

**EX SERVICEMEN'S COMPREHENSIVE HEALTHCARE**



**ECHS NEWSLETTER : SECOND**  
**EDITION JUNE 2024**

## **MD's Note**

Dear Veterans and Family Members,

I am delighted to present our esteemed members and stakeholders the second edition of the Ex-servicemen's Contributory Health Scheme (ECHS) Quarterly Newsletter. The inaugural edition of this newsletter was received well by our esteemed veterans. The focus of the Central Organisation ECHS has been towards enhancing beneficiary satisfaction through enhanced reach, improved medicine availability, better quality health care by empanelled hospitals & simpler procedures.

Through this newsletter, we have tried to convey our initiatives and the latest developments to our esteemed beneficiaries. Your participation in this process through awareness of ECHS rules and suggestions for improvement will strengthen the scheme. Feedback is welcome and may be communicated to the Director Communications, also the Editor of this Newsletter. Wishing you all good health and success.

Warm Regards,

A handwritten signature in blue ink, appearing to read 'Manoj Natarajan', with a stylized flourish at the end.

(Manoj Natarajan)  
Major General  
Managing Director  
Ex-Servicemen's Contributory Health Scheme

**From the Editor's Desk**

Respected Readers,

It is with great anticipation that we present the second edition of the ECHS Quarterly Newsletter to keep our esteemed ex-servicemen abreast of the latest developments, health initiatives, and essential updates related to our shared commitment to well-being.

This second edition has been curated after incorporating the suggestions proffered by our esteemed veterans. An update on the latest developments in ECHS aimed at higher beneficiary satisfaction has been presented in this edition. I would also appeal to our veterans to send further suggestions through email to [dir.pm@echsgov.in](mailto:dir.pm@echsgov.in) Thank you for being a part of this endeavour. We look forward to building a vibrant and informed community that prioritises health and camaraderie.

Warm Regards,



(Kaushik Ray)  
Colonel  
Director (Communications)  
Editor, ECHS Quarterly Newsletter

**QTRLY NEWSLETTER FOR THE PERIOD FROM**  
**01 APR 2024 TO 30 JUN 2024**

**Recent Policy Changes**

Recently, certain policy changes have been initiated in the ECHS with the primary aim of simplifying the various ECHS processes for our beneficiaries and enhancing 'Ease of Living'.

- **Annual Inspection of Polyclinics.** Annual Inspection of all ECHS Polyclinics will be carried out every Financial Year to enhance the functional readiness of the Polyclinics. The Inspection will be conducted by a team comprising representatives of Regional Centres, Station Headquarters and Senior Executive Medical Officer (SEMO).
- **Hiring of Additional Approvers.** Vacancies for 107 medical approvers have been allocated to Regional Centres in addition to initial manpower allotment to ensure timely clearance of medical claims at Regional Centres. This measure is expected to reduce the delay period in the clearance of claims, thus improving the empanelled hospitals' response and quality of service.
- **Construction of New Polyclinic Buildings.** The Ministry of Defence has approved the construction of permanent buildings in Type C & D Polyclinics at 75 locations as part of 'Azadi Ka Amrit Mahotsav'. Out of 75 locations, Approval in Principal for construction of 40 Polyclinics have been accorded and 13.29 Cr funds have been released.
- **Enhancing ECHS Outreach.** The Ministry of Defence is considering a proposal by Central Organisation ECHS to establish 18 new Polyclinics, upgrade 42 existing Polyclinics, and also induct 110 Medical Mobile Units (MMU) for serving Ex-servicemen located in remote areas, along with allied enhancement of contractual staff at these Polyclinics.
- **Exemption of Annual Validation for Patients above the age of 80 Years.** Due to various practical issues being faced by our beneficiaries above 80 years old, a proposal is being considered to exempt such beneficiaries from annual validation as a welfare measure. The same on approval will be implemented in near future.

### **Budgetary Allocation for ECHS**

With the gradual increase in the beneficiary base and increase in the cost of quality medical treatment, annual budgetary allocation for ECHS has witnessed substantial increase in the recent years. In the last financial year, ₹9880.99 Cr was allotted towards ECHS budget. This year, so far, an amount of ₹6968 Cr has been released so far. More funds have been demanded and further allotments are expected in the PRE and RE stage.

