

DRAFT SOP ON ECHS REFERRAL PROCEDURE : 03/2017

1. Please refer the followings :-

- (a) Gol, MoD letter No 24(8)/03/US(WE)/D (Res) dt 19 Dec 2003 dealing with "Procedure for payment and reimbursement of medical expenses under ECHS".
- (b) Central Org ECHS letter No B/49773/AG/ECHS dt 05 Feb 2005 dealing with "Processing of bills for reimbursement of expenses incurred on emergency treatment of ECHS beneficiaries".
- (c) DGMS (Army) letter No B/75068/DGMS-5B/ECHS dt 27 Dec 2006 dealing with "Bed availability at Service Hospital for ECHS members".
- (d) DGMS (Army) letter No B/75086/DGMS-5B/ESM dt 31 Mar 2008 dealing with "ECHS referral policy stations".
- (e) Central Org ECHS letter No B/49774/AG/ECHS/Referral dt 10 Aug 2009 dealing with "Referral to empanelled hospital in Delhi/NCR".
- (f) Central Org ECHS letter No B/49774/AG/ECHS/Referral dt 01 Dec 2009 dealing with "ECHS Referral Procedure".
- (g) Gol, MoD letter No 22A(55)/2013/US(WE)/D(Res) dt 05 Jul 2013 dealing with "Permission for treatment/investigations in respect of ECHS beneficiaries availing treatment for Diabetes, Hypertension & other Cardiac diseases, Dialysis and Cancer".
- (h) Gol, MoD letter No 22(D)(09)/2013/US(WE)/D(Res) dt 26 Jul 2016 dealing with "Medical facilities for in-patient treatment and post-operative follow-up treatment to ECHS beneficiaries".
- (i) Central Org ECHS letter No B/49770/AG/ECHS/Policy/2016 dt 31 Aug 2016 dealing with "Medical Facilities for in-patient treatment and post-operative follow-up treatment to ECHS beneficiaries".
- (k) Central Org ECHS letter No B/49774/AG/ECHS/Referral dt 22 Jun 2017 dealing with "Referral to Army Hospital : CTVS and JRC".
- (l) Central Org ECHS letter No B/49762/AG/ECHS/Medicine/SOP dt 05 Sep 2017 dealing with SoP on ECHS Medicine Management".
- (m) Central Org ECHS letter No B/49779-Outsourcing/AG/ECHS dt 20 Sep 17 dealing with "Endorsing Aadhar No on Referrals".

2. Above mentioned letters and clarifications have stood the test of time & very few clarifications/Govt letters have been issued. However, with manifold increase in ECHS beneficiaries, introduction of online bill processing of empanelled hospitals & reimbursement claims by BPA since 2012, a review of the referral system within the frame work of ECHS policies has become essential. It has also been observed that the ECHS beneficiaries still face inconvenience & hardships and at times have to shuttle between the Polyclinic and Service hospital & empanelled hospitals for consultation/referral for speciality/superspeciality treatment. The problem gets compounded because of old age and medical condition of the ECHS beneficiaries. A requirement has been felt to amalgamate all the letters into one comprehensive letter in form of a SoP for convenience of all ECHS functionaries and Veterans & their dependents.

Categorisation of Polyclinics for Referrals

3. The polyclinics are categorised as Military/Non – Military primarily based on support they get from service hospitals. There are a few Polyclinics located in Military stations without service hospital and classified as Military Polyclinics. These are to be considered as Non-Military Polyclinics for the purpose of referrals and these will follow the procedure applicable to Non-Military Polyclinics. The list of these Polyclinics located in Mil Stns but to be treated as Non Mil Polyclinics is at **Appendix A**.

Referral at Polyclinics

4. ECHS Polyclinics are equipped and staffed to provide comprehensive medical care to ECHS patients including diagnostics (lab tests & X-Rays), physiotherapy and dental care. The type of facilities vary based on the type of Polyclinic. Substantial additional facilities are available in adjacent Mil Hosps both for OPD as well as IPD.

5. All ECHS beneficiaries are advised to report to their parent Polyclinic with following documents for treatment/referral (Requirement of bringing Aadhar Card may be withdrawn once 100% seeding of Aadhar is complete) :-

- (a) ECHS Card.
- (b) Aadhar Card.
- (c) Any other old medical documents related to the current medical problem.

6. Whenever a patient reports to an ECHS Polyclinic, all out efforts will be made to treat him with all available resources at the disposal at ECHS Polyclinic. 'Referral' will be discretion of the treating MO and cannot be demanded. Similar norms will also be followed for lab and radiography tests. Referral from Polyclinics should only be made once all available facilities at the Polyclinic are fully utilized. Those patients needing additional diagnostic tests/ consultation/hospitalization should only be referred as per policy. Decision must remain with doctor for 'referral' and it will not be given 'on demand' to ECHS beneficiary.

Authority for Referral to Empanelled Facility

7. Referrals to empanelled facilities will be generated at ECHS Polyclinics. **The choice of empanelled facility will be with the ECHS member once all service/ Polyclinic facilities are exhausted and the Med Offr/Specialist considers that the beneficiary requires further treatment at service hosp and empanelled facility.** Authority to initiate referrals will be as follows:-

- (a) **Referral for General Service Specialities.** Details of General Service Specialities are at **Appendix B** attached. Polyclinic Medical Officers, Specialists and Dental Officers (for dental treatment) are authorised to initiate referrals.
- (b) **Referral for Specialised Services.** Referrals for specialized services as given at **Appendix C** attached, should preferably be made by a specialist at the polyclinic or on advice of concerned specialist of service hospital, subject to load, or concerned specialist of local Government Hospital or concerned specialist of empanelled hospital(in the absence of service hospital).

