NOTICE INVITING EXPRESSION OF INTEREST (EOI)

Uranium Corp. of India Ltd. (UCIL), a Public Sector Undertaking under Department of Atomic Energy invites expression of Interest from HEALTH CARE ORGANISATION to empanel for extending the medical facilities (Tertiary Care) to Serving Employees and their dependents on Cashless basis and Retired beneficiaries on cash payment basis.

Complete details can be downloaded from UCIL Website – www.uraniumcorp.in and required documents as per Appendix –A & complete EOI document duly signed and stamped may be submitted to the office of GM (I/P&IRs) at given address positively by 26.05.2020.

UCIL reserve the right to accept or reject any or all applications, re-invite EOI/or consider the bids/offers from outside of EOI without assigning any reasons whatsoever.

For Uranium Corporation of India Limited

DGM (Medical Services)
1. **Abstract**

1.1 **About UCIL:** UCIL, a central Public Sector Enterprise under the administrative control of Department of Atomic Energy, Government of India established in the year 1967 having its Registered & Head Office at Jaduguda Mines, in East Singhbhum District of Jharkhand state is engaged in Mining and processing of Uranium Ore. Currently company is operating 6 underground mine, 1 open pit mine & 2 processing plant in Singhbhum region of Jharkhand and one underground mine and one processing plant at Tummalapalle in YSR district of Andhra Pradesh.

Many new mines and plants are planned in different parts of the country namely Rajasthan, Chhattisgarh, Telengana, Meghalaya. Total strength of employees is approximately 5000.

1.2 UCIL hereby invites Expression of Interest from reputed Health Care Organisation to empanel for extending the medical facilities to serving employee and their dependents on cash less basis and for retired officers and spouses on payment basis on mutually agreed rates.

1.3 The approximate number of beneficiary will be approximately 30,000.

1.4 Approximate financial implication will be Rs.2.00 crore.

1.5 The objective of this EOI is to shortlist technically suitable and competent Health Care Organisation having multi-speciality health care units and shall have its presence in various city of India. The Health care organization shall have in-depth experience and proven track record of having empanelled to various govt. departments and Govt. PSUs. Applicants should be willing to empanelled with UCIL, subject to fulfilling the eligibility criteria laid out as per Appendix A.

2. **Scope of Work**

2.1 Responsibilities of the Health Care Organisation shall include but not limited to:-

a) Health Care Organisation shall provide treatment and care to UCIL serving employee and their dependent on cashless basis on production of referral letter (Appendix-B) issued by UCIL authority on the rate mutually agreed by UCIL and empanelled Health Care Organisation.

b) Provide care to UCIL retired employee and their spouse on cash basis on production of Retired medical care card (Appendix-D) issued by UCIL authority on the rate mutually agreed by UCIL and empanelled Health Care Organisation.

c) Any medico legal issue arising out of treatment of patients under this empanelment will be the responsibility of the empanelled hospital/HEALTH CARE UNIT.

d) Indemnity- The empanelled organisations shall all times indemnify and keep UCIL indemnified against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by Health Care Unit in execution of or in connection with the services under this agreement and against any loss or damage to the UCIL along with(or otherwise), Health Care Unit as a party for anything done or purported to be done in the course of the execution of this agreement. The Health Care Unit will at time abide by job safety measures and other statutory requirements prevalent in India and will keep free and indemnify the UCIL from all demands or responsibilities arising out from accidents or loss of life, the cause or result of which is the hospital negligence or misconduct. The health care organization will pay all indemnities arising from such incidents without any extra cost to UCIL and will not hold UCIL responsible or obligated. UCIL may at its discretion and shall always be entirely at the cost of Health Care Unit defend such suit, either jointly with the health care organization or singly in case the later chooses not to defend the case.

e) The Hospital will not make any commercial publicity projecting the name of UCIL on Hospital Display board.

2.2 Duties of the Empanelled Hospital.
a) The hospital shall maintain all statutory requirements laid down as per NABH & Clinical Establishment Act Standard for Hospital required for a Multi Super Specialty Hospital during the validity of the contract.

b) The health Care Organisation shall maintain all statutory requirements laid down by the state Govt. and municipal corporation.

c) It shall be the duty and responsibility of the hospital at all times, to obtain, maintain and sustain the valid registration and high quality and standard of its services and healthcare and to have all statutory/mandatory licenses, permits or approvals of the concerned authorities as per the existing laws.

