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To

- The Director (Med.) Delhi, Director(Med.) NOIDA
- MS's - All ESIC Hospitals
- SSMC's/SMC's - All states
- Director Insurance Medical Services - All states

Subject: Modified guidelines for empanelment of Tie-up Hospitals-reg

Sir/Madam,

In continuation of guidelines issued as per SST Manual the Competent Authority has approved the modified guidelines regarding empanelment of tie-up Hospitals for Super Specialty Treatment and Secondary Care as under:-

1. The procedure recommended in the Super Specialty Manual for making tie up arrangement with any CGHS/ State /any PSU empanelled hospital without any inspection and other guidelines framed for the rest of the private hospitals do not need any change.
2. The State Medical Commissioner should make the tie up arrangement for Super Specialty treatment with the assistance of Medical Superintendent of the ESIC Hospital (if required) and should sign the MOU.
3. Director Insurance Medical services or similar authority in the State should make the tie up arrangement for Secondary care treatment for ESIS hospitals with the assistance of his own Staff (if required) and should sign the MOU.
4. SMC/DIMS should make the tie up arrangement in such a manner that each ESIC/ESIS Hospital have maximum 5 tie up hospitals attached to it, situated in nearby area in such a manner that each discipline of super specialty is available in minimum two tie up hospitals. ESIC/ESIS Hospitals should refer cases to these five allocated hospitals only. Any deviation from this system will need HQ approval.
5. SMC office shall provide an attested copy of the MOU of the allocated 5 tie up hospitals to respective ESIC Hospitals for facilitating Bill payments.
6. For Private Cancer Hospitals providing exclusive Cancer treatment tie up may be open to all ESIC/ESIS Hospitals of the state and may not be included in the list of 5 earmarked tie up hospitals.
7. For non-emergency cases, nearby available State Government hospitals should be used to provide Cash less facility to the beneficiaries and referral to the private tie up hospitals should be restricted to minimum.
8. If need arises, MS of the ESI Corporation Hospital may also do tie up arrangement for Secondary care, preferably with the same multi/super specialty hospitals attached to it. This tie

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