

**Documents Pertaining to
Allotment / Assignment of PHC
To The Institution**

**Attached Satellite Primary
Health Center – Golden Palm
Sainik Bhavan**

STANDARD OPERATING PROCEDURE : REFERRAL CENTRE AT GPSB
ARMY COLLEGE OF DENTAL SCIENCES

General

1. Army College of Dental Sciences (ACDS) is an affiliated dental hospital for ECHS and ESIC Hospital (for State Govt employees). ACDS operates a Research and Referral Centre (RRC) at GPSB Poly Clinic (PG), Secunderabad. The RC has been established for the benefit of Ex-Servicemen and ESI beneficiaries and their families, so that they do not have to travel to the ACDS which is approx 20 Km from GPSB. Patients come to GPSB not only from Telangana but also from the bordering districts of Andhra Pradesh travel to Secunderabad for treatment.
2. ACDS Referral Centre at GPSB having 4 fully loaded Electronic Dental Chairs and related equipment such as Portable X-Ray, Auto claves, UV sterilizer etc has been established at GPSB. This Referral Centre is capable of carrying out Tooth Extraction, Root Canal Treatment, Tooth Crowns, complete and removable partial dentures and Periodical treatments.
3. This SOP lays down the duties of various staff at RRC at GPSB and the functioning of the RRC.

Staffing.

4. The RRC will have the following staff:-
 - (a) OIC RRC (MDS), Interns on training and three specialist Dentists on rotation basis from ACDS.
 - (b) Dental Hygienist - 1
 - (c) Dental Tech - 1
 - (d) Attender - 1
 - (f) Conservancy - 1

OIC Research and Referral Centre

5. He will be responsible for the efficient functioning of the RRC, including attendance of staff, allotment of work to them, and ensuring all work is carried out efficiently.
6. He will ensure maintenance and serviceability of all equipment and stores. He will ensure proper accounting of all dental material issued to the RRC.
7. He will ensure proper record keeping of all patients.
8. Keep Principal and Registrar updated on all the work being done in the RC.
9. Schedule appointments to the patients.
10. Maintain the work done register. Register should be maintained daily.

RESTRICTED

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11. Patients who referred for treatment must be educated and explained the various options available to them.
12. Ensure all specialists report for work on nominated days, viz, Reader / Sr Lecturer of Prosthodontics Dept of Conservative Dentistry on two days each.
13. Maintain good liaison with staff ECHS and MDC, Sec'bad.

Dental Hygienist

14. He will assist the OIC RRC in performance of his duties.
15. Maintain attendance register.
16. Maintain work done register and make every day entry.
17. Collection of stores, including dental material, and their proper accounting.
18. Carry out oral prophylaxis and assist the dental surgeon in treatment.
19. Keep regular check on sterilisation procedures.
20. Prepare proper documents of all referred patients.
21. Maintain proper account of any patient opting for better treatment on payment, viz, obtaining willingness certificate, collection of money, safe custody and depositing in ACDS.

Dental Tech

22. Perform all prosthodontic lab work.
23. Deliver the prosthesis on the schedule day.
24. Keep regular check on lab material available and report for indenting material as and when required.

Attender

25. To maintain and clean all dental equipments daily.
26. To clean all used dental equipments and instruments.
27. Assist dental surgeon and hygienist in performing their duties.

Conservancy

28. To keep the premises of the Referral Centre neat and clean at all times/

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29. Perform any other task as assigned by the OIC Referral Centre or Dental Hygienist.

Procedure for Treatment of Patients

30. ECHS patients are referred from various Poly Clinics for dental treatment.

31. Patient will report to the receptionist with the referral form.

32. The referral form is checked, photocopies of ECHS card are made and referral form. An ACDS out-patient record card is issued.

33. Depending on the treatment required, a doctor is assigned and an appointment date is fixed for procedures which cannot be done on the same day.

34. Attending doctor performs only the treatment mentioned in PART II of the referral form.

35. ECHS patients are entitled to only certain dental procedures and are referred for only those procedures. However, in case, patients choose to get a more advanced and beneficial treatment, for which they are not entitled, they may get the same done, on payment of nominal charges, as fixed by the college authorities. Receipt for payment made is issued to the patients. This facility should be extended only on patient request and consent.

Documentation

36. The following books / documents will be maintained:-

- (a) Attendance Register.
- (b) Work done register
- (c) Dental Material Receipt / issue Register
- (d) Cash Receipt Book.
- (e) Willingness Certificate
- (f) Maintenance Register
- (g) Appointment Register
- (h) Maintenance of Patient Documents

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Conclusion

37. All efforts must be made to provide the best dental care to our ESM and ESI beneficiaries. It must be ensured that all personnel at Referral Centre work as a team not only amongst themselves but also with the team of ECHS and MDC.

Case No : 301/ACDS/EST/SOP

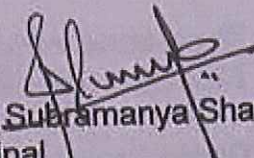

Station : ACDS, Secunderabad

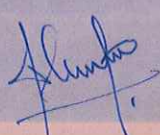
Dated : 12 Aug 2021

Distribution :-

1. GPSB Secunderabad
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(Dr S. Subramanya Sharma)
Principal



Principal
Army College Of Dental Sciences



**Documents Pertaining to
Allotment / Assignment of PHC
To The Institution
Attached Rural Health Center
– Ex-Servicemen Contributory
Health Scheme**

Civ-040-27790506
Email: jdshyderabad@echhs.gov.in

BY REGD POST
ECHS Regional Centre, Hyd
Golden Palm Sainik Bhawan
(GPSB), Near Monda Market,
(Near Secunderabad Rly Stn)
Secunderabad-500003
Telangana

ECHS/RCH/4085/1/Med


16 Sep 2020

Central Organisation, ECHS
IHQ MoD (Army), AG Branch,
ECHS Bhawan, Thimayya Marg,
Near Gopinath Circle
Delhi Cantt, New Delhi-110010

RENEWAL OF MOA: ARMY COLLEGE DENTAL SCIENCES, SECUNDERABAD

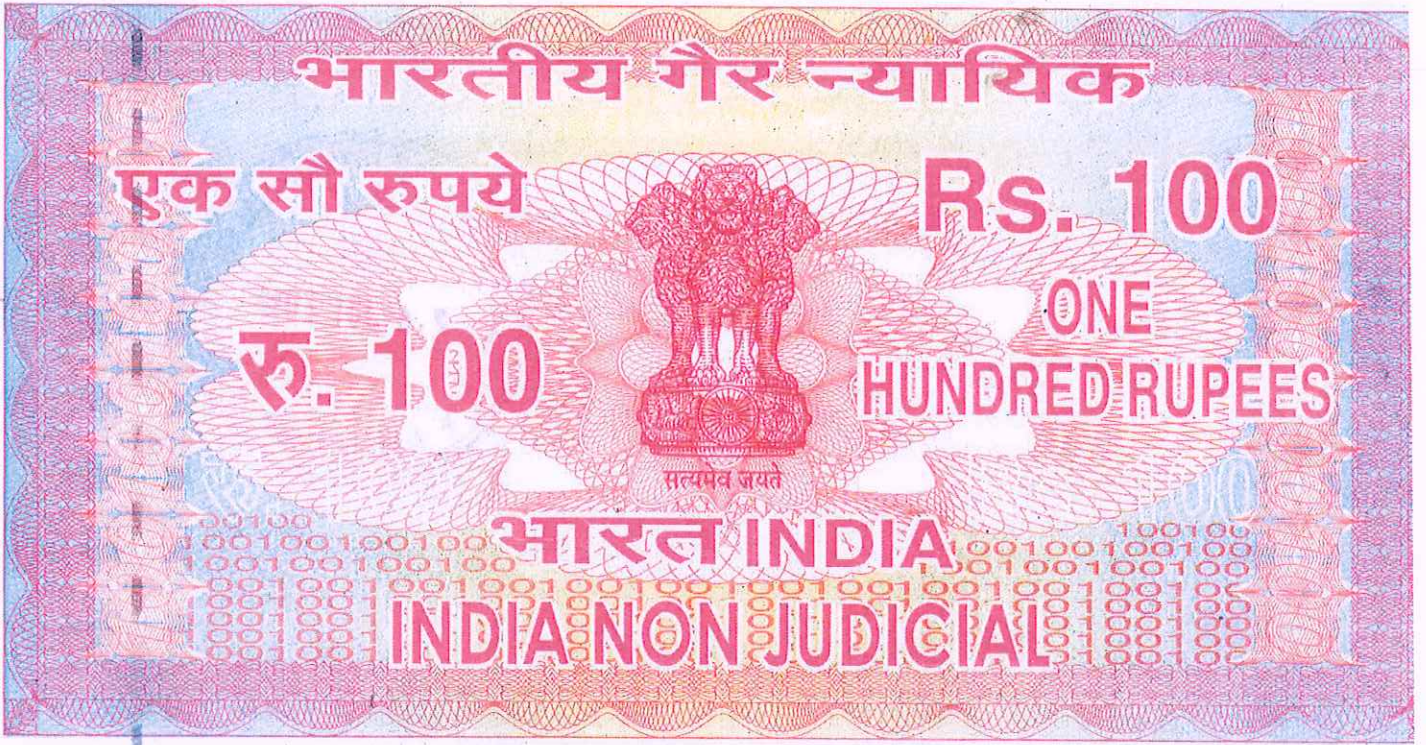
1. Please refer Central Org ECHS letter No B/49771/AG/ECHS/Emp dt 07 Feb 2020.
2. The subject hospital was approved for empanelment with ECHS vide GoI, MoD letter No 22B (11)/05/US (WE)/D (Res) Part-XIII dated 13 Jan 2006.
3. Memorandum of Agreement renewed by the hospital by furnishing Performance Bank Guarantee for Rs 1,00,000/- (Rupees one lakh only) to offer the services as per **Annexure I** and the rates as applicable placed at **Annexure II** are enclosed herewith.
4. The following details of the hospital are as under:-

MOA Period: - 12 Jul 2020 to 11 Jul 2022
Category: - Non-NABH
PBG Validity - 09 Mar 2023
Address: - Army College of Dental Sciences
Jai Jawaharnagar, CRPF Road
Secunderabad-500087
Contact - 040-200080243, Fax-040-27840980
E-Mail Address - acdsechs@gmail.com
cssacds@gmail.com
Contact Person - Col (Retd) Ashok Venkat Raman-8094770369
Mrs G Latera - 9948443121


(Arijit Ray)
Col
Offg Jt Dir (HS)
for Director

Copy to:-

- UTIITSL - for uploading please
- for info and update
(All ECHS Polyclinic)
Army College of Dental Sciences - for your record please
Jai Jawaharnagar, CRPF Road
Secunderabad, 500087



తెలంగాణ తెలంగాణ TELANGANA

V 075871

SI.No. 1229 Dt. 16-06-2020.

D. S. Ravi

Said to: R. Ashok Venkataraman S/o Shri R. V. Ranthidevan

D. SHIVA RANI

R/o: Sec. Bldg.

MEMORANDUM OF AGREEMENT

LICENSE No.16-09-018/20

H.No.08-07-072, P.No.97, S.R. Nilayi

Sneha Enclave, Doyton Bollaru

SECUNDERABAD-500 010. T

For Whom: ARMY COLLEGE OF DENTAL SCIENCES

Cell No: 9849964769

An agreement made and entered into on this 16th of Sep 2020 between the President of India, acting through Director, Regional Centre ECHS, Hyderabad (Station), for Ex-Servicemen Contributory Health Scheme, (hereinafter called "ECHS" which expression; unless excluded by or repugnant to the subject or context, shall include its successors-in-office and assigns) of the First Part

AND

Col R Ashok Venkataraman (Retd) S/o Late Shri R V Ranthidevan owner or the authorized signatory of Army College of Dental Sciences (hereinafter called Dental Centre) which expression unless excluded by or repugnant to the subject or context, shall mean to include its legal representative, successors and permitted assigns) of the Second Part.