(c) **Emergency Referrals.** In case of emergency / life threatening conditions, a patient is permitted to take treatment preferably at nearest hospital. However, if such an emergency occurs while at Polyclinic, a Medical Officer of Polyclinic may directly refer a patient for specialized treatment / tests so that emergent medical attention is not delayed. In such cases, a certificate to this effect will be endorsed by the referring Medical Officer. Persons reporting to non empanelled facility are required to intimate the Polyclinic within 48 hrs of admission & obtain EIR. This notwithstanding, the judgment of emergency claim processing will be based on medical documents, emergency certificate of the hospital and judgment by ECHS medical offrs. Mere certificate by the hospital and timely information to OIC Polyclinic will not entitle admittance of the claims.

(d) **Authentication and Endorsement.** All referrals from ECHS, Polyclinic will be authenticated by the Medical officer and OIC Polyclinic. When medical officer/specialist has logged in computer based system with allocated id and his particulars are appearing in the referral form, his signature and stamp is not required. It is therefore essential that log in details are kept in a secured manner. In other cases, referrals will require stamp and sign of the MO as well. Signature and stamp of OIC Polyclinic will always be required. The OIC Polyclinic will also endorse as under (a rubber stamp may be used for the purpose) :-

- (i) **Military Stations with Service Hospitals.** "Verified that beds/ speciality/facility is Not Available in the local service hospital at present".
- (ii) **Non – Military Stations / Military Stations without Service Hospitals.** "There is no service hospital located in the station".

Procedure for Referrals

8. Referral from Military Polyclinics (with Service Hospitals).

(a) The stipulation of referral to service hospital before referring a patient to empanelled hospital is primarily to economize on the meager resources of the state. Intention of initial referrals to service hospitals to the '**extent possible**' is to utilize the spare capacity, without causing harassment to the veterans or overloading the service hospital.

(b) In order to avoid undue inconvenience to the patients, following guidelines will be adhered to :-

(i) Patients must be referred directly to civil empanelled facilities by Medical Officer / Medical Specialist (as applicable) at ECHS Polyclinics in case of non-existence of medical facilities or '**overloading/no bed space**' at the service hospital if the official intimation has been given by the Service Hospital to that effect.

(ii) The referral issued to the Patient for a service hospitals for those diseases for which facilities exist in the service hospital (All OIC ECHS Polyclinics must possess a list of such facilities) would have a claim ID and the name of the empanelled hospital where desiring treatment. In case the service hospital advises referral to empanelled hospital, the beneficiary could directly report at the empanelled hospital endorsed on the referral

without coming back to Polyclinic. The referrals at the service hospital would be endorsed at the 'stat section' of MH and records would be maintained at the service hospital. ECHS Cell at AFMS hospitals where established would refer the beneficiaries to empanelled hospitals once advised by the service specialist as against the 'stat section' of the hosp.

(iii) In a few stations, instructions may be issued by Central Organisation ECHS/Regional Centers/Formation HQ's in consultation with Service hospital to refer the ECHS beneficiaries from a polyclinic incl Non-Mil in the station for a particular speciality and beneficiaries should then be referred to empanelled hospitals only after approval from the concerned department of service hospital. The approval may be obtained 'on line' or on tele by ECHS Polyclinic for such cases.

(iv) A list of specialities with a check box against each is attached as **Appendix D** of the referral. The same is to be completed by SEMOs office and forwarded to the ECHS Polyclinics under their SEMO cover. OIC ECHS Polyclinic should be in touch with the concerned Brig Adm/Senior Registrar of Command/Zonal Hospital and CO of smaller hospitals to regularly update the information. In this connection, also refer to DGMS (Army) letter Nos B/75068/DGMS-5B/ECHS dt 27 Dec 2006 and B/75086/DGMS-5B/ESM dt 31 Mar 08.

(c) To the extent possible, a service hospital of the station may NOT refer the patient to service hospital of a different station, unless in the opinion of the concerned specialist, such a step is in the interest of the patient and higher specialities are available. Online/tele approval may be obtained by referring service hospital in such cases so that unwanted adversity is not created at the recipient hospitals. Based on instructions of Central Org ECHS after getting consent of service hospitals, additional load of patients on pre-decided specialities will be forwarded for management.

9. Referral from Non - Military Polyclinics (Including Military Polyclinics without Service Hospitals).

(a) For the purpose of referrals, Military Polyclinics without service hospitals, list attached at **Appendix A** will follow the procedure applicable to Non Military Polyclinics.

(b) ECHS patients will be referred to civil empanelled facility having valid MOA with the Regional Center's as per instructions contained in Para 7(b) above.

(c) In absence of local empanelled facilities, direct referrals by Non – Military Polyclinics to service hospitals in nearby stations/ Govt Hospitals (on reimbursement basis, where charged) are permitted. As regards referral to Army Hospital(R&R), Delhi from ECHS polyclinics of NCR to CTVS and JRC, Para 3 of Central Organisation ECHS letter No B/49774/AG/ECHS/ Referral dated 20 Jul 2017 refers "all planned cases of Cardio, TKR & THR will be referred to Army Hosp (R & R) first. If for some reasons, AH(R&R) cannot treat such patients then only referral can be made for empanelled hospital." Exceptions may be granted

only to those cases where part treatment has already been taken prior to 20 Jul 17. In case of waiting period being more than 45 days for TKR/THR at Service Hospital, the patient can be referred to the empanelled facility but endorsement of this effect by JRC at Army Hosp (R&R) will be mandatory.

