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U-16/30/547/2015/Pro.Cell (SST Services in ESIC Hospital)-Pt.II **Dated: 24/10/2018.**

To

All RDs,/All MSs, ESIC Hospitals,
All Deans, ESIC Medical Colleges,
The Director (Medical) Delhi/Noida,
All DIMS.

Sub: Hospital Empanelment Guidelines-reg.

Sir/Madam,

ESI provides primary medical care services (through ESI dispensaries/IMPs/ EUD, etc.), secondary services (through ESIC/ESIS hospitals)) and tertiary services (through ESIC empanelled super speciality public/private speciality hospitals) in the notified areas. Empanelment for secondary care services which are not available in ESI Hospitals, is done by ESIS under State Govt. while tertiary care services empanelment is done by ESIC.

ESIC has undertaken expansion of ESI scheme since 2015 all over India with due consent of the State Government. However, in newly implemented areas where State Govt. has expressed its inability to provide medical care services, there ESIC has made its own arrangement through empanelment for providing medical care services.

In order to cope up with the increased demand of medical services due to increase in no. of IPs tremendously from 2.1 cr to 3.4 cr (approx.) ESIC has undertaken provision of the medical services through strengthening its own infrastructure, availability of manpower and other resources or by empanelment. This led to increased referral to empanelled institutions. In these newly implemented areas, medical expenditure is fully borne by ESI Corporation as per existing guidelines.

Hence, with a view to improve the services to ESI beneficiaries and to ensure optimum utilisation of ESI resources, the Competent Authority has approved the revision of guidelines for empanelment of hospitals for ESI beneficiaries all over India.

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To

All RDs,/All MSs, ESIC Hospitals,
All Deans, ESIC Medical Colleges,
The Director (Medical) Delhi/Noida,
All SMOs/All DIMS.

Need immediate S.M.O action O.S. Rajput 25/10/2018. 24/X.

Sub: Hospital Empanelment Guidelines-reg.

Sir/Madam,

Please find attached draft regarding above subject duly forwarded to all field locations as directed for seeking your kind comments/feedback if any, not later than 4th of November, 2018.

Regional Directors are requested to kindly forward a copy of draft guidelines to the DIMS of their State and forward their comments to this office.

This is with the approval of the Director General.

29/X

VCV

Yours faithfully,

Encls: 1-7 pages of draft guidelines.

(Dr. ANITA SETHI)
Dy. Medical Commissioner (SST)

3. **EMPANELMENT**

a) i) In case of ESIC Hospitals, the detailed action plan with respect to equipment/manpower etc. be submitted to committee consisting of MS of ESIC hospitals, Dean of ESIC Medical College & Hospital of that State, DIMS or his representative, SMO and chaired by Regional Director.

ii) In case of newly implemented areas where State is unable to provide secondary medical care, the SMO shall submit the detailed action plan to the above Committee.

b) The committee would assess the district wise/cluster wise annual requirement of OPD/IPD referral load of secondary for each discipline. Once annual requirement is assessed, average daily requirement of referrals of OPD/IPD of that area in that discipline be arrived at.

c) Once the requirement is assessed the Expression of Interest (EOI) for empanelment for ESIC Hospitals, newly implemented areas and areas where State could not provide secondary medical care would be called by the office of Regional Director with hospitals empanelled with CGHS/ PSU/ NABH criteria.

d) The capacity of hospitals to be empanelled for secondary care services should be such that upto 10 times of the daily average need of that speciality is catered to. Regarding spatial distribution of TUH, Committee should use its discreation.

Empanelment of multi-speciality secondary medical care hospital be preferred over one or two speciality hospital.

e) All the tie up hospitals should be mapped with Bill Processing Agency empanelled by Hqrs. currently UTI-ITSL.

f) After selection of the TUH, a list of tie-up hospitals, with the details of specialties along with attested copy of MoU incorporating the SOP, work flow and addendum of the BPA, shall be circulated to all ESIC hospitals by Regional Director.

g) Tagging of hospitals with ESI Hospitals shall be removed and only minimum no. of tie-up arrangement with private hospitals should be made only to the extent necessary.

h) In case of ESIS Hospitals / dispensaries / areas where State is providing secondary medical care, DIMS or similar authority of the State may follow the above procedure to empanel hospitals for secondary care and enter into MoU.

