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B/49771/AG/ECHS/Emp/Gen

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IHQ of MoD (Navy)/Dir ECHS (N)  
Air HQ (VB)/DPS  
HQ Southern Command (A/ECHS)  
HQ Eastern Command (A/ECHS)  
HQ Western Command (A/ECHS)  
HQ Central Command (A/ECHS)  
HQ Northern Command (A/ECHS)  
HQ South Western Command (A/ECHS)  
HQ Andaman & Nicobar Command (A/ECHS)  
AMA ECHS, Embassy of India, Nepal  
All Regional Centres

### UTILISATION OF PAN INDIA EMPANELLED HOSPITALS

1. Please refer to the following :-

- (a) Gol MoD/ Do ESW letter No 24(8)/03/US (WE)/D (Res) dated 19 Dec 2003.
- (b) Central Organisation ECHS letter No B/49774/AG/ECHS/R dated 18 Aug 2008.
- (c) Central Organisation ECHS letter No B/49774/AG/ECHS/Referral dated 01 Dec 2009.
- (d) Central Organisation ECHS letter No B/49774/AG/ECHS/Referral dated 22 Jun 2017.
- (e) Central Organisation ECHS letter No B/49762/AG/ECHS/Medicine Policy dated 29 Aug 2017.
- (f) Central Organisation ECHS letter No B/49762/AG/ECHS/Medicine dated 05 Sep 2017.

2. ECHS has been started wef 01 Apr 2003 as a mandatory scheme. It has 426 Polyclinics covering almost half the country spread over urban, semi urban and rural areas.

3. The services are being provided with a network of Polyclinics, Service Hospitals and empanelled hospitals. Empanelled hospitals sign their MoA with concerned RCs in whose geographical jurisdiction they are located. Concept of cross empanelment has been terminated due to certain unfair practices which had crept in the system. It is, however, essential that our procedures should facilitate the best medical care to our veterans & their dependents. Reduction in waiting time is also one of the prime concerns. Though instrs have been passed from time to time on these aspects but the ground implementation is still unsatisfactory. Suitable instrs are contained in succeeding paras.

#### 4. Basic Medical Care.

(a) All ECHS patients need to utilise their **Parent** Polyclinic for basic medical care. They will report to their Parent Polyclinic where they will describe their ailment related problems/symptoms based on which the patients will be treated by MO/Specialists in the Parent PC.

(b) In case treating doctor finds that the patient has been given medical sp as available in the PC in the form of Lab tests, Physiotherapy, radiography & dental sp (based on availability) and requires higher medical mgt, the patient will be referred to the adjacent service hospital in case of Mil Polyclinic where in case of Non-Mil Polyclinic or when patient is returned from service hosp, based on non availability of spare capacity (normally this data should be avlb with PC from concerned SEMO on daily basis to avoid difficulties to the patients), the patient will be asked to select an empanelled hosp as per his/her medical need subject to provisions of Para 3(d).

(c) Choice of empanelled hosp will be exclusive privilege of the patient and no direct/indirect influence will be exerted by anyone. Role of PC staff will be ltd to providing of factual details about empanelled hosps & their facilities.

(d) TA will be admissible except as per the following conditions:-

(i) No TA if patient chooses a hosp outside the station when an emp facility for the same ailment exists in the station (AOR of PC).

(ii) No TA if patient choose a hosp outside RC when an emp facility for the same ailment exists in any of the emp hosps within RC of parent PC.

#### 5. Referral Management.

(a) ECHS patient moving out to an emp hosp out of his/her RC will obtain initial referral from his parent PC and thereafter will report to geographically closest located PC to the selected empanelled hosp.

(b) On reporting of such patients having predecided emp hosp from their parent PC, priority will be accorded to generate 'referral' out of turn. Separate line may also be created to this category to ensure min waiting time.

(c) Hosp selected at the parent Polyclinic will not be changed unless the speciality and/ or hosp is not under valid MoA for local PC/RC.