WHEREAS Army College of Dental Sciences, Secunderabad (name of medical facility), had applied for Empanelment under ECHS for treatment of the members of ECHS and their dependent beneficiaries, and ECHS proposes to extend empanelment to Army College of Dental Sciences (name of Dental Centre) for treatment of ECHS members and their dependent beneficiaries for the treatment / diagnostic facilities as given in the Annexure II of Appendix 'A' to Government Sanction Letter No MOD/GOI letter NO.22(11)/05/US(WE)/D(Res)/Pt.XIII dated 13th January 2006.

The said MoA shall be effective/ in operation with effect from 16th sep 2020. Day of signing of MoA).

Col R Ashok Venkataraman (Retd)
Registrar (ACDS)

(Roshan Verma)
Col
Director
ECHS Regional Centre
Hyderabad

NOW, THEREFORE, IT IS HEREBY AGREED between the Parties as follows:-

1. **List of Appendices and Annexures.** Under mentioned Appendices and Annexures shall deemed to be an integral part of this Agreement:-

- (a) **Appendix – A** Admissions, treatment and rates in empanelled hospitals
- (b) **Appendix – B.** empanelled Procedure for taking action against medical facilities with ECHS.
- (c) **Appendix – C.** Agreement with respect to the Online Bill Processing.
- (d) **Appendix – D.** Format for Feedback on Empanelled Medical Facilities.
- (d) **Annexure – I.** List of Polyclinics which are authorized to issue the referral form.
- (e) **Annexure – II.** Attested photocopy of the relevant Annexure to the Government Sanction Letter for Empanelment giving out the facilities for which the hospital / diagnostic / imaging facility is empanelled for.
- (f) **Annexure – III.** Rate List (CGHS /Negotiated rates provided less than CGHS rates/ECHS rates).

2. **Definitions and Interpretations.** The following terms and expressions shall have the following meanings for purposes of this Agreement:-

- (a) **"Agreement"** shall mean this Agreement and all Schedules, supplements, appendices, appendages and modifications thereof made in accordance with the terms of this Agreement.
- (b) **"Medical Facility"** shall mean Hospital, Diagnostic Centre, Imaging Centre, Dental Centre under this agreement providing medical investigation, treatment and the health care for ECHS beneficiaries.
- (c) **"Benefit"** shall mean the extent or degree of service the beneficiaries are entitled to receive as per the policies/rulings issued by Central Org ECHS/Govt of India (MoD).
- (d) **"Bill Processing Agency"** (BPA) means the agency appointed by ECHS for processing of Bills/Data of all ECHS beneficiaries attending the empanelled Private medical facilities.
- (e) **"Card"** shall mean the ECHS Card /authorisation document issued by ECHS authority.
- (f) **"Card Holder"** shall mean an entitled person having a ECHS Card/authorisation document.
- (g) **"ECHS Beneficiary"** shall mean a person who is eligible for coverage of ECHS and holds a valid ECHS card/authorisation document for the benefit.
- (h) **"Coverage"** shall mean the financial limit under ECHS scheme for treatment of ECHS beneficiaries. Scheme being capless and cashless, no charges will be levied on ECHS beneficiary by Empanelled medical facility even in emergency, when ECHS beneficiary gets admitted/treated for a particular specialty which is not empanelled.

(Roshan Verma)
Col
Director
ECHS Regional Centre
Hyderabad

Col R Ashok Venkataraman (Retd)
Registrar (ACDS)

- (j) "Diagnostic Center" shall mean the (Name of the Diagnostic Center) performing tests/Investigations.
- (k) "Imaging Centre" shall mean the (Name of the Imaging Centre) performing X-ray, CT Scan, MRI, USG, etc.
- (l) **Emergency.** Emergency shall mean any condition or symptom resulting from any cause, arising suddenly and if not treated at the early convenience, be detrimental to the health of the patient or will jeopardize the life of the patient.
- (m) "Empanelment" shall mean the hospitals, exclusive eye Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc authorized by the ECHS for treatment/investigation purposes for a particular period.
- (n) "Dis-empanelment of Medical Facility" shall mean removal of Empanelled medical facility on account of adopting unethical practices or fraudulent means in providing medical treatment to ECHS beneficiary or not following the good industry practices of the health care for the ECHS beneficiaries or violation of MoA or being beyond the requirement of ECHS as decided by Central Org, ECHS.
- (o) "Party" shall mean either the ECHS or the medical facility and "Parties" shall mean both the ECHS and the medical facility.
- (p) "Health Care Organisation (HCO)" shall mean the (name of the hospital) while performing under this Agreement providing medical investigation, treatment and the healthcare of human beings.

Conditions for Providing Treatment/Services

3. General Conditions. The following will be governed in general conditions:-

- (a) The hospitals, exclusive Dental Centre shall be empanelled for all facilities/services available in the health care organisation as approved by NABH/NABL/QCI and shall not be empanelled for the selected specialities/facilities.
- (b) Hospital being NABH/NABL Accredited, would offer all the services within NABH/NABL Scope to ECHS beneficiaries in order to claim NABH/NABL rates, failing which, they will be entitled for Non-NABH/Non-NABL rates.
- (c). The Hospital will be paid NABH/NABL rates subject to continued accreditation by NABH/NABL. If renewal of NABH/NABL Accreditation is not submitted prior to the expiry of current scope, Hospital will be paid Non NABH/Non NABL rates. Renewed NABH/NABL Scope will be ratified by MoD in the form of GL Note to enable payment at NABH/NABL rates.
- (d) The hospitals, exclusive eye Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc shall investigate/treat the ECHS beneficiary only for the condition for which they are referred with due authorisation letter.
- (d) In case of unforeseen emergency of these patient during admission for approved procedure, provisions of emergency treatment shall be applicable.
- (e) It is agreed that ECHS beneficiaries shall be attended to on PRIORITY.
- (f) ECHS has the right to monitor the treatment provided in the HCO.

(Roshan Verma)
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4. **CGHS empanelled hospitals on empanelment with ECHS will adhere only to the ECHS empanelment norms for ECHS beneficiaries.**
5. **Authorisation Letter for Treatment.** The treatment/procedure shall be performed on the basis of the authorisation letter issued by the concerned ECHS Polyclinic and on the production of a valid ECHS card by the beneficiary.
6. **Investigation Prior to Admission.** All investigations regarding fitness for the surgery will be done prior to the admission for any elective procedure as a part of package.
7. **Additional Procedure/Investigation.** For any material/additional procedure/investigation other than the condition for which the patient was initially permitted, would require the permission of the competent authority except in the emergency.
8. **Procedure Where Referred Case Needs Specialised Treatment Not Available in The Hospital.** HCO shall not undertake treatment of referred cases in specialties which are not available in the hospital. But it will provide necessary treatment to stabilize the patient and transport the patient safely to nearest recognized hospital under intimation to ECHS authorities. However, in such cases the Hospital will charge as per the CGHS rates only for the treatment provided.
9. **Admissions, Treatment and Rates in Empanelled Hospitals.** Admission, treatment and rates in empanelled hospitals will be guided by the provisions mentioned in **Appendix 'A'**.
10. **Revision of Rates.** The medical facility is not at liberty to revise the rates suo moto. The Rates fixed by the CGHS/ECHS shall continue to hold good unless revised. In case the notified rates are not acceptable to the empanelled medical facility, or for any other reason, the medical facility no longer wishes to continue on the list under ECHS, it can apply for exclusion/removal from the panel by giving 30 days notice. **However, for patients undergoing treatment in the hospital shall continue to avail the treatment till the individual is discharged.**

Emergency Admission

11. In emergency, patient shall be admitted and life & limb saving treatment will be given on production of ECHS card by the members, even in the absence of referral form. In emergency the hospital will not refuse admission or demand an advance payment from the beneficiary or his family member or a pensioner availing ECHS facilities. The refusal to provide the treatment to bonafide ECHS beneficiaries in emergency cases and other eligible categories of beneficiaries on credit basis, without valid ground, would attract disqualification for continuation of empanelment. The treatment should not be delayed even if the ECHS beneficiary is not in possession of the ECHS card which can be brought later. All emergencies will be treated on cashless basis till stabilization even if the specialty concerned for management of the case is not empanelled. The hospital will inform the **nearest Polyclinic / Online** about such emergency admission within 02 (Two) hours or as amended from time to time. Payments will NOT be recovered from ECHS patient in such cases. The following ailments may be treated as an **emergency which is illustrative only and not exhaustive**, depending on the condition of the patient:-

- (a) Acute Cardiac Conditions/Syndromes including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supraventricular Tachycardia, Cardiac Tamponade. Acute Left Ventricular Failure/Severe Congestive Cardiac Failure. Accelerated hypertension, complete dissection of Aorta etc.
- (b) Vascular Catastrophies including Acute limb ischemia, Rupture of aneurysm, medical & surgical shock and peripheral circulatory failure.
- (c) Cerebro-Vascular Accidents including strokes, neurological emergencies including coma, cerebro-meningeal infections, convulsions, acute paralysis, acute visual loss.

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Registrar (ACDS)
Sec'bad

- (d) Acute Respiratory Emergencies including Respiratory failure and de-compensated lung disease.
- (e) Acute abdomen including acute obstetrical and gynecological emergencies.
- (f) Life threatening injuries including Road traffic accidents, Head injuries, Multiple Injuries, Crush Injuries and thermal injuries etc.
- (g) Acute poisonings, Monkey/Dog and snake bite.
- (h) Acute endocrine emergencies including Diabetic Ketoacidosis.
- (j) Heat stroke and cold injuries of life threatening nature.
- (k) Acute Renal Failure.
- (l) Severe infections leading to life threatening sequelae including Septicemia, disseminated/ military tuberculosis etc.
- (m) Acute Manifestation of Psychiatric disorders. [Refer Appx 'D' of Central Organisation letter No B/49778/AG/ECHS/Policy dated 13 Nov.2007.]
- (n) Dialysis treatment.
- (o) Any other condition in which delay could result in loss of life or limb. In all cases of emergency, the onus of proof lies with the Empanelled hospital.

12. **Appropriateness of Emergency.** The nature and appropriateness of the emergency is subject to verification, which may be verified, inspected or medically audited by the nominated authority including while processing of hospital bills. In case emergency is not proved, disciplinary action against the medical facility may be initiated including penal deductions.

13. **"Entitlements for Various Types of Wards".** ECHS beneficiaries are entitled to facilities of private, semi-private or general ward as per category given below as per GoI/MoD letter No 22D(04)/2010/WE/D(Res-I) dt 29 Dec 2017 :-

Ser No	Category	Ward Entitlement
(a)	Recruit to Havs& equivalent in Navy & Air Force	General
(b)	Nb Sub/ Sub/ Sub Maj or equivalent in Navy & AF (including HonyNb Sub/ MACP Nb Sub and Hony Lt/ Capt)	Semi Private
(c)	All officers	Private

Definitions of Wards are as Under:-

- (i) **Private Ward.** Private ward is defined as hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed-side table, sofa set, carpet, etc. as well as a bed for attendant. The room has to be air-conditioned.
- (ii) **Semi Private Ward.** Semi Private Ward is defined as a hospital room where two to three patients are accommodated and which has attached toiled facilities and necessary furnishing.
- (iii) **General Ward.** General ward is defined as a hall that accommodates four to ten patients

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Director
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A. Ashok Venkataraman (Retd)
Col R Ashok Venkataraman (Retd)
Registrar (ACDS)
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Treatment in higher Category of accommodation than the entitled category is not permissible except if on payment to hospital by beneficiary of the difference between entitled category rates and the actually availed rates on the beneficiaries choice.

Information to be Provided to the BPA by Hospitals

14. **Emergency Admissions.** Hospital will intimate to the BPA and to ECHS within two (02) hours of such admission and the BPA will respond with due authorisation in four (04) hours. Treatment in no case would be delayed or denied because authorisation by the BPA is only confirmation of the e-work flow in respect of such patient. Post discharge the hospital would upload bills and other documents as the requirements of ECHS within the time lines laid down.

