



कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
Employees' State Insurance Corporation
(Ministry of Labour & Employment,
Govt. of India)



क्षेत्रीय कार्यालय / Regional Office
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File No. : U/01/2025-MED-SLT

Dated: 05.03.2025

E-TENDER NOTICE

E-TENDOR INVITIG EXPRESSION OF INTREST

**NOTICE INVITING EXPRESSION OF INTEREST (EOI) FOR EMPANELMENT FOR
"SECONDARY LEVEL TREATMENT & DIAGNOSTIC SERVICES" TO ESI
BENEFICIARIES IN RAJASTHAN**

Employees' State Insurance Corporation, Jaipur, Rajasthan intends to enter into Tie-up arrangement with reputed Hospitals / Diagnostic Establishments to provide 1). Secondary Care Hospital /Investigation / Diagnostic Services (Secondary Level) on Cashless basis to the Beneficiaries of ESI Scheme for whole Rajasthan Except those areas which are located within 25 km radius from ESIC Hospitals on cashless basis in Rajasthan Region.

Regional Director, ESI Corporation, Regional Office, Bhawani Singh Road, Jaipur -302001 invites **EXPRESSION OF INTEREST** (EOI) form NABH/CGHS/ Govt./Semi Govt. approved/PMJAY Empaneled/Ayushman Bharat/Charitable Hospitals/Private Hospitals / Diagnostics Centers of above location in the state of Rajasthan. Preference for empanelment will be given for tie-up to NABH /CGHS/Central Govt./State Govt./ PMJAY Empaneled/ Charitable Hospitals /ECH Approved/Private Hospitals/Diagnostic Centers with maximum specialty treatment available in the Hospital.

The services are to be provided at CGHS Rates (given on its website) /ESIC rates/AIIMS rates, Hospital Rates whichever is less as per the terms and conditions of MOU and guidelines issued by ESIC from time to time.

The competent authority will reserve the right to accept or reject any or all the EOIs any time without assigning any reason whatsoever at any stage or even after empanelment.

Interested HCOs can download **EXPRESSION OF INTREST** (EOI) and read carefully and may submit their application from as per Annexure A1, and A2 whichever is applicable duly filled along with required documents mentioned in the **Annexure C** with undertaking of **Annexure B** of EOI documents.

- Annexure A1- For Secondary Care Hospitals
- Annexure A2- For Diagnostics Laboratories/Imaging Centers

HCOs are requested to go through the contents of the standard EOI and MOU of referral policy for the T&C, as available on ESIC website while applying for empanelment for secondary care hospital /Investigation / diagnostic center services.

Schedule of Tender:

E-tenders are invited by the Regional Director, ESI Corporation, Regional Office, Bhawani Singh Road, Jaipur - 302001(Rajasthan) through electronic tendering system through CPP portal is <https://eprocure.gov.in/eprocure/app> firms according to terms & conditions given in tender form.

Name of Tender	EXPRESSION OF INTEREST (EOI) for Secondary Care hospitals & diagnostic services in Rajasthan region
Earnest Money deposit	1. Secondary Care Hospital - Rs 2,00,000/- (Rs Two Lakh Only) 2. Stand Alone/Diagnostic/Imaging Centre- Rs 1,00,000/- (Rs One Lakh Only)
Date of tender document available to parties to download	05/03/2025
Starting date of EOI for submission of online Expression of Intrest	05/03/2025
Closing date of EOI submission of technical bid	27/03/2025 Time: 02:30 PM
Date of opening of technical Bid	28/03/2025 Time: 02:30 PM
Word period	The empanelment will be initially for two year which can be extended for another one year with mutual consent from date of signing of agreement
Validity of Tender	90 days from closing date of online submission of EOI

Tender Document along with all terms and conditions and procedure of e-tendering may be viewed online or downloaded, by the bidder from the website- <https://eprocure.gov.in/eprocure/app> & <https://www.esic.gov.in/tenders>. All bidders are requested to check further notifications/updates if any, on the above-mentioned web sites.

Regional director, Rajasthan

Application Form

(For empanelment of Hospitals and Diagnostic Centers for Secondary care Services) To,

Subject: - Tender for Empanelment of Hospitals and Diagnostic Centers for Secondary care Services for insured persons, their family members, ESIC Serving staff & their entitled family members.

