FREQUENTLY ASKED QUESTIONS WITH ANSWERS ABOUT ECHS

FAQs on ECHS are intended to provide general information and guidance needed for the ECHS beneficiaries to avail ECHS facilities. The contents must be read in conjunction with extant policies updated on the website from time to time. The contents are not intended to be applicable to specific/exceptional cases and no such claims may be made under it. Whenever any difference in interpretation of meaning and/or content of the facts stated here vis-à-vis the original policy arises, the policy letter will be treated as final and binding.

Medical Procedure & Claim Related

Q1. How would I know to which hospital I should go after taking a referral from ECHS polyclinic?

Ans. The status of hospitals (Emp) may be taken from OIC ECHS PC/ECHS website. In case of any inconvenience or ambiguity OIC ECHS may be contacted on his official mobile/landline number.

Q2. What should I as an ECHS beneficiary do if the emp hosp asks to deposit cash for admission?

Ans. The Emp hosp has to provide cashless treatment as per ECHS policy/guidelines. In case of such an issue the ECHS beneficiary should contact the OIC of nearest polyclinic.

Q3. What are the referral procedure with validity for an ECHS beneficiary in cardiac, oncology and Nephrology cases?

Ans. The referral given through the ECHS polyclinic with a validity period for Consultation, Investigation and treatment for 06 months vide SOP on treatment management dated 28 Sep 2018. In accordance to the authority letter of GOI dated 15 Jul 2013.

Q4. What will be the provision for treatment/hospitalisation in emergencies?

Ans. ESM has three option normally :-

(a)  (i) Report to nearest service hospital for treatment.
     (ii) Report to nearest empanelled hospital. Hosp with raise on ER.
     (iii) Report to nearest non-emp hospital. ESM/his representative will have to pay the charges to the non emp hospital initially.

(b) In case where emergency treatment is availed at Non-Empanelled Hosp, it will be the patients responsibility to inform his parent/ nearest Polyclinic within 48 hrs of where she/he is admitted.Such bills of treatment taken in a non empanelled hosp will be submitted in original to the parent Polyclinic for processing.
Note: The onus of informing the ECHS Polyclinic will be of the patient if admitted in a Non-Empanelled Hosp. Also the onus of proving the emergency will be that of the ESM patient. (Submission of personal application, emergency certificate from treating hospital alongwith discharge summary and hospitalization treatment record at ECHS PC).

Q5. What is the procedure for an emergency treatment at the empanelled hospital?

Ans. (a) Preferably report to a service hospital/empanelled facility.
(b) Prove identity through ECHS Smart Card/ Acknowledgment Slip.
(c) Empanelled Hospital will inform ECHS polyclinic at the earliest (but not later than 48 hrs) with the following details ECHS membership, Service No, Rank & Name of the ECHS member, Diagnosis, Date and time of admission, Hospital to which admitted.
(d) OIC polyclinic will make arrangements for verification of the facts.

Q6. What is the procedure for an emergency treatment at a non empanelled hospital?

Ans. (a) Inform nearest ECHS polyclinic within 48 hours.
(b) Bills will be cleared by the beneficiary.
(c) Member submits bill along with summary of the case to the concerned polyclinic within 90 Days from the date of discharge from hospital for reimbursement.
(d) Sanction of reimbursement will be accorded at various CFA levels.
(e) Payment to be made by station HQ.

Q7. Hospital had applied for empanelment with ECHS and submitted its application to Regional Centre ECHS. Why the empanelment process is not concluded?

Ans. Hospital after applying for ECHS empanelment at RC ECHS, the application undergoes scrutiny at RC level, and is further processed to Central Org ECHS. If the hospital is Non-NABH, the application is further processed to QCI for inspection. QCI report is received at the office of Central Org ECHS. If there are no observations, the application is tabled in the Screening Committee Meeting (SCM) and subsequently goes to MoD (Do ESW) for the promulgation orders in the form of Government letter note (GL note). On issue of GL note, same is intimated to hospital and RC. On completion of signing of MoA between hospital and RC, the empanelment of hospital with ECHS is initiated and is valid for a period of two years. Subsequently, the MoA is renewed as necessitated.

