

DG (DC & W)
Adjutant General's Branch
Integrated HQ of MoD (Army)
South Block
New Delhi – 110 011

B/49717-C(VIG)/AG/ECHS

12 Jul 2018

HQ Southern Command (A/ECHS)
PIN - 900541
C/o 56 APO

HQ Western Command (A/ECHS)
PIN – 900543
C/o 56 APO

HQ Eastern Command (A/ECHS)
PIN – 900542
C/o 56 APO

HQ Central Command (A/ECHS)
PIN – 900544
C/o 56 APO

HQ Northern Command (A/ECHS)
PIN – 900545
C/o 56 APO

HQ Southern Western Command (A/ECHS)
PIN – 900546
C/o 56 APO

VETERAN PATIENT CARE AND ASSISTANCE (VPCA) TEAMS -
A VIGILANCE MECHANISM IN ECHS

Gen

1. Ex Servicemen Contributory Health Scheme (ECHS) is a welfare oriented scheme providing effective healthcare to Ex Servicemen and their dependents. Since in 2003, the scheme has expanded exponentially and has nearly 52 lakh beneficiaries today throughout the length and breadth of the country.

2. There is a need to institute a vigilance framework with a nominated nodal officer at each echelon of the scheme to introduce checks and balances in the system to ensure its efficient and effective functioning. The vigilance frame work so instituted will pay attention to the following aspects with a mechanism to detect, analyse and take corrective and preferably pre-emptive:-

- (a) Ensure ECHS benefits are not availed by unauthorized persons.
- (b) Check unethical practices / exploitation of ESMs by empanelled facilities.
- (c) Monitor referral to empanelled facilities and carry out checks to negate unauthorized treatments/or claims.

Handling of ECHS Issues/Subject/Tasks

3. Tech issues relating to billing, claims and MoA with empanelled hospitals are dealt by Regional Centres of ECHS. All adm issues of Polyclinics are handled by Stn HQ.
4. **Regional Centres (RC) ECHS.** Comments/ assistance/inv/vigilance on following issues are carried out through RCs:-
 - (a) MoA with empanelled hospitals therefore complaints regarding empanelled hospitals/Harassment in empanelled hospitals.
 - (b) Claims/Billing issues of empanelled hospitals.
 - (c) Indl reimbursement claims received by RC from Polyclinics.
5. **Stn HQs.** Stn HQs handle the following issues:-
 - (a) Adm of Polyclinics.
 - (b) Card making of beneficiaries.
 - (c) Contractual employment.
 - (d) Medicine availability through SEMO.
 - (e) C of I / detailed inv in empanelled hosp or service hosp.

Vigilance Cells

6. A feedback on the satisfactory functioning of Pilot Project at three stations has been obtained. It is now planned to institute the vigilance framework in 14 other major ECHS stations, to include Ambala, Bareilly, Channai, Hyderabad, Jaipur, Jabalpur, Jammu, Kochi, Kolkata, Lucknow, Meerut, Patna, Pune and Ranchi.
7. **Composition of Vigilance Cell.** The ECHS Vigilance Cell will function under the Stn Cdr and will incorporate a contractual Doctor/serving AMC officer for On-Spot verification of cases of alleged medical negligence/ violation of MoA. It will be composed as under:-
 - (a) **OIC Team.** Medical Offr (when accompanying) CMP JCO/NCO.
 - (b) **CMP Team.** Two CMP pers (JCO/NCO) in a light vehicle/MC.
 - (c) **Medical Team.** One Medical Offr (serving/contractual from ECHS) to be co-opted for all investigations related to hospitals/having examination of medical aspects. Serving offr may be also co-opted under arngs of Stn Cdr.
8. **Tasks of Vigilance Cell.** While not exhaustive, some of the tasks will be:-
 - (a) **At Polyclinics.**
 - (i) Investigate irregularities / fraudulence by contractual staff.
 - (ii) Physical verification of ESM and dependents (card and self attested proforma)

