

West Central Railway

No. BPL/H/EOI/Hospt.

CMS's Office
Divisional Railway Hospital Bhopal
Dt. 13.02.2024

(EOI)

EXPRESSION OF INTEREST

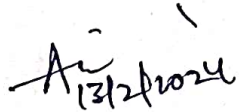
Chief Medical Superintendent/West Central Railway/Bhopal, on behalf of The President of India invites EXPRESSION OF INTEREST (EOI) for CGHS Rates from Itarsi region in Bhopal Division West central Railway for providing treatment in emergency to Railway Beneficiaries, for a period of 02 yrs.

The interested Hospital may download the details from the website of <https://wcr.indianrailways.gov.in>.

For further queries contact office of Chief Med. Supdt./Divisional Rly. Hospital/ Nishatpura Bhopal. Telephone No.-7701092522

Time Line:

1. Issue of EXPRESSION OF INTEREST (EOI).- 13.02.2024
2. Venue - CMS office Railway Hospital Nishatpura Bhopal.
3. Last Date of submission of proposal- 29.02.2024 time-13.00 hrs.
4. Date of Opening of the proposal- 29.02.2024 time-15.30 hrs.


CMS/BPL

Minimum Eligibility Criteria

1. The Hospital should be located in around Itarsi area.
2. The rates to be paid by Railway to the recognized Hospital as per CGHS rates .
3. Recognition will be for a period of Two years.
4. Admission is to be done on priority in emergency and for referred cases.
5. To provide Adequate medical attention for serious patients.
6. The hospital should provide facilities round the clock.
7. The hospital who apply for in response to this EOI will be empanelled after scrutiny.
8. Procedure for recognition will be as per existing railway board guidelines.
9. Railway beneficiaries will be referred to empanelled Hospital with proper referral letter.
No payment will be charged from them.
10. The hospital that are recommended for empanelment shall also have to furnish a Performance Bank Guarantee valid for a period of 30 months i.e 06 months beyond empanelment period. deposit-Rs.Ten Lakhs(Rs.10,00,000.00) Multi & single speciality 2,00,000/- (Two lakhs)
11. Empanelled hospital will be required to provide bank details for necessary transfer of bill amount electronically to the account.
12. Bills should be submitted as per MOU/in triplicate with original referral letter from railway hospital, photocopy of identity card/RELHS card of Railway beneficiaries, discharge summary, reports of investigations, original packets/bill of implants documents showing visits of Doctors etc. Summary of bill on monthly basis should also be enclosed. Any extra procedures, medicines- need special permission. Such original permission letter from .SubRailway Hospital/ West Central Railway /Itarsi should be attached with the bill.
13. Chief Medical Superintendent /Divisional Railway hospital/ Bhopal reserves the right to visit the hospital at any time to ascertain their compliance with the requirements of Railway.
14. Chief Medical Superintendent/ Divisional Railway Hospital/ Bhopal, reserves the right to accept / reject any application/ to reject all the application at anytime, without assigning any reason.
15. If any empanelled hospital is found involved in any wrong doing or over charging etc, then the concerned Hospital would be suspended/removed from Railway panel and would be black listed for specified period for future empanelment with Railway.
16. **Exit from the panel.**-The rates fixed by the CGHS shall continue to hold good unless revised by CGHS. In case the notified rates are not acceptable to the empanelled hospital or for any other reason- the hospital no longer wishes to continue on the list under Railway it can apply for exclusion from the Panel by giving one month notice.
17. Empanelled hospital should notify one nodal officer/ executive for Railway beneficiaries, who can be contacted by Railway administration in case of any requirement.
18. Those hospital who are willing to stabilised & Run EMR (Emergency Medical Room) at Itarsi Railway station preference will be given to those hospitals in empanelment with railways. (Terms & conditions of EMR is enclosed).

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Terms and Conditions

1. That the license for the said facility shall be valid for the period of 03 (Three) years unless terminated earlier on account of following:
 - a. By giving 30 days notice in writing from either side without assigning any reason.
 - b. Terminated by railway Administration on a short notice on account of unsatisfactory performance.
2. Emergency Medical Service Provider (EMSP) shall pay license fee to Railways every year in advance as offered by them in their EOI.
3. Refundable Security Deposit of Rs. One lakh to be submitted in the form of FDR/DD in the name of Sr.DFM, WCR Bhopal.
4. The primary aim of Emergency Medical Room (EMR) at the Railway station is to provide "First Aid Medical Assistance" free of Cost to the bonafide railway passengers who have been injured due to falling from train/ run over cases/ etc. during the course of their train journey.
5. The EMSP shall provide Emergency Medical Services round the clock in the Emergency Medical Room at the Bhopal Railway station, Bina Station, Itarsi Station for which one Doctor with minimum qualification of MBBS and trained Paramedical staff shall be made available.
6. Railway Administration shall provide the space for EMR. Electricity and water shall be provided by the Railway Administration free of cost. The EMSP shall not have any claim on the Railway property/premises what so ever, The EMSP shall use the premises for the bonafide purpose as provided in the Scope of work only and for no other purpose
7. However, the arrangement for stretcher, wheelchair, Patient bed, necessary medical kit etc shall be made available by the EMSP.
8. The EMSP shall stock essential medicines for use in case of emergency/ trauma care as recommended by the expert committee of AIIMS (Annexure II).
9. The concerned on duty Railway station in charge shall organize immediate shifting of the bonafide injured passenger from the site of the accident to EMR with the assistance from EMSP. The bonafide injured railway passenger shall be attended on top priority by the Doctor on duty, who shall render the requisite medical emergency treatment and arrange to shift the patient to the nearest Govt. / Private Hospital for further treatment with the consent of the patient/ attendants.

