

# MODALITIES FOR EMPANELMENT OF LABORATORIES/ DIAGNOSTIC & IMAGING CENTERS IN COAL INDIA LIMITED AND ITS SUBSIDIARIES

## Title and commencement

This policy is called as CIL Policy for empanelment of laboratories/ diagnostic & imaging centers <sup>[1]</sup>. It will come into force with immediate effect

## 1. Preface

Coal India Limited having a total workforce of around 2.54 lakhs is providing medical facilities to all its employees and their dependent family members. Moreover, CIL has formulated and implemented a Post Retirement Medicare Scheme titled “Contributory Post Retirement Medicare Scheme for Executives of CIL & its Subsidiaries (CPRMSE)” and “Contributory Post Retirement Medicare Scheme for Non-Executives of CIL & its Subsidiaries (CPRMS-NE)”.

For the above purpose, CIL has already empaneled Hospitals on pre-defined conditions and in order to provide continuous treatment to existing employees/ their dependent family members as well as retired employees/ their eligible dependents; modalities for empanelment of Laboratories/ Diagnostic centers need to be framed.

## 2. Categories of Health Care Centers

The following categories of Health Care Centers will be empaneled:

- i. Laboratories
- ii. Diagnostic & Imaging Centers

## 3. Eligibility Criteria for empanelment

The Laboratories/ Diagnostic & Imaging Center must fulfill the following criteria for empanelment:

- i. Acceptance of CGHS rate
- ii. NABH/ NABL accreditation
- iii. ***In case Sl.No.(ii) is not available empanelment by at least three (3) CPSEs- Central Public Sector Enterprise/Undertakings*** <sup>[2]</sup>
- iv. If working in remote locations and not fulfilling any other criteria like having NABH/ NABL accreditation/ empanelment with minimum 3 CPSEs, then empanelment will be based on documents presented regarding facilities available in the center by a Committee consisting of General Manager (Welfare), General Manager (Finance) and Chief of Medical Services (In-charge) of concerned Subsidiary and obtaining specific approval of CMD of the Subsidiary.

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<sup>1</sup> Incorporated vide OM no. CIL/C5A(PC)/984 dated 10.11.2022

<sup>2</sup> Incorporated vide OM no. CIL/C5A(PC)/1030 dated 02.03.2023

**Note:** For Collection centers, production of valid authorization from the parent Laboratories/ Diagnostic & Imaging Centers would be mandatory with the condition that Invoices produced should also be of empaneled Laboratories/ Diagnostic & Imaging Centers.

#### **4. Information required for empanelment**

The request for empanelment by the Laboratory/ Diagnostic & Imaging center should be accompanied by the following details/ documents:

- i. Name of Center with address including contact number, Fax number & e-Mail address.
- ii. Copy of NABH/ NABL Accreditation with supportive notarized document in case of NABH/ NABL Accreditation.
- iii. Copy of QCI recommendation in case of Non-NABH/ Non-NABL accredited laboratories/ imaging centers.
- iv. Proof of the Center being functional for at least one year. Copy of the audited balance sheet, profit & loss account for the last financial year (Main documents/ summary sheet).
- v. Lists of investigation facilities available.
- vi. Facility for submission of all claims/ bills in electronic format bearing name of the patient and employee code number (EIS/ NEIS No. mentioned in Photo Medical Card) to the Bill Clearing Agency and availability of dedicated equipment/ software and connectivity for such electronic transmission.
- vii. Acceptance of treatment charges as applicable and approved from time to time by Central Govt. Health Scheme (CGHS) for respective cities.
- viii. Notarized copy of valid registration of the Lab/ any third-party certificate.
- ix. Registration under PNDT Act, if Ultrasonography facility is available.
  - x. AERB approval for imaging facilities, wherever applicable.
- xi. Compliance with all statutory requirements including Bio Medical Waste (BMW) certificate from respective State Govt. Pollution Control Board/AERB
- xii. Income Tax Exemption Certificate/ IT Return Certificate of last 3 years or years corresponding to being functional, if less than 3.
- xiii. PAN Number and GST Registration No. (if applicable)
- xiv. Documents regarding installation of fire safety mechanism.
- xv. 24 hours emergency services & facility for creation/ delivery of reports at the earliest, preferably on-line as well.
- xvi. Undertaking for not charging patients of Coal India Ltd. higher than what is charged from other Govt. organizations or PSUs/ CGHS Rate.
- xvii. Average Annual turnover of last 3 years or years corresponding to being functional if less than 3, as per audited account of ₹10 lakhs for Metro cities and ₹5 lakhs for Non-Metro cities. Relaxation may be considered on specific recommendation as per defined procedure as mentioned in Savings clause at cl. no.10.
- xviii. Provision for adequate sitting area, Lab Area and Imaging center

