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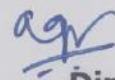
File No. 6(1046)/CH/DFW/2021-22/ 2916-18

Dated: 02-07-25

Public Notice

The Competent Authority has cancelled Expression of Interest (EOI) for empanelment of tertiary care hospitals for corrective procedures/surgeries for children with Congenital Heart Disease (CHDs) under Rashtriya Bal Swasthya Karykram (RBSK) at the RBSK rates due to technical reasons. This was in response to the applications received vide newspaper advertisements dated 21/10/2024 and 09/12/2024.

Further, the Directorate is in process of modifying EOI document. Suggestions for revising this document may be sent vide email to rbks.delhi1@gmail.com latest by 22/07/2025. Draft EOI Document and RBSK rates are attached.



Director

Directorate of Family Welfare

File No. 6(1046)/CH/DFW/2021-22/ 2916-18

Dated: 2/7/25

Copy to:

1. SPO-DSHM to upload on website on Delhi State Health Mission
2. MIS Consultant, Directorate of Family Welfare to upload on website of Directorate
3. System Analyst, DGHS to upload on website of Health and Family Welfare.



Director

Directorate of Family Welfare

Expression of Interest (EOI) w.r.t. Paediatric Cardiac Surgeries under RBSK

State Health Society, NHM invites expression of interest from willing and eligible private hospitals to be empanelled for undertaking paediatric cardiac surgeries among children from birth to 18 years of age.

Suggestive Criteria and Conditions for inviting expression of interest for empanelment of Private Hospitals for Paediatric Cardiac Surgery:

- I.** The hospital must be empanelled either with the Government of NCT Delhi or with CGHS.
- II.** The hospital should also have NABH accreditation for 3 years.
- III.** The hospital must be well equipped in all spheres, for delivering quality pediatric cardiac services in terms of infrastructure, human resources, equipment, and also statutory and medico-legal conformation as per the annexure.
- IV.** The cardiac surgeon of the hospital must be trained in pediatric cardiac surgeries and also must possess a good track-record of performing pediatric cardiac surgeries for at least preceding 3 years.
- V.** The facility of Paediatric cardiac CCU and NICU preferably with ECMO (Extracorporeal Membrane Oxygenation) should be available.
- VI.** The hospital will submit estimated cost of surgery/ treatment, *in a prescribed format and in any case should not exceed the existing RBSK package rate.*
- VII.** The facility shall also furnish the number of individual procedures done during the last three years in the prescribed format. A minimum of 200 cardiac procedures including surgeries and interventions per year is required. In case if the numbers fall short the committee can take a call.
- VIII.** The package rate under RBSK is all inclusive (i.e. cost of procedure, hospitalization, medicines, Implants and other consumables etc.). Hospital shall not charge more than RBSK package rate/ rates, at any cost and no money should be charged from the family of the patient.
- IX.** Diet Charge for the patient and the attendant is inclusive in the package and no extra money would be provided for that purpose.
- X.** The ambulance service will be provided to the RBSK beneficiaries, free of cost by the concerned empanelled hospital within Delhi NCR OR CATS service of Neonatal ambulance (If available) The transportation charge from/ to outside Delhi NCR would be borne by the beneficiary family.
- XI.** Expenses on toiletries, cosmetics, telephone bills etc. would not be reimbursable and are not included in package rates.