4. **PAYMENT**

a) For ESIS hospitals/dispensaries/areas where State is providing secondary medical care, DIMS or similar authority of the State will process the bills and make payment to TUH.

The revised guidelines for empanelment of tie-up hospitals for secondary and super specialty services are as follows:-

A) **Guidelines for empanelment of tie-up hospitals for Secondary Medical Care.**

1) ANALYSIS OF REFERRAL DATA:

a) In the areas where State Govt. is providing secondary medical care services through ESIS Hospitals/tie up hospitals (TUH), it is advised that DIMS and Medical Superintendent(MS) of ESIS hospitals should sift through the secondary referral data of the previous year for their locations.
b) For ESIC Hospitals the respective MS will sift through the secondary referral data of the previous year for their locations.
c) For the newly implemented areas, areas where the state could not provide medical services the State Medical Officer (SMO) will analyze the referral data of the previous year district wise/cluster wise.

2) ACTION PLAN:

Having analyzed the referral data, ESIC/ESIS would identify the cause of referral such as lack of manpower or equipment etc.

a) In case of ESIS Hospitals/dispensaries/areas where State is providing secondary medical care, DIMS should incorporate procurement of equipment in the PIP plan of their State and arrange for man power to utilize these resources.
b) For the newly implemented areas, locations where the State could not provide medical services, SMO shall assess the requirement of tie ups for secondary care.
c) For ESIC hospitals, in case the referrals are due to short fall of equipment/doctors/para-medical staff, MS of ESIC hospitals shall initiate action to make up this shortfall.
d) All the above activities should be completed by the respective ESIC hospitals within a time frame by 31st of March, 2019. Till then the existing essential tie-up arrangement with private hospital may continue and those contracts which are already in place may be allowed to lapse once their period is over.
e) This shall not be a onetime exercise but a continuous process for improving the in-house infrastructure in ESI Institutions.

b) In case of referrals generated by ESIC Hospitals, the respective hospital would continue to make payments for secondary care bills directly to the TUH.

c) In case of newly implemented areas, where State could not provide secondary medical care and DCBO, the Office of Regional Director shall process and make payments directly to the TUH.

d) Bills once scrutinized by Bill Processing Agency(BPA), the RD/MS/DIMS are to ensure release of payment as per turnaround time (TAT of 15 days) and guidelines issued by ESIC Hqrs. Office on time-to-time basis.

B) **Guidelines for empanelment of tie-up hospitals for Tertiary Medical Care:-**

1) ANALYSIS OF REFERRAL DATA:

a) DIMS and MS of ESIS hospitals should sift through the Tertiary referral data of the previous year for their locations.

b) For ESIC Hospitals the respective MS will sift through the Tertiary referral data of the previous year for their locations.

c) For the newly implemented areas, areas where the state could not provide medical services the SMO will analyze the referral data of the previous year district wise/cluster wise.

2) ACTION PLAN:

Having analyzed the referral data, ESIC/ ESIS would identify the cause of referral such as lack of manpower or equipment etc.

a) For ESIC hospitals, MS should examine developing in-house SST facility if any, as per ESIC guidelines and forward the proposal to ESI Hqrs.

b) This shall not be a onetime exercise but a continuous process for improving the in-house infrastructure in ESI Institutions.

c) All the above activities should be completed by the respective ESIC hospitals within a time frame by 31st of March, 2019. Till then the existing essential tie-up arrangement with private hospital may continue and those contracts which are already in place may be allowed to lapse once their period is over.

