



ಕಾರ್ಮಿಕ ರಾಜ್ಯ ವಿಮಾ ನಿಗಮ  
(ಕಾರ್ಮಿಕ ಮತ್ತು ಉದ್ಯೋಗ ಸುರಕ್ಷಾ ನಿಗಮ, ಭಾರತ ಸರ್ಕಾರ)  
ಕರ್ಮಚಾರಿ ರಾಜ್ಯ ಬಿಮಾ ನಿಗಮ  
(ಶ್ರಮ एवं रोज़गार मंत्रालय, भारत सरकार)  
EMPLOYEES' STATE INSURANCE CORPORATION  
(Ministry of Labour & Employment, Govt. of India)



ಕ್ಷೇತ್ರೀಯ ಕಾರ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ನಂ. 10 ಬಿನ್ನಿಫೀಲ್ಡ್ಸ್, ಬಿನ್ನಿಪೆಟ್, ಬೆಂಗಳೂರು - 560023.  
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# **'Terms and Conditions'** **for empanelment with** **ESIC in Karnataka** **Region.**

The Employees' State Insurance Corporation (ESIC), Regional Office, Karnataka, invites applications through this second advertisement issued in continuation of the earlier advertisement dated 28.08.2024, for establishing tie-up arrangements with reputed Health Care Organizations (HCOs) located within Karnataka State. The objective is to provide Super Specialty Treatment (SST), Super Specialty Investigations, and Dialysis Services on a cashless basis to the beneficiaries of the ESI Scheme, as well as ESIC Staff and Pensioners. These services shall be provided as per the prevailing CGHS/ESIC rates, under the revised Terms and Conditions and Methodology, which include a relaxation in the accreditation criteria—allowing HCOs in Class X and Y cities to participate if they possess either Final NABH Accreditation or are empanelled under PMJAY.

**1.** The scope of services to be covered under SST (Super Speciality Treatment) with need-based rationalization is as follows:

- a.** Any treatment provided to a patient at a tertiary centre/ SST hospital by a super specialist.
- b.** Cardiology and cardiothoracic vascular surgery.
- c.** Neurology and neurosurgery.
- d.** Paediatric surgery.
- e.** Medical Oncology, Onco Surgery, and Radiotherapy.
- f.** Urology/Nephrology.
- g.** Gastroenterology and gastrointestinal surgery.
- h.** Endocrinology and endocrine surgery.
- i.** Burns and plastic surgery (excluding cosmetic surgery).
- j.** Reconstruction surgery (excluding cosmetic surgery).
- k.** Super speciality investigations: This includes all investigations that require intervention and monitoring by super specialists in the mentioned disciplines above.
- l.** Organ Transplant
- m.** In addition the following specialized investigations shall be permitted under SST:
  - i.** CT scan
  - ii.** MRI
  - iii.** PET scan
  - iv.** Echo, TMT cardiography
  - v.** Scans of other body parts
  - vi.** Vitreous retinal management surgery
  - vii.** NICU Level-3  
(No.U- 16/30/565/2020-SST dated 05.05.2022 for vi & vii above)
  - viii.** Specialized bio-chemical and immunological investigations
  - ix.** Any other investigation costing more than Rs.3000/- per test)
  - x.** Procedures which require special expertise shall be permitted for tie-up under SST.
  - xi.** IVF (only from Govt. hospitals)(CGHS Circular No.Z-15025/5/2011- CGHS-III/CGHS(P) dated 22.11.2011)
  - xii.** Cochlear implant(CGHS Circular No.6-469/2003-CGHS/R&G dated 12.6.2009) and (ESIC Circular No.U-

16/12/1/2020/Agenda/Reporting Item/Med.III dated  
11.07.2022)

- xiii. Level -2 ultrasound
- xiv. Dental procedures listed in CGHS where such facilities are not available.

**2.** Blood bank facility: Arrangement for Blood bank facility is to be made by competent authority as per the requirement of ESIC hospitals of the state. For empanelment Blood Bank can be stand alone or Licensed Blood bank of a Multi-speciality Hospital.

**Blood Bank Criteria:**

- a. Licensing: The blood bank must possess a valid license issued by the relevant regulatory authority of the state.
- b. Accreditation: Blood Bank should be NABH accredited for X and Y Class cities and preferable for Z cities.
- c. Infrastructure and Facilities: The blood bank should have adequate space for blood collection, testing, processing and storage.

**3. Criteria for empanelment of HCOs through advertisement**

**3.1.** In continuation of the earlier guidelines, the requirement for accreditation in this second advertisement is as follows:

- **For Health Care Organizations (HCOs) located in Class X and Y cities**, the earlier mandatory requirement of **NABH and NABL accreditation** has been **relaxed**. Such HCOs must now possess **either Final NABH Accreditation** or be **empanelled under PMJAY (Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana)**.
- **For HCOs located in Class Z cities**, **NABH accreditation is preferred**, though not mandatory.

**3.2** The Health Care Organization must have been fully operational for at least two years on the last date of submission of interest. Copies of audited balance sheets and profit and loss accounts for the preceding two financial years

should be submitted. If the audited financial statement for the previous financial year is not available, a certificate from a chartered accountant stating the annual turnover should be submitted.

**3.3** The Hospital should fulfill all statutory requirements as mentioned in Esic referral policy-2023.

**3.4** The Health Care Organization must have the capacity to submit all claims/bills in electronic format to the ESI approved bill processing portal.

**3.5** Minimum bed requirement for multi-speciality hospital (with 10% ICU beds) is as follows:

- (i) Type X city — 100 beds
- (ii) Type Y city — 50 beds
- (iii) Type Z city — 30 beds

**3.6** Standalone dialysis centers should have minimum of —

- (i) Type X city — 10 dialysis units
- (ii) Type Y & Z city — 6 dialysis units

**3.7** The Health Care Organizations must have a minimal annual turnover of Rs. 2 Crores for X & Y cities and Rs. 1 Crore for Z cities. Exclusive Eye hospitals/ Centers, Dialysis centers, Diagnostic Laboratories and Imaging Centre must have a minimal annual turnover of Rs. 20 Lakhs in X & Y Cities and Rs.10 Lakh in Z Cities.

**3.8** HCO should submit the following documents (if applicable)

- (a) Valid Registration under PC PNDT Act.
- (b) Valid AERB/BARC approval for Radiological investigations/Radiotherapy.

#### **4. Documents required for empanelment**

**4.1** Copy of audited balance sheet, profit and loss account for the preceding two financial years to be submitted. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the

chartered accountant for annual turnover to be submitted. The minimum annual turnover for HCO shall be;

- (a) Rs. 2 crore X and Y cities
- (b) Rs. 1 crore for Z cities
- (c) Rs. 20 lakhs for standalone centers (Exclusive Eye Hospital/ Dialysis Centre/ Diagnostic Laboratories and Imaging Centre) for X and Y cities
- (d) Rs.10 lakhs for standalone centers (Exclusive Eye Hospital/ Dialysis Centre/ Diagnostic Laboratories and Imaging Centre) for Z cities

**4.2** A signed, stamped copy of a valid accreditation by NABH/ NABL should be submitted, along with the scope of services and validity period, if applicable.

**4.3** A list of treatment procedures/ investigations/ facilities available in the healthcare organization that are not listed by CGHS, along with a rate list, must be provided.

**4.4** A Signed, Stamped Copy of Empanelment with CGHS/State Government. Should be submitted, mentioning the Scope of services with validity period, if applicable.

**4.5** State registration certificate/ registration with local bodies should be included where applicable. All other statutory regulations such as drug license, narcotic license, blood bank registration, etc., must be followed.

**4.6** A compliance certificate demonstrating adherence to all statutory requirements, including waste management (such as biomedical waste, air pollution, water pollution, noise pollution etc.), should be provided.

**4.7** Registration under PC PNDT Act 2003 is required.

**4.8** AERB approval for tie-up for radiological investigations/ Radio therapy must be obtained, wherever applicable.

**4.9** A certificate of Registration for Organ Transplant facilities should be included, wherever applicable.

**4.10** The Earnest Money Deposit (EMD) and Performance Bank Guarantee (PBG) to be submitted by the HCOs are detailed below: -

<b>Type of Institution</b>	<b>EMD</b>	<b>PBG</b>
Multi-Specialty Hospital	Rs 2,00,000 (Two Rs Lakh Only)	Rs.10,00,000(Rs Ten Lakh Only)
Stand Alone / Diagnostic/ Imaging Centre /Eye Dialysis Centre	Rs 1,00,000 (One Rs Lakh Only)	Rs 2,00,000 (Two Rs Lakh Only)
Blood Bank Centre	Rs 1,00,000 (One Rs Lakh Only)	Rs 1,00,000 (One Rs Lakh Only)

**4.11** Copy of Tender Document duly signed & Stamped by Authorized signatory.

**4.12** A Signed stamped copy of transaction report of Application fees & EMD deposited through RTGS should be included.

**4.13** Signed, Stamped Copy of Application form.

**4.14** Signed, Stamped, Certified Copy of Certificate of undertaking.

**4.15** Signed, Stamped Copy of Partnership deed/Ownership memorandum/ articles of association (As applicable).

**4.16** A Signed, Stamped Copy of Registration of HCO with State Government/ National Capital Territory/ Local Bodies should be provided.

**4.17** A signed, stamped, copy of a recent authority letter in favour of the person applying on behalf of the healthcare organization, on the official letterhead of the organization, should be submitted, along with the ID proof of the authorized person.

**4.18** Signed, Stamped Copy of PAN /GST No. of the HCO.

**4.19** Signed, Stamped copy of Fire Clearance Certificate issued by Govt authorities as per Local Bylaws of the location concerned.

**4.20. Certificate of Undertaking**

**4.20.1** It is certified that the particulars given are correct and eligibility criteria are satisfied.

**4.20.2** The Hospital/Eye Centre/Exclusive Diagnostic Laboratory/Imaging Centre shall not charge any amount from ESI beneficiaries.

**4.20.3** That the rates provided correspond to the actual facilities /procedures /investigations available at the Organization.

**4.20.4** That if any information is found to be untrue, the Hospital/Eye Centre/Diagnostic Centre would be liable for de-recognition by ESI.

**4.20.5** That the Hospital/Eye Centre/Diagnostic Centre has the capability to submit bills and medical records in digital format and that all billing will be done in electronic format through ESI approved bill processing portal.

**4.20.6** The Hospital/Eye Centre/Diagnostic Centre will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.

**4.20.7** That the Hospital/Eye Centre/Diagnostic Centre has not been de-recognized by CGHS or any State Govt. or other organizations.

**4.20.8** That no investigation by Central Government / State Government or any statutory Investigating agency is pending or contemplated against the Hospital / Eye centre / Diagnostic Centre

**4.20.9** Agree for the terms and conditions prescribed in the tender document.



**4.20.10** The Health Care Organization must agree for implementation of EMR/HER as per the standards notified by Ministry of Health & Family Welfare

**4.20.11** 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.

**4.20.12** 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.

**4.20.13** The Health Care Organization must provide an undertaking accepting the terms and conditions outlined in the tender document/ EOI/ RFP.

## **5. Criteria for imaging centers.**

In addition, the imaging centers shall meet the following criteria and provide copies of relevant documents:

### **5.1 MRI Centre**

Must have MRI machine with magnet strength of 1.0 Tesla or more.

### **5.2 CT Scan Centre**

**5.2.1** The whole-body CT scanner installed should be multi-slice with preferably 64 slices but not less than 32 slices.

**5.2.2** The CT scan must have been approved by Atomic Energy Regulatory Board (AERB).

### **5.3 X-ray Centre /Dental X-ray/Orthopantomogram (OPG) centre**

**5.3.1** X- Ray machine must have a minimum current rating of 500 MA with image intensifier TV system.

**5.3.2.** 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

**5.3.3.** Must have been approved by AERB

#### **5.4 Mammography Centre**

Must have a standard quality mammography machine with low radiations.

#### **5.5 USG/Colour Doppler Centre**

**5.5.1** '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.

**5.5.2.** The centre must be registered under the Pre-Conception and Pre-Natal Diagnostic Techniques (PC PNDT) Act of 2003.

#### **5.6 Bone Densitometry Centre**

The centre must be capable of scanning whole body

#### **5.7. Nuclear Medicine Centre**

The centre must be approved by AERB

#### **5.8 Tele-Radiology**

The centre should have the option for tele-radiology services.

### **6. Criteria for de-empanelment**

De-empanelment of the empanelled Health Care Organization(s) could be made due to any one of the following reasons:

**6.1** Rendering resignation/ written unwillingness to continue in the panel without serving the complete notice period of 3 months.

**6.2** Due to proven case of malpractice misconduct.

**6.3** Refusal of services to ESI beneficiaries.

**6.4** Undertaking unnecessary procedures in patients referred for IPD/OPD management.

**6.5** Prescribing unnecessary drugs/tests and clinical trial while the patient is under treatment.

**6.6** Over billing of the procedures/ treatment/ investigations undertaken.

**6.7** Reduction in staff/ infrastructure/ equipment etc. after the hospital has been empanelled.

**6.8** Non-submission of the report, habitual late submission or submission of incorrect data in the report.

**6.9** Refusal of cashless treatment to eligible beneficiaries and instead asking them to pay.

**6.10** 'If accreditation of NABH/NABL is revoked, at any stage during the contract

**6.11** Discrimination against ESI beneficiaries vis-a-vis other patients.

**6.12.** Death of owner/ Change of ownership, location of business place or the practice place, as the case may be, if not approved by Competent Authority.

**6.13** If the owner leases the establishment to other agency, they will be liable for de-empanelment, if not approved by Competent Authority.

**6.14** On receiving information of de-empanelment/ blacklisting of Health Care Organization(s) from the CGHS or any other Govt. Organization.

## **7. Criteria for blacklisting –**

At any stage of tender process, submitting false/forged information and/ or document to ESIC, raising false/ forged invoices of treatment, criminal negligence to patient causing either permanent or temporary adverse impact on patient during the tender process or period of contract shall lead to Black Listing of Empanelled Centre.

## **8. Procedure for de-empanelment/ blacklisting**

**8.1** A Committee will be constituted by the competent authority to investigate the matter based on criteria mentioned in ESI referral policy 2023.