### **Recent Changes in Automation**

Following changes in procedure have been brought about for the convenience of our beneficiaries: -

- **Change of Registered Mobile Number.** Beneficiary requests will be automatically approved upon submission. OIC's approval will not be required.
- **Change of Parent PC.** Beneficiary requests will be automatically approved upon submission. Parent OIC and New Parent OIC's approval will not be required.
- **Non-Parent PC Referral.** No referral approval will be required from the parent polyclinic OIC if the beneficiary has visited a non-parent Polyclinic. Referral approval will be given directly by the Non-Parent PC OIC.
- **Beneficiary in Non-ParentPC Report.** A report will be added to the OIC Module to know the PC beneficiaries who are visiting different PCs.
- **Patient Registration Report.** This report will be removed from the OIC Module.
- **Polyclinic Dependency.** This report will be added to the OIC Module to view the exact PC dependency.

## **Medical Matters**

- **Implementation Directives of ECHS Medicine Formulary.** The Common Drug List (CDL) 2023 was introduced with the primary aim of enhancing the availability of commonly prescribed drugs and formulations, to ensure maximum coverage of diseases and availability of medications. The drugs in the CDL 2023 were reduced from approximately 4500 to about 1500. Due to the extensive list of medicines, SEMOs were earlier unable to meet the aspirations of the polyclinics, resulting in many beneficiaries having to fend for themselves or resort to the long and cumbersome reimbursement process. Many veterans have faced issues due to the policy that restricted SEMOs from purchasing any drug outside the CDL. Based on the feedback received from the environment, the CDL 2023 underwent further expansion. In the **CDL 2024** for ECHS, the number of drugs has been increased to about 2300 for the benefit of veterans. The ECHS Formulary is dynamic, with new medicines added based on SEMO recommendations. Such changes will be communicated to all concerned.
- **Procurement of Cancer and Other Vital Essential Drugs.** SEMOs may purchase cancer and other vital essential medicines even if they are not in the formulary. SEMOs can use their emergency powers to procure these medications on a patient-specific basis when urgently needed. This procurement is not bulk and should cover the duration required. Additionally, polyclinics may forward requests to add these medicines to the ECHS Formulary with SEMOs recommendation. This process applies only to cancer and life saving vital drugs.
- **Screening Committee for High Value Claims.** A Screening Committee for High Value Claims has been instituted to be chaired by Joint Secretary (DoESW) for the reimbursement of individual/Hospital claims.
- **Empanelment/ Dis-empanelment of Hospitals/ Nursing Homes and Diagnostic Centres for ECHS.** Screening Committee Meeting for empanelment/ dis-empanelment of medical facilities was held on 27 Mar 2024. 32 Private Hospitals/ Nursing Home and Diagnostic Laboratories having different specialties were empanelled with ECHS and 04 Private Hospitals/ Nursing Home and Diagnostic Laboratories was dis-empanelled. The next Screening Committee meeting for empanelment/ dis-empanelment of medical facilities was held on 26 Apr 2024. 16 Private Hospitals/ Nursing Home and Diagnostic Laboratories for different specialties were empanelled with ECHS and 07 Private Hospitals/ Nursing Home and Diagnostic Laboratories was dis-empanelled.

- **Treating of ECHS beneficiaries at AIIMS Hosp.** The following AIIMS Hospitals have been recently empanelled with cashless treatment facilities for ECH beneficiaries:-
  - AIIMS Bhopal
  - AIIMS Hyderabad
  - AIIMS Raipur
  - AIIMS Gorakhpur
  - AIIMS Bathinda

**Exploitation of Beneficiaries by Corrupt Hospitals.** During vigilance checks of hospitals, it came to the fore that certain hospitals, **without the knowledge of the patients**, are indulging in various malpractice like fraudulently adding multiple ailments in the medical sheet of the patients and consequently prescribing unnecessary medicines and tests. Some hospitals also manipulate the dates in the discharge slips to extend the days of admission in the hospitals. Such acts are carried out by the hospitals to fraudulently inflate the bills. Beneficiaries are requested to be cautious and go through the documents properly before leaving the hospital. **In case the hospitals are found to be indulging in similar corrupt activities, the beneficiaries could also unnecessarily face punitive actions for negligence on their part.**

**Resolution of Complaints.** A complaint letter was sent by an ex-serviceman, Seaman Harbans Singh on 02 May 2024 to Central Org ECHS, which revealed that he had registered for his wife's ECHS card three years ago. He had applied for the card online but did not receive the card. Upon investigation it was found that his application had not been verified by the Naval Records Office. Colonel Anirudh Shekhawat, Director of complaints, ECHS taking immediate cognizance of the problem contacted the Naval Records Office in this regard and requested them to take immediate action. Ten minutes later he was informed by the Naval Records Office that his application had been verified. Immediately, Seaman Harbans Singh was contacted on telephone and told that the process for preparing the ECHS Card has been initiated by the Central Organisations ECHS. Although it will take some time to print the card, but now the beneficiary can immediately avail ECHS facility with a temporary slip.

