



No.41-U-13/12/1/SS/Tie up/SSMC/Kol/2015-16

Dated 11.05.2015

**Sub: Notice inviting Expression of Interest (EOI) for Empanelment of Private/Reputed Hospitals/Diagnostic centres in West Bengal and Assam Region for Superspeciality services (Procedure and Diagnostic) for the beneficiaries of ESI Corporation**

The Sr. State Medical Commissioner (Eastern Zone) hereinafter called SSMC, invites sealed Expression of Interest (EOI) from Government/Semi-Govt/CGHS approved/Private Hospitals/diagnostic centres of repute located in the state of West Bengal and Assam for recommending Empanelment of centres for Super specialty and investigations for ESI beneficiary on cashless basis at up to date CGHS Rates (given at its website).

It is important to note that the SSMC is only the recommending authority and the agreements of empanelment will be signed and implemented by the Director, ESI (MB) Scheme, Govt. of West Bengal/ Administrative Medical Officer (AMO), ESI Scheme Govt. of Assam for all ESI Scheme and ESIC Hospital with the Tie Up hospitals/Diagnostic Centres which fulfill all criteria.

The applicants shall download tender documents which comprises the Application forms along with Terms and conditions (Annexure-I), Application Format for Empanelment (Annexure-II), Certificate of Undertaking (Annexure-III), List of Necessary Documents (Annexure-IV) from the website at [www.esicwestbengal.org](http://www.esicwestbengal.org) or [www.esic.nic.in](http://www.esic.nic.in). Tenders in sealed envelope complete in all respects should reach the office of The Sr. State Medical Commissioner (E.Z.) as per schedule given below:

Availability of tender document in website or by hand in Office	Last Date & Time of submission completed Tender document	Date & Time of Opening of Tender	Place of submission of Tender forms/ opening of tender forms
11.05.2015 09.45 Hrs	01.06.2015 13.00 Hrs	01.06.2015 15.00 Hrs.	Office of The SSMC (E.Z.), ESIC R.O. Panchdeep Bhawan, 5/1, Grant Lane, Kolkata-700012 (W.B.)

If Bids opening date happens to be a holiday, it will be accepted & opened on next working day

**Sr. State Medical Commissioner (EZ)**

Enclosures: Annexure-I, II, III, and IV.

## TERMS AND CONDITIONS

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

### **EOI Document Cost:**

The cost of Tender document 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 Account No-1” payable at Kolkata, to be submitted along with Tender.

### **Document Acceptance:**

Duly completed tender forms along with annexure and necessary documents may either be dropped in person in the tender box kept at The Office of the SSMC (E.Z.) 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 Centers for Super Speciality treatment/ Investigations for the Region of West Bengal and Assam”. Tenders received after the scheduled date and time (either by hand or by post) or open tenders or tenders received though e-mail/fax or without the prescribed fee shall summarily be rejected.

### **Condition for opening of Documents/ Bids:**

1. Please ensure that each page of the tender is downloaded and is submitted in toto 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.

### **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 may be recommended for empanelment to the State Executive Committee, ESI (MB) Scheme, Govt. of West Bengal/ Govt. of Assam, who will approve the same and subsequently an agreement on appropriate value of stamp paper will be executed between the authorized representative of the Applicant and the Director, ESI (MB) Scheme, Govt. of West Bengal/ AMO, ESI Scheme Govt. of Assam.

### **Implementation/Execution of Agreement:**

The State Executive Committee through the Director, ESI (MB) Scheme/AMO, ESI Scheme Govt. of Assam will be the authority for all practical purposes relating to implementation/execution of the agreement.

### **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 **The Sr. State Medical Commissioner (EZ), ESI Corporation, Panchdeep Bhawan, 5/1 Grant Lane, Kolkata-700012, West Bengal.**  
SSMC (EZ)

The State Executive Committee, ESI (MB) Scheme, Govt. of W.B./ Govt. of Assam reserves the rights to accept/ reject one or all of the applications without assigning reasons thereof.

## Conditions for Empanelment:

1. The Health Care Organizations (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 the 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 Organizations 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 later 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 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 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 within a period of six months 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-IV**.

- VII. The Health Care Organization 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 to be submitted (Main documents only).
- 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/Non NABL accredited Health Care Organizations.
- 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 PNDT Act, for empanelment of Ultrasonography facility.
- XV. AERB approval for tie-up for radiological investigations/Radiotherapy, wherever applicable.
- XVI. Certificate of Undertaking as per the **Annexure-III**
- 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. 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. The Health Care Organization (except exclusive eye hospitals/centres, exclusive dental clinics/diagnostic laboratories/imagine 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.
- XXI. The Health Care Organizations must have minimal annual turnover of Rs.2 Crores for Metro cities and Rs.1 Crore for Non-Metro cities. Exclusive Eye hospitals/Centres, Exclusive Dental Clinics, Diagnostic Laboratories and Imagine Centre must have a minimal annual turnover of Rs.20 Lacs in Metro Cities and Rs.10 Lacs in Non-Metro Cities. However, the competent authority reserves the right to relax the turnover requirement

XXII. Photo copy of PAN Card.

XXIII. Bank details.

### **The scope of services to be covered under SST**

#### **A) Super Speciality Procedure**

Superspeciality will mean the following Superspeciality services.

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

#### **B) Super Specialty Investigations**

Superspeciality investigations will include all the investigations which require intervention and monitoring by Super specialists in the disciplines mentioned above. In addition the following specialised 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 cities .....30

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 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**

- 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
- iii. Must have been approved by AERB

**D. Mammography Centre**

Standard quality mammography machine with low radiations and biopsy attachment.

**E. USG /Colour 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.
- ii. Must have been registered under PNDDT Act

**F. Bone Densitometry Centre**

- i. Must be capable of scanning whole body

**G. Nuclear Medicine Centre**

- i. Must have been approved by AERB / BARC

## 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. Tel / fax/e-mail

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

**Whether NABH Accredited**

**Whether NABH applied for**

### Details of Accreditation and Validity period

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).

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			

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	
(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 

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No. of Para-medical staff 

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

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 source  Yes  No

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

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

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			

23. RENAL TRANSPLANTATION, HAEMODIALYSIS/ UROLOGY- UROSURGERY

Number of Renal Transplantations done during last one year			
Number of years this facilities 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 **four** good Haemodialysis machines with facility of giving bicarbonate Haemodialysis.
- 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. 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 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 Yes/No  
Blood Bank Yes/No

**26. ORTHOPAEDIC JOINT REPLACEMENT**

a. Whether there is Barrier Nursing for Isolation for patient. Yes/No

b. Facilities for Arthroscopy Yes/No

**27. NEUROSURGERY.**

Whether the hospital has 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

**28. 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

**29. Oncology**

i. Whether the hospital has aseptic Operation theatre for Oncology – Surgery Yes/No

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

30. Endoscopic / Laparoscopic Surgery:  
Criteria for Laparoscopic/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 specialty 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 laparoscopic surgeries per year.

The hospital should have 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. 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. That Hospital/ 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/ 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 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-IV**

**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 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**