

**STEP – BY -STEP PROCEDURE FOR USE OF EMPANELLED HOSPITAL (EH)**

**FACILITIES**

**ROUTINE REFERRAL (NON-EMERGENCY CONDITION)**

**09 Aug 2020 - → Updated 28 Dec 2020**

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

**Authority Reference**

- i) SOP Treatment Management in ECHS dated 28 Sep 2018. If there are any policy changes issued after this date, relevant changes shall be followed by you
- ii) Central Organisation, ECHS letter B/49778/AG/ECHS/PA/Ruling dated 03 Feb 2017 (APPROVAL FOR UNLISTED PROCEDURE APPX A)
- iii) Central Organisation, ECHS letter B/49701-SC/AG/ECHS dated 10 Feb 2017 (SELF ATTESTATION BY DEPENDENTS FOR ECHS BENEFITS)
- iv) Central Organisation, ECHS letter B/49774/AG/ECHS/Referral/2020 dated 20 May 2020 (SIMPLIFICATION OF REFERRAL SYSTEM)
- v) Central Organisation, ECHS letter B/49701-PR/AG/ECHS/2020 dated 10 Aug 2020 (WHITE CARD HOLDER AT EH)
- vi) FAQ at <https://echhs.gov.in/img/Policy/2FAQ%20Medical.PDF>
- vii) This document has consolidated information from various ECHS policy letter & documents. Most of the areas have been covered pertaining to Empanelled Hospital treatment. In case of any error in this document or doubts, Policy letters shall be referred.
- viii) This is a contribution from Volunteers, to bring a “Single Point of Reference” to Beneficiaries.
- ix) In future, many Policy letters may be issued by ECHS Central Organisation relevant to information contained in this document. It is possible, this document may not undergo changes. Therefore, this must be read in conjunction with the all-future Policy letters.
- x) This Procedure has the following Sections
  - 1. SECTION # 1 - Referral Actions at ECHS Poly Clinic (PC)
  - 2. SECTION # 2 - Important Scope of Referral
  - 3. SECTION # 3 - Actions by Patient after receipt of Referral
  - 4. SECTION # 4 - Action in case Referral is Not Utilised
  - 5. SECTION # 5 - Approvals for Extension of Stay or for Unlisted Procedure
  - 6. SECTION # 6 - Actions on Discharge
  - 7. SECTION # 7 - Special Categories - OPD Consultation in EH
  - 8. SECTION # 8 - Post-Operative Follow Up Treatment without Referral Revalidation
  - 9. SECTION # 9 - Voluntary Treatment in EH on Payment – No Reimbursement
  - 10. SECTION # 10 – Reimbursement for treatment provided by EH

## Introduction

- i. The details contained in this document has consolidated information available in various ECHS Policy letters and SOP. This Procedure covers Routine Referral (Planned Referral) TO Empanelled Hospital (EH).
- ii. For ECHS Beneficiaries Medical treatment is provided through a chain of Polyclinic (PCs), Service Hospitals, Empanelled Hospitals (EH) and Govt Hospitals
- iii. All Govt Hospitals are deemed Empanelled. The treatment can be cashless, if they sign a MoA with the concerned ECHS Regional Centre (RC).
- iv. Empanelled Hospital (EH) are the hospitals which have a **valid MoA** and they are **NOT** under the orders of **STOP REFERRAL**.
- v. EH covers Multi speciality Hospitals, Eye and Dental hospitals. EH can be used for planned Treatment & Admission, as well as for Emergency Treatment & Admission.
- vi. All EH shall provide **Cash Less** medical facilities to ECHS Beneficiaries.
- vii. Beneficiaries, while taking a Referral are advised to refer the List of EH without valid MoA or STOP REFERRAL at the Polyclinic. This will be displayed at the Polyclinics.
- viii. EH list is published by Regional Centres regularly. A copy is held with the PCs for reference of Beneficiaries.
- ix. Beneficiaries can find out the list of EH in any City in India on their own by  
***Go to → echs.gov.in → select EMPANELMENT STATUS-→ select PAN INDIA EMP HOSPITAL WITH FACILITIES→ SELECT REGION FROM DROP DOWN → click SUBMIT.***

### **SECTION # I - Referral Actions at ECHS Poly Clinic (PC)**

- i. ECHS Polyclinics (PC) are the primary treatment centres for ECHS Beneficiaries.
- ii. **Treatment at EH is possible ONLY when there is a Referral from the PC. (Exception to this is Emergency Life-Threatening medical condition in which Beneficiaries can go to EH without Referral).**
- iii. Beneficiary shall report to the PC for treatment. Once the PC Medical Officer (MO) decides that the treatment required is beyond the capacity of the PC resources, Referral to EH will be initiated by the MO. This criterion is also applied for Laboratory, Diagnostic, Eye, Physiotherapy & Dental treatment.