**ECHS Helpline**

It has been experienced that due to lack of awareness among the beneficiaries, there is a misconception that procedures in ECHS are very complex. However, most of the problems arise due to lack of knowledge about the procedures followed by ECHS. Ex-servicemen must therefore directly contact the polyclinic for all queries. In case necessary, they can contact the ECHS Helpline (available during working hours from 9am to 5:30pm on weekdays) at 01125682870, 01125684945 & 1800114115.

**Recovery of Money from Hospitals: Initiative by RC-1**

A large No of complaints were received from beneficiaries regarding charging of money from beneficiaries against many hospitals of NCR. Initially, all these cases of complaints were forwarded to the concerned hospitals for clarification and necessary actions. However, there were no positive responses received from hospitals despite repeated reminders. Therefore, a detailed plan of action was evolved by RC-1 to resolve the issues on priority. The details were compiled, and a list was prepared of all such bonafide cases, where the money was wrongly charged from beneficiaries. A record of all correspondence/ emails was also prepared and shared with the higher mgt of hospitals. A show cause notice followed by a Warning Letter was issued to errant hospitals. Subsequently, a one-to-one meeting with the CEOs of hospitals was organised and, the list of all such cases was shared with them. A regular follow-up communication by telephone & mail was pursued. Ultimately the hospital started responding by returning the money to beneficiaries. Eventually, almost 90% of such cases have been resolved by returning of money to beneficiaries by concerned hospitals. Till now, RC-1 has ensured a return of almost Rs 32 lakh (approx) to beneficiaries who were wrongly charged by these hospitals.



## **TWO DECADES OF VETERANS' HEALTHCARE IN INDIA**

### **Inception**

The Ex-servicemen's Comprehensive Health Scheme (ECHS) which is now two decades old, stands as a testament to India's commitment towards the well-being of its armed forces veterans. Initiated on April 1, 2003, by the Indian government with the aim of providing cashless and cap-free quality healthcare to retired armed forces personnel and their dependents, the ECHS has evolved into a cornerstone of healthcare support for ex-servicemen in India. The scheme was designed to address the gaps in the health care needs of ex-servicemen who often faced challenges accessing medical services due to various reasons. The ECHS was envisioned to function as a network of polyclinics and empanelled hospitals, ensuring that ex-servicemen and their families could receive medical care close to their residence. The scheme's inception marked a significant step towards recognizing the contributions of veterans and their right to a dignified and healthy life post-retirement. Such a scheme also assures our serving soldiers risking their lives for the nation and facing the adversary in most difficult conditions, that they and their families would be adequately supported by a grateful nation once they hang their uniforms or in the event of their death in the line of duty or otherwise.

### **The Journey**

Over the past two decades, the Ex-servicemen's Comprehensive Health Scheme has grown tremendously in its outreach, both geographically and in terms of numbers and has achieved several notable milestones. One of the most significant achievements is the establishment of an extensive network of ECHS polyclinics across the country. These polyclinics act as primary health care centres, providing a range of medical services, including consultation, diagnostics, and basic treatment. From a modest beginning with 227 Polyclinics and 12 Regional Centres, the ECHS now has 433 Polyclinics and 31 Regional Centres spread all over India and Nepal.

Furthermore, the empanelment of private hospitals and nursing homes under the scheme has expanded the scope of medical services available to veterans. Having initiated with only 481 empanelled hospitals in the first year, ECHS now has more than 3200 empanelled hospitals for its 55 lakh beneficiaries. This partnership with private hospitals has not only increased accessibility but has also eased the burden on government hospitals, thereby contributing to improved healthcare for all.

Another commendable achievement is the introduction of technological advancements to streamline services. The ECHS Online Portal facilitates online appointment booking, prescription tracking, and access to medical records, enhancing convenience for beneficiaries. This digital transformation has brought transparency, efficiency, and accountability to the scheme's operations. The introduction of E Sehat will further improve the outreach and ease of access to medical care.