Sir/Madam,

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

Secondary Care Specialties for Empanelment

(Tick (✓) the Secondary Care specialties in which empanelment are desired by Hospital / center)

1.	General Medicine	()
2.	General Surgery	()
3.	Obstetrics and Gynecology	()
4.	Pediatrics	()
5.	Orthopedics	()
6.	ENT	()
7.	Ophthalmology	()
8.	Dental specialty	()
9.	Imaging and in-house diagnostic facilities (Blood Investigation)	()
10.	Blood Bank	()
11.	Others, If any	()
12.		()
13.		()

Secondary Care Diagnostic services

1.		()
2.		()

NOTE: Health Care Organizations shall offer all the SLT services facilities/specialties for which it is NABH/NABL accredited (in case of X & Y cities).

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.

(Name and signature of the Proprietor/Authorized Person)

Place:

Date:

Enclosures: Duly filled Annexure along with enclosure transaction receipts.

1. Instructions to Service Providers for submission of Tender

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

a) Document Details

The Tender Document can be downloaded from the Central Public Procurement Portal (CPPP) at <https://eprocure.gov.in/eprocure/app> & <https://www.esic.gov.in/tenders>. Application form shall accompany Earnest Money Deposit (EMD). The EMD to be submitted by the HCOs is detailed below: -

Type of Institution	EMD
1. Secondary Care Hospital	Rs 2,00,000 (Rs Two Lakhs Only)
2. Stand Alone / Diagnostic /Imaging Centre/Eye 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	State Bank of India, Branch (06326) NCRB, Jaipur
Account No.	11074862376
IFS Code	SBIN0006326
MICR No.	302002004

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

Note 2: - 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.

b) Document Acceptance:

The bidders have to apply online with all annexure and necessary documents as per checklist through Central Public Procurement Portal (CPP) for ESIC on NIC at <https://eprocure.gov.in/eprocure/app>. Only online documents and annexure will be considered for evaluation. Physical document will not be entertained in any case. Bidder Applying for Secondary care Services /Diagnostic Services needs to apply separate bid for each category services along with separate EMD with digital signature for each bid.

- c) The documents as per checklist (Annexure-C) is to be signed, stamped by the/Director/Legally Authorized Person (Due authorization to be enclosed, in case of authorized person) and scanned and uploaded online.
- d) The Hospitals/ Diagnostic/Imaging centers/ Exclusive Eye Centre (here in after also referred collectively as 'Health Care Organizations' or 'HCO') are advised to go through the Instructions for Online Bid Submission annexed at Annexure-E and ensure that all documents required to be uploaded are legible.
- e) On being selected for empanelment, before entering into MoU the HCOs shall have to furnish the following Performance Security Deposit in the form of Bank Guarantee from a scheduled commercial bank having validity of 03 years (i.e., 01 year beyond the expiry of contract)

Type of Institution	PBG
1. Secondary Care Hospital	Rs 10,00,000 (Rs Ten Lakhs Only)
2. Stand Alone/Diagnostic/Imaging Centre	Rs 2,00,000 (Rs Two Lakh Only)

Note: All scanned documents being uploaded should be ensured to be duly filled (if required) /signed and stamped compulsorily by authorized signatory.

f) The scope of services for empaneled hospitals and diagnostic services will be as follows:

1. Secondary Care Services:

S.No.	Name of specialty services

2. Diagnostic Services

S. No.	Name of diagnostic services

NOTES:

Health Care Organizations shall offer only the services facilities/specialties for which it is empaneled, but in case any ESIC beneficiary admitted in the empaneled 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/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) Minimum bed requirement for multi-specialty hospital (with 10% ICU beds) is as below:
 - (i) Type X & Y city – 50 beds
 - (ii) Type Z city – 30 beds

(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).

- c) 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 year (2022-23 & 2023-24) 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.
- d) The health care organization must have minimal annual turnover of Rs.2 crores for 'X' & 'Y' cities and Rs.1 crore for 'Z' cities. The standalone centers 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.
- e) Valid State registration certificate/registration with local bodies should be attached.
- f) Fire Clearance Certificate issued by Govt authorities as per Local By laws of the location concerned.
- g) Valid compliance with all statutory requirements of Bio-Medical Waste management rules/ state pollution control board rules.
- h) 24X7 Emergency services managed by technically qualified staff.
- i) Arrangement for Blood Bank/Blood Storage Facility as per guidelines.
- j) Provision of Dietary Services for indoor patients.
- k) Valid certificate of registration for Organ and Tissue Transplant Facilities, wherever applicable.
- l) 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.
- m) Hospital should have in-house diagnostic facilities for providing Secondary Care treatment.

