

THE WEST BENGAL POWER DEVELOPMENT CORPORATION LIMITED
(A Government of West Bengal Enterprise)
CIN : U40104WB1985SGC039154

Registered & Corporate Office:
Bidyut Unnayan Bhaban,
Block - LA,Plot No. 3/C,
Sector-I I I,Salt Lake City,
Kolkata – 700106



NOTICE INVITING “EXPRESSION OF INTEREST (EOI)”
FOR

" Empanelment of Private/Reputed Hospitals for Treatment of employees of the West Bengal Power Development Corporation Ltd and their eligible dependent(s)"

EOI NOTICE NO. WBPDC/CL/CORP/M&C/EOI/2023-24/1677 DATED.05.03.2024

The West Bengal Power Development Corporation Ltd.(WBPDC) is intended to empanel Private/Reputed Hospitals for Treatment of employees and their eligible dependent family members.

For this purpose, WBPDC invites Expression of Interest (EOI) from the interested Private/Reputed Hospitals who will provide Treatment of employees of The West Bengal Power Development Corporation Ltd and their eligible dependent(s) at par with the rate chart of the West Bengal Health Scheme (WBHS).

Interested parties may download application form along with detailed Terms & Conditions from the website of WBPDC (www.wbpdcl.co.in). If agreed with the Terms & Conditions, the interested Private/Reputed Hospitals may submit duly completed application form(**Annexure-I**) in sealed envelope within **19.03.2024 at 03.00 Pm** along with **Annexure-II & Annexure-III** and other documents, if any, either in person in the tender box kept at M&C department of Corporate Office, WBPDC or be sent by Registered/ Speed Post at the address mentioned below.

The General Manager(M&C), Corporate , The West Bengal Power Development Corp. Ltd. , Bidyut Unnayan Bhaban, Plot No. 3/C LA-Block, Sector-III, Bidhannagar,Kolkata-700 106 .

The sealed envelope should be super- scribed as " **Empanelment of Private/Reputed Hospitals for Treatment of employees of the West Bengal Power Development Corporation Ltd and their eligible dependent(s)"**

The sealed envelope received after the scheduled date and time (either by hand or by post) or received though e-mail/fax shall summarily be rejected.

It may be noted that submission of EOI does not in any way constitute any kind of commitment on the part of WBPDC.

For more details necessary correspondences have to be made with :

The Sr. Manager(PS), M&C, Corporate,
West Bengal Power Development Corporation Limited,
Bidyut Unnayan Bhaban, 6th Floor, 3/C, LA Block, Sector-III, Bidhan Nagar, Kolkata-700106.

INFORMATION TO THE INTERESTED PARTIES

1. Introduction

The West Bengal Power Development Corporation Limited (hereinafter referred as WBPDC/ Employer/Owner/Purchaser which expression includes its successors and assigns) is a Govt. of West Bengal enterprise and the largest power generating utility in the state of West Bengal. It has an existing installed capacity of 4265 MW with 5 (five) power plants viz.

- i) Kolaghat Thermal Power Station (4 x 210 MW) ,
- ii) Bakreshwar Thermal Power Station (5 x 210 MW),
- iii) Sagardighi Thermal Power Project (2 x 300 MW+ 2 x 500 MW) ,
- iv) Bandel Thermal Power Station (1 x 60 MW+ 1 x 215 MW) and
- v) Santaldih Thermal Power Station (2 x 250 MW).

