

EMPLOYEES' STATE INSURANCE CORPORATION



## Expression of Interest for providing Super Speciality Treatment to ESI Beneficiaries in Telangana

---

Date of Issue: 27.05.2021

Last date of Submission of EOI: 16.06.2021



क.रा.बी.नि.  
E.S.I.C.

కార్మిక రాజ్య బీమా సంస్థ  
(కార్మిక, ఉపాధి మంత్రిత్వ శాఖ, భారత ప్రభుత్వము)  
कर्मचारी राज्य बीमा निगम  
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)  
**EMPLOYEES' STATE INSURANCE CORPORATION**  
(Ministry of Labour & employment, Govt. of India)



सत्यमेव जयते

ప్రాంతీయ కార్యాలయం/क्षेत्रीय कार्यालय/Regional Office  
౫-౯-౨౩, పంచదీప భవన్, హిల్ ఫోర్ట్ రోడ్డు, ఆదర్శ నగర్, హైదరాబాద్, తెలంగాణ.  
౫-౯-౨౩, పంచదీప భవన్, హిల్ ఫోర్ట్ రోడ్, ఆదర్శ నగర్, హైదరాబాద్, తెలంగాణ - 500063.  
5-9-23, Panchdeep Bhawan, Hill Fort Road, Adarsh nagar, Hyderabad,  
Telangana – 500063.  
Phone: 040-23232356/57/58,  
Email: rd-telangana@esic.nic.in, smo-ts@esic.nic.in  
Website: www.esic.nic.in/ www.esic.in

**NOTICE INVITING EXPRESSION OF INTEREST (EOI) FOR  
EMPANELMENT OF HOSPITALS/HEALTH CARE ORGANISATIONS (HCOs) FOR  
PROVIDING “SUPER SPECIALTY TREATMENT” IN TELANGANA STATE**

Employees' State Insurance Corporation, Regional Office, Telangana intends to enter into Tie-up arrangement with reputed HCO's located in Telangana State to provide 1. **Super specialty treatment (SST)**, dialysis and investigations on **Cashless** basis to the Beneficiaries of ESI Scheme as per CGHS / ESIC rates, 2. Secondary Care Treatment, investigation on **Cashless** basis to the Beneficiaries attached to DCBOs of ESI Scheme as per CGHS/ESIC rates and 3. Super Specialty and Secondary Care Treatment to ESIC Staff/PMS on **Cashless basis**. HCOs which are willing and empanelled under CGHS will be considered first. In the absence of sufficient number of such HCOs, State Government approved HCOs, followed by HCOs approved by Public Sector Insurance Companies will be considered. Preference shall be given to those hospitals having all or most of the super specialty services and secondary care services under one roof near ESI Hospital. Preference will be given to NABH accredited hospitals. Non NABH Hospital & Non- NABL Labs will also be considered subject to fulfilment of certain conditions. For Terms, conditions, guidelines and further details please visit [www.esic.nic.in](http://www.esic.nic.in). EOI (Application form with Annexure & Documents) complete in all respects should reach **Regional Office Telangana, Employees' State Insurance Corporation, 5-9-23, HILL FORT ROAD, ADARSHNAGAR, HYDERABAD-500063** in sealed envelope superscribing **“EOI for empanelment of HCO's for providing Super Specialty Treatment”**.

The start date for submission of EOI is **27.05.2021**.

The last date for submission of EOI is **16.06.2021** up to **05:00 P.M.**

Application fee (Non-refundable) of Rs. 1,000/- as demand draft (DD) should be drawn in favour of **ESIC Saving fund A/c No.1 payable at Hyderabad**.

Expression of Interest received after the scheduled date and time (either by hand or by post) or Expression of Interest received though e-mail/fax shall be summarily rejected.

**REGIONAL DIRECTOR**  
**ESI CORPORATION, HYDERABAD**

**1. The scope of services to be covered under SST are as under:**

- I. Cardiology and cardiothoracic vascular surgery.
- II. Neurology and neurosurgery
- III. Pediatric surgery
- IV. Oncology and Onco Surgery
- V. Urology/Nephrology
- VI. Gastroenterology and GI Surgery
- VII. Endocrinology and endocrine surgery
- VIII. Plastic surgery
- IX. Reconstruction surgery
- X. Super specialty investigation this will include all the investigation which requires intervention and monitoring by Super specialist in the disciplines mentioned above. In addition, the following specialized investigation will also be covered under Super Specialist Treatment.
  - a. CT Scan
  - b. MRI
  - c. PET Scan
  - d. Eco Cardiography
  - e. Scanning of other body parts
  - f. Specialized bio chemical and immunological investigation
  - g. Any other investigation costing more than Rs, 3000-00 per test.

**2. The scope of services to be covered under Secondary Care are as under (for ESI Beneficiaries who are attached to DCBOs & ESIC Staff/PMS):**

- I. General Medicine
- II. General Surgery
- III. Obstetrics & Gynaecology
- IV. Orthopaedics
- V. ENT
- VI. Ophthalmology
- VII. Paediatrics
- VIII. Dental
- IX. Dermatology

**Criteria for empanelment of HCO through advertisement are as under:**

- 1) The Health care Organizations should preferable be accredited by National Accreditation Board for Hospital & Health Care providers (NABH).
- 2) However, the hospitals which are not accredited by NABH may also apply for empanelment, but their empanelment shall be provisional till they get NABH accreditation, which must preferably be done with in a period of six month but not later than one year from the date of their empanelment.
- 3) Similarly, the diagnostic laboratories should have been accredited by National Accreditation Board for Testing and Calibration Laboratories (NABL). However, the diagnostic laboratories, which are not accredited by NABL may also apply for empanelment, but their empanelment shall be provisional till they are accredited for NABL certificate, which must be done preferable within a period of six months but not later than one year from the date of their empanelment.
- 4) The Hospital/Cancer Hospitals/Imaging centers which are not NABH accredited and diagnostic laboratories which are not NABL accredited may be empaneled provisionally on

the basis of fulfilling the criteria and submission of an affidavit that the information provided has been correct and in the event of failure to get recommendation from NABH/NABL as the case may be, which must preferably be done within a period of six months but not later than one year of their empanelment, the empaneled hospital/diagnostic laboratory shall forego 50% of the Performance Bank Guarantee and its name would be removed from the panel of ESIC.

- 5) ESIC also reserves the right to prescribe/ revise rate for new or existing treatment procedures investigations as and when CGHS revises the rates or otherwise.
- 6) Scanned copies of all the documents mentioned in the criteria for empanelment Annexure-J(d)
- 7) The Health care organization must have been in operation for at least one full financial year. Copy of audited balanced sheet, profit and loss account for the preceding financial year to be submitted (Main documents only).
- 8) Copy of NABH/NABL Accreditation in case of NABH/NABL accredited Health care Organization.
- 9) Copy of NABH/NABL application in case of Non- NABH/Non- NABL accredited Health Care Organization.
- 10) List of treatment procedures / investigation/ facilities available in the Health Care Organization.
- 11) State registration certificate/Registration with local bodies, wherever applicable.
- 12) Copy of empanelment CGHS certificate if available.
- 13) Compliance with all statutory requirements including that of waste Management.
- 14) Fire Clearance Certificate/ Certificate by authorized third party regarding the details of Fire safety mechanism as in place in the Health Care Organization.
- 15) Registration under PNDDT Act, for empanelment of Ultrasonography facility.
- 16) AERB approval for tie up for radiological investigation Radiotherapy, wherever applicable.
- 17) Certificate of undertaking as per the Annexure –J(c).
- 18) Certificate of Registration for Organ Transplant facilities, wherever applicable.
- 19) The Health Care Organization must have the capacity to submit all claims / bills in electronic format to the ESIC/ESIS System (through UTI ITSL etc.) and must also have dedicated equipment, software and connectivity for such electronic submission.
- 20) The Health Care Organization must give an undertaking accepting the terms and conditions spelt out in the Memorandum of Agreement which should be read as part of this document.
- 21) The Health Care Organization must certify that they shall charge as per CGHS rates and that the rates charged by them are not higher than the rates being charged from their other patients who are not ESI beneficiaries