**8.2** Based on the investigation report and examining the reply of 'show cause' notice served to the empanelled centre, the competent authority, as the case may be., shall decide to de-empanel/ blacklist the Health Care Organization(s). 15-days notice to be provided for submission of reply.

**8.3** Referral to be stopped with immediate effect from the date of issue of show-cause.

**8.4** Once any Health Care Organization is de-empanelled, the MoA with that Health Care Organization shall stand terminated from the date of de-empanelment. The de-empanelled Health Care Organization will be debarred for empanelment for a period of one year or till the completion of current contract whichever is later.

**8.5** If the Health Care Organization is blacklisted, then the MoU with that Health Care Organization shall stand terminated from the date of blacklisting. The blacklisted Health Care Organization shall be debarred from empanelment for a period of two years or till the completion of current contract whichever is later.

## **9. High Cost Treatment**

**9.1** ESIC will bear the full cost of treatment, wherever CGHS package rates are available up to the limit of package rate.

**9.2** Upper limit on the expenditure for procedures not covered under CGHS package rates would be Rs. 10 lakh per beneficiary per financial year.

**9.3.** Cases involving expenditure of more than Rs. 10 Lakh may be considered only as an exception. The proposal of such cases shall be submitted to HQ Office for consideration and approval by ESI Corporation on case-to-case basis.

## **10. Misc Matters/Organ Transplant, Reconstructive surgeries and artificial limbs**

**10.1** In the case of organ transplant and bone marrow transplant, payment shall be limited to the rates applicable for the related donor. Additionally, for organ transplants involving malignancies, only the transplant of the organ with primary malignancy will be allowed. This measure aims to prevent significant potential misuse of this facility.

**10.2** Furthermore, the cost of artificial limbs is to be restricted to the CGHS rate.

**11. “Kindly note that any omissions should be addressed by referring to the ESIC New Referral Policy 2023. The terms, conditions, and the entire process will be governed strictly in accordance with the guidelines set forth in this policy”**

<https://www.esic.gov.in/attachments/publicationfile/5fee10bf1dfc893ca1b9e04db75d4323.pdf>

## Application Form

(For empanelment of Hospitals and Diagnostic Centers for Super Speciality Services & Blood Bank Services)

To,

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**Subject: - Tender for Empanelment of Hospitals and Diagnostic Centers for Super Speciality Services & Blood Bank services for insured persons, their family members, ESIC Serving staff & their entitled family members.**

Sir/Madam,

In reference to your advertisement in the website/News paper dated.....I/we wish to offer the following categories of facilities/services available in our organization as accredited by NABH/PMJAY/ NABL (in case of X and Y cities) and valid license for blood bank in case of blood bank services for insured persons, their family members on cashless basis:

\*Super Speciality Treatment ( ☐ )

\*Diagnostic Services ( ☐ )

\* Exclusive Dialysis Services ( ☐ )

\* Exclusive Eye Services for vireo-retinal Procedures ( ☐ )

\*Blood Bank services ( ☐ )

\*Other (Please Specify).....:

(\*Tick whichever is applicable, separate application along with EMD and required for each category) NOTE: Health Care Organizations shall offer all the SST services facilities/ specialties for which it is NABH/PMJAY/NABL accredited (in case of X & Y cities) /valid license for blood bank

I/ We pledge to abide by all the terms and conditions of the Tender Document and I/ we also certify that we understand the consequences of default on our part, if any.

Place:

Date:

(Name and signature of the Proprietor/Authorized Person)

Enclosures: Duly filled Annexure along with enclosure transaction receipts.

## 1. Instructions to Service Providers for submission of Tender

a) (Please read all terms & conditions carefully before filling the application form and annexure thereto)

EMD Details:

Type of Institution	EMD
Multi-Specialty Hospital	Rs 2,00,000 (Rs Two Lakh Only)
Stand Alone/ Diagnostic/ Imaging Centre/ Eye/ Dialysis Centre	Rs 1,00,000(Rs One Lakh Only)
Blood Bank Centre	Rs 1,00,000(Rs One Lakh Only)

The bidder has to pay the above said amount through online mode (RTGS) only. Bank Details as below: -

Account Name	EMPLOYEES STATE INSURANCE CORPORATION
Bank Name & Branch	<b>State Bank of India, Branch – Chamarajapet.</b>
Account No.	<b>10374512464</b>
IFS Code	<b>SBIN0005794</b>
<b>MICR No.</b>	<b>560002034</b>

**Note 1:** - The Transaction report generated online including UTR number must be submitted with application form.

**Note 2:** -

a) The bidder who qualifies for empanelment but not approaching for signing the agreement in stipulated time period, the EMD of said bidder(s) shall be forfeited/EMD will be returned for the non qualified bidders.

b) Document Acceptance:






**2. Diagnostic Services:**

Sl no	Name of speciality services

**3.**

<b>Exclusive Dialysis Services</b>	
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**4.**

<b>Blood bank Services</b>	
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**5.**

<b>Exclusive Eye Services for vitreo retinal Procedures</b>	
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**NOTES:**

Some of the above-mentioned facilities are available in-house in some ESIC hospitals and referrals will be made on actual need basis only.

Health Care Organizations shall offer only the services facilities/specialties for which it is empanelled, but in case any ESIC beneficiary admitted in the empanelled HCO needs any other services other than the contract, the treatment shall be provided with due permission of the Competent Authority at CGHS rates/hospital rates whichever is less.

## ELIGIBILITY CRITERIA

### (A) Essential eligibility requirements: -

a) The HCOs must have a valid NABH/ PMJAY/NABL accreditation (for 'X' & 'Y' cities) and preferentially shall have NABH and NABL accredited for 'Z' cities as applicable. Copy of NABH/ NABL accreditation along with scope of services shall be enclosed.

b) For Blood Banks a valid license is mandatory.

c) Minimum bed requirement for multi-speciality hospital (with 10% ICU beds) is as below:

(i) Type X city — 100 beds

(ii) Type Y city — 50 beds

(iii) Type Z city — 30 beds

d) Standalone dialysis centers shall have minimum of —

(i) Type X city — 10 dialysis units

(ii) Type Y & Z city — 6 dialysis units

e) Dialysis: Multi-specialty hospital with in-house dialysis facility shall be preferred over exclusive Dialysis Centre.

f) Exclusive dialysis centre: Exclusive dialysis centre should be under the supervision of nephrologist with arrangement of ICU services (exclusive dialysis centers to be empanelled will be decided on the basis of referral load and the centers having more number of dialysis machines will be preferred.) Minimum of one dialysis machine has to be earmarked for sero-positive cases.

(NOTE: The number of beds as certified in the Registration Certificate of State Government/ Local-Bodies/ NABH/ Pollution control board authorities shall be taken as the valid bed strength of the Hospital).

g) The HCO should have been operational for at least two complete years as on last date of submission of bid. The audited balance sheet, profit and loss account for the financial years should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the chartered accountant for annual turnover to be submitted.

h) The health care organisation must have minimal annual turnover of Rs.2 crores for 'X' & 'Y' cities and Rs.1 crore for 'Z' cities. Exclusive Eye hospital/centers, dialysis centers, diagnostic laboratories and imaging centers must have a minimal turnover of Rs. 20 lakhs for 'X' & 'Y' cities and Rs. 10 lakhs in 'Z' cities.

i) Valid State registration certificate/ registration with local bodies should be attached.

j) Fire Clearance Certificate issued by Govt authorities as per Local Bylaws of the location concerned.

k) Valid compliance with all statutory requirements of Bio-Medical Waste management rules/ state pollution control board rules.

l) 24X7 Emergency services managed by technically qualified staff.

m) Arrangement for Blood Bank/ Blood Storage Facility as per guidelines.

n) Provision of Dietary Services for indoor patients.

o) Valid certificate of registration for Organ and Tissue Transplant Facilities, wherever applicable.

p) HCO should submit the following documents (if applicable)

a. Valid Registration under PC PNDT Act.

b. Valid AERB/ BARC approval for Tie-up for Radiological investigations/ Radiotherapy.

q) Blood Bank should have following criteria

Licensing: The blood bank must possess a valid license issued by the relevant regulatory authority of the state.

Accreditation: Blood Bank should be NABH accredited for X and Y Class cities and preferable for Z cities.

Infrastructure and Facilities: The blood bank should have adequate space for blood collection, testing, processing and storage.

r) Hospital should have in-house diagnostic facilities for providing Super Specialty Care treatment.

**(B) Imaging centers shall meet the following criteria, wherever applicable (copies of relevant documents shall be enclosed)**

a) Valid Registration under PC PNDT Act.

b) Valid AERB/ BARC approval if applicable for Radiological investigations/ Radiotherapy.

c) The whole-body CT scanner installed should be multi-slice with preferably 64 slices but not less than 32 slices.

d) MRI Scan — MRI machine installed should have magnetic strength of 1 Tesla or more.

e) Standard quality mammography machine should be full field digital mammography machine with low radiation.

f) Bone densitometer must be capable of scanning whole body.

g) X-Ray Centre/Dental X-Ray/ OPG Centre: -

X-Ray machine must have a minimum current rating of 500 MA with # Image intensifier TV system.

Portable X-Ray machine must have 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 minimum current rating of 4.5-10 MA.

# must be approved by AERB.

**h) USG/Colour Doppler:** 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.

# must have been registered under PC PNDT Act.

i) The nuclear medicine centre/ PET scan must have been approved by AERB/ BARC.

j) RT-PCR: The laboratory must be approved by ICMR to conduct RT-PCR.

k) Any other services

## **GENERAL CONDITIONS FOR EMPANELMENT**

1. The tie-up shall be done at CGHS/ Hospital rates whichever is less.
2. Advance payment to Central/ State government/ autonomous bodies under the government/ Regional Cancer Centers (RCC) of State/Central Govt. may be given upon their request based on submitted estimate. However, the institution must submit the settlement after the procedure/ treatment/ investigation, etc.

### **TERMS AND CONDITIONS RELATED TO TREATMENT, PACKAGES AND RATES: -**

- a. The empanelled Health Care Organizations would be paid at CGHS/ Hospital rates, whichever is lower and terms and conditions as adopted by ESIC Headquarters Office from time to time. Any additional guidelines/circulars issued by ESIC Headquarters Office from time to time shall also be applicable for the services provided by HCOs under this empanelment contract.
- b. Insured Persons and beneficiaries are entitled for General Ward.
- c. "Package rate" shall mean and include lump sum cost of in-patient treatment /day care/diagnostic procedure for which ESIC beneficiary has been permitted from time of admission to the time of discharge, including

(but not limited to) (i) registration charges (ii) admission charges (iii) accommodation charges including patient's diet (iv) operation charges (v) injection charges. (vi) Dressing charges (vii) Doctor/ consultant visit charges (viii) ICU/ICCU charges (ix) monitoring charges (x) transfusion charges (xi) anaesthesia charges (xii) operation theatre charges (xiii) procedural charges/ surgeon's charges/ surgeon's fee (xiv) cost of surgical disposable and all sundries used during hospitalization (xv) cost of medicines (xvi) related routine and essential investigations (xvii) Physiotherapy charges etc. (xviii) nursing care and charges for its services and all other incidental charges related thereto.

- d. Package rates also include two pre-operative consultations and two post-operative consultations.
- e. Cost of implants/stents/grfts is reimbursable in addition to package rates as per CGHS ceiling rates or as per actual, whichever is lower.
- f. If there is no CGHS prescribed ceiling rate for any implant reimbursement shall be limited to 60% of the MRP including GST & HCOs cannot charge more than that amount from ESIC & its beneficiaries. The pouches/stickers etc. attached should be duly verified by the treating doctor and the specifications should match with those mentioned in Discharge Slip and original receipt/ invoice or attested photocopy of receipt/ invoice in case of bulk purchase to be submitted with the claim.
- g. During in-patient treatment of the ESIC beneficiary, the hospital will not ask the beneficiary or his/ her attendant to purchase separately the medicines/ sundries/ equipment or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS which includes the cost of all the items, However, toiletries, sanitary napkins, talcum powder, mouth fresheners are not payable/ reimbursable.
- h. In cases of conservative treatment, where there is no CGHS package rate, calculation of admissible amount would be done item wise as per CGHS/ AIIMS rates. If there is no CGHS/ AIIMS rate for a procedure/ investigation/ treatment, admissible amount would be 15% discount on empanelled HCO's rate-list submitted with the tender. However, food supplements, toiletries and cosmetic items shall not be reimbursed.
- i. Package rates envisage up to a maximum duration of indoor treatment as follows:

Upto 12 days for specialized (Super Specialties) treatment

Upto 07 days for other major surgeries (other than super specialties)

Upto 03 days for Laparoscopic surgeries/ elective angioplasty/ normal deliveries and 01 for day care, minor (OPD) surgeries. Short admission/ OPD treatment for injections, infusion, etc. Rs. 500/- would be payable/reimbursable for all categories of beneficiaries.

- j. Maximum duration of indoor treatment under package rate shall be as per CGHS. However if additional stay beyond the period covered in package rate is required for recovery, in exceptional cases, supported by relevant medical records and certified as such by the hospital, additional reimbursement shall be allowed for accommodation charges (as per entitlement), investigation charges (at approved rates), doctor's visit charges (not more than two visits per day by specialists/consultation and cost of medicine (10% discount on MRP) if prior permission has been taken from the referring authority. No additional charge on account of extended period of stay shall be allowed if that extension is due to any complication/ consequences of faulty surgical procedure/ faulty investigation procedure etc.
- k. Any legal liability out of such services shall be the sole responsibility of and shall be dealt with by the concerned empanelled hospital/centre.
- l. The empanelled health care organization cannot charge more than CGHS approved rates when a patient is admitted with valid ESIC card with prior permission or under emergency.
- m. If any empanelled health organization charges from ESIC beneficiary for any expenses incurred over and above the package rates vis-a-vis medicine, consumables, sundry equipment and accessories etc., which are purchased from external sources, based on specific authorization of treating doctor/ staff of the concerned hospital and if they are not falling under the list of non-admissible items, that amount shall be recovered from the pending bills of hospitals.
- n. In case, the hospital rates for treatment procedure/ test are lower than CGHS rates, the charges will be paid as per actual. The Hospitals/ Diagnostic centers to provide its complete rate list duly signed and stamped at the time of submission of tender.
- o. If one or more minor procedures forms a part of major treatment procedure, then package charges would be permissible for major procedure and only 50% of charges admissible for minor procedure.
- p. If required, the empanelled hospitals should check the eligibility of the referred patients on the IP/Staff portal at ESIC website- [www.esic.gov.in](http://www.esic.gov.in). In



case of doubt, the advice from referring authority can be taken. The validity of the referral letter is for seven days from the date of issue. Patient attending the hospital beyond validity period should be asked to get the referral letter renewed/ revalidated.

