

Expression of Interest

EOI Notice No. Tie-up/Bhatapara-Balod-Gunderdehi-Bhanupratappur /EOI Empnl/2023/
dated: 04-09-2023.

Expression of Interest is invited for and on behalf of President of India acting through Chief Medical Superintendent, SEC Railway, Raipur from Private hospitals of Bhatapara-Balod-Gunderdehi-Bhanupratappur City (C.G.) for the work of OPD, Primary, secondary/ higher secondary/ tertiary care Medical Management / Treatment of Railway Beneficiaries

1. Name of the work & Place: For empanelment with Raipur Division, South East Central Railway, for Cashless treatment for Railway Beneficiaries.
2. Rate of work: CGHS Nagpur 2014 with _____% discount, on AIIMS rates if not listed in CGHS. Hospital rate with _____% discount for item not listed in CGHS & AIIMS.
3. Hospitals both categories A and B as per Railway Board's letter dated: 25.04.2018 & 09.12.2021 need to apply for fresh empanelment with Raipur Division.
4. Empanelled hospital(s) should extend at least 5% or more rebate on MRP on all drugs and consumables/disposables and implants not covered by CGHS/ AIIMS capping and suitable discount on Non-CGHS procedure/ investigations over aggregated hospital rates, if any.
5. Date of Application and time: Application along with relevant supporting documents only should be submitted or sent through registered post from 19.09.2023 to 02.10.2023 at 17.00 hrs at the office of the Chief Medical Superintendent, Divisional Railway Hospital, SEC Railway Raipur . Application submitted OR received through Dak after 02.10.2023 at 17.00 hrs will not be entertained. In case of above date declared Closed/ holiday in any manner, very first working date will be the last date for submission/ receiving of the application.
6. Date of opening of Application: Within the 21 days after publication of EOI notice i.e. 02.10.2023 upto 17.00 hrs.
7. Website for detailed EOI notice and Minimum Qualifying Criteria: www.secr.indianrailways.gov.in and notice board of Office of Chief Medical Superintendent, Raipur .

Note:

1. In case of above date declared Closed/ holiday in any manner very first working date will be the last date for submission/ receiving of the application.
2. Railways have the right to reject the application without stating any reason(s).
3. EOI & Minimum Qualifying Criteria can be downloaded for the website www.secr.indianrailways.gov.in.
4. Please refer to details of terms and conditions are as per Railway Board policy letters dated: 25.04.2018 & 09.12.2021 available with EOI notice upload on website of South East Central Railway, Raipur.
5. The private hospital will have to enter into MoU with Chief Medical Superintendent/SEC Railway, Raipur to provide Cashless treatment to Railway Beneficiaries on approved referral by authorised medical officer(s).

(Dr. B.Prabhakar Raju)
Chief Medical Superintendent,
SEC Railway, Raipur

रुचि की अभिव्यक्ति

ईओआई सं. Tie-up/Bhatapara-Balod-Gunderdehi-Bhanupratapur/EOI Empnl/2023/
दिनांक: 04.09.2023.

भारत के राष्ट्रपति की ओर से एवं के लिए मुख्य चिकित्सा अधीक्षक, दक्षिण पूर्व मध्य रेलवे रायपुर द्वारा भाटापारा, बालोद, गुंदरदेही और भानुप्रतापपुर के सभी प्राइवेट हास्पिटलों से ओ.पी.डी., प्राथमिक, सेकेण्डरी/हायर सेकेण्डरी/टरशयरी केयर चिकित्सा प्रबंधन/उपचार (विविध स्पेशियलिटियों/एकल स्पेशियलिटि में) रेलवे हितग्राहियों के लिए रुचि की अभिव्यक्ति आमंत्रित की जाती है।

कार्य का नाम एवं स्थान : दक्षिण पूर्व मध्य रेलवे, रायपुर मंडल के रेलवे हितग्राहियों को कैशलेस चिकित्सा सुविधा के लिए अनुबंध हेतु।