- 22) The Health Care Organization must certify that they are fulfilling all special condition that have been imposed by any authority in lieu of special concession such as but not limited to concessional allotment of land or customs duty exemption.
- 23) The Health Care Organization (except exclusive eye hospital /centers, exclusive dental clinics /diagnostic laboratories /imagine centre) must agree for implementation of EMR/HER as per the standards notified by Ministry of Health & Family Welfare within one year of their empanelment.
- 24) The Health Care Organization must have minimal annual turnover of Rs. 2.4 crores for Metro cities and Rs. 1.2 crore for Non-Metro cities. Exclusive Eye hospitals/Centers, Exclusive Dental Clinics, Diagnostic Laboratories and Imaging Centre must have a minimal annual turnover of Rs. 20 lacs in Metro Cities and Rs. 10 Lacs in Non-Metro Cities.
- 25) Photo copy of Pan Card.
- 26) Bank details.
- 27) In addition, the imaging center shall meet the following criteria- copies or relevant documents.
- a. **MRI Centre**  
Must have MRI Machine with magnet strength of 1.0 Tesla or more
  - b. **CT scan Centre.**  
Whole body CT scanner with scan cycle of less than one second (sub-second) must have been approved by AERB.
  - c. **X-Ray centre /Dental X –Ray /OPG Centre**
    - a) X-Ray machine must have a minimum current rating of 500 MA with Image intensifier TV System.
    - b) Portable X-Ray machine must have a minimum current rating of 60 MA. Dental X ray machine must have a minimum current rating of 6 MA.OPG X ray machine must have a current rating of 4.5-10 MA
    - c) Must have been approved by AERB.
  - d. **Mammography Centre**  
Standard quality mammography machine with low radiation and biopsy attachment
  - e. **USG/Colour Doppler Centre**
    - a) 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.
    - b) Must have been registered under PNDDT Act
  - f. **Bone Densitometry Centre**  
Must be capable of scanning whole body
  - g. **Nuclear Medicine Centre**  
Must have been approved by AERB/ BARC

28) **Minimum of Beds Required**

- i. Metro cities (except Mumbai) .....50

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

29) The HCO should unconditionally accept to undertake MOA for empanelment of the unit with ESIC. The HCO shall be bound by all the extant rules & regulations of ESIC including instructions issued from time to time.

30) Performance Bank guaranty to be deposited as under at the time of entering MoU with ESIC.

	Metro	Non-Metro
Super Speciality Hospital	Rs. 5 Lac	Rs. 3 Lac
Speciality Hospital	Rs. 5 Lac	Rs. 3 Lac
Eye and Dental Clinic	Rs. 1 Lac	Rs. 1 Lac

**SPECIAL CONDITIONS OF CONTRACT**

- 1) The empanelled hospitals will honor the referral letter issued by ESI hospitals/DCBOs/ESIC Regional Office and will provide all the facilities as per the package rates agreed to for various procedures, investigations, etc. on ESIC terms and conditions to ESIC beneficiaries/ESIC Staff on a priority basis.
- 2) The empanelled center will provide all the services on cashless basis only, to beneficiaries referred by the competent authority in prescribed referral format as instructed by Regional Director/ESIC Headquarters.
- 3) **Referral Procedure:**
  - a) Referral letter to ESI Beneficiaries 1. for Super Specialty Treatment will be issued by a committee constituted by Medical Superintendent of the ESIS/ ESIC hospital, 2. For Secondary Care Treatment will be issued by DCBO In-charge of concerned DCBO and referral letter to ESIC Staff/PMS for Super specialty & Secondary Care will be issued by Regional Director, Regional Office.
  - b) Tie-up Hospital should ensure that referral letter is properly and filled details including date, referral number, ESIC IP number/ESIC Staff/PMS ID number, attestation of photo, signature of patient/attendant, stamp and signature of committee members/DCBO In-charge including diagnosis & required treatment (along with CGHS Sl. No. if available). In the event of Tie-up hospital receiving improper referral letter and other documents, while continuing the treatment to patient, they should get them corrected/rectified from the Referring hospital/DCBO/Regional Office.
  - c) Entitlement certificate from ESIC IP Portal/Certified by Competent ESIC Authority and valid Photo ID of IP as per ESIC guideline should be part of referral document.

- d) Tie-up hospitals at their end also have to check and ensure the eligibility criteria for the Beneficiary/Dependent for whom the referral has been generated.
- e) **Referral of Emergency cases:** It implies that patient comes to the emergency department of ESI Hospital outside normal working hours. The emergency duty doctor will assess the case and if require the doctor will refer the patient to Tie up hospital following procedure as laid down for non-emergency referral.  
In such cases the referral letter will be completely filled, signed and stamped by emergency duty doctor instead of committee members. The emergency duty doctor will submit the details to the MS on the next day. The Tie-up hospital also should give the details of the case to the MS by next day. MS or person authorized by MS will verify the details and issue regular referral letter on the next working day of emergency admission.
- f) **Direct Admissions:** It means patients going to tie-up hospitals without being referred as such by the ESI system in dire life-threatening emergency and the condition of patient would have severely deteriorated if he/she had gone to ESI Hospital for reference. Such admissions should be intimated to Regional Office within 24 hours and all such cases, the genuinity of the case will be verified by ESIC. Referral letter will be issued by Regional Office/ESIC Hospital. Bills raised for all direct admission cases should be sent directly to Regional office. In case, if the patient is referred by ESIC Hospital the bill may be sent to concerned ESIC Hospitals.

- 4) Validity of any referral letter is 7 days.
- 5) The responsibility of verifying all the documents, the identity of the patient and the eligibility of the ESI Beneficiary, (income proof of dependent parents) shall lie with the referring unit and tie-up hospital. (Whether the ESI Beneficiary (Insured Person/Woman & Dependent family members) is eligible or not for Medical Benefit has to be verified through ESIC IP Portal by entering the Insurance Number.
- 6) Tie-up hospital should provide medical care as specified in the referral letter only and no payment will be made for treatment/procedure/investigation which are not mentioned in referral letter.
- 7) If the tie-up hospital feels necessity of carrying out any additional treatment/ procedure/ investigation in order to carry out the procedure for which patient was referred, the permission for the same is essentially required from the referring hospital either through email, fax, telephonically. (to be confirmed in writing at the earliest i.e. next working day). Permission from referring authority is required for extended hospital stay in tie-up hospital (after 7 days or package period) and should be justifiable.
- 8) The tie-up hospital will not charge any money from patient/ attendant referred by ESI system for any treatment/ procedure/ investigation carried out. If it is reported

that the tie-up hospital has charged money from the patient, the concerned tie-up hospital may attract action for de-empanelment/ black-listing.

- 9) All the drugs/ dressing used by the tie-up hospitals should preferably of CGHS drug formulary/ generic. Drugs and Implants from Indian manufactures should be used, if available. All the drugs/ dressing used by the tie-up hospital requiring reimbursement should be approved under FDA/IP/BP/USP pharmacopeia or DG ESIC rate contract.
- 9) It is mandatory for the tie-up hospital to send a report online or written format to the MS concerned on the same day or the very next working day on receipt of referral, giving details of the case, their specific opinion about the treatment to be given and estimates of treatment.
- 10) Consequent upon engagement of UTI BPA for processing of super specialty treatment bills, the tie-up hospital should submit all the bills through online only. The guidelines issued in this regard from time to time should be followed strictly as mentioned in point no. 28 and 29.

**11) RATE:**

- a) CGHS rates as per ESIC guidelines whichever is less is applicable.
- b) If a CGHS listed or equivalent procedure is in CGHS list for the condition/investigation for which referred, that rate will be allowed.
- c) Ceiling rates are applicable as CGHS rates / ESIC guidelines.
- d) In case of drugs not available in package, 10% discount on MRP is applicable.
- e) For drugs with unit cost above Rs. 5000/-, invoice price or MRP minus 10%, whichever is less will be applicable.
- f) For implants with unit cost above Rs. 5000/-, invoice price or MRP minus 15%, whichever is less will be applicable.
- g) The drugs prescribed at the time of discharge of the patient after SST shall be issued for 7 days and for which the tie-up hospital can claim Rs.2000/- or actual cost per patient, whichever is less.
- h) No other tax or levy shall be admissible.
- i) The procedure/investigation which are not available in CGHS or ESIC, then State Govt. rates is applicable.



## 12) Raising of bill:

- a) The tie-up hospital shall raise the bill on their hospital letter head (with address and email/fax number of the hospital) in the prescribed proforma. It should be duly signed by the authorized signatory. The specimen signatures of authorized signatory certified by the competent authority of the tie-up hospital shall be submitted to all the referring ESIC/ESIS hospitals and Regional office.
- b) The Discharge Summary (incorporating brief history of the case, diagnosis, details of procedure/treatment done) verified by treating specialist, investigation reports, identification stickers/ pouches and invoices of implants and drugs (costing above Rs.5000/- per unit), warranty documents (if applicable), supporting document for any other claim (radiation, dialysis, transfusions etc.) are to be submitted by the Tie-up hospital along with adjustment bill.
- c) Completely filled and signed patient satisfaction report should be submitted with the bill.
- d) Tie-up hospital should submit SST bill within 15 days of discharge of the patient as per ESIC guidelines.