- XII.** The hospital must have its own blood bank facility.
- XIII.** Arrangement of voluntary blood donors for the blood/ blood products required for surgery will be the responsibility of the child's family. However, the hospital will have the moral responsibility to coordinate with the voluntary organizations in case of any emergency and if the family is not able to arrange donors in time.
- XIV.** The referral of the patient to the concerned centre would depend upon the choice of the patient/ family.
- XV.** In hospitals where prevailing rates for the non- RBSK patients for the said surgeries/ procedures/ tests are lower than the RBSK prescribed rates, shall charge as per the rates charged by them from Non-RBSK patients and will be required to furnish a certificate to the effect that the rates charged are not more than that from non-RBSK patients. Rate list of the hospital must be submitted along with Application form.
- XVI.** Increased duration of indoor treatment due to infection, or the consequences of surgical procedure or due to any improper procedure would be reimbursed only after the approval of the designated high level committee for the specific purpose and it should not exceed 10% of the RBSK package rate.
- XVII.** During the treatment in Paediatric ICCU/ NICU, no separate room rent will be provided, wherever package rates are admissible.
- XVIII.** The empanelled hospital shall honour permission letter issued by the competent authority and carry out the procedure/ provide treatment/ investigations, services required in the permission letter. These shall be provided on cashless basis.
- XIX.** In case of one or more minor procedures culminating into major treatment procedures then in that eventuality, package charges would be permissible for major procedure.
- XX.** Any legal liability, arising out of such services, shall be the sole responsibility of the concerned hospital and shall be dealt with, by the concerned empanelled hospital. Services must be provided by the hospitals, duly in consonance with the terms and conditions of the agreement.
- XXI.** Patient will be referred with a proper referral form, signed by the competent authority.
- XXII.** Direct admission without referral form should not be entertained at all except in life saving conditions. Such case may be reported to the competent authority immediately and positively within 48 hours. However, Ex-post facto approval shall be given by the competent authority. In case of Ex-post facto approval not being granted by the competent authority for want of valid justification by the hospital, responsibility lies with hospital, for any disputes regarding payment.
- XXIII.** At no point during the treatment will the hospital ask the attendants or the beneficiary to procure or provide the medicines/ consumables/ other logistics/ equipment or accessories from outside and will provide the treatment within the package rates.
- XXIV.** It shall be the duty and responsibility of the hospital at all times, to obtain, maintain and sustain the valid registration, high quality standard of its services and healthcare and

further to have all the statutory/ mandatory licenses, permits and approvals of the concerned authorities, as per the existing law. The RBSK patients must be entertained without any queue/ wait.

XXV. The empanelled centre will investigate/ treat the beneficiary patient only for the condition for which they are referred and for any other additional procedure planned, a separate permission will be required. In case of any unforeseen emergencies while admitted for the approved procedure, necessary lives saving measure are to be taken and concerned authorities may be informed subsequently with justification.

XXVI. Patients can't be denied treatment on the pretext of non-availability of beds, failing which, treatment may be arranged from other hospital and extra expenditure incurred on treatment of the patient will be recovered from empanelled hospital against incoming/ pending bills/ security money. Refusal either in writing or verbal communication, will form the basis of deduction.

XXVII. After receiving the permission letter, the hospital has to operate the child within the prescribed period of time, one month positively and in case of critical cases, as early as possible as per the requirement of treatment protocol.

XXVIII. Empanelled centre shall provide the services totally in consonance with the terms & conditions incorporated in the agreement. In case of violation of the provisions of the agreement by the empanelled centre there will be forfeiture of payment of the incoming/pending bills. For over billing and unnecessary procedures, the extra amount so charged will be deducted from the bills and the NHM reserves the exclusive right to terminate/ discontinue the contract at any point of time.

XXIX. Mission Director, NHM may, without prejudice to any other remedy and for breach of Agreement, in whole or partly, reserve the right to terminate the contract any point of time. The empanelled hospitals shall not terminate the agreement, without giving three (3) months prior notice. If they do so, in that eventuality, security money deposited by them, will be forfeited.

XXX. The Institution shall be de-empanelled:-

(i) If the Hospital fails to provide any or all of the services for which it has been recognized during the period(s) specified in the Agreement, or during any extension period thereof, if granted by the NHM Delhi, pursuant to the conditions of Agreement

Or

(ii) If the Hospital is found to be engaging in corrupt or fraudulent practices in competing for or in executing the Agreement.

Or

(iii) If the Hospital is found to be involved in or associated with any unethical illegal or unlawful activities, then in that eventuality, the Agreement would be summarily suspended by the NHM, without issuance of any notice and subsequently the Competent Authority may terminate the Agreement, after issuing a show cause notice to that effect and after duly

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considering the reply, if any, received within 10 days of the receipt of the show cause notice. Terms and conditions could be modified, at sole discretion, of the Competent Authority, Chairman, State Health Society, NHM.

XXXI. If any dispute or difference of any kind, what so ever arises between the NHM and the Empanelled Centre pertaining to or arising out of the Agreement, it shall be referred to for arbitration, by the Mission Director, NHM Delhi, who will render written award of his decision to the Parties in agreement. Arbitrator shall be appointed by the Mission Director, NHM Delhi. The decision of the Arbitrator would be final and binding. The provision of Arbitration and Conciliation Act, 1996 shall apply to the arbitration proceedings. The venue of the arbitration proceedings shall be at office of Mission Director NHM Delhi. Any legal dispute shall be settled in Delhi Only.