15. **Referred Admissions.** Where the ECHS beneficiary visits the hosp with a proper referral and authorisation letter, the hospital will verify and submit information of admission to the BPA and to ECHS online. The BPA would respond with an authorisation within four (04) hours. Post discharge the hospital would upload bills and other documents as per the requirements of ECHS within the time lines laid down.

16. **Processing of Claims/Bills By The BPA.** The BPA during the course of auditing will restrict the claims as per ECHS/CGHS/Govt of India (MoD) rules and regulations. BPA will also examine in terms of following:-

- (a) Appropriateness of treatment including screening of patients records to identify unnecessary admissions and unwarranted treatments.
- (b) Whether the planned treatment is shown as emergency treatment.
- (c) Whether the diagnostic medical or surgical procedures that were not required were conducted by hospital including unnecessary investigations.
- (d) Maintaining database of such information of ECHS beneficiaries for future use.
- (e) Whether the treatment procedures have been provided as per the approved rates and the packages.
- (f) Whether procedures performed were only those for which permission has been granted.

17. Procedure for taking action against medical facilities empanelled with ECHS will be governed vide MoD/DoESW letter No. 25(02)/2018/WE/D(Res-1) dated 10.10.2019 given in Appendix 'B'.

Duties and Responsibilities of Empanelled HCO

18. It shall be the duty and responsibility of HCO at all times, to obtain, maintain and sustain the valid registration, recognition and high quality and standard of its services and health care and to have all statutory/mandatory licenses, permits or approvals of the concerned authorities under or as per the existing law.

19. The HCO shall not assign in whole or in part, its obligations to perform under the agreement, except with the ECHS's prior written consent at its sole discretions and on such terms and conditions as deemed fit by the ECHS. Any such assignment shall not relieve the HCO from any liability or obligation under this agreement.

(Roshan Verma)
Col
Director
ECHS Regional Centre
Hyderabad

A. Ashok
Ashok Venkataraman (Retd)
Registrar (ACDS)
Sec'bad

20. **Services Being Provided by Hosp.** Army College of Dental Sciences (Name of Medical facility) NABH/NON NABH/NABL/NON NABL, is recognized under ECHS for treatment of the ECHS members and their dependent beneficiaries for **Services attached at Annexure II (Copy of the relevant Annexure to the Government Sanction Letter to be attached)** (subject to the conditions hereinafter mentioned) NABH hospital to get NABL rates and their integrated laboratory have to be NABL accredited. The hospitals would follow the rules and procedures as mentioned in the Policies uploaded on the ECHS Site (www.echs.gov.in) including SOP for Online Billing/ Authentication / integration with other application of ECHS and amendments issued from time to time. ECHS has all rights to install any equipment/device in the premises of empanelled medical facilities for the benefit of ECHS beneficiaries. Necessary support including expenditure on infrastructure and manpower will be provided by the concerned Medical Facilities by given date without any additional lien on agreed MoA. The facility will be developed by the empanelled facility by the date and time as specified by Central Org ECHS.

21. **Notification of Nodal Officers.** Empanelled hospital shall notify three Nodal officers for ECHS beneficiaries, one of them must be holding the designation of owner/CEO, who can be contacted by ECHS beneficiaries in case of any eventuality. Any change in these Nodal officers must be intimated to the Regional Centre immediately so that the respective Polyclinics can be informed of the same. These details must also be displayed boldly at the reception of the empanelled hospital.

The name, designation, email id and mobile number of the Nodal Officers will be specified as under:-

Ser No	Name	Designation	Mobile No	Email ID
(a)	Dr KV Ramana Reddy (Principal)	Owner/CEO	9848260321	Army_c@rediffmail.com
(b)	Col R Ashok Venkataraman (Retd)(Registrar)	MS/DY	8094770369	rashok_venkat@yahoo.co.in
(c)	Dr. P. Varsha (OIC store)	OIC	7720387239	cssacds@gmail.com

22. **Annual Report.** HCO will submit an annual report regarding number of referrals received, admitted ECHS beneficiaries, bills submitted to the ECHS and payment received, details of monthly report submitted to the Additional Directors/Joint Additional Directors ECHS of concerned city. Annual audit report of the hospitals will also be submitted along with the statement.HCO shall submit all the medical records in digital format.

23. **EMR (Electronic Medical Records)/ EHR (Electronic Health Reports).** The empanelled Health Care Organization (Except Eye Hospital/Centre, Dental Clinics, Diagnostic Lab/Imaging Centres) shall have to implement Electronic Medical Records and EHR as per the standards and guidelines approved by Ministry of Health & Family Welfare within one year of its empanelment.

24. **No Commercial Publicity.**HCO will not make any commercial publicity projecting the name of ECHS. However, the fact of empanelment under ECHS shall be displayed at the premises of the empanelled Health Care Organisation.

25. **Meetings.** Authorized signatory / representative of the empanelled hospital shall attend the periodic meetings held by Regional Centre required in connection with improvement of working conditions and for Redressal of Grievances. Concerned billing staff must also attend such periodic interactive sessions conducted by the Regional Centre so as to resolve the outstanding issues.

(Roshan Verma)
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26. **Inspections.** There shall be continuous Medical Audit of the services provided by the empanelled medical facility. During the visit by authorized representative of Polyclinics/ StnCdrs/ Regional Centres/ Central Organisation including BPA, the empanelled medical facility authorities will cooperate in carrying out the inspection. It shall be the duty and responsibility of the empanelled medical facility (Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre) at all times, to obtain, maintain and sustain the valid registration, recognition and high quality and standard of its services and healthcare and to have all statutory / mandatory licenses, permits or approvals of the concerned authorities under or as per the existing laws”.

27. **Integrity and Obligations of Empanelled Medical Facilities During Agreement Period.** The empanelled medical facility is responsible for and obliged to conduct all contracted activities in accordance with the Agreement using state-of-the-art methods and economic principles and exercising all means available to achieve the performance specified in the Agreement. The medical facility is obliged to act within its own authority and abide by the directives issued by the ECHS. The medical facility is responsible for managing the activities of its personnel and will hold itself responsible for their misdemeanors, negligence, misconduct or deficiency in services, if any.

28. **Application Form for Empanelment.** The terms and conditions stipulated in the Application for Empanelment with ECHS shall be read as part of this agreement.

29. **Agreement with respect to the Online Bill Processing & Patient Feedback.** The medical facility must abide by the instructions as given at **Appendix 'C'** ie. Agreement with respect to the Online Bill Processing. The Bill Processing fees will be charged as per the rates given in the above mentioned Appendix. ECHS reserves the right to revise these charges from time to time. All digitally signed bills will be uploaded on BPA's portal and the summary of final bills will be authenticated and duly signed alongwith Mobile Number by the primary beneficiary or any of the dependent holding a valid ECHS card. For Diagnostic labs having multiple collection centre and providing reports online, the referral issued by polyclinic will be authenticated and duly signed alongwith the Mobile Number by the beneficiary on the referral at the time of collection of sample. The same will be uploaded on the BPA portal. All IPD patients will be provided feedback proforma as per format given at **Appendix 'D'**. The feedback Proforma is to be obtained from the patient or any of the dependent holding a valid ECHS card. The feedback proforma is mandatorily to be attached with the bills on the BPA portal, failing which the claim will be forwarded to NMI basket. A Mobile Application for ECHS beneficiaries is also being developed which will enable beneficiaries to submit feedback through online mode which will be integrated with the BPA portal.

30. The hospital shall raise bills in the BPA portal online in respect of the treated ECHS members, within seven days of the completion of the treatment/discharge of the patient or last OPD date.

31. **TDS.** Tax deduction at source as per Section 194J of the Income Tax Act, 1961 for Technical (Medical Expense) and professional Services fee for bills submitted for payment, shall be deducted after processing for reimbursement. Any other instructions issued by Govt authorities are binding.

32. **Changes in Infrastructure / Staff To Be Notified To ECHS.** The medical facility shall immediately communicate to Regional Centre about **any closure of empanelled facility/renovation of infrastructure/shifting of premises.** The empanelment will be temporarily withheld in case of shifting of the facility to any other location. The new establishment of the same Hospital shall attract a fresh certification from QCI/NABH/NABL etc. for consideration of continuation of empanelment.

(Roshan Verma)
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Director
ECHS Regional Centre
Hyderabad

R. Ashok Venkataraman

Col R Ashok Venkataraman (Retd)
Registrar (ACDS)
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33. **Retention of Payment.** The ECHS shall have a lien and also reserves the right to retain and set off against any sum which may, from time to time be due to and payable to the hospital hereunder, any claim which the ECHS may have against the hospital under this or any other agreement. Retention of payment for audit liabilities/beneficiary liabilities or any other liability will be done by ECHS. In case dues against the empanelled facility is higher than the credit facility, empanelled facility will ensure payment.

34. **Audit by ECHS.** The hospital shall provide access to the financial and medical records for assessment and review by medical and financial auditors of the ECHS, as and when required and the decision of ECHS on necessity or requirement shall be final. Any third party / internal organisation hired / ordered by ECHS authorities to carry out surprise inspection / audit of the facility will be provided access to Medical as well as financial records by the empanelled hospitals. All medical documents / records / bills pertaining to the ECHS beneficiary will be retained in hard copy as well as soft copy till finalization of audit by CAG / CDA. No record shall be destroyed without obtaining written confirmation from Central Organisation ECHS.

35. **Performance Bank Guarantee(PBG).** Healthcare organisations that are recommended for empanelment after the initial assessment shall also have to furnish a Performance Bank Guarantee valid for a period of 30 months, i.e six months beyond empanelment period to ensure efficient service and to safeguard against any default. Following PBG will be applicable :-

(a)	Empanelled Hospitals/Cancer units	- Rs 10.00 Lakhs
(b)	Eye Centre	- Rs 2.00 Lakhs
(c)	Dental Clinics	- Rs 2.00 Lakhs
(d)	Physiotherapy Centres	- Rs 2.00 Lakhs
(e)	Rehabilitative Centres and Hospices	- Rs 2.00 Lakhs
(f)	Diagnostic Laboratories / Imaging Centres	- Rs 2.00 Lakhs

(PBG for charitable organizations would be 50% of above amount)

36. **Forfeiture of PBG.** Action to be taken against hospitals regarding Forfeiture of PBG is indicated in **Appendix 'B'**.

37. The Performance Bank Guarantee shall be forfeited and the ECHS shall have the right to de-recognize the medical facility as the case may be. Such action could be initiated on the basis of a complaint, input from other sources, medical audit or inspections carried out by ECHS teams at random. The decision of the Ministry of Defense, Department of ESW in this regard shall be final.

38. **Indemnity.** The empanelled medical facility shall at all times, indemnify and keep indemnified ECHS / the Government against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the medical facility in execution of or in connection with the services under this Agreement and against any loss or damage to ECHS/the Government in consequence to any action or suit being brought against the ECHS / the Government, alongwith (or otherwise), medical facility as a Party for anything done or purported to be done in the course of the execution of this Agreement. The medical facility will at all times abide by the job safety measures and other statutory requirements prevalent in India and will keep free and indemnify the ECHS from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the medical facility negligence or misconduct. The medical facility will pay all indemnities arising from such incidents without any extra cost to ECHS and will not hold the ECHS responsible or obligated. ECHS / the Government may at its discretion and shall always be entirely at the cost of the medical facility defend such suit, either jointly with the medical facility enter or singly in case the latter chooses not to defend the case.

(Roshan Verma)
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Hyderabad

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39. **Dissolution of Partnership.** Should the medical facility get wound up or partnership is dissolved, the ECHS shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the medical facility or their heirs and legal representatives from the liability in respect of the services provided by the medical facility during the period when the Agreement was in force. The medical facility shall notify the Regional Centre of any material change in their status and their shareholdings or that of any Guarantor of the in particular where such change would have an impact on the performance of obligation under this Agreement.