## 13) SUPER SPECIALITY TREATMENT:

- a) Super specialty treatment requirement **should be considered only** if the treatment involves mandatory intervention by the Super specialist of the concerned field.
- b) All referrals where Super specialty procedure are not specified on the referral letter and 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, should be considered as Secondary Care.
- c) Super specialist's opinion can be taken any time by the treating specialist of ESIC/ESI hospitals for better management or opinion on the requirement of any specific super specialty intervention.

## 14) CANCER TREATMENT

- a) For Cancer patients, Surgery/Chemotherapy/Radiotherapy Packages should only be included in SST. Drugs under trial/ Not approved by DCGI for use in India/ or drugs whose beneficial effects are doubtful, should not be used by the tie up hospitals on ESI beneficiaries/ ESIC Staff/PMS. **All Chemotherapeutic drugs, if available in DGESEI -RC will be issued to the patient by the referring hospital.**
- b) As far as possible the tie up hospitals should 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 and generic item should be used if available.

#### **15) HIGH COST TREATMENT**

In respect of children of IP, congenital diseases requiring referral to SST and genetic disorders would be eligible for coverage only in case the child is born after the IP had become eligible for SST. In case of malignancy and chronic renal failure, pre-existing (applicable after 30-08-2014) disease shall not be eligible for coverage. If any such cases are noticed during treatment, it should be immediately reported to Referring authority and Regional Director.

#### **16) CEILING OF SST EXPENDITURE:**

Upper limit on the expenditure for procedures not covered under CGHS package rates would be Rs. 10 lac per ESI beneficiaries/ ESIC Staff/PMS per year. Cases involving expenditure of more than Rs.10 Lac may be considered only as an exception and on reimbursement basis. Tie-up hospitals are requested to be watchful not to cross the ceiling limit especially when costly and recurring treatment are involved and may take clarification regarding total expenditure from Referring hospital, if needed.

**17)** The Hospital will not refer the patient to other specialist/other hospital without prior permission of Referring authority.

**18)** The duration of inpatient treatment for specialized and other procedures will be as per CGHS terms and conditions

**19)** The Hospital agrees that any liability arising due to any default or negligence in providing or performance of the medical services shall be borne exclusively by the hospital who shall alone be responsible for the effect and/or deficiencies in rendering such services.

**20)** In case of any natural disaster / epidemic, the hospital / diagnostic hospital shall fully cooperate with the ESIC and will convey / reveal all the required information, apart from providing treatment.

#### **21) DUTIES AND RESPONSIBILITIES OF EMPANELLED HOSPITALS / DIAGNOSTIC CENTRES**

It shall be the duty and responsibility of the Hospital at all times, to obtain, maintain and sustain the registration, recognition and high quality and standard of its services and healthcare and to have all statutory / mandatory licenses, permits or approvals of the concerned authorities under or as per the existing laws.

## **22) HOSPITAL'S / DIAGNOSTIC CENTER'S INTEGRIT OBLIGATIONS DURING AGREEMENT PERIOD**

The Hospital is responsible for and obliged to conduct all contracted activities in accordance with the Agreement using state-of-the-art methods and economic principles and exercising all means available to achieve the performance specified in the Agreement. The Hospital is obliged to act within its own authority and abide by the directives issued by the ESIC. The Hospital is responsible for managing the activities of its personnel and will hold itself responsible for their misdemeanors, negligence, misconduct or deficiency in services, if any.

## **23) LIQUIDATED DAMAGES**

The Hospital shall provide the services as per the requirements specified by the ESIC in terms of the provisions of this Agreement. Violation of agreement can lead to de-empanelment /blacklisting.

**24)** For over-billing and unnecessary procedures, the extra amount so charged will be deducted from the pending / future bills of the Hospital and the ESIC shall have the right to issue a written warning to the Hospital not to do so in future. The recurrence, if any, will lead to the stoppage of referral to that Hospital.

## **25) TERMINATION FOR DEFAULT**

25.1 The ESIC may, without prejudice to any other remedy for breach of agreement, by written notice of default sent to the Hospital terminate the agreement in whole or part:

- a. If the Hospital fails to provide any or all of the services for which it has been recognized within the period(s) specified in the Agreement, or within any extension thereof if granted by the ESIC pursuant to Condition of Agreement or
- b. If the Hospital fails to perform any other obligation(s) under the Agreement.
- c. If the Hospital, in the judgment of the ESIC has engaged in corrupt or fraudulent practices in competing for or in executing the Agreement.
- d. Hospital will not indulge in instigating the patients for undue permissions.

25.2 If the hospital found to be involved in or associated with any unethical, illegal or unlawful activities or institution indulge in instigating patient, the Agreement will be summarily suspended by ESIC without any notice and thereafter may terminate the Agreement, after giving a show cause notice and considering its reply if any, received within 10 days of the receipt of show cause notice.

25.3 Institutions will not indulge in instigating the patient. Agreement will be terminated, if found indulged in such practices.

## **26) INDEMNITY**

The Hospital shall at all times, indemnify and keep indemnified ESIC against all actions, suits, claims and demands brought or made against it 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's negligence or misconduct.

The Hospital will pay all 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 Hospital defend such suit, either jointly with the Hospital or singly in case the latter chooses not to defend the case.

## **27) ARBITRATION**

If any dispute or difference of any kind whatsoever (the decision whereof is not herein otherwise provided for) shall arise between the ESIC and the Hospital upon or in relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration by the Regional Director who will give written award of his decision to the Parties. The decision of the Arbitration will be final and binding. The provisions of the Arbitration and Conciliation Act, 1996 shall apply to the arbitration proceedings. The venue of the arbitration proceedings shall be at Delhi / New Delhi.

## **28) THE SALIENT FEATURES OF THE ONLINE BILL PROCESSING SYSTEM THROUGH BPA:**

ESI Corporation has engaged UTIITSL as a Bill Processing Agency (BPA) 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 Institutions for **Two years w.e.f. 17/05/2017. (extended for a period of 03 years w.e.f. 15.05.2019).**

### **Introduction**

ESIC is providing comprehensive medical care facility to its beneficiaries and their dependents. In the process, ESIC has empanelled hospitals/diagnostic centers for providing treatment to its beneficiaries. ESIC has decided to appoint UTIITSL as a Bill Processing Agency (BPA) for processing the claims and recommending the payment to be released on behalf of ESIC. The medical care facility is extended to the ESIC

beneficiaries who are entitled to cashless facility in the ESIC empanelled hospitals/diagnostic centers.

Here after respective MS's-ESIC Hospitals & Regional Offices will enter into MOU/Addendum to MoU (as the case maybe) with empanelled hospitals to enable referral generation and online billing through UTI Module. BPA will provide a front-end user interface through the software where in the respective MS's-ESIC Hospitals/Regional Offices/ designated officials of ESIC will be able to update all necessary details of registration of empanelled hospitals/diagnostic centers with validity, extension of validity, details of accreditation (NABH/NABL), de-empanelment of hospital, classification of hospital and any other parameters/criteria as specified by ESIC from time to time. Expenditure incurred on services provided by empanelled hospital/diagnostic center is paid directly to the empanelled facility by ESIC after the bill is processed by BPA. UTIITSL/BPA has agreed to provide a transparent system for online referral generation and bill processing (as per ESIC Policy and Standard Operating Procedures) 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.

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

#### **I Pre-requisites:**

1. The empanelled hospitals/diagnostic centers are required to sign the MOU with ESIC Hospital / Institution/Regional office.
2. Soft copy of the agreement duly signed by both parties is also required to be uploaded on to BPA's software module.
3. Empanelled hospitals/diagnostic centers need to submit attested copies of following physical documents to BPA
  - a. Revised MOU/agreement signed by ESI hospital/Institution/Regional office (Healthcare payer) with the empanelled hospital (Healthcare provider), showing the date/duration of validity of agreement/MOU.
  - b. Empanelled hospitals/diagnostic centers to provide user details, roles to be played and authority of users who shall be processing/submitting the claims online of referred patients of ESI Hospital/Institution using BPA.
  - c. NABH/NABL and other relevant certificates of the empanelled hospital/diagnostic center along with the validity date / period.
  - d. Rate list for procedures and services.
4. Empanelled hospital/diagnostic center shall abide by any other requirement specified from time to time by ESIC and/or BPA in regards to implementation

of online referral processes, clinical data and claim generation using the software application.

