



IHQ MoD (NAVY) ECHS NEWS LETTER – SEP 2017



1. **General.** Ex-Servicemen Contributory Health Scheme (ECHS) was launched on 01 Apr 2003. The Scheme aims to provide quality healthcare to Ex-Servicemen pensioners and dependents through a network of ECHS Polyclinics, Service medical facilities and Civil Empanelled/Govt Hospitals spread across the country. The scheme has been structured to provide cashless treatment, as far as possible, for its beneficiaries. Treatment provided under ECHS is as per the allopathic medical system and it is a Govt funded Scheme.
2. **Growth of ECHS.** ECHS has made phenomenal growth over the last 10 years. The Govt had initially sanctioned Central Organisation ECHS, 13 Regional Centres and 227 Polyclinics. This was expanded in Oct 2010 with 15 more Regional Centres and 199 additional polyclinics being added to it. 28 Regional Centres are fully operational and out of 426 Polyclinics, 423 have been operationalised. The endeavour is to make the remainder Polyclinics functional at the earliest. As of 15 Sep 17, approximately 16 lakhs ESMs have enlisted with the Scheme and the total beneficiaries base including dependents is approximately 52 lakhs.
3. **Case for Additional ECHS Polyclinics under IN.** The case of 08 additional Polyclinics has been taken up with Central Organisation, ECHS/MoD for inclusion in Phase-III expansion of ECHS. These ECHS polyclinics are being planned for Ambernath, Navi Mumbai, Cuttack, Keonjhar, Rourkela, Baripada, Bhadrak and Chalakudy. The case is likely to be approved by Deptt of ESW/MoD upon operationalisation of the 03 remaining sanctioned polyclinics.
4. **Review of Policy of Waivers/Sanction On-Line Bill Processing.** A revised advisory has been issued by Central Organisation letter no B/49770/AG/ECHS dated 12 Sep 17 regarding waiver/ sanction at Central Organisation, ECHS. Henceforth, all the cases pertaining to waiver/ sanction should be forwarded to Central Organisation, ECHS with a brief summary of case by JD (HS) justifying the case, highlighting the relevant medical reasons/ points duly recommended by Dir RC with reasons/ justification.
5. **Empanelment of Hospitals.** Recently many reputed hospitals have been empanelled with ECHS at Mumbai/Kochi/Vizag. Mumbai was having shortage of empanelled hospitals. Regional Centre Mumbai has made a significant progress for empanelling hospitals in Mumbai. As on date, RC Mumbai, RC Visakhapatnam and RC Kochi have 24 (Twenty four), 18 (Eighteen) and 96 (Ninety six) empanelled hospitals respectively. As on 20 Sep 17, 2448 medical facilities have been empanelled with ECHS after Gol sanction.
6. **Availability of Medicines.** Availability of medicines in ECHS Polyclinics has been a matter of concern for long. There have been dynamic changes over the years to enhance the satisfaction levels related to medicine availability. Following steps have been initiated in this direction:-
 - (a) **Procurement by SEMO.** Medicines required by ECHS Polyclinics were procured by AFMSDs earlier. Now it has been decided that procurement of ECHS drugs and consumables will be undertaken completely by SEMOs. AFMSD has been delinked from procurement procedure. Funds for the same are made available to the SEMOs for local procurement of medicine.

(b) **Implementation of Procedure for Authorised Local Chemist.** To further improve availability of medicines, a procedure for Authorised Local Chemist (ALC) has been promulgated w.e.f. Aug 17. In all stations with ECHS Polyclinics, local medical stores/chemist will be empanelled for supply of Non-Available, Emergent, Life Saving and essential drugs on as required basis. The empanelment of local medical stores/chemist will be done by a Board of Officers constituted by the Station Commander. When an emergent/life saving/essential drugs prescribed by the Medical Officer is not available, OiC Polyclinic will raise demand to the empanelled local medical stores/chemist and the chemist will supply the required drugs to the Polyclinics within 24 hours for handing over to the patient.

(c) **SoP on ECHS Medicine Management.** There is a need to outline the medicine management guidelines for all to enhance medicine availability. SoP for ECHS medicine management has been laid down laying down procedure right from the procurement stage till it is received by the entitled patient.

(d) **Satisfaction Level of Medicine.** Availability of medicine is a KRA w.r.t effective delivery of benefits under the ECHS scheme. In order to monitor process, a monthly feedback is being sought from all Polyclinics giving out status of satisfaction level of patients in all Polyclinics. The level will be measured by measuring weighted data of number of patients getting 100%, 50%, 25% & less than 25% medicines.

7. **Revised Income Criteria for Dependents.** Consequence to implementation of the 7th Pay Commission and revision of income criteria for dependency of family, the income criteria for ECHS dependency also stand revised to Rs 9000/- plus amount of Dearness Relief on the basic pension.