XXXII. Agreement shall be for ~~two~~ one year. In case of satisfactory services, the tenure of the agreement can be extended for upto two years with mutual consent of both the parties.

XXXIII. Miscellaneous:

- a) Nothing under this Agreement shall be construed as establishing or creating between the Parties (DSHM and the empanelled centre), any relationship of Master and Servant or Principle and Agent.
 - b) The Empanelled Centre shall not represent or project itself, as an agent of the DSHM (NHM Delhi).
 - c) Delhi State Health Mission, DSHM (NHM Delhi) will not be responsible in any way for any negligence or misconduct of the Empanelled Centre and its employees leading to any accident, injury or damage sustained or suffered by the referred RBSK beneficiary or any third party resulting from or by any operation conducted by or on behalf of the Hospital or during rendering its service under this Agreement or otherwise.
 - d) The Empanelled Centre shall notify the Government immediately about any material change in their status and their shareholdings or that of any Guarantor of the Empanelled Centre in particular, where such change would have an impact in the performance of obligation under this Agreement.
 - e) This Agreement can be modified or altered only through written Agreement signed by both the parties.
 - f) The termination of Agreement shall not relieve the Empanelled Centre or their heirs and legal representatives from their liability in respect of the services provided by the Empanelled Centre during the period when the Agreement was in force and existence.
- Disclaimer:** *The MOU will flow out of this document only if above terms and conditions are agreed for inclusion in EOI.*

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ANNEXURE**Key performance indicators for Department/ Hospital Evaluation:**

S. No.		Data Measured	Outcome
1	Clinical Performance	Risk-adjusted outcomes (mortality complications), patient recovery metrics (length of stay, readmissions), and adherence to clinical protocols.	Measures the effectiveness and safety of patient care
2	Educational Impact	Student and resident feedback, examination scores, and graduation rates.	Assesses training quality and the preparedness of graduates for clinical practice.
3	Research Productivity	Number of publications, research funding, and citation index.	Evaluates contributions to medical knowledge and academic influence.
4	Operational Efficiency	Case volume, resource utilization, and cost management.	Assesses efficiency in managing resources and delivering services.
5	Patient and Stakeholder Satisfaction:	Patient satisfaction scores, stakeholder feedback, and complaint resolution metrics.	Provides insight into care quality and overall satisfaction.

8	Congenital Heart Disease (CHD)*	Atrial Septal Defect (ASD)	ASD Device Closure	35.51	23	95,000	Response (BERA)/ MRI Brain with Contrast/ CT scan Brain-plain and contrast	invoice, Telemetry report, Scar photo
							Echoardiogram (Echo) / ECG (Electro Cardiogram)/ Chest X-ray PA view (1 film)/ Cardiac CATH/ TEE (Transesophageal Echocardiogram)	Echo, ECG, Procedure CD
			ASD Surgical Closure (Intracardiac repair)	35.71	24	85,000	Echo/ ECG / Chest X-ray PA view (1 film) / TEE / CT angiography (Coronary angiography)	Echo

S.No	HEALTH CONDITION	DISEASE	SURGICAL PROCEDURE	ICD-9 PROCEDURE CODE	RBSK PROCEDURE CODE	RBSK MODEL COSTING (RUPEES)	PRE-OPERATIVE INVESTIGATIONS	POST-OPERATIVE EVIDENCE
CHD (-cont-)	AV Canal defect	AVSD / AV Canal Defect repair		35.71	25	1,60,000	Echo/ ECG/ Chest X-ray PA view (1 film) / TEE / CT angiography	Echo
			Ventricular Septal Defect (VSD)	35.53	26	75,000	Echo/ ECG / Chest X-ray PA view (1 film)	Echo, ECG, Procedure CD
			VSD Device Closure with PDA device	35.53	27	95,000	Echo/ ECG/ Chest X-ray PA view (1 film)	Echo, ECG, Procedure CD
			VSD Device Closure with VSD device	35.53	28	125,000	Echo/ ECG / Chest X-ray PA view (1 film)	Echo, ECG, Procedure CD
	Patent Ductus Arteriosus (PDA)	PDA Device Closure	VSD Surgical Closure (intracardiac repair)	35.72	29	90,000	Echo/ ECG/ Chest X-ray PA view (1 film) / CT angiography	Echo
				35.83.2	30	75,000	Echo/ ECG/ Chest X-ray PA view (1 film)	Echo-showing Stent In Situ, Chest X-ray PA view (1 film), ECG, Procedure CD, Device empty pouch
				35.83.3	31	30,000	Echo/ ECG/ Chest X-ray PA view (1 film)	Echo-showing Stent In Situ, Chest X-Ray PA View (1 film), Procedure CD, Device empty pouch
			PDA coil closure: single coil					