- q. All the drugs/ dressings used during the treatment of the patient should be of generic nature as far as possible, and approved under IP/BP/ USP/ FDA Pharmacopoeia or on DGEIC or CGHS rate contract. Any drug/ dressings not covered under any of these pharmacopoeias will not be reimbursed.
- r. The tie-up hospital shall raise the bills on their hospital letter heads as per the terms and conditions of ESIC and BPA. Efforts will be made by ESIC to make payments within prescribed time limit, once the bills are cleared by BPA and hard copies of the bills received are in order. Incomplete bills in any form shall not be processed and may be returned for correction. Tie-up Hospital shall respond to queries raised by BPA within the time frame as specified in BPA module. The responsibility of non-payment due to late response or no response will solely lie on the concerned tie-up hospital.
- s. The empanelled centre shall honour permission/ referral letter (P1) issued by competent authority without delay and provide treatment/ investigation facilities/ blood facilities as per referral format on priority basis. The tie up hospital will provide medical care on cashless basis as specified in the referral letter; no payment shall be made to tie-up hospital for treatment/ procedure/ investigations which are not mentioned in the referral letter. If the tie up hospital feels the necessity of carrying out any additional treatment/ procedure/ investigation in order to facilitate the procedure for which the patient was referred, the requisite permission for the same is to be taken from the referring authority either through Online BPA Portal/ E-mail of the referring authority at the earliest.
- t. The specimen signatures of the authorized signatory (Nodal Officer nominated by the empanelled hospital) duly certified by the competent authority shall be submitted to Tender Inviting Authority (TIA). Any change in authorized signatory, shall be promptly intimated by tie-up hospitals to TIA.
- u. TIA or an authorized person may visit the empanelled Hospitals to check the quality of services and other necessary certification. The Tie-Up Hospital authorities shall co-operate in carrying out the inspection.
- v. Only the drugs which are available in IP/ BP/ US/ FDA Pharmacopoeia and approved by Drug Controller General of India shall be used for indoor

patients. Preferably the drugs which are available in DGESIC/ CGHS Rate contract shall be used. The anticancer drugs, for patients on day care treatment may be provided by ESIC (referring authority). Due demand for the same shall be raised through ESIC beneficiary well in advance. Specific conditions, if required, be also mentioned in the demand/ prescription. In case of non-availability of Chemotherapy drugs in ESIC, the drugs should be provided by the empanelled hospital for which the amount shall be paid as per life savings drug rate list of CGHS. Imported brands shall not be used if Indian drugs are available.

- w. The hospital must agree for implementation of EMR (electronic medical record)/ EHR (electronic health record) as per standards notified by Ministry of Health and Family Welfare, Govt. of India/ CGHS/ ESIC Guidelines within one year of their empanelment (if not already implemented).

## **CRITERIA FOR DE-EMPANELEMENT**

De-empanelment of the empanelled Health Care Organization(s) could be made due to any one of the following reasons:

- a.) Rendering resignation/ written unwillingness to continue in the panel without serving the complete notice period of 3 months.
- b.) Due to proven case of malpractice/ misconduct.
- c.) Refusal of services to ESI beneficiaries.
- d.) Undertaking unnecessary procedures in patients referred for IPD/OPD management.
- e.) Prescribing unnecessary drugs/ tests and clinical trial while the patient is under treatment.
- f.) Over billing of the procedures/ treatment/ investigations undertaken.
- g.) Reduction in staff/ infrastructure/ equipment etc. after the hospital has been empanelled.
- h.) Non submission of the report, habitual late submission or submission of incorrect data in the report.
- i.) Refusal of cashless treatment to eligible beneficiaries and instead asking them to pay.
- j.) If accreditation of NABH/NABL is revoked, at any stage during the contract

- k.) Discrimination against ESI beneficiaries vis-a-vis other patients.
- l.) Death of owner/ Change of ownership, location of business place or the practice place, as the case may be, if not approved by Competent Authority.
- m.) If the owner gives the establishment on lease to other agency, they will be liable for de-empanelment, if not approved by Competent Authority.
- n.) On receiving information of de-empanelment/ blacklisting of Health Care Organization(s) from the CGHS or any other Govt. Organization.

## **CRITERIA FOR BLACKLISTING**

**I. Criteria for blacklisting** - At any stage of tender process, submitting false/ forged information and/ or document to ESIC, raising false/ forged invoices of treatment, criminal negligence to patient causing either permanent or temporary adverse impact on patient during the tender process or period of contract shall lead to Black Listing of Empanelled Centre.

## **II. Procedure for de-empanelment/ blacklisting**

- a. A Committee will be constituted by the competent authority to investigate the matter.
- b. Based on the investigation report and examining the reply of 'show cause' notice served to the empanelled centre, the competent authority, as the case may be, shall decide to de-empanel/ blacklist the Health Care Organization(s). A 15-days' notice to be provided for submission of reply.
- c. Referral to be stopped with immediate effect from the date of issue of showcause.
- d. Once any Health Care Organization is de-empanelled, the MoU with that Health Care Organization shall stand terminated from the date of de-empanelment. The de-empanelled Health Care Organization will be debarred for empanelment for a period of one year or till the completion of current contract whichever is later.
- e. If the Health Care Organization is blacklisted, then the MoU with that Health Care Organization shall stand terminated from the date of blacklisting. The blacklisted Health Care Organization shall be debarred from empanelment for a period of two years or till the completion of current contract whichever is later.

## **SPECIAL TERMS & CONDITIONS FOR LABORATORY SERVICES/ RADIOLOGY SERVICES:**

- a) In emergencies, the centre should be prepared to inform reports over the telephone/ e-mail.
- b) Arrangement to be made for collection of samples from ESI hospitals as per the protocol of sample transportation.
- c) Report to be submitted to ESI Hospital within the turnaround time (TAT) of 24 hours by empanelled HCO.

## **PROCEDURE FOR REFERRAL: -**

ESI Corporation has engaged a Bill Processing Agency (BPA) for scrutiny and processing of all bills of empanelled hospital/ diagnostic centre for beneficiaries referred from ESIC Institution through the online internet module, managed by BPA. The detailed procedure for referral has been laid down in the Standard Operating Procedures (SOP) of the said agreement which is annexed herewith as **Annexure-E**. The SOP as amended from time to time shall be applicable to MoU executed under this Tender.

## **PAYMENT SCHEDULE:**

- I. The Empanelled Hospital/Diagnostic centre will send hard copies of bills along with necessary supportive documents (**Form P1, P-II, P-III & P-VI as per Annexure-G**) to the referring centre after due scrutiny by BPA for payment enclosing therewith copy of the medical record of every patient, discharge slip incorporating brief history of the case, diagnosis, details of (procedure done, blood bank notes, treatment of Medicines given etc.), reports and copies of investigation done, identification of the patient, entitlement certificate, referral letter from concerned ESIC Institutions, original purchase invoice, stickers and envelops of implants, wrapper and invoice of drugs costing **more than Rs.**

**5000/-** and CD of treatment/ procedure given shall be submitted by the Hospital/ diagnostic centre along with the bill. Additionally, chronologically placed IPD notes/ Films (X-ray, MRI, CT Scan etc.)/ OT notes/ Pre and Post operation radiological images or any other documentary requirement can be sought if required.

- II. Original procurement invoice of the stents/ implant/ device used in the procedure along with its outer packing and sticker must be enclosed with the bills submitted for payment duly verified by treating specialist and authorized representative of Hospital.
- III. The procedures/ treatment/ investigation provided by the Super specialist/ Specialist should be duly signed by the treating Super Specialist/ specialist along with their stamp & Registration No.
- IV. Each and every paper/ record, attached with the bills so meant for ESI should be signed by the authorized representative of the Hospital/ Diagnostic centers.
- V. The referral hospital has to raise the bill at the time of discharge and get it countersigned by the Patient/ attendant along with the mobile number of the Patient/ attendant and upload it along with other documents on the BPA Portal. Above said documents shall be uploaded in the system in support of the claim, within 7 (seven) working days. Immediately after uploading the bills by BPA would start processing the bills without waiting for receipt of hard copy of bills by ESI locations. BPA would scrutinize the bill completely (including need more information steps) and recommended admissible amount to ESI. This recommendation would be visible to referring locations including TUH's and competent authority of ESI.
- VI. Once the empanelled HCO receives information regarding the bills that have been scrutinized by BPA, the empanelled HCO will submit the original hard copies of such bills as per the dates of scrutiny in 4 distinct bundles to the office of competent authority of ESI.
  - a. OPD Bills with CGHS Codes.
  - b. OPD Bills without CGHS Codes.
  - c. IPD Bills with CGHS Codes.
  - d. IPD Bills without CGHS Codes.
- VII. Depending upon the quantum, such bundles of bills to be submitted to competent authority on weekly/ fortnightly/ monthly basis for receipt in BPA and further processing of payment.

- VIII. After receipt of original bills, competent authority shall complete the scrutiny /process of payment to TUH as per the existing guidelines.
- IX. The processing fee admissible to BPA will be at applicable rate of the claimed amount of the bill submitted by the empanelled hospital/ diagnostic centre (and not on the approved amount) and service tax/ GST/ any other tax by any name thereon. The minimum admissible amount shall be Rs.12.50 (exclusive of service tax/GST/ any other tax by any name, which will be payable extra) and maximum of Rs. 750/- (exclusive of service tax/ GST/ any other tax by any name, which will be payable extra) per individual bill/ claim. The fee shall be auto-calculated by the software and prompted to the ESI Hospital by the system at the time of generation of settlement ID. The BPA processing fee will be borne by the empanelled HCO by way of deductions from the admissible amount against their claims.

### **DUTIES & RESPONSIBILITIES OF EMPANELLED HOSPITALS/ DIAGNOSTIC CENTRES:**

- a) It shall be the duty and responsibility of the hospital at all times, to obtain, maintain and sustain the valid registration and high quality and standard of its services and healthcare and to have all statutory/mandatory licenses, permits or approvals of the concerned authorities as per the existing laws.
- b) There must be a prominent display with ESIC Logo with the words "We provide Cashless Treatment to ESI Beneficiaries on referral by ESI. In case of difficulty please contact (Names of Two Nodal officers)" by the empanelled Hospitals/ Diagnostics centre/Blood Bank. The list of documents required to be carried by ESI patients/attendant must also be displayed.
- c) The Hospital/Diagnostics centre will not make any commercial publicity projecting the name of ESIC on Display board.

### **LIQUIDATED DAMAGES:**

- a) The Tie-up centers shall provide the services as per the requirements specified by the ESIC in terms of the provisions of this Agreement. In case of violation of the provisions of the Agreement by the Hospital such as but not limited to refusal of service or direct charging from the ESI Beneficiaries or defective service and negligence etc., the amount up to 15% of the amount of Performance Security will

be charged as agreed Liquidated Damages by the ESIC (at every incident). However, the total amount of the Performance Security will be maintained intact by the Hospital being a revolving Guarantee.

b) In case of repeated defaults by the tie-up centers, the total amount of Performance Security will be forfeited and action will be taken for removing the Health Care Organization from the empanelment of ESIC as well as termination of this Agreement.

c) For over-billing and unnecessary procedures, the extra amount so charged will be deducted from the pending / future bills and the ESIC shall warn the Health Care Organization in writing, not to repeat the offence in future. The recurrence, if any, will lead to the stoppage of referral to that particular Health care Organization or De-empanelment from ESIC.

## TERMINATION CLAUSE

The agreement may be terminated by either party with prior **three months** notice on either side.

## PENALTY CLAUSE:

- a) In case of premature termination of contract/ agreement by the empanelled centre without giving the required notice period of **one month**, the PBG amount for the contract will be forfeited.
- b) In case, Hospital declared technically qualified for empanelment, but fails to sign an agreement within the stipulated time than the total amount of EMD will be forfeited and action may be taken as deemed fit.

## INDEMNITY:

The Hospital shall at all times, indemnify and keep indemnified ESIC against all actions, suits, claims and demands brought or made against in respect of anything done or purported to be done by the Hospital in execution of or in connection with the services under this Agreement and against any loss or damage to ESIC in consequence to any Action or suit being brought against the ESIC, along with (or otherwise), Hospital as a party for anything done or purported to be done in the

course of the execution of this Agreement. The Hospital will at all times abide by the job safety measures and other Statutory requirements prevalent in India and will keep free and indemnify the ESIC from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the Hospital negligence or misconduct. The Hospital will pay all the indemnities arising from such incidents without any extra cost to ESIC and will not hold the ESIC responsible or obligated. ESIC may at its discretion and shall always be entirely at the cost of the tie up Hospital defends such suit, either jointly with the tie up Hospital or separately in case the latter chooses not to defend the case.

## **ARBITRATION:**

If any dispute or difference of any kind what so ever (the decision whereof is not being otherwise provided for) shall arise between the ESIC and the Empanelled Centre upon or relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration who will give written award of his decision to the Parties. Arbitrator will be appointed by ESIC, Hars. Office. The decision of the Arbitrator will be final and binding to both the parties. The provision of Arbitration and Conciliation Act, 1996 shall apply to the arbitration proceedings. Any legal dispute to be settled in State Jurisdiction only.

## **MISCELLANEOUS:**

- a.) In emergency medical conditions of the patient, the HCOs should be prepared to inform reports over the email.
- b.) Nothing under this agreement shall be construed as establishing or creating between the Parties any relationship of Master & Servant or Principle and Agent between the ESIC and Empanelled Centre.
- c.) The Empanelled Hospital/ Centre shall not represent or hold itself out as an agent of the ESIC. The ESIC will not be responsible in any way for any negligence or misconduct of the Empanelled HCO and/ or its employees for any accident, injury or damage sustained or suffered by any ESIC beneficiary or any third party resulting from or by any operation conducted by and behalf of the hospital or in the course of doing its work or perform their duties under this agreement of otherwise.



d.) This agreement can be modified or altered only on written agreement signed by both the parties.