(d) A patient can be referred to an empanelled facility having a valid MoA within the Regional Centre of the polyclinic for the specialities included in its MoA.

(e) The ECHS beneficiaries desirous of treatment at an outstation empanelled facility not in the area of responsibility of its Regional Centre (provided no facility available in its own Polyclinic/Regional Centre AOR) can be issued a referral to the local ECHS Polyclinic of that town / station for referral to that empanelled hospital as per policy of that station can be utilised. The OIC Polyclinic of the station where the empanelled facility exists will issue a fresh referral as for all practical purposes, the recipient Polyclinic will become Local Parent Polyclinic for the referral treatment. The parent Polyclinic will be kept informed. Using referrals from two Polyclinics will debar the ECHS beneficiaries from their entitlement. The referral of outstation ECHS beneficiaries desirous of treatment at empanelled hospitals of NCR required as per our letter No B/49774/AG/ECHS/R dated 18 Aug 2008 stands modified. The Incoming patient can be referred to any Polyclinic closer to the hospital or as per convenience to the veteran for subsequent referral. TA will be regulated as under :-

(i) As per GoI, MoD letter No 24(8)/03/US(WE)/D(Res) dt 19 Dec 2003, if no empanelled facility existed in parent AOR of the RC and referring Polyclinic is incapable to provide the treatment.

(ii) No TA will be admissible if patient decides to opt referral outside own RC. Endorsement to this effect will be made.

(iii) If any patient comes to out station Polyclinic under these conditions, he/she will be subjected to local restrictions/rules of the recipient Polyclinic, patient coming for cardio and TKR/THR in Delhi will be first treated by Army Hosp (R & R) as per current policy as given at Para 8(c) above.

TA in all such cases will be regulated as per Para 12(a) of Govt of India, Ministry of Defence letter No 24(8)/03/US(WE) D/Res dated 19 Dec 03. The medicines for these out station beneficiaries if required will be issued for a period of seven days.

(f) Whenever an ECHS beneficiary plans a visit to his relatives etc out station for a period of 6 months or more, he/she should preferably carry referral from his parent Polyclinic for the nearest ECHS Polyclinic for any planned procedure. He/she should intimate the Polyclinic regarding medications taken by him which would enable the Polyclinic to demand his medicines and he/she could then be issued the medicines from the second month. The beneficiary could also be reviewed for existing ailments at the Polyclinic & also take treatment for a new ailment at an empanelled hospital. Time validity based fresh referral can be issued if previous referral is carried. There may also be situations wherein a veteran needs medical care at his temporary location, the approached Polyclinic will send an email to his parent Polyclinic (besides tele call where required) and on mail confirmation by parent Polyclinic, the patient can be referred to Service Hospital/ Empanelled Hospital as applicable to the recipient Polyclinic.

10. Referral for ECHS Members in Remote/Hilly Area.

- (a) The treatment of ECHS beneficiaries residing in remote/hill areas face great inconvenience for getting referrals even for minor ailments from their nearest polyclinics due to difficult terrain/distances involved.
- (b) These beneficiaries can take treatment at Central/State/local self Govt hospitals as mentioned at Para 3 and 4 of GOI MoD letter No 22(D)(09)/2013/US(WE)/D(Res) dated 26 Jul 16 and Central Org ECHS letter No B/49770/AG/ECHS/Policy/2016 dated 31 Aug 2016.

11. Options where ECHS Polyclinic/Emp Hosp/Facilities do not Exist. AFV/
ECHS beneficiary have following options where Emp medical facilities do not exist :-

- (a) ECHS beneficiary may report to ECHS Polyclinic where available.
- (b) In case there is no ECHS Polyclinic, beneficiary may report directly to :-
- (i) Nearest service hospital for treatment via Mil Polyclinic of that station.
- (ii) Nearest Govt (Central/State/Local Self Govt) hospital, even without referral. Individual to process his reimbursement claim through parent Polyclinic.
- (Auth : GOI, MoD letter No 22D(09)/2013/US(WE)/D(Res) dt 26 Jul 2016)
- (c) Regional Centre ECHS may take up case for sanction for referring ECHS beneficiaries to non-empanelled medical facilities not available with Emp/service hospitals in the station. Central Organisation ECHS on case to case basis will examine and may accord sanction at CGHS/ECHS rates for 6 months at a time or till availability of Emp facility whichever is earlier. Stn Cdr & OIC Polyclinic and Regional Centre will try to Emp available Pvt. Medical facilities during the period of sanction.

12. Use of Referral Form. The referrals to empanelled facilities will be made by the authorized Medical Officers/ Specialists in the Polyclinics on **ECHS Referral Form only**. A format of the form is attached at **Appendix 'E'**. The referral form will be duly stamped with the seal of the Polyclinic and will clearly outline brief history of the case, the diagnosis, the hospital/ diagnostic centre to which the ECHS beneficiary has been referred, and the specific treatment/ procedure/ investigation for which the referral has been made. This procedure is required to be followed diligently so that the empanelled hospitals do not bill unauthorized treatment on the ECHS members. All columns will be filled and those not required will be clearly scored out. The original referral form with the claim ID is to be uploaded and later deposited with verifier of BPA at the Regional Centre alongwith the claim documents. Incomplete form will render the claims ineligible for reimbursement/payment. The following aspects are important:-

- (a) If referral is desired for consultation only, then it should read- '**Referred for Consultation**' and number of consultations be clearly endorsed for visibility on BPA site. i.e. while endorsing claim ID on referral at BPA site.