3. Evaluation Criteria and Method of Evaluation:
   (i) Screening of EOI's shall be carried out as per eligibility conditions mentioned in this document and based on verification of testimonials submitted.
   (ii) EOI will be evaluated for short listing inter alia based on their experience of handling similar type of Service, Presence in the States of UCIL interest, financial strength of Organisation.

4. GENERAL CONDITIONS FOR EMPANELMENT
   1) The empaneled hospital shall continue its services till termination of agreement by either side.
   2) All Unit of empanelled center shall honor permission/ referral letter issued by authorized signatory of UCIL Hospitals along with Identity Proof of UCIL Beneficiary in Annexed Format (Appendix B & C), without delay and provide treatment/investigation facilities as per referral format on priority basis. The empanelled hospital will provide medical care on cashless basis as specified in the referral letter; no payment shall be made to empanelled hospital for treatment/procedure/investigations which are not mentioned in the referral letter. If the empanelled hospital feels the necessity of carrying out any additional treatment/ procedure/investigation in order to facilitate the procedure for which the patient was referred, the requisite permission for the same is to be taken from the referring authority either through e-mail, fax or telephonically (to be confirmed in writing at the earliest).
   3) In case of Post Retirement Medical beneficiaries a separate Identity Card as per Appendix – D. Format will be issued whose treatment will be provided on cash payment basis at discounted rate applicable to UCIL.
   4) No payment on account of cosmetics, phone charges will be made by UCIL, The same is to be paid by patient himself.
   5) Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother
   6) Cost of Implants / stents / grafts is reimbursable in addition to procedure charge.
   7) Some of the appliances implants are not fully re-imimbursible, in such cases prior permission should be obtained by UCIL Hospital.
   8) The hospital should have to submit bills within 30 days after date of discharge of the patient.
   9) UCIL will release the payment within 30 days on receipt of the bills of the Health Care Organisation.
   10) Payment will be made in form of e-payment.
   11) Payment Schedules:
       a) The Empanelled Hospital will send hard copies of bills along with necessary supportive documents to the UCIL for payment enclosing therewith copy of the medical record of every patient, discharge slip incorporating brief history of the case, diagnosis, details of (procedure done, blood bank notes, treatment of Medicines given etc.), reports and copies of investigation done, identification of the patient, referral letter from UCIL, original purchase invoice, stickers and envelops of implants and CD of treatment/procedure given shall be submitted by the
Hospital center along with the bill.

b) Original procurement invoice of the stents/implant/device used in the procedure along with its outer packing and sticker must be enclosed with the bills submitted for payment duly verified by treating specialist and authorized representative of Hospital.

c) Each and every paper/ record, so attached with the bills so meant for UCIL should be signed by the authorized representative of the Hospital.

12) Name along with contact details (Mobile/FAX/Email ids) of the responsible hospital of each centre of the empanelled health care organization for liaison with UCIL for patient care coordination shall be given.

13) The patient shall be admitted in the category of ward mentioned in the referral letter. If, on request of the Patient/beneficiary, treatment is provided in higher category of ward, then the expenditure over and above mentioned in referral letter /entitlement will have to be borne by the Patient/beneficiary and the hospital should charge the difference from him/her directly.

14) Room rent shall include charges for occupation of bed, diet for the patient, charges for water and electricity supply, linen charges, nursing charges and routine up keeping.

(iii) Arbitration-If any dispute or difference of any kind whatsoever (the decision whereof is not being otherwise provided for) shall arise between the UCIL and health care organization or relation to or in connection with or arising out of the agreement, shall be referred to for arbitration by the Chairman & Managing Director, UCIL, who will give written award to the parties. Arbitrator will be appointed by Chairman & Managing Director, UCIL. The Decision of Arbitrator will be final and binding. The provision of Arbitration and conciliation Act, 1996 shall apply to the arbitration proceedings. Place of arbitration shall be UCIL Headquarter, Jaduguda. Any dispute to be settled in Jamshedpur jurisdiction only.

