

ECHS REFERRAL PROCEDURE (LESS NCR)

1. Reference Government of India, Ministry of Defence letter No 24(8)/03/US(WE) / D (Res) dated 19 Dec 03.
2. A number of requests and representations have been received from ex-servicemen organisation and environment to review the referral system in ECHS in view of the following : -
 - (a) Inconvenience and hardships to the patients who have to shuttle between Polyclinic and service hospital for consultation/referral for speciality/super speciality. The problem gets compounded because of old age and medical condition of the ECHS beneficiaries.
 - (b) The issue of hardships faced by veterans on account of present referral system was brought out by the Army Commanders during the Army Commanders Conference in Apr 09.
 - (c) DGAFMS/DGMS (Army) has highlighted that medicare of serving soldiers and their dependents was suffering because of excessive load of ECHS beneficiaries on Army/Base/Zonal hospitals.
 - (d) Deliberations during ECHS Seminar at Chandimandir on 16 Jul 09 substantiated above problems.
 - (e) A large number of policy letters on referral system / procedure have been issued since inception of the scheme by this Organisation. A requirement has been felt to amalgamate all the letters into one comprehensive letter for convenience of all ECHS functionaries and Veterans.
3. Review of ECHS referral system has accordingly been included as one of the priority issues in the '**Time Bound Action Plan**' to give momentum to ECHS as directed by COAS.
4. Revised '**Referral Policy**' for NCR as been issued vide our letter No B/49774/AG/ECHS/Referral dated 10 Aug 09 (Copy encl as Encl 1). Guidelines for referrals to service / empanelled facilities by ECHS Polyclinics (less NCR) are laid down in succeeding Paras.

Categorisation of Polyclinics for Referrals

5. The polyclinics are categorised as Military / Non – Military primarily based on support they get from service hospitals. The initial listing however has included certain Polyclinics located in military stations without service hospital as Military Polyclinics. A case has been taken up with the Government (Ministry of Defence) for conversion of these polyclinics to Non-Military Polyclinics. For the purpose of referrals for treatment these polyclinics will follow the procedure applicable to Non-Military Polyclinics.

Treatment at Polyclinics

6. Referral from Polyclinics will only be made once all available facilities of the Polyclinics are fully utilized. Those patients needing additional diagnostic tests/consultation/hospitalisation should be referred beyond the ECHS Polyclinics.

Authority for Referral to Empanelled Facility

7. Referrals to empanelled facilities will be generated from ECHS Polyclinics. **The choice of empanelled facility will be with the ECHS member.** Authority to initiate referrals will be as follows :-
 - (a) **Referral for General Service Specialities.** For General Service Specialities, list at **Appendix 'A'** attached, Polyclinic Medical Officers, Specialists and Dental Officers (for dental treatment) are authorised to initiate referrals.

(b) **Referral for Specialised Services.** Referral for specialized services, list at **Appendix 'B'** attached, can only 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 in any 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.

(d) **Authentication and Endorsement.** All referrals from ECHS, Polyclinic will be authenticated by OIC Polyclinic under his stamp. He will also endorse non-availability of spare capacity in service hospitals. The endorsement should state 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 '**overloading**' or non-existence of medical facilities at the service hospital.

(ii) Patient will be referred to service hospitals only for those diseases for which facilities exist in the service hospital. All OIC ECHS Polyclinics must possess a list of such facilities.

(iii) At times the facilities for a disease may exist in a service hospital but it may be overloaded / bed space may not be available. Such information must be provided by SEMO to the OIC ECHS Polyclinics under their SEMO cover on a regular basis.

(iv) A list of specialties with a check box against each is attached as **Appendix 'C'**. The same is to be completed by SEMOs and forwarded to the ECHS Polyclinics under their SEMO cover. OIC ECHS Polyclinic should be in touch with the concerned 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 (copies encl as Encls 2 and Encl 3).

(c) To the extent possible, a service hospital of the station should 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. Hence, once a patient is referred to a service hospital, the patient will either be treated in the service hospital or outsourced locally to a civil empanelled facility of patient's choice in that station through the ECHS Polyclinic.

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 'D'**, will follow the procedure applicable to Non Military Polyclinics.