1. कार्य की दर : सी.जी.एच.एस. नागपुर 2014 रेट में आवश्यक ___% छूट प्रदान करना होगा यदि सी.जी.एच.एस. उपलब्ध न होने पर एम्स रेट लागू होंगे। यदि सी.जी.एच.एस. और एम्स रेट दोनों में उपलब्ध न होने पर चिकित्सालय का रेट पर आवश्यक ___% छूट प्रदान करना होगा।
2. रेलवे बोर्ड के पत्र दिनांक 25.04.2018 और 09.12.2021 के दिशानिर्देश के अनुसार कैटेगरी 'ए' एवं कैटेगरी 'बी' दोनों प्रकार के हॉस्पिटल नवीन अनुबंध हेतु आवेदन करने की आवश्यकता है
3. नवीन अनुबंधित हॉस्पिटलों को सभी ड्रग्स और कन्जुमेबलस्/डिस्पोजेबलस् एवं ऐसे इम्प्लांटस् जो सी.जी.एच.एस. अथवा एम्स रेट के भीतर न हो में कम से कम 5 प्रतिशत या अधिक छूट प्रदान करना होगा/अपेक्षित है। ऐसे प्रोसेड्यूर/जॉच जो सी.जी.एच.एस. एवं एम्स रेट में न होने की स्थिति में स्वीकृत हॉस्पिटल दर में आवश्यक छूट प्रदान करना होगा।
4. आवेदन की तिथि एवं समय : आवेदन केवल संबंधित दस्तावेजों के साथ दिनांक 19.09.2023 से 02.10.2023 के 17.00 बजे तक रजिस्टर्ड डाक अथवा स्वयं द्वारा कार्यालय मुख्य चिकित्सा अधीक्षक, दक्षिण पूर्व मध्य रेलवे, रायपुर में जमा किए जा सकते हैं। दिनांक 02.10.2023 के 17.00 बजे के बाद जमा किए या डाक द्वारा प्राप्त हुए आवेदनों पर विचार नहीं किया जाएगा। यदि उपरोक्त दिनांक किसी कारणवश घोषित किया जाता है तो उसके तुरंत बाद के कार्यालयीन दिवस को आवेदन जमा करने/प्राप्त करने का अंतिम दिवस माना जाएगा।
5. आवेदन खुलने की तिथि: ई.ओ.आई सूचना प्रकाशित होने के 21 दिनों के भीतर जो कि 02.10.2023 के 17.00 बजे तक होगी।
6. ईओआई सूचना एवं प्रात्रता की निर्धारित भातें का विस्तृत विवरण दक्षिण पूर्व मध्य रेलवे, रायपुर के वेबसाइट www.secr.indianrailways.gov.in में एवं कार्यालय मुख्य चिकित्सा अधीक्षक, रायपुर के सूचना पटल से प्राप्त की जा सकती है।

नोट : -

1. यदि उपरोक्त दिनांक में किसी कारणवश अवकाश घोषित किया जाता है तो उसके तुरंत बाद कार्यालयीन दिवस को आवेदन जमा करने/प्राप्त करने का अंतिम दिवस माना जाएगा।
2. रेलवे के पास यह अधिकार सुरक्षित रहेगा कि किसी भी आवेदन को, बिना कोई कारण बताये निरस्त कर सकता है।
3. ईओआई सूचना एवं प्रात्रता की निर्धारित शर्तें का विस्तृत विवरण दक्षिण पूर्व मध्य रेलवे, रायपुर के वेबसाइट www.secr.indianrailways.gov.in से डाउनलोड किए जा सकते हैं।
4. नियम एवं शर्तों के विस्तृत विवरण के लिए रेलवे बोर्ड के पॉलिसी लेटर दिनांक 25/04/2018 व 09.12.2021 का अध्ययन करें जो कि इस ईओआई सूचना के साथ दक्षिण पूर्व मध्य रेलवे के वेबसाइट में उपलब्ध है।
5. सभी प्राइवेट अस्पतालों को मुख्य चिकित्सा अधीक्षक, दक्षिण पूर्व मध्य रेलवे रायपुर के साथ अनुबंध करार (MoU) निष्पादित करना होगा जिसमें कि वे अधिकृत चिकित्सा अधिकारी द्वारा अनुमोदित रिफरल करने पर रेलवे हितग्राहियों को कैशलेस चिकित्सा सुविधा उपलब्ध कराएंगे।

(डॉ. बी.प्रभाकर राजू)
मुख्य चिकित्सा अधीक्षक,
द. पू. म. रेलवे, बिलासपुर

**PROFORMA FOR MINIMUM QUALIFYING CRITERIA FOR EMPANELMENT of
Private Hospital for Secondary/ Higher Secondary/ Tertiary Care Medical Management
& Treatment**