(NOTE: Cities classified in category Y- Jaipur, Jodhpur, Kota, Ajmer, Bikaner other than rest cities classified in Z cities in Rajasthan)

- (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) Standard quality mammography machine should be full field digital mammography machine with low radiation.
 - d) Bone densitometer must be capable of scanning whole body.
 - e) 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.
 - f) USG/Color 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.
 - g) The nuclear medicine center/ PET Scan must have been approved by AERB/BARC.
 - h) RT-PCR: The laboratory must be approved by ICMR to conduct RT-PCR.
 - i) 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 empaneled 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.) ESIC Employees, Pensioners and their dependent family members are entitlement of various types of wards depending on their pay/drawn/pension. These entitlements are amended from time to time and the latest order in this regard, needs to be followed. The Entitlement is as follows-

S. No.	Ward Entitlement	Corresponding Basic pay drawn by the officer in 7th
1	General Ward	Up to Rs. 36,500/-
2	Semi Private Ward	Rs. 36,501 to 50,500/-
3	Private Ward	Rs. 50500 above

1. Private ward is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishing. The room shall have furnishings like wardrobe, dressing table, sofa set etc. as well as bed for attendant. The room has to be air conditioned.

2. Semi private ward is a Hospital room where 2 or 3 patients are accommodated which has attached toilet facilities and necessary furnishings.

3. General ward is defined as Halls that accommodate 4 to 10 patients.

4. Normally treatment in higher category of accommodation than the entitled category is not permissible however in case of an emergency when entitled category accommodation is not available; admission in immediate higher category is to be allowed till entitlement accommodation is available. Even in this case the empaneled center has to charge as per entitlement of the patient

d.) "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) anesthesia 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 there to.

e.) Package rates also include two pre-operative consultations and two post-operative consultations.

f.) Cost of implants/stents/grfts is reimbursable in addition to package rates as per CGHS ceiling rates or as per actual, whichever is lower.

g.) 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.

h.) 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.
- i.) 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 empaneled HCO's rate-list submitted with the tender. Dealer invoice cost of Above Rs.25000 implant/medicine tie up hospital must be submitted. However, food supplements, toiletries and cosmetic items shall not be reimbursed.
- j.) Package rates envisage up to a maximum duration of indoor treatment as follows:
- 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.
- k.) 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.
- l.) Any legal liability out of such services shall be the sole responsibility of and shall be dealt with by the concerned empaneled hospital/center.
- m.) The empaneled 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.
- n.) If any empaneled health organization charges from ESIC beneficiary for any expenses incurred over and above the package rates vis-à-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
- o.) 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 centres to provide its complete rate list duly signed and stamped at the time of submission of tender.**
- p.) 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.

- q.) **If required, the empaneled hospitals should check the eligibility of the referred patients on the IP/Staff portal at ESIC website- 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.
- r.) 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 DGESIC or CGHS rate contract. Any drug/dressings not covered under any of these pharmacopoeias will not be reimbursed.
- s.) 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.
- t.) The empaneled center shall honor **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.
- u.) The specimen signatures of the authorized signatory (Nodal Officer nominated by the empaneled 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.
- v.) TIA or an authorized person may visit the empaneled Hospitals to check the quality of services and other necessary certification. The Tie-Up Hospital authorities shall co-operate in carrying out the inspection.
- w.) 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 empaneled 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.
- x.) 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 empaneled 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/ is conduct.
- 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 empaneled. 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-à-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 Empaneled 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 empaneled center, 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 show-cause.
- d. Once any Health Care Organization is de-empaneled, the MoU with that Health Care Organization shall stand terminated from the date of de-empanelment. The de-empaneled 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 center 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 empaneled HCO.

PROCEDURE FOR REFERRAL: -

ESI Corporation has engaged a Bill Processing Agency (BPA) for scrutiny and processing of all bills of empaneled hospital/diagnostic center 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-F. The SOP as amended from time to time shall be applicable to MoU executed under this Tender.