5. On fulfilling requirements by the empanelled hospital/diagnostic center, BPA shall provide Login Details along with User access details; the receipt of which is to be confirmed by the empanelled hospital/diagnostic center to both ESIC and BPA.
6. BPA shall provide training to the identified employees of the empanelled hospital/diagnostic center on the access and use of the web-based application software, process of honoring routine referrals, emergency referral treatment protocol, final bill uploading/submission processes, and uploading/submission of clinical reports, etc. BPA shall train on the Standard Operating Processes related to bill processing.
7. BPA shall check and verify the authenticity of documents submitted by the empanelled hospital and tally with the document submitted to ESIC/ESIS Hospital/Institution. BPA shall check and keep a track on steps online, in the online processing activities in order to ensure transparent and fair processes.
8. Empanelled Hospital/diagnostic center shall only be able to upload claims from the date of initiation of revised MOU. System shall auto-reject any claim which is backdated or for past period.
9. The validity of revised MOU with ESIC Hospital/Institution/Regional office and NABH/NABL certificates shall be visible to all parties in the module so as to ensure checking while processing claims. The application software shall have different validations of rates based on criteria for NABH/NABL certified status of the empanelled hospital/diagnostic center. As and when the MOU validity/Accreditation validity is about to expire, the empanelled hospital/diagnostic centre needs to upload the renewed relevant document within its login account to maintain continuity for uploading and processing of claims.
10. Access for empanelled hospitals/diagnostics centers, validity of which has expired, will be blocked in the Online Referral generation template of UTI-Module but still exist in the payment module till such time that the respective empanelled hospitals/diagnostics centers are re-empanelled or completion of billing or as directed by ESIC.
11. On expiry of validity as per MOA / MOU 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 MoU**, failing which the empanelled hospitals/diagnostic centers shall have to give justification and seek waiver/condonation of delay from the Competent Authority of respective ESIC Hospital/Regional office.

12. System shall accept the patient claim only with the referral letter within its validity period i.e 7 days (excluding the date of referral). As and when the referral is issued, its validity shall get captured online. Therefore, when the empanelled hospital shall submit the claim, system shall authenticate the referral validity.
13. BPA software shall accept documents only in PDF format, of limited size or in any other secure format as modified by ESIC from time to time. If the uploaded document is not legible, BPA software shall auto-reject the same.
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 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. 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, ESIC or BPA shall not be held responsible for the same.
16. BPA shall provide training on e-claim processing and technical assistance related to software glitches.
17. Empanelled hospitals/diagnostic centers are requested to register with the BPA i.e. BPA at the earliest as all referrals shall be made through the systems only to the registered hospitals effective from the date of signing of MOU between ESIC and BPA.

## **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. 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 center.



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

User IDs will be created for users of empanelled Hospitals/diagnostic centers 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. (Eg: login details, user access details etc)
- c) The form should be signed by the user and authorized by respective authorized signatory along with official seal and signature of the empanelled hospital/diagnostic centre.
- d) Filling of the user creation template in the Excel format.
- e) Scanned copies of these documents to be forwarded to [esicbpa@utiitsl.com](mailto:esicbpa@utiitsl.com) along with User Creation Template in .XLS format.
- f) If any user is discontinued by whatsoever reason, **it is imperative that** the same should be communicated to BPA by respective authorized signatory along with official seal and signature of the empanelled hospital/diagnostic centre 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.utiitsl.com/esic](http://www.esicbpa.utiitsl.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 Procedures**

Empanelled hospital/diagnostic center shall follow ESIC Policy and Standard Operating Procedure as per document attached and as modified by ESIC from time to time.

## **VII 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 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.

If the claim was rejected or results into nonpayment to the empanelled hospital/diagnostic center, ESIC 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/ Regional Director 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.

Empanelled hospitals are requested to register with the BPA i.e. UTIITSL at the earliest as all referrals shall be made through the systems only to the registered hospitals effective from the date of signing of MOU between ESIC and BPA.

## 29) General conditions given by UTI BPA:

The parties shall abide by the following undertakings in addition to ESIC Policy and Standard Operating Procedures, the clauses mentioned in the Memorandum of Agreement with ESIC Hospital/REGIONAL Office and for the purpose of bill processing:

- A. The empanelled hospital shall acknowledge the referral from ESIS/ESIC Hospital/institution online.
- B. The empanelled hospital on admission of an ESI Hospital/institution Beneficiary shall intimate online to BPA the complete details of the patient, proposed line of treatment, proposed duration of treatment with Clinical History within 24 hours of admission.
- C. After the patient is discharged, the hospital will upload the claim related documents as per SOP and ESIC policy viz Referral letter, Bills, Lab reports, Discharge Summary, Doctors report, indoor papers etc to BPA through the web-based application within seven (7) working days.
- D. The hard copies of the claim will be delivered /dispatched to the concerned referring ESI Hospital/institution within seven (7) working days but not later than 30 days.
- E. The empanelled hospital shall submit all the medical reports in digital form as well as in physical form as per ESIC policy and SOP.
- F. The empanelled hospital agrees that the actual processing shall start when physical copies of the bills submitted by the empanelled hospitals to the concerned referring ESIC/ESIS Hospital, are verified by them on behalf of respective ESIC/ESIS Hospital. Counting of days shall start from such date for the purpose of TAT. In case of query raised on the bills the TAT for the purpose of BPA shall start from the date of reply to the last query raised by the Tie-up Hospital.
- G. 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, BPA or Medical processing team of respective ESIC Hospital/Regional office to the empanelled hospital/diagnostic center for the missing/ambiguous physical documents (As per SOP). Emapnelled hospitals/diagnostic centers shall have to submit the clarifications/information inter-alia for all bills returned online at any level under “Need for more Info” category (NMI), within 15 days failing which these claims will be processed by the respective levels and BPA on the basis of available documents without any further intimation and such bills/claims will be closed not to be opened further.
- H. The BPA will audit the medical claims of the ESI Hospital/institution Beneficiaries in respect of the treatment taken by them in the empanelled hospital and make recommendations for onward payment to ESIC Hospital/Regional Office in a time bound manner within a period of 10 working days from the date of submission of bills in physical format or reply to last query, whichever is later.

- I. The empanelled hospitals shall have the necessary IT infrastructure for interaction with BPA such as Desktop PC with internet connectivity features, High Speed High resolution multi page Document Scanner, Printers, etc.
- J. In case of some mistakes in the scrutiny of claims recommendations thereto by BPA resulting in excess payment to the empanelled hospital by ESIC Hospital/Regional office the excess amount shall be recovered from the future bills of the empanelled hospital.
- K. Subject to BPA rendering bill-processing services as per terms and conditions of this agreement, 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.
- L. The amount deducted towards fee and service tax/GST/any other tax by any name called from the payable claims of hospitals/diagnostic centers shall be forwarded by ESIC to BPA simultaneously along with the payments to empanelled hospital through ECS or any other mode of money transfer, as decided by ESIC.
- M. The processing fee admissible to BPA will be at the rate of 2% of the claimed amount of the bill submitted by the empanelled 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/Regional Office by the system at the time of generation of settlement ID.
- N. The fee shall also mean to include any additional payment of Service Tax, GST or any other taxes by whatever name called as applicable on such fee amount admissible to BPA.
- O. If the claim is rejected or results into non-payment to the empanelled hospital/diagnostic center, ESIC Hospital/Regional Office shall recover the service charge 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 and shall pay to the account of the BPA.
- P. **MEDICAL AUDIT OF BILLS:** There shall be continuous medical audits of the services provided / claims raised by the empanelled hospital by ESIC / BPA.