The following coal mines had been allotted to WBPDC by MoC ,GoI :

- i) Barjore Coal Mine
- ii) Barjora North Coal Mine
- iii) Gangaramchak & Gangaramchak-Bhadulia Coal Mine
- iv) Pachchwara North Coal Mine
- v) Tara (East & West) Coal Mine

2. Intent of the EOI

- i. EOI is requested for empanelment of Private/Reputed Hospitals for Treatment of employees of The West Bengal Power Development Corporation Ltd and their eligible dependent(s).
- ii. Private/Reputed Hospitals have to provide treatment to the employees of The West Bengal Power Development Corporation Ltd and their eligible dependent(s) at par with the rate chart of the WEST BENGAL HEALTH SCHEME (WBHS) 2008 (as amended from time to time).
- iii. After completion of the EOI process, interested Private/Reputed Hospitals may be shortlisted by the WBPDC authority. Said shortlisted Private/Reputed Hospitals may be asked to submit an Agreement in prescribed format in Rs. 100/- Non-Judicial Stamp Papers along with relevant documents within a stipulated timeframe.
- iv. On execution of the Agreement between shortlisted Private/Reputed Hospitals and WBPDC authority, offer of Empanelment may be issued initially for a period of 03(Three) years.

3. Scope of work

- i. The empaneled Hospital shall provide treatment to employees of The West Bengal Power Development Corporation Ltd and their eligible dependent(s) at their Hospital at per rate chart of the WBHS (as amended time to time).

4. INSTRUCTION TO THE INTERESTED PRIVATE/REPUTED HOSPITALS/ IN RESPECT OF FILLING UP OF EXPRESSION OF INTEREST (EOI)

- i. Interested Private/Reputed Hospitals shall read the Entire documents carefully. If agreed with the entire Terms and conditions, may only proceed further.
- ii. Application Form mentioned at **Annexure- I, Annexure- II & Annexure-III** to be printed on the letter head of the interested party without changing any content and to be signed and stamped at each page.

ANNEXURE –I

APPLICATION FORM FOR EMPANELMENT OF PRIVATE/REPUTED HOSPITALS FOR TREATMENT OF EMPLOYEES OF THE WEST BENGAL POWER DEVELOPMENT CORPORATION LTD AND THEIR ELIGIBLE DEPENDENT(S)

(To be printed on the letter head of the interested party and duly signed and stamped)

To
The General Manager (M&C) ,
Corporate , WBPDC

Dear Sir,

We are interested for the job of **Empanelment of Private/Reputed Hospitals for Treatment of employees of the West Bengal Power Development Corporation Ltd and their eligible dependent(s)** at par with the rate chart of the West Bengal Health Scheme (WBHS). We have gone through the terms and conditions and scope of the work as detailed in the notice of inviting the EOI.

The following are the details of our firm which are supported by documentary evidence:

Name of the Hospital	
Address of the Hospital	
Registered office address and contact details	
Name and designation of authorized signatory for this EOI	
Address for communication of authorized signatory with contact details	
Organization details: CIN GSTIN PAN Bank Account No. IFSC code Shareholding pattern	

Enclosed : 1. Annexure-II duly signed
2. Annexure-III duly filled and signed
3. Statutory documents etc.

SEAL OF COMPANY

Name :**Designation** :