PAYMENT SCHEDULE:

- I. The Empaneled Hospital/Diagnostic center will send hard copies of bills along with necessary supportive documents (Form P1, PII, PIII & PVI as per Annexure-F to the referring center 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 envelopes of implants, wrapper and invoice of drugs costing more than 5000 ₹ and CD of treatment/procedure given shall be submitted by the Hospital/diagnostic center 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 empaneled HCO receives information regarding the bills that have been scrutinized by BPA, the empaneled 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 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 empaneled hospital/diagnostic center (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 empaneled 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 empaneled Hospitals/Diagnostics center. The list of documents required to be carried by ESI patients/attendant must also be displayed.
- c) The Hospital/Diagnostics center 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 empaneled center 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 Empaneled 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, Hqrs. 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 Empaneled Centre.
- c.) The Empaneled 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 Empaneled 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.

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

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

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 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 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

1. *Duly filled & signed referral proforma.*
2. *Copy of Insurance Card/Photo I 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.*

Annexure 'A1'

**APPLICATION FORMAT FOR EXPRESSION OF INTEREST
FOR EMPANELMENT OF HEALTH CARE ORGANISATIONS
(Secondary Care Hospitals)**

(For Secondary Care Services)

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

City	District	State

2. Name of the HCO

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

YesNo	
-------	--

Whether NABH Accredited

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

YesNo	
-------	--

Whether NABL Accredited

(if yes, enclose approval along with scope of investigations & 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. 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 Secondary Care Hospital shall offer all service available inclusive of all Secondary Care specialties.

7. Diagnostic services available

I. In house Imaging facilities

Yes/No

II. In house Diagnostic Lab facilities

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

1.	Number of in-house doctors	
2.	Number of in-house specialists/consultants	

12. Laboratory facilities available

Pathology	Yes/No
Biochemistry	Yes/No
Microbiology	Yes/No
Any other	Yes/No

13. Imaging facilities available

Yes/No

14. No. of Operation Theatres

15. Whether there is separate OT for Specific cases

Yes/No

16. Support Services

Name of 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 'A2'

**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

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

YesNo

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

YesNo

Whether NABL Accredited
(if yes, enclose approval along with scope of investigations& validity period)

YesNo

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 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. Mention the NABH/NABL accredited diagnostic facilities Secondary Care
(Enclose the detail of Specialties, and enclose Annexure 'D' for details)

- I.
- II.
- III.
- IV.

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.

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

ESIC

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 "F" 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-empaneled/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 and allotment or custom duty exemption.
10. That the hospital agrees to implement EMR (electronic medical record) & HER (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 PNDDT 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

ESIC

Annexure 'C'**Documents to be uploaded in the tender.**

- 1) Signed, stamped and scanned copy of transaction report of EMD deposited through RTGS to be uploaded.
- 2) Application Form as per Annexure 'A1/A2' whichever is applicable dully filled, signed, stamped & scanned to be uploaded.
- 3) Certificate of undertaking as per Annexure 'B' Duly certified, signed & stamped with date to be uploaded.
- 4) Signed stamped and scanned Copy of partnership deed / memorandum / ownership / articles of association (as applicable).
- 5) State registration certificate/registration with local bodies should be included where applicable
- 6) Signed, stamped with date and scanned 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.
- 7) Signed stamped and scanned Copy of cancelled cheque with mention of Valid Account Number, IFSC code, MICR Number.
- 8) Signed, stamped and scanned Copy of PAN and GST number of the HCO.
- 9) Signed, Stamped & Scanned copy of Fire Clearance Certificate issued by Govt authorities as per Local Bylaws of the location concerned.
- 10) Signed, stamped and scanned 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 and scanned Copy of empanelment with CGHS/State Govt mentioning the scope of services with validity period if applicable.
- 13) Complete signed and stamped 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 & stamped to be uploaded.
- 14) The HCO should have been operational for at least two complete years as on last date of submission of bid Signed, stamped and scanned Copy of the audited balance sheet, profit and loss account for the financial year (2022-23 & 2023-24) 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 and scanned Copy of License/Outsource Agreement for running (If Applicable)-Multiple documents may be joined and uploaded as single file.
 - 1). Blood Bank
 - 2). Imaging Centre
 - 3). Any other (Please Mention)
- 16) Signed stamped and scanned Copy of Certificate issue by AERB / BARC/PC PNDD etc. (which ever applicable)

Signature of the**Applicant Name,****Date &Stamp**

Annexure 'D'

- Complete Rate list of hospital/diagnostic center 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)

Annexure "E"Instructions for Online Bid Submission

(Department User may attach this Document as an Annexure in their Tender Document which provides complete Instructions for on line Bid submission for Bidders)

The bidders are required to submit soft copies of their bids electronically on the CPP Portal, using valid Digital Signature Certificates. The instructions given below are meant to assist the bidders in registering on the CPP Portal, prepare their bids in accordance with the requirements and submitting their bids online on the CPP Portal.