### 30) MISCELLANEOUS

- a. Nothing under this Agreement shall be construed as establishing or creating between the Parties any relationship of Master and Servant or Principal and Agent between the ESIC and the Hospital.
- b. The Hospital shall not represent or hold itself out as agent of the ESIC.
- c. The ESIC will not be responsible in any way for any negligence or misconduct of the Hospital and 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 on behalf of the Hospital or in the course of doing its work or performing their duties under this Agreement or otherwise.
- d. Their status and their shareholdings or that of any Guarantor of the Hospital in particular where such change would have an impact on the performance of obligation under this Agreement.
- e. This Agreement can be modified or altered only on written agreement signed by both the parties.
- f. If the hospital get wound up or partnership is dissolved, the ESIC shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the hospital or their heirs and legal representatives from the liability in respect of the services provided by the Hospital during the period when the Agreement was in force.
- g. The Hospital shall bear all expenses incidental to the preparation and stamping of this agreement.
- h. Regional Director or any person authorized by ESIC should be allowed to inspect the ESIC beneficiaries under treatment and documents related to ESIC beneficiaries and his/her treatment at any time. All documents related to ESI beneficiaries including reports, case sheets, bill etc and all required information should be provided without delay.
- i. The representative of hospitals/Diagnostic centers should always be available /approachable over phone and for this purpose a nodal officer (contact person) shall be nominated by hospital/Diagnostic centers to interact with ESI beneficiaries /ESIC officers. His/ Her mobile number/email id should be made available to ESIC.
- j. A board measuring 3 ft x2 ft made up of Foam/Flex/Metal with the words “We provide cashless treatment to ESI beneficiaries on referral by ESI doctors. In case of any difficulty please contact \_\_\_\_\_ (Name and phone number of the concerned hospital nodal officer)” with ESIC logo should be displayed on the empanelled hospital/Diagnostic center at their own cost. (Emapnelled hospital)

- k. The Hospital/Diagnostic center shall not undertake treatment of referred cases in specialties which are not available in the hospital, but it will provide necessary treatment to stabilize the patient and transport the patient safely to the nearest recognized hospital under intimation to ESIC authorities. However, in such cases the hospital will charge as per the CGHS rates only for treatment provided.
- l. In Emergency the hospital will not refuse admission or demand an advance payment from the ESI beneficiary or his/her family member and will provide treatment and inform the ESI authorities immediately for regularization.
- m. For Hospitals which are not accredited by NABH, their empanelment shall be provisional till they get NABH accreditation which must preferably be done within six months, but not later than one year from the date of their empanelment.

### **31) NOTICES**

Any notice given by one party to the other pursuant to this Agreement shall be sent to other party in writing by registered post or by facsimile and confirmed by original copy by post to the other Party's address as below.

- a. ESIC: Regional Director, E.S.I Corporation, Regional Office, 5-9-23, Hill-Fort Road, Adarshnagar, Hyderabad-500063.**

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

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

Here after respective MS's-ESIC Hospitals & SMC Offices will enter into MOU/Addendum to MoU (as the case maybe) with empanelled hospitals/diagnostic centers to enable online referral generation and billing through UTI Module.

BPA will provide a front end user interface through the software where in the designated officials/users of ESIC Hospitals/SMC Offices will be able to update all necessary details including empanelment, validity/extension of validity of MOA, details of accreditation (NABH/NABL), classification of hospital and any other parameters/criteria as specified by ESIC from time to time as also any information on de-empanelment of the hospital/diagnostic centers, without the BPA having any control on such parameters relating to the empanelled hospitals/diagnostic centers.

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

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

**DEFINITIONS & INTERPRETATIONS:**

1. **“Agreement”** shall mean this agreement and all Schedules, Annexure, Supplements, Appendices and Modifications thereof made in accordance under the terms of this agreement, in writing and as agreed to by both the parties. It shall also include Letter of Intent, Standard Operating Process (SOP), Notification of award, etc. Any changes, if mutually agreed between ESIC and UTIITSL in writing, shall also form the part of the agreement.
2. **“BPA”** shall mean Bill Processing Agency and UTIITSL 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. **“RD”** of a state, shall mean Regional Director 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 UTIITSL/BPA. The Proprietary Rights, Copyrights, Patents and any such Rights over the software and its modifications shall always be with UTIITSL/BPA.
18. **“Rates”** means the rates as per ESIC policy/SOP/CGHS/AIIMS notified circulars duly adopted and recommended by ESIC or uploaded on the website [www.esic.nic.in](http://www.esic.nic.in) and BPA portal [www.esicbpa.utiitsl.com](http://www.esicbpa.utiitsl.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.
21. **“SMC/SSMC”** office/offices may be read as Regional Office.

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

## **I Facilities**

Medical facilities are to be provided through a network of ESI institutions spread across the country. In case further treatment is required, a referral will be issued from ESI Institution to the empanelled hospital/diagnostic center. Only the staff authorized by ESIC can issue (Normal/Emergency) referrals. **The list of names of designated officers shall be given to BPA by the respective Competent Authority at each of the location at the time of start of the Contract.**

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

## **II Deployment of software**

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

## **III Training**

BPA has imparted initial free of cost training to ESIC and empanelled hospitals/diagnostic centers before signing of the contract. However, the BPA shall again impart refresher onsite training, free of cost at all locations after the

MoU is signed. In addition, BPA will prepare a video film, free of cost along with ESIC Officials for complete training purposes.

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

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

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

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

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

- a. Filling the User ID creation form by prospective user.
- b. The role of the user to be mentioned, as defined in the form. (Eg: 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@utiitsl.com](mailto:esicbpa@utiitsl.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.utiitsl.com/esic](http://www.esicbpa.utiitsl.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 centers:**

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

## **VIII Procedures**

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

In normal working hours ESIC/ESIS Hospitals/Institutions will initiate referral by the competent authority/ specified user as specified under Clause 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.

- i. 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.
  - ii. 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.
  - iii. 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.
  - iv. 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 sent 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. Empanelled hospitals/diagnostic centers will carry out the procedure(s)/test(s)/ Health intervention/OP Consultation etc. 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. 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.

14. 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.
15. 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.
16. 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.

17. 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.

18. 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.utiitsl.com/esic](http://www.esicbpa.utiitsl.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.

19. 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.
20. 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

21. If an online claim is not approved by BPA, it will be moved back to the empanelled hospitals/diagnostic centers, with reasons for rejection and with provision for viewing by ESI Hospital/Institution online (for information).
22. Empanelled hospitals/diagnostic centers shall have to submit the clarifications/information inter alia for all bills returned online by BPA under “Need more Information” category (NMI), within reasonable time but not later than 15 days failing which these claims will be processed by BPA on the basis of the available documents on FIFO basis as per defined TAT of BPA (from the date of movement from NMI disposal) without any further intimation to Empanelled

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

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

23. 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.utiitsl.com/esic](http://www.esicbpa.utiitsl.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.
  - x. BPA shall also provide ESIC with an Audit Module with designated access to officials as specified from respective CFA of ESIC Hospital /SMC office.

- xi. Whether the patient was kept admitted for the period required for the treatment to be administered and that no unnecessary extension/stay is observed.
  - xii. Any other irregularities.
  - xiii. Other details as per SST operations manual and/or as specified by ESIC from time to time or as conveyed to BPA in writing.
24. 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).**
25. 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.
26. 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.
27. 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.
28. The scrutinized bills with remarks of BPA will be available to the empanelled hospitals/diagnostic centers on a 48 hours window for completion/rectification by the respective hospital/diagnostic center if needed and for information to all users. After 48 hours the bills will move online to the concerned ESIC Hospital/SMC office for evaluation and further scrutiny/approval.

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

29. 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.
30. 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.
31. 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.
32. 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.
33. 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 1<sup>st</sup>June or 10<sup>th</sup> June or 30<sup>th</sup> June, the reconciliation must be completed by 31<sup>st</sup> 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 31<sup>st</sup> 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.

34. 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.

35. 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.

36. 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.
37. 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
2. 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.
3. 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.
4. Final consolidated bill should be on the hospital letterhead with Bill number, Bill date, Date and time of admission and discharge, name, age of the patient with hospital seal and signature of the concerned authority in prescribed format- (PII-PVI of SST manual). All Competent Authorities shall ensure the circulation of these formats again to empanelled hospitals/diagnostic centers.
  5. Accommodation/ ICU should be checked as per entitlement and stay and as per ESIC policy.
  6. Consultation - Undue consultation and excess consultation if any to be deducted, to be paid as per ESIC policy.
  7. Lab Charges should be referred with prescribed rates and undue and irrelevant to be deducted.
  8. Payment of Pharmacy, Consumables etc. in non-package procedures is to be done as per ESIC Policy. Undue and irrelevant expenses to be deducted.
  9. Surgery charges should be referred to under ESIC Policy and package rates as applicable.
  10. Implants: should be restricted to prescribed ceiling rates, if not listed then payment to be done as per ESIC Policy.
  11. Any specialized investigations: Needs to be reviewed on clinical findings and to be admitted if justified.