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

(c) In absence of local empanelled facilities, direct referrals by Non – Military Polyclinics to service hospitals in nearby stations are permitted except to Army Hospital (Research & Referral).

(d) A patient can be referred directly to empanelled facility in nearby city provided the Station Commander of originating Polyclinic has a valid MOA with the concerned hospital. Such cross-empanelment is essential to widen the network of referral facilities. The Station Commanders must proactively liaise with empanelled facilities of nearby stations and sign MOA for commencement of direct referral to such facilities. Headquarters Commands must intervene and facilitate this process of cross empanelment.

(e) Till the time instructions on cross-empanelment are implemented all referrals to outstation empanelled facilities will be routed through the local ECHS Polyclinic of that town / station. The outstation referral will be stamped and authenticated by the OIC Polyclinic of the station where the empanelled facility exists before treatment is started. e.g. if an ECHS member at Bhatinda required to be referred outstation hospital for Cancer therapy because there is no facility available in his town, the ECHS Polyclinic at Bhatinda will initiate a referral for treatment at an empanelled facility at Ludhiana/Amritsar. ECHS Member will register himself/herself with the Polyclinic at Ludhiana/Amritsar and get his/her referral form duly stamped and countersigned by the OIC Polyclinic before the patient takes treatment at the empanelled cancer hospital at Ludhiana/Amritsar. Cross - empanelment of cancer hospital at Ludhiana/Amritsar by Station Commander, Bhatinda would have clearly saved the bother of the patient going through high pressure polyclinics of Ludhiana/Amritsar. Travel expenses 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.

10. 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 referral form is attached at **Appendix 'E'**. The referral form will be duly stamped with the seal of the Polyclinic and will clearly outline a 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 undertake unauthorized treatment on the ECHS members. The original referral form is to accompany bills subsequently presented by the empanelled facility except in conditions mentioned in para 17. Referrals should clearly indicate the requirement as follows :-

(a) If referral is desired for consultation only, then it should read- **'Referred for Consultation'**.

(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'**.

(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)**.

11. The details in Para 8 and 10 above are given in a diagrammatic form at **Appendix 'F'** attached.

Emergencies

12. In emergencies and life threatening conditions, when patients may not be able to follow the normal referral procedure, they may be admitted to the nearest hospital.

13. In case of **admission to an empanelled hospital**, the member would be required to produce his/her ECHS card as proof of ECHS membership. In such circumstances the empanelled hospital is required to inform the nearest Polyclinic of Station HQ having MOA with the empanelled hospital concerned, within a period of two working days, regarding the particulars of the ECHS patient and the nature of emergency. The O I/C Polyclinic will make arrangements for verification of facts and issue a formal 'Emergency Referral' (Referral form at **Appendix 'E'** with 'Emergency' stamped on it to be used). Payment of bills will be made by ECHS and the member is not required to pay.

14. In case of **admission to a non-empanelled hospital**, the ECHS beneficiary or his/her representative should inform nearest Polyclinic / Parent Polyclinic / nearest ECHS Regional Centre / Central Organisation (e-mail ID mdechsbol@bol.net.in) 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 as **Appendix 'G'** on receipt of information from representative of ECHS beneficiary/OIC Parent Polyclinic / Regional Centre / Central Organisation. 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 the concerned Polyclinic. The sanction for reimbursement of such bills has been delegated to Competent Financial Authorities by the Central Organisation ECHS letter No B/49778/AG/ECHS/Policy dt 19 Aug 2008 as amended vide letter No B/49773/AG/ECHS/Policy dt 01 Dec 2008 (copies enclosed as Encl 4 and Encl 5). Such bills will be submitted within a period of one month from the date of discharge from hospital.

15. 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.

16. 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: enclosed as Encl 6). 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.

Follow-up Treatment/Reviews

17. In cases where regular follow-up/reviews are required, such follow-up treatment, (OPD/Indoors) will be provided for periods of 1 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 the 1 month period.

18. The same provisions will apply for cases where treatment procedures are to be repeated at regular intervals as an ongoing process, e.g., cases requiring dialysis or regular long term physiotherapy. The referral should read as "**Referred for Haemodialysis, 3 sessions per week for a period of one month.**"

19. In case of mil-Polyclinics referrals for follow up treatment for the same ailment should not be routed through the service hospitals.