## **Hospital (P-I) Referral Form (English, Hindi and Local Language)**

P1 form (Referral Form as per Dhanwantri Module of ESIC)

### **Mandatory instructions to for Tie-up Hospital**

1. Tie up hospital is instructed to perform only the procedure/treatment for which, the patient has been referred.
2. In case, any additional procedure/treatment/investigation is essentially required in order to treat the patient for which, he/she has been referred to, the permission for the same is essentially required from the referring hospital through Online through BPA/ E-mail, and to be confirmed at the earliest.
3. The referral hospital has to raise the bill at the time of discharge and get it countersigned by the Patient/attendant along with the mobile number of the Patient/ attendant and upload it along with other documents on the BPA Portal.
4. Food supplement will not to be reimbursed.
5. Only Generic medicine to be used wherever possible.
6. Only those medicines to be used which are FDA/ IP/ BP or USP approved.

### **Checklist of a by referring ESIC/ ESIS hospital to tie-up hospital**

1. Duly filled & signed referral proforma.
2. Copy of Insurance Card/Photo id card of IP.
3. Referral recommendation of the specialist/concerned medical officer.
4. Reports of investigations and treatment already done.
5. Two Photographs of the patient.

## APPLICATION FORMAT FOR EXPRESSION OF INTEREST FOR EMPANELMENT OF HEALTH CARE ORGANISATIONS (Hospitals)

(For Super Speciality Services)

1. Name of the city, district and state where the HCO is located

City	District	State

2. Name of the HCO

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3. Address of the HCO

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4. Distance from nearest ESI Hospital:

Name & Location of ESIC Hospital	Distance in KM

5. E-mail

Telephone no	
e-mail address	
Name and contact details persons of HCO	1. 2.

Whether empanelled with CGHS. (if yes, enclose approval along with scope of services& validity period) Yes/ No

Whether NABH Accredited Yes/ No  
(if yes, enclose approval along with scope of services& validity period)

Whether NABL Accredited . Yes/ No  
(if yes, enclose approval along with scope of investigations& validity period)

A. Details online payment of the EMD: -

Transaction No.	
Transaction Amount	
Transaction Date	

B. The HCO should have been operational for at least two complete years as on last date of submission of interest Signed, stamped and scanned Copy of the audited balance sheet, profit and loss account for the financial years should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the chartered accountant for annual turnover to be submitted.

C. Mandate form

Bank Account number of the applicant (Cancelled cheque to be attached)	
Name of Bank	
Branch Address	
IFSC of Branch	
ICMR Code	
PAN/GST number of firm/proprietor (Photocopy to be attached)	
PAN No.	
GST No.	

6. The Multispecialty Hospital shall offer all service available inclusive of all SST facilities Super specialties/specialities.

7. Diagnostic services available

I In house Imaging facilities

Yes/ No

II In house Diagnostic Lab facilities

Yes/ No

III Super-specialty investigations: - CT Scan, MRI, PET Scan, Echocardiography, scanning of other body parts, Specialized bio-chemical and immunological investigations

Yes/No

8. a.) Total no. of beds

b.) Total No. of ICU beds

9. Nursing Care

Total no. of Nurses	
Total No. of para-medical staff	
Category of Bed/ Nurse Ratio (acceptable Actual bed/nurse standard ratio) High dependency unit 1:1	

10. Alternate power source

Yes/No

11. Availability of Doctors

Number of in-house doctors	
Number of in-house specialists/consultants	

12. Laboratory facilities available

Pathology	Yes/ No
Biochemistry	Yes/ No
Microbiolog	Yes/ No
Any other	Yes/ No

13. Imaging facilities available

14. No. of Operation Theatres

15. Whether there is separate OT for Specific cases

Yes/No

16. Support Services

Name of the Services	Yes/No
Autoclave/sterilizers	
Ambulance	
Laundry	
Medical Gas plant	
Canteen	
Dietary	
Blood Bank	
Pharmacy	
Physiotherapy	
Others (please specify)	

17. Bio Medical Waste & General Waste disposal system as per statutory requirements

Yes/ No

18. Any other additional facility in which Hospital specializes/ any other additional facilities for which hospitals willing to offer for ESI patients.

I undertake that the information given above is correct to the best of my knowledge. If any information is found incorrect, then undersigned is responsible for the same and action may be taken by ESIC as deemed fit. I do agree with the terms and conditions mentioned in the tender document.

Signature of the Applicant Name  
Date & Stamp

## Annexure 'A-2'

## APPLICATION FORMAT FOR EXPRESSION OF INTEREST FOR EMPANELMENT OF HEALTH CARE ORGANISATIONS (DIAGNOSTIC LABORATORIES/ IMAGING CENTRES)

1. Name of the city, district and state where the HCO is located

City	District	State

2. Name of the HCO

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3. Address of the HCO

--

4. Distance from nearest ESI Hospital

Name & Location of ESIC Hospital	Distance in KM

5. E-mail

Telephone no.	
e-mail address	
Name and_ contact details of Nodal persons of HCO	1. 2.

Whether empanelled with CGHS. (if yes, enclose approval along with scope of services & validity period) Yes/ No

Whether NABH accredited (if yes, enclose approval along with scope of services & validity period) Yes/ No

Whether NABL accredited Yes/ No

(if yes, enclose approval along with scope of services & validity period)

A. Details online payment of the application fee and EMD: -

Transaction No.	
Transaction Amount	
Transaction Date	

B. The HCO should have been operational for at least two complete years as on last date of submission of interest Signed, stamped and scanned Copy of the audited balance sheet, profit and loss account for the financial years should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the chartered accountant for annual turnover to be submitted.

C. ECS Transfer Details

Bank Account number of the applicant (Cancelled cheque to be attached)	
Name of Bank	
Branch Address	
IFSC of Branch	
ICMR Code	
PAN/GST number of firm/proprietor (Photocopy to be attached)	
PAN No.	
GST No.	

6. Mention the NABH/NABL accredited diagnostic facilities/specialties/Super-Specialty (Enclose the detail of Specialties)

II

III

IV

Note: Super-specialty investigations includes CT Scan, MRI, PET Scan, Echocardiography, scanning of other body parts, Specialized bio-chemical and immunological investigations and any other investigations costing more than Rs. 3,000/- per test.

7. Any other additional facility in which Diagnostic Laboratory / Imaging Centers

specializes/ any other additional facilities for which the Centre is willing to offer for ESI patients.

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I undertake that the information given above is correct to the best of my knowledge.

If any information is found incorrect, then, undersigned is responsible for the same and action may be taken by ESIC as deemed fit. I do agree with the terms and conditions mentioned in the tender document.

Signature of the Applicant  
Name,  
Date & Stamp



## Annexure 'A-3'

## APPLICATION FORMAT FOR EXPRESSION OF INTEREST FOR EMPANELMENT OF HEALTH CARE ORGANISATIONS

(Exclusive Dialysis Centers/ Eye Centre (for vitreo-retinal Procedures)

1. Name of the city, district and state where the HCO is located

City	District	State

2. Name of the HCO

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3. Address of the HCO

--

4. Distance from nearest ESI Hospital,

Name & Location of ESIC Hospital	Distance in KM

5. E-mail

Telephone no.	
e-mail address	
Name and contact details of Nodal persons of HCO	1. 2.

Whether empanelled with CGHS. (if yes, enclose approval along with scope of services & validity period) Yes/No

Whether NABH Accredited (if yes, enclose approval along with scope of services & validity period) Yes/ No

A. Details online payment of the EMD: -

Transaction No.	
-----------------	--

Transaction Amount	
Transaction Date	

B. The HCO should have been operational for at least two complete years as on last date of submission of interest Signed, stamped and scanned Copy of the audited balance sheet, profit and loss account for the financial year (..... ) should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the chartered accountant for annual turnover to be submitted. (To be uploaded as per Annexure 'C').

C. ECS Transfer Details

Bank Account number of the applicant (Cancelled cheque to be attached)	
Name of Bank	
Branch Address	
IFSC of Branch	
ICMR Code	
PAN/GST number of firm/proprietor (Photocopy to be attached)	
PAN No.	
GST No.	

6. Applied for empanelment: -

7. Total no. of Dialysis Units

--

**Additional Requirement for exclusive dialysis centre**

Number of Hemodialysis Units	
Number of Hemodialysis done (please mention sero-positive and negative separately in last one year)	
Availability of Nephrologist	Yes/No.
Arrangement of ICU Facility	Yes/No
Availability of Dialysis unit for sero positive patients	Yes/No

The HCO should have good dialysis unit neat, clean and hygienic. It should have facility of giving bicarbonate Haemodialysis, water purifying unit equipped with reverse osmosis (RO). The unit should be regularly fumigated. It should have facility for providing dialysis to sero-positive cases also. The facility should be available round the clock.

The dialysis unit must function under the supervision of a nephrologist (please mention deficiency, if any).

### **Additional Requirement for exclusive Eye Centre**

No. of Operation Theaters	
In-house facility of Vitreo-retinal surgery available or not	Yes/No

I undertake that the information given above is correct to the best of my knowledge. If any information is found incorrect, and then undersigned is responsible for the same and action may be taken by ESIC as deemed fit. I do agree with the

Terms and conditions mentioned in the tender document.

Signature of the Applicant  
Name  
Date & Stamp

## Annexure 'A-4'

## APPLICATION FORMAT FOR EXPRESSION OF INTEREST FOR EMPANELMENT OF HEALTH CARE ORGANISATIONS

(For Blood Bank Services)

1. Name of the city, district and state where the HCO is located

City	District	State

2. Name and Address of the HCO

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3. License no. with validity

--

4. Infrastructure and Facilities details:


5. Distance from nearest ESI Hospital

Name & Location of ESIC Hospital	Distance in KM

6. E-mail

Telephone no.	
E-mail address	
Name and_ contact details of Nodal persons of HCO	1. 2.

Whether empanelled with CGHS. (if yes, enclose approval along with scope of services & validity period) Yes/ No

Whether NABH Accredited (if yes, enclose approval along with scope of services & validity period) Yes/ No

A. Details online payment of the application fee and EMD: -

Transaction No.	
Transaction Amount	
Transaction Date	

B. The HCO should have been operational for at least two complete years as on last date of submission of interest Signed, stamped and scanned Copy of the audited balance sheet, profit and loss account for the financial years should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the chartered accountant for annual turnover to be submitted.

C. ECS Transfer Details

Bank Account number of the applicant (Cancelled cheque to be attached)	
Name of Bank	
Branch Address	
IFSC of Branch	
ICMR Code	
PAN/GST number of firm/proprietor (Photocopy to be attached)	
PAN No.	
GST No.	

7. Name of products

--

I undertake that the blood bank has all the facilities of collection, storage, processing, component separation and transport of blood and blood products. The

information given above is correct to the best of my knowledge. If any information is found incorrect, and then undersigned is responsible for the same and action may be taken by ESIC as deemed fit. I do agree with the terms and conditions mentioned in the tender document.

Signature of the Applicant  
Name, Date & Stamp

Annexure 'B'

### Certificate of Undertaking

(On a Non-Judicial Stamp paper of Rs. 100/-)

1. It is certified that particulars furnished in the Expression of Interest are correct and the eligibility criteria are satisfied and also fully understood. I/we understand that, in case any incorrect information/misrepresentation, the EMD/ Performance Security Deposit will be forfeited.
2. I/ We shall be providing cashless facilities to all ESI beneficiaries referred through proper ESIC referral system.
3. That the rates have been provided against a facility/ Procedure/ investigation actually available and performed within the HCO.
4. I/ we have gone through the **Annexure "E"** detailing ESIC-SOP for online bill processing and agree to the same and further undertake that the HCO has the capability to submit the bills through BPA and medical cards in digital format and that all billing will be done in electronic format.
5. That the HCO has neither been de-empanelled/derecognized/blacklisted by CGHS or any other state Govt. or other Govt. organizations on the date of uploading the bid and signing of agreement.
6. That the hospital will pay damage to the ESIC beneficiary or the attendant or ESIC Staff who accompanies the patient, if any injury/ loss of part or death occurs due to any negligence.
7. That no investigation by Central Government/ State Government or any other statutory investigation agency is pending or contemplated against the hospital.
8. I/ We agree to the terms & conditions prescribed in Tender Document.
9. The hospital is fulfilling all special conditions \_\_\_\_\_ (please mention) that have been imposed by \_\_\_\_\_ (please mention the authority) authority in lieu of special land allotment or custom duty exemption.

10. That the hospital agrees to implement EMR (electronic medical record) & EHR (electronic health record) as per the standards approved by Ministry of health & Family Welfare.

11. That if any information is found to be untrue at any time before and during the period of empanelment, the hospital would be liable for de-empanelment or blacklisting by ESIC. The hospital organization will be liable to pay compensation for any financial loss caused to ESIC or Physical/mental injuries to its beneficiaries.

12. All the papers of tender document and all the papers submitted along with TENDER document have been signed and stamped on each page by the authorized person.

13. The hospital has the requisite approval of AERB/ NOTTA registration/ PC PNDT Act registration/ Fire safety (as applicable).

14. The hospital undertakes to abide by norms of Pollution Control Authority for Bio- Medical Waste Disposal.

15. The Hospital shall at all times, indemnify and keep indemnified ESIC against all actions, suits, claims and demands brought or made against in respect of anything done or purported to be done by the Hospital in execution of or in connection with the services under the Agreement and against any loss or damage to ESIC in consequence to any Action or suit being brought against the ESIC in the course of the execution of the Agreement.

16. That HCO will inform the office of competent authority about any changes in status of empanelment with CGHS/state Govt. from time to time.

17. That HCO will inform the office of competent authority about any changes in status of NABH/NABL accreditation from time to time.

