



वरिष्ठ राज्य चिकित्सा आयुक्त का कार्यालय  
OFFICE OF SENIOR STATE MEDICAL COMMISSIONER,  
क्षेत्रीय कार्यालय REGIONAL OFFICE  
पूर्वोत्तर क्षेत्र , बामुनी मैदान, गुवाहाटी-21  
NORTH EAST REGION, BAMUNIMAIDAM, GUWAHATI – 781021  
कर्मचारी राज्य बीमा निगम  
EMPLOYEES' STATE INSURANCE CORPORATION  
श्रम एवं रोजगार मंत्रालय , भारत सरकार  
MINISTRY OF LABOUR & EMPLOYMENT, GOVT. OF INDIA  
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No. 43-U-11/11/2015/ SSMC/ SST Tie up

Date.01-11-2016

**Sub: Notice Inviting Expression of Interest (EOI) for Empanelment of Private/Reputed Hospitals/  
Diagnostic Centres in NE Region for Secondary & Superspeciality Services(Treatment and  
Diagnostic)for Imphal (Manipur) for the beneficiaries of ESICorporation.**

The Sr. State medical Commissioner, NER hereinafter called SSMC NER, invites sealed Expression of Interest(EOI) from Government/Semi Government/CGHS approved/Private Hospitals/Diagnostic Centres of repute located in and around Imphal for secondary & Superspeciality Treatment and investigations for ESI beneficiary on cashless basis at up to date CGHS rates(given as its website).

The applicants shall download EOI which comprises the Application forms along with Terms & 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.esicner.in](http://www.esicner.in) or [www.esic.nic.in](http://www.esic.nic.in). EOI in sealed envelope complete in all respects should reach the office of the Sr. State Medical Commissioner (NER) as per schedule given below

| Availability of EOI in website or by hand in Office | Last Date & Time of submission of completed EOI document | Date & Time of Opening of EOI | Place of submission of EOI Forms/opening of EOI forms  |
|---|--|-------------------------------|--|
| 03-11-2016<br>09.45hrs.                             | 25-11-2016<br>13hrs.                                     | 25-11-2016<br>15.00hrs.       | Office of the<br>SSMC(NER),ESIC/RO<br>Panchdeep Bhawan,<br>Bamunimaidam<br>M.R.D Road, Guwahati-21 |

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

Sr. State Medical Commissioner(NER)

Encl.Annexure-I,II,III & IV.

**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 EOI forms along with annexure and necessary documents may either be dropped in person in the EOI box kept at The Office of the SSMC(NER) or be sent by Registered/Speed Post at the address mentioned below. The sealed envelope should be super-scribed as "EOI for empanelment of Hospitals & Diagnostic Centres for Secondary & Super Specialty Treatment/Investigations for Manipur". EOI received after the scheduled date and time (either by hand or post)or open EOIs or EOIs 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 EOI 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. EOIs 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 SSMC NER.

**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 (NER),ESI Corporation,Panchdeep Bhawan ,MRD Road,Bamunimaidam,Guwahati-21.**

The SSMC NER 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 EOI 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 EOI 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 EOI 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 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 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.
- 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 PNDT 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-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. Photocopy of PAN Card
- XXI. Bank details.

**Secondary /Speciality Care Tie-up will be done in the following Branch as per CGHS rate & ESIC Instruction:**

1. Medicine
2. Surgery
3. Obs & Gynae & Complicated Gynae Surgery
4. Paediatrics ICU services
5. Orthopedics
6. Eye/ENT
7. Skin and venereal diseases
8. Psychiatry
9. ICU services under various Specialties
10. Laparoscopic surgery
11. Blood Bank Services
12. Trauma & critical care
13. Ophthalmological Surgeries/Ophthalmology related investigations

**\*Other Departments which may be necessary from time to time.**

**\*Any related secondary investigations.**

**The Scope of Services to be covered under SST**

**A) Super Specialty Treatment/Procedure**

Super Specialty will mean the following Super Specialty services.

- 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 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 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 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: Hospitals which doesn't have all the Secondary & Super Specialty Treatment and diagnostic facilities as given above may also apply. All the applications received will be examined by a committee and the final decision to empanel a particular hospital will be taken by ESIC.

**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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|--|
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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.

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

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 beds in each ward

**(SevenSquare Meter 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

- (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/Nurse ratio (acceptable Actual bed/nurse standard) ratio

a) General

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|--|--|
|  |  |
|--|--|

b)Semi-Private

|  |  |
|--|--|
|  |  |
|--|--|

c)Private

|  |  |
|--|--|
|  |  |
|--|--|

d)ICU/ICCU

|  |  |
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|--|--|

e)High dependency Unit 1:1

|  |  |
|--|--|
|  |  |
|--|--|

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 DEALYSIS:

- >The center should have good dialysis unit neat,clean and hygeneic like a mirror OT.
- >Centre should have at least four good Hameodialysis machines with facility of giving bicarbonate Hameodialysis.
- >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 avialable 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 Sterotactic surgery Yes/No.

## 27. GASTRO–ENTEROLOGY

- a) Whether the hospital has aseptic Operation theatre for Gastro–Enttrelology & 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–Sugery  
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 change 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 EOI 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 EOI**

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**