



Bihar State Power (Holding) Company Limited

(Regd. Office : Vidyut Bhawan, Bailey Road, Patna)
(A Govt. of Bihar Undertaking)

Expression of interest (EOI)

EOI No. - 01 Dated 04/01/2018

Notice inviting Expression of interest (EOI) from the Hospital/ Super Speciality Hospital for empanelment with BSPHCL, providing medical facilities to employees and officers of BSPHCL and its subsidiary companies.

Bihar State Power Holding Company Limited invites expression of interest from Government / Semi Govt. Hospitals / CGHS approved Private Hospitals, Super Speciality Hospitals/ Diagnostic Centers located all over India for empanelment for providing required quality treatment/ super speciality treatment to the employees & their dependents at the minimum affordable rates or the rates approved under CGHS

Interested Hospitals/ Diagnostic Centers/ Medical Institutions are requested to submit their proposal with terms and condition before 29-01-2018 to General Manager (HR & Adm.), Bihar State Power Holding Company Limited, First floor, Vidyut Bhawan, Bailey Road, Patna-800021 or through email on bspchlgmhr@gmail.com.

For more details kindly visit our website www.bspchl.bih.nic.in

**Sd./-
GM (HR & Adm.)**



बिहार स्टेट पावर (होल्डिंग) कंपनी लिमिटेड
Bihar State Power (Holding) Company Limited
बिहार सरकार का उपक्रम (A Govt. of Bihar Undertaking)
सामान्य प्रशासन विभाग (Department of General Administration)
TIN VAT No.10011255025 CIN- U40102BR2012SGC018495

REQUEST FOR EXPRESSION OF INTREST FOR EMPANELMENT

EOI No. - 01 Dated 04/01/2018

Notice inviting Expression of interest (EOI) from the Hospital/ Super Speciality Hospital for empanelment with BSPHCL, providing medical facilities to employees and officers of BSPHCL and its subsidiary companies.

Bihar State Power (Holding) Company Limited, hereinafter referred as BSP(H)CL, a Government of Bihar Undertaking, is a successor company of Erstwhile Bihar State Electricity Board, incorporated under company Act, 1956 having the privilege of being the 100% state owned utility in power sector functioning in the State of Bihar. The duties of the Company have been defined in Section 18 of the Electricity Supply Act, 1948. Erstwhile Bihar State Electricity Board was reconstituted in five companies namely, Bihar State Power (Holding) Co. Ltd. (BSPHCL) & its four subsidiary companies i.e. Bihar State Power Generation Co. Ltd. (BSPGCL), Bihar State Power Transmission Co. Ltd. (BSPTCL), South Bihar Power Distribution Co. Ltd. (SBPDCL) & North Bihar Power Distribution Co. Ltd. (NBPDCCL). It has been charged with the responsibility of promoting a co-ordinated development of generation, transmission, supply and distribution of electricity in the State of Bihar on an efficient and economic basis of management.

- 2- The Registered offices of Bihar State Power (Holding) Co. Ltd. & its four subsidiary companies i.e. BSPGCL, BSPTCL, SBPDCL and NBPDCCL are situated in the Vidyut Bhawan, Bailey Road, Patna. At present approx 15,000 Employees & Officers are posted in these companies headquarter along with field offices spread all over Bihar. The companies have the responsibility of providing medical treatment facilities to the employees of the companies and their dependents as per the provision of the Medical Attendance Rules of the Company. The company intends to empanel some Medical Institution/ Hospitals which can provide quality treatment, super speciality or the required best treatment and investigations on minimum affordable cost to the employees and their dependents as per the requirement at Patna and other places in the State or outside State.

3- Eligibility Criteria

Interested parties should satisfy following prequalification criteria:

- I. Minimum aggregate annual turnover should be INR 25 Crores in the last three financial years.
- II. The participating hospital must be empanelled with minimum three government entity of Bihar at the time of application
- III. Participating hospital must have minimum 5 doctors with super specialization degrees on roll, at the time of application for empanelment.

- IV. The hospitals must be a minimum 100-bedded hospital with minimum 10-bedded ICU and ICCU.
- 4- Evaluation of the proposals will be done as per criteria detailed in annexure. Qualifying score will be 60.
 - 5- Bihar State Power Holding Company Limited invites expression of interest from Government / Semi Govt. Hospitals / CGHS approved Private Hospitals, Super Speciality Hospitals/ Diagnostic Centers located all over India for empanelment for providing required quality treatment/ super speciality treatment to the employees & their dependents at the minimum affordable rates or the rates approved under CGHS.
 - 6- Interested Hospitals/ Diagnostic Centers/ Medical Institutions are requested to submit their proposal with terms and condition before **29-01-2018** to General Manager (HR & Adm.), Bihar State Power Holding Company Limited, First floor, Vidyut Bhawan, Bailey Road, Patna-800021 or through email on bspchlqgmhr@gmail.com. The Hospitals/ Diagnostic Centre/ Medical institutions who have already applied before the issue of this notice may also apply afresh otherwise their earlier proposal will be considered.
 - 7- For any detail the interested parties may contact **General Manager (HR & Adm.), Bihar State Power Holding Company Limited, First floor, Vidyut Bhawan, Bailey Road, Patna-800021** or email on bspchlqgmhr@gmail.com, Mobile-7763813831.