Q8. Does a hospital which is NABH accredited, has the same empanelment process as laid down for NON-NABH hospital?
Ans. Hospital which is NABH accredited, submits application to RC ECHS which is subsequently processed to Central Org ECHS. If the documents are in order, the ibid application is straight way tabled in SCM without going to QCI. Subsequently to MoD (Do ESW) for issue of GL note and thereafter signing of MoA between hospital and RC ECHS. On signing of MoA, hospital is entitled to NABH rates till the validity of scope of NABH certification as mentioned in the certificate.

Q9. A hospital which is NABH accredited, does the Lab services also get NABL rates?

Ans. Lab services through covered in the NABL accreditation scope will not quality for NABH rates. It is only on the Lab services, being NABL accredited, will allow the hospital to claim NABL rates for the Lab services.

Q10. Does hospital which has NABH pre-entry accreditation quality as NABH?

Ans. It is only a hospital which is NABH final accredited will quality as NABH and not the hospitals which have been accorded NABH pre-entry accreditation.

Q11. How does a hospital which is CGHS empanelled gets empanelled with ECHS?

Ans. A hospital which is CGHS empanelled will apply to RC ECHS in the form of usual application alongwith following documents.

(a) Valid office memorandum issued by CGHS notifying the hospital is empanelment with CGHS.

(b) Copy of MoU signed between CGHS and hospital.

(c) Copy of QCI inspection report undertaken for the hospital. Whatever facilities recommended in QCI report will be empanelled with ECHS.

Q12. Does a hospital which is NABH final accredited can offer partial facilities?

Ans. As per existing regulations, hospital which is NABH accredited will offer the entire facilities as mentioned in the scope. However, if the hospital is desirous of partial services, same will have to be endorsed by the hospital in their application to RC ECHS along with justification for partial services. Such cases will be considered on merit and appropriate decision will be taken at SCM.

Q13. Can the medicine be issued for more than 30 days?

Ans. For patients of chronic diseases medicines can be issued for more than 30 days up to 90 days subject to availability of medicines with OIC PC. For patients traveling to foreign countries also the medicines may be issued for 90 days. The OIC PC should be informed well in advance so that medicines be arranged and tickets and visa is required to be produced at the time of collection of medicines.
Q14. What is the policy for issue of medicines to patients from PC other than parent PC?

Ans. For patients taking medicines from PC other than parent PC medicines can be issued for a period of 07 days at a time. Based on the availability of medicines and discretion of the OIC PC the medicines may be issued for 30 days provided it doesn’t hamper the medicine availability to the dependent population.

Q15. Can the medicines be purchased from the market and reimbursement claimed?

Ans. Medicine not available with PC/SEMO/ALC can be purchased from the open market and reimbursement claimed. NA certificate will be given by the OIC PC and documents to be deposited with the OIC PC. The Instructions for the same have been circulated vide CO ECHS letter No B/49762/A9/ECHS/Medicine Policy dt 08 Apr 2019.

Q16. Can I Shift my PC from one place to another?

Ans. There is a provision of shifting parent PC from one place to another once in six months only. The transfer certificate will be given by the parent polyclinic, which will be deposited to the new PC.

Q17. Do I have to intimate the Polyclinic in case of emergency admission in an Empanelled Hospital?

Ans. The Hospital is supposed to intimate the Polyclinic by online method. You may however confirm/crosscheck the intimation by contacting the polyclinic on telephone or personally.

Q18. Can I opt for higher value implants than the CGHS prescribed ceiling rates in empanelled hospitals?

Ans. Yes, ECHS beneficiaries are allowed to get costlier IOL (Intra Ocular Lens)/coronary stents/ equipment after paying for the differences in cost over and above the laid down ceiling rates. An undertaking certificate to this effect duly signed by the ECHS beneficiaries will be attached with the claim.

Q19. If my claim in non-empanelled hospital is not reimbursed in full, then can I appeal to a higher authority for full re-imbursement?

Ans. All claims, whether in empanelled or non-empanelled hospital are reimbursed as per CGHS/ECHS rates.