## **5. Specific Criteria**

### **A. For Pathology & Microbiology Center:**

- i. Availability of Qualified doctors in respective fields like MD (Path), MD (Microbiology)/ DCP etc.
- ii. Availability of properly trained Technician working under guidance of qualified doctors like MD (Path), MD (Micro)/ DCP and/or having DMLT diploma/ degree.
- iii. Availability of Auto-analyzer to conduct the blood biochemistry, microbiology, sputum, stool, urine etc. for examination/ investigation on referral would be preferable.
- iv. Facilities for conducting the special investigations like Hormonal Assay by the modern techniques and for immunological test whenever referred.
- v. Facilities for Routine microbiological investigation like culture and sensitivity & preferably the special investigation like HPE accompanied by blocks & slides of the tissue received (BIOPSY).
- vi. Record of Lab Tests performed and list of Lab Equipment.

### **B. For Radiological Center**

- i. Availability of Qualified Radiologists in respective field i.e. MD (Radio Diagnosis), DNB (Radio Diagnosis) or DMRD.
- ii. Availability of Modern gadgets/ machines to conduct the routine X- Ray/ Digital X-Ray/ USG, Color Doppler study, Barium Study, IVP etc. fulfilling the following requirement would be preferable: Radiographer with BSc in Medical Radiography & Imaging Technology, MSc in Medical Radio Imaging

#### **➤ For MRI Centers:**

- i. MRI Machine with magnet strength of 1.5 Tesla or more
- ii. Availability of Radiographer (technician) having requisite degree/ diploma (B.Sc. in Radiography). Experience of at least one year would be preferable.
- iii. Reports analysis and authentication by Medical officers having requisite degree.

#### **➤ For CT Scan Centers:**

- i. Facility for whole Body CT Scanner with scan cycle of less than one second (sub-second).
- ii. 256 Slice Scanner is preferred.
- iii. Approval of AERB.
- iv. Availability of Technician having DMLT diploma and Radiographer

(technician) having requisite degree/ diploma. Experience of at least one year would be preferable.

- v. Reports analysis and authentication by Medical officers having requisite degree.

➤ **For X Ray Centers/ Dental X-Ray/ OPG Centers:**

- i. X- Ray machine with minimum current rating of 500 MA with image intensifier TV System.
- ii. Portable X-Ray machine with minimum current rating of 60 MA
- iii. Dental X-Ray Machine with minimum current rating of 6 MA
- iv. OPG X-Ray Machine with minimum current rating of 4.5 -10 MA
- v. Approval of AERB
- vi. Availability of Technician having requisite Degree/ Diploma and experience of at least one year would be preferable.
- vii. Reports analysis and authentication by Medical officers having DMRD/ MD (Radiology) degree.

➤ **For Mammography Center:**

- i. Standard quality mammography machine with low radiations and biopsy attachment.

➤ **For USG/ Colour Doppler Center/ Echo:**

- i. Standard equipment having convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz with minimum three probes and provision/ facilities of trans vaginal/ trans rectal probes.
- ii. Registration under PNDT Act.
- iii. Reports analysis and authentication by Medical officers having requisite degree by Radiologist.

**C. For Centers other than Pathology/ Microbiology & Radiology**

- i. Availability of special investigation facility like EEG (32 channels), EMG/ NCV (+/- 10% error), ECG (12 lead), Nuclear Medicine investigation conducted and reported by the concerned specialist.
- ii. Bone Densitometry Center: capable of scanning whole body
- iii. Nuclear Medicine Center: approved by AERB/ BARC.

**6. Procedure for empanelment**

- i. Offers of EOI (Expression of Interest) will be invited through open advertisement in local newspapers and publication on Subsidiary website in the prescribed format.
- ii. After receiving the EOIs, proper scrutiny will be done by a Screening Committee consisting of representatives of Welfare, Finance and Medical Dept. to be nominated by GM (Welfare), GM (Finance) and Chief of Medical Services of concerned Subsidiary.
- iii. The Committee will submit its recommendations to Chief of Medical Services. Thereafter, Orders of Empanelment will be issued by Medical Dept. with due competent approval of CMD of the concerned Subsidiary.
- iv. The Committee may cancel/ reject any/ all EOIs without assigning any reasons thereof.

## **7. Period of Empanelment**

The empanelment will be initially for a period of three years or for the number of years NABH/ NABL Accreditation is valid for the centre- whichever is less; subject to satisfactory services rendered. Performance of the Centre will be liable to be reviewed any time. If services are not found satisfactory, the empanelment will immediately be cancelled.