20. The original referral form 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.

Oncology Referrals

21. In order to rationalize Oncology referrals, the following procedures will be implemented :-

(a) All patients reporting initially to ECHS Polyclinic and suspected / confirmed to be suffering from cancer should first 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 to 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 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 once only for the entire duration of treatment.

(d) The stipulation of one month validity for referral forms will not apply for Oncology cases prescribed Chemotherapy/Radiotherapy.

End Stage Disease

22. 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 to an appropriate empanelled institution like a Rehabilitation Centres or a Hospice. 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 hospitalisation of such patients. Treatment in such an Institute is permitted for a maximum period of six months.

Period of Hospitalisation

23. Where a patient is admitted for specific treatment, he 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 days. |
| (c) | Laparoscopic surgery | - 03 days. |
| (d) | Day care/minor procedures | - 01 day. |

24. 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).

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

(a) Representations have been received from the environment that ECHS beneficiaries residing in remote/hilly areas face great inconvenience for getting referrals even for minor ailments from their nearest polyclinics due to difficult terrain/distance involved.

(b) ECHS beneficiaries are permitted to avail the facilities/services of nearest Govt Health Care Centres/Primary Health Centre/Government Hospitals (deemed empanelled) without prior referral from the Polyclinic as elucidated in this HQ letter No B/49774-P/AG/ECHS/Referral dt 05 Apr 07 and letter No B/49774-P/AG/ECHS/Referral dt 25 Apr 07 (copy enclosed as Encl 7 and Encl 8).

(c) Regional Centre, ECHS and HQ Commands may as and when required review areas to be declared remote for the above purpose and forward their recommendations for addition/deletion to Central Organisation for approval.

26. Referral to 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, the individual has to make payment and claim re-imbursment at ECHS rates.

(b) Certain private reputed hospitals, viz, Sir Ganga Ram Hospital, Rajiv Gandhi Cancer Institute, Indraprastha Apollo Hospital and VIMHANS, had signed MOA with ECHS but later terminated the MOA. Patients had to pay to get treatment from such hospitals (deemed non-empanelled). Re-imbursment was not permitted to individual and piecemeal sanctions were issued to tide over such contingencies.

(c) ECHS members may be referred to such hospitals 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.

(d) Ex-Post-Facto sanction is not permitted. There is no provision for waiver to such a sanction.

(e) The cost of treatment would be borne by ECHS member. Reimbursment would be limited to ECHS approved rates.

(f) TADA will NOT be entitled in such cases.

27. Treatment at Medical Institute of National Repute. Admission/treatment in the Institutes of National repute listed below is permitted. In case ESM or their dependents are referred by ECHS Medical Officer/Specialist to any of the Institutes mentioned below, an advance in the form of a crossed cheque payable to the concerned hospital will be drawn by the patient from the concerned Station Headquarters after submitting the referral for by an ECHS Polyclinic and estimate from the concerned hospital. The hospitals where such an arrangement is permitted are as follows :-

(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.

28. Our following letters are hereby superseded :-

- (a) Central Organisation ECHS letter No B/49774/AG/ECHS/Referral dated 01 Sep 04.
- (b) Central Organisation ECHS letter No B/49774/AG/ECHS dated 03 Mar 05.
- (c) Central Organisation ECHS letter No B/49774/AG/ECHS dated 27 May 05.
- (d) Central Organisation ECHS letter No B/49764/AG/ECHS dated 05 Nov 05.
- (f) Central Organisation ECHS letter No B/49774/AG/ECHS dated 23 Aug 06.
- (g) Central Organisation ECHS letter No B/49770-P/AG/ECHS/Referral dated 04 Apr 07.
- (g) Central Organisation ECHS letter No B/49770-P/AG/ECHS/Referral dated 05 Apr 07.
- (h) Central Organisation ECHS letter No B/49774/AG/ECHS/Referral dated 27 Jun 07.
- (j) Central Organisation ECHS letter No B/49774/AG/ECHS/Referral dated 13 Jul 07.
- (k) Central Organisation ECHS letter No B/49774/AG/ECHS/Referral dated 17 Jul 07.
- (m) Central Organisation ECHS letter No B/49774/AG/ECHS/Referral dated 22 Oct 07.
- (o) Central Organisation ECHS letter No B/49774/AG/ECHS/Referral dated 21 Aug 08.
- (p) Central Organisation ECHS letter No B/49774/AG/ECHS dated 23 Apr 09.