- iv. If the PC is a MIL-PC, (Military - PC), **Referral** will be done to the **Service Hospital Specialists only**. (For example, PC Urban, Bangalore is designated as MIL-PC and Service Hospital is CHAFB or AFDC). Service Hospital Specialist after examination, may decide to refer the patient to EH. Under this case, the patient will report back to the PC with the Specialist prescription for the MO PC to initiate Referral actions.

(Refer Flow Chart published on 22 Sep 2020 by Helping Hands for MIL PC Referral steps).

- v. If the PC is a Non-MIL-PC (example MEG PC, Bangalore), Referral will be issued to a EH directly by the PC MO.
- vi. Beneficiary shall carry the following documents to the PC, in order that Referral is generated quickly at the PC
- i. ECHS Card or Ty Slip and Photo Copies of these
  - ii. Service Hospital Specialists Referral Prescription (if applicable) and a photo copy
  - iii. Valid Dependent Certificate with OIC PC counter signature and a Photo Copy
  - iv. Valid Disability Certificate and a photo copy
  - v. PAN Number and Aadhar Number
  - vi. ECHS treatment note book
- vii. Once the Referral number is generated, the same will be entered in the ECHS treatment note book by the MO.
- viii. The Referral document will have only the name of the 'station/city' and ECHS beneficiary can go to any EH in the selected station/city. ECHS beneficiary can select any station under Regional Centre (RC), for treatment after going through list of EH having valid MoA.
- ix. Beneficiaries are advised verify the Referral document before leaving the PC, to ensure that the details are accurate in line with the medical requirements.

**(Note :-** For Travelling Allowance , if any, to reach the EH, certain conditions exist. Check with the PC before you select & proceed to a particular EH)

### **SECTION # 2 – Important Scope of Referral**

- i. **Validity Period** of Referral in the same EH is as below
- Normal Referrals are valid for **30** days from the date of issue
  - Dental Referrals will be valid for **60** days the date of issue
  - Dialysis, Cancer (Radiotherapy, Chemotherapy etc.), Diabetes,

Hypertension & other cardiac patients, the referral will be valid for **180** days from the date of issue

- ii. **Two (02)** Referrals at “**One time Per Day**” can be given by the PC, based on the Medical condition (Normally 01 Referral is given)
- iii. The Referral can be used for consultation up to **03 times** in the same EH, within the **30** days.
- iv. The Referral will be valid for consultation with **03 different Specialists**, if required, during a single visit in EH
- v. Advice of PC MO or ECHS Specialist for Listed Investigations shall be valid for **30** Days
- vi. Advice of PC MO or ECHS Specialist for Listed Treatment Procedure shall be valid for **03** Months
- vii. For any Listed Investigation advised by the Specialist of EH and is required URGENTLY as a Medical Emergency (and certified), this may be undertaken in the same EH.

### **SECTION # 3 - Actions by Patient after receipt of Referral**

- i. On receipt of a signed Referral document, the patient can report to the EH, as selected by the Beneficiary
- ii. Advised that you contact the selected EH to verify that the availability of specialists / beds / etc.as this is a Planned Routine referral under Non-Emergency Medical condition. This may save time.
- iii. At EH, patient shall produce the valid ECHS Card (or Valid Temp Slip) & the Referral document to the ECHS cell or designated Hospital counter. They may request for photo copies.
- iv. If asked, produce the Dependent / Disability Certificate (for White Card holders). (although as per CO ECHS letter of 10 Aug 2020, no additional documents are required to be produced for White card holders. This has been queried by me on 26 Dec 2020 and awaiting reply from CO ECHS)
- v. The necessary consultation and treatment shall be provided to the patient by the EH on a **Cashless basis**.
- vi. EH will provide the treatment only for the facilities for which they are empanelled as per MoA. The Referral to EH is a Package and hence all requirements to treat the patient by EH shall be carried out.
- vii. The treatment is provided by the EH on a cashless basis for Outpatient (OP) or In-Patient (IP), as advised by the EH Specialist

- viii. If the patient is to be Admitted and Bed is not available, **the EH shall send the patient to other EH under its own coordination.** The EH will ensure that relevant treatment are provided to stabilise the patient. The Beneficiary in this case can report to the OIC PC and Director Regional Centre for assistance.