More information useful for submitting online bids on the CPP Portal may be obtained at: <https://eprocure.gov.in/eprocure/app>.

REGISTRATION

- 1) Bidders are required to enroll on the e-Procurement module of the Central Public Procurement Portal (URL: <https://eprocure.gov.in/eprocure/app>) by clicking on the link "Online bidder Enrolment" on the CPP Portal which is free of charge.
- 2) As part of the enrolment process, the bidders will be required to choose a unique username and assign a password for their accounts.
- 3) Bidders are advised to register their valid email address and mobile numbers as part of the registration process. These would be used for any communication from the CPP Portal.
- 4) Upon enrolment, the bidders will be required to register their valid Digital Signature Certificate (Class III Certificates with signing key usage) issued by any Certifying Authority recognized by CCA India (e.g. Sify / nCode / e-Mudhra etc.), with their profile.
- 5) Only one valid DSC should be registered by a bidder. Please note that the bidders are responsible to ensure that they do not lend their DSC's to others which may lead to misuse.
- 6) Bidder then logs in to the site through the secured log-in by entering their user ID / password and the password of the DSC / e-Token.

SEARCHING FOR TENDER DOCUMENTS

- 1) There are various search options built in the CPP Portal, to facilitate bidders to search active tenders by several parameters. These parameters could include Tender ID, Organization Name, Location, Date, Value, etc. There is also an option of advanced search for tenders, wherein the bidders may combine a number of search parameters such as Organization Name, Form of Contract, Location, Date, Other keywords etc. to search for a tender published on the CPP Portal.
- 2) Once the bidders have selected the tenders they are interested in, they may download the required documents / tender schedules. These tenders can be moved to the respective 'My Tenders' folder. This would enable the CPP Portal to intimate the bidders through SMS / email in case there is any corrigendum issued to the tender document.

- 3) The bidder should make a note of the unique Tender ID assigned to each tender, in case they want to obtain any clarification / help from the Helpdesk.

PREPARATION OF BIDS

- 1) Bidder should take into account any corrigendum published on the tender document before submitting their bids.
- 2) Please go through the tender advertisement and the tender document carefully to understand the documents required to be submitted as part of the bid. Please note the number of covers in which the bid documents have to be submitted, the number of documents - including the names and content of each of the document that need to be submitted. Any deviations from these may lead to rejection of the bid.
- 3) Bidder, in advance, should get ready the bid documents to be submitted as indicated in the tender document / schedule and generally, they can be in PDF / XLS / RAR / DWF/JPG formats. Bid documents may be scanned with 100 dpi with black and white option which helps in reducing size of the scanned document.
- 4) To avoid the time and effort required in uploading the same set of standard documents which are required to be submitted as a part of every bid, a provision of uploading such standard documents (e.g. PAN card copy, annual reports, auditor certificates etc.) has been provided to the bidders. Bidders can use "My Space" or "Other Important Documents" area available to them to upload such documents. These documents may be directly submitted from the "My Space" area while submitting a bid, and need not be uploaded again and again. This will lead to a reduction in the time required for bid submission process.

Note: My Documents space is only a repository given to the Bidders to ease the uploading process. If Bidder has uploaded his Documents in My Documents space, this does not automatically ensure these Documents being part of Technical Bid.

SUBMISSION OF BIDS

- 1) Bidder should log into the site well in advance for bid submission so that they can upload the bid in time i.e. on or before the bid submission time. Bidder will be responsible for any delay due to other issues.
- 2) The bidder has to digitally sign and upload the required bid documents one by one as indicated in the tender document.
- 3) Bidder has to select the payment option as "offline" to pay the tender fee / EMD as applicable and enter details of the instrument.
- 4) Bidder should prepare the EMD as per the instructions specified in the tender document. The bidder has to pay the EMD through Online mode only and will upload the transaction report generated online including UTR number.
- 5) Bidders are requested to note that they should necessarily submit their financial bids in the format provided and no other format is acceptable. If the price bid has been given as a standard BoQ format with the tender document, then the same is to be downloaded and to be filled by all the bidders. Bidders are required to download the BoQ file, open it and complete the white colored (unprotected) cells with their respective financial quotes and other details (such as name of the bidder). No other cells should be changed. Once the details have been completed, the bidder should save it and submit it online, without changing the filename. If the BoQ file is found to be modified by the bidder, the bid will be rejected.