MD ECHS

Authority: B/49774/AG/ECHS/Referra 01 Dec 09

- Appendices :-**
- 'A' - List of General Service Facilities.
 - 'B' - List of Specialised Services.
 - 'C' - List of Specialities with Check Box.
 - 'D' - List of Polyclinics without Service Hospitals.
 - 'E' - Format of the Referral Form.
 - 'F' - Diagrammatic Form of ECHS Referral Flow Chart.
 - 'G' - Format of the Emergency Information Report.

Encls :-

1. Central Organisation ECHS letter No B/49774/AG/ECHS/Referral dated 10 Aug 2009.
2. DGMS (Army) letter No B/75068/DGMS-5B/ECHS dated 27 Dec 06.
3. DGMS (Army) letter No B/75086/DGMS-5B/ESM dated 31 Mar 08.
4. Central Organisation ECHS letter No B/49778/AG/ECHS/Policy dt 19 Aug 2008.
5. Central Organisation ECHS letter No B/49773/AG/ECHS/Policy dt 01 Dec 08.
6. Central Organisation ECHS letter No B/49774-P/AG/ECHS/Referral dt 05 Apr 07.
7. Central Organisation ECHS letter No B/49774-P/AG/ECHS/Referral dt 25 Apr 07.
8. Central Organisation ECHS letter No B/49770/AG/ECHS dt 26 May 09.

Appendix 'A'

(Refer to Para 7(a) of letter No
B/49774/AG/ECHS/Referral
dt 01 Dec 2009)

LIST OF GENERAL SERVICE SPECIALITIES

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

Appendix 'B'

(Refer to Para 7(b) of letter No
B/49774/AG/ECHS/Referral
dt 01 Dec 2009)

LIST OF SPECIALIZED SERVICES

<u>Specialised Services</u>	<u>Specialised Services</u>	<u>Specialised Services</u>
Surgery	Medicine	Obstetrics and Gynaecology
Neuro Surgery	Neuro Medicine	Gynaecological Oncology
Plastic and R econstructive 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	Paediatrics
Oncology (Surgery)	Rhematologyy	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	
Endovascular Surgery	Geriatric Medicine	
Geriatric Surgery	Radiotherapy	Pathology
		Onco Pathology
	Radio Diagnosis & Imaging	Molecular Pathology
	CT Scan	Transplant Pathology
	MRI	AIDS & Virology
	Interventional and Vascular Radiology	Molecular Immuno Pathology
		Genetic Pathology
		Transfusion Medicine

Appendix 'C'(Refer to Para 8(b) (iii) of letter
No B/49774/AG/ECHS/Referral
dt 01 Dec 2009)**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	

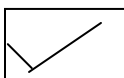
B. SPECIALIZED SERVICES

<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)		Rhematology			
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>	
<u>Radio Diagnosis & Imaging</u>		<u>Dental</u>		Onco Pathology	
				Transfusion Medicine	
		<u>Other (Specify)</u>			
CT Scan		Orthodontia			
MRI		Prosthodontia			
Interventional and Vascular Radiology		Oral Surgery			
		Other			

Dated:

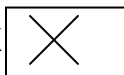
(Signature of CO/Comdt
Hospital/Designated Offr)

Note : PLEASE MARK



AGAINST SPECIALITIES FOR WHICH ECHS PATIENTS CAN BE REFERRED.

PLEASE MARK



AGAINST SPECIALITIES FOR WHICH SPARE CAPACITY IS NOT AVAILABLE.