Authorized Signature, Name & Designation

ANNEXURE –II

Terms and conditions

1. The WBPDCCL reserves the right to close /cancel this Expression of Interest at any stage without assigning any reason whatsoever.
2. The submissions of the EOI document do not in any way commit or otherwise oblige the WBPDCCL to proceed with accepting the EOI.
3. Each bidder is responsible and liable for all costs, expenses and liabilities incurred by it in connection with or incidental to the submission of EOI.
4. Team of officials of WBPDCCL may visit the Private/Reputed Hospitals before or after issuance of letter of empanelment to verify the medical infrastructure mentioned at the application form.
5. Empanelment of hospital subject to timely submission of renewed copies of registration certificates/ Licence as applicable / registrations / empanelment / other documents etc. required time to time for operation of hospitals / medical institutions or in line with requirement of the WBPDCCL.
6. In case the hospital fails to submit on time the required documents or defaults in timely submission of documents etc. to this office, this order of empanelment may stand cancelled / suspended immediately upon expiry of the validity of any document / certificate/Licence required for operation of such medical institution.
7. The admission of patients shall be on the basis of WBPDCCL issued photo Identity card / Medical Health Book duly referred by the Dy. Chef Medical Officer of the concerned Medical Unit (list for the same will be provided by WBPDCCL) of the Power Station or through official Letter issued by the Competent Authority of the Company, i.e. Director (HR), General Manager (HR&A), Additional. General Manager (HR&A), Advisor Medical or any other authorized official as the case may be.
8. In the event of emergency where any patient is unable to bring with him / her the valid Identity Card / Family Health Book of WBPDCCL, the hospital authority should admit the patient immediately and inform the matter to the Advisor Medical or the concerned Dy. Chef Medical Officer of the Power Station, where the employee is posted, to confirm the identity of the employee. It will be the prime responsibility of the concerned hospital to ensure that Identity of employees or employee dependents, whose names are recorded in the Health Book, are verified on admission.
9. On admission of any patient to the hospital, the hospital authority should provide a hardcopy estimate in original to the incumbent concerned. A copy of the estimated expenditure is to be sent to the Advisor Medical or any other authorized official at the Corporate Office, WBPDCCL by email / fax / hardcopy.
The concerned employee or incumbent (patient) shall at the time of discharge settle off 75% of the treatment cost directly to the hospital before release, while the remaining 25% shall be reimbursed directly by the WBPDCCL Authority upon production of final bill. At, the time of raising bill for balance 25% payment, hospital authorities shall provide original copy of the final bill details to WBPDCCL along with incumbent(s) signed copy of settled bill amount. No deposit either in cash or cheque should be insisted upon or taken from the employees at the time of admission by the Hospital.
10. The hospital authority is to prepare the final bill (approximate) and hand over the same to the concerned employee, at least 2/3 days before his / her / dependant(s) release so that the incumbent may arrange funds to clear the final bill. The concerned employee will settle 75% of the bill amount at the time of discharge.

11. In case of patient(s) suffering from terminal diseases or in case of patients sustaining injury arising out of and in course of employment / 'On Duty Accident', the employee should be allowed cashless treatment on basis of permission of the Advisor Medical / Dy. Chief Medical Officer WBPDCCL / Dy. Chief Medical Officer of the respective Power Plant / Station. Payment for the same shall be settled from WBPDCCL within 30(Thirty) days of submission of bill. Original final bill along with detailed break up should be handed to the incumbent at the time of discharge.
In such cases, the company (WBPDCCL) will pay an initial advance on admission on receipt of detailed estimate from the hospital i.e 25% of the estimated expenditure and the final bill in triplicate is to be submitted to the Advisor Medical, Corporate Office or any other authorized official for release of balance payment. As regards, 'On Duty Accident' case or terminal diseases, concerned authority of WBPDCCL will inform directly to the authorized hospital authority.
12. The package rates as per West Bengal Health Scheme 2008 Notification No. 796-F(MED) dt. 31.01.2011, as revised by the State Govt. from time to time for a particular procedure is inclusive of sub-procedure and all related procedures to complete the treatment. As an illustration, for TURP, the procedure such as urethral Catheterization, Cystoscopy etc. should not be filled separately as they are all part of the procedure i.e TURP.
13. Cost of implants/Prosthesis/grfts will be charged in full separately in addition to package rates. As per the approved ceiling rates for implants or as per actual whichever is less. Where there is no Health Scheme Prescribed ceiling rate, actual rates will be charged subject to the prior approval by the Corporation.
14. Every surgical case should be done on package rate basis as provided in the WBHS 2008. Where there is no package rate for a particular surgical procedure the same should be done on identical procedure "package rate". But, it should be done with prior approval/information of the Dy. Chief Medical Officer of the concerned Medical Unit of the Power Station/Project/Corporate Office.
15. Information is to be given by the hospital to the Advisor Medical / Dy. Chief Medical Officer Corporate Office / Dy. Chief Medical Officer of concerned Medical Unit, within one day of admission (if there is a holiday the same should be informed within next 24 hrs.). There should be regular dissemination of information regarding patient including critical cases.
16. During the treatment in ICCU/ICU/ITU/HDU etc. no separate room rent will be admissible. The patient should be provided in the entitled category of bed as mentioned below and no patient shall be refused admission on ground of non-availability of entitled category of bed:-

	ation	f Accommodation
	al Manager and above	Room
	nt Manager to Deputy General Manager	ivate Room
	he rank of Junior Manager (up to Class II level)	al Room