S.N.	DESCRIPTION	YES/NO
01	The Discipline(s) available in Hospital may be described with supportive document(s) and evidence.	
02	Whether the Hospital is approved with CGHS (Central Govt. Health Scheme) /ESI/ECHS, if yes documentary evidence with validity has to be provided.	
03	Whether the Hospital is having valid accreditation with NABH, if yes documents may be enclosed.	
04	Whether the Hospital is well equipped with newer technology & equipments (list of available equipment to be provided in details)	
05	Whether valid registration/license from the Local administrative body available (documentary proofs to be provided)	
06	Whether agreeing for extending facility at CGHS-2014 (NABH/Non NABH) rates with ____% discount of Nagpur city OR AIIMS rate if not listed in CGHS rates. Hospital rate with ____% discount for item not listed in CGHS & AIIMS.	
07	If CGHS rates not available for certain procedure/ investigation whether agreeing for doing those at AIIMS rate/Government rate, if available.	
08	If the CGHS & AIIMS rates are not available then the prevailing hospital rate with discount for a particular procedure/ investigation/ test if available at hospital will be accepted. In this regard a comparative statement has to be submitted with comparison of CGHS rate/AIIMS rate and Hospital rates with discount	
09	How much discount of prices of all drugs and consumables/disposables and implants not covered by CGSH/ AIIMS capping will be given by the hospital on MRP? May be mentioned the %age i.e. in any case it should be 5% or more of discount and it should be uniform in all items.	
10	Whether qualified/ capable full time specialist and Or Super-specialist doctor(s) for concerned specialist of treatment with at least 03 years experience in concerned field available? Documentary proof may be provided in details of each speciality. If more than one specialist/ super-specialist available in same speciality authentic documents may be provided for all.	
11	Whether adequate qualified and trained supporting paramedical, supporting & House Keeping staff available (Number & list of such Paramedics & Supportive staff with proof of qualification and valid identity has to be enclosed)	
12	Whether agreeing for providing Free to & fro Ambulance Service for In-patient of Bhatapar, Balod, Gunderdehi & Bhanupratappur as per requirement and even during emergency.	
13	Whether the Hospital provide free diet for patients.	
14	Whether the centre is agreeing for mode of payment on monthly bill payment system through NEFT.	
15	Whether the hospital will agree to follow the instruction/ guideline issued time to time from Chief Medical Superintendent/SECR/Raipur in regard to patient management as well as billing system improvement as per requirement.	

Contd...2...

S.N.	DESCRIPTION	YES/NO
16	Whether the hospital will agree to provide copy of complete treatment file from date of admission to discharge of the cases may contains the following files: 1. All case with bill amount more than 01 (one) lakh. 2. All Bills having uncoded procedure(s)/ investigation(s). 3. All Bills having Length of stay more than 07 days. 4. All Bills having ICD (Intra Cardiac Device) and other implant(s). 5. All Bills having procedure other than for which patient was referred.	
17	Whether the Hospital will agree to allow Medical/ Billing Personnel of CMS/Raipur from time to time to inspect the patients who are undergoing treatment and to scrutinize the treatment and investigation papers.	
18	If due to some unavoidable reasons any procedure/ investigation/ tests could not be done at the hospital then the hospital should agree for arranging that procedure/ investigation/ tests done at some other centre by their own without any additional cost.	
19	Whether the Centre are agreeing for applicability of rates for a period of Two Years effective from the date of entering into a MoU. There will be no upward revision of rates during this period. However the revision of rates will be decided, if any; as per CGHS guideline(s) only.	
20	Whether having in-house Pathological and Radiological investigation facility. If yes documented testimonial may be provided and if not then any empanelment with any institution for same (Copy of valid agreement) may be provided).	
21	Hospital should provide feedback from of all admitted cases along with bills	
21	The Hospital should have complied with statutory requirement including that of pollution control waste management etc	
22	Any other specific information	

Name of Hospital:

Full Address with email:

Telephone No. : Landline :

Mobile :

FAX No.:

Name & Signature of
Authorized Signatory

(Official Stamp)

Note: The short listed participants will be informed about the date and time of inspection of their hospital by duly constituted Committee telephonically/ electronically.