

EX-SERVICEMEN'S CONTRIBUTORY HEALTH SCHEME



INAUGURAL NEWSLETTER

MARCH 2024

MD's Note

Dear Veterans and Family Members,

I am delighted to extend my warmest greetings to all our esteemed members and stakeholders as we embark on a new milestone – the inaugural edition of the ExServicemen's Contributory Health Scheme (ECHS) Quarterly Newsletter.

The ECHS has always stood as a symbol of solidarity, providing unwavering support to our veterans in their post-service lives. This initiative is aimed at fostering communication, transparency, and community spirit within the ECHS family. Through this platform, we aim to keep our valued ex-servicemen and their families informed about the latest updates, health and wellness tips, and noteworthy events within our community. This newsletter will serve as a vital link, connecting us and facilitating the exchange of information and experiences.

This is your scheme. Participate wholeheartedly in its strengthening and making it effective. Feedback is welcome and may be communicated to Col Kaushik Ray, the architect of this initiative at dir.pm@echsgov.in . Wishing you all good health and success.

Warm regards,



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

From the Editor's Desk

Respected Readers,

It is my singular honour and proud privilege to welcome you to the inaugural edition of our Ex-servicemen's Contributory Health Scheme (ECHS) quarterly newsletter. It is with great pride that we present this platform 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 newsletter is a testament to the dedication of our healthcare professionals and the unwavering support of our ex-servicemen community. As we embark on this journey together, we aim to foster a sense of connection, share inspiring stories, and provide valuable information that enhances the ECHS experience.

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

Recent Policy Changes



Human Resource Policy. Ex-Servicemen Contributory Health Scheme (ECHS) Human Resource Policy 2024 has been promulgated to the environment by the Central Organisation ECHS on 28 December 2023. Several measures aimed at ensuring efficiency in polyclinics functioning, including an increase in remuneration of contractual staff, have been proposed and are under consideration with the Ministry of Defence.



ECHS Membership to Existing Army Postal Service (APS) Beneficiaries. Executive instructions concerning 144 existing ECHS beneficiaries of the Army Postal Service (APS), who were holding 16/ 32 KB ECHS Card or temporary slip before 17 November 2016 and who finally retired from the Army Postal Service without reversion to the Department of Post have been promulgated based on the Government sanction on 06 April 2023.



Option to Exit. Executive instructions concerning Opting Out from ECHS Service based on the Government sanction have been promulgated to the environment by Central Organisation ECHS on 22 May 2023, only on the following instances:-

- The spouse is serving in another Government Organization/ Department which is providing medical benefits under its medical scheme.
- Ex-Servicemen Contributory Health Scheme (ECHS) beneficiary joins another Government Organization or Public Sector Undertaking providing medical benefits under its respective medical scheme.



Annual Inspection of Polyclinics. Annual Inspection of Polyclinics will be undertaken every Financial Year by representatives of Regional Centres, Station Headquarters and Senior Executive Medical Officer (SEMO). This is aimed at enhancing the functional readiness of polyclinics.



Additional Medical Approvers. 25 additional medical approvers have been allocated to Regional Centres in addition to initial manpower allotment, to ensure timely clearance of medical claims at the RCs.



Delegation of Power. To ensure the timely availability of contractual staff at polyclinics, powers to grant waivers based on work experience & age limit have now been delegated to the Chief of Staff Area/ General Officer Commanding Sub Area.



Permanent 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. Approval in Principle for 75 polyclinics has been accorded and Rs 14.80 Crore have been released.



New/ Upgraded Polyclinics. The case for the opening of 18 new Polyclinics, the upgradation of 42 existing Polyclinics, and the induction of 109 Medical Mobile Units (including enhancement of related contractual staff at polyclinics) is under consideration with the Ministry of Defence.



Pending Rents of Hired Buildings. MD ECHS recently met the DGDE to seek an early resolution regarding the pending rents of hired buildings. To follow up on the same, Officer-in-Charge Polyclinics are advised to schedule quarterly meetings with respective Defence Estates Officers (DEOs) to minimise the delay in payment of rents to Polyclinic building owners.

Project ECHS-SPARSH

Project ECHS-Sparsh was inaugurated by the President of AWWA on 10th October 2017 to help veterans effectively utilize the benefits of the ECHS scheme. The project's objective is to provide support and assistance to veterans receiving treatment at ECHS Polyclinics. It is a volunteer-driven initiative that seeks volunteers from the serving and retired communities of defence forces, students, and NCC Cadets. These volunteers offer their services to assist veterans visiting the Polyclinics. To register as a volunteer, one can do so through the ECHS app.