Signature of the Applicant  
Name  
Date & Stamp



## Annexure 'C'

**Documents to be submitted in the tender.**

1. Signed, stamped copy of transaction report of EMD deposited through RTGS to be submitted.
2. Application Form as per Annexure **'A-1/A-2/A-3/A-4'** whichever is applicable dully filled, signed, stamped & submitted.
3. Certificate of undertaking as per Annexure 'B' Duly certified, signed & stamped with date to be submitted..
4. Signed stamped Copy of partnership deed / memorandum / owner ship /articles of association (as applicable).
5. State registration certificate/registration with local bodies should be included where applicable
6. Signed, stamped copy with date of recent Authority Letter in favour of person applying on behalf of HCO on the official letter head of the HCO with date along with the ID proof of the authorized person.
7. Signed stamped Copy of cancelled cheque with mention of Valid Account Number, IFSC code, MICR Number.
8. Signed, stamped Copy of PAN and GST number of the HCO.
9. Signed, Stamped copy of Fire Clearance Certificate issued by Govt authorities as per Local Bylaws of the location concerned.
10. Signed, stamped Copy of valid pollution control board registration and agreement with Bio Medical Waste Management agency.
11. Copy of valid accreditation by NABH/NABL as applicable along with scope of services & validity period if applicable.

12. Signed stamped Copy of empanelment with CGHS/State Govt mentioning the scope of services with validity period if applicable.

13. Complete signed copy of all Hospital services/ diagnostic facilities/ laboratory investigations (NABH/NABL accredited) available in-house along with rate- list of facilities/investigations with rate-list as per **Annexure "D"** duly signed to be submitted.

14. The HCO should have been operational for at least two complete years as on last date of submission of bid Signed, stamped Copy of the audited balance sheet, profit and loss account for the financial years should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the chartered accountant for annual turnover to be submitted.

15) Signed stamped Copy of License for running (If Applicable)-Multiple documents may be joined and submitted.

- 1). Blood Bank 2). Imaging Centre 3). Organ & Tissue transplantation centre.
- 4). Radiotherapy Centre. 5). Any other (Please Mention)

16) Signed stamped Copy of Certificate issue by AERB / BARC/ PC PNDDT etc. (which ever applicable)

Signature of the Applicant  
Name, Date & Stamp

## Annexure 'D'

- Complete Rate list of hospital/diagnostic centre for facility/ investigation.
- Complete list of investigations available in-house which are NABL/ NABH accredited.

Date:

Place

Name & Signature of  
proprietor/authorized  
person with office  
seal/rubber stamp)

## **Mandatory Instructions for Tie-up Hospital**

1. Tie up hospital is instructed to perform only the procedure/treatment for which the patient has been referred.
2. In case, any additional procedure/treatment/investigation is essentially required in order to treat the patient for which he/she has been referred to, the permission for the same is essentially required from the referring hospital through e-mail, and to be confirmed in writing at the earliest.
3. The referred hospital has to raise the bill as per the agreement on the standard proforma along with supporting documents within 06 days of discharge of the patient giving account number and IFSC Code etc.
4. Food supplement will not to be reimbursed.
5. Only Generic medicine to be used wherever possible.
6. Only those medicines to be used which are FDA/ IP/ BP or USP approved.

Checklist by referring ESIC/ESIS hospital to tie-up hospital

1. Duly filled & signed referral proforma.
2. Copy of Insurance Card/Photo | card of IP.
3. Referral recommendation of the specialist/concerned medical officer.
4. Reports of investigations and treatment already done.
5. Two Photographs of the patient.

Signature      of      Competent  
Authority\*\*

## **ESIC- SOP for Online Bill Processing**

### **Introduction**

ESIC is providing comprehensive medical care facility to its beneficiaries and their dependents through ESIC/ESIS Hospitals & Dispensaries as well as empanelled hospitals & diagnostic centers.

ESIC has decided to appoint UTI-ITSL as a Bill Processing Agency (BPA) for processing the claims of empanelled hospitals/diagnostic centers and recommending the payment to be released. Expenditure incurred on medical services provided by empanelled hospital/diagnostic center shall be paid by ESIC directly to the empanelled facility after the bill is processed by BPA.

UTI-ITSL/BPA has agreed to provide a transparent system for online referral generation and bill processing for scrutiny and processing of all bills (SST/Secondary/Investigations etc) of Empanelled Hospitals/Diagnostic Centers for beneficiaries referred from ESIC Hospitals and bills for only super specialty treatment in case of ESIS Hospitals. (As per MoU)

Here after respective MS's-ESIC Hospitals & SMC Offices will enter into MOU/Addendum to MoU (as the case maybe) with empanelled hospitals/diagnostic centers to enable online referral generation and billing through UTI Module. BPA will provide a front end user interface through the software where in the designated officials/users of ESIC Hospitals/SMC Offices will be able to update all necessary details including empanelment, validity/extension of validity of MOA, details of accreditation (NABH/NABL), classification of hospital and any other parameters/criteria as specified by ESIC from time to time as also any information on de-empanelment of the hospital/diagnostic centers, without the BPA having any control on such parameters relating to the empanelled hospitals/diagnostic centers.

BPA shall be providing the required software as per MoU to all empanelled hospitals/diagnostic centers of ESIC to run the process.

This document lays down Standard Operating Procedure on referral generation by ESI Institutions and online processing of bills pertaining to empanelled hospitals/diagnostic centers.

## **DEFINITIONS & INTERPRETATIONS:**

1. "Agreement" shall mean this agreement and all Schedules, Annexure, Supplements, Appendices and Modifications thereof made in accordance under the terms of this agreement, in writing and as agreed to by both the parties. It shall also include Letter of Intent, Standard Operating Process (SOP), Notification of award, etc. Any changes, if mutually agreed between ESIC and UTI-ITSL in writing, shall also form the part of the agreement.
2. "BPA" shall mean Bill Processing Agency and UTI-ITSL is acting as BPA while performing this agreement.
3. "ESI Beneficiary" shall mean a person who is entitled for benefit under ESI Act and employees of ESI Corporation who holds an ESIC Card or employee health card or pensioner card for availing benefit.
4. "Benefit" shall mean the extent or degree of medical service; the beneficiaries are entitled to receive as per the rules/instructions of ESIC on the subject, as conveyed to BPA in writing.
5. "Coverage" shall mean the types of persons eligible as beneficiary of ESIC to health services provided under the corporation, subject to the terms conditions, limitations and exclusions of the corporation as indicated in writing by ESIC to BPA.
6. "MS" shall mean Medical Superintendents of ESIC/ESIS Hospitals.
7. "SSMC/SMC" of a state, shall mean Senior State Medical Commissioners /State Medical Commissioners of ESI Corporation, in the respective states.
8. "DIMS/Director-ESIS" shall mean Director Insurance Medical Services, of ESI State Scheme of respective states.

9. “Competent Financial Authority” (CFA) shall mean ESIC officials delegated with financial powers to clear on-line bills after receipt of the recommendations from BPA.

10. “Working Day” shall mean days on which ESIC/ESIS Hospitals/Institutions are open for business other than Sunday and public holidays.

11. “Service Area” shall mean the area with in which ESIC has authorized BPA to provide services, presently being all ESIC/ESIS hospitals/institutions, all over India.

12. “Claim” shall mean the bills submitted by the ESIC empanelled Hospitals/Diagnostic Centre with all necessary supporting documents as prescribed by ESIC from time to time so that no additional information, in the opinion of BPA, whatsoever, is further required to process the bill. This includes the physical submission of original hard copies of bills and required clinical reports/films/pouches/invoices/price stickers etc, which were electronically uploaded in the system by the empanelled hospitals to the place from where the referral was generated and any other “Need More Information” of any sort.

13. “Fees” shall mean the agreed payable amount by empanelled hospital/diagnostic center of ESIC or ESIC for services rendered by the BPA from time to time calculated on the claimed amount of the bill submitted by the empanelled hospital/diagnostic center. It shall also mean additional payment (or increase there on) of Service Tax, GST or any other taxes applicable on such fees to BPA. Letter confirming the fees due to BPA shall be issued by respective CFA within 30 days from date of last recommendation of claim by BPA if the said fee amount remains unpaid to BPA. CGHS directives on interest accrued for delay in payments to BPA shall be followed as and when applicable.

14. “Services” shall mean the work performed by the BPA pursuant to this contract/agreement.

15. “Party” shall mean either ESIC or BPA and “Parties” shall mean ESIC, ESIS, BPA and empanelled hospitals/diagnostic centers.

16. “Direct admission” means patients going to empanelled hospitals and availing procedure/ Health intervention/Test/OP consultation, etc. for which no referral

has been made by any ESIC/ESIS Hospitals/Institutions. These bills shall be evaluated offline, as per prescribed procedure of ESIC as per the SOP forwarded by ESIC.

17. “Software” means the entire application software which was demonstrated during the Proof of Concept which will be deployed by UTI-ITSL/BPA. The Proprietary Rights, Copyrights, Patents and any such Rights over the software and its modifications shall always be with UTI-ITSL/BPA.

18. “Rates” means the rates as per ESIC policy/SOP/CGHS/AIIMS notified circulars duly adopted and recommended by ESIC or uploaded on the website [www.esic.nic.in](http://www.esic.nic.in) and BPA portal [www.esicbpa.UTI-ITSL.com/esic](http://www.esicbpa.UTI-ITSL.com/esic) from time to time by ESIC. Any change in rate shall be effective on BPA module within a maximum of 7 (seven) days from the date mentioned and notified by ESIC. It will include modifications thereof.

19. “Referral” means a document issued either online/offline for a beneficiary to avail cashless treatment/facilities at the respective empanelled hospitals/diagnostic centers bearing all relevant details and duly signed by respective competent/designated authority of respective ESIC/ESIS Hospital/institution as advised by ESIC.

20. “Empanelled hospital/diagnostic center” means the facility empanelled by ESIC to extend and provide treatment/facilities/medical procedure/Health intervention/Test/OP/ consultation or any other medical activity. The empanelment/extension/gradation/registration of these facilities all solely coming under the purview of ESIC only. The registration of empanelled hospital/diagnostic centers with validity, extension of validity, details of accreditation (NABH/NABL), de-empanelment of hospital, classification of hospital and any other parameters/criteria for empanelment would be the sole jurisdiction of ESI Corporation. The communication to the empanelled hospitals /diagnostic centers on these matters will be the sole prerogative of ESIC.

Any intervention of BPA in this area will be automatically invalid.



## **Pre-requisites:**

### **(A) Hardware & Network Infrastructure:**

Necessary IT infrastructure (Windows PC with continuous net connection, modem, Printer with power back-up) is mandatory at all places (ESIC/ESIS Hospitals/ empanelled hospitals and empanelled diagnostic centers) where this UTI-ITSL application software is to be used. Respective Competent Authorities will make available computers with internet facility to the deemed officials nominated for the said purpose. ESIC/ESIS Hospitals/Institutions & SMC Offices can use the existing Wipro computers and net connections/modems taken for the purpose of Biometric Attendance for facilitation of the same.

**(B) Application:** UTI-ITSL application software is web based unlike the Intranet based Panchdeep application software and hence can be used from any location, anytime. The software (UTI-ITSL Module) shall enable generation of online referral letter conveying the approval, medical scrutiny and recommendations on the claim amount for the payment against the claims submitted by the empanelled hospitals / diagnostic centers.

### **I Facilities**

Medical facilities are to be provided through a network of ESI institutions spread across the country. In case further treatment is required, a referral will be issued from ESI Institution to the empanelled hospital/diagnostic center.

Only the staff authorized by ESIC can issue (Normal/Emergency) referrals. The list of names of designated officers shall be given to BPA by the respective Competent Authority at each of the location at the time of start of the Contract.

The Medical Superintendent of ESIC/ESIS Hospital/Institution shall duly approve and authenticate both the online and the hard copy of the referral.

### **II Deployment of software**

BPA shall set up and deploy the customized application (software) as already being used and accepted by ESIC for the bill processing assignment.

### **III Training**

BPA has imparted initial free of cost training to ESIC and empanelled hospitals/diagnostic centers before signing of the contract. However, the BPA shall again impart refresher onsite training, free of cost at all locations after the MoU is signed. In addition, BPA will prepare a video film, free of cost along with ESIC Officials for complete training purposes.

Additional 3 (three) trainings if required, shall be given through electronic platforms like Skype, Team Viewer, Video Conference, Videos etc without any cost to ESIC / hospitals.

BPA shall further impart training to newly empanelled hospitals at any point later whenever fresh empanelment is undertaken for that respective location and no extra charges will be paid by ESIC for such training on fresh empanelment of a new entity. In such cases also, additional 3 (three) trainings shall be given through electronic platforms like Skype, Team Viewer, Video Conference, Videos etc without any cost to ESIC / hospitals.

After the above trainings have been given and still there is a requirement of any further additional training, then it would be at a cost to be decided by BPA which shall be borne by the empanelled hospital/diagnostic centre.

#### **IV Creation of User ID (Activation/ Deactivation)**

User IDs will be created for users of ESIC/ESIS as per the procedure mentioned below:

- a) Filling the User ID creation form by prospective user.
- b) The role of the user to be mentioned, as defined in the form. (E.g.: Registration, Referral, Receiver, Verifier, Level 1 Validator, Level 2 Approver, Financial Approver, Accounts etc.)
- c) The form should be signed by the user and authorized by respective MS's/SMC's at ESIS/ ESIC Hospitals/Institutions along with official seal and signature
- d) Filling of the user creation template in the Excel format.

e) Scanned copies of these documents to be forwarded to [esicbba@UTI-ITSL.com](mailto:esicbba@UTI-ITSL.com) along with User Creation Template in .XLS format.

f) If any user is discontinued by whatsoever reason, it is imperative that to prevent fake/ fraudulent/duplicate billing and payments, the same should be communicated to BPA by respective MS's/SMC's at ESIS/ ESIC Hospitals/Institutions for deactivation of old IDs and creation of fresh user IDs by following the above procedure.

## **V Queries:**

BPA shall facilitate the replies to the queries for all users of the system i.e. ESI Hospitals/Institutions and empanelled hospitals/diagnostic centers through e-mails (BPA - IT & Training Helpdesk) and escalation matrix as under:

Divisional Manager  
Assistant Vice President  
Dy Vice President Vice President  
Senior Vice President

All queries will be addressed by the BPA promptly within 24 hrs. E-mail resolution MIS will be provided by the BPA. The BPA shall also publish on its webpage [www.esicbpa.UTI-ITSL.com/](http://www.esicbpa.UTI-ITSL.com/) esic the process flow and the procedures followed, so that the user does not have to constantly interact with BPA.