10. Arrangements of ambulance shall be done by the EMSP, using the services of 103 Ambulance service or any other means.
11. The onus of mis-management or any medico legal aspect shall lie with the EMSP.
12. The EMSP when not attending to the bonafide injured railway passenger, may extend private consultancy to the other bonafide railway passengers/ commuters, who may like to avail the facility, on payment of the consultation fees at CGHS Rates. Investigations done at EMR will be charged as per CGHS Rates. Cost of Medicines will be charged at MRP. Bill issued to Patients should clearly indicate Consultation Fee + Investigations Charges + Cost of Medicines. The rates for such services shall be prominently displayed inside the EMR.
13. The EMSP shall maintain such regular and proper records of patients attended and shall send a report on Monthly basis to Chief Medical Superintendent Bhopal, Medical Superintendent Bina, Medical Superintendent Itarsi
14. West Central Railway shall allow the EMSP to advertise there services by displaying board in specified location and size at Railway Station Bhopal, Bina, Itarsi
15. The EMSP is expected to comply with prevailing government statutory norms.
16. Railway Administration reserves to itself the right to change the location of the premises at any time if necessary. EMSP will be given an alternative premise. In such a case, the EMSP shall be bound to vacate the entire premises immediately and accept the alternate premises for EMR without any compensation from Railways.
17. The EMSP shall employ only such staff having good character, well behaved and skilful in their work.
18. In the event of Non Satisfactory Performance Railway Administration will be at liberty to impose suitable penalty and or terminate the license forthwith and resume possession of the premises without payment of any compensation or damages and also forfeit in full or part of Security deposited by the EMSP.
19. Railway shall be indemnified of any claims/dispute arising on account of the usage of the services at the EMR by the passengers. Also Railways shall not be responsible in anyway for loss or damage caused to EMSP assets due to any reason.
20. All Guidelines as and when issued by the Railway Board in this regard will be followed.

APPLICATION AND DOCUMENTS FOR EMPANELMENT OF HOSPITAL.

1. Area of the city where Hospital is located-----
2. Name of the hospital-----
3. Address of the Hospital-----
4. Telephone No. _____ Email ID _____
5. Distance from : .SubDivl.Railway Hospital / Itarsi _____ Kms.
6. Name with details of nodal person for contact-----
7. We agree to provide services on bill system of payment.....
8. Our Hospital offers to provide free ambulance services (yes/no)-----
9. We enclose a complete tariff chart of our hospital comparing with CGHS Rates as per Annexure-
10. We enclose the in house human resources/specializations which are available with our hospital as per Annexure-
11. The infrastructural facilities of our hospital is also enclosed as per Annexure-
12. Type of Hospital – Govt/PSU/Trust/Private or any other-----
13. Accreditation-NABH/NON NABH-----
14. Details of empanelment with other government establishment/organization and PSU [CGHS/ESI/ECHS etc].
15. Documents supporting Empanelment and Accreditation-----
16. Rates offered is the current CGHS Rates/ any other-----
17. Rate list of the hospital which are not covered under CGHS rate list and the percentage of discount the hospital is willing to offer on these items for railway beneficiaries-----
18. Any Other discount [Medicine/Consumables etc]-----
19. We agree to on-site inspection for evaluation before empanelment .
20. All documents are to be signed and stamped by the authorized signatory on all pages.

We hope our organization will be considered for tie-up with Sub.Divisional Railway Hospital Itarsi W.C.Rly. for providing services to the railway beneficiaries.

Signature/ Authorized signatory_____

(Name) _____

Address _____

Phone no. _____ E mail ID _____

Seal/Stamp.....

CERTIFICATE OF UNDERTAKING

- 1.It is certified that the particulars given in offer letter are correct & minimum eligibility criteria are satisfied.
- 2.That the hospital shall not charge higher than the CGHS notified rates or the rates agreed to.
- 3.That any information is found to be untrue, hospital would be liable for de-recognition by Railway. The Hospital will be liable to pay compensation for any financial loss caused to Railway, physical and or mental injuries caused to its beneficiaries.
- 4.That the hospital has the capability to submit bills and medical records both in soft and hard format.
- 5.That no investigation by Central Govt/State Govt. or any statutory investigating agency is pending or contemplated against the Hospital.
- 6.Agree for the terms & conditions prescribed in the application document.

(SIGNATURE OF APPLICANT OR
AUTHORISED AGENT WITH SEAL)

Annexure- B

Copies of following documents (wherever applicable) are to be submitted along with application.

- 1) Copy of legal status, place of registration & principal place of business of the hospital.
- 2) A copy of partnership deed /memorandum and articles of association if any.
- 3) Copy of Empanelment CGHS-NABH/NON-NABH/ESI/ECHS.
- 4) List of facilities available with the hospital.
- 5) Copy of compliance with statutory requirements including that of waste management.

(SIGNATURE OF APPLICANT OR
AUTHORISED AGENT WITH SEAL)