Sd./-
(Rajiva Ranjan Sinha)
GM (HR & Adm.)

Terms of Reference

1 Services Required:-

SPECIALITIES / SERVICES FOR EMPANELMENT

I. MEDICAL MANAGEMENT -

- Intensive Care Unit (ICU), CCU & CAG
- Pediatrics- NICU/PICU
- Pulmonology - All procedure as per CGHS code
- Cardiology, Interventional Cardiology & Electro-physiological studies
- Oncology, Chemotherapy, Radio Therapy, Other Procedure comes under CGHS Scheme
- Nephrology and Dialysis

II. SURGERY –

- Renal Transplant / Urology Procedures
- ENT (mainly for Ear and Nose Surgeries including mastoidectomy, tympanoplasty, myringotomy, stapedectomy, FESS)
- CTVS, CCU Including Paeds and other procedures as per CGHS Codes.
- Oncology & Oncosurgery (Approve by BARC / AERB)
- Nephrology, Urology & Urosurgery.
- Gastroenterology & GI Surgery
- Neurology & Neuro Surgery
- Burns & Plastic Surgery, Re-constructive Surgery
- Endocrinology, Endocrine surgery & Radioactive Iodine Therapy as per CGHS Codes.
- Paeds (PICU, NICU, Paeds Neuro, Neuro Surgery)
- Liver Transplant, Lung Transplant and Heart Transplant as per CGHS Codes
- ICU Respiratory
- ICU
- Blood Bank
- ENT Surgeries including cochlear implant
- Complicated eye surgeries including Retinal Surgeries & VR Surgeries
- All Dental Procedures
- Rheumatology
- Lap Surgeries
- Any treatment rendered to a patient at Tertiary Care Centre / SST Hospital under CGHS prescribed package / rates.

Applicant is at liberty to apply for any number of specialties.

2 Eligibility criteria:-

1. The applicant's hospital should be CGHS APPROVED
2. The Hospital should have a valid registration certificate from CMO/ competent authority. (Attach Proof duly notarized)
3. The applicant should have experience of minimum three years for such type of empanelment with Govt./PSU/CGHS hospital.(Attach proof)

4. The applicant should not have been de-empanelled/blacklisted by the Dept./Ministries of the Govt. of India and State Govt./ PSUs(Attach a notarized undertaking).
5. All pages of the proposal shall be serially numbered and signed by a person duly authorized on behalf of the applicant's firm (attach authority letter).
6. The applicant should submit an undertaking along with the technical bid that they will not refuse BSPHCL patients sent for treatment / ICU care on a particular day designated for that empanelled hospital.

3 Hospital must have Following Facilities:-

7. The minimum Bed Strength of 150 with Multi-specialty Hospitals/single-specialty hospital (which includes ICU beds) should be as per CGHS guidelines.
8. INTENSIVE CARE UNIT (I.C.U.) and Intensive cardiac care unit (ICCU) with minimum ten beds each. ICCU and ICU must also have the facility of ventilators.
9. 24 hours emergency services managed by technically qualified staff.
10. Provision of dietary services.

4 The applicant must submit following documents/Information:-

1. CMO Registration Certificate
2. PAN & GST Registration Number details.
3. Satisfactory service certificate from at least two Organizations/Departments/Govt. undertaking companies.
4. Submit a list of empaneled Organization/Deptt./Govt. Undertaking companies
5. Name and address, Email, Fax/Phone No.
6. Name of the authorized contact person.

The hospital has to submit an undertaking that the discount shall be given on outdoor and indoor treatment of BSPHCL employees in their hospital. The discounts shall be applicable on package of treatment also.

5 Criteria for selection

- The applicant should quote for both the categories Listed and Un-Listed CGHS procedures
- The listed procedures / packages, empanelment's etc shall be done as per CGHS GUIDELINES

6 PAYMENT SCHEDULE

The payment will be made by the employee and shall be subsequently reimbursed to the employee by the BSP(H)CL as per rules.