Appendix 'D'

(Refer to Para 9(a) of letter No
B/49774/AG/ECHS/Referral
dt 01 Dec 2009)

LIST OF MILITARY POLYCLINICS WITHOUT SERVICE HOSPITAL

<u>Ser No</u>	<u>Polyclinic</u>
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.	Shajahanpur
14.	Kotdwara
15.	Haldwani
16.	Mumbai (Upnagar) Powai

Appendix 'E'

(Refer to Para 7(b) of letter No
B/49774/AG/ECHS/Referral
dt 01 Dec 2009)

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

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

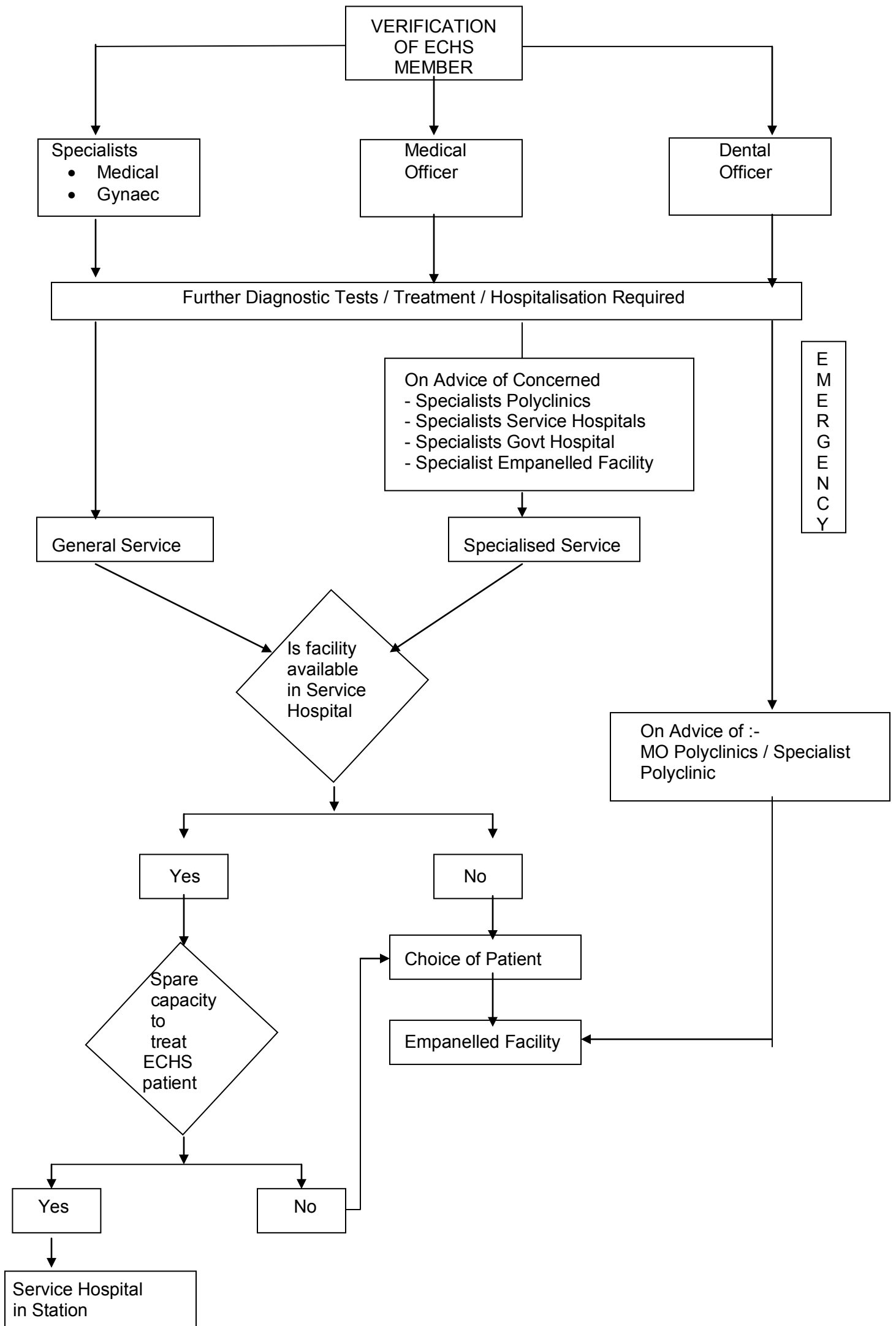
- (a) Admission to
(Specify Hospital, Nursing Home, Diagnostic Centre)
- (b) To follow treatment as specified.