However, if services of the center are found to be satisfactory, further extension of empanelment will be done after following due procedure as below:

- a. The Screening Committee consisting of representatives of Welfare, Finance and Medical Dept. to be nominated by GM (Welfare), GM (Finance) and Chief of Medical Services of concerned Subsidiary as mentioned at 6 ii. above will examine the issue of extension.
- b. The extension will be based on scrutiny of latest documents presented by the centre relating to sl.no. ii, iii, v, viii, x, xi, xiv, xvii under cl.no. 4- 'Information required for empanelment' & any other document as are required by the Screening Committee.
- c. The period of extension recommended will be as decided by the Screening Committee but not beyond validity period of NABH/NABL accreditation.
- d. The Committee will submit its recommendations to Chief of Medical Services. Thereafter, Orders of Empanelment will be issued by Medical Dept. with due competent approval of CMD of the concerned Subsidiary.

## **8. Criteria for De-Empanelment**

Empanelment will liable to be terminated for any of the reasons enumerated below, which are representative but not exhaustive:

- i. Written unwillingness to continue in the panel by the center
- ii. The number of visits of patients to a Diagnostic Centers being considered as inadequate/ meagre
- iii. Owing to malpractice/ misconduct or rendering unsatisfactory services
- iv. Death of the owner of Diagnostic Center
- v. Legal conviction by any State/ Central Govt. Authority/ Court against the Diagnostic center.
- vi. Poor quality of reports.

In such cases and in all other cases not specifically mentioned above, the Screening Committee may review and submit its recommendations for de-empanelment to the competent authority with proper justifications. The company reserves the right to de-empanel any center even without assigning any reasons thereof.

## **9.Reimbursement**

Many of the high end Laboratory investigations like hormone assays, genetic testing are not CGHS listed and are sent by the empaneled hospitals/laboratories to Higher centres, in such cases reimbursements shall be made as per actuals till the time CGHS rates are available for such tests. Once CGHS rates are available, they shall be reimbursable at CGHS rates or actuals whichever is lower.

## **10.Legal Jurisdiction**

In case of any dispute arising out of terms of empanelment of Laboratory/ Diagnostic & Imaging Centre legal jurisdiction will be limited to concerned subsidiary Head Quarters.

## **11.Savings**

In case of any doubt regarding interpretation of the provisions of these modalities, the clarification/ interpretation of Director (P&IR), CIL will be final and binding.

Director (P&IR), CIL may relax any of the provisions mentioned in these modalities in exceptional circumstances on recommendations of concerned CMS/ HOD.

Chairman, CIL reserves the right to alter, amend or withdraw partly or fully any of the provisions of these modalities at his/ her discretion for reasons to be recorded in writing.

**APPLICATION FORM FOR EMPANELMENT OF LABORATORIES/  
DIAGNOSTIC CENTRE/ IMAGING CENTRE**

1. Name of the city where LABORATORY/ DIAGNOSTIC CENTRE/ IMAGING CENTRE is located

2. Name of LABORATORY/ DIAGNOSTIC CENTRE/ IMAGING CENTRE

3. Address of LABORATORY/ DIAGNOSTIC CENTRE/ IMAGING CENTRE

4. Contact Details

Landline Telephone/Mobile Number	
Email	
Website Address	

5. Whether NABL/ NABH recommended? Yes ☐ No ☐
6. Whether QCI recommended? (Wherever applicable) Yes ☐ No ☐
7. If applying for Empanelment of Laboratories (availability of facilities to be mentioned)

- Space:

Yes ☐ No ☐

☐ ☐

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Equipment:  | Yes                          | No                          |
| • Manpower with designated qualification                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Quality control measures                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • General requirement for pathological diagnostic centres | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

8. If applying for Diagnostic Centres (availability of facilities to be mentioned)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Space:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Equipment:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Manpower with designated qualification                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Quality control measures                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • General requirement for pathological diagnostic centres | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

9. If applying for Imaging Centres (availability of facilities to be mentioned, if yes)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Space:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Equipment:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Manpower with designated qualification                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Quality control measures                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • General requirement for pathological diagnostic centres | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

10. Total Turnover during last three financial years or loss as per Clause 4 (xvii) of the modalities.

(Certificate from Chartered Accountant to be enclosed)