(b) In case, the referral is for consultation and is to include investigations which the consultant may order, the same should be endorsed in the referral form as - '**Referred for Consultation/ Investigations**'. In such cases two consultation be auth i.e. one initial and second with investigation reports ordered during first consultation (initial consultation + investigation + second consultation). For example if a beneficiary has been referred to urologist for pain abdomen then investigations prescribed during the visit like X-ray, urine RE, Blood urea S creatnin, USG etc would form part of referral & the second consultation after investigations.

(c) In the event a review is required for some treatment/procedure carried out earlier, the referral may be endorsed as - '**Referred for Review/Follow-up (Includes consultation and investigations)**'. i.e. Review after any surgical procedure.

(d) It should be ensured by the MO and OiC polyclinic that No referrals are issued to the empanelled hospital for the procedure/speciality for which a particular hosp is not empanelled and the Empanelled hospitals should similarly not to undertake treatment on these referrals and return the beneficiary to the ECHS polyclinic for a fresh correct referral. In this connection Central Organisation letter No B/49774/AG/ECHS/Referral dated 18 Jul 14 also refers. Emp hospital to seek separate referral for carrying out additional procedure delivered during hospitalisation. If a hospital is not empanelled for oncosurgery/oncology medical, no referral should be issued for such treatment & the empanelled hospital should return the beneficiary to the Polyclinic for a referral to a hospital empanelled for the speciality. Referral issuing authority will be held accountable for issue of wrong referral.

(e) **Cross Referral at Empanelled Hospitals.** Wherever a consultant feels the requirement of cross consultation during OPD referral, he/she is allowed to get opinion upto two specialists. However, any investigation advised by such specialist/consultant will require a separate referral, which will also include second post investigation consultation. In exceptional case, third cross referral may be sought by the initial/original consultant.

13. The details in Para 8 and 12 above are given in a diagrammatic form at **Appendix 'F'**.

Emergencies

14. In emergencies and life threatening conditions, when patients may not be able to follow the normal referral procedure, they may report to the nearest service/Govt/Emp/Non Emp hospital.

15. The ECHS member on reporting to an empanelled hospital would be required to produce his/her ECHS card as proof of membership. In such circumstances, the empanelled hospital is required to inform the parent Polyclinic (raise ER) within 48 hrs of the admission giving the particulars of the ECHS patient and the nature of emergency. The Oi/C Polyclinic will make arrangements for verification of facts and issue an online 'Emergency Referral' with a claim ID (Referral form at **Appendix E**).

16. In certain conditions other than those listed at our letter No B/49773/AG/ECHS dt 05 Feb 2005 and Appx D to letter No B/49778/AG/ECHS/Policy dated 13 Nov 2007(psychiatric disorders), like Road traffic accidents/chest pain/pain abdomen/fever/Dog bite etc, an ECHS beneficiary may report to the Emergency Department of the empanelled hospital. The hospital may after a short stay (up 6 hours)/Day care, treatment and investigations send the patient home. The hospital in such cases will raise an ER to the nearest ECHS polyclinic and during working hours the same would be verified and ER with claim ID issued. When reporting during non working hours, the hospital will raise an ER which will be confirmed by polyclinic on next working day after due verification from the beneficiary if required. The patient should report to the polyclinic on the next working day for review by Polyclinic Medical officer/Specialist alongwith the case sheet of emergency issued to him by empanelled hospital for its review at Polyclinic to issue/demand medicines or tests prescribed by Emp hosp. The hospital and ECHS beneficiary in all cases of emergency reporting to empanelled hospital will also send a SMS (to OIC/duty MO of polyclinic) with details of beneficiary, diagnosis and date and time of reporting and discharge. Payment of bills will be made by ECHS on day care basis and the member is not required to pay.

17. In case of **admission to a non-empanelled hospital**, the ECHS beneficiary or his /her representative should inform nearest Polyclinic / Parent Polyclinic within two working days of such admission. OIC of nearest Polyclinic will make arrangements for verification of facts and issue Emergency Information Report (EIR) (as per format attached at **Appendix 'G'**). The responsibility for clearing bills in such cases will rest with the ECHS member. He/she may thereafter submit the bills alongwith summary of the case and other documents to parent Polyclinic. The sanction for reimbursement of such bills will be on the same lines as online claims of empanelled hospitals. The financial powers have been delegated to Competent Financial Authorities vide GOI, MoD letter No 22A(10)/2010/US(WE)/D(Res)-Vol-V dated 24 Dec 2013 as amended vide letter of even No dt 10 Jul 2014. Such bills will be submitted at the earliest but not later than 90 days from the date of discharge from hospital.

18. While being treated in emergency, if another test/procedure is to be carried out on account of new illness/complication, treatment of which cannot be deferred, the same may be undertaken in the hospital and fresh referral is not required. Need for additional procedure undertaken in emergency is to be elaborated in clinical summary submitted with the bills.

