

## **A Contribution from Volunteers**

### **STEP – BY -STEP PROCEDURE - USE OF NON- EMPANELLED HOSPITAL (NON - EH) FACILITIES DURING EMERGENCY MEDICAL CONDITION**

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#### **References**

- i) Various Policy letters issued by CO, ECHS & SOPs
- ii) This document has consolidated information from various ECHS policy letter & documents. Most of the areas have been covered pertaining to Non-Empanelled Hospital treatment. In case of any error in this document or doubts, Policy letters shall be referred.

#### ***I) Answers to the following Questions are contained in this Procedure***

- ✓ **SECTION # 1 - What is a Non-Empanelled Hospital (Non - EH)?**
- ✓ **SECTION # 2 - What is an Emergency as per ECHS policies?**
- ✓ **SECTION # 3 -What actions are taken by the Polyclinic & Beneficiary?**
- ✓ **SECTION # 4 - What actions are to be taken by the Beneficiary on Discharge from EH?**
- ✓ **SECTION # 5 - How does a Beneficiary get Reimbursement of the charges spent in Non - EH?**

#### **SECTION # 1 - What is a Non-Empanelled Hospital (Non - EH)?**

- a) For ECHS Beneficiaries Medical treatment is provided through a chain of Polyclinic (PCs), Service Hospitals, Empanelled Hospitals (EH) and Govt Hospitals
- b) Any Hospital that has NOT signed a MoA with ECHS is a Non -EH.
- c) Treatment in Non-EH are **NOT Cashless**. Beneficiary will be required to pay for the treatment and settle all bills.

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### **SECTION # 2 – What is an Emergency as per ECHS policies?**

- a) Emergency in ECHS is defined as ***“Life Threatening Conditions (a Medical Condition)”***
- b) Emergency conditions are as below
- Acute cardiac emergencies
  - Acute respiratory emergencies
  - Neurological emergencies
  - Acute visual loss
  - Acute pain abdomen
  - Acute Renal Failure
  - Acute obstetrics and gynaecological emergencies.
  - Acute kidney failure, dialysis for kidney in chronic kidney diseases
  - Acute endocrine emergencies like Diabetic ketoacidosis
  - Life threatening injuries including road traffic accidents, Head injuries, multiple injuries, Crash injuries and thermal injuries.
  - Burn injuries
  - Acute limb ischemia
  - Medical and surgical shocks
  - Heat strokes and cold injuries of life threatening in nature.
  - Acute poisoning
  - Dog bite, Snake bite & Animal bite - will be treated as an emergency & Day care treatment
  - Any severe infection leading to life threatening condition
  - COVID symptoms / confirmed as COVID
  - Any other condition in which delay could result in loss of life or limb

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### **SECTION # 3 - What actions are taken by the Polyclinic & Beneficiary?**

- a) Under **Life Threatening Medical condition**, Beneficiary can reach the nearest Hospital for treatment. This hospital may be a Non -EH.
- b) On admission, it is the responsibility of the Patient or Next Of Kin or any representative to intimate the Parent PC or the Nearest PC **within 48 Hours** about the admission. Details such as Beneficiary Name, Parent PC name. Hospital Name, Hospital Address & Date of admission be intimated. This can be carried out as an e-mail intimation or equivalent method.
- c) Due to reasons beyond the Beneficiary control, the above Is waived by Regional Center if the intimation is given within hospitalization period
- d) In the case of North Eastern region, the intimation can be completed within TWO (02) working days
- e) The Patient or Next Of Kin (NOK) or any representative to collect Intimation of Admission/ Emergency Information Report (EIR) from the Hospital and send it to the Parent PC within 48 Hours of admission. The EIR must bring out the details of Emergency in clear terms.
- f) The PC will record the EIR. The EIR is required when applying for reimbursement.

### **SECTION # 4 - What actions are to be taken by the Beneficiary on Discharge from Non - EH?**

On Discharge, following actions are to be taken Patient or Next of Kin

- a) Beneficiary will be required to settle the hospital bills before discharge.
- b) Obtain Discharge Summary. The Discharge summary must include Date & Time of Admission & Date of Discharge, details of Emergency medical conditions during admission clearly indicating these in Emergency Report, Diagnosis & treatment provided
- c) Obtain all Lab Reports , X-ray, Images, etc, which were necessary for providing the treatment. (for example if COVID tests were carried out, the report of this shall be handed over to the Beneficiary).
- d) Obtain Bills Summary & itemized bill, for which payment has been made by the Patient. The bills must clearly indicate breakup details such as room rent, investigation any administrative charges. The total of breakup will add to the total amount paid by the Beneficiary.

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- e) All documents shall be stamped and in Hospital letter head.
- f) In case the ECHS beneficiary has died in Hospital, obtain a Death Summary

### **SECTION # 5 – How does a Beneficiary get Reimbursement of the charges spent in Non - EH?**

- a) The Claim Must be made within **90 Days** from Date of Discharge.
- b) Between 91 to 180 days from Date of Discharge, waiver from Regional Centre (RC) is to be obtained.
- c) Beyond 180 days, waiver from Central Organization ECHS is to be obtained
- d) Prepare a covering letter with a brief of the emergency condition, , Nature Illness and the need to get admitted in a Non -EH. Any other information that is important be also included
- e) Clearly indicate the documents that are being submitted with the covering letter, full Name , address, Email ID and Mobile Number for communication
- f) Submit following documents
  - i. **Original Documents** received from the Hospital as below
    - ❖ Emergency Information Report (EIR)
    - ❖ Discharge Summary
    - ❖ All Reports
    - ❖ All Bills (Summary and Individual Item Bills)
    - ❖ Any other document you received from Hospital
    - ❖ Any other relevant documents received from Non-EH
    - ❖ Waiver approval, if applicable
  - ii. Original Contingent Bill duly filled and signed
  - iii. Copy of the following documents
    - ECHS Smart Card
    - Bank Cancelled Cheque (preferably same bank where ECHS Beneficiary is drawing Pension)
    - Death Summary in case the patient has died in the hospital. Death Summary is a document prepared by the Hospital

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which is like the Discharge Summary. The reimbursement claim can be initiated by the Legal Heirs

- The ECHS Beneficiary shall affix signature along with Mobile Number in all Original Documents being submitted to claim Reimbursement
- A full set of the copy of the Claim shall be retained by the ECHS Beneficiary
- If ECHS Beneficiary has a Health Insurance Policy and due to emergency received treatment in a Non-EH private hospital, 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.

- iv. **Option to shift from Non-EH to Empanelled Hospital** - Once the Beneficiary medical condition is stabilised and if continued treatment as In-Patient is required, the Beneficiary has an option to request for transfer & admission to a EH. Beneficiary should ensure availability of beds / treatment etc, in the EH before next steps. If such is possible, a **Referral from PC** is to be **obtained** for transfer & admission to an EH. This will provide Cashless treatment facility at EH from the time of admission. However, bills are to be settled for at the Non-EH before discharge.

# ***JAI HIND***