- 6) The server time (which is displayed on the bidders' dashboard) will be considered as the standard time for referencing the deadlines for submission of the bids by the bidders, opening of bids etc. The bidders should follow this time during bid submission.
- 7) All the documents being submitted by the bidders would be encrypted using PKI encryption techniques to ensure the secrecy of the data. The data entered cannot be viewed by unauthorized persons until the time of bid opening. The confidentiality of the bids is maintained using the secured Socket Layer 128-bit encryption technology. Data storage encryption of sensitive fields is done. Any bid document that is uploaded to the server is subjected to symmetric encryption using a system generated symmetric key. Further this key is subjected to asymmetric encryption using buyers/bid opener's public keys. Overall, the uploaded tender documents become readable only after the tender opening by the authorized bid openers.
- 8) The uploaded tender documents become readable only after the tender opening by the authorized bid openers.
- 9) Upon the successful and timely submission of bids (i.e. after Clicking "Freeze Bid Submission" in the portal), the portal will give a successful bid submission message & a bid summary will be displayed with the bid no. and the date & time of submission of the bid with all other relevant details.
- 10) The bid summary has to be printed and kept as an acknowledgement of the submission of the bid. This acknowledgement may be used as an entry pass for any bid opening meetings.

ASSISTANCE TO BIDDERS

- 1) Any queries relating to the tender document and the terms and conditions contained there in should be addressed to the Tender Inviting Authority for a tender or the relevant contact person indicated in the tender.
- 2) Any queries relating to the process of online bid submission or queries relating to CPP Portal in general may be directed to the 24x7 CPP Portal Helpdesk.

(PI)

Letterhead of Referring ESI Hospital (P-I)

Referral Form (Permission letter)

Referral No : Insurance No/Staff Card No/
Pensioner Card No :

Name of the Patient :

Address/Contact No : Age/Sex :

Identification marks :

IP/Beneficiary/Staff :

Relationship with IP/Staff :

Entitled for Specialty : Yes/No Diagnosis/clinical
F/M/W/S/D/
Other

opinion/case :

Summary along with relevant

treatment given/ Procedure/investigation done in ESIC hospital

Treatment/procedure/ investigation for: which patient is being referred

(mention specific diagnosis for referral)

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

Sign/Thumb Impression of IP/Beneficiary/Staff

18. 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.**

Photograph
Of Patient
duly
attested by
hospital
authority

Mandatory Instructions for Tie-up Hospital

13. Tie up hospital is instructed to perform only the procedure/treatment for which the patient has been referred.
14. 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.
15. 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.
16. Food supplement will not to be reimbursed.
17. Only Generic medicine to be used wherever possible.
18. 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

11. Duly filled & signed referral proforma.
12. Copy of Insurance Card/Photo I card of IP.
13. Referral recommendation of the specialist/concerned medical officer.
14. Reports of investigations and treatment already done.
15. Two Photographs of the patient.

Signature of Competent Authority**

(PII-PVI)

To be used by Tie-up hospital (for raising the bill) (P-II)

Letterhead of Hospital with Address & Email and Contact

Number

(NABH accreditation Secondary Care Hospital)

(Attach documentary proof)

Individual Case Format

Photograph Of
the Patient
verified by tie-
up hospital :
authority

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

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 :

IV. Existing in the package rate list's

CGHS/other Code no/Nos for chargeable procedures:

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

Charges of Implant/device used

Amount Claimed:

Amount Admitted:.....

Remarks

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

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

VI. Additional Procedure Done with rationale and documented permission

S. No.	Chargeable 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

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-III) 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

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

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

5Referral proforma in original, Insurance Card/ Photo I card of IP/ Referral recommendation of medical officer & entitlement certificate. Approval letter from RD in case of emergency treatment or additional procedure performed.