- (iii) Review adm functioning of Polyclinics when so detailed by Stn / Sub Area / Area HQs on specific instructions
 - (iv) Surprise physical check of Medicines / Dispensary.
 - (v) Surprise physical verification of ESM/dependents.
 - (vi) Check use of ambulance/equipment with Polyclinic.
 - (vii) Avlb of complaint/Grievance Book and redressal/Comments.
- (b) **At Regional Centres.**
- (i) Check BPA verifiers at Regional Centres and any wrong practices by Hospital reps.
 - (ii) Check process of receipt of bills.
 - (iii) Ensure process of First in First Out (FIFO) in billing/ as specified by Central Org.
 - (iv) Monitor hospital representatives visiting for empanelment process.
 - (v) Security procedure of Regional Centre premises.
- (c) **At Hospitals/Diagnostic Centres/Labs.**
- (i) Periodic/Surprise Checks of Empanelled Facilities and patients admitted.
 - (ii) Physical verification of patients at non-empanelled facilities when so directed.
 - (iii) Investigate individual cases of fraudulence by beneficiaries.
 - (iv) Carry out preliminary investigation wrt complaints received at Regional Centre, if so directed by Director Regional Centre. These will be fwd to Stn Cdr being the nodal agency for check.
 - (v) Assist in medical audits if ordered by Regional Centres / Higher Headquarters.

Investigations and Reporting

9. **Investigations.** All complaints/reports are to be forwarded to Stn HQ in confidence irrespective of the subject being dealt by any agency. The Stn Cdr will brief the team and allocate the task to them in confidence. No prior info will be made available to vigilance cell members for surprise checks to avoid confidentiality being compromised. Routine and planned checks can be pre-decided.

10. **Reporting.** Reports will be of two types, viz/Incident/Info Report and Monthly Report. Reports of Vigilance Cell will be forwarded through Stn HQ SO (ECHS) to Area/Sub Area HQ (Dir ECHS/Dir Veteran) to Command HQ (SO ECHS) to Central Org ECHS (Dir C & L). All cases of misuse, fraud, negligence and harassment will be

(a) **Incident/Info Report.** This report will be initiated by the Stn HQ to imdt higher HQ in chain of command within seven days of investigation being completed, with copy to all echelons of Comd till Comd HQ and Central Organisation ECHS (Dir C & L) for prompt action. Report should be passed immediately on telephone depending on gravity of input, to all concerned and followed up by return report so that corrective measures are not delayed. The format is as per Appendix A. (in cases where delinquency in respect of serving pers come to notice, it will also be info to HQ Comd (DV) and DV Dte/AG's Br by Comd (SO ECHS) and Central Organisation ECHS respectively.)

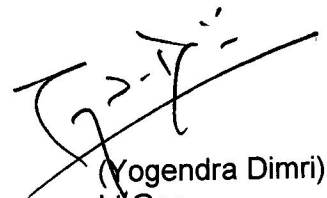
(b) **Monthly Report.** A monthly report on surprise checks carried out during the month by the Vigilance Team will be forwarded to Central Org ECHS as per format on Appendix B by 20th of next month by the Comd HQ (SO ECHS).

11. **Report.** The report by the Vigilance Team for various est will be rendered as per u/m formats:-

- | | | | |
|-----|---------------------|---|-------------|
| (a) | Empanelled Hospital | - | Appendix C. |
| (b) | Regional Centre | - | Appendix D. |
| (c) | Polyclinic | - | Appendix E. |

12. **Check list.** A suggested check list for the Vigilance Team is at Appendix F.

13. The Stn Cdr will compile the activities of the vigilance team and render a ground report after three months to Central Org ECHS through comd channel with recommendations/inputs to refine the vigilance mechanism.