#### **SECTION # 4 Action in case Referral is Not Utilised**

The Beneficiary shall return the Referral document to the PC MO. An endorsement of having NOT used the Referral will be made in the ECHS Treatment book / On Line system.

#### **SECTION # 5 – Approvals for -- Extension of Stay or for Unlisted Procedure**

- i. **Extension of stay at EH for In-Patient Treatment** - 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.** It is also **the responsibility of the concerned PC to accord sanction well on time.** NOK of the patient may coordinate, so that the sanction is received on time.
- ii. **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.
- iii. **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

  - (i) Specialised procedures - 12 days.
  - (ii) Other major procedures - 07 to 08 days.
  - (iii) Laparoscopic surgery - 03 days.
  - (iv) Day care/Minor procedures - 01 day.
- iv. **Approval for Unlisted Procedures at EH**
  - ❖ For Unlisted Procedure treatment, prior approval as per Appx A form shall be obtained by the EH, before undertaking the procedure. ( under Non -Emergency Medical condition)
  - ❖ EH shall initiate Appx A well on time to the PC.

- ❖ Approval for the same shall be provided by the PC well on time
- ❖ **The onus of obtaining the approval rests with the EH.**
- ❖ **NOK should not be made to run around for this approval**
- ❖ **In Emergency Cases, the Unlisted Procedure shall be carried out by EH without waiting for Appx A approval.**

#### **SECTION # 6 Actions on Discharge**

- i. EH shall provide the patient with one copy of entire treatment document including DVD/X-Ray, etc., free of cost. 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.
- ii. On discharge as an In Patient, EH will issue medicines for up to 07 days, subject to value not being more than Rs 2000.00. Medicines beyond this cost will be issued by the PC.
- iii. If the EH has included in discharge summary a need for Review, the patients can go directly at that point in time for review. If the review is not included in discharge document, a separate referral from PC is required for review.

#### **SECTION # 7 – Special Categories - OPD Consultation in EH**

- i) Beneficiaries who are 75 Years and above can seek Direct OPD Consultation from specialists of EH.
- ii) No Referral from PC is required
- iii) Listed Investigations / Procedure will be allowed
- iv) Medicines shall be issued only by the PC
- v) For any Unlisted Investigation / Procedure, under Non- emergency conditions, approval from competent authority is required
- vi) In an Emergency condition only, if any investigation or Procedure is advised, no special approval is required .

#### **SECTION # 8 - Post-Operative Follow Up Treatment without Referral Revalidation**

- i. Critically ill Beneficiaries are permitted for frequent consultation with specialists from EH, without validation of Referral on each occasion.
- ii. It is advised to revalidate the Referral once in Six months
- iii. Following cases are covered
  - Post Cardiac surgery including Coronary Angioplasty
  - Post Organ transplant case – Liver , Kidney, Heart, etc
  - Post Neuro surgery / brain stroke cases

- End stage Renal Disease / follow up of Liver failure
  - Cancer treatment
  - Auto Immune disorder like Rheumatoid Arthritis
  - Neurological disorder like Dementia, Alzheimer disease, Parkinsonism, etc
- iv. If any Unlisted Investigations / Procedures are advised during follow-up and in a Non-emergency condition, Referral / Approval from competent authority is to be obtained.

#### **SECTION # 9 – Voluntary Treatment in EH on Payment – No Reimbursement**

- i. Any EH can offer consultation/investigation/ treatment in routine case at CGHS rates, if the ECHS beneficiary discloses his/her identity and is willing to make payment voluntarily.
- ii. Such expenditures cannot be claimed from ECHS on any ground, as they are neither referral based nor emergency cases.
- iii. This arrangement is between ECHS patients and EH exclusively, based on willingness of both and is purely voluntarily.
- iv. No ECHS beneficiary will insist for this, if EH is unwilling for the said support.
- v. No medicines can be demanded from PCs based on this voluntarily treatment if they are prescribed by EH
- vi. Any resultant prescription for any tests will not be valid unless approved by the PC MO.

#### **SECTION # 10 – Reimbursement for treatment provided by EH**

- i) If a hospital does not have a valid MoA or the hospital is under STOP Referral, if a beneficiary has taken treatment under EMERGENCY conditions and makes payment, the amount will be reimbursed as per CGHS rates.
- ii) If a hospital does not have a valid MoA or the hospital is under STOP Referral, if a beneficiary with a valid Referral from the PC chooses to take treatment in this hospital due to having taken treatment earlier in the same hospital, the payment made for the treatment will be reimbursed as per CGHS rates.