3. EMPANELMENT

a) Assesment of need for OPD/IPD (tertiary care) for areas covered under ESIC hospitals and rest of the States shall be done by MS of the ESIC Hospitals and SMO respectevely.

b) The committee consisting of MS of ESIC hospitals, Dean of ESIC Medical Colleges & Hospital of that State DIMS or representative, SMO and chaired by Regional Director would assess the district wise/cluster wise annual requirement of OPD/IPD referral load of tertiary care for each discipline. Once annual requirement is assessed average daily requirement of referrals of OPD/IPD of that area in that discipline be arrived at.

c) Once the requirement is assessed the Expression of Interest (EOI) for empanelment for tertiary medical care for ESIC Hospitals, newly implemented areas and areas where State could not provide secondary medical care would be called by the office of Regional Director, as per the criteria laid down and issued by Hqrs. from time-to-time, and enter into MoU for the entire state.

d) NABH accredited hospitals to be empanelled preferably, so as to provide quality care to ESI referred patients.

e) The capacity of hospitals to be empanelled for each discipline of tertiary care services should be such that upto 10 times of the daily average need of that Super Specialty is catered to. Regarding spatial distrubution of TUH, Committee should use its discretion.

f) All the tie up hospitals should be mapped with Bill Processing Agency empanelled by Hqrs. currently UTI-ITSL.

g) Empanelment of multi super speciality tertiary care hospital be preferred.

h) After selection of TUH for tertiary care, a list of tie-up hospitals, with the details of super specialties along with attested copy of MoU incorporating the SOP, work flow and addendum of the BPA, shall be circulated to all ESIC hospitals of the State by Office of Regional Director.

i) Tagging of hospitals with ESI Hospitals shall be removed and only minimum no. of tie-up arrangement with private hospitals should be made only to the extent necessary.

j) Super specialty treatment requirement should be considered only if the treatment involves intervention by the Super Specialist of the concerned field. Super specialist's opinion can be taken any time by the treating specialist of ESIC/ESIS Hospital for better management or opinion on the requirement of any specific super specialty intervention.

k) The existing Committee of Liver Transplant would examine and recommend all other organ transplant procedures.

4. **PAYMENT**

a) In case of referrals generated by ESIC Hospitals, the respective hospital would continue to make payments for Tertiary care bills directly to the TUH.

b) In case of referral generated by ESIS hospitals/dispensaries & newly implemented areas, the Office of Regional Director shall process and make payments directly to the tertiary care TUH.

c) Bills once scrutinized by Bill Processing Agency(BPA), the RD/MS, ESIC hospital to ensure release of payment as per turnaround time (TAT of 15 days) and guidelines issued by ESIC Hqrs. Office on time-to-time basis.

C. **Guidelines for Delhi-NCR** i.e. all ESIC Hospitals of Delhi, Noida, Sahibabad, Gurugram, Manesar& ESIC Hospital and Medical College, Faridabad:-

a) On the basis of referrals made in the past one year, all MSs shall assess the requirement on the basis of referral pattern of last one year and submit proposals to ESIC Hqrs. for evaluation by a committee consisting of Medical Commissioner I/C of SST as Chairman, D(M)D, Director (Noida), RD, Delhi and the MSs of the Hospitals.

b) The Committee shall evaluate and recommend the requirement of medical services through empanelment.

c) The recommendations of the Committee shall be submitted to D(M)D for further processing of empanelment.

d) ESIC hospitals in Delhi-NCR should share the availability of services both secondary and super speciality in their hospitals to each other and except emergency may refer the patient to other ESIC Hospitals of Delhi-NCR for services, which are not available in their own set up and are available in other ESIC Hospitals and not optimally utilized, so that patient can get in-house services through ESIC Hospitals, before referral to TUH.

e) The tie-up for secondary care, in case required, should be with Institution having at least 100 beds.

f) In case of empanelment for single specialty/super specialty such as exclusive eye care/dialysis/nephrology/oncology, cardiology etc, bed strength criteria may be of 50 beds or more.

h) For Delhi NCR region, NABH accredited hospitals should be empanelled essentially, so as to provide quality care to ESIC referred patients.

D. Payment Guidelines for ESI Institutions other than Delhi-NCR:

RD shall make payments for SST /Secondary care bills for hospitals empanelled for the State by RD. However, the bills pertaining to referrals where Super Specialty procedure are not specified on the referral letter and patients have been 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 and all such bills should be paid by DIMS or if paid by RD then deduction for the expenditure should be done from the future "on account" payment, due to State Government.

E. Rest of the guidelines of SST manual for empanelment shall remain the same.