Q20. Should one pay for extra items in an empanelled hospital if I am intimated by the hospital that some items are not covered by ECHS?

Ans. No. All empanelled hospital has signed a MOA with ECHS, which provides cashless treatment for its beneficiaries.
Q21. Within what period of time one should submit the hard copy of the claim for treatment in a non empanelled hospital?

Ans. Within 90 days from the date of discharge from the hospital.

Q22. For patients not residing in NCR area, is prior approval required for Hip or Knee replacement cases or in cases of cancer patients requiring treatment or cardiac cases requiring implants?

Ans. Permission for the above is required for those whose parent Polyclinic is a Military PC. It is not required when the parent polyclinic is non-military.

Q23. What is the time limit for intimation of admission in a non-empanelled hospital?

Ans. Please inform the parent Polyclinic whether 48 hours of admission.

Q24. What is the validity period for a routine referral?

Ans. For a routine referral it is 01 month. However for Cancer cases requiring chemotherapy/radiotherapy, maintenance Haemodialysis, Diabetes, Hypertension and other cardiac patient, it is valid for 180 days (06 months). The referral letter should clearly mention the validity period.

Q25. Who is responsible for taking prior permission for unlisted implants/procedures/tests?

Ans. The onus lies on the empanelled hospital to take prior permission.

Q26. Can an ECHS beneficiary who have subscribed for Mediclaim policy from an insurance agency, be permitted to claim reimbursement from both the sources, i.e from the insurance agency as well from ECHS?

Ans. The beneficiary is allowed to claim the medical expenses from both sources, provided that the reimbursement from such sources should not exceed the total expenditure incurred by the ECHS beneficiary on the treatment. The beneficiary should first claim the expenditure from the Insurance Agency, and after settling the amount, the beneficiary should put up to the ECHS for claiming the residual amount.

Q27. Do I require prior permission for liver transplant?

Ans. Yes prior permission for liver transplant from CO ECHS routed through parent Polyclinic and RC is required as per format.

Q28. Can I take treatment from Government hospitals, without referral from ECHS Polyclinic? What will be the reimbursement amount?

Ans. Yes, you can take treatment from Government hospitals for OPD & inpatient treatment. The claim will be reimbursed at CGHS/ECHS rates. However in cases of organ transplant hip and knee replacement, cancer treatment and in cases of neurosurgery and cardiac surgery, referral from Polyclinic is required.
Q29. Can ECHS beneficiary draw monetary advance from EHCS for taking treatment in Govt hospitals/hospitals of National Repute?

Ans. A beneficiary can take advance from ECHS for undertaking treatment in Govt hospital/Hospital of National Repute, limited to 80% of the likely expenditure incurred through respective RC. The amount will be paid to the treating hospital directly. The balance amount be claimed by the beneficiary after treatment.

Q30. Is reimbursement in full possible in cases availing treatment in Govt Hospitals?

Ans. Yes, it is reimbursed in full except for the room rent and the cost of implants if exceeding the ceiling rates. Room rent and cost of implants will be paid as per CGHS/ECHS rates. In case the room rent/ or the cost of implants is more than the ceiling CGHS/ECHS rates then the ECHS beneficiary will have to pay the difference from his own resources which is not reimbursable.

Q31. What are the Special provisions for ECHS beneficiaries aged 80 years and above?

Ans. A separate counter for registration/ medicines is available at ECHS PCs.

Q32. Can a non ECHS beneficiary get Fist Aid at the ECHS Polyclinic?

Ans. Yes, in emergency cases during working hours.

Q33. What are the guidelines on issue of medicines from ECHS?

Ans. (a) Medicines prescribed by the doctor of the Polyclinic will be issued from the Polyclinic dispensary.

(b) In case where the beneficiary is referred to empanelled facility for OPD consultation, the medicines prescribed will be issued from the parent Polyclinic.

(c) In case where the beneficiary report directly to IPD/OPD of the Service hospital, the medicines as prescribed should also be preferably given through ECHS medical store in the service hospital to reduce unnecessary running around of ECHS beneficiary. Record of medicines issue must be entered in the treatment book

(d) Medicines are indented in Generic formulation only. As per GoI stipulation, branded medicines if prescribed should have due medical justification attached by the treating doctor.