40. **Modification to Agreement.** This agreement may be modified or altered only after written confirmation from Central Org ECHS.

41. **Termination of Agreement.** The Regional Centre will obtain written concurrence of the Central Organisation, ECHS before taking the any decision of terminating the Agreement. The ECHS may, without prejudice to any other remedy for breach of Agreement, by written notice of default sent to the medical facility terminate the Agreement in whole or part without assigning any reason after giving 30 days notice:-

(a) **Termination For Default.**

(i) If the empanelled medical facility fails to provide any or all of the services for which it has been empanelled within the period(s) specified in the Agreement or within any extension thereof if granted by the ECHS pursuant to Condition of Agreement.

(ii) If the medical facility in the judgment of the ECHS has engaged in corruptor fraudulent practices in competing for or in executing the Agreement.

(iii) **Bribe or Malpractice.** In the event of any bribes, commission, gifts or advantage being given, promised or offered by or on behalf of the medical facility or any of them for their agent or anyone else on their behalf to any member, the family of any member or representative of the ECHS in relation to the obtaining or execution of this or any other Agreement with the ECHS, then the ECHS shall, notwithstanding any criminal liability which the medical facility may incur, cancel and/or terminate this Agreement and/or any other agreement entered into by the ECHS holding the medical facility liable for any loss or damages resulting from any such cancellation. Any question or dispute as to the commission of any offence under this clause shall be decided by the ECHS in such manner and in such evidence of information as it shall think fit and sufficient and its decision shall be final, conclusive and binding upon the medical facility.

(iv) In case of any wrong doings as specified in Memorandum of Agreement by one medical facility of a particular group, ECHS reserves the right to remove all empanelled medical facility of that particular group from its empanelled list of medical facility.

(v) If the medical facility fails to perform any other obligation(s) under the Agreement.

(b) **Dis-Empanelment.** Appropriate action, including removal from ECHS empanelment and / or termination of this Agreement, may be initiated on the basis of a complaint, medical audit or inspections carried out by ECHS teams / appointed BPA (Bill Processing Agency).

(c) **Notice for Termination of Agreement.** The Agreement may be terminated by either party serving 30 days notice in writing, upon the other party and the notice given by the ECHS shall be valid if given and signed by the competent authority on behalf of the ECHS.

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(d) **Authority to Issue Notice.** Subject as otherwise, provided in this contract, all notices may be given or taken by the ECHS or by any officer for the time being entrusted with functions of ECHS.

(e) **Delivery of Notices.** All notice and reference hereunder shall be deemed to have been duly served and given to the medical facility if delivered to the medical facility or their authorized agent or sent by registered post/speed post to the address of the hospital stated hereinbefore and to the ECHS if delivered to the Director, Regional Centre ECHS or sent by registered post/speed post or left at his office during office hours on any working days. Any notice given by one party to the other pursuant to this Agreement shall be sent to other party in writing by registered post to the other Party's address as below (in case of change in address, the same will be informed immediately to the other Party). The confirmation for this effect/ delivery notice be given on email or any other digital means of communications will also be held valid :-

Address of Medical Facility	Address of the Regional Centre
Army College of Dental Sciences (Chennapur - CRPF Road) Jawahar Nagar Post Secunderabad Telengana – 500087	ECHS Regional Centre, Hyderabad Golden Palm Sainik Bhawan (GPSB), Near Monda Market, (Near Secunderabad Rly Stn) Secunderabad, Telangana - 500003

42. **Arbitration.** Any dispute or difference whatsoever arising between the parties to this agreement out of or relating to the construction, meaning, scope, operation or effect of this agreement or the validity of the breach thereof shall be resolved between the empanelled facility and the Regional Centre with mutual deliberation. If any of the party is not satisfied, the matter will be referred to Central Org ECHS for arbitration by mutual deliberation. Even after this, if the issue remains unresolved, it will be referred to an arbitrator to be appointed by mutual consent of both parties herein. If the parties cannot agree on appointment of the Arbitrator within a period of one month from notification by one party to the other of existence of such dispute, then the Arbitrator shall be nominated by the Secretary, Department of Legal Affairs, Ministry of Law and Justice. The provisions of the arbitration and conciliation Act, 1996 will be applicable and the award made hereunder shall be final and binding upon the parties hereto, subject to legal remedies available under the law. Such differences shall be deemed to be a submission to arbitration under the Indian Arbitration and Conciliations Act, 1996, or of any modifications, Rules or reenactments thereof. The Arbitration proceedings will be held at New Delhi. Non adherence of this process will be considered adequate for termination of contract after 30 days notice.

43. **Administrative Cost.** The administrative cost of the documentation and creation of all infrastructure including manpower and hardware resources and bandwidth as well as recurring and all other expenses required by the medical facility for the purpose of this Agreement shall be borne by the medical facility.

44. **Retention of Agreement.** The Original copy of this Agreement shall be kept at the office of Director, Regional Center ECHS, Hyderabad and a true copy shall be retained in the office of the medical facility. One extra copy to be provided at CO, ECHS. Once digilocker concept is implemented, the docs can be kept in digilocker as well.

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45. **Duration of Agreement.** This Agreement shall remain in force for a period of 02 years from 12 Jul 2020 (Day of signing of MoA) to 11 Jul 2022 (date), extendable on mutual agreement depending upon under mentioned conditions (whichever is the earliest) :-

- (a) Two years or
- (b) Till the Performance Bank Guarantee is valid or
- (c) In case of CGHS Empanelled medical facilities, the date till empanelment with CGHS is valid. In case of CGHS Empanelled medical facilities, such medical facilities will inform the Regional Centre whenever their CGHS Empanelment expires and that they will automatically apply for renewal of CGHS Empanelment.
- (d) Till central/ State Govt does not suspend/terminate the facilities for conduct of medical business.

46. The empanelled facility will give copy of all diagnostic tests results, incl MRI/X-Ray/USG etc alongwith treatment rendered besides discharge summary and summary of bills to the beneficiary for further management of patient without any extra cost.

Miscellaneous

47. In addition to the above the following miscellaneous aspects will be applicable:-

- (a) The healthcare organisation agrees that any liability arising due to any default or negligence will not represent or hold itself as agent of the ECHS.
- (b) ECHS will not be responsible in any way for any negligence or misconduct of the healthcare organisation and its employees for any accident, injury or damage sustained or suffered by any ECHS beneficiary or any third party resulting from or by any operation conducted by and on behalf of the hospital or in the course of doing its performance of the medical services shall be borne exclusively by the hospital who shall alone be responsible for the defect and or deficiencies and rendering such services.
- (c) Hospitals, exclusive eye Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc shall notify to the ECHS of any material change in the status where such change would have an impact on the performance of obligation under this Agreement.
- (d) This Agreement can be modify or altered only on written Agreement signed by both the parties.
- (e) Should the hospitals, exclusive Dental Centre get wound up or partnership is dissolve, ECHS shall have the right to terminate the Agreement. The termination of agreement shall not relive the hospital or their heirs and legal representatives from the liability in respect of the services provided by the Healthcare organisation during the period when the Agreement was in force.

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Director
ECHS Regional Centre
Hyderabad

Registrar (ACDS)
Sec'bad

In witness whereof, Director, Regional Centre ECHS, Hyderabad. for and on behalf of the President of India and the above named medical facility have hereunto set their respective hands and seal the date and year first above written.

(Roshan Verma)
Col
Director
ECHS Regional Centre
Hyderabad

Signature of Director, Regional Centre ECHS
Hyderabad, for and in behalf of the President of India
(With stamp of Name & Designation)

Col
Offg Jt Dir (HS)
ECHS Regional Centre
Hyderabad

Witness of the signature of Director, Regional
Centre ECHS, Hyderabad
(With stamp of Name & Designation)

A
A. A. Venk
Col R Ashok Venkataraman (Retd)
Signature of Authorized Signatory of the Hospital
(With stamp of name & Designation)

o/c
Vareh
OIC
ECHS (ACDS)
Witness to the signatory of Hospital
(With stamp of Name & Designation)


ADMISSION AND TREATMENT IN EMPANELLED HOSPITALS

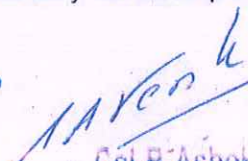
1. **ECHS Polyclinics Initiating Referrals.** Medical facility shall investigate / treat the ECHS beneficiaries only for the condition(s) for which they are referred with due referral form issued from either of the polyclinics as per **Annexure-I** attached. The referred cases would be issued referral form duly signed by Medical Officer and Officer-in-Charge of Polyclinic under his seal and signature bearing name also (in the online M/S System signature of MO may not be there on the referral form. However, OIC Polyclinic signature/stamp has to be present on referral form). The referrals generated online over the ECHS mobile application / customized application of ECHS for referrals shall be integrated into the hospitals HIS and referrals will be activated after authentication of the beneficiary through the authentication system deployed in the medical facility premises.
2. HCO will provide the facilities as per Government Sanction Letter attached at **Annexure II**.
3. HCO will establish the following set up:-
 - (a) The HCO will set up a help-desk for beneficiaries within 07 days of signing of this agreement. This help-desk must be situated in the facility of the HCO in such a way that it is easily visible, easily accessible to the beneficiaries.
 - (b) The help desk will be equipped with all the necessary hardware and software as well as internet connectivity as required by BPA to establish the identity of the ECHS beneficiary. Specifications of necessary hardware and software have been provided in Appx 'B'.
 - (c) The help desk shall be manned by an ArogyaMitra (AM) for facilitating the beneficiary in accessing the benefits. ArogyaMitra will need to be hired by the HCO at their own cost and they should get them trained before starting the operations. The guidelines for engagement of ArogyaMitras are as follows:-
 - (i) Receive beneficiary at the HCO.
 - (ii) Guide Beneficiary regarding ECHS and process to be followed in the HCO for taking the treatment.
 - (iii) Carryout the process of Beneficiary identification for such persons who are beneficiaries of ECHS.
 - (iv) Take photograph of the beneficiary.
 - (v) Carryout the Aadhaar based identifications for such beneficiaries who are carrying Aadhaar.
 - (vi) If the person is not carrying Aadhar, carryout the identification through other defined government issued ID.
 - (vii) Scan the identification documents as per the guidelines and upload through the software.
 - (viii) Send the result of beneficiary identification process to Polyclinic for approval.
 - (ix) After getting confirmation from polyclinic refer the patient to doctor for consultation.
 - (x) On advise of the doctor admit the patient in the HCO.