(d) Based on increased load, addl manpower and/ or IT hardware will be provided to such receiving PCs by re-appropriating the existing manpower. Claims will be processed by RCs with which concerned empanelled hosp has signed MoA.

(e) Even if the nearest PC is a Mil PC but if patient is coming from outside with reference by parent PC and has selected an emp hosp, the same will not be changed.

(f) In case patient has chosen a service hosp from his parent PC and service hosp feels that the patient requires some tests/subsequent mgt from an emp hosp, the said referral will be generated by adjacent/local Mil PC.

(g) After discharge, invariably patients are asked for one review. In such cases, local PC can give referral 'for review only' without patient needing to get his referral again from their parent PC provided review is required within 30 days from date of discharge. Such review needs to be related strictly to previous referral.

(h) Based on the service hosp capacity, local restrictions can be imposed by Central Org ECHS viz all Cardio and TKR/THR cases are required to be routed to Army Hosp (R&R) for Delhi-NCR PCs. Our letter No B/49774/AG/ECHS/Referral dated 22 Jun 2017 be strictly followed. Any patient outside Delhi-NCR can also utilise facilities of Army Hosp (R & R) for Cardio and TKR/THR cases.

(j) Any service hosp/local frm plg to impose any restrn on ECHS patients beyond the norm of mil/non mil PC will fwd the case to Central Org ECHS for approval and promulgation. An optimum balance will be ensured between patient comfort and max utilisation of service hospitals. Local restrns will not be placed unless approved by CO ECHS.

(k) There will be no state wise restriction to report to Lodhi Road/ BH PC in Delhi-NCR or anywhere in the country. Our letter No B/49774/AG/ECHS/R dated 18 Aug 2008 is hereby superseded. Patient coming from outside has to have valid referral for an emp hosp and not for a Polyclinic. Polyclinic which finally generates the executable referral will be addressing all concerns of the patients. He/she has to report to the PC physically closest to the emp facility selected.

(l) Referral will be generated by the parent PC only. Incase patient happens to be away from parent PC, he/she can approach any nearest PC for basic medication & medicines limited only to seven days. In case of referral by non parent PC, consent of parent PC is obligatory.

(m) In case of emergency, patient can report to any emp/non emp facility as emergency has been defined as life threatening condition and invariably patient has to go to the nearest med facility based on incident/ailment site. Emergency has got nothing to do with open/closed timings of PC but primarily dependent on medical condition of the patient. Those misusing incl hosps will be penalised.

#### 5. Migratory Patient Load.

(a) If ECHS patient plans to spend six months or above, he/she should change his/her parent PC closest to his/her place of stay. Once the change is approved, all facilities without any restrn can be availed.

(b) All persons should get their medicines and referral requirement from their parent PC.

(c) Medical care within the capacity of a PC can be availed by all members anywhere in the country subject to medicine being avlb for seven days only.

(d) Draw of medicines from more than one place for the same duration will make members ineligible as & when the same is noticed. All patients are required to follow highest degree of integrity.

6. **'NA' Medicines.**

- (a) All out effort will be made by SEMO to provide medicines.
- (b) 'NA' medicines in PC store will be provisioned by ALC.
- (c) Patient should be informed on tele/SMS about medicines availability to avoid inconvenience to the extent possible.
- (d) If some medicines are 'NA', patient should be able to draw the same from PC Pharmacy on a subsequent date without going through 'Regn process', however, acctg should be strictly maintained.

7. Max publicity be given to the environment to avoid inconvenience to them.

(IVS Gahlot)  
Col  
Dir (Medical)  
for MD ECHS

**Internal**

- Ops & Coord, Claim Sec } - for info.
- P & FC Sec, C&L Sec } -
- Stats & Automation Sec - for uploading the letter on ECHS website.
- Med Sec - for incl these details in revised referral procedure.