xiii. गोलपाड़ा /Goalpara xiv. विश्वनाथ चरियाली /BiswanathChariali xv. माजुली /Majuli xvi. नलबाड़ी /Nalbari xvii. शिवसागर /Sibsagar xviii. उदलगुड़ी/Udalguri xix. उत्तर लखीमपुर /North Lakhimpur xx. धेमाजी /Dhemaji xxi. मोरीगांव /Morigaon xxii. मुसलपूर/Mussalpur
2	मेघालय Meghalaya	i. शिलांग /Shillong ii. वर्नीहाट/Byrnihat
3	नगालैंड Nagaland	i. दीमापुर /Dimapur ii. वोखा /Wokha iii. कोहिमा /Kohima iv. जुन्हेबोटो/Zunheboto v. मोकोकचुंग/Mokokchung
4	त्रिपुरा Tripura	i. अंबासा /Ambassa ii. उदयपुर /Udaipur iii. बिश्रामगंज/Bishramganj iv. धर्मनगर /Dharmanagar
5	मणिपुर Manipur	i. इम्फाल /Imphal

ANNEXURE-II

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 is non-refundable Rs.1000/- (Rupees one thousand only) which is payable in the form of a Demand Draft drawn on any nationalized/scheduled bank in favour of "ESIC fund A/CNo.-1" payable at Guwahati to be submitted along with EOI.

Document Acceptance :

Duly completed tender forms along with annexure and necessary documents may either be dropped in person in the tender box kept at ESIC, R.O.Guwahati or be sent by Registered/Speed Post at the address mentioned below. The sealed envelope should be super-scribed as "Tender for empanelment of Hospitals & Diagnostic Centres for Super Specialty Treatment/Investigations for the State of Assam/Meghalaya/Nagaland/Tripura/Manipur. Tenders received after the scheduled date and time (either by hand or post) or open tenders or tenders received through e-mail/fax or without the prescribed fee shall summarily be rejected.

Conditions for opening of Documents/Bids:

1. Please ensure that each page of the tender is downloaded and is submitted in to with each page signed by the appropriate signatory authority.
2. EOI Document will be out rightly rejected if any technical condition is not fulfilled.
3. Photocopy of necessary certificates (as mentioned below) should be attached with technical bid. Tenderers will be informed about date and time of inspection of their centre (if required) by a duly Constituted Committee on the address given by the applicant HCO (Health Care Organization)

Security/Performance Guarantee Deposit:

The amount as well as the mode of submission may be intimated to the bidders at the time of empanelment.

Tie-Up agreement:

The applicants who fulfill all the criteria as laid down in the EOI document will sign the empanelment agreement with the ESIC.

Period of Empanelment:

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

Proposal for empanelment may be sent to Employees' State Insurance Corporation, Panchdeep Bhawan, MRD Road, Bamunimaidam, Guwahati-21.

The Additional Commissioner & Regional Director reserves the rights to accept/reject one or all of the applications without assigning reasons thereof.

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 mentioned herein along with tender documents duly signed and stamped.

2. State Govt. approved health Care Organizations may be considered for empanelment after they submit a consent letter accepting the terms and conditions mentioned herein along with the tender documents duly signed and stamped.

3. Health Care Organizations which are approved by Public Sector Insurance Companies may be considered for empanelment after they submit a consent letter accepting the terms and conditions mentioned herein along with the tender documents duly signed and stamped.

4. For all other Health Care Organizations following criteria need to be fulfilled:

I. The Health Care Organization s 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 less than one year from the date of their empanelment.

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

IV. 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 with 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.

V.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.

VI. Scanned Copies of all the documents mentioned in the criteria for empanelment Annexure-V.

VII. The Health Care Organization must have been in operation for at least one full financial year.

VIII. Copy of NABH/NABL Accreditation in case of NABH/NABL accredited Health Care Organizations.

IX. Copy of NABH/NABL application in case of Non-NABH/NABL accredited Health Care Organization.

X. List of treatment procedures/investigations/facilities available in the Health Care Organization.

XI. State registration certificate/Registration with local bodies, wherever applicable.

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.

XIV. Registration under PNDDT Act, for empanelment of Ultrasonography facility.

XV.AERB approval for tie -up for Radiological investigation/Radiotherapy , wherever applicable.

XVI. Certificate of Undertaking as per the Annexure-IV.

XVII. Certificate of Registration for Organ Transplant facilities, wherever applicable.

XVIII. 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.

XIX. 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.

XX. Photocopy of PAN Card

XXI. Bank details.

The Scope of Services to be covered under SST

A) Super Specialty Treatment/Procedure

- 1) Any treatment rendered to the patient at a Tertiary centre/Super Specialty hospital by a Super Specialist.
- 2) Cardiology and Cardiothoracic Vascular surgery
- 3) Neurology and Neurosurgery
- 4) Paediatric Surgery
- 5) Oncology and Oncosurgery
- 6) Urology and Urosurgery
- 7) Gastroenterology and GI surgery
- 8) Endocrinology and Endocrine surgery
- 9) Burns and Plastic Surgery
- 10) Reconstructive surgery

B) Super Specialty Investigations

Super specialty investigation will include all the investigations will include all the investigations which require intervention and monitoring by Super specialist in the disciplines mentioned above. In addition the following specialized investigations will also be covered.

- 1) CT scan
- 2) MRI
- 3) PET Scan
- 4) Echo Cardiography
- 5) Scanning of other body parts
- 6) Specialised bio-chemical and immunological investigations
- 7) Any other investigation costing more than Rs.3000/- test.