6. *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

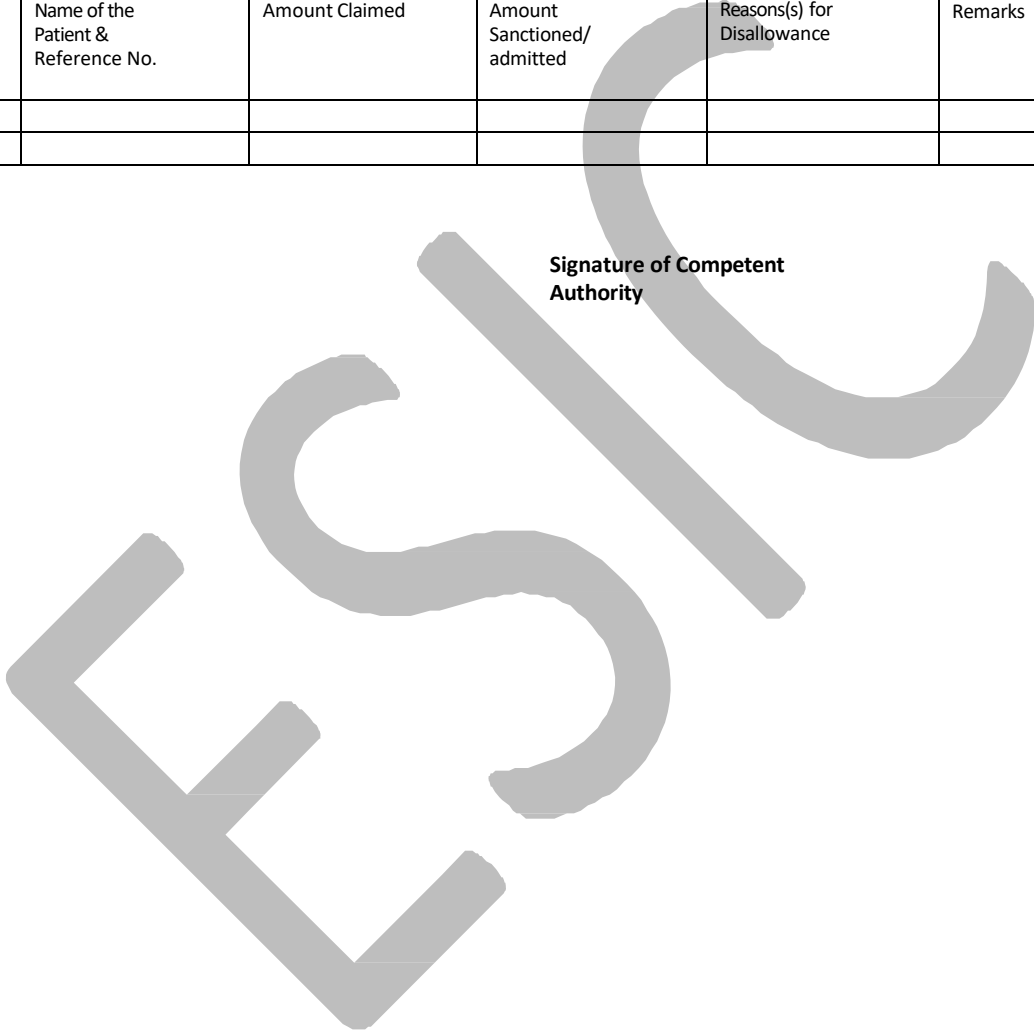
Memo Name of Referral Hospital (Tie-up Hospital)

Bill No

Bill Date

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

Signature of Competent Authority



Letterhead of Tie-up Hospital with Address details(P- V) Monthly Bill**Special Investigations for diagnosis centers/referral Hospitals**

Bill No

Bill Date

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

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 noRTGS no .and intimate the same through email/fax/hard copy at the address.

Signature of Competent Authority

Checklist

- 1 Investigation Report.
- 2 Referral Document in original.
- 3 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 behavior 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.

ESIC

Annexure- 'F'

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 centres 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 centres 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 centres.

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 and BPA portal 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.

! 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 esicbpa@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/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 ESIS 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 centres:

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 I 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 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 ESIC 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/ESIC 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 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 centres 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 SLT manual). All Competent Authorities shall ensure the circulation of these formats again to empanelled hospitals/diagnostic centres.
- 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 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 centres 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 Intimation by empanelled hospitals/diagnostic centers	4 hours
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 empanelled 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 hard copies/physical bills both online and physically, by respective ESI Hospital/Institution.	Within 02 (two) working days of receipt of hard copies/physical bills subject to availability 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)

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 acknowledge 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 guideline.