12. Others (physiotherapy, dressing, dialysis, blood transfusion, chemo therapy etc) to be admitted as per justification and prescribed ESIC Policy.
13. Numbers of days considered for package for different categories of surgeries are as follows: -
  - a. 12 days for specialized (super specialties) treatment.
  - b. 7 days for other major surgeries.
  - c. 3 days for laparoscopic surgeries/normal deliveries.
  - d. 1 day for day care/minor (OPD) surgeries

**X Processing Fees**

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

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

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

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

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

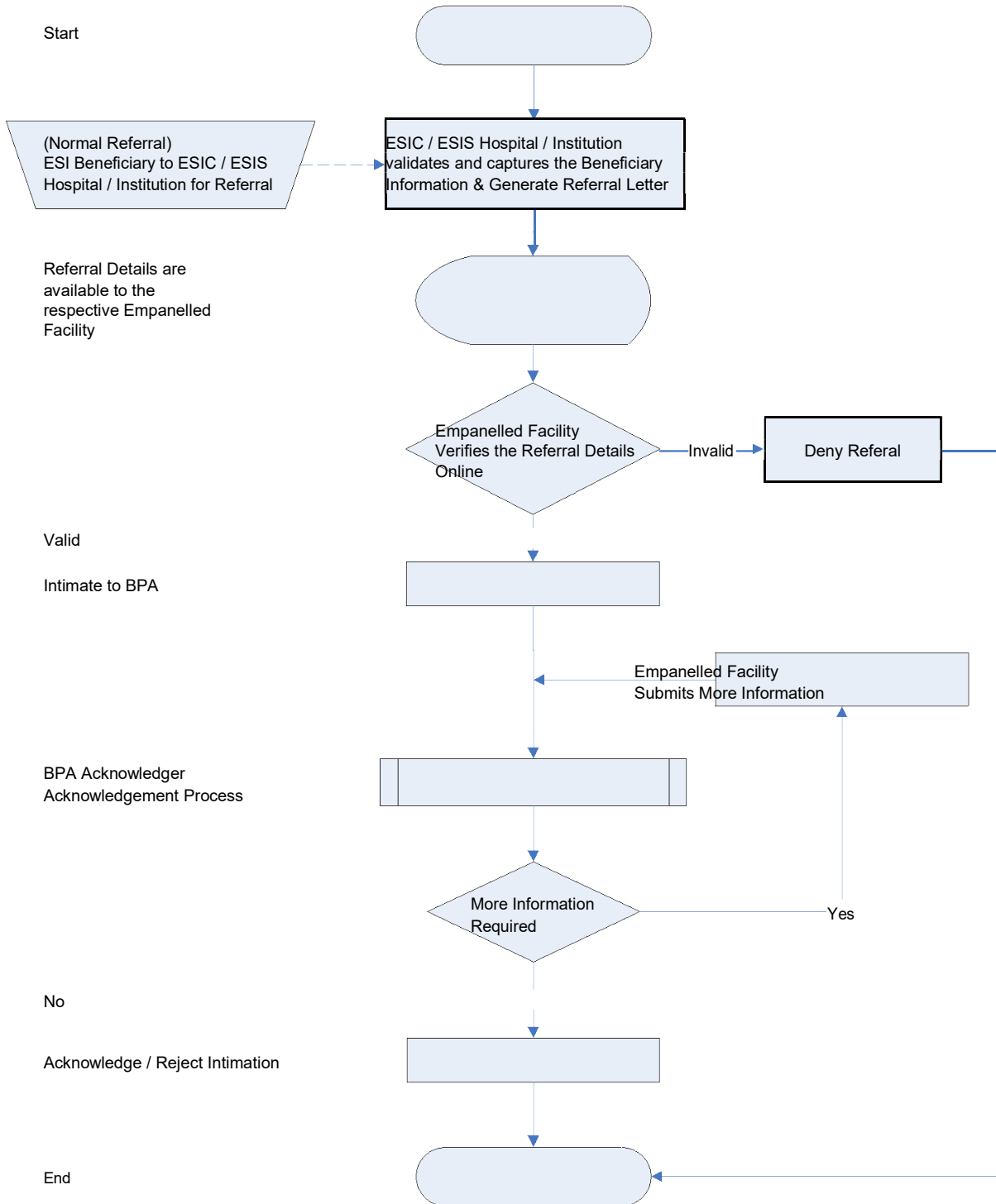
**ANNEXURE II**

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

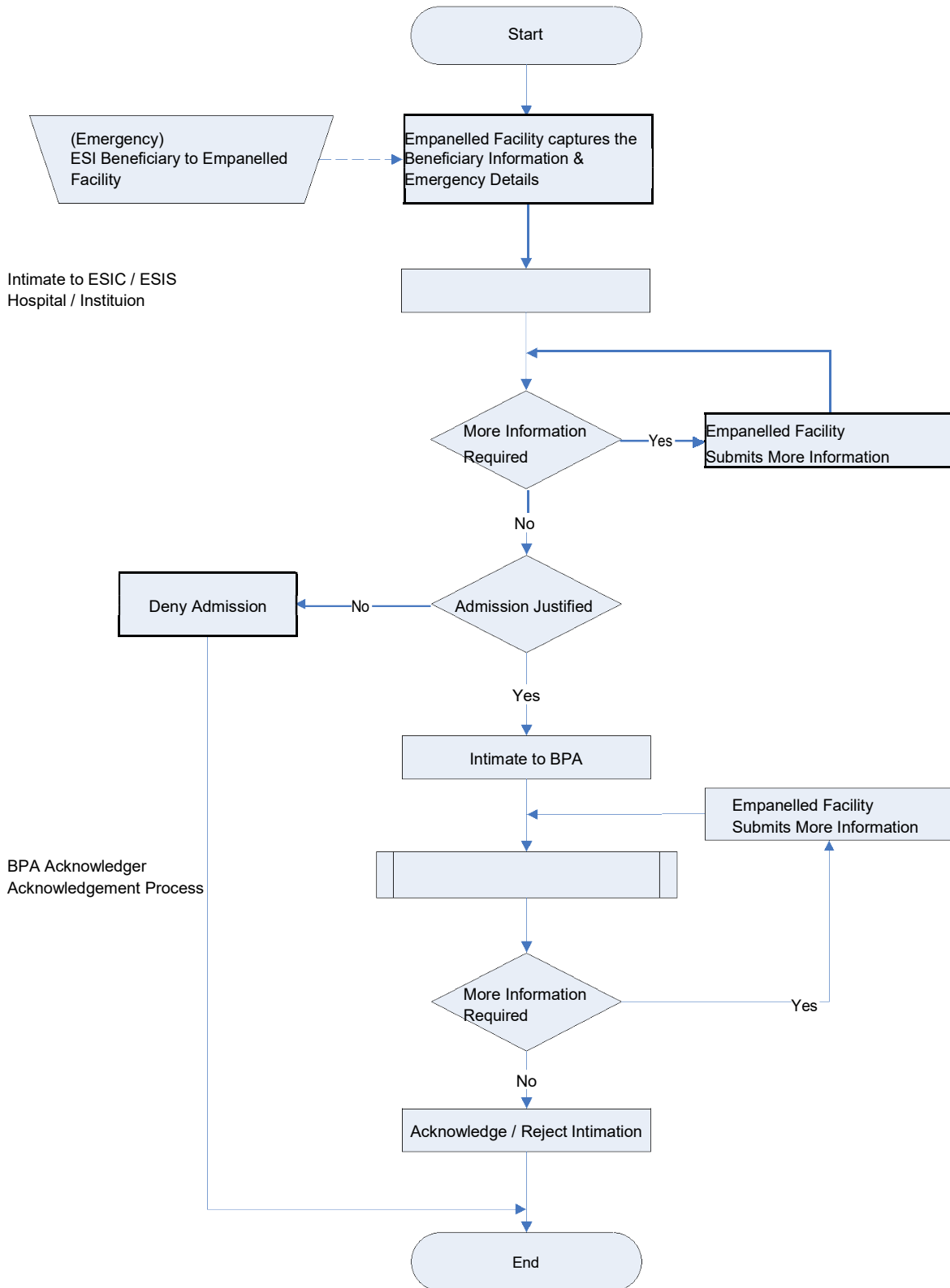
<b>S. No.</b>	<b>Activities</b>	<b>Time Lines</b>
1.	Turn Around Time (TAT) for claims Intimation by empanelled hospitals/diagnostic centers	4 hours
2.	Turn Around Time (TAT) for upload of claims into application by empanelled hospitals/diagnostic centers.	Within seven (7) working days of conduction 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. empanelled hospitals/diagnostic	Within 10 (ten) working days after uploading of the claim by the 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)