19. Policy already exists for permitting Haemodialysis as an emergency in a non empanelled hospital (Central Org ECHS letter No B/49770/AG/ECHS dated 26 May 2009). The requirement of obtaining Emergency Certificate from the Hospital and subsequent EIR from the ECHS Polyclinic is therefore dispensed with. Further, if Haemodialysis is undertaken on an OPD/Day Care basis, there will be no requirement of attaching discharge summary/certificate signed by the Medical Supdt/Hospital Signatory with the claim for reimbursement.

Oncology Referrals

20. In order to rationalize Oncology referrals, the following procedures will apply :-

- (a) All patients reporting initially to ECHS Polyclinic and suspected /confirmed to be suffering from cancer should preferably be referred to a Oncology Centre of a service hospital (if available locally) or in the absence of service hospital with Oncology Dept, to an empanelled hospital recognized for oncology where registration, work-up and treatment planning can be carried out.
- (b) Patients requiring surgery as part of their multi-modality treatment will be treated in the service hospital (subject to availability of spare capacity) or the empanelled hospital (recognized for Onco surgery). If facility is not available locally, patient will be referred to the nearest service hospital/empanelled facility/ Govt hosp where such a facility is available.
- (c) Patient requiring Chemotherapy/Radiotherapy (RT) will be issued a referral to local service hospital with Onco Dept (subject to load) or ECHS empanelled Onco centres/Govt hosp once only for the entire duration of treatment.
- (d) The ECHS beneficiaries can be issued a referral for Regional Cancer Centers (RCC) for Cancer treatment. The treatment would be on reimbursement basis on CGHS rates at the RCCs not empanelled with ECHS. The list of RCCS are attached as Appx to GOI, MoD letter No 22 D (09)/2013/US(WE)/D(Res) dated 26 Jul 2016.
- (e) The stipulation of one month validity for referral forms will not apply for Oncology cases prescribed Chemotherapy/Radiotherapy and would be governed under GOI MoD letter No 22A(55)/2013/US(WE)/D(Res) dated 05 Jul 2013 (as stated in Para 22 below).

Follow-up Treatment/Reviews

21. In cases where regular follow-up/reviews are required, such follow-up treatment (OPD/Indoors) will be provided for period of one month at a time. Referral form in such cases should mention the same e.g., **“Referred for follow-up treatment for a period of one month.”** Fresh referral has to be initiated on termination of one month period.
22. The same provisions will apply for cases where treatment procedures are to be repeated at regular intervals as an ongoing process for Cardiac Diseases, Dialysis and Cancer as mentioned at GOI, MoD letter No.22A(55)/2013/US(WE)/D(Res) dated 05 July 2013. Such referrals can be valid upto six months and would be valid for undergoing the prescribed treatment procedure/investigations on multiple times during six months at intervals as advised by ECHS/Service/Govt. specialist. e.g for cases requiring dialysis . The referral should read as **“Referred for Haemodialysis, 3 sessions per week for a period of one month/3months/6months”**.
23. ECHS Polyclinic will issued a referral for six months for patients of Hypertension and Diabetes for review by specialist at Emp hosp on monthly basis wherever there is no medical specialist posted in Polyclinic. Maximum review in such referrals will be 6 in number and required investigation for review will be paid by ECHS. **“Referred for Hypertension/Diabetes for 6 time consultation/ and investigation for a period of 6 months”**.
24. In case of Mil-Polyclinics referrals for follow up treatment at an empanelled hosp for the same ailment should not be routed through the service hospitals and should be accorded directly.

25. The original referral form (should show number of allowed visits on BPA site) will be attached alongwith the first lot of bills in all such cases. A photocopy of the referral form will be attached with subsequent bills for the same referral, with an endorsement by the hospital linking the case to the original referrals. There would be a fresh claim ID for each claim.

Period of Hospitalisation

26. Where a patient is admitted for specific treatment, patient will be hospitalized for such period only as is necessary for completion of the treatment. For treatments, specialized procedures or diagnostic tests for which Package rates are specified, the periods of hospitalisation should not exceed the following limits, under ordinary circumstances :-

- (a) Specialised procedures - 12 days.
- (b) Other procedures – 07- 08 days.
- (c) Laparoscopic surgery - 03 days.
- (d) Day care/minor procedures - 01 day.
- (e) **Hosp stay upto 6 hrs without admission (Rs 500 will be paid as accommodation charges)** (will be implemented on approval from MoD)

27. In case the beneficiary has to stay in the hospital for his/her recovery for more than the period covered under package rates, the additional payment will be limited to room rent as per entitlement, cost of the prescribed medicines and investigations, doctors visits (**not more than 2 times a day**)(CGHS norms not more than two visits per day per visit by specialist/consultant will be implemented on approval of MoD). The necessary approvals for stay beyond 12 days will have to be taken by empanelled hospital as follows :-

<u>Days</u>	<u>Appendix</u>	<u>Approving Auth</u>
13-30 days	Appx A	OIC Polyclinic
30-60	Appx B	Dir Regional Centre
60-120	Appx C	MD ECHS

- (a) Appx A, B & C to be raised three days prior to 12 days of hospitalisation or hosp stay extension approved by the approving authority. The maximum hospital stay extension not more than 12 days will be accorded at one go.
- (b) Name and mobile No of treating doctor/specialist is to be mentioned on respective appx
- (c) Detailed summary of the case to be attached with Appx A, B & C.