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CHD (-cont-)	AV Canal defect	AVSD / AV Canal Defect repair	35.71	25	1,60,000	Echo/ ECG/ Chest X-ray PA view (1 film)/ TEE / CT angiography	Echo	
		Ventricular Septal Defect (VSD)	VSD Device Closure with PDA device	35.53	26	75,000	Echo/ ECG / Chest X-ray PA view (1 film)	Echo, ECG, Procedure CD
		VSD Device Closure with VSD device	35.53	27	95,000	Echo/ ECG/ Chest X-ray PA view (1 film)	Echo, ECG, Procedure CD	
		VSD Device Closure with VSD device in infants	35.53	28	125,000	Echo/ ECG / Chest X-ray PA view (1 film)	Echo, ECG, Procedure CD	
		VSD Surgical Closure (Intracardiac repair)	35.72	29	90,000	Echo/ ECG/ Chest X-ray PA view (1 film) / CT angiography	Echo	
		Patent Ductus Arteriosus (PDA)	PDA Device Closure	35.83.2	30	75,000	Echo/ ECG/ Chest X-ray PA view (1 film)	Echo-showing Stent In Situ, Chest X-ray PA view (1 film), ECG, Procedure CD, Device empty pouch
		PDA coil closure: single coil	35.83.3	31	30,000	Echo/ ECG/ Chest X-ray PA view (1 film)	Echo-showing Stent In Situ, Chest X-Ray PA View (1 film), Procedure CD, Device empty pouch	

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CHD (-cont-)			PDA coil closure: multiple coil	35.83.4	32	40,000	Echo/ ECG/ Chest X-ray PA view (1 film)	Echo-showing Stent In Situ, Chest X-ray PA view (1 film), ECG, Procedure CD, Device empty pouch
			Surgical closure of PDA (PDA ligation)	35.83	33	45,000	Echo/ ECG / Chest X-ray PA view (1 film)	Scar photo/ Echo/ ECG / Chest X-ray PA View (1 film)
			PDA stenting	35.83.1	34	80,000	Echo/ ECG/ Chest X-ray PA view (1 film)/ TEE	Echo-showing Stent In Situ, Chest X-ray PA view (1 film), ECG
			Truncus Arteriosus Surgery	35.83	35	1,50,000	Echo/ ECG/ Chest X-ray PA view (1 film)/ CT angiography	Echo, ECG, Procedure CD
			TAPVC	35.82	36	1,50,000	Echo/ ECG / Chest X-ray PA view (1 film)/ TEE/ CT angiography	Echo-showing Stent In Situ, Chest X-ray PA view (1 film)
CHD (-cont-)			Tetralogy of Fallot (TOF)	35.81	37	1,50,000	Echo/ ECG/ CT angio/ Chest X-ray PA view (1 film)/ MRI angio/Cardiac CATH	Echo-showing Stent In Situ, Chest X-ray PA view (1 film), ECG
			Systemic Pulmonary Shunts with graft	39	38	60,000	ECG/ Echo/ CT angiography/ Cardiac CATH	Echo-showing Graft In Situ, Procedure CD, Scar photo, Chest X-ray PA view (1 Film)