Medical Treatment, Claims & Empanelment



Implementation Directives of CDL-2023 in ECHS. Central Organisation ECHS has introduced a Common Drug List (CDL-2023) for all ECHS beneficiaries to enhance medicine availability and ensure better availability of common and life-saving drugs. The older system had a vast inventory of more than 4500 drugs, leading to problems in procurement prioritisation. A complete analysis of the existing list of drugs, considering their therapeutic value, medical necessity, and relevance to the veterans was undertaken. Based on expert inputs and discussions, a list of about 1500 essential drugs has been arrived at.



Sourcing and Home Delivery of Medicines. A draft RFP for 'Sourcing and Home Delivery of Medicines' including the proposal for a Pilot Project in eight Regional Centres at an approximate cost of Rs. 350 Cr has been forwarded to MoD for concurrence.



Benchmarking of Minimum Achievable Standards. Policy regarding Benchmarking of Minimum Achievable Standards for processing of claims (monthly average) by approvers and JD (Health Service) Regional Centres has been adopted as under:-

- **IPD Claims.** 1000 per month
- **IPD Claim Amount.** Rs 7.25 Cr per month
- **OPD Claims.** 3,500 per month
- **OPD Claims Amount.** Rs 1 Cr per month



The case for renewal of MOA with Non-QCI/ Non-NABH HCOs in Tier II & III remotely located cities has been considered.



Investigations/ Fitments Claims Taking Longer Duration. As per the existing policy on delayed / submission of claims, any claim submitted beyond 60 days would be processed with a 30% deduction. It has emerged that certain investigations or prosthetic fitments take a longer time to execute as these are sometimes processed in different cities or even outside the country. Thus, the final report might take a longer time to obtain and even more to upload the bills. Similarly, prosthetic fitments also need to be customized and take a long time, which may extend beyond 60 days. Thus mostly, such bills go into

NMI needing a waiver. Therefore, henceforth the submission period of a claim within seven days will start from the day the report is handed over to the patient. In the case of prosthetic fitments, the date of final fitment and bill production will be considered for the commencement of this duration of seven days. The bill will clearly show the day the referral letter was presented to the lab/ centre, the claim ID generated, and the reason for the long delay in report generation.



Observations/ NMI: NA Medicine Claims For Individual Reimbursement. The total monthly cap of all NA medicine bills will not exceed Rs 25,000/- at a time (general conditions) under one claim ID as per policy in vogue. However, a single claim ID shall be admissible only for the medicines purchased during the same month. One contingent bill may have multiple bills but the total amount should not exceed Rs 25,000/-. The fresh timeline for the submission of Hard Copy or Online claims of individual NA Medicine Bills for reimbursement is revised as under: -

- To be submitted within 60 days of the date of Medicine bills.
- For bills submitted between 61 days to 180 days, the waiver may be given by the Directors RC.
- For bills submitted beyond 180 days, the waiver may be given by CO ECHS.



Empanelment / Dis-empanelment of Hospital/ Nursing Home/ Diagnostic Centres. The 559th Screening Committee meeting for empanelment/disempanelment of medical facilities was held on 22 Nov 2023. 27 Private Hospitals/ Nursing Homes and Diagnostic Laboratories for different specialities were empanelled with ECHS. Four private /Nursing homes and Diagnostic Centres were disempanelled.