Place : Signature of Med Officer ECHS
with Stamp

Appendix 'F'

(Refer to Para 11 of letter No B/49774/AG/ECHS/Referral dt 01 Dec 2009)

ECHS REFERRAL FLOW CHART



Enclosure '1'

(Refer to Para 8(b)(iii) of letter No
B/49774/AG/ECHS/Referral
dt 01 Dec 2009)

Tele : 23094763

Dte General of Med Services (Army)
Adjutant General's Branch
Army Headquarters
'L' Block, New Delhi – 110 001

B/75068/DGMS-5B/ECHS

27 Dec 2006

HQ Southern Command (Med)
HQ Eastern Command (Med)
HQ Western Command (Med)
HQ Central Command (Med)
HQ Northern Command (Med)
HQ South Western Command (Med)

BED AVAILABILITY AT SERVICE HOSPITAL FOR ECHS MEMBERS

1. Further to this HQ letter No B/75068/DGMS-5V dt 02 May 2006.
2. It has been observed that ECHS member on being referred to service hospital by the ECHS polyclinics could not be treated at times in these hospitals due to non availability of concerned specialist facility/beds/specialist. This leads to an avoidable inconvenience to the ECHS members. In order to overcome this communication gap, all Senior Registrars/COs of the hospitals mentioned at appendix 'A' will keep themselves updated daily on the availability of all specialist officers/beds in their respective hospitals. The same will also be communicated to the OIC polyclinic daily to avoid referral to the specialist who is not available and also to avoid admitting a patient when a bed is not available.
3. The OIC Polyclinic in turn will also confirm the availability of the concerned specialist facility/bed from the Senior Registrar/CO of the hospitals before the ECHS members are referred to the service hospitals. In hospitals where only one specialist is available leave roster of the concerned specialists will be fwd to the OIC Polyclinic.
4. In case the concerned specialist facility/bed is not available in the Service hospital, the ECHS member will be referred to the empanelled facility by the OIC polyclinic directly.

Sd/-x-x-x-x-x-x-x-x

JDMS (ESM Cell)
For DGMS (Army)

Copy to :-

Cent Org ECHS
Maude Line
Near Old Base Hosp
Delhi Cantt

Appendix 'A'

BED AVAILABILITY AT SERVICE HOSPITAL FOR ECHS MEMBER

Srl No	NAME OF HOSPITAL	COMMAND
1.	CH (SC)	SOUTHERN COMMAND
2.	MH TRIVANDRUM	
3.	MH CHENNAI	
4.	MH SECUNDERABAD	
5.	CH(EC)	EASTERN COMMAND
6.	151 BH	
7.	CH WC	WESTERN COMMAND
8.	AH (R&R)	
9.	BH DELHI CANTT	
10.	MH JALANDHAR	
11.	MH AMRITSAR	
12.	166 MH	CENTRAL COMMAND
13.	MH AMBALA	
14.	CH(CC)	

Enclosure '5'

(Refer to Para 25 (b) of letter No
B/49774/AG/ECHS/Referral
dt _____ 2009)

Tele: 011-25684945
Mil: 233 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD
Maude Lines
Delhi Cantt –10

B/49774-P/AG/ECHS/Referral

05 Apr 07

IHQ of MoD (Navy)/DGMS (N) for OIC ECHS
Air HQ (VB)/AOA/DPS
HQs SC, EC, WC, CC, NC, SWC (A/Med)
HQs WNC, SNC & ENC
HQs WAC, CAC, EAC, TC, SWAC & MC IAF

MEDICAL CARE FOR ECHS BENEFICIARIES IN REMOTE/HILLY AREAS

1. Representations have been received from the environment that ECHS beneficiaries residing in remote/hilly areas face great inconvenience for getting referrals even for minor ailments from their nearest polyclinics due to distance/terrain.

2. It has been decided that ECHS beneficiaries will henceforth be permitted to avail the facilities/services or nearest Govt Health Care Centres/Primary Health Centre/Govt Hospitals (deemed empanelled) without prior referral from the polyclinic subject to the following conditions :-

- (a) Distance from nearest polyclinic should be more than 50 Kms.
- (b) Applicable for residents of following states only :-
 - (i) Jammu & Kashmir.
 - (ii) Himachal Pradesh.
 - (iii) Uttranchal.
 - (iv) North Eastern States of Sikkim, Arunachal Pradesh, Mizoram, Manipur, Tripura and Nagaland.
 - (v) West Bengal : District – Darjiling only.
 - (vi) Karnataka : District – Chikmagalur, Kodagu only.
 - (vii) Tamil Nadu : District – Nilgiris only.
 - (viii) Chattisgarh : Distt – Bastar and Dantewara only.
 - (ix) Orissa : District – Koraput only.
- (c) Treatment permitted for maximum period of 07 days.