(Yogendra Dimri)
Lt Gen
DG (DC&W)

Copy to:-

AG (Coord)

DV Dte

Provost Marshal

Air HQ (DAV), Subroto Park

IHQ of MoD (Navy), PD (ECHS) -

Central Org, ECHS

For operationalisation of the said arrangements
in Kochi pl.

SURPRISE INCIDENT/ INFORMATION REPORT

1. Name of OIC Vigilance Team _____
2. Date and Time _____
3. Place _____
4. Brief on incident/information

5. Signature of OIC Vigilance Team _____
6. Comments of Stn HQ/ Sub Area / Area (HQ which has ordered the check)

7. Comments of Director Regional Centre / other echelons of Comd Channel (to be sent separately giving reference of Stn HQ letter if applicable. This portion to be left blank when Stn HQ is fwd the report to all).

8. Disposal at Central Org ECHS (C & L Section). _____

Appendix B
(Refer to Para 10(b) of letter No
dated)

MONTHLY REPORT OF SURPRISE CHECKS
FOR THE MONTH OF _____
CARRIED OUT BY HQ _____

S No.	Date	OIC Vigilance Team	Hosp / RC /PC visited	Authentication checked / Details, if any	Remarks

(Col/Brig)
SO ECHS
for MGIC Adm

Appendix C
(Refer to Para 11(a) of letter No
_____ dated _____)

VPCA TEAM REPORT FORM
FOR
EMPANELLED HOSPITALS

Name of Hospital Visited: _____ Date: _____

OIC Team: _____

1. Time of Arrival: _____
2. Time of Departure: _____
3. Functionaries of hospital interacted with:-

(a) _____

(b) _____

(c) _____

4. Wards Visited:-

Ser No	Ward	No of Referral Cases Admitted	Emergency Admission	Quality of Ward	Remarks

5. Details of beneficiaries whose antecedents /ECHS card details checked:-

Ser No	Name of Patient	ECHS Card No	Referral held	Admitted Since	Ward	Remarks

6. How many ECHS beneficiaries w/o referral:-

Ser No	Name of patient	Dependent Polyclinic	Nature of Ailment	Reason for being without referral	Remarks

7. No of cases in which more than one dependent on ECHS members admitted in hospitals & details:-

Ser No	Details of Primary Beneficiary	Number & Relation with Dependent	Type of Treatment	Planned / Emergency Treatment	Remarks

8. Feedback from Patients about response and satisfaction:-

- (a) Problem wrt availability of bed - Yes / No
- (b) Response of Hospital - Good / Average / Below Average
- (c) Any third party coercion by Hosp to get admitted - Yes / No
- (d) Availability of specialists - Yes / No

9. Any other inputs / Recommendations.

Date:

OIC
VPCA Team

Appendix D
(Refer to Para 11(b) of letter No
_____ dated _____)

VPCA TEAM REPORT FORM
FOR
REGIONAL CENTRES

Name of Regional Centre: _____ Date: _____

OIC Team: _____

1. Time of Arrival: _____
2. Time of Departure: _____
3. Functionaries of RC interacted with:-

- (a) _____
- (b) _____
- (c) _____

4. Details of Check by BPA verifiers:-

Ser No	Name of Verifier	Name of Hospital		Remarks
		Physical Yes/No	Net Yes/No	

5. Details of Bills received:-

Ser No	Name of Person receiving bills	Hospital Name	No of Bills	Date & Time	Remarks

6. Details of first 10 FIFO:-

Ser No	Name of Hospital	Claim ID	Individual Reimbursement		Remarks
			Name of Veteran	Claim ID	

7. Details of hospital representatives visited:-

Ser No	Name	Hospital belongs to	Purpose

8. Any other details / points noticed:-

Date: _____

OIC
VPCA Team

VIGILANCE TEAM REPORT FORM
FOR
POLYCLINICS

Name of Polyclinic _____ Date: _____

OIC Team: _____

1. Time of Arrival: _____

2. Time of Departure: _____

3. Functionaries of PC interacted with:-

(a) _____

(b) _____

(c) _____

4. Details of beneficiaries whose antecedents / ECHS card details checked/ verified with MIS details at Reception:-

Ser No	Name of patient	ECHS Card No	Photo Matching Yes/No	Purpose	Waiting Time	Any point/ Remarks