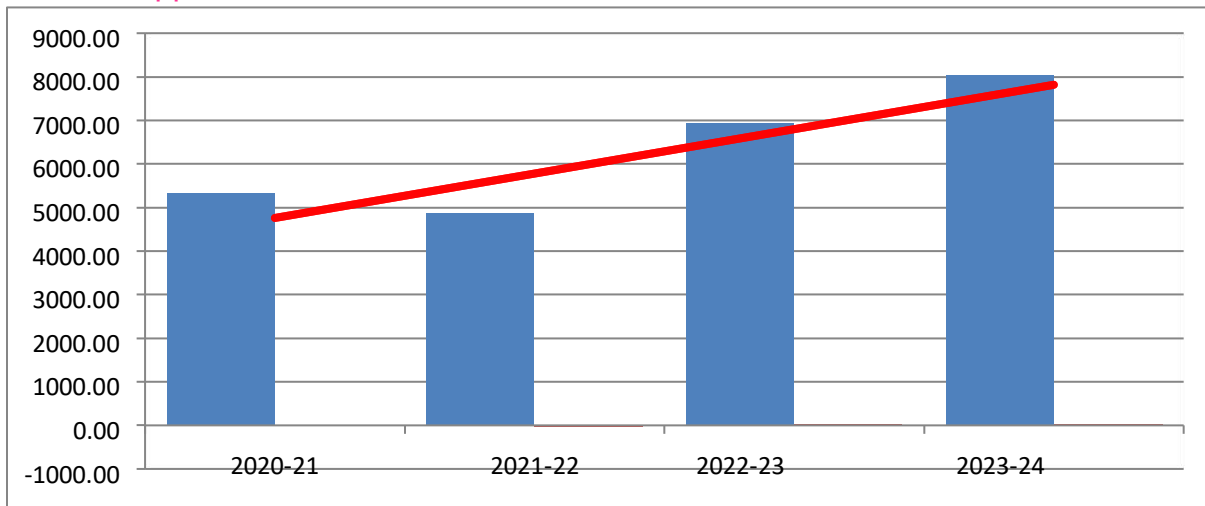
Budgetary & Financial Matters



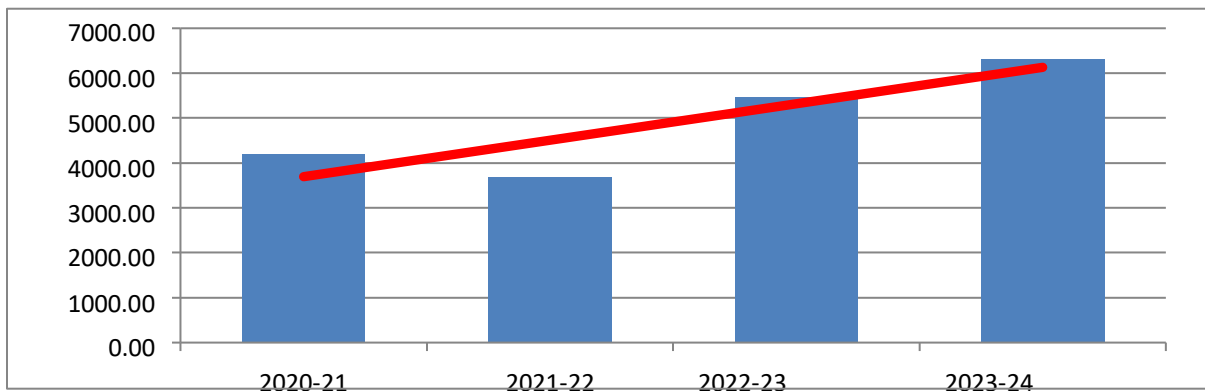
ECHS Budget. ECHS is committed to providing efficient and effective healthcare facilities to our ESMs and their dependents. The Scheme is a 'Cashless' and 'Capless' where ESM members of ECHS avail medical treatment, which cannot be denied, and the expenditure incurred for the treatment has to be paid to the empanelled facilities. Efficient fund flow and policy infusion are the need of the hour to ensure the delivery of our commitment and the satisfaction of our Veterans.



Total Allocation. Year on Year (YoY) increase in total budgetary allocation for ECHS is appended below.

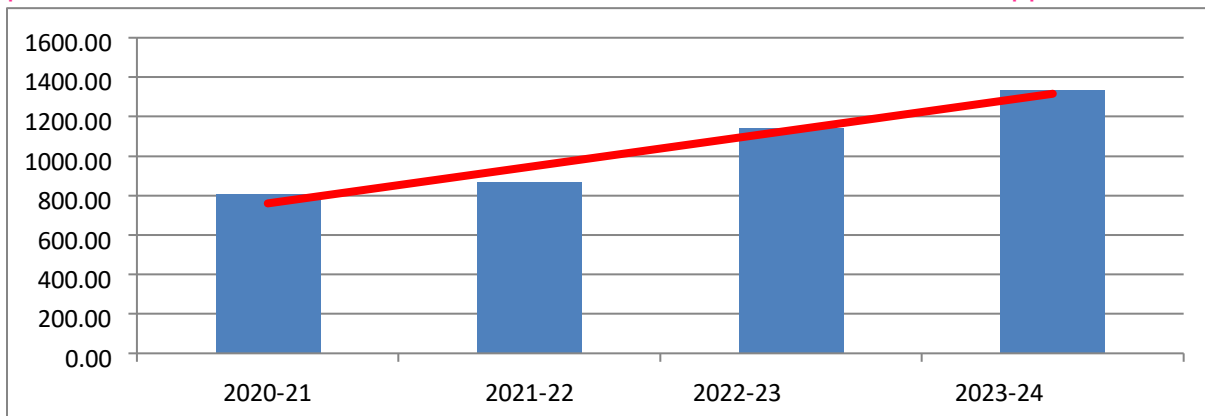


MTRE Allocation. Year on Year (YoY) increase in budgetary allocation for hospital/ Individual payment under 'Medical Treatment Related Expenditure' (MTRE) head in /r/o ECHS is as appended below.