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ECHS Regional Centre

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Registrar (ACDS)

- (xi) Enter all the relevant details of package and other information as provided by the doctor on the ECHS software.
- (xii) At the time of discharge enter all the relevant details and discharge summary in the ECHS software.
4. If one or more treatment procedures form part of a major treatment procedure, package charges would be made against the major procedures and only half of approved charges quoted for other procedures would be added to the package charges of the first major procedure.
5. Empanelled facility will prescribe generic medicines. Branded medicines may be prescribed when no generic is available or absolutely essential.
6. An empanelled facility whose rates for a procedure/test/facility are lower than the approved rates shall charge the beneficiaries as per actual. If the beneficiary willingly prefers a medical facility which is in excess of approved/ package deal rates, the excess charges would be borne by the beneficiaries.
7. Any legal liability arising out of services availed by ECHS beneficiary shall be dealt with by the empanelled facilities who shall alone be responsible. ECHS will not have any legal liability in such cases.
8. **Further Referral to Other Hosps.** The hospital would not refer the ECHS cases further to other institute, and if it does so, it will be at their own arrangements and ECHS would not be responsible to the other institute for any liability. Payment for such outsourced services will be made by the empanelled hospital and charges at CGHS rates will be applicable. The expenditure of such institutes will be paid by the empanelled facility and will not be recovered from the patients. Payment in such cases would also be restricted to CGHS/AIIMS/ECHS approved rates only as the case may be.
9. **Refusal to Treat ECHS Patients.** The hospital would not refuse for treatment/procedures/ investigation to referred cases on flimsy ground. The refusal to provide the treatment to bonafide ECHS Beneficiaries in emergency cases and other eligible categories of beneficiaries on credit basis, without any valid ground, would attract disciplinary action including disqualification for continuation of empanelment. In case of non availability of bed, the empanelled facility will transfer the patient to some other facility as selected by the patient with its own transport arrangement. In addition, following will also be adhered to:-
- (a) The Hospital would itself obtain prior approval required for those procedures, implants and tests not listed in CGHS rate list and for extended hospitalisation, and will not ask ESM or his/her representative for this purpose.
- (b) The hospital would prescribe Generic Medicine as far as possible and desist from intending to write and prescribed branded medicines.
- (c) The hospital would provide treatment to ECHS members referred from all the polyclinics under AOR of the Regional Centre.
10. **Documentation during Admission Responsibility of Hospital.** Any documentation required during the admission of the patient, for example obtaining sanction for unlisted procedures, permission for extended admission, implants etc will be carried out by hospital itself and patient or his/her attendants would not be made to obtain these on behalf of the hospital. The hospital can send these documents through online / mobile application / e-mail / fax for obtaining in-principle approval followed by hard copy to be sent to concerned polyclinic/ authority. The treatment should not stop / delayed for want of such approvals/sanctions. The hospital should justify the procedure/treatment carried out in such cases. In case of operationalisation of digital process, as and when implemented, physical copies may not be required. However, decision of ECHS authority will be final.


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ECHS Package Rate

11. "Package Rate" As issued by CGHS/ECHS/AIIMS rates shall mean all inclusive – including lump sum cost of inpatient treatment/day care/diagnostic procedure for which a ECHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to):-

- (a) Registration Charges.
- (b) Admission Charges.
- (c) Accommodation charges including patient diet.
- (d) Operation charges.
- (e) Injection Charges.
- (f) Dressing Charges.
- (g) Doctor/Consultant visit charges.
- (h) ICU/ICCU charges
- (j) Monitoring Charges.
- (k) Transfusion and Blood processing charges.
- (l) Pre-Anesthetic Checkup and Anesthesia Charges.
- (m) Operation Theater Charges.
- (n) Procedural Charges/Surgeon's fee.
- (o) Cost of surgical disposables and all sundries used during hospitalization.
- (p) Cost of medicines and consumables.
- (q) Related routine and essential investigation.
- (r) Physiotherapy charges etc.
- (s) Nursing Care charges etc.

12. Package rate also includes two pre-operative consultation and two post-operative consultations.

13. Cost of implants/stents/grafts is reimbursable in addition to package rates as per CGHS ceiling rates or as per actual, whichever is lower. In case a beneficiary demands a specific Brand of Stent/Implant and gives his consent in writing, the difference in cost over and above the ceiling rate may be charged from the beneficiary, which is non-reimbursable.

14. **Implants and Medicines.** The medical facility will enclose pouches/stickers/warranty certificate from supplier in case of implants/stents where to be paid in addition to package rate. No medicines will be charged more than MRP. MRP of medicines/ consumables will be checked/ compared with rates quoted in CIMS/MIMS/NPPA/standard online drug website by BPA and ECHS authorities. All Medicines/Equipment costing more than 5000/- (Rupees five thousand) per unit will

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be supported by certificate from the medical facility that these have been charged at the rate less than or equal to MRP. Discount on medicines and consumables should be provided, if approved by Govt.

15. During in-patient treatment of the ECHS beneficiary, the hospital will not ask the beneficiary or his/her attendant to purchase separately the medicines/sundries/equipment or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS which includes the cost of all the items. However, the following items are not admissible for reimbursement:-

- (a) Toiletries.
- (b) Sanitary Napkins.
- (c) Talcum Powder.
- (d) Mouth Freshners.

16. In case of conservative treatment/where there is no CGHS package rate, calculation of admissible amount would be done item wise as per CGHS rates or as per AIIMS rates, if there is no CGHS rate for a particular item.

17. The services would be extended on billing system to referred cases for agreed upon period. Charges would be levied for a particular procedure / package deal as prescribed by the CGHS as per rates approved by ECHS (Annexure III attached). Under no circumstances will rates be exceeded. Where CGHS rates are not available AIIMS rates / (TATA MEMORIAL HOSPITAL rates for Oncology Cases) will be applicable. If no rates are available then particular hospital rates will be applicable. The rates notified by CGHS shall also be available on web site of Ministry of Health & F.W. at <http://msotransparent.nic.in/cghsnew/index.asp>. The rate being charged will not be more than what is being charged for same procedure from other (non-ECHS) patients or Organisations. The rates fixed by Govt. regulator will be binding.

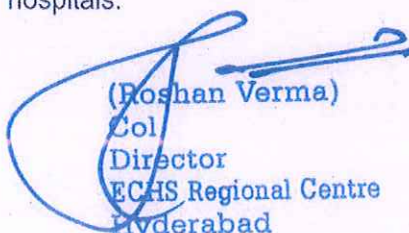
18. No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure/faulty investigation procedure etc.

19. Package rates envisage up to maximum duration of indoor treatment as follows:-

- (a) Upto 12 days for Specialized (Super Specialties) treatment.
- (b) Upto 07 days for other Major Surgeries.
- (c) Upto 03 days for Laparoscopic surgeries/elective Angioplasty/normal deliveries and 01 day for day care/Minor (OPD) surgeries.

20. However, if the beneficiary has to stay in the hospital for his/her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional reimbursement may be allowed, which shall be limited to accommodation charges as per entitlement, investigations charges at approved rates, doctors visit charges (not more than 2 visit per day per visit by specialists/consultants) and cost of medicines for additional stay.

21. The empanelled health care Organization cannot charge more than CGHS approved rates when a patient is admitted with valid ECHS Card with prior permission or under emergency. In case of any instance of overcharging the overcharged amount over and above CGHS rate (except inadmissible items and difference paid due to implant/stent of specific brand chosen by CGHS beneficiary) shall be paid to the beneficiary and shall be recovered from the pending bills of the hospitals.


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22. If any empanelled health care Organization charges from ECHS beneficiary for any expenses incurred over and above the package rates vis-à-vis medicine, consumables, sundry equipment and accessories etc, which are purchased from external sources, based on specific authorization of treating doctor/staff of the concerned hospital and if they are not falling under the list of non-admissible items, reimbursement shall be made to the beneficiary and the amount shall be recovered from the pending bills of hospitals.

23. **Allopathic System of Medicines.** The rates will be applicable for allopathic system of medicine only.

24. **Monitoring of Treatment.** ECHS has the right to monitor by all possible means the treatment provided in (the Private Hospitals, exclusive eye hospitals/centres, exclusive dental clinics/labs, Diagnostic Laboratories/ Imaging centres, etc) a medical facility.

25. **No Purchase of Medicines by ECHS Beneficiaries.** During treatment/ investigation/ procedures of the ECHS beneficiaries, the empanelled medical facility shall not ask the members to purchase separately the medicines, blood & blood products from outside but bear the cost on its own, as the scheme being capless and cashless for the ECHS beneficiary and package deal rate fixed includes the cost of drugs, surgical instruments and other medicines etc as given in the SOP for online billing and amendments issued from time to time.

26. **Second Procedure – Minor Procedure.** If one or more treatment procedures form part of a major treatment procedure, package charges would be made against the major procedures and only half of approved charges quoted for the other procedures would be added to the package charges of the first major procedure. In case procedure is carried of in/on paired limb/organ, full payment for both will be made.

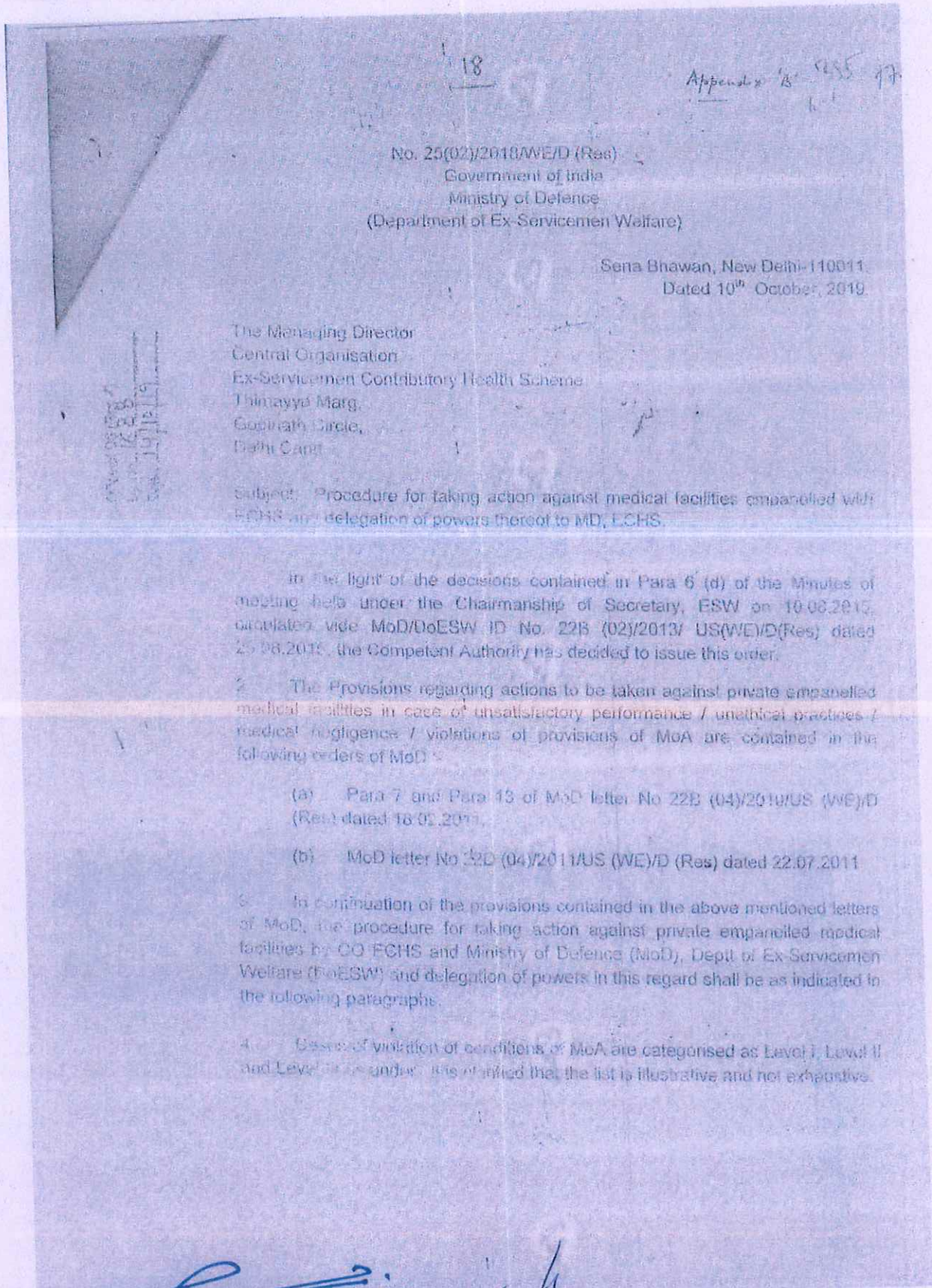
27. The revised rates and policies governing the CGHS rates being notified by Govt of India, Ministry of Health and Family Welfare and Ministry of defence from time to time will be incorporated by default.

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Appendix B
(Refers to Paragraph 17 of
Memorandum of Agreement)

Please refer MoD (DoESW) letter No. 25(02)/2018/WE/D(Res) dated 10 Oct 2019.



18
Appendix B 1855 17

No. 25(02)/2018/WE/D(Res)
Government of India
Ministry of Defence
(Department of Ex-Servicemen Welfare)

Sena Bhawan, New Delhi-110011
Dated 10th October, 2019.