BPA shall discourage direct personal discussions of employees with the hospital staff.

## **VI Resources**

For ESIS hospitals -Respective SSMC/SMC shall act as Nodal officer to coordinate with DIMS (Director Insurance Medical Services) in the State, for training of staff/empanelled hospitals and implementation of various activities (online referral generation, verification of document etc) through BPA module in the ESIS Hospitals/Dispensaries. MS of respective ESIS Hospitals shall duly forward the validated forms for specific role/s mapping to SSMC/SMC Office. These forms along with forms for designated roles within SSMC office shall be forwarded by

SSMC/SMC for creation of user ID's & passwords to BPA. It will be the responsibility of MS ESIC Hospital & SSMC/SMC to intimate BPA to block specific user ID in event of change in status of any official/ user. BPA shall maintain an Audit trail for the same.

**For ESIC Hospitals** - MS ESIC Hospitals shall identify a Nodal Officer in respective ESIC Hospitals to coordinate training of staff/empanelled hospitals and implementation of various activities through BPA module. Respective nodal officers shall be responsible to coordinate with Headquarters' office on the same. MS of respective ESIC Hospital shall duly forward the validated forms for specific role/s with mapping for creation of user ID's and passwords to BPA.

It will be the responsibility of MS ESIC Hospital to intimate BPA to block specific user ID in event of change in status of any official/user. BPA shall maintain an Audit trail for the same.

## **VII Registration of Empanelled hospitals/Diagnostic centers:**

The empanelment/extension/gradation/registration of empanelled facilities, all solely coming under the purview of ESIC only. The registration of empanelled hospital/diagnostic centers with rate lists, validity, extension of validity, details of accreditation (NABH/NABL), de-empanelment of hospital, classification of hospital and any other parameters/criteria for empanelment shall be done at respective ESIC Hospital/SMC Office.

## **VIII Procedures**

1) Referrals: ESIC/ESIS Hospitals/Institutions will refer an ESI beneficiary to empanelled hospital /diagnostic center either during normal working hours of the Hospitals or as an emergency after the normal working hours.

In normal working hours ESIC/ESIS Hospitals/Institutions will initiate referral by the competent authority/ specified user as specified under Clause | above, online through BPA module or otherwise (as specified by ESIC from time to time) and handover hard copy of referral letter to patient.

In the event where the respective ESIC/ESIS Hospitals/Institutions are unable to generate online referral on account of Server/Application issues, BPA shall record the time & duration of the problem and facilitate the entry of such referrals on the system at a later stage and maintain an audit trail for the same.

The validity of referral in normal circumstances shall be for 7 days only from the date of referral (excluding the date of referral). Duration of admission should be mentioned on the referral for cases not covered under CGHS package. If not specified, the admission shall be valid for Three days (03) only, pursuant to which the tie up hospital (the empanelled hospital) shall seek further permission for extension of stay.

There will be no scope of revalidation of old referrals and in all such cases where the validity has elapsed; a new referral will have to be generated in the system.

In special circumstances for e.g Chemotherapy, Dialysis etc. the validity shall prevail as per instructions of ESIC, as intimated from time to time.

- Chemotherapy - Cycle wise referrals with due mention of days e.g Cycle 1- Day 1, 3 or 5 or as the case may be. The number of days as specified by referring ESIC/ESIS Hospital needs to be mandatorily captured in the module.
- Radiotherapy- Total sittings and total dose e.g. 25 Gy in 5 sessions. The number of sessions as specified by referring ESIC/ESIS Hospital needs to be mandatorily captured in the module.
- Dialysis — Referral for 30 days with due mention of the frequency/session of dialysis. Number of days as specified by ESIC to be specified e.g. one session per week for a month, not exceeding four sessions per week for a month. Number of sessions as specified by referring ESIC/ESIS Hospital needs to be mandatorily captured in the module.
- In case numbers of sessions provided to the beneficiary are less than the number mentioned in the module, BPA shall process the payment of empanelled hospital on pro rata basis as per CGHS Rate List.

2) For patients referred during emergency hour i.e. after normal working hours or on holidays, the Authorized officer, as per Clause I, shall generate a hard copy/online referral for the empanelled hospital/diagnostic center. Under normal circumstances, BPA claim ID for the beneficiary shall be generated on the next working day (if not approved by the competent authority on the same day) and both the online and the hard copy of referral will be duly approved and authenticated by the designated authority of ESI Hospital/Institution, as per Clause I.

Unless mentioned otherwise, the validity of referral generated during emergency hours or on holidays will be three days only (excluding the date of referral). Subsequent validations for validity of referrals in the system shall be incorporated by BPA in the module.

3. It is again reiterated by ESIC to refer patients only for those services, which normally are not available in respective hospitals as per the prescribed ESIC norms.

4. Under normal circumstances, referrals should be justified, equally and fairly distributed amongst all tie up hospitals and due care should be exercised in maintaining transparency and adherence to prescribed guidelines and laid down procedure.

5. ESIC will issue referral form, which shall indicate specific procedure /Health Intervention/Test/OP consultation, etc. along with clinical information, diagnosis and any other relevant information as specified from time to time, for which referral is being made. Referrals should also preferably carry the CGHS code under which the patient is being referred to the empanelled hospital. Duration of admission should be mentioned on the referral for cases not covered under CGHS package. This will form the basis for BPA scrutiny. The extension of stay for ongoing treatment shall be captured in the BPA Module —Extension Template, duly linking it with the old referral number/Unique claim ID. Relevant validation to this effect shall be incorporated in the module by the BPA. This extended stay approval document should be a part of the bill submission. (As in ECHS)

6. It is reiterated that the super specialty treatment requirement should be considered only if the treatment involves mandatory intervention by the Super specialist of the concerned field.

7. All referrals where Super specialty procedures are not specified on the referral letter and if patients are referred only for supportive care/terminal care in any discipline and where patient does not need any active intervention by the super specialist, it should be considered as 'Secondary Care'. Payment in respect of these bills by respective CFA's should be done accordingly i.e by M.S ESIC Hospital / by DIMS (or if paid by SMC then deduction for the expenditure should be done from the future 'On Account' payments, due to the State).

8. Only Onco Surgery/Chemotherapy/Radiotherapy Packages should be included in Oncology Super specialty Treatment. The tie up hospitals should not use drugs under trial/ or those not approved by DCGI for use in India/ or drugs whose beneficial effects are doubtful on ESI beneficiaries. All Chemotherapeutic drugs, if available in DGESI -RC should be issued to the patient by the referring hospital as is being done in CGHS. If the same are being provided by the referring ESIC/ESIS Hospital this should be duly captured in the BPA module.

It is mandatory to attach the Chemo/Radio-therapy Schedule and drug protocol advice from the tie up hospital for respective Oncology referrals. This should be validated by BPA at the time of bill processing.

9. Any unlisted procedures/ implants etc, which are not listed in CGHS or AIIMS, should have prior approval and preferably budget estimation from the Competent Authority in ESIC. BPA shall implement deductions on unlisted implants, investigations and unlisted procedures as per ESIC policy, duly intimated to BPA. BPA shall apply CGHS major and minor procedure rates where ever applicable as instructed by ESIC.

10) As far as possible the empanelled hospitals are advised to use the drugs approved in CGHS formulary. The rate list approved by CGHS for essential life saving medicines should be used during bill processing. Imported brands should not be used if the Indian brand for the same is available in the market. The empanelled hospitals must strictly follow all guidelines issued by CGHS on these issues.

11) The empanelled hospital/diagnostic center, on receipt of referral/admission advice of ESIC beneficiary will send an on-line intimation to the BPA within 4

hours with complete details of the patient, proposed line of treatment, cost and duration along with clinical history and any other information as specified by ESI Corporation from time to time with a copy to ESIC. If the intimation is not send within 4 hours it will still be valid for admission caring for the patient's health after getting intimation from ESIC. BPA shall acknowledge the intimation within 4 working hours of receipt of intimation done by empanelled hospital.

12) BPA on receipt of intimation of receipt of referral by empanelled hospital/diagnostic center for admission/treatment will acknowledge and scrutinize the details. BPA shall promptly note the referrals for the prescribed test/treatment/management to the concerned empanelled hospital/diagnostic center.

The referral shall be validated by BPA on the following criteria: -

- a. Name mismatch
- b. Insurance Number mismatch
- c. Date mismatch
- d. Expired Validity of referral
- e. Continuity of Extension (if any)
- f. Mapped empanelled hospital with respective location
- g. The P1 form (referral letter) should bear the seal and signature of MS/DMS/SST in charge / Referral Committee/Designated authority.

13) The empanelled hospitals/diagnostic centers shall upload all the reports and bills in the system within 7 (seven) working days after completion of test/procedure/health intervention/ OP consultation i.e. after final discharge as indicated on the referral by ESI Corporation forming the basis of bill Processing. The empanelled hospitals/diagnostic centers shall upload all the reports and bills in the system within 7 (seven) working days after completion of test/procedure/health intervention/OP consultation i.e. after final discharge.

BPA shall make the necessary 7 days validation in its module to this effect. After seven days the empanelled hospital/diagnostic center would have to give justified reasons for delay and seek further extension from respective CFA of ESIC/ESIS hospital/Institution. BPA shall include inbuilt relevant validation to this effect in the module.



14) Empanelled hospital/diagnostic center shall submit original hard copies of bills along with duly signed detailed discharge summary and chronologically placed clinical sheets/investigation reports/Blood bank notes/IPD notes (if needed)/clinical reports/Films/pouches/invoices/ price stickers/ Utilization certificates/OT Notes/pre and post operation radiological images for procedures/wrappers and invoice for drugs costing more than Rs 5000/ or any other requirement (as per T&C of MoA which the hospitals and diagnostic centers have with ESIC) etc, which were uploaded in the system in support of the claim, within 7 (seven) working days and not beyond 30 days to the ESIC/ESIS Hospitals/Institutions from where referral was generated. Any bill/claim submitted beyond 30 days should be accompanied with online/offline waiver (as applicable) from ESIC/ESIS Hospital/institution and BPA shall not adhere to TAT while processing such claims.

The claim cannot be considered as complete for processing by BPA until such physical submissions are carried out.

15) BPA shall provide relevant validation for an online waiver in the BPA module. Any delay in processing owing to non-submission/delayed submission of hard copies/physical bills will be the sole responsibility of the empanelled hospital, thereby meaning, BPA shall not be held responsible for the same.

16) ESIC/ESIS Hospital/Institution shall make provisions for receipt and verification/ attestation of these hard copy documents by identified/ specified user(s) at a designated/specified place in its premises. The name and location of the receiving and acknowledging official is to be published in a prominent place and also communicated to the empanelled hospital/ diagnostic center by respective authorities from time to time.

17) On receipt of the physical bills the concerned referring ESIC/ESIS Hospital/Institution will verify and vet the scanned copies uploaded in online BPA module in support of the claim and certify that the hard copies received are same as the uploaded scanned copies by the empanelled hospitals. Verification of bills will be done by respective ESIC/ESIS hospital/ institution on receipt of hard copy to the extent that scanned copies uploaded by the empanelled hospital against claim of a given patient should be exactly same as that submitted in hard copies/physical bills i.e Patient's name, referral number, Bill Number, claimed

value etc. and that the hard copies received are as per ESIC billing policy (Mandatory PI-PVI & other relevant Annexures as per SST Manual). This approval from ESIC/ESIS shall form a basis for BPA to process the bill in normal course. After physical verification/checking of the bills and documents received in hard copy, the concerned ESIC/ESIS Hospital/Institution shall validate such claim documents online within 3 (three) working days (subject to availability of server/application-duly recorded on the site/notice board), which shall enable the BPA to perform the scrutiny and further processing. After such validation any delay on the part of hospital/diagnostic center will be deemed to be condoned by ESIC and BPA shall process these cases as usual.

18) In case of absence of certain physical documents, the “Need More Information” (NMI) status will be raised by the Verifier of the respective ESIC/ESIS Hospital to the empanelled hospital/diagnostic center for the missing/ambiguous physical documents immediately, but not later than Seven (07) working days (subject to availability of server/application) and reasons shall be captured on the module for viewing by the concerned users. Empanelled hospitals/diagnostic centers shall have to submit the clarifications/information inter-alia for all bills returned online under “Need for more Info” category (NMI), within 15 days failing which ESIC/ESIS will forward these claims to BPA for further processing on the basis of available documents without any further intimation and such bills/claims will be closed not to be opened further by the BPA. Any delay in processing owing to pending clarifications/information will be the sole responsibility of the empanelled hospital with no responsibility on BPA. BPA shall provide relevant validation of 15 days in the module.

19) On receipt of complete online claims of empanelled hospitals/diagnostic centers, the processing team of BPA under supervision of a doctor (Minimum M.B.B.S) will scrutinize the online documents/bills/reports on FIFO basis, as per approved CGHS rates, AIIMS rates, or rates as notified on BPA’s website [www.esicbpa.UTI-ITSL.com/esic](http://www.esicbpa.UTI-ITSL.com/esic) from time to time.

Any change in rate shall be effective after 7 days from the date mentioned and notified by ESIC. However, any rate change shall have the written authorization from ESI Corporation Headquarters Office and an Audit Trail shall be kept by the BPA for any change in the rate in the system. Since only ESI Corporation is

authorized to change the rates, ESI Corporation will regularly audit the rate module so that no deviation is possible by BPA.

20) BPA may approve or reject the claims on First In First Out basis (as elaborated in the clause herein below) as per defined Turn Around Time for BPA, either fully or partially, within 10 (Ten) working days of verification by ESIC/ESIS Hospital/Institution, of the scanned copies uploaded and hard copies received from the empanelled hospital/diagnostic center or reply to last query or completion of NMI disposal period (15days) whichever is later. Such fully or partially approved bills shall go further in the system for payment.

If there is further delay, sufficient reasons must be cited and captured on the module for viewing by the concerned users.