(d) Physical visit by MO/OIC Polyclinic is mandatory if ECHS Polyclinic is located within municipal limits. If not, telephonic enquiry/ information with treating doctor/specialist is to be sought and endorsed.

(e) Physical visit will be mandatory for all admission beyond 30 days. However, OIC Polyclinic nearest to Emp hosp will be responsible for visits in such cases.

(f) In case of emergency admission in non-emp hosp, the patient must be transferred to Service Hosp/Govt Hosp/Emp Hosp, immediately on stabilisation. However, extension beyond 12 days up to 30 days may be granted on extreme compassionate ground on case to case basis. Getting extension of hosp stay in such cases will be the responsibility of ECHS beneficiary only. In no case extension beyond 30 days will be granted.

28. **Rehabilitation/Terminal care/End Stage Disease.** In certain cases where the medical finality has been reached and active treatment is over, the patient would require rehabilitative care/terminal care. Such patients should be transferred-shifted to an appropriate empanelled institution like a rehabilitation Centre or a Hospice/Chronic ward wherever there is no hospice/ Rehabilitation centre empanelled (Chronic ward : Ward where no reqmt of definite medical treatment i.e. only Rehabilitation/terminal care is reqd). Hospitalisation in non-empanelled hospices/terminal care centres has been permitted vide our letter No B/49771/AG/ECHS/Policy dated 07 Aug 09, with a view to reduce expenditure on prolonged hospitalization of such patients. Treatment in such an Institute is permitted for a maximum period of six months. The conditions for which rehabilitative care will be admissible will be paraplegia, quadriplegia, Alzheimers disease, cerebro-vascular accidents, other neurological and degenerative disorders, amputations cancer terminal care and other such medical conditions when duly referred by treating specialist with prior approval of SEMO/SMO/PMO. The payments for such cases will be regulated as under :-

(a) Rates of payment for rehabilitation/terminal care cases will be limited to maximum rates permissible under CGHS for special Nursing/Ayah/Attendant charges plus charges for medical treatment as per CGHS rules. Where the rates of CGHS are not laid down, AIIMS charges or actual whichever is less will be applicable. In case rates have not been defined by AIIMS, the actual will be reimbursed. Rehabilitative care/terminal care does not include old age homes.

(b) Reimbursement will be limited to maximum period of 6 months. Thereafter cost of the treatment has to be borne by the patient.

29. **Treatment at Medical Institutes of National Repute.** Referral to the ECHS beneficiaries desirous of treatment at Medical Institutes of National Repute which even if non empanelled with ECHS is permitted. A referral can be taken from the polyclinic and an advance also can be paid to the hospital by the station Headquarters/ Regional Centre. Para 5(b) of GOI letter No 24(8)/03/US(WE)/D (Res) dated 19 Dec 2003 and Central Organisation letter No B/49774/AG/ECHS/ Referral/ECHS dated 12 Aug 15 and letter No B/49773/AG/ECHS/Med Advance dated 16 Mar 04 refers. The following facilities can be utilised :-

(a) All India Institute of Medical Science, New Delhi.

- (b) Post Graduate Institute, Chandigarh.
- (c) Sanjay Gandhi Post Graduate Institute, Lucknow.
- (d) National Institute of Mental Health and Neurosciences, Bangalore.
- (e) Tata Memorial Hospital, Mumbai (for Oncology).
- (f) JIPMER, Pondicherry.
- (g) Christain Medical College, Vellore.
- (h) Shankar Nethralaya, Chennai.
- (j) Medical College and Hospitals under the Central or State Government.

30. **Treatment at Reputed Hospitals for Planned Treatment.**

- (a) Presently, ECHS beneficiaries are referred from ECHS Polyclinic to various empanelled hospitals/diagnostic centres/dental centres, to avail cashless medical treatment. In emergency, they can avail medical facilities at any hospital. In case of non-empanelled hospital, ECHS members may be referred for planned procedures on merits of the case. Approval for such referrals would be granted on case to case basis by Central Organisation ECHS based on recommendations by Medical Officer/Specialist at the Polyclinic, OIC Polyclinic and concerned Regional Centre.
- (b) The cost of treatment would be borne by ECHS member. Reimbursement would be limited to CGHS approved rates.
- (c) TA/DA will **NOT** be entitled in such cases.

DRAFT

Appendix A

(Refer to Para 3 of letter No
B/49774/AG/ECHS/Referral dt
____ Nov 2017)

LIST OF MILITARY POLYCLINICS WITHOUT SERVICE HOSPITAL

Ser No

Polyclinic

1. Janglot
2. Moga
3. Sangrur
4. Sirsa
5. Jaisalmer
6. Ajmer
7. Saharanpur (Sarsawa)
8. Bharatpur
9. Balasore
10. Nagpur
11. Yelahanka
12. Dimapur
13. Shahjahanpur
14. Kotdwara
15. Haldwani
16. Mumbai (Upnagar) Powai
17. Solan
18. Nahan
19. Kapurthala
20. Salt Lake
21. Baramulla

Appendix B

(Refer to Para 7(a) of letter No
B/49774/AG/ECHS/Referral dt
____ Nov 2017)

LIST OF GENERAL SERVICE SPECIALITIES

Type of Speciality	Type of Speciality	Type of Speciality
General Medicine	General Surgery	Obstetrics and Gynaecology
ENT	Ophthalmology	Paediatrics
Emergency Services	Psychiatry	Dermatology
Dental	Anaesthesia	Pathology
Microbiology	Blood Bank (Blood Transfusion)	Radio diagnosis
Orthopedic		