The Managing Director
Central Organisation
Ex-Servicemen Contributory Health Scheme
Thimayya Marg,
Gopinath Circle,
Delhi Cantt.

Subject: Procedure for taking action against medical facilities empanelled with ECCHS and delegation of powers thereof to MD, ECCHS.

1. In the light of the decisions contained in Para 6 (d) of the Minutes of meeting held under the Chairmanship of Secretary, ESW on 10.08.2015, circulation vide MoD/DoESW ID No. 22B (02)/2013/ US(WE)/D(Res) dated 25.08.2015, the Competent Authority has decided to issue this order.

2. The Provisions regarding actions to be taken against private empanelled medical facilities in case of unsatisfactory performance / unethical practices / medical negligence / violations of provisions of MoA are contained in the following orders of MoD:

- (a) Para 7 and Para 13 of MoD letter No 22B (04)/2010/US (WE)/D (Res) dated 18.02.2011.
- (b) MoD letter No 32D (04)/2011/US (WE)/D (Res) dated 22.07.2011

3. In continuation of the provisions contained in the above mentioned letters of MoD, the procedure for taking action against private empanelled medical facilities by CO ECCHS and Ministry of Defence (MoD), Deptt of Ex-Servicemen Welfare (DoESW) and delegation of powers in this regard shall be as indicated in the following paragraphs:

4. Basis of violation of conditions of MoA are categorised as Level I, Level II and Level III under. It is notified that the list is illustrative and not exhaustive.

(Koshan Verma)
Col
Director
ECCHS Regional Centre
Hyderabad

11/11/19
Col R Ashok Venkataramani (Retd)
Registrar (ACDS)
Sec'bad

(a) Level I - Violations would include committing the following actions on the first occasion:-

- (i) Refusal of service.
- (ii) Discrimination against ECHS beneficiaries vis-a-vis others.
- (iii) Refusal of treatment on credit to eligible beneficiaries and charging directly from them.
- (iv) Non authentication of ECHS beneficiaries through system as laid down by ECHS from time to time.

(b) Level II - Violations would include the following offences:-

- (i) Reduction in staff/ infrastructure/ equipment after empanelment with ECHS.
- (ii) Undertaking unnecessary procedures.
- (iii) Prescribing unnecessary drugs/tests.
- (iv) Overbilling.
- (v) Non submission of the report, habitual late submission or submission of incorrect data in the report.
- (vi) Repetition of Level I violations despite issue of warning to the HCO by CO ECHS.

(c) Level III - Violations would include repetition of Level I and Level II violations despite imposition of financial penalties and the following offences:-

- (i) Not providing access to financial and medical records to ECHS authorised persons during visit to the hospital/ medical facility.
- (ii) Criminal offences by staff of the hospital against any beneficiary or dependent, like rape, molestation etc.

Procedure for Handling Complaints

5. While dealing with complaints, instructions of Central Vigilance Commission, (CVC) on action on complaints shall be kept in mind. On receipt of a complaint whether directly or from MoD/DoESW against an empanelled

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hospital or as a part of surprise check, MD, ECCHS shall seek a preliminary inquiry report from the Director of concerned Regional Centre. The inquiry shall be conducted by an officer nominated by Director of concerned Regional Centre as authorized by MD, ECCHS within a period of one month.

6. If the complaint is found to be prima facie true but it is felt that the complaint is not conclusively proven on the basis of documents/statements and further detailed enquiry is required, then MD, ECCHS shall order a detailed inquiry by an officer of the RC other than the officer who conducted the preliminary inquiry. If required MD, ECCHS may constitute / request appropriate authority to constitute a Board of Officers for this purpose which shall not include the officer who conducted the preliminary inquiry. The inquiry Officer/ Board shall issue detailed Show Cause Notice to the empanelled medical facility. The Show Cause notice should clearly spell out the allegations and the conclusions of the preliminary inquiry together with the grounds on which such conclusions were reached. The inquiry Officer/ Board shall make such inquiry as it deems fit. The Board shall also take statements of all the parties concerned. Finally the inquiry Officer/ Board shall submit its findings along with all the documents, show cause notice, reply to show cause notice, statements made by the parties etc to Director Regional Centre. On receipt of this report, the Director, Regional Centre concerned shall submit the inquiry report along with his views/recommendations with detailed reasons to MD, ECCHS.

7. Where the case is considered fit for issue of warning only or the complaint is proven in preliminary enquiry on the basis of documents/statements, detailed inquiry may be dispensed with by MD, ECCHS.

8. MD, ECCHS shall take the following course of action depending on the gravity of the lapse as indicated in para 4 above:

(i) In case of violations of Level I nature, Director Regional Centre will issue a warning to the empanelled medical facility. Repetition of Level I violations will be treated as Level II violations.

(ii) If the violation is considered Level II in nature and proven in the enquiry with documentary evidences and/or statements, MD ECCHS shall impose suitable financial penalty from the amount of PBG and / or impose 'Stop Referral' upto three months upon the medical facility concerned and submit the complete details of the case within seven working days to MoD/ DoESW for information. However, the total amount of PBG shall be maintained by the hospital being a revolving guarantee.

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ECCHS Regional Centre
Hyderabad

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(iii) If the lapse is of Level III nature, and proven in the enquiry with documentary evidences and/or statements, MD ECHS shall issue an order for forfeiture of total amount of PBG and / or issue an order of stop referral for a period of three months against the medical facility concerned and submit the complete details of the case within seven working days to MoD/ DoESW for information.

(iv) Where, as per provision of para 11 of this letter, the case is fit for dis-empowerment, and the case is proven in an enquiry, the order for "stop referral" shall be issued by MD, ECHS " until further orders". In this case complete details of the case shall be submitted by MD, ECHS to MoD/ DoESW indicating the reasons and justification for issue of stop referral within 7 working days and proposal for disempowerment will be submitted to MoD/ DoESW within 30 working days.

(v) For overbilling and unnecessary procedure, the extra amount so charged shall also be deducted from the pending/future bills of the medical facility.

(vi) For offence listed in para 4(c) (ii) i.e. criminal offences by staff of a medical facility against any ECHS beneficiary, where FIR has been lodged by the concerned ECHS beneficiary, MD, ECHS shall issue stop referral orders against that medical facility which shall remain in force till final outcome of the police investigations. Based on the final outcome of the police investigations, the case shall be processed further by MD, ECHS for either revocation of the stop referral or for disempowerment.

9. In all cases mentioned at Para 8 (i) to (vi) above, MD ECHS shall record detailed reasons in writing for taking / recommending to MoD/DoESW action against the empanelled medical facility.

Appeal Against Imposition of financial penalties and Stop Referral.

10. The affected medical facility shall have the right to appeal to MoD/DoESW against imposition of financial penalties from the PBG and in case of issue of stop referrals by MD, ECHS. The last para of order of MD, ECHS shall clearly, state "You may if you so desire, prefer an appeal against this decision in writing to MoD/ DoESW by post or by email." MoD/DoESW shall consider the appeal and upon examination pass such orders as it deems fit.

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(Roshan Verma)
Col
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ECHS Regional Centre
Hyderabad

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Registrar (ACDS)
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Dis-empanelment.

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11. In the following cases MD ECHS shall send to MoD/DoESW a detailed proposal for dis-empanelment of medical facility within 30 working days of issue of Stop Referral orders against empanelled medical facility.

- (a) Where the medical facility has committed fraudulent activities;
- (b) Where, there is proven case of Major/serious negligence in treatment leading to loss of life/limb or grave damage to the health of the ECHS Patient.
- (c) Where there is repetition of violations of the provisions of MoA despite issue of written warnings to the management of the medical facility and subsequent imposition of financial penalties.
- (d) If a medical facility is, at any point of time, found unfit for empanelment with ECHS by NABH/NABL/QCI.

12. Once dis-empanelled, the medical facility shall be debarred from fresh empanelment for a period of 5 years from the date of order of disempanelment. However if there is 100% change of ownership of the medical facility, the 5 years moratorium shall not be applicable to it and it will be eligible to apply for fresh empanelment immediately after change of ownership. The moratorium shall remain in force even if there is part (less than 100%) change in ownership.

Revocation of Stop Referral.

13. In cases, which are not covered under para 11 above and where MD ECHS has issued orders for Stop Referral against any medical facility for a period of three months, MD, ECHS shall write (by email and by post) to the management of medical facility within seven working days from the date of order of stop referral and offer them an opportunity to make improvement / take corrective measures and submit their reply within 30 days from the date of sending the email. In case the medical facility seeks more time to produce evidence of having taken corrective measures and the reasons for seeking additional time (which would be limited to 10 days) are considered reasonable, the same shall be granted by MD ECHS. If it is found that corrective measures have been taken by the medical facility, MD ECHS may revoke the stop referral within a period of 30 days from the receipt of reply from the medical facility. Such revocation shall be intimated to the MoD/ DoESW with detailed justification of the decision taken within seven working days from the date of revocation. If the medical facility does not take the required corrective measures or does not give any reply within 30/40 days, MD ECHS shall send a case for dis-empanelment of the said medical facility to MoD/ DoESW within 30 days from the last date of

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Hyderabad

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Sec'bad


submission of reply by the medical facility. In such cases, the Stop Referral shall be extended by MD ECHS till "further orders".

Extension of MoA.

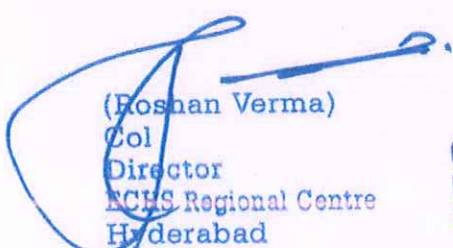
14. Extension of MoA requires the medical facility to submit signed MoA with requisite documents to concerned RC well before the date of expiry of MoA for signature by Director, Regional Centre. The MoA of such an empanelled medical facility shall be renewed by Director Regional Centre concerned before the date of its expiry provided the papers being in order and no arbitration case has been filed by the medical facility against ECHS/MOD which is pending in arbitration court as on the due date of renewal of MoA and no court case has been filed by a medical facility against ECHS/MOD which is pending decision as on the due date of renewal of MoA, and no order for stop referral has been issued against that medical facility prior to the due date of renewal. In such cases, extension of MoA shall not be done until a final decision has been taken by MoD/ DoESW. In all such cases MD, ECHS shall clearly intimate to MoD/DoESW that MoA of the empanelled medical facility has not been renewed along with reasons for doing so. MD, ECHS shall also intimate the decision of not renewing the MoA along with reasons thereof to the medical facility concerned within seven working days after expiry of due date of renewal of existing MoA. Where an empanelled medical facility does not seek renewal, Director Regional Centre will issue a notice to the medical facility 30 days after expiry of MoA to submit renewal documents. If, the medical facility does not respond to the notice of Director, Regional Centre, even 60 days after expiry of the MoA, MD, ECHS will recommend disempanelment of the medical facility to MoD/ DoESW.

15. As per the provisions of MoD letter 22D (04)/2011/US (WE)/D(Res) dated 22 Jul 2011 MoA / contract of empanelled hospitals can be suspended / terminated only with the approval of MoD/DOESW. Hence, issue of notice for termination of MoAs to empanelled medical facilities by giving 30 days notice and subsequent action of termination of the MoA of any empanelled hospital can be done by MD ECHS only after obtaining prior approval of MoD/DoESW.