8. **Self Attestation of Dependents above 18 years of Age.** In order to institute a check mechanism for preventing unauthorized dependents above 18 years of age availing ECHS facility, a self attested proforma available on Central Organisation, ECHS website shall be filled and rendered by all beneficiaries who have dependent children above 18 years of age. This form will be self attested by primary beneficiary, dependent and the same shall be countersigned by the OIC of parent polyclinic. Validity of this proforma will be one year.

9. **Direct Benefit Transfer (DBT).** ECHS has been identified to become part of the Govt initiative of DBT and has been earmarked to be rolled out by 31 Mar 2018. Aadhar No authentication is one of the important facet as part of DBT roll out. It is compulsory for all beneficiaries under the scheme to enroll/obtain their Aadhar No to be DBT compliant. Hence, it has now been decided to endorse Aadhar numbers of all ECHS beneficiaries on the referrals and the Aadhar details will be available on the each claim ID. The generation of reports regarding payments will reflect ID wise Aadhar numbers so as to extract quantum of benefits transferred to beneficiaries duly linked with their Aadhar number. Accordingly, same will be reflected on DBT Portal by the Central Organisation ECHS. Every beneficiary should enroll with Aadhar on '**Priority**'. This would also form the basis for beneficiary authentication at Polyclinics and empanelled hospitals with the anticipated deployment of Smart Card System in near future.

10. **Refund of One Time Contribution deducted/recovered for ECHS Membership.** MoD has clarified that in case Next of Kin (NOK) of ECHS beneficiary happens to be a Central Govt Employee or an employee of any other organization, where medical facility is provided, it is not compulsory for the NOK to join ECHS. In case, where subscription has been deducted for ECHS membership from the NOK of ECHS beneficiary refund of the amount will be claimed separately by

NOK. MD, ECHS will sanction refund of such claim to NOK, after verifying concerned record towards deduction of ECHS subscription.

11. **Certificate of Disability.** The format of disability certificate has been revised and same is available on ECHS website www.echs.gov.in. The certificate is applicable for Ex-Servicemen and their dependents. The certificate prepared is applicable for issue by service hospital to its dependent clientele. Civil doctors issuing / signing the ibid certificate is not desirable. The revised certificate has combined the certificate which was existing earlier and is intended for following purpose:-

- (a) Disability certificate under Persons with Disability (PWD) Act-1995.
- (b) Certificate for issue of ECHS White Cards.

12. **Empanelment of Prosthetic Centers of Ottobock and Endolite.** Prosthetic Centers of Ottobock and Endolite have been empanelled with ECHS. The guidelines have been framed for prescription, empanelment, rates for repair and issue of prosthesis and mobility appliances by the empanelled prosthesis centers of Ottobock and Endolite. The detail information is available on ECHS website www.echs.gov.in .

13. **Revision of Pay for Contractual Staff** In order to get better talent to look after ESM, the pay for following contractual staff has been revised w.e.f. 16 Aug 17

Ser	Category	Existing (In Rs)	New (In Rs)
(a)	Officer-in-Charge Polyclinic	60,000/-	75,000/-
(b)	Medical Officer	60,000/-	75,000/-
(c)	Medical Specialist & Gynecologist	70,000/- (for 1 st year contract appointment) 80,000/- (for 2 nd year contract appointment)	87,500/- (for 1 st year contract appointment) 1,00,000/- (for 2 nd year contract appointment)
(d)	Dental Officer	60,000/-	75,000/-

14. **Treatment at Non-Empanelled Hospital in Emergency.** Specialized treatment for serious cases is provided at Military and empanelled private hospitals. Rate for treatment at private empanelled hospital are as per ECHS rates. In case of emergency the patient may report to the nearest military medical facility /empanelled hospital. In case these are not accessible then members are permitted to avail treatment at non- empanelled hospitals on payment. Their medical treatment bills are reimbursed at approved CGHS rates. The conditions of emergency are as under:-

- (a) Acute Cardiac condition/ syndromes.
- (b) Vascular catastrophies.
- (c) Cerebro-Vascular Accidents.
- (d) Acute respiratory emergencies.
- (e) Acute abdominal pain
- (f) Life threatening injuries.
- (g) Acute poisoning and snake bite
- (h) Acute endocrine emergencies.
- (j) Heat stroke and cold injuries of life threatening nature
- (k) Acute renal failure.
- (l) Severe infections leading to life threatening situations
- (m) Any other condition in which delay could result in loss of life or limb

15. **Command and Control Matrix of ECHS Polyclinic Ramanathapuram.** The Competent Authority has approved the change of Regional Centre from Visakhapatnam to Coimbatore in case of ECHS Polyclinic Ramanathapuram. The change has come into effect from 01 Apr 2017 to ensure smooth transition of billing process. All legacy bills prior to 01 Apr 2017 are being processed by the Regional Centre, Vizag.