Normally, Medical treatment in higher category of accommodation than the entitled category shall not be permissible. However, in emergencies when the entitled category of accommodation is unavailable, the Hospital will use its discretion in admitting the patient to bed class higher and/or lower for which the employee will pay the Hospital the difference of bed charges in case of higher category.

17. During In-patient treatment of patients under WBHS 2008 rates communicated vide no. 7967 Dtd. 31.01.2011 the hospital shall not ask the patient or his attendant to pay separate consultation fees for any doctor as this shall be provided within the package rates fixed by WBHS 2008 notifications vide No. 796 – F(MED) dated 31.01.2011. For any non-package services, the consultations fees for all consultation shall be as per the prescribed rates of WBHS 2008 vide No. 796 – F(MED) dated 31.01.2011 rates.
18. Under any circumstances, no patient shall be refused admission, due to non-availability of beds.

19. The Hospital shall submit a report of services rendered each month in prescribed format to the Advisor Medical, Corporate Office / Dy. Chief Medical Officer or any other authorized representative, Corporate within 15 days of the next month or as and when called for.
20. All investigations regarding fitness for surgery shall be done prior to admission for any elective procedure and are part of package. The Charges for any investigation required for Covid-19 or charging of PPE suits should be made as per notification of the Ministry of Health Department, GOWB.
21. The package rates have been calculated as per duration of stay normally required. No additional charge on account of extended period of stay shall be allowed, if, extension is due to infection/complication as a consequence of surgical procedure undertaken or due to any improper/case management and is not justified.
22. If a patient has to stay in the hospital for his/her recovery for a period more than the period covered in the package, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional charges shall be limited to accommodation charges as per entitlement, investigation charges at approved rates, doctor's visit charges (not more than 2 visits per day by specialists/consultants) and cost of medicines for additional stay. But, in such cases, the matter is to be brought to the knowledge of concerned Advisor(Medical)/ Dy. Chief Medical Officer or any other authorized representative immediately, in writing.
23. The Hospital shall submit all medical records to the patient without charging any additional payment. No additional service charge / registration fee / admission fees is to be charged.
24. Human Organ Transplantation, Cochlear implant Surgery are to be done with the permission of the Advisor(Medical), Corporate Office, or any other authorized representative WBPDC, well in advance.
25. Implantation of Dual-Chamber Pacemaker, more than two stents, more than one Drug-Eluting Stent, AICD, CRT with AICD, DBS implants, Intra-Thecal pumps, Spinal Cord Stimulators, Costly devices like digital hearing aid, etc. are to be done only with the prior permission of the Advisor Medical/ Dy. Chief Medical Officer Corporate Office or any other authorized representative of WBPDC.
Where, in the opinion of the attending physician, prognosis of a case is limited or nil and if a patient under the West Bengal Health Scheme is kept for indefinite period, no expense other than bed rent shall be admissible. But, such cases should be intimated to Advisor Medical, Corporate Office / Dy. Chief Medical Officer of concerned Medical Unit, or any other authorized representative in writing supported by unimpeachable records.
26. The hospital shall keep in its service adequate number of specialists / consultants of different specialties, so that patients under WBHS 2008 rates shall be able to obtain the best possible treatment.
27. Distinct consent shall be taken for all high risk procedures from the patients.
28. In case of over-billing and involvement of unnecessary procedures, the extra amount so charged shall be refunded to the concerned employee by the Hospital within 15 days of such claims being found correct by the Advisor(Medical) or any other authorized representatives of WBPDC Authority. The Authority shall have the right to issue a written warning to the Hospital not to do so in future. Re-occurrence of more than three shall lead to de-panelsment of the hospital. Reasons have to be assigned for such irregularities.
29. If the Hospital refuses to provide the treatment to the employees or his/her dependent under the WBHS 2008 rates (notification vide No. 796–F(MED) dated 31.01.2011) in emergency cases, without valid ground, such hospital shall be disqualified for continuation of empanelsment.
30. Any legal liability arising due to any default or negligence in providing or performing medical services shall be borne exclusively by the Hospital, who shall alone be responsible for the defect and/or deficiencies in rendering such services.