3. Parent Polyclinic will be notified of such treatment undertaken at the earliest (within two working days). Info can be sent by person/telephone/mail/fax/telegram. Parent polyclinic will generate a referral immediately on receipt of information and attach the same with the claim when received. Claims for reimbursement of expenditure incurred should be submitted to Parent Polyclinic within one month of completion of treatment. The claim will include the following :-

- (a) Application of claim by the member. Summary of case including diagnosis and outcome/further advise by treating doctor/hospital to be enclosed.
- (b) Photocopy of ECHS Smart Card/Regn Slip.
- (c) Prescription/Clinical notes of treating doctor.
- (d) Bills of medicines/investigations/treatment procedure in original duly authenticated by treating doctor/hospital, alongwith a photocopy. In cases of treatment in Govt Hospitals, consultation is normally free. Bills, therefore, would pertain to medicines and treatment/investigation charges only, as applicable.

4. The bills will be processed by Parent Polyclinic as per procedure laid down vide this HQ letter No B/49773/AG/ECHS dated 25 May 04 read in conjunction with this HQ letter No B/49773/AG/ECHS/R dt 28 Oct 04 for treatment in Govt Hospital and payment made through cash assignment of local Station Headquarters. Sanction of Central Organisation, ECHS is not required.

5. In cases of Emergency, patients can get admitted to any hospital. Emergency bills will continue to be processed as per existing instructions. Similarly in cases where further treatment is advised by local Govt Hosp, and/or major treatment procedure is required, patient will be referred to suitable Service/Empanelled Hospital through Parent Polyclinic as per existing procedure.

Sd/-x-x-x-x

Maj Gen
MD ECHS

Copy to :-

DGAFMS/DG-3A
DGMS (Army)/DGMS 5(B)
DGMS (Navy)
DGMS (Air Force)

- for info please.

All HQ Area/Sub Area
All Regional Centres

- Please disseminate the above contents to all polyclinics under jurisdiction.

Enclosure '6'

(Refer to Para 25 (b) of letter No B/49774/AG/ECHS/Referral dt _____ 2009)

Tele: 011-25684945
Mil: 233 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD
Maude Lines
Delhi Cantt -10

B/49774-P/AG/ECHS/Referral

25 Apr 07

IHQ of MoD (Navy)/DGMS (N) for OIC ECHS
Air HQ (VB)/AOA/DPS
HQs SC, EC, WC, CC, NC, SWC (A/Med)
HQs WNC, SNC & ENC
HQs WAC, CAC, EAC, TC, SWAC & MC IAF

MEDICAL CARE FOR ECHS BENEFICIARIES IN REMOTE/HILLY AREAS

1. Further to this Organisation letter No B/49774-P/AG/ECHS/Referral dt 05 Apr 2007.
2. Para 2(b) of this Org letter quoted in ref may please be deleted and reconstructed as under :-

'Applicable for residents of following states only :-

- (i) Himachal Pradesh.
- (ii) Uttranchal.
- (iii) North Eastern States of Sikkim, Arunachal Pradesh, Mizoram, Manipur, Tripura, Nagaland and Meghalaya (less district Shillong).
- (iv) West Bengal : District – Darjiling only.
- (v) Karnataka : District – Chikmagalur and Kodagu only.
- (vi) Tamil Nadu : District – Nilgiris only.
- (vii) Chattisgarh : Distt – Bastar and Dantewara only.
- (viii) Orissa : District – Koraput and Mayurbhanj only.

Sd/-x-x-x-x

Dir (Med)
For MD ECHS

Copy to :-

DGAFMS/DG-3A
DGMS (Army)/DGMS 5(B)
DGMS (Navy)
DGMS (Air Force)

- for info please.

All HQ Area/Sub Area
All Regional Centres
Tele/Fax : 011-25684945

- Please disseminate the above contents to all polyclinics under jurisdiction.

Central Organisation, ECHS