DRAFT

Appendix C

(Refer to Para 7(b) of letter No
B/49774/AG/ECHS/Referral dt
____ Nov 2017)

LIST OF SPECIALIZED SERVICES

<u>Specialised Services</u>	<u>Specialised Services</u>	<u>Specialised Services</u>
<u>Surgery</u>	<u>Medicine</u>	<u>Obstetrics and Gynaecology</u>
Neuro Surgery	Neuro Medicine	Gynaecological Oncology
Plastic and Reconstructive Surgery	Cardiology	Infertility and assisted reproduction
Cardio Thoracic Surgery	Respiratory Diseases	Gynaecological Endocrinology
Vascular Surgery	Gastro enterology	Materno foetal Medicine
Genito Urinary Surgery	Endocrinology	
Paediatric Surgery	Nephrology	<u>Paediatrics</u>
Oncology (Surgery)	Rhematology	Neonatology
Gastro Intestinal Surgery	Clinical Haematology	Cardiology
Traumatology	Clinical Immunology	Neurology
Joint Replacement Surgery	Oncology (Medical)	Haematology
Spinal Surgery	Critical care medicine	Nephrology
Prosthetic Surgery	Interventional Cardiology	Oncology
Laparoscopic Surgery	Medical Genetics	
Geriatric Surgery	Radiotherapy	<u>Pathology</u>
		Onco Pathology
<u>Dental</u>	<u>Radio Diagnosis & Imaging</u>	Molecular Pathology
Orthodontia	CT Scan	Transplant Pathology
Prosthodontia	MRI	AIDS & Virology
Oral Surgery	Interventional and Vascular Radiology	Molecular Immuno Pathology
Others		Genetic Pathology
		Transfusion Medicine

Appendix D

(Refer to Para 8(b)(iv) of letter No
B/49774/AG/ECHS/Referral dt
____ Nov 2017)

FACILITY AVAILABILITY IN SERVICE HOSPITALS

NAME OF POLYCLINIC : _____

NAME OF HOSPITAL : _____

A. GENERAL SERVICES

Type of Speciality		Type of Speciality		Type of Speciality	
General Medicine		General Surgery		Obstetrics and Gynaecology	
ENT		Ophthalmology		Paediatrics	
		Psychiatry		Dermatology	
Dental				Pathology	
Orthopaedics		Blood Bank(Blood transfusion)		Radio diagnosis	

B. SPECIALIZED SERVICES

<u>Specialised Services</u>		<u>Specialised Services</u>		<u>Specialised Services</u>	
<u>Surgery</u>		<u>Medicine</u>		<u>Obstetrics & Gynaecology</u>	
Neuro Surgery		Neuro Medicine		Gynaecology Oncology	
Plastic and Reconstructive Surgery		Cardiology(consultation and diagnostics)		Infertility and assisted reproduction	
Cardio Thoracic Surgery		Interventional Cardiology			
Vascular Surgery		Gastro enterology			
Genito Urinary Surgery		Endocrinology		<u>Paediatrics</u>	
Paediatric Surgery		Nephrology		Neonatology	
Oncology (Surgery)		Rheumatology			
Gastro Intestinal Surgery		Clinical Haematology			
Traumatology		Clinical Immunology			
Joint Replacement Surgery		Oncology (Medical)			
Prosthetic Surgery		Respiratory Diseases			
Laparoscopic Surgery		Radiotherapy			
Geriatric Surgery		Nuclear Medicine		<u>Pathology</u>	
Radio Diagnosis & Imaging		Dental		Onco Pathology	
				Transfusion Medicine	
				<u>Other (Specify)</u>	
CT Scan		Orthodontia			
MRI		Prosthodontia			
Interventional and Vascular Radiology		Oral Surgery			
		Other			

Dated:

(Signature of CO/Comdt
Hospital/Designated Offr)

Note : PLEASE MARK
REFERRED.

AGAINST SPECIALITIES FOR WHICH ECHS PATIENTS CAN BE

PLEASE MARK
AVAILABLE.

AGAINST SPECIALITIES FOR WHICH SPARE CAPACITY IS NOT

Appendix E

(Refer to Para 12 of letter No
B/49774/AG/ECHS/Referral dt
____ Nov 2017)

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME
ECHS POLYCLINIC(Station)

REFERRAL FORM

Part I

OPD Regn No date

ECHS Card No

Name of patient Age Relationship with ESM

Service No Rank Name of ESM

Tele No Aadhar No.....

Brief Clinical Notes

Provisional Diagnosis

Vide Referral Serial No the above named is referred for

(a) Admission (Specify)

(b) Investigation (Specify)

(c) Consultation for (Specify)

Referred to

(Specify Hospital, Nursing Home, Diagnostic Centre)

Place :

Signature of Med Officer (with stamp)

Dated :

OIC POLYCLINIC

* Travel reimbursement allowed (Yes/No).

* Attendant reimbursement allowed (Yes/No).