16. This issues with the concurrence of MoD (Fin/Pen) vide their 32(20)/2018/FIN/PEN dated 18.9.2019.


(A.K. Karn)

Under Secretary to the Government of India
Telefax: 23014946


(Poshan Verma)
Col
Director
ECHS Regional Centre
Hyderabad


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Registrar (ACDS)
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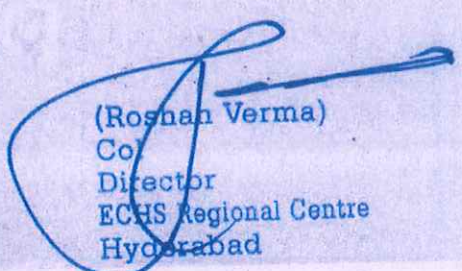
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Copy to:

1. PS to RM
2. PS to RRM
3. SO to the Chief of Army Staff
4. SO to the Chief of Navy Staff
5. SO to the Chief of Air Staff
6. PPS to Secretary, ESW.
7. PS to JS, ESW
8. PS to JS & Addl. FA (RK)
9. M/S UTHTSL
10. CGDA

Rohan


(Roshan Verma)
Col
Director
ECIS Regional Centre
Hyderabad

A. A. Venk

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Appendix 'C'

(Refers to Paragraph 29 of Memorandum of Agreement)

AGREEMENT FOR AUTHENTICATION OF BENEFICIARIES AND ONLINE BILL PROCESSING

The parties shall abide by the following undertakings for the purpose of bill processing:-

1. **Hospital Admission Intimation.** Hospital will intimate to the BPA and to ECHS within two (02) hours of emergency / referred admission and the BPA will respond with due authorisation in four (04) hours. Subsequently the empanelled hospital will intimate BPA with the **complete details of the patient, proposed line of treatment, proposed duration of treatment with Clinical History within 48 hours/5 working days of admission** (since it might take time to establish line of treatment). Waiver upto 30 days can be given by Director Regional Centre on justification. Beyond 30 days no waiver will be accorded. This intimation will be authorized by the concerned authority (Nearest Polyclinic in case of Emergency Admission). Treatment in no case would be delayed or denied because of pending authorization by the BPA as it is only confirmation of the e-workflow in respect of such patient.
 2. **Uploading of Claim within Seven Working Days.** After the patient is discharged (or date of last visit to hospital in case of OPD), the hospital will upload the claim on the BPA web based application alongwith the related documents (as given in the list of documents to be attached on the BPA web based application) within 07 working days after the date of discharge or from the date of last OPD. Waiver for intimation upto 30 days and uploading upto 60 days can be obtained from Regional Centre. Post this duration, Hospital can upload the claim provided 30% of the application/projected amount to be recovered/deducted from the approved amount. In case of regular dialysis, chemotherapy or radiation therapy, the claims should be uploaded monthly (at the end of the month) for the treatment provided during the month. The claims uploaded will be digitally signed and any other instructions on the said subject will be binding.
 3. **Documents for Claims.** All supporting documents of the claim to be submitted at respective Regional Center ECHS within 60 days. On order from ECHS, all documents shall be uploaded in **digital format duly digitally signed** alongwith the authentication slip generated from the authentication system online into the BPA portal. The final bill will be signed alongwith the mobile number by the primary beneficiary or any of the dependent holding valid ECHS card. All documents shall be uploaded along with the claim. Diagnostic labs shall obtain such signatures in the manner prescribed above on the referral form. Mobile number of the patient/NOK also be noted on the referral form. Duration and modalities for handling physical copies of the bills will be in conformity with instructions as issued by Central Org ECHS from time to time.
 4. **List of Documents Required for Claims Processing.** The bills would be scrutinized by the BPA and ECHS authorities and would contain documents as mentioned in the SOP for online billing and on BPA Site (Others Notifications Notice Type Documents Checklist) Authentication slip (generated by KIOSK) duly endorsed with the photograph of the beneficiary to be uploaded.
 5. **Need More Information - Replies to Queries.** Hospital must reply to the query (NMI) raised by BPA / Regional Centre / Central Org on the bills within the **timelines as given below or as amended by ECHS**. In case the NMI is not replied within the stipulated time period, the **claims would be processed on available documents** and the amount deducted for non-submission of reply will not be under the purview of either the „Review Request by Hospital“ or „Arbitration Clause“.
- (a) NMI raised by Verifier – 90 days.
 - (b) NMI raised by BPA – 60 days.
 - (c) NMI raised by Regional Centre / Central Org – 30 days.

(Roshan Verma)
Col
Director
ECHS Regional Centre

Col R. Ashok Venkataraman (Retd)
Registrar (ACDS)
Sec'bad

6. **Review Request by Hospitals.** The hospital must also monitor the claims that have been authorized for payment by the BPA Validator and submit their justifications on the observations/deductions during the "Review Request by Hospitals Window" so as to avoid any requirement of arbitration at a later stage or agree to the amount recommended for approval by the BPA/JD (HS). Absence of any remarks or justification will be automatically considered as hospital has no points to offer for the deductions made by the BPA/ JD (HS). This review request window is available to the hospitals for **96 hours** once JD (HS) has authorized the claim approval by CFA and is excluded from the TAT for processing of claims.
7. **Medical Reports Format.** The hospital shall submit all the medical reports in digital form as well as in physical form or as instructed by CO ECHS from time to time.
8. **Time Action Taken (TAT) – Counting of Days.** The hospital agrees that the actual processing shall start when physical copies of the bills submitted by the hospitals to the concerned Regional Centre, ECHS and are verified by BPA verifiers on behalf of ECHS and counting of days shall start from such date for the purpose of deduction of discount payable by hospitals to ECHS. In case of query raised on the bills the TAT for the purpose of Discount shall start from the date of reply to last query. In case of digital billing when implemented, it will start from the date when digitally signed computed documents are submitted. TAT will exclude the days earmarked for arbitration.
9. **Audit by BPA.** The BPA will audit the medical claims of the ECHS Beneficiaries in respect of the treatment taken by them in the Empanelled Hospital and make recommendations for onward payment to ECHS in a time bound manner as follows:-

Audited by	Time Allotted	Remarks
BPA Scrutinizer	90 days	The claim is received at verifier. If the claim is correct, it will move to BPA validator and if any query is raised at verifier stage (NMI), it will move to NMI Basket. If the NMI is replied within 90 calendar days from the date of submission of claim online, the claim moves to BPA validator for normal processing.
BPA Validator	60 days	The claim is received at validator stage. If the claim is correct, it will move to JD (HS) and if any query is raised at validator stage (NMI), it will move to NMI Basket. If the NMI is replied within 60 calendar days from the date of query raised by validator, the claim moves to JD (HS) for normal processing, and if not, claim will shift to JD(HS) for processing whatever information is available.

10. Hospital to take care to reply to the query raised by BPA on the bills within a reasonable time of not more than 30 days failing which the claim will automatically be forwarded to the next stage.
11. **Personnel for Processing of Claims.** Hospitals must have minimum two persons dedicated for uploading, monitoring and processing of claims. Hospitals should ensure that in case of change in this claim processing staff, the new staff is trained at Regional Centre for smooth, efficient and early settlement of claims. The claimed amount will be limited to CGHS approved rates.
12. **Hardware & Manpower Required for Processing of Claims.** The hospital will have the following hardware & Manpower for uploading and processing of claims (Though it may not be exclusive to ECHS) :-

(a) Authentication system to be obtained from Smart Card Making Agency contracted by ECHS.

(b) Authentication software – to integrate with Smart Card.

(Roshan Verma)

Col

Director

Regional Centre

Col R Ashok Venkataraman (Retd)
Registrar (ACDS)
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(c) Desktop PCs for uploading of claims :-

Ser No	No of Beds	Minimum PCs required
(a)	Upto 50	One Terminal
(b)	50 to 100	Two Terminals
(c)	Above 100	Three Terminals & increments thereof at the scale of one terminal for each multiple of 50 beds.

(d) Manpower requirement for uploading of claims with minimum qualification of DOEACC 'O' Level or equivalent :-

Ser No	No of Beds	Manpower required
(a)	Upto 50	Two IT qualified operators for process of claims.
(b)	50 to 100	Four IT qualified operators for process of claims.
(c)	Above 100	Six IT qualified operators for process of claims & increments thereof in multiple of 50 beds.

(e) **Document Scanner** Color/Grayscale/B&W, 200 DPI, Flatbed /Document feeder, Multiple Page Size, Duplex.

(f) **Dedicated internet Leased Line** of atleast 8 Mbps or more or can explore MPLS services with higher bandwidth.

(g) **Integration of Hospital HIS with BPA Software & Smart Card Software.**

13. BPA Fee.

(a) **Medical Facility Claims.** The processing fee as on date is 2% of the claimed amount and service tax thereon subject to a minimum of Rs 12.50 and a maximum of Rs 750/- which shall be recovered from the amount due to the empanelled facility. The same shall be reviewed from time to time on the Govt orders and shall be recovered from medical facility as per applicable rates.

(b) **Individual Claims.** The BPA fee remain same as per the medical facility claim however, in case of individual reimbursement claim BPA fee shall be paid by ECHS.

14. **Discount.** The Hospital shall agree for deduction of 2% of admissible amount if payments are made with 10 working days from the date of verification of physical bills by the Verifier to the BPA or reply to the last query or digitally signed bills received by the validator whichever is later. The discount will be admissible on the approved amount.

15. **Updation of Policies.** The Hospital must keep itself updated about the policies promulgated for treatment of ECHS beneficiaries and reimbursement of claims including the rates as issued or updated from time to time. Ignorance of policies may affect the claimed amount. The latest policies will be updated on ECHS website – <http://www.echs.gov.in>. The empanelled facility should maintain copy of all such documents.

16. **No Direct Interaction with BPA.** The Hospital should not interact directly with the BPA, however, will forward all his issues / queries to the Regional Centre, which shall be bound to resolve such issues either itself or by forwarding it to concerned authorities including BPA.

17. **FIFO.** The claims would strictly be processed on **First – in – First – out (FIFO)** basis and this rule would not be defined by the Regional Centre and neither the Hospital should try to exert any kind of influence to bypass this rule. Central Org ECHS can modify the same in the interest of the organization.

18. **Opting For Higher Standard.** ECHS member opting for advanced (Surgery/procedure/accommodation etc can be charged the difference of amount than entitled (Rate) obtaining proper consent certificate.

Director ECHS Regional Centre, dated 01 Apr 2019, payment of ECHS bills will be done by ODA, Secunderabad, Hence PAN & ECHS bills to be furnished by Hospital

Col R Ashok Venkataraman (Retd)
Registrar (ACDS)
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FORMAT FOR FEEDBACK ON EMPANELLED MEDICAL FACILITIES

(NAME OF MEDICAL FACILITY)

<u>Sl No.</u>	<u>Rating Aspects</u>	<u>Rating from 1 to 10</u>
(a)	Quality of Treatment	
	(i) Availability of Specialist	
	(ii) Bed Availability as per entitlement	
	(iii) Degree of Relief	
(b)	Health of Hospital	
	(i) Hygiene, Sanitation	
	(ii) Behavior/Professionalism of Doctors and Staff	
	Overall Satisfaction	

SCALE OF RATING

<u>Numerical Grading</u>	<u>Rating</u>
1 to 3	Poor
4 to 5	Average
6 to 7	Good
8 to 10	Excellent

FINAL RATING (Please Tick)

<u>Rating</u>	
Poor	
Average	
Good	
Excellent	

Note:- Specific Comments (if any) _____

Signature of ECHS beneficiaries/NOK _____

Mobile/Tele No./Email _____

(Roshan Verma)
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ECHS Regional Centre
Hyderabad

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Annexure-I
(Refers to Paragraph 1 of Appendix A of Memorandum of Agreement)

LIST OF POLYCLINICS UNDER THE REGIONAL CENTRE, HYDERABAD

The following Polyclinics are authorized to issue referrals directly to the Empanelled Medical Facilities (Due to change in command & control matrix, grouping of Polyclinics under a Regional Center, ECHS may change and therefore the facility will remain open only to those Polyclinics which are under concerned Regional Centre unless otherwise specified):-

S. No	Polyclinic	Remarks
1	Eluru	
2	Nellure	
3	Kadapa	
4	Kurnool	
5	Karimnagar	
6	Khammam	
7	Giddalur	
8	Guntur	
9	Anantapur	
10	Chittoor	
11	Vijayawada	
12	Mahabubnagar	
13	Gulbarga	
14	Secunderabad-I	
15	Golconda	
16	Secunderabad-II	

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Mil : 36833



(10)

Central Organisation, ECHS
Adjutant General's Branch
Army Headquarters
Maude Lines
Delhi Cantt-110010

B/49771/AG/ECHS/Empanelment

21 Feb 06

✓ ECHS Cell
Station HQs
Hyderabad

EMPANELMENT OF HOSPITALS, NURSING HOMES, DENTAL CENTRE
FACILITIES AND DIAGNOSTIC CENTRE

1. Hospitals, Nursing Homes, Dental Care facilities and Diagnostic centres approved for empanelment vide Govt of India Min of Def letter No 24(21)/05/US(WE)/D(Res)Pt.XIII dated 13 Jan 2006 will be empanelled by the Station Commanders concerned.