31. It shall be the duty and responsibility of the Hospital at all times, to obtain, maintain and sustain the valid registration, recognition and high quality and standard of its services and healthcare and to have all statutory/mandatory licenses, permits or approvals of the concerned authorities under or as per the existing laws.
32. The Authority of WBPDCCL may without prejudice to any other remedy for breach of Agreement, by written notice of default send to the Hospital notice of termination of agreement in whole or in part, on any of the following grounds:-
 - i. If the Hospital fails to provide any or all of the services for which it has been empanelled for, within the period(s) specified in the Agreement, or
 - ii. If the Hospital fails to perform any other obligation(s) under the Agreement, or
 - iii. If the Hospital under the WBHS 2008 rate scheme notified vide No. 796 – F(MED) dated 31.01.2011 has engaged in corrupt or fraudulent practices in competing for or in executing the Agreement, or
 - iv. The License under the West Bengal Clinical Establishment (Registration, Regulation and Transparency) Act & Rules 2017 or as amended from time to time is revoked by the licensing authorities for any reason, or
 - v. If the Hospital is found to be involved in or associated with any unethical illegal or unlawful activities, the Agreement shall be summarily suspended by the Authority without any notice and thereafter may terminate the Agreement, after giving a show cause notice reply if any, received within 10 days of the receipt of show cause notice, or else the existing agreement may be terminated.
33. The Hospital shall at all times abide by the job safety measures and other statutory requirements prevalent in India and shall keep free and indemnify the WBPDCCL Authority from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the Hospital's negligence or misconduct.
34. The Hospital shall bear all expenses incidental to preparation and stamping of this Agreement.
35. Prior permission from concerned Advisor(Medical) or Dy. Chief Medical Officer or any other authorized representative of Plants / Corporate Office should be obtained, if any patient is required to be treated for other major ailment than that of referral.
36. For Knee Replacement package, cost of implants should be as approved by WBHS-2008 notification No. 796-F(MED) dtd. 31.01.2011. But for such surgery prior recommendation of the Advisor(Medical) or any other authorized representative is required.
37. All the Hospitals must have full time consultants/Surgeons for attending the patients of WBPDCCL under WBHS 2008 vide No. 796 – F(MED) dated 31.01.2011 rates.
38. Tie-up on the above terms and conditions and statements from Notification No. 796-F(MED) dtd. 31.01.2011 issued by Govt. of West Bengal, Medical Cell, Audit Branch of Finance Dept. will remain valid during entire period of empanelment. The revision of tariff will be automatic as and when revised by the Finance Dept., Audit Branch - Medical Cell, Government of West Bengal.
39. Any disputes/claims arising out of any matter mentioned above are subject to the courts of Kolkata Jurisdiction only.
40. For any new addition of services or facilities Hospital will intimate the same to the company and the quoted rate would be in line with WBHS rate chart issued vide notification No. 796-F(MED) dtd. 31.01.2011 or as amended from time to time. In case the rate is not available in the WBHS Notification No. 796-F(MED) dtd. 31.01.2011 the accepted tariff will be decided after both the parties mutually agree upon the same.
41. If any patient / patient party prefer to undergo any treatment / procedure at a higher rate over the applicable rate chart of WBHS , the patient / patient party have to bear the quantum of excess amount over applicable WBHS rate . However the Hospital authority shall inform the fact clearly to the patient / patient party before undergo the selected treatment / procedure.