(e) For chronic ailments, medicines are issued upto 30 days at a time from the PC.

(f) Medicines that are not available with the PC are indented though ALC by the OIC PC and made available to the beneficiary within 48-72 hrs.
(g) For medicines not available with PC & ALC also, NA certificate may be issued to ECHS beneficiary by the OIC PC and ECHS beneficiary may purchase the medicine from open market and claim reimbursement as per guideline in CO ECHS letter No B/49762/AG/ECHS/Medicine Policy dt 08 Apr 2019.

(h) Detailed guidelines of medicines issue is mentioned in Para 18 of SOP on Medicine Management in ECHS dt 05 Sep 2017.

Q34. What types of medicines/ items are not supplied under ECHS?
Ans. Dangerous medicines, to be administered under supervision of Doctor/ Nurse care, are not supplied to veteran.

Q35. What are the guidelines for vaccines under ECHS?
Ans. Vaccines in general is inadmissible except Hepatitis B, Influenza, Leprovac vaccines for high risk indl if recommended by concerned specialist of empanelled hospital with justification and countersigned by service specialist of concerned speciality.

Q36. Is there any provision for issue of medicines by empanelled hospitals at the time of discharge?
Ans. 30 days medicines can be prescribed by the empanelled hospital:

(a) For 7 days (not more than Rs 2000) is given by Empanelled hospital after discharge.

(b) 23 days medicine is given by the parent ECHS PC.

Q37. Is the prescription of specialists of empanelled hospitals valid in the ECHS PC?
Ans. Yes, all the prescription of Specialist is valid in ECHS PC.

Q38. What are the guidelines for Specialist Consultation from ECHS empanelled hospitals?
Ans. Referral from ECHS PC is mandatory for consultation with specialist in any empanelled hospital.

Q39. How many times ECHS beneficiaries can Consult Specialist at private empanelled hospital on referral ECHS PC?
Ans. A referral given to the patient by ECHS PC Medical Officer for consultation and Investigation (02 sessions) is valid for 01 months. In case of Cardiology, Dialysis, Oncology cases, the referral can be availed for 6 months of validity.
Q40. What is the procedure for undergoing treatment/ investigations recommended by Specialist at private empanelled hospital, after referral by ECHS PC?

Ans. ECHS beneficiary will report back to medical Officer ECHS PC for further referral for the Investigation/ procedures/ test as recommended the specialist of empanelled hospital to validate the recommendation of Specialist if required.

Q41. What is the maximum period for which medicines can be given in one go?

Ans. (a) For chronic ailments medicines can be issued for upto 30 days at a time.

(b) In certain cases medicines for longer duration (upto 90 days) can be given-

(i) In case of Bed ridden as well as chronic cases subject of endorsement of Medical Officer/ Specialist of Polyclinic that “No review required for 90 days”.

(ii) Patients from hilly region/ difficult areas.

(iii) ECHS beneficiary proceeding to foreign country.

Q42. Is re-registration required if a beneficiary visit Polyclinic to just collect indented medicines?

Ans. Yes.

Q43. Is it mandatory for the Diagnostic Labs to stamp the date and the number of tests performed on original prescription slip?

Ans. Yes.

Q44. Is treatment taken in an emergency at non empanelled private hospital reimbursable? If yes what is the procedure?

Ans. ECHS considers for reimbursement at CGHS rates in case the treatment taken in an emergency from private non-empanelled hospitals. The reimbursement shall be restricted to CGHS package rate or actual expenditure whichever is less.

Q45. What are the guidelines for consideration of reimbursement over and above the approval CGHS rates?

Ans. Reimbursements are done at CGHS rates and Govt/AIIMS rates whichever applicable.

Q46. Is there a provision for collection of medicines from the ECHS PC by an authorized person?
Ans. Yes. ECHS beneficiary can authorized a representative, who should have the Identification card as well as the authorization certificate, it collect medicines from ECHS PC on the basis of valid prescription.

Q47. What are the guidelines for settlement of medical claim?