Signing of Memoranda of Agreement.

2. A memorandum of Agreement (MOA) will be signed with each Hospital/Nursing Home/Dental Care facility/Diagnostic Centre listed at Annexures 4A to Govt of India letter under ref, by Sin Cdrs concerned.

3. Format of the Memoranda of Agreement to be signed with the Hospital/Nursing Home and Diagnostic Centres/Pathological Laboratory/Dental Clinic/Dental Laboratory is forwarded herewith as Appendix A and B respectively. The MOA will be made on Rs 500 non-judicial paper and will be valid from the date of signing the agreement. The payment for the stamp paper will be made by the empanelled facility. The following documents will be attached to MOA as Annexures :-

- (a) General/Specialized Services for which recognized.
- (b) Approved Rates.

4. The RATES APPLICABLE WILL BE THE NEGOTIATED RATES OR CGHS RATES WHICHEVER IS LOWER. Under no circumstances will rates exceed the CGHS rates laid down for the area.

R. A. Venk
Col R Ashok Venkataraman (Retd)
Registrar (ACDS)
Sec'bad

(Roshan Verma)
Col
Director
ECHS Regional Centre
Hyderabad

Disposal of Application Forms And Memoranda of Agreement.

5. 02 number of, application form in respect of Hospitals/Nursing Homes/Dental care facilities and Diagnostic Centres duly endorsed with remarks of Empowered Committee of MOD are enclosed with this letter.

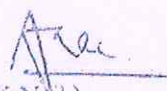
6. The application forms will be stored in safe custody of Station Headquarters. The application forms will NOT be destroyed till two years after termination of period of validity of MOA.

7. The original & duplicate copies of Memorandum of Agreement will be retained by the Station Headquarters and the empanelled facility respectively. Additional photocopies of MOA along with Annexures incl approved rates list will be forwarded/distributed as under :-

- (a) Central Organisation, ECHS - Two copies
- (b) Regional Centre, ECHS
- (c) PCDA/CDA concerned.
- (d) SEMO.
- (e) Polyclinic(s)
- (f)

Referrals

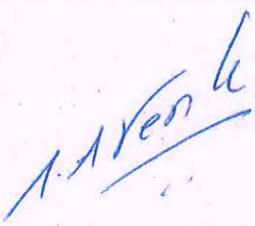
8. Formal referrals to empanelled facilities as per laid down procedures can commence after signing of the Memoranda of Agreement.

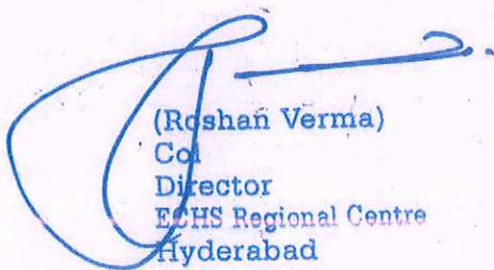

(AK Naik)
Lt Col
Jt Dir (Med)
for MD

Copy to :-

HQ Southern Command (A/Med)	}	1	For info and necessary action please.
HQ Andhra SubArea (A/Med)			
CO MH Hyderabad			
Regional Centre Hyderabad			
<u>Internal</u>		2	A copy of Annexure 4A is enclosed

DGAFMS-DG 3A


Col R Ashok Venkataraman (Retd.)
Registrar (ACDS)
Sec'bad


(Roshan Verma)
Col
Director
ECHS Regional Centre
Hyderabad

Annexure 4 A to MOD/GOI letter
No. 22(11)/05/US(WE)/D(Res)/Pt. XIII
dt: 13th January, 2006

EMPANELMENT OF HOSPITALS/NURSING HOMES FOR ECHS

HYDERABAD

Ser No	Name of Hospitals, Nursing Homes and Diagnostic Centres	Services proposed for recognition	
		Generalised Services	Specialised Services
9.	Yashoda Hospital (Unit of Jayá Surgicals Pvt Ltd) SP Road Secunderabad-500003	Addendum to Annexure 4A to GOI MOD letter No 24(8)/03/US(WE)/D(Res) dated 29 Oct 04.	
		Blood Bank(In-house only), Paediatrics.	Surgery Cardio Thoracic Surgery Medicine Cardiology and Interventional Cardiology.
10.	Army College of Dental Sciences, Jai Jawahar Nagar, PO CRPF Road, Secunderabad-500087	Dental including General and Specialised Dentistry.	

R. Ashok
Col R Ashok Venkataraman (Retd)
Registrar (ACDS)
Sec'bad

Roshan Verma
(Roshan Verma)
Col
Director
ECHS Regional Centre
Hyderabad

BO: LALBAZAR [3160] ,4 SRINAGAR COLONY,TRIMULGHERRY,SECUNDERABAD – 500 015
P.No. 040-2779 2704,2779 2744 and Fax 2779 7542

STANDARD COVERING LETTER
FOR LETTER OF GUARANTEE

✓ To,
Director Regional centre ECHS,
J-97 Roberts Road,
(Near CDM House),
Trimulgherry(post),
Secunderbad-500015.

Dear Sir,

Please find enclosed our letter of Guarantee no. 3160ILG000620 dated 10-09-2020 for an amount of Rs 1,00,000/- (Rupees one lakh only) valid till 09-09-2023 and issued at the request of **M/s ARMY COLLEGE OF ENTAL SCIENCES** by this office under the joint signatures of (1) Shri. Subhash Chandra jatav (Chief Manager) and (2) Shri. Chitra Sivanada(Officer)

It is necessary for you to get confirmation of issuance of this guarantee from our Controlling Office to whom a copy of this letter is being endorsed.

Yours faithfully,

(Signature) 10/20/20
Name : Subhash Chandra Jatav
Designation: Chief Manager

Date:10-09-2020

CC: The Deputy General Manager, Punjab National Bank, Circle Office- Secunderbad,103,8-2-248/a, Maharisha House,hyderabd-500034.

(Roshan Verma)
Col
Director
ECHS Regional Centre
Hyderabad

Hilani Sep

REGISTRATION NO. 1251/2000

LICENSE NO. 36/2012



Rs 0000200 PB7291

NON RESERVING
STAMP DUTY

TELANGANA

Bank Guarantee

B.G. NO: 3160226000620

Valid up to: 09-03-2023.

To,

President of India
Acting through Director
ECHS Regional Centre, Hyderabad

WHEREAS ARMY COLLEGE OF DENTAL SCIENCES, SECUNDERABAD (Name of Hospital) has undertaken, Agreement No ECHS/RCHS/4085/1/Med dated 10 Sep 2020 to provide the services as attached at Annexure I hereinafter called "the Agreement" AND WHEREAS it has been stipulated by you in the said Agreement that the Hospital selected for empanelment shall furnish you with a bank Guarantee by a nationalized bank for the sum specified therein as security for compliance with the Hospital performance obligations in accordance with the Agreement.

AND WHEREAS we have agreed to give the ARMY COLLEGE OF DENTAL SCIENCES, SECUNDERABAD a guarantee:-

THEREFORE WE Punjab National Bank, Lal Bazar Branch (Name of the Bank) hereby affirm that we are Guarantors and responsible to you on behalf of Hospital (herein after referred to "the Second Party" up to a total of Rs.1,00,000/- (Rupees one lakh only) (Amount of the guarantee in Words and Figures) and we hereby irrevocably, unconditionally and absolutely undertake to immediately pay you, upon your first written demand declaring the Second Party to be in default under the Agreement and without cavil or argument, any sum or sums within the limit of Rs.1,00,000/- (Rupees one lakh only) as aforesaid, without your needing to prove or to show this grounds or reasons for your demand or the sum specified therein. This guarantee is valid until the 09 day of Mar 2023.

This Guarantee shall be incorporated in accordance with the laws of India.

We represent that this Bank Guarantee has been established in such form and such content that is fully enforceable in accordance with its terms as against the Guarantor Bank in the manner provided herein.

The shall not be affected in any manner by reason of merger, amalgamation, restructuring or any other change in the constitution of the Guarantor Bank or of the Hospital.

This Bank Guarantee shall be effective only when the BG message is transmitted by the issuing Bank through SFMS to State Bank of India, BHEL (R&D) Branch, Ferozguda, Secunderabad (Bank of Beneficiary) and written confirmation to that effect is issued by Bank of Beneficiary.

Not with standing anything contained herein out liability under this bank guarantee shall not exceed Rs.1,00,000/- (Rupees one lakh only). The Bank Guarantee shall be valid upto 09 Mar 2023 and we are liable to pay the guaranteed amount of any part thereof under this bank guarantee only if you serve upon us a written claim or demand on or before 09 Mar 2023.

(Roshan Verma)
Col
Director
ECHS Regional Centre
Hyderabad

Date: 10 Sep 2020

कृते पंजाब नेशनल बैंक
For PUNJAB NATIONAL BANK

मुख्य प्रबंधक/Chief Manager
ब्रांच Branch Manager
For Punjab National Bank

CERTIFICATE OF REGISTRATION OF
SOCIETY ACT XXI OF
1860

No. S/ 13459 of 1983.

I hereby certify that "Army Welfare
Education Society" (AWES).

has this day been

registered under the Societies Registration, Act,
XXI of 1860.

Given under my hand at Delhi this 29th
day of April One Thousand Nine Hundred
and Eighty Three.

REGISTRATION FEE OF Rs. 50/- PAID.

Hand
REGISTRAR OF SOCIETIES:
DELHI ADMINISTRATION: DELHI.

(Signature)
(Roshan Verma)
Col
Director
ECHS Regional Centre
Hyderabad

Nawana
(Dr. K.V. Ranjana Reddy)
Principal
Army College of Dental Sciences

(Signature)
Col R. Aditya Venkateshwar (ECHS)
Director
Hyderabad



ARMY COLLEGE OF DENTAL SCIENCES

ACDS Nagar (Chennapur-CRPF Road)
PO - Jai Jawahar Nagar, Secunderabad - 500 087

Recognized by Dental Council of India
Affiliated to Kaloji Narayana Rao University of Health Sciences
Warangal (Telangana), PIN - 506 007.

Phones : General : 6304406534
Principal : 040 - 29708384

Referral Centre : General : 6301730593
E-mail : army_c@rediffmail.com
Website : www.acds.co.in


Army College Of Dental Sciences
(Chennapur) – CRPF Rd
Jai Jawahar Nagar Post
Secunderabad – 87

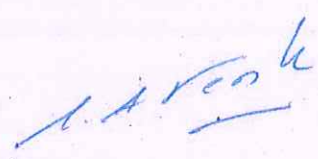
Dated: 09 Sep 2020

CERTIFICATE OF ACCEPTANCE OF RATES

1. It is certified that Army College Of Dental Sciences (Name of institution/hospital) shall abide by ECHS rates promulgated from time to time and in no case shall the rates charged be in excess of those normally charged to non-ECHS members.
2. It is further certified that on approval of empanelment the hospital/institution shall negotiate and accept rates lower or equal to prevailing ECHS rates.




Principal
Army College Of Dental Sciences


Signature
Head of Institution/Authorized Signatory
Col R Ashok Venkataraman (Retd)
Registrar (ACDS)
Sec'bad