5. CRITERIA FOR DE-EMPANELMENT

De-empanelment of the HEALTH CARE UNIT may be done due to any one of the following reasons:

a) Due to unsatisfactory services and proven case of malpractice or misconduct / medical negligence.

b) Refusal of timely services to UCIL referred patients.

c) Refusal to provide cashless treatment to UCIL referred patients.

d) If accreditation by NABH/NABL is withdrawn at any stage in any of the empanelled hospital, under these circumstances that particular hospital will be de-empanelled.

e) Discrimination against UCIL patients vis-a-vis general patients.
ELIGIBILITY CRITERIA OF HEALTH CARE ORGANISATION

1. The Health care unit shall fulfill following criteria:
   a. The Unit shall have its branches in all of the following cities of India.
      i. Delhi (incl. NCR Region)
      ii. Mumbai (incl. New Mumbai), Maharatra
      iii. Chennai, Tamilnadu
      iv. Kolkata, West Bengal
      v. Bangalore, Karnataka
      vi. Hyderabad, Telengana
   b. The Health Care Unit should have its branches in any of the 4 states mentioned below:
      i. Jamshedpur in Jharkhand
      ii. Chittoor in Andhra-pradesh
      iii. Mangalore in Karnataka
      iv. Warangal in Telengana
      v. Raipur in Chattisgarh
      vi. Jaipur in Rajasthan
      vii. Bhubneshwar in Orissa
      viii. Lucknow in Uttar Pradesh
      ix. Guwahati in Assam

Note: Copy of NABH accreditation along with scope of services shall be enclosed of all branches of Health care unit as mentioned in at (a) and (b) above.

   c. All branches mentioned at (a) and (b) above should comply the statutory requirements as per Clinical Establishment Act Standard for Hospital for a Multi Super Specialty Hospital.
   d. Pathological Laboratory of the Hospitals mentioned at (a) and (b) shall be NABL accredited
   e. The Health Care Organisation should have empanelment with any of the central PSU/ Government departments/Reputed private organization for cashless treatment.
   f. The Hospital must have Valid State registration certificate/registration with local bodies should be attached.
   g. The Hospital must have Valid Fire clearance certificate should be attached.
   h. The Hospital must have Valid compliance with all statutory requirements of waste management.
   i. The Health Care Organisation shall have positive net-worth in the last 3 financial year, Balance sheet along with auditor report shall be submitted along the Bid.
   j. The Health care Organisation shall not have been black listed from any govt. Organisation or PSU.
Appendix-B

URANIUM CORPORATION OF INDIA LIMITED: JADUGUDA HOSPITAL  
(Government of India Enterprise)  
Jaduguda Mines, Distt- East Singhbhum, Jharkhand - 832102  
Phone: (0657)2730122 / 2730222 / 2730353, Fax: 2730322/ 2730353  
Corporate Identification Number: U 12000 JH 1967 GOI 000806

REFERRAL LETTER  
(For O.P.D. / Emergency / Indoor Patient)

Ref. No. JAD/...../NA  
Date: ...............  
Time: ...... hrs

To

Sir / Madam,
The patient-.............., Age-....... years (Female), Relationship with employee-  
.............., Employee's name-...................., Design-...................., Emp. No.-  
...................., Deptt- .............., Name of Unit-.................... is referred to your hospital / clinic for kind examination / treatment / investigation as follows :-

1. For ..........................

2. Hospital / treatment / investigation charges will be borne by us according to your prescribed charges.

3. The patient may be admitted as in patient in general ward if required.

4. The investigation report may be handed over to the party or sent to us by post.

5. The bill in duplicate may be sent to us mentioning Ref. No. with date against the patient name or supported by a copy of this letter for early payment.

Note: Patient's Identity Card with photo affixed is to be verified at your end.

Yours faithfully

Chief Medical Officer
Appendix-C
IDENTITY CARD
(To be carried during treatment at Outside Hospitals)
(To be filled by Personnel Office)

Name of Card Holder: ___________________________ Date of Birth: __/__/____

Sex: ______ Marital Status: ______ Relationship with Employee: ________

Mark of Identification: ____________________________

(PARTICULARS OF EMPLOYEE)

Name of Employee: _____________________________ Emp. No.: ______

Designation: _____________________________ Date of Birth: __/__/____

Sex: ______ Dept/Section: ______ Unit: ______

Residential Address: ___________________________________________

________________________________________________________________

Signature of Card Holder ____________________________ Signature of C.M.O. ____________________________
**CONTRIBUTORY SCHEME FOR POST RETIREMENT MEDICAL FACILITIES**