7 Evaluation Criteria

Sl. No.	Criteria	Total Mark	Marking System
1	Accredited by NABH		
a	Yes	10	10
b	No		0
2	Valid or expired empanelment (not older than 5 years) with Govt. of Bihar departments		
a	If Valid or expired empanelment will be greater than or equal to 3 and less than 5	20	10
b	If Valid or expired empanelment will be greater than or equal to 5 and less than 7		15
c	If Valid or expired empanelment will be greater than or equal 7		20
3	Bed strength at Hospital		
a	If Bed strength at Hospital will be greater than or equal to 100 and less than 150	10	5
b	If Bed strength at Hospital will be greater than or equal to 150 and less than 200		7
c	If Bed strength at Hospital will be greater than or equal 200		10
4	Minimum 10 beded ICU facility at Hospital		
a	If number of beded ICU facility will be greater than or equal to 10 and less than 15	10	5
b	If number of beded ICU facility will be greater than or equal to 15 and less than 20		7
c	If number of beded ICU facility will be greater than or equal to 20		10
5	Minimum 10 beded ICCU facility at Hospital		
a	If number of beded ICCU facility will be greater than or equal to 10 and less than 15	10	5
b	If number of beded ICCU facility will be greater than or equal to 15 and less than 20		7
c	If number of beded ICCU facility will be greater than or equal to 20		10
6	Aggregate Annual Turnover (Rs. In crores)		
a.	If Aggregate Annual Turnover (Rs. In crores) will be greater than or equal to 25 and less than 35	20	10
b.	If Aggregate Annual Turnover (Rs. In crores) will be greater than or equal to 35 and less than 50		15
c.	If Aggregate Annual Turnover (Rs. In crores) will be greater than or equal 50		20
7	Discount offered on all required medical procedures		
a	If Discount offered on all required medical procedures will be greater than or equal to 10% and less than 15%	10	5
b	If Discount offered on all required medical procedures will be greater than or equal to 15% and less than 20%		7
c	If Discount offered on all required medical procedures will be greater than or equal 20%		10
8	Discount offered on drugs & Consumables		
a	If Discount offered on drugs & Consumables will be greater than or equal to 10% and less than 15%	10	5
b	If Discount offered on drugs & Consumables will be greater than or equal to 15% and less than 20%		7
c	If Discount offered on drugs & Consumables will be greater than or equal 20%		10
Total Marks		100	

Note- Qualifying marks is more equal or more than 60%.

Annexure I

1. EOI APPLICATION FORMATS

Letter of Application

(On Letterhead, including full postal address, telephone, fax, e-mail addresses)

Date:

General Manager (HR & Adm.)

BSP(H)CL,

Vidyut Bhawan,

Patna

Sub: Notice inviting expression of interest from hospital/ Super Speciality hospital for providing medical facilities to employees and officers of BSPHCL and its subsidiary companies

Sir,

1. With reference to your EOI document dated *****, we, having examined the EOI document and understood its contents, hereby submit our Application showing our interest. The Application is unconditional and unqualified.
2. Attached to this letter is a duly filled format for the Expression of Interest as prescribed by BSP(H)CL along with copies of original documents defining:
 - a) The Applicant's legal status;
 - b) All documents as specified in EOI
3. The BSP (H) CL and its authorized representatives are hereby authorized to conduct any inquiries or investigations to verify the statements, documents, and information submitted in connection with this application, and to seek clarification from our bankers and client regarding any financial and technical aspects. This letter of Application will also serve as authorization to any individual or authorized representative of any institution, to provide such information deemed necessary to verify statements and information provided in this application, or with regard to the resources, experience, and our competence.
4. This application is made in the full understanding that:
 - a) The BSP(H)CL reserves the right to reject or accept any application, cancel the process, and reject all applications; and
 - b) The BSP(H)CL shall not be liable for any such actions and shall be under no

obligation to inform the Applicant of the grounds for them.

5. The undersigned declare that the statements made and the information provided in the duly completed application are complete, true, and correct in every detail.

Sign & Seal
Name
For and on behalf of (-----)

Annexure II
Details of the Applicant

1	General Information		
	A	Name of the Applicant	
	B	Nature of Applicant (Attach documentary evidence)	
	C	Place of Registration (Attach documentary evidence)	
	D	Country/Place of Operations	
	E	Hospitals Contact Details	
	i.	Head Office address with Telephone No/Fax No/Website/Email id	
	ii.	Branch Office Address, if any with Telephone No/Fax No/Email id	
	F	Details of individual(s) who will serve as the point of contact/ communication for the BSP	
		Name:	
		Designation:	
		Company:	
		Address:	
		Telephone Number:	
		E-Mail Address:	
		Fax Number	
2	Brief description of the Hospital including details of its main lines of services and proposed role and responsibilities in this assignment :-		

Information/Document Requirement for fulfillment of Pre-Qualification Criteria

- Financial statement of the last three years
- Hospital's registration certificate
- Self-declaration regarding experience

Notes:

- Please enclose annual audited financial statements of the relevant year as mentioned above.

ANNEXURE III

SELF DECLARATION

Date : _____

Ref : _____

To,

GM (HR),
BSP(H)CL,
Patna.

In response to the invitation No. _____, Dt: _____. Of Ref.

Ms. /Mr. _____, as a _____, I / We hereby declare

that our hospital _____ is having unblemished past record

and was not declared ineligible for corrupt & fraudulent practices either indefinitely or for a

particular period of time by any Govt./Pvt.. agency. We also declare that we have not been

de-empanelled/ blacklisted in the last three years.

Signature of witness

Date:

Place:

Signature of the applicant

Date:

Place:

Company Seal:-