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CHD (-cont-)								
	Pulmonary Atresia /		Open pulmonary valvotomy	35.13	39	90,000	Echo/ ECG	Echo, ECG, Procedure CD, Chest X-Ray PA View (1 film)
	Pulmonary Stenosis		Balloon pulmonary valvotomy	35.03	40	40,000	Echo/ ECG	Echo-Showing Stent In Situ, Chest X-ray PA view (1 film), ECG, Procedure CD
	Tricuspid Atresia / Tricuspid Stenosis and Ebstein's Anomaly		Glenn procedure	35.94	41	1,00,000	ECG/ Echo/ CT angiography/ Cardiac CATH	Echo-showing Graft In Situ, Procedure CD, Scar photo, Chest X-Ray PA view (1 film)
			Fontan procedure	35.94	42	1,70,000	ECG/ Echo/ CT Angiography/ Cardiac CATH	Echo-showing Graft In Situ, Procedure CD, Scar photo, Chest X-Ray PA view (1 film)
	Aortic valve Stenosis		Aortic valve replacement (with valve)	35.23	43	1,45,000	Echo/ ECG/ Chest X-ray PA view (1 film)/ Cardiac CATH/ TEE	Echo-showing Stent In Situ, Procedure CD
			Aortic valve replacement (with Bioprosthetic valve)	35.22.3	44	1,60,000	Echo/ ECG / Chest X-Ray PA View (1 Film)/ Cardiac CATH/ TEE	Echo, ECG, Procedure CD, Chest X-Ray PA View (1 film)
			Open aortic valvotomy	35.11	45	90,000	Echo/ ECG / CT Angiography / Cardiac CATH	Echo, ECG, Procedure CD, Chest X-Ray PA View (1 film)

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CHD (-cont-)	Aortic valve Stenosis (-cont-)	Ross procedure with conduits	Ross procedure without conduits	35.22.1	46	1,20,000	Echo/ ECG/ CT angiography/ Cardiac CATH/ Chest X-ray PA view (1 film)/ MRI angiogram	Echo-showing Prosthetic Ring In Situ
			Ross procedure with conduits	35.22.1	47	1,55,000	Echo/ ECG/ CT angiography/ Cardiac CATH/ Chest X-ray PA view (1 film)/ MRI angiogram	Echo-showing Prosthetic Ring In Situ
			Balloon aortic valvotomy	35.01	48	40,000	Echo/ TEE/ Chest X-ray PA view (1 film)/ ECG	Echo-showing Stent In Situ, Chest X-ray PA view (1 film), ECG
			Hypoplastic Left Heart Syndrome	Surgery not covered under RBSK				
			TGA Arterial Switch	35.84	49	1,55,000	Echo/ CT scan Chest without contrast/ CT angiography/ Chest X-ray PA view (1 film)	Chest X-ray PA view (1 film), Echo
			TGA Sennings Procedure	35.91	50	1,55,000	Echo/ CT scan Chest without contrast/ CT angio	Echo, Chest X-ray PA view (1 film)
			TGA Mustards Procedure	35.91	51	1,55,000	Echo/ CT scan Chest without contrast/ CT angio	Chest X-ray PA view (1 film), Echo

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	CHD (-cont-)	Coarctation of the aorta (COA)	Coarctation dilatation	39.5	52	40,000	Echo/ CT angiography/ Chest X-ray PA view (1 film)	Doppler
			Coarctation dilatation with stent	39.5	53	80,000	Echo/ CT angiography/ Chest X-ray PA view (1 film)	Doppler
			Coarctation aorta repair with graft	39.5	54	1,00,000	Echo/ CT angiography, Color doppler sonography/ Chest X-ray PA view (1 film)	Color doppler sonography single study, Scar photo
			Coarctation aorta repair without graft	39.5	55	70,000	Echo/ CT angiography/ Chest X-ray PA view (1 film)	Color doppler sonography single study, Scar photo
9	Retinopa -thy of Pre-maturity	ROP	Photocoagulation for ROP	14.25	56	10,000	Fundus photo	Cl. photo, Fundus florescence
DEFICIENCIES								
10	Anaemia especially Severe Anaemia							
11	Vitamin A deficiency (Bitot spot)							

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CHD (-cont-)	Coarctation of the aorta (COA)	Coarctation dilatation	39.5	52	40,000	Echo/ CT angiography/ Chest X-ray PA view (1 film)	Doppler	
		Coarctation dilatation with stent	39.5	53	80,000	Echo/ CT angiography/ Chest X-ray PA view (1 film)	Doppler	
		Coarctation aorta repair with graft	39.5	54	1,00,000	Echo/ CT angiography, Color doppler sonography/ Chest X-ray PA view (1 film)	Color doppler sonography single study, Scar photo	
		Coarctation aorta repair without graft	39.5	55	70,000	Echo/ CT angiography/ Chest X-ray PA view (1 film)	Color doppler sonography single study, Scar photo	