MINIMUM NUMBER OF BEDS REQUIRED

- i. Metro cities. 50
- ii. Other cities30

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

In addition the imagine centres shall meet the following criteria-copies of relevant documents:

1. MRI Centre
 2. CT Scan Centre
 3. X-Ray Centre/Dental X-ray/OPG centre
 4. Mammography Centre
 5. USG/Color Doppler Centre
 6. Bone Densitometry Centre
 7. Nuclear Medicine Centre
- N.B: Centres not having MRI/ Bone Densitometry/Nuclear Medicine Facility/Mammography may also apply.

APPLICATION FORMAT FOR EMPANELMENT OF HOSPITALS**1. Name of the city where hospital/Diagnostic Centre is located.**

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2. Name of the Hospital/Diagnostic Centre

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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	

Whether NABH Accredited

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Whether NABH applied for

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Details of Accreditation and validity period**a. Details of the application fee draft of Rs.1000/-**

Name & Address of the Bank	Demand Draft 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

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Cancer Hospital/Unit

(Please select the appropriate column)

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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

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d)ICU/CCU

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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. Availabilty of Doctors

1. No. of in house Doctors :

2. No. of in house Specialist/Consultants :

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

17. Imaging facilities available :

18.No. of Operation Theatres :

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

20. Supportive services

Boilers/sterizers :

Ambulance :

Laundry :

Housekeeping :

Canteen :

Gas plant :

Dietary :

Others(preferably) :

Blood Bank :

Pharmacy :

Physiotherapy :

21. Waste disposal system as per statutory requirements

22. ESSENTIAL INFORMATION REGARDING CARDIOLOGY & CTVS

Number of coronary angiograms done in last one year :

Number of Angiography done in last one year :

Number of open heart surgery done in last one year :

Number of CABG done in last year :

23 RENAL TRANSPLANTATION,HAEMODIALYSIS,UROLOGY-UROSURGERY

Number of Renal Transplantations done during last one year :

Number of yaers this facilities is available :

Number of Hemodialysis unit :

CRITERIA FOR DIALYSIS:

- >The center should have good dialysis unit neat, clean and hygienic like a mirror OT.
- >Centre should have at least four good Hemodialysis machines with facility of giving bicarbonate Hemodialysis.
- >Centre should have water -purifying unit equipped with reverse osmosis.
 - > Unit should be regularly fumigated and they should perform regular antiseptic precautions
- >Centre should have facility for providing dialysis in Sero positive cases.
 - >Centre should have trained dialysis Technician, Nurses, full time Nephrologist and Resident Doctors available to manage the complications during the dialysis.
- >Centre should conduct at least 150 dialysis per month and each session of hemodialysis should be at least of 4 hours duration.
- >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 basic radiology facilities. Yes/No.

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. ORTHOPAEDIC JOINT REPLACEMENT

- a. Whether there is Barrier Nursing for Isolation for patient Yes/No.
- b. Facilities for Arthroscopy Yes/No.

26. NEUROSURGERY

- a) Whether the hospital has aseptic Operation theatre for Neuro Surgery Yes/No.
- b) Whether ,it has required instrumentation for Neuro-surgery Yes/No.
- c) Whether there is Barrier Nursing for Isolation for patient Yes/No.
- d) Facility for Gamma Knife Surgery Yes/No.
- e) Facility for Trans-sphenoidal endoscopic Surgery Yes/No.
- f) Facility for Stereotactic surgery Yes/No.

27. GASTRO-ENTEROLOGY

- a) Whether the hospital has aseptic Operation theatre for Gastro-Enttrelgy & GI Surgery Yes/No.
- b) Whether, it has required instrumentation for Gasro-Ennterology-GI Surgery Yes/No.

Facilities for Endoscopy-specify details

28. ONCOLOGY

- i. Whether the hospital has aseptic Operation theatre for Oncology-Surgery
 - a. Whether, it has required instrumentation for Oncology Surgery Yes/No.

- ii Facilities for Chemotherapy Yes/No.
- iii.Facilities for Radio-therapy(specify) Yes/No.
- iv. Radio-therapy facility and Manpower shall be as Per guidelines of BARC Yes/No.
- v. Details of facilities under Radiotherapy

29. ENDOSCOPIC/LAPROSCOPIC SURGERY

- > Criteria for Laproscopic /Endoscopic Surgery:
 - >Center should have facilities for casualty/emergency ward,full-fledged ICU,proper wards,proper number of nurses and paramedical,qualified and sufficient number 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 250 laproscopic surgeries per year.

The hospital should have at least one complete set of laproscopic equipment and instruments with accessories and should have facilities for open surgery i.e. after conversion from Laproscopic surgery

Yes/No.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

CERTIFICATE OF UNDERTAKING

1. It is Certified that the particulars given above are correct and eligibility criteria are satisfied.
2. The Hospitals/eye centre/Exclusive Dental Clinic/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 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 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/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/Diagnostics Centre has not been derecognized by CGHS or any State Govt. or other organizations.
8. That no investigation by Central Govt. /State Govt. 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 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 APPLICANTS OR AUTHORIZED AGENT

**SCANNED COPIES OF THE FOLLOWING DOCUMENTS (Wherever applicable) ARE TO BE
UPLOADED ALONG WITH THE 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, if any
3. Copy of customs duty exemption certificate and the conditions on which exception 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