

## **A Contribution from Volunteers**

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

09 Aug 2020 → 29 Dec 2020 → 17 May 2021 → 28 OCT 2021 → 12 DEC 2021

(For queries & feedback, WhatsApp message to Cdr V K Santhanam @ 97400 72879)

#### **A) References**

- i) Various Policy Letters issued by CO ECHS, FAQ 2018 and SOP 2018
- ii) CO ECHS letter B/49711-NSG/AG/ECHS dated 15 Jul 2021 & 23 Sep 21
- iii) ***This Procedure has attempted to Answer Questions you may have about use of Empanelled Hospital facilities***

#### **B) INTRODUCTION**

- i. ECHS Beneficiaries have an option for treatment in Empanelled Hospitals (EH). The treatment can be under a planned Referral from Polyclinic. In a Medical Emergency, treatment will be available by directly reaching an Empanelled Hospital.
- ii. The procedure for each of the above are marginally different.
- iii. This Step – By -Step Procedure details treatment under a Medical Emergency condition in an EH. Eight (08) Questions are answered in this Procedure
- iv. A separate Step-By-Step Procedure for Emergency treatment in a Non-Empanelled Hospital, including reimbursement is available in the Web Portal of Helping Hands for ECHS

#### **C) ANSWERS TO YOUR QUESTIONS**

<b>YOUR QUESTIONS?</b>	<b>ANSWERS IN</b>
<b><i>What is an Empanelled Hospital (EH)?</i></b>	<b><i>SECTION 1</i></b>
<b><i>How to find EH near me?</i></b>	<b><i>SECTION 2</i></b>
<b><i>What is an Emergency as per ECHS policies?</i></b>	<b><i>SECTION 3</i></b>
<b><i>What does a Beneficiary Do under Emergency Medical condition?</i></b>	<b><i>SECTION 4</i></b>
<b><i>If admitted under Emergency, What actions are taken by the EH, Polyclinic &amp; Beneficiary?</i></b>	<b><i>SECTION 5</i></b>
<b><i>How do I get approval for Extension of Stay in EH?</i></b>	<b><i>SECTION 6</i></b>
<b><i>How do I get Approval for Unlisted Procedure to be carried out in EH? (Under Non-Emergency Medical Condition)</i></b>	<b><i>SECTION</i></b>
<b><i>What should I do when Discharged from EH?</i></b>	<b><i>SECTION 8</i></b>

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

- i. For ECHS Beneficiaries Medical treatment is provided through a chain of Polyclinic (PCs), Service Hospitals, Empanelled Hospitals (EH) and Govt Hospitals
- ii. All Govt Hospitals are deemed Empanelled. The treatment can be cashless, if they sign a Memorandum of Agreement (MoA) with the concerned ECHS Regional Centre (RC).
- iii. Empanelled Hospital (EH) are the hospitals which have a **valid MoA** and they are **NOT** under the orders of **STOP REFERRAL**.
- iv. EH covers Multi speciality Hospitals, Eye and Dental hospitals.
- v. All EH shall provide **Cashless** medical facilities to ECHS Beneficiaries.
- vi. Beneficiaries, are advised to verify that the Hospital to which you are planning to reach under Emergency condition, **has a valid MoA** and is **NOT under STOP REFERRAL so that you can get a cashless treatment**. You can reach out to your PC for this information, or ask the Hospital staff.
- vii. **You can contact “Helping Hands for ECHS” WhatsApp group at Bangalore, for Help**

### **SECTION # 2 - How to find Empanelled Hospital (EH) near me?**

- i) Beneficiaries can find out the list of EH with valid MoA in any City in India on their own using mobile or computer  
**Open in browser - [echs.gov.in](https://echs.gov.in) → select EMPANELMENT STATUS → select PAN INDIA EMP HOSPITAL WITH FACILITIES → SELECT REGION FROM DROP DOWN → click SUBMIT → List of EH will be displayed**
- ii) EH list is published by Regional Centres regularly. A copy is also held with the PCs for reference by Beneficiaries.