5. Details of Referral generated:-

Ser No	Name of beneficiary	Name of Empanelled hosp	Purpose OPD / IPD	Remarks

6. Details of Contractual Staff:-

Ser No	Name	Appt	No of Yrs/ Month of employment	Any Warning / Counselling	Remarks / Point from them

7. Physical check of medicines/Dispensary (any 20 medicines):-

Ser No	Name of Medicine	Qty on Ground	Qty as per ledger	Expiry Date	Remarks

8. Details of use of Ambulance in the last seven days:-

Ser No	Place From	Place To	Distance (Km)	Purpose	Remarks

9. Serviceability of equipments/ appliances:-

Ser No	Name of Eqpt	Fitness Serviceable/ Unserviceable	Vintage	Remarks

10. Details of last 10 complaints not redressed in complaint book:-

Ser No	Name of Beneficiary	Brief of details of Complaints	Redressal/Comments of authorities	Remarks

11. Any other point noticed/details

Date:

OIC
VPCA Team

Appendix F
(Refer to Para 12 of letter No
dated _____)

CHECK LIST: VPCA TEAM

1. The veterans Patient Care and Assistance (VPCA) Team is to check the points covered in succeeding paras and fwd the report as per Appx D to F as applicable.

Authorisation

2. ECHS beneficiaries/ patient details should match with the ECHS card details to incl:-

- (a) Photo identity.
- (b) Service details.
- (c) Relationship details in case of dependent.

3. Dependent undergoing treatment should be an authorised beneficiary as per following norms:-

Husband/Wife, incl more than one wife and a judicially separated wife	
Parents	Earning < 9,000 plus DA Per month from all sources.
Son	<ul style="list-style-type: none"> ❖ Till he starts earning, gets married or attains the age of 25 years, whichever is earlier. ❖ Son suffering from any permanent disability of any kind (Physical or mental), Irrespective of age limit.
Daughter	Till she starts earning or gets married, irrespective of the age limit, whichever is earlier.
Dependent divorced/ abandoned or separated from their husband/ widowed daughters and dependent unmarried/divorced/ abandoned or separated from their husband/ widowed sister	Irrespective of age limit.
Minor brother (s)	Upto the age of 18 years and having earning less than 9000 per month less DA from all sources.

4. **Treatment.**

- (a) Patient is undergoing planned or emergency treatment.
- (b) All ECHS members are undergoing treatment supported with referrals from ECHS Polyclinics.
- (d) How many outstation members/ beneficiaries are undergoing treatment in the hosp?
- (d) Obtain statistics of emergency treatment at the empanelled facilities.

5. Check for availability of specialists doctors for the referrals made to the hosp.
6. Check if ECHS members are being asked to pay for peripherals and items that are part of the package.
7. Are patients/ECHS beneficiaries being approached or advised by indls who are not on the staff of hosp?
8. Obtain feedback from the patient about satisfaction on the line of treatment.
9. Obtain feedback from patients if hosp approaching members to get admitted as emergency patients.
10. Are more than one family member of the ECHS member admitted in the hosp at the same time?
11. Are similar tests being done repeatedly?
12. Average days for which ECHS beneficiary is admitted in the hosp for similar ailment compared to any other patient visiting the hosp.

Misc

13. Feedback from the ECHS beneficiary about response and facilities being extended by the hosp.
14. Response of hosp to the Veterans Patient Care and Assistance teams.
15. Issue of referral by choice of the patient.
16. Any problem in bed availability at empanelled hosp.
17. Need for med tests & gen line of treatment.
18. Any variation in No of patients actually in hosp vis-a-vis records available.
19. Any point highlighted by the hosp also to be included for examination to address their concern as well.