**MEDICAL CARD**

**REGISTRATION NO.**
(To be filled in by the Registering Office)

<table>
<thead>
<tr>
<th>Registration No.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Name of the retired Executive &amp; Employee No.</td>
<td></td>
</tr>
<tr>
<td>02 Date of retirement</td>
<td></td>
</tr>
<tr>
<td>03 No. of years of service for the purpose of the scheme</td>
<td></td>
</tr>
<tr>
<td>04 Designation at the time of retirement</td>
<td></td>
</tr>
<tr>
<td>05 Scale of pay as on date of retirement</td>
<td></td>
</tr>
<tr>
<td>06 Project / Unit from which retired</td>
<td></td>
</tr>
<tr>
<td>07 Project / Unit where registered for medical benefits under the Scheme</td>
<td>UCIL- Jaduguda</td>
</tr>
<tr>
<td>08 Permanent Address</td>
<td></td>
</tr>
<tr>
<td>09 Present Address</td>
<td></td>
</tr>
<tr>
<td>10 Validity period of the Card as per scheme</td>
<td>From</td>
</tr>
<tr>
<td>11 Renewal of Medical Card in terms of Clause 5.4 of the Scheme</td>
<td>From</td>
</tr>
</tbody>
</table>

**Name of the beneficiaries**

<table>
<thead>
<tr>
<th>Specimen signature of the Retired Executive</th>
<th>Signature of the Issuing Officer</th>
<th>Name &amp; Design. of the Issuing Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(S.K. Sharma) DGM(Instrn./Pers. &amp; IRs)</td>
<td></td>
</tr>
</tbody>
</table>

**Date of issue:**

**DETAILS OF THE CONTRIBUTION PAID**

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Total Contribution</th>
<th>Cheque No. &amp; Date</th>
<th>Signature of the Issuing Officer</th>
<th>Name &amp; Designation of the Issuing Officer</th>
<th>DGM(Instrn./Pers. &amp; IRs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(S.K. Sharma) DGM(Instrn./Pers. &amp; IRs)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**JADUGUDA MINES, Singhbhum (East), Jharkhand - 832102**

Phone: 0657-2730122/222/353, Fax: 0657-2730322
E-mail: uranium@uraniumcorp.in, Website: www.uraniumcorp.in
Appendix-E

Documents to be submitted along with EOI.

Scanned copy of the following documents shall be uploaded along with technical bid of the offer:

1) EOI Document duly signed, stamped & scanned to be uploaded.
2) Signed stamped and scanned copy of Document Fees (DD) to be uploaded. Hard Copy to be submitted in the tender box.
3) List of Branches of hospitals in India.
4) Signed and stamped copies of NABH certificate (with scope of services & validity period)/Fire certificate/Registration with State/Local Authorities/ Waste management certificate for the they deemed to qualify the PQC of the tender.
5) Signed stamped and scanned Copy of partnership deed / memorandum / articles of association (as applicable).
6) Registration of HEALTH CARE UNIT with State Govt./NCT.
7) Signed stamped and scanned Copy of Authority Letter in favor of person applying on behalf of HEALTH CARE UNIT on the official letter head of the HEALTH CARE UNIT.
8) Signed stamped and scanned Copy of cancelled cheque with mention of Valid Account Number, IFSC code.
9) Signed stamped and scanned Copy of PAN/GST number of the HEALTH CARE UNIT.
10) Signed, stamped and scanned copy of audited balance sheet, profit and loss account for the financial year (2017-18). For those HEALTH CARE UNIT who have completed 01 year of existence as on 31/03/2019, may submit provisional balance sheet, profit and loss statement duly certified by director and auditor.
12) Complete signed and stamped copy of all diagnostic facilities/ laboratory investigations (NABL accredited) available in-house.
13) Signed stamped and scanned Copy of License for running (If Applicable).
   a) Blood Bank
   b) Imaging Centre
   c) Organ & Tissue transplantation center.
   d) Radiotherapy Centre.
   e) Any other (Please mention)
14) Signed stamped and scanned Copy of Certificate issue by AERB / BARC/PNDT etc. (which ever applicable)
15) Any more documents bidder wishes to upload any document to strengthen their claim for empanelment.
16) Scanned and signed copy of Un-priced bid as per tender document

Signature of the Applicant
Name, Date & Stamp

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