16. **Clarification Regarding Rates Of Subscription Of ECHS Membership/Refund Of Fixed Medical Allowance (FMA) in Certain Specific Cases:-**

Sl. No	Point of doubt	Clarification
(a)	For ESM who retired between 01 Apr 2003 to 31 Mar 2004 and to whom FMA was being paid but was stopped and ECHS membership was not given due to non recovery of subscription, what should be the rate of subscription to be deducted from them at the time of applying for ECHS membership and how should the FMA be refunded.	(i) Rates of the subscription of ECHS contribution that was applicable at the time of their retirement may be deducted. (ii) Payment of FMA which was stopped may be claimed separately by the ESM.
(b)	ESM who retired between 01 Apr 2003 to 31 Mar 2004 and from whom subscription was deducted in PPO but the process of membership of ECHS was not completed in terms of submission/ processing of application form. These ESM are now approaching for membership. Whether ECHS subscription already deducted is to be treated as final, or should they be asked to deposit the difference in old and new rates of ECHS subscription?	Once subscription has been deducted and endorsed in PPO, old rates will be applicable for this category of ESM, irrespective of the date on which they apply for membership.
(c)	Whether old rates applicable at the time of their retirement or the new rates applicable at time of application should be paid by those who retired between 01 Apr 2003 to 31 Mar 2004 and in whose case ECHS contribution was not deducted and FMA has been paid due to oversight/ error in PPO.	New rates of subscription prevalent at the time of application will be applicable for ESM who apply for ECHS at a later date.
(d)	From whom should the ECHS subscription be deducted in cases where both husband and wife are serving in Armed Force and they retire at different dates.	The scheme being compulsory in nature, husband/wife who retires first should pay the contribution and avail benefits of the scheme and no subscription should be deducted from husband/ wife who retire later. He/ she will be eligible for benefits under the scheme as a spouse.

17. **Temporary Issue of ECHS Smart Cards.** The contract of M/s SITL for ECHS smart cards had expired on 31 May 15. The contract for new cards is likely to be signed by Oct 2017 till then temporary cards are being issued to the ECHS beneficiaries.

18. **Vigilance Mechanism in ECHS.** A Vigilance framework with a nominated nodal Officer will be set up at each echelon of the scheme to introduce checks and balances in the system to ensure efficient and effective functioning of the system. In this regard a vigilance cell will be established under the Stn Commander. This cell will report through the Stn Commander to Area Headquarter to Command Headquarter to Central Organisation ECHS. All cases will be examined for refining the mechanism. Initially, the Vigilance Cell has been set at Delhi, Jalandhar and Thiruvananthapuram under a Medical Officer.

19. **Fixed Medical Allowance (FMA).** Government of India has enhanced the amount of FMA from Rs. 500/- to Rs. 1000/- w.e.f. 01 Jul 17 vide GoI MoD letter No.1 (10)/2009-D (Pen/Policy) dated 29 Aug 17 for Armed Forces Pensioners/ family pensioners. Ex-Servicemen who retired on or after 01 Apr 2003 have to become member of ECHS compulsorily and not eligible to draw Fixed Medical Allowance. These orders are applicable only in such cases, where the date of retirement is prior to 01.04.2003 and who had opted not to avail medical facilities at OPD of Armed Forces Hospitals/ MI Room and are not members of ECHS.

20. **Rating of ECHS Polyclinic for Award of Best ECHS Polyclinic.** ECHS Polyclinic rating has been introduced as part of action plan to ensure improvement in overall performance of polyclinics. A Rolling Trophy has been instituted w.e.f. 2016 for Best ECHS Polyclinic in Navy to inculcate healthy competition spirit. Guidelines have been promulgated for the selection of “Best ECHS Polyclinic Trophy” in Navy.

21. **Recent Developments.** The following developments / improvements have taken place in the ECHS functioning:-

- (a) Polyclinic at Shahdara in East Delhi commissioned on 12 Aug 17.
- (b) 368 new hospitals have been empanelled since Jul 16.
- (c) Commanding Officer INHS Navjivani has taken over duties of SEMO for Polyclinics at Kanhangad and Iritty.
- (d) A Defence Institutional Complex in all districts is being planned. This will include a URC, ECHS Polyclinic, Institute, and Sainik Aramghar (Rest House) And Zila Sainik Board for use by all ESM. Such complex has been approved for Faridabad as of now.
- (e) A three days course for OiC Polyclinic is being worked out so that they can provide better service to ESM.
- (h) CGHS 2010 rates for Mumbai were revised to Delhi 2014 CGHS rates in Apr 17. However, as these rates were not acceptable to hospitals at Mumbai, cancellation order has been issued for directive issued in Apr 17.

22. **ECHS Website.** All information regarding ECHS, including list of empanelled facilities, forms for membership and latest policies etc are available on www.echs.gov.in.

23. **ECHS important telephone numbers/e-mail id.**

- (a) ECHS toll free number - 1800-114-115
- (b) MD ECHS E-mail id - mdech-mod@nic.in
- (c) ECHS (Navy) Office Telephone No - 011 - 24101319
- (d) ECHS (Navy) Office Email id - echsdelhi@navy.gov.in