### **SECTION # 3 – What is an Emergency as per ECHS policies?**

- i. Emergency in ECHS is defined as **“Life Threatening Conditions (a Medical Condition)”**.
- ii. Emergency conditions are as below for the purposes of using EH
  - Acute cardiac emergencies
  - Acute respiratory emergencies
  - Neurological emergencies

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- 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

### **SECTION # 4 – What does a Beneficiary Do under Emergency Medical condition?**

- i. If there is an Emergency Medical condition, as indicated above, ECHS Beneficiary can directly reach any EH.
- ii. At EH, Beneficiary or NOK will prove their identity using the ECHS Card or Temporary Slip. Carry your ECHS Medical note book so that past medical conditions and medications being taken are known to the EH doctors.
- iii. **EH will commence the necessary emergency treatment without waiting for any other requirements.**
- iv. The treatment will cover both as Out - Patient or as In - Patient.
- v. **The treatment shall be on Cashless basis.**

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- vi. Under the Emergency treatment condition, EH shall provide Non empanelled facilities also, on cashless basis
- vii. If Beneficiary is facing difficulties in getting the entitled treatment, contact your PC or respective Regional Centre Helplines, to get Help.

### **SECTION # 5 –If admitted under Emergency, What actions are taken by the EH, Polyclinic & Beneficiary?**

- i) **EH will intimate the PC** at the earliest, but **within 48 hrs.** from time of **admission**, the following: -
  - a) Service No, Rank & Name of the ECHS Beneficiary admitted
  - b) Details ECHS membership
  - c) Hospital Name, Date and Time of admission & Diagnosis
- ii) EH will generate an Emergency Referral (ER) document with above details and send it to the PC. (e-mail)
- iii) PC will approve the ER received from the EH and send it back to the EH (e-mail) with a Referral
- iv) Patient / NOK is recommended to co-ordinate with EH & PC for timely actions.
- v) The treatment is under “**PACKAGE RATES**” concept. This means it will cover In-Patient treatment, Day care & Diagnostic procedure for which Beneficiary has been permitted (a referral) or under Emergency. These will be “**FROM TIME OF ADMISSION TO TIME OF DISCHARGE**” including **(but not limited )**” to the following :-
  - Registration & Admission Charges
  - Accommodation Charges
  - Diet Charges
  - Operation charges
  - Dressing charges
  - Injection charges
  - Doctor/Consultant visit charges
  - ICU/ICCU charges
  - Monitoring charges
  - Transfusion charges
  - Anaesthesia charges
  - Operation Theatre charges
  - Procedure charges
  - Surgeon's fee

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- Cost of Surgical disposables and all sundries used during hospitalisation
- Cost of medicines
- Related routine & essential Investigations
- Physiotherapy charges
- Nursing care charges

### **SECTION # 6 – How do I get approval for Extension of Stay in EH?**

- i. If a Beneficiary is admitted in an EH under an Emergency Medical condition, the Referral issued by the PC (as above) is sufficient for a period of 12 days
- ii. In case the In-Patient treatment is required to be extended beyond 12 days, it is the **responsibility of the EH to get the hospital extension completed** well on time in coordination with the PC. **Patient or NOK should not be made to run around by EH.**
- iii. It is **the responsibility of the concerned PC to accord sanction well on time.** NOK of the patient may coordinate, so that the approval is received on time.
- iv. **Approval Authority & Duration for Sanction** - The current duration for sanction for admission & extension as In-Patient in EH is as below
  - ✓ Up to 12 days as In Patient – No sanction required with Referral
  - ✓ Approval for stay extension - By OIC Polyclinic – from 13 to 30 days.
  - ✓ Approval for stay extension - By Director, RC – from 31 to 60 days.
  - ✓ Approval for stay extension - By MD ECHS - Above 60 days up to 120 days.
- v. **Duration of Hospitalisation for Ailments (a guideline only)**

Duration of hospitalisation for various ailments is as below, though it may vary, on case-to-case basis