**SIGNATURE OF APPLICANT OR AUTHORIZED AGENT**



**CERTIFICATE OF UNDERTAKING**

1. It is certified that the particulars given are correct and eligibility criteria are satisfied.
2. That Laboratory/ Diagnostic & Imaging Centre shall not charge beneficiaries of Coal India Limited and its Subsidiaries higher than the CGHS notified rates.
3. That the facility/ procedure/ investigation for which rates have been mentioned are actually available in the Centre.
4. That if any information is found to be fake, Laboratory/ Diagnostic & Imaging Centre would be liable to be de-empaneled.
5. That the Laboratory/ Diagnostic & Imaging Centre has the capability to submit bills and medical records in digital/ electronic format.
6. That Laboratory/ Diagnostic & Imaging Centre has not been derecognized by CGHS or any State Government or other Organizations in past.
7. That no investigation by Central Government/ State Government or any statutory Investigating Agency is pending or contemplated against the Laboratory/ Diagnostic & Imaging Centre at present.
8. That I/ We agree with the terms and conditions prescribed in the EOI document.
9. That Laboratory/ Diagnostic & Imaging Centre agrees to maintain Electronic Medical records and EHR as per the standards approved by Ministry of Health & Family Welfare.
10. That I/We are not under suspension at present nor have been blacklisted by any PSU/ Government Department/ Financial Organization/ Court.
11. I /We hereby certify that I/ We have read the entire terms and conditions of the Empanelment documents including Annexure(s), Schedules (s) etc. which is a part of the Contract Agreement and I/ We shall abide by the terms/ conditions/ clauses contained therein.

**SIGNATURE OF APPLICANT OR AUTHORIZED AGENT**

## Annexure III

**Check list of documents to be submitted along with the Application (Wherever Applicable)**

<b>Sl. No.</b>	<b>List of Documents Enclosed (wherever applicable)</b>	<b>Please specify</b>
1	Copy of legal status, place of registration, and principal place of business or partnership firm.	Yes/ No
2	Copy of Partnership Deed, Memorandum and Articles of association (if applicable)	Yes/ No
3	Name of Centre with address including Contact number, e-Mail address and address of Website	Yes/ No
4	NABH/ NABL Accreditation with supportive notarized document	Yes/ No
5	Empanelment Details of at least 3 CPSEs (with supportive document)	Yes/ No
6	Notarized Copy of valid registration Certificate of Centre	Yes/ No
7	Notarized Copy of valid PNDT Certificate for USG	Yes/ No
8	List of permanent/ on-roll Doctors/ Technicians of the Centre	Yes/ No
9	Number and Details of machine/s	Yes/ No
10	List of Laboratory tests available and list of Laboratory Equipment	Yes/ No
11	AERB Certificate for Centres where related equipment is available	Yes/ No
12	Biomedical Waste (BMW) certificate issued by State Govt. Pollution Control Board	Yes/ No
13	Income Tax exemption certificate of the Centre	Yes/ No
14	Fire safety certificate issued by concerned authority	Yes/ No

## **SIGNATURE OF APPLICANT OR AUTHORIZED AGENT**

Annexure IV

### **LETTER OF ACCEPTANCE OF OFFER**

(To be issued on Letter head of the Subsidiary)

Date:

To,

#### **Sub: Empanelment of Laboratory, Diagnostic & Imaging Centre**

Dear Sir,

In reference to your offer on the above-mentioned subject, competent authority has been pleased to approve your offer for providing investigation facility to on-roll / retired employees of CIL & their eligible dependents who are duly referred from CIL/ Subsidiary Company with following terms and conditions:

- I. Empanelment will be applicable to ....., a Subsidiary of Coal India Limited with HQ in Kolkata, with immediate effect.
- II. Rates charged will be as applicable and approved from time to time by Central Government Health Scheme (CGHS) for specific cities or Laboratory, Diagnostic & Imaging Centre or less.
- III. General Terms:
  1. 100% credit/ cashless facility should be extended to on roll employees by your Centre on production of photo Medical Identity Card and referral from Authorized Medical Attendant/ CMS/ HoD of Medical Dept <sup>[3]</sup>
  2. The reimbursement for cashless/ full credit facility rendered by your Centre will be made to you after receipt of bills within 30 days, in triplicate.
  3. Payment will be made in form of A/c Payee cheque/ draft/ e-payment/ RTGS/ NEFT in the account number provided to you.
  4. A separate Corporate Desk should be there for providing assistance to our employees.
  5. In the event of any revision of the applicable rates, the same should immediately be brought to our notice.

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<sup>3</sup> Amended vide OM No. CIL/C5A(PC)/1030 dated 02.03.2023

**IV. Special Instructions:**

The final bill submitted for patient covered under this agreement, must bear the following details:

- i. The rates charged for the investigation
- ii. Rates charges for procedures/ investigation not covered under CGHS, if any, with detailed break-up of charges.

This contract has been finalized based on mutual agreement and understanding. Any false information submitted in your offer poor feedback from patients, deterioration in quality of services and charging of rates higher than applicable will amount to breach of mutual trust and make your Centre liable for de-empanelment.

You are requested to kindly acknowledge receipt of this empanelment letter.

Yours faithfully,

Chief Medical Officer/ HoD (Medical)

## References

1	OM NO. CIL/C5A(PC)/984 dated 10.11.2022
2	OM No. CIL/C5A(PC)/1030 dated 02.03.2023