21) Such claims shall be processed by the BPA, as per the queue within the band, i.e. on claim-amount wise bands, wherein the methodology of first-come-first-out basis in that particular band would be followed. The amount wise bands are as listed below:

0 to 10000  
10001 to 25000  
25001 to 50000  
50001 to 100000  
100001 to 300000  
300001 to 500000  
500001 and above

22) If an online claim is not approved by BPA, it will be moved back to the empanelled hospitals/ diagnostic centers, with reasons for rejection and with provision for viewing by ESI Hospital/Institution online (for information).

23) Empanelled hospitals/diagnostic centers shall have to submit the clarifications/information inter alia for all bills returned online by BPA under “Need more Information” category (NMI), within reasonable time but not later than 15 days failing which these claims will be processed by BPA on the basis of the available documents on FIFO basis as per defined TAT of BPA (from the date of movement from NMI disposal) without any further intimation to Empanelled

hospital/diagnostic center. Relevant validation for the same shall be provided by the BPA in the system.

However, final payment for all claims would be at the discretion of respective ESIC/ESIS Hospital/Institution.

24) Following aspects shall be checked by the BPA, while scrutinizing the bills/claims:

- i. Appropriateness of eligibility of the beneficiary as notified to BPA under ESIC policy.
- ii. Appropriateness of referral with reference to eligibility and bill/s with its appendages as notified to BPA or modified under ESIC Policy from time to time.
- iii. Whether the claim submitted is against approved referral or direct admission without approval. All such claims without referral shall be rejected summarily.
- iv. Appropriateness of treatment including screening of patient's records to identify unnecessary admission and unwarranted treatment.
- v. Whether the planned treatment has been deliberately shown as of emergency in nature and treatment billed. However, the emergency as advised in referral would be considered as emergency only.
- vi. Whether any unnecessary Diagnostic, Medical or Surgical Procedures/Health Interventions or investigations were conducted by the Hospital
- vii. Whether the treatment /Services have been provided as per ESIC Policy, approved CGHS rates, AIIMS rates, or rates as notified by ESIC on BPA's website [www.esicbpa.uti-itsl.com/esic](http://www.esicbpa.uti-itsl.com/esic) from time to time.
- viii. Whether the package rates billed are best suited to the beneficiary in the prevailing circumstances.

ix. Application software shall also provide validations of defined rates for procedures/ processes, prior to manual scrutiny, visible to all parties concerned. BPA shall also provide ESIC with an Audit Module with designated access to officials as specified from respective CFA of ESIC Hospital /SMC office.

x. Whether the patient was kept admitted for the period required for the treatment to be administered and that no unnecessary extension/stay is observed.

xi. Any other irregularities.

xii. Other details as per SST operations manual and/or as specified by ESIC from time to time or as conveyed to BPA in writing.

25) BPA would exercise wisdom for recommendation of claim where no written instruction is available from ESIC for e.g. consumables, visits of doctors etc. and that in all such matters where no written instructions are available BPA shall mark observation on the online data sheet provided that the final decision shall be the sole discretion of the respective CFA at ESIC Hospital (referring the patient)/SMC office. The number of days of stay has been indicated in the clause below (Clause IX- Claim submission guidelines, point 12).

26) In case where an ESI beneficiary avails treatment on payment (direct admission cases) the reimbursement claims will be processed by the ESIC offline, as per procedure unless specified otherwise. If BPA is asked to process such claims, the BPA shall process such claims as per the guidelines/TAT to be formulated by BPA and ESIC on the prevailing fees under this contract.

27) All ESI beneficiaries are eligible for cashless treatment from empanelled hospitals on a valid referral. In case of online referrals, if the bills are partly paid by the ESI beneficiary, to the tie up hospital for any implant/stent, etc., inter-alia then BPA shall summarily reject the claim and capture the relevant details of part payment with online data sheet. Final decision on payment of such bills shall be the sole discretion of CFA of ESIC hospital/SMC office. However, BPA fees shall be applicable on the total claim amount by the empanelled hospital.

28) In case of cashless treatment, continuity/Extension of ongoing treatment shall be captured on BPA module at the time of referral and any deviation shall be duly recorded by the BPA on the online data sheet at time of bill processing.

29) The scrutinized bills with remarks of BPA will be available to the empanelled hospitals/ diagnostic centers on a 48 hours window for completion/rectification by the respective hospital/diagnostic center if needed and for information to all users. After 48 hours the bills will move online to the concerned ESIC Hospital/ SMC office for evaluation and further scrutiny/approval.

Any objection by empanelled hospital/diagnostic centers will be reviewed by designated official at Level1- at respective hospitals/SMC offices and bill reevaluation as per ESIC Policy may be undertaken if deemed fit though the final decision will be by CFA of ESIC.

30) On obtaining recommendations of BPA, designated officials at ESIC Hospital / SMC office will approve/ reject the bill partly or fully and can modify the claimed value of scrutinized bills approved by BPA, after capturing the reasons online, within Three (03) working days (subject to availability of server/application) . The official shall affix stamp on the hard copy/physical bill after completion of scrutiny and mention final amount due for the claim, both in BPA module and hardcopy/ physical bills.

31) For claims which need further clarifications, “Need More Information” (NMI) status will be raised by the said official of the respective ESIC Hospital/SMC office to the empanelled hospital/diagnostic center immediately, but not later than Seven (07) working days (subject to availability of server/application) from receipt of recommendation from BPA with reasons captured on the module for viewing by the concerned users.

32) Empanelled hospitals/diagnostic centers shall have to provide clarifications/information inter alia for all bills returned online by ESIC Hospital/SMC office under “Need More Info” category within a reasonable time but not later than 15 days failing which these claims, without any further intimation to empanelled hospital/diagnostic center will be processed by ESIC on the basis of available documents. These claims will be considered closed not to be opened by ESIC. BPA shall provide relevant validation of 15 days of NMI Disposal in the module. Any delay in payment owing to pending clarifications /information

will be the sole responsibility of the empanelled hospital, with no responsibility on ESIC.

33) Any delay in processing owing to non-submission/delayed submission of hard copies/physical bills/Information/Clarification will be the sole responsibility of the empanelled hospital, thereby meaning, ESIC or BPA shall not be held responsible for the same.

34) Reconciliations (if any) needed by the tie up hospitals shall be done timely, preferably within the same financial year. All reconciliation matters of the empanelled hospitals/diagnostic centers shall be invariably closed within the next two months of the recommendation by BPA i.e., if a bill is recommended by BPA on '1st June or 10th June or 30th June, the reconciliation must be completed by 31st August in the same year. However, the efforts will be made to see that the reconciliations for the recommendations done during February and March are also completed by 31st March of that year. Decision of claims which are not approved (rejected) by ESIC Hospital /SMC office, with reasons for rejections, will be duly visible to all users for further action. Dispute resolution shall be a separate process.

35) After approval of the scrutinized bills online by the CFA at ESIC Hospital/SMC Office, using BPA module, the claims along with hard copies of bills shall be sent to the Cash and Accounts branch for processing and online approval in the ERP module. The authorized and identified officials of respective branches shall deduct taxes, process, concur and approve/ revert the recommended claim amount by the CFA, using both the ERP module as well as BPA module till such time that both modules are synchronized in the future. Deduction of relevant taxes and final payment or revert by Finance officials shall be completed within Three (03) working days (subject to availability of server/application) of getting the approval for claims from the CFA. Accounts branch shall deface the original referral with a "Paid and cancelled" stamp and validate the final amount released against the claim, in both in BPA module and hardcopy/ physical bills. All payment details need to be captured in the BPA module for the purpose of reconciliations. The BPA will be authorized to appeal to Director General ESIC for such delayed payments if the undisputed service fees remain in arrear for more than 30 (thirty) days from the date of recommendation of the claim. Letter confirming the

amount due to BPA shall be issued by respective CFA within 30 days from date of last recommendation of claim by BPA.

If the payment details are not updated by ESI Institutions in the BPA module, a follow up will be initiated by the BPA to SPOC at ESIC Hqrs. ESIC may resolve such outstanding entries within 3 working days. Processing fee towards Rejected Claims shall also be disbursed as per same terms and conditions.

36) Further, it would be ensured by BPA and ESIC Hospital/SMC office together, that three months (03 months) before the completion of empanelment period of hospital/diagnostic center or de-empanelment (as the case maybe), a detailed statement of accounts would be prepared by BPA and ESIC Hospital/SMC office together to crystallize any recovery and the hospital/diagnostic center would be required to clear the recovery before closing settlements are finalized. Relevant validation for the same shall be provided by the BPA on the system. Thereafter, BPA shall be exonerated from any outstanding liability.

37) After receipt of the information from ESIC Hospital/SMC office , the BPA will also ensure that all empanelled hospitals/diagnostic centers, validity of which has expired, are not reflected in the Online Referral generation template of the system but still exists in the payment module till such time that the respective empanelled hospitals/diagnostic center is revalidated or completion of earlier claims/recovery and reconciliations or as directed by ESIC provided the status of the hospitals/diagnostic center is updated by ESIC from time to time.

38) On expiry of validity as per MoA/MoU of empanelment at respective locations, empanelled hospitals/diagnostic centers should upload all pending bills at the earliest but not later than Three (03) months from the date of expiry of MoA failing which the empanelled hospitals/ diagnostic centers shall have to give justification and seek waiver/condonation of delay from the respective competent Authority of ESIC Hospital/SMC office.

## **IX Claim submission guidelines:**

1) Bill to be given in PI-PVI forms as per SST manual. Bill sheets to be numbered and chronologically placed with clinical sheets/investigation reports/Blood bank notes/IPD notes (if needed)/clinical reports/ Permissions for



extensions/Films/pouches/invoices/price stickers/ Utilization certificates/OT Notes/pre and post operation radiological images for procedures/ wrappers and invoice for drugs costing more than Rs 5000/ or any other requirement.

2) Discharge summary should be on the hospital letterhead and must have the following details:

- a) Patient name
- b) Age
- c) Gender
- d) Date and time of admission and discharge
- e) Diagnosis
- f) Presenting complaints duration,
- g) Past medical history
- h) Clinical examination
- i) Hospital course
- j) Any post-operation complications, prolonged stay and undue investigations and medications should be commented on.
- k) Discharge advice correlated with the referral/ emergency letter, line of treatment, related investigations, details of procedures/ surgery etc.
- l) Duly signed by the treating Specialist/Super specialist
- m) In case of death detailed death summary with cause and time of death to be specified.
- n) In case of LAMA (Left against medical advice) and transfer to higher centre the reason for the same to be specified.
- o) Respective super specialists should countersign discharge summaries in cases of Chemotherapy/ Dialysis/ Radiotherapy bill claims. Consolidated bill should be raised by the empanelled hospital in above mentioned cases.
- p) Date of earlier treatment in the hospital.

3) Final consolidated bill should be on the hospital letterhead with Bill number, Bill date, Date and time of admission and discharge, name, age of the patient with hospital seal and signature of the concerned authority in prescribed format- (PII-PVI of SST manual). All Competent Authorities shall ensure the circulation of these formats again to empanelled hospitals/ diagnostic centers.

4) Accommodation/ ICU should be checked as per entitlement and stay and as per ESIC policy.

5) Consultation - Undue consultation and excess consultation if any to be deducted, to be paid as per ESIC policy.

6) Lab Charges should be referred with prescribed rates and undue and irrelevant to be deducted.

7) Payment of Pharmacy, Consumables etc. in non-package procedures is to be done as per ESIC Policy. Undue and irrelevant expenses to be deducted.

8) Surgery charges should be referred to under ESIC Policy and package rates as applicable.

9) Implants: should be restricted to prescribed ceiling rates, if not listed then payment to be done as per ESIC Policy.

10) Any specialized investigations: Needs to be reviewed on clinical findings and to be admitted if justified.

11) Others (physiotherapy, dressing, dialysis, blood transfusion, chemo therapy etc) to be admitted as per justification and prescribed ESIC Policy.

12) Numbers of days considered for package for different categories of surgeries are as follows:

- 12 days for specialized (Super specialties) treatment.
- 7 days for other major surgeries.
- 3 days for laparoscopic surgeries/normal deliveries.
- 1 day for day care/minor (OPD) surgeries

## **X Processing Fees**

Subject to BPA rendering bill-processing services as per the guidelines, the empanelled hospitals/ diagnostic centers/claimants shall pay to the BPA, the service fees and service tax/GST/any other tax by any name called as applicable on per claim basis, as detailed below, through ESIC.

The Service Fee and Service Tax, GST or any other taxes by whatever name called payable to BPA will be deducted by ESIC Hospital/SMC office from the amount

payable to the empanelled hospital/diagnostic center and the amount after deduction of applicable income tax plus Service Tax, GST or any other taxes by whatever name called shall be transferred to the account of BPA through ECS, or otherwise, as decided from time to time, simultaneously along with the payment/s for empanelled hospital/diagnostic centers. The Income tax to be deducted at source shall be applicable only on the processing fee. **Payments released to BPA and empanelled hospitals/diagnostic centers should be mandatorily entered into the UTI module. Due care should be taken to append respective ESIC Hospital/SMC Office as links on NEFT payment transactions done through respective banks for ease of reconciliation of payments by third parties.**

If the claim was rejected or results into nonpayment to the empanelled hospital/diagnostic center, ESIC Hospital/SMC Office shall recover the service fee and service tax/GST/any other tax by any name due to the BPA from the subsequent claims of the respective empanelled hospital/diagnostic center (or the group hospitals / companies) and shall pay to the account of the BPA. If there are no subsequent claims from empanelled hospitals/diagnostic center, then said fee and service tax/GST/any other relevant tax by any name shall be recovered by ESIC from the empanelled hospital and paid to BPA.

BPA shall strive to adhere to the TAT of 10(ten) working days after the receipt of claim (as defined) / physical bills/ receipt of clarification or completion of period of NMI Disposal (whichever is later). ESIC reserves the right to levy a penalty upto 10% on the service fees payable to BPA for the claims pending beyond TAT of the respective bill of the empanelled hospital/s/diagnostic centers. This penalty shall be added to the approved amount of the respective empanelled hospital/diagnostic center and shall be validated by the system to be developed and shall be auto calculated by such system and prompted to the respective ESIC Hospital/SMC on the system at the time of final recommendation on the claim. Letter confirming the amount due to BPA shall be issued by respective CFA within 30 days from date of last recommendation of claim by BPA.