Place :

Dated :

Part II

SUMMARY OF THE CASE

(To be completed by the empanelled hospital, nursing home, diagnostic centre and consultant)

Clinical Summary/Investigation Reports (for Diagnostic centres)

Final Diagnosis ICD Code No

Treatment Summary

Place :

(Signature and Stamp)

Date :

Part III **Final Disposal**

(a) Admission to

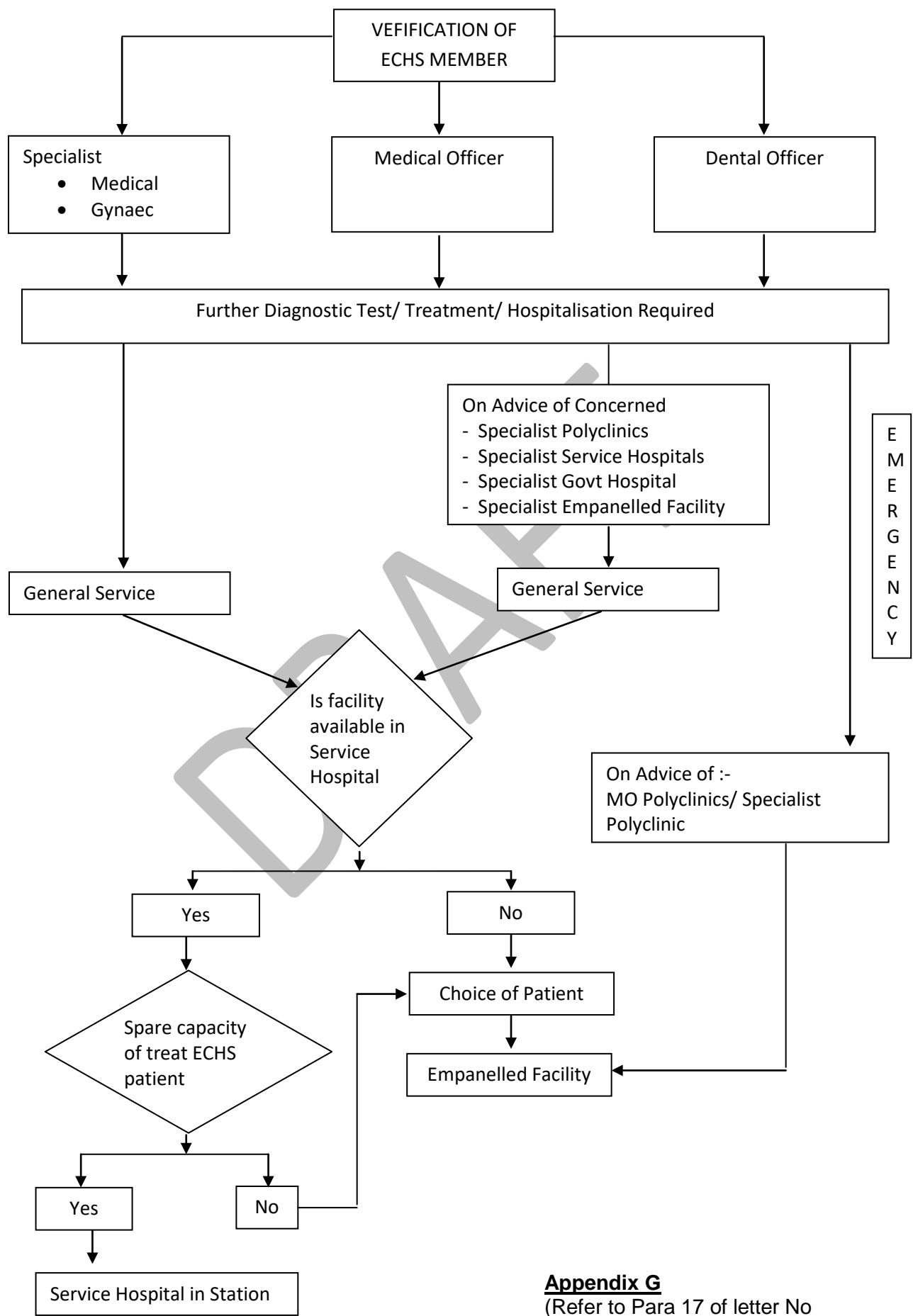
(Specify Hospital, Nursing Home, Diagnostic Centre)

(b) To follow treatment as specified.

Place :

Signature of Med Officer ECHS
with Stamp

ECHS REFERRAL FLOW CHART



____ Nov 2017)

ECHS Polyclinic : _____

EMERGENCY ACKNOWLEDGEMENT REPORT (EIR)

(TO BE ISSUED BY OIC POLYCLINIC)

Particulars of ECHS Member

ECHS No _____ Date of Membership _____

Service No _____ Rank _____ Name _____

Patient Particulars

Name _____ Relationship _____ Age _____ Yrs

Diagnosis _____

Emergency Detail

1. Provisional Diagnosis : _____
2. Name of Hospital : _____
3. Date and Time of Admission : _____
4. Date and Time information Received at Polyclinic : _____
5. Remarks : _____
Regd No : _____
6. Place of incidence/Accident : _____
7. Patient must be transferred to Service Hosp / Govt Hosp / Emp Hosp, immediately on stabilization.

Dated :
(Official Stamp)

(Signature of OIC Polyclinic)

CERTIFICATE BY AFV/NOK
(TO BE SIGNED IN FRONT OF OIC POLYCLINIC BEFORE DEPOSITING DOCUMENTS)

It is certified that the hospital was closest to my residence / place of accident / incidence where the emergency treatment was availed.

OR

I got admitted in emergency in (Hospital) which was not closest to my residence / place of accident / incidence due to

Dated:

(Signature of AFV / NOK)

COUNTERSIGNED

Dated :
(Official Stamp)

(Signature of OIC Polyclinic)