The journey has not been without its share of challenges. One of the persistent challenges has been the need for continuous expansion and improvement of the healthcare infrastructure. With an ever-growing number of beneficiaries, and an exponentially increasing cost of medicines and medical procedures, maintaining the quality of medical services and ensuring timely access remains a challenge. As medical expenses continue to escalate, ensuring that the ECHS remains financially sustainable while providing comprehensive coverage is an ongoing challenge that requires careful financial planning and resource allocation. The government fixed rates are well below the market rates and certain latest medical innovations in diagnosis/treatment await govt's financial approval. Hence private empanelled hospitals find it difficult at times to provide advantages of the latest medical care within the affixed rates. As is the case with similar govt schemes, instances of fraud have been identified and fraud prevention measures are constantly adopted and improved. Moreover, the scheme faces logistical and administrative hurdles in remote areas, where the availability of medical facilities is at best limited and where, in comparison, other employees' contributory govt healthcare schemes like CGHS have little or no footprint.

## **Prospects**

Looking ahead, the Ex- servicemen’s Comprehensive Health Scheme has a promising future. The government’s commitment to supporting veterans’ healthcare needs remains steadfast and efforts to modernize and expand the scheme are underway. There is a growing emphasis on enhancing the quality of medical services and incorporating specialized treatments to address the unique healthcare requirements of veterans and their families. Incorporating tele medicine and leveraging technology for remote consultations could bridge the accessibility gap, especially in regions with limited healthcare infrastructure. This approach would not only provide healthcare access to more beneficiaries but also alleviate the burden on overcrowded facilities. Collaboration with research institutions and medical universities could lead to the development of specialized treatment protocols for conditions that veterans are particularly prone to due to the rigours of service. This tailored approach to healthcare would be a fitting tribute to the sacrifices made by the ex-servicemen.

## **Further Improvements in the Scheme**

The Ex-servicemen’s Comprehensive Health Scheme is automating its entire processes to provide a faster, hassle-free experience to the beneficiaries, introducing data analytics and fraud analytical methods for better management and cost-effectiveness. The cost-effectiveness of the scheme is also being further enhanced through the following measures:

- Streamlined administrative processes are expected to lower operational costs by centralizing administrative tasks, standardizing procedures, and digitizing documentation to reduce the administrative burden on the system.
- Bulk procurement of medical equipment, medicines, and supplies leveraging the collective purchasing power of ECHS will lead to cost savings.
- Tele medicine and technology integration will reduce the need for frequent physical consultations, thus saving time and costs for both patients and the scheme. Maintaining electronic health records through integration with the MoHFW’s ABHA scheme and data analytics networked with the NHA will enhance efficiency, reducing unnecessary procedures and expenses.
- Enhanced focus towards preventive healthcare, beyond the obvious social benefits, will have long-term cost-cutting benefits by encouraging beneficiaries to adopt healthier lifestyles and promoting regular health check-ups to prevent the escalation of diseases and reduce the need for expensive treatments.

- ECHS is developing and implementing standardized treatment guidelines ensuring that medical interventions are evidence-based and cost-effective.
- Stringent auditing mechanisms and fraud prevention measures have been introduced to identify and eliminate misuse of resources.
- Enhancing beneficiary awareness and education regarding the scope and limitations of the scheme through ex-servicemen's associations and voluntary organizations will prevent overutilization and misuse.
- Performance-based incentives for healthcare providers will encourage efficient and cost-effective care delivery by rewarding healthcare providers who consistently adhere to treatment protocols and contribute to cost-saving measures.
- The automation drive aims to regularly monitor the scheme's performance, analyzing data, and seeking feedback from beneficiaries and healthcare providers to provide insights into areas that require improvement. Continuous improvement efforts would lead to optimized cost structures.

### **Conclusion**

As the Ex-servicemen's Comprehensive Health Scheme completes two decades of service, it stands as a testament to the nation's unwavering commitment to the well-being of its armed forces veterans. The scheme's journey from inception to its current state reflects the continuous effort to improve the healthcare support provided to ex-servicemen and their families. With achievements ranging from the establishment of an extensive healthcare network to the introduction of technological advancements, the ECHS has made a significant impact on veterans' lives. While challenges persist, they serve as opportunities for innovation and improvement. As we look to the future, the Ex-servicemen's Comprehensive Health Scheme holds the promise of further expansion, enhanced quality of care, and the integration of cutting-edge healthcare solutions. Ultimately, the success of the ECHS is a reflection of a nation's gratitude and respect for those who have dedicated their lives to its service.

- **Col Kaushik Ray**