# UTI WORK FLOW

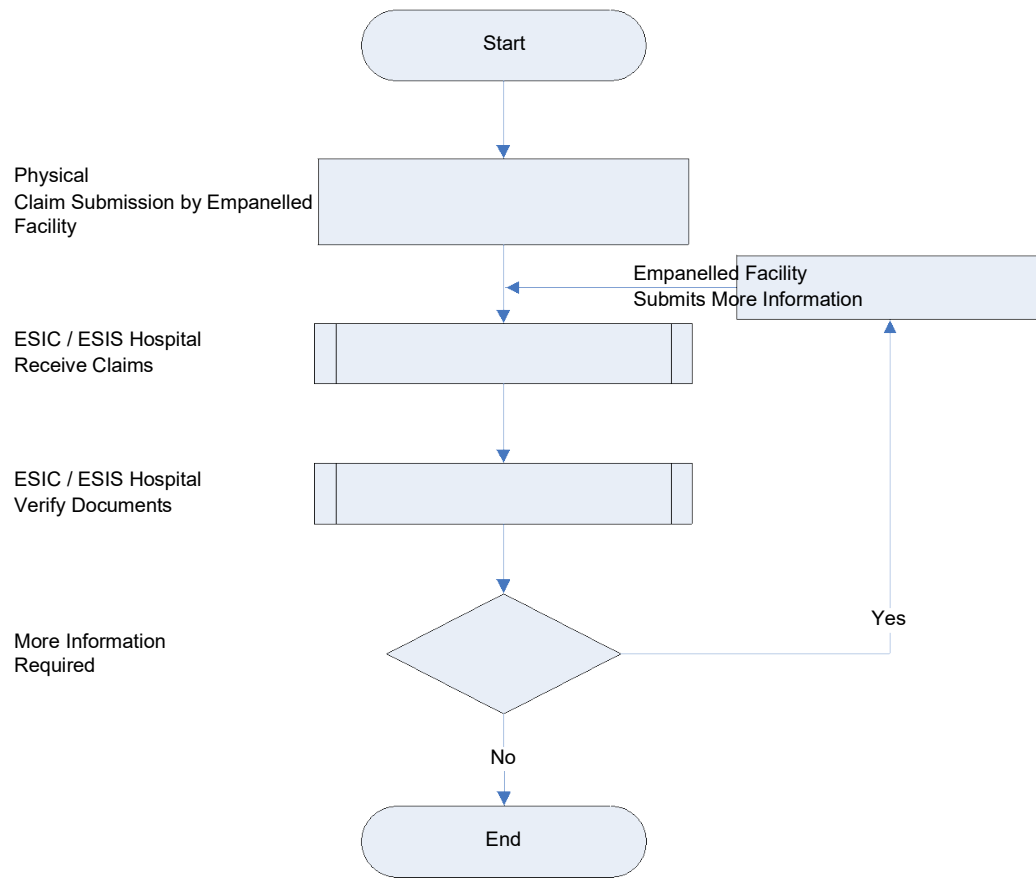
UTI Infrastructure Technology And Services Limited  
 e-Adjudication of Claims – ESIC  
 (Online Referral & Admission Intimation)



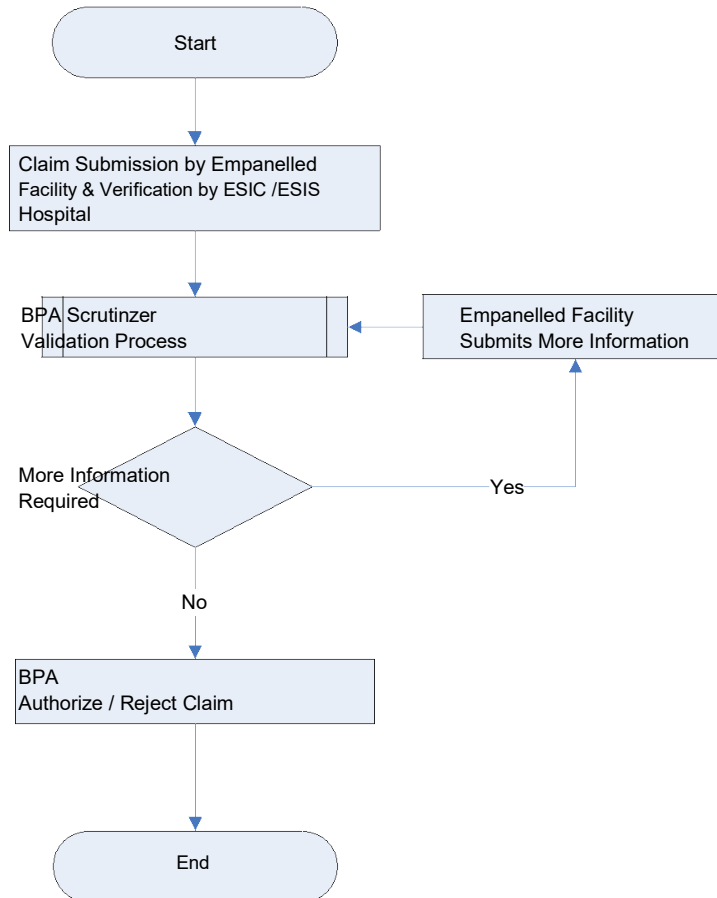
UTI Infrastructure Technology And Services Limited  
e-Adjudication of Claims – ESIC  
(Emergency Intimation)



UTI Infrastructure Technology And Services Limited e-Adjudication of Claims – ESIC (ESIC Model Hospital - Receiving / Verification Process)

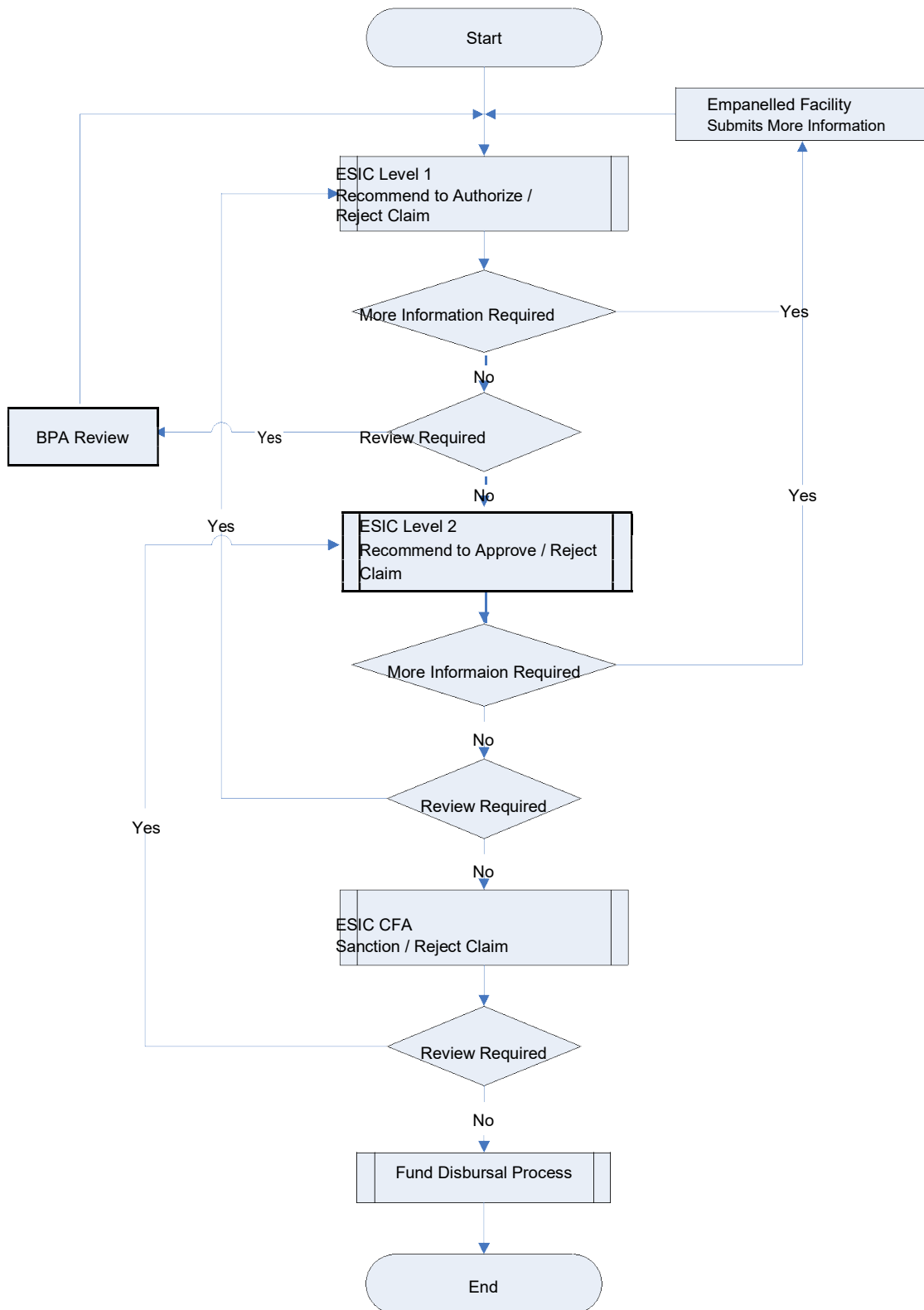


UTI Infrastructure Technology and Services Limited  
e-Adjudication of Claims – ESIC (BPA Validation  
Process)