The Service deliverables from ESI Hospitals/Institutions and BPA with the agreed timelines are as follows:

S.No	Activities	Time Lines
1.	Turn Around Time (TAT) for claims	4 hours

	Intimation by empanelled hospitals/diagnostic centers	
2.	Turn Around Time (TAT) for upload of claims into application by empanelled hospitals/diagnostic centers	Within seven (7) working days of conduction of test/ procedure/ health intervention/OP consultation / discharge
3.	Submission of Physical folders by em panelled hospitals/diagnostic centers	Within seven (7) days but not later than Thirty (30) working days from conduction of test/ procedure/ health intervention/OP consultation/discharge
4.	Turn Around Time (TAT) for acknowledgement and verification of avail physical bills both online and physically, by respective ESI Hospital/ Institution	Within 02 (two) working days of receipt of hard copies/ hard copies/physical bills subject to ability of Server/Application
5.	Verification, Scrutiny and Recommendation of Claims by BPA.	Within 10 (ten) working days after uploading of the claim by the empanelled hospitals/ diagnostic centers and after Physical copies of bills have been received at respective ESI Hospitals/Institutions and all queries resolved, whichever is later
6.	Turn Around Time (TAT) for completion of medical scrutiny and final approval of amount payable by CFA, online at respective ESI Hospital/ Institution with release of payment	Within 7(Seven) working days subject to availability of Server/Application
7.	Turn Around Time (TAT) for submitting clarifications/ additional documentation inter alia by empanelled hospitals/ diagnostic centers for queries raised by ESI Hospital/ Institution.	Within 15 (fifteen) days.
8.	Providing of Quality Dash Board to ESIC officials& MS	Online real-time

9.	Enabling Mail/Voice over communication/ Call center	During office hours (10 AM to 6 PM)
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## **Additional instruction/guidelines regarding processing of bills of TUH**

1. Immediately after uploading the bills by TUH, UTI-ITSL would start processing the bills without waiting for receipt of hard copy of bills by ESI location. UTI-ITSL would scrutinize the bill completely (including need more information steps) and recommend admissible amount to ESI. This recommendation would be visible to referring locations including TUH, ESIC Hospitals and Regional Offices of ESIC.

2. Once the TUH receives information regarding the bills that have been scrutinized by UTI-ITSL, the TUH will submit the original hard copies of such bills as per the dates of scrutiny in 4 district bundles to ESIC Hospitals/Regional Offices as under: -

- a) OPD Bills with CGHS Codes
- b) OPD Bills without CGHS Codes
- c) IPD Bills with CGHS Code
- d) IPD Bills without CGHS Code

3. Depending upon the quantum, such bundles of the bills be submitted to ESIC Hospitals/ Regional Offices on weekly/fortnightly/monthly basis for receipt in UTI Module and further processing of payment.

4. (a) In case of referral from state ESIC Locations, the TUHs would also submit the duplicate copy of these bills in the same manner to the state ESI referring locations and obtain the acknowledgement receipt (in the hard copy) in lieu of submission of such bills. Thus, State ESI referring locations would not be required to acknowledged receipt in UTI-ITSL module.

(b) Thereafter, along with duly signed acknowledgement receipt of state referral unit, the TUH shall submit the original bills in above mentioned modules in the concerned Regional Offices of ESIC for receipt in UTI-ITSL module and further processing of payment.

(c) Upon receipt of the bundle of duplicate copy of bills, the state referring locations may examine the same and forward their comments, if any, to the concerned Regional office within a week. Else, it will be presumed that state referring locations has no further observation in r/o such bills.

After receipt of the original bills, the ESIC Hospitals/Regional Office(s) shall complete the scrutiny/ process of payment to TUH as per the existing guidelines.

## Annexure “F”

**Checklist**

<b>Tender Inviting Authority: ESIC Regional Office, Binnypet, Bangalore, Karnataka</b>			
<b>“E-Tender for Empanelment of Hospitals and Diagnostic Centers for Super Speciality Services &amp; Blood Bank Services”</b>			
Name of the Bidder/ Bidding Firm:			
Online bid No.			
<b>Sl no</b>	<b>Document Name/ Details (As per applicability)</b>	<b>Mention "Yes/ No only" as per availability of document</b>	<b>Remarks, if any</b>
1.	Copy of tender document duly signed and stamped by authorised signatory		
2.	Signed, stamped copy of transaction report of EMD deposited through RTGS		
3.	Signed, Stamped Copy of Application as per format in Annexure <b>A1/A2/A3/A4</b> , whichever is applicable		
4.	Signed, Stamped, Certified Copy of Certificate of undertaking as per <b>Annexure B</b>		
5.	Signed, Stamped Copy of Partnership deed/ Ownership memorandum/ articles of association (As applicable).		
6.	1)State registration certificate/registration with local bodies should be included where applicable		
7.	Signed, stamped with date Copy of recent Authority Letter in favour of person applying on behalf of HCO on the official letter head of the HCO with date along with the ID proof of the authorized person.		
8.	Signed, Stamped Copy of Cancelled Cheque with mention of valid Account No., IFSC Code & MICR No.		
9.	Signed, Stamped copy of Fire Clearance Certificate issued by Govt authorities as per		

	Local Bylaws of the location concerned.		
<b>10.</b>	Signed, Stamped Copy of PAN /GST No. of the HCO.		
<b>11.</b>	Signed, Stamped Copy of valid pollution control board registration and agreement with Bio Medical waste management agency		
<b>12.</b>	The HCO should have been operational for at least two complete years as on last date of submission of interest Signed, stamped Copy of the audited balance sheet, profit and loss account for the financial Years should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the chartered accountant for annual turnover to be submitted.		
<b>13.</b>	Signed, Stamped Copy of valid Accreditation by NABH/NABL as applicable along with scope of services & validity period.		
<b>14.</b>	Signed, Stamped Copy of Empanelment with CGHS/ State Government. Mention the Scope of services with validity period, if applicable		
<b>15.</b>	Signed, Stamped Copy of all Hospital/ Diagnostic facilities/laboratory investigations (NABH/ NABL accredited) available in house along with rate list of facilities/ investigations as per Annexure D.		
<b>16.</b>	<p>Signed, Stamped Copy of License for running (if applicable) - Multiple documents may be Joined &amp; uploaded as single file:</p> <p>Blood Bank</p> <p>Imaging Centre</p> <p>Organ &amp; Tissue Transplantation</p> <p>Radiotherapy Centre</p>		



	Any Other (please mention)		
<b>17.</b>	Signed, Stamped Copy of Certificate issued by AERB/BARC/PC PNDT etc., (whichever applicable)		
<b>18.</b>	Signed, Stamped Copy of Any Other Documents (If required).		

**Letterhead of Referring ESI Hospital (P-1) Referral Form (Permission letter)**

Referral No	Insurance No/Staff Card No/ Pensioner Card No :	Photograph  Of Patient duly attested by hospital authority
Name of the Patient		
Address/Contact No	Age/Sex :	
Identification marks		
IP/Beneficiary/Staff		
Relationship with IP/Staff		
F/M/W/SID/Other		
Entitled for Specialty/Super Specialty	Yes/No	
Diagnosis/clinical opinion/case		
Summary along with relevant treatment given/		
Procedure/investigation done in ESIC hospital		
Treatment/procedure/SST investigation for which patient is being referred		
<b><u>(mention specific diagnosis for referral)</u></b>		

I voluntarily choose \_\_\_\_\_ Tie-up Hospital for treatment of self or my \_\_\_\_\_

**Sign/Thumb Impression of IP/Beneficiary/Staff**

Referred to \_\_\_\_\_ Hospital/Diagnostic Centre for

**Sign & Stamp of Authorized Signatory**

**\*\* In case of emergency, signature of referring doctor & Casualty Medical Officer. Record to be maintained in the register. New form duly filled will be sent after signature of the competent authority on the next working day.**

**Mandatory Instructions for Tie-up Hospital**

- b)** Tie up hospital is instructed to perform only the procedure/treatment for which the patient has been referred.
- c)** In case, any additional procedure/treatment/investigation is essentially required in order to treat the patient for which he/she has been referred to, the permission for the same is essentially required from the referring hospital through e-mail, and to be confirmed in writing at the earliest.
- d)** The referred hospital has to raise the bill as per the agreement on the standard proforma along with supporting documents within 06 days of discharge of the patient giving account number and IFSC Code etc.
- e)** Food supplement will not to be reimbursed.
- f)** Only Generic medicine to be used wherever possible.
- g)** Only those medicine to be used which are FDA/ IP/ BP or USP approved.

**Checklist of documents to be sent by referring ESIC/ESIS hospital to tie-up hospital**

- (C) Duly filled & signed referral proforma.*
- (D) Copy of Insurance Card/Photo I card of IP*
- (E) Referral recommendation of the specialist/concerned medical officer.*
- (F) Reports of investigations and treatment already done.*
- (G) Two Photographs of the patient.*

*Signature of Competent Authority.*

**To be used by Tie-up hospital (for raising the bill) (P-11)****Letterhead of Hospital with Address & Email and Contact Number****(NABH accreditation Super specialty Hospital)****(Attach documentary proof)****Individual Case Format**

Name of the Patient : Referral S.No.(Routine) /  
 Emergency/  
 through SMC :

Photograph of  
 the Patient  
 verified by  
 tie-up hospital  
 authority

Age/Sex

Address

Contact No

Insurance Number/Staff Card No/Pensioner

Card no.

Date of referral

Date of Admission Date of Discharge

Diagnosis

Condition of the patient at discharge

**(For Package Rates)**

Treatment/Procedure done/performed

**c) Existing in the package rate list's**

CGHS/other Code no/Nos for chargeable procedures

S. No.	Charge-able Procedure	CGHS Code no with page no (1)	Other if not on (1) prescribed code no with page no	Rate	Amt. Claimed	Amount Admitted	Remarks

Charges of Implant/device used .....

Amount Claimed: .....

Amount Admitted: .....

Remarks:

d) (Non-package Rates) For procedures done (not existing in the list of packages rates)

S. No.	Chargeable Procedure	Amt. Claimed	Amount Admitted	Remarks

e) Additional Procedure Done with rationale and documented permission

S. No.	Chargeable Procedure	CGHS Code no with page no (I)	Other if not on (1) prescribed code no with page no	Rate	Amt. Claimed	Amount Admitted	Remarks

Total Amount Claimed (I+II+III) Rs.....

Total Amount Admitted (I+II+III) Rs.....

Remarks

**Sign/Thumb impression of patient Sign**

**Stamp of Authorized Signatory**

**(for Official use of ESIC)**

Total amount payable :

Date of payment :

Signature of Dealing Assistant

Signature of Superintendent

Signature of Competent Authority

**To be used by Tie-up hospital (P-111) Letterhead of Hospital with Address & Email/Contact No.**

**Consolidated Bill Format**

Bill No .....

Date .....

**Bill details (Summary)**

S. No	Name of the Patient	Ref. No.	Diag./ Procedure for which Referred	Procedure Performed/ treatment given	CGHS/other Code (with page) No/ Nos/N.A	Charges not in package rate list	Amount Claimed	Amount Admitted	Remarks
-									

**Total Claim.**

Certified that the treatment/procedure has been done/performed as per laid down norms and the charges in the bill has/ have been claimed as per the terms & conditions laid down in the agreement signed with ESIC.

It is also certified that all the implants, devices etc used are charged at lowest available market rates.

Further certified that the treatment/ procedure have been performed on cashless basis. No money has been received /demanded/ charged from the patient/ his/her relative.

The amount may be credited to our account no\_\_\_\_\_ RTGS no\_\_\_\_\_ and intimate the same through email/fax/hard copy at the address.

**Signature of Competent Authority**

**Checklist**

*1 Duly filled up consolidated proforma. 2 Duly filled up Individual Pt Bill Proforma.*

*3 Discharge Slip containing treatment summary & detailed treatment record. 4 Bill(s) of Implant(s) / Stent(s) / device along with Pouch/packet/invoice etc.*

- *Referral proforma in original, Insurance Card Photo I card of /Pl Referral recommendation of medical officer & entitlement certificate. Approval letter from RD in case of emergency treatment or additional procedure performed.*
- *Sign & Stamp of Authorized Signatory.*

**Certificate:** It is certified that the drugs used in the treatment are in the standard pharmacopeia IP/BP/USP/FDA.

**Signature of Competent Authority**

**Letterhead of Referring ESI Hospital**

**(P-IV) Sanction Memo/Disallowance Memo**

**Name of Referral Hospital (Tie-up  
Hospital)**

**Bill No .....**

**Bill Date .....**

S. No/Bill No	Name of the Patient & Reference No.	Amount Claimed	Amount Sanctioned/ admitted	Reasons(s) for Disallowance	Remarks

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**Signature of Competent Authority**

**Letterhead of Tie-up Hospital with Address details(P- V)**

**Monthly Bill**

**Special Investigations for diagnosis centres/referral Hospitals**

Bill No \_\_\_\_\_

Bill Date .....

SNo	Name of the Patient & Insurance /Staff no	Date of Reference	Investigation Performed	CGHS/ other code no with page no	Charges not in package rates list	Amount Claimed	Amount Admitted (entitled)	Remarks Disallowances with reasons
				1				
				1				

Certified that the procedure/investigations have been done/performed as per laid down norms and the charges in the bill has/ have been claimed as per the terms & conditions laid down in the agreement signed with ESIC.

Further certified that the procedure/investigations have been performed on cashless basis. No money has been received /demanded/ charged from the patient / his/her relative.

The amount may be credited to our account no\_\_\_\_\_RTGS no\_\_\_\_\_and intimate the same through email/fax/hard copy at the address.

**Signature of Competent Authority**

**Checklist**

- Investigation Report.
- Referral Document in original.
- Serialization of individual bills as per the Sr. No. in the bill.

**Signature of Competent Authority**



PATIENT/ATTENDANT SATISFACTION CERTIFICATE (P-VI)

I am satisfied/ not satisfied with the treatment given to me/ my patient and with the behaviour of the hospital staff.

If not satisfied, the reason thereof.

No money has been demanded/ charged from me/my relative during the stay at hospital.

Sign/Thumb impression of patient/Attendant Name Phone No.