'Medical' Head Allocation. Year on Year (YoY) increase in budgetary allocation for procurement of medicines under the 'Medical' head in r/o ECHS is as appended below.



Ambulance Service and DG Set in ECHS Polyclinics. All ECHS polyclinics have been provided with Ambulances and Diesel Generator (DG) sets for emergency requirements. During the years 2022 and 2023, 106 Ambulances were purchased & handed over to respective Polyclinics for their operational use, 20 Mobile Medical Units (MMUs) were purchased for type-E Polyclinics including 03 MMUs in Nepal & handed over to respective PCs for providing medical service in remote areas. In addition, 21 DG sets were purchased and handed over to respective Polyclinics for their operational use.

Legal Matters



Mechanisms for Redressal of Grievance/Complaints. A robust system for the redressal of grievances/complaints of beneficiaries exists in ECHS. Beneficiaries may visit the ECHS website and check FAQs to understand the procedure for lodging complaints.



Upgradation of CPGRAMS Portal to Version CPGRAMS 7.0. The portal now allows the complainants to address their grievances/complaints directly to their concerned Poly Clinic/Regional Centre ECHS if they desire so.

Systems & Automation



Printing of ECHS Cards. There has been a remarkable improvement in the printing of ECHS Cards thereby facilitating the ECHS beneficiaries to have a seamless medical facility at ECHS Polyclinics and empanelled hospitals. There are approximately one lakh cards printed in December 2023.



Upgradation of ECHS Beneficiaries Mobile App. The ECHS Beneficiaries Mobile App has been upgraded and can now be utilised with the latest Android and iOS versions with enhanced features.



Annual Validation Module. An annual validation module has been implemented to facilitate ECHS beneficiaries to have hassle-free validation of their dependents.



CDL & MMF Module Integrated with Pharmacy Module. The CDL and MMF modules have been integrated with the Pharmacy module for better medicine inventory management by the ECHS Polyclinic.



Visibility of Referrals Generated by Polyclinics. The ECHS Application has been modified to provide visibility of referrals generated by ECHS Polyclinics to Director Regional Centres for better monitoring of referrals.

Vigilance Sec



Anti-Fraud Measures In ECHS. Central Org ECHS has over a period has adopted a systematic approach to identify and eliminate the causes of fraud. With an assumption that fraud occurs when the conditions are favourable for it to occur, ECHS has been diligently working to identify such conditions and plug them. Recent steps taken to strengthen anti-fraud measures in ECHS are given in succeeding paras.



Whistle Blower Mechanism. A Vigilance Call Centre has been established at Central Organisation, ECHS to receive discreet information from beneficiaries without exposing the caller. Details of such mechanisms have been shared with all polyclinics and the same has been displayed everywhere. This enabled our veterans and their family members to share vigilance-related inputs without fear. The mechanism has been very effective and many hospitals have been caught indulging in malpractice based on inputs from our veterans.



Aadhar Authentication of Beneficiaries. To prevent misuse of this welfare scheme and to ensure that benefits of the scheme are availed by actual beneficiaries, authentication of beneficiaries using Aadhar Cards is also being implemented. This will prevent fraudsters from misusing the scheme.



Annual validation of Beneficiaries. Over a period many unauthorised individuals were surreptitiously availing benefits of this scheme. This was draining the organisation's resources and the actual beneficiaries were suffering. Accordingly, a system of annually validating the credentials of all beneficiaries was introduced. The system post implementation has weeded out many such fraud 'beneficiaries' which in turn has saved a lot of the organisation's resources. As per initial inputs approximately 8.5 lakh 'unauthorised beneficiaries' have left the scheme.



Feedback Mechanism. The above-mentioned measures have strengthened the organisation manifold. Many such measures are being implemented and the same will be updated in a subsequent newsletter. Any suggestions to improve the anti-fraud mechanism in ECHS may be shared at the email address of Director Vigilance, ECHS (dirvigilance @ echs.gov.in).

OUR NOTABLE BENEFICIARIES



Hav Madan Singh Kajla (Retd), Corps of Signals, undertook infrastructural development of PC Sikar costing around Rs 8 Lakh. His philanthropy sets an example for the veteran community.





Cdr VK Santhanam hosts a YouTube channel named Helping Hands aimed at spreading awareness amongst veterans regarding ECHS rules and policies.