UTI Infrastructure Technology And Services Limited  
 e-Adjudication of Claims – ECHS (ESIC - Approval  
 Process)



**ANNEXURE – J (b)**  
**FORMAT FOR EMPANELMENT OF HOSPITALS**

1. Name of the city where hospital is located

2. Name of the Hospital

3. Address of the Hospital

4. Tel/fax/e-mail

Telephone No.	
FAX	
E-MAIL Address	
Name and contract details of Nodal Persons	

Whether NABH accredited

Whether NABH applied for

A. Detail of the application fee draft of Rs. 1000/-

Name & address of the bank

D.D No.

Date of Issue

B. Total turnover during last financial year  
(Certificate from Chartered Accountant is to be enclosed)

5. For Empanelment as hospital for all available facilities  
Cancer Hospital /Unit

(Please select the appropriate column)

6. Total Number of beds

7. Categories of beds available with number of total beds in following type of wards

Causality /Emergency ward

ICCU/ICU

Private

Semi private (2-3 bedded)

General ward bed (4-10)

8. Total Area of the hospital  
Area allotted to OPD

Area allotted to IPD

Area allotted towards

9. Specification of beds with physical facilities /amenities

Length

Breadth (Seven square floor area per bed required) (IS: 12433- Part 2: 2001)

10, Furnishing specify as (a) (b) (c), (d) as per index below

a) Bedside table

b) Wardrobe

c) Telephone

d) Any other

11. Amenities specify as (a) (B) (c), (d) as per index below Amenities

i. Air conditioner

ii. T.V

iii. Room Service

iv. Any other

12. Nursing Care

- Total No. of Nurses

- No. of Para - Medical Staff

- Category of bed/ Nurse Ratio  
(Acceptable Actual bed/Nurse Standard) ratio High  
dependency unit 1:1

13, Alternate power source YES / NO

14. Bed occupancy rate

General bed

Semi private bed

Private bed

15. Availability of Doctors

1. No. of in house doctors

2. No. of in house Specialist/ consultants

16. Laboratory facilities available – Pathology, Biochemistry, Microbiology or any other

17. Imaging facilities available

18. No of Operation Theaters

19. Weather there is separate O.T for specific cases

YES/NO

20. Supportive services

Boilers/sterilizers

Ambulance

Laundry

House Keeping

Canteen

Gas Plant

Dietary

Others (Preferable)

Blood Bank

Pharmacy

Physiotherapy

21. Waste disposal System as per statutory requirement

**22. ESSENTIAL INFORMATION REGARDING CARDIOLOGY AND CTVS**

Number of coronary angiograms done in last one year

Number of Angioplasty done in last one year

Number of open-heart surgeries done in last year

**23. RENAL TRANSPLANTION HAEMODIALYSIS /UROLOGY /UROSURGERY**

Number of Renal Transplantations

Number of year this facilities is available

Number of Haemodialysis unit

**Criteria for Dialysis:**

- a. The center should have good dialysis unit neat, clean and hygienic like a minor OT
- b. Centre should have at least four good Haemodialysis machine with facility of giving bicarbonate Haemodialysis.
- c. Centre should have water purifying unit equipped with reverse osmosis.
- d. Unit should be regularly fumigated and they should perform regular antiseptic precaution.
- e. Centre should have facility for providing dialysis in Sero positive cases.
- f. Centre should have trained dialysis technician, Nurses, full time Nephrologists and Resident Doctor available to manage the complication during the dialysis.
- g. Centre should conduct at least 150 dialysis per month and each session of hemodialysis
- h. Facility should be available 24 hours a day

Whether it has an immunology lab

YES/NO

If so, does it exist within the city where the hospital is located

YES/NO

Whether it has blood transfusion service with facilities for screening HIV markers for Hepatitis (B&C), VDRL

YES/NO

Whether it has a tissue typing unit DBCA/ IMSA/DRCG Scan facility and the basis Radiology facilities

YES/NO

**24. LITHOTRIPSY**

1. No of cases treated by lithotripsy in last one year

2. Average number of sitting required per case

3. Percentage of case selected for Lithotripsy,  
which required conventional surgery due to failure of lithotripsy.

**25. LIVER TRANSPLANTATION –Essential Information reg.**

Technical experts with experience in liver transplantation  
who had assisted in at least Fifty liver transplants

YES/NO

(Name and qualification)

Month and year since liver transplantation is being carried out

Success rate of liver transplant

Facilities of transplant immunology lab Tissue typing facilities

YES/NO

Blood Bank

YES/NO

**26. NEURSOSURGERY**

Whether the hospital aseptic operation theatre for Neuro Surgery

YES/NO

Whether there is Barrier Nursing for Isolation for patient

YES/NO

Whether it has required instrumentation for Neuro surgery

YES/NO

Facility for Gamma Knife surgery

YES/NO

Facility for Trans – sphenoidal endoscopic surgery

YES/NO

Facility for Stereotactic surgery

YES/NO

**27. GASTRO-ENTEROLOGY**

Whether the hospital has aseptic operation theatre for Gastro-Enterology & GI Surgery

YES/NO

Whether it has required instrumentation for Gastro-Enterology GI Surgery

YES/NO

Facilities for endoscopy specify details

**28. ONCOLOGY**

- |  |        |
|--|--------|
| 1. Whether the hospital has aseptic operation theatre for oncology surgery | YES/NO |
| 2. Whether it has required instrumentation for oncology surgery            | YES/NO |
| 3. Facilities for chemotherapy   |        |
| 4. Facilities for Radio-therapy (Specify)                                  | YES/NO |
| 5. Radio therapy facility and manpower shall be as per guidelines of BARC  | YES/NO |
| 6. Details of facilities under Radiotherapy                                | YES/NO |

**ANNEXURE –J (C)**

**CERTIFICATE OF UNDERTAKING**

1. It is certified that the particulars given above are correct and eligibility criteria are satisfied.
2. That hospital laboratory shall not charge ESI Beneficiaries higher than the CGHS notified rates or the rates charged from other patients who are not ESI beneficiaries.
3. That the rates have been provided against a facility/procedure/investigation actually available at the organization.
4. That if any information is found to be untrue, Hospital would be liable for de-recognition by ESI. The organization will be liable to pay compensation for any financial loss caused to ESI or Physical and or mental injuries caused to its beneficiaries.
5. That the hospital has the capability to submit bill and medical records in digital format and that all billing will be done in electronic format and medical records will be submitted in digital format.
6. The Hospital will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
7. That the Hospital has not been derecognized by CGHS or any State Government or other organization.
8. That no investigation by Central Government/State Government or any statutory investigation agency is pending or contemplated against the hospital.
9. Agree for the terms and condition prescribed in the tender document.
10. Hospital agrees to implement electronic medical records and HER as per the standards approved by Ministry of health & family welfare and ESIC.

**SIGNATURE OF APPLICANT OR AUTHORIZED AGENT**



**ANNEXURE-J(d)**

**Scanned copies of the following documents (wherever applicable) are to be submitted with tender**

1. Copy of legal status place or registration and principal of business of the health care organization or partnership firms, etc.
2. A copy of partnership deed / memorandum and articles of association, if any.
3. Copy of Customs duty exemption certificate and the condition on which exemption was accorded.
4. Copy of statutory licenses for running Blood Bank, P&DT, AERB clearance for Radiology equipment clearance
5. Disposal of Bio-medical waste NOC/fire clearance/NOC of building, clinical registration.

**SIGNATURE OF APPLICANT OR AUTHORIZED AGENT**