(Please tick at appropriate place)

Annexure –III

1. Whether NABH Accredited YES / No
2. Whether NABH applied for
3. Whether Clinical Establishment Licence Available: YES / No
4. Validity of the Clinical Establishment Licence
5. Total Number of beds
6. Categories of beds available with number of total beds in following type of wards:
 - (a) Casualty/Emergency ward
 - (b) ICCU/ICU/HDU
 - (c) Private
 - (d) Semi-Private (2-3 bedded)
 - (e) General Ward bed (4-10)
 - (f) Others
7. Total Area of the hospital:
 - (a) Area allotted to OPD Sq. Meters
 - (b) Area allotted to IPD Sq. Meters
 - (c) Area allotted to Wards Sq. Meters
8. Specifications of beds with physical facilities/ amenities

Dimension of ward:	Number of beds in each ward:
Length	
Breadth	
9. Availability of Furniture:
 - (a) Bedsides table Yes / No
 - (b) Wardrobe Yes / No
 - (c) Bedsides Stool Yes / No
10. Nursing Care:
 - (a) Total No. of Nurses
 - (b) No. of Para-medical staff

Category of bed Bed/Nurse Ratio (acceptable Actual bed/nurse standard) ratio

- (a) General
- (b) Semi-Private
- (c) Private
- (d) ICU/ICCU
- (e) High dependency Unit
11. Alternate power source: Yes / No
12. Bed occupancy rate:
- (a) General bed
- (b) Semi-Private Bed
- (c) Private Bed
13. Availability of Doctors:
- (a) No. of in house Doctors
- (b) No. of in house Specialists/Consultants
14. Laboratory facilities available : Pathology/ Biochemistry/ Microbiology/ Not available
15. Imaging facilities available Available / Not Available
16. No. of Operation Theaters
17. Whether there is separate OT for Septic cases Yes / No
18. Supportive services:
- (a) Boilers/sterilizers Available / Not Available
- (b) Ambulance Available / Not Available
- (c) Laundry Available / Not Available
- (d) Housekeeping Available / Not Available
- (e) Canteen Available / Not Available
- (f) Oxygen plant Available / Not Available
- (g) Dietary Available / Not Available
- (h) Blood Bank Available / Not Available
- (i) Pharmacy Available / Not Available
- (j) Physiotherapy Available / Not Available
19. Waste disposal system as per statutory requirements: Available / Not Available
20. AVAILABILITY OF SPECIALTY / SUPER SPECIALTY SERVICES:
- (a) Neurology Available / Not Available
- (b) Neuro Surgery Available / Not Available
- (c) Cardiology Available / Not Available
- (d) Cath lab Available / Not Available
- (e) Gynecology & Obstetrics Available / Not Available
- (f) Pulmonology Available / Not Available

- (g) Nephrology Available / Not Available
- (h) Urology Available / Not Available
- (i) Radiology Available / Not Available
- (j) General Surgery Available / Not Available
- (k) Orthopedic Available / Not Available
- (l) Internal Medicine Available / Not Available
- (m) Endocrinology Available / Not Available
- (n) Pediatric Available / Not Available
- (o) Lithotripsy Available / Not Available
- (p) Gastroenterology Available / Not Available
- (q) Dialysis Unit Available / Not Available

- 21. Availability of Burn Care Unit Available / Not Available
- 22. Availability of Neonatal Intensive Care Unit (NICU) Available / Not Available
- 23. Availability of Pediatric Care Unit(PICU) Available / Not Available
- 24. Availability of psychiatric facility Available / Not Available

SEAL OF COMPANY

Name :**Designation** :

Authorized Signature, Name & Designation