Ans. For individual reimbursement cases for treatment done at non-empanelled hosp:- The bills are cleared on CGHS/ Govt/ AIIMS rates as applicable on the basis of merits(Acute emergency/ sanctions of MD CO ECHS) and for empanelled hospital bills are cleared by BPA via medical approval of CO ECHS.

Q48. What should I do in case of overcharging by the empanelled pvt hosps?

Ans. Empanelled hospitals have signed MoU and cannot charge an ECHS beneficiary. The treatment is give cashless. However, in some cases where the individual demands a treatment for his own comforts, the hospitals get a willingness certificate signed so that beneficiary does not ask for any reimbursement later.

Q49. Where should I complain for the medical negligence at empanelled hospitals?

Ans. The beneficiary can approach OIC ECHS PC with proof of medical negligence.

Q50. What is the system for availing the services of specialists in ECHS PC?

Ans. Through Medical officer in ECHS PC.

Q51. What is the procedure for reimbursement of medical claim in ECHS?

Ans. For empanelled hospital:-

(a) Hosp uploads the bill within 7 days of date of discharge.

(b) Verified by BPA and validated by Regional Centre ECHS/ COECHS.

(c) Then claim is finally & settled at CGHS rate.

For Non empanelled hospital: -

(a) Proof of emergency/ emergency admission notified to OIC ECHS PC by beneficiary within 48hrs.

(b) Documents should be submitted after discharge at ECHS PC alongwith (ECHS card copy, personal application, bill summary, emergency certificate).

(c) Case is verified/ justified and recommended by RC ECHS/ CO ECHS depending on bill claim and processing time. Bills are cleared at CGHS rates.
Q52. My spouse was a ECHS card holder. He/She was sick and died while in a non-empanelled hospital. How do I get the medical claim reimbursed?

Ans. (a) Proof of emergency/ emergency admission notified to OIC ECHS PC by beneficiary within 48hrs.

(b) Documents should be submitted after discharge at ECHS PC alongwith (ECHS card copy, personal application, bill summary, emergency certificate).

(c) Case is verified/ justified and recommended by RC ECHS/ CO ECHS depending on bill claim and processing time. Bills are cleared at CGHS rates.

Q53. My original claim papers having bills, receipts of hospital treatment are lost. Can I claim on duplicate papers?

Ans. Yes. With letter from hospital where treatment was taken and all documents to be given to OIC ECHS PC alongwith affidavit for loss of original documents.

Q54. I went to Hyderabad on personal visit and sustained fracture of leg bone. I received treatment from a private non empanelled hospital. Will I get reimbursement?

Ans. Yes, in case of emergency treatment taken, the bills are reimbursable at CGHS rates after submitting the required documents.

Q55. What are the guidelines for IVF?

Ans. IVF treatment is approved under ECHS as per CGHS guidelines.

Q56. Are Ambulance charges reimbursable?

Ans. Yes, Ambulance charges are reimbursable within the city, if there is a certificate from treating doctor that conveyance by any other mode would definitely endanger patient’s life or would grossly aggravate his/her condition.

Q57. I have a Mediclaim Insurance Policy. Due to emergency, I received treatment in a non-empanelled private hospital. Some amount was paid by Insurance Co can I get balance from ECHS?

Ans. Yes. Firstly the Insurance claim will be settled by beneficiary. Secondly the rest of the claim may be settled as per CGHS rates.

Q58. Is it necessary that the ECHS PC specialist should specify the name of the empanelled hospital for the purpose of referral?

Ans. No.
Q59. What are the ceiling rates for reimbursement of expenses on purchase of Hearing Aids?

Ans. The revised ceiling rates fixed for various types of hearing aid (for one ear) are as per CGHS rate:

- Body worn/Pocket type: Rs. 3000/-
- Analogue BTE: Rs. 7000/-
- Digital BTE: Rs. 15000/-
- Digital ITC/CTC: Rs. 20000/-

Q60. I am an accredited journalist with ECHS card. Can I seek treatment in Private Empanelled Hospital in emergency and get credit facility?

Ans. If person has a valid ECHS card, the treatment may be taken.

Q61. Who can avail Preventive health Check up (PHC) and where are the facilities available?

Ans. Not available yet.