  - Specialised procedures - 12 days.
  - Other major procedures - 07 to 08 days.
  - Laparoscopic surgery - 03 days.
  - Day care/Minor procedures - 01 day

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### **SECTION # 7 – How To obtain Approval for Unlisted Procedure? (Only under Non-Emergency condition) (Refer CO ECHS letter dated 09 Dec 2021)**

- i. The Approval for Unlisted Procedure under **NON – EMERGENCY Medical condition** is necessary and required to be obtained by the EH.
- ii. The **onus of obtaining the approval rests with the EH.**
- iii. The **Appx A form has 04 Parts that are required to be completed by various agencies.**
- iv. Part 1 - The EH will generate Appx A form on the BPA portal and all necessary details including name & digital signature of the Doctor are to be completed. This action is Part 1 of Appx A form and is submitted by EH in the BPA portal to the Nodal PC.
- v. Part 2 - A Pop up will appear in the BPA portal of the Nodal PC. PC will complete Part 2 of the Appx A form and OIC PC will affix digital signature.
- vi. PC will take a printout of the signed Appx A and obtain Approval of Specialist in Service Hospital.
- vii. Part 3 & 4 - The Service Hospital Specialists / SEMO doctors will fill up Part 3 & 4 of and affix signature / stamp.
- viii. The approved Appx A signed hard copy will sent to OIC PC by OIC Stn HQ / OIC Stats
- ix. OIC PC will scan and upload the approved Appx A on the BPA portal duly filled & signed by EH shall be sent to PC.
- x. The **total time expected to be taken from Initiation of Appx A to receiving the Approval by EH is approx. 2 days / 48 Hrs.**
- xi. ECHS Beneficiary can contact the EH for receipt of Approval of the Unlisted Procedure. A SMS to the registered mobile number may also be received about the approval status.
- xii. The Appx A flow is **partially automated to-date**, as below (11 stages !!)

***Initiated by EH on BPA Portal → Pop Up in BPA portal of Nodal → Print out by PC → Part 1 signed digitally by OIC PC → Signed copy sent to OIC Stn HQ / OIC Stats → Goes for Opinion of Service Specialist & Signature → Approval & Signature by SEMO → OIC Stn HQ / OIC Stats send approved copy to OIC PC → OIC PC uploads a copy in BPA portal →***

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**Beneficiary contacts OIC PC of upload of Approved Appx A →.  
Beneficiary contacts EH for getting the Unlisted Procedure done**

- xiii. NOK **should NOT** be made to **run around** for this **Approval**
- xiv. In **Emergency Cases**, the **Unlisted Procedure** shall be carried out by EH, **without waiting for Appx A approval.**
- xv. **APPX A NOT REQUIRED Condition** – If the Service specialist of any AFMS hospital has advised any Unlisted Investigation on Hospital Investigation form countersigned by CO/COMDT/ SEMO/SMO/PMO/CMO, THERE WILL BE NO REQUIREMENT by Empanelled Hospital or BPA to ask for APPX A to carry out the Investigation or to process the claim respectively. **(Authy – CO ECHS letter B/49770/ECHS/Treat/policy/2021 dated 26 Oct 2021)**

### **SECTION # 8 - What should I do when Discharged from EH?**

- i. **The entire treatment shall be Cashless & No Payment will be required to be made.**
- ii. EH shall provide the patient with one copy of entire treatment document including DVD/X-Ray, etc., free of cost.
- iii. The discharge Summary shall have, along with clinical notes/advise/remarks, precautions, or any other routine that the patient needs to follow post treatment / operation.
- iv. On discharge as an In-Patient, EH will issue medicines for up to Seven (07) days, subject to the value not being more than Rs 2000.00. Medicines beyond this cost will be issued by the PC.
- v. If the EH has included in discharge summary a need for Review, the patients can go directly at that point in time for review, without any Referral from PC.
- vi. If the review is not included in discharge summary, a separate Referral from the PC is required to be obtained.

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