FORIPSO

Forum of Retired IPS Officers

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SUGGESTIONS FOR REVAMPING OF CGHS

1) Overcrowding in WCs

- **Violation of Rules**: The main cause of overcrowding in some WCs is non-adherence to OM No. F.No 2-2/2014/CGHSHQ/PPT/CGHS(P) dated 21.10.14, reiterated by Office Order No. Z.15025/7/2022/DlR/CGHS dated 15.12.22. These Orders require the MOs to issue medicines for upto **3 months** at a time in case of chronic diseases. Still, they play safe and issue medicines conservatively for only **1 month**. Resultantly, the patients, who would otherwise visit once in 3 months, have to visit the WC every month, thus multiplying the crowds by 3 times. There is a need to sensitise such MOs.
- **Electronic Display Boards:** For crowd management, to prevent chaos and queue jumping, Electronic Display Boards should be installed outside MOs' chambers, displaying the waiting list/ token number.

2) Generic Vs. Branded Medicines

- **Poor Quality**: Some examples of poor generic medicines: (i) **Phenytoin** and **Lametogrine** to control convulsions; (ii) **Metformin** Tabs for Diabetes; (iii) **Telmasartan** Tabs to control hypertension. MOs have unofficially confirmed that these are poor/ ineffective drugs.
- **Some Generic Drugs Costlier than Branded Ones**: One example given by a beneficiary in Kolkata is the generic substitute given for diabetes which is almost 1.7 times costlier than the branded drug **Janumet 50/500** (combination of Sitagliptin and Metformin) for Type 2 diabetes which costs Rs.345 for 15 tablets. With prescription of 2 tablets per day, a patient requires 60 tablets per month. So Janumet costs Rs.1380 per month. On the other hand, generic drugs Sitagliptin and Metformin, to be taken together, have to be prescribed separately by MOs. Their cost is: (i) Januvia 50 (Sitagliptin) Rs.265 for 7 tablets, i.e. Rs.37.85 per tablet and (ii) Metformin 500 Rs.11 for 10 tablets, i.e. Rs.1.10 per tablet. For 60 tablets, the cost is Rs.2271 + 66 = **Rs.2337**. This is **1.7 times costlier** than the branded cost of **Rs.1380**.
- **Latest Medicines not in the CGHS List**: The CGHS Rate List does not keep pace with the launch of latest medicines. A beneficiary in Kolkata had been suffering from Type 2

diabetes for the last 22 years. A path breaking **FDA approved** new insulin "***Ryzodeg*** *70/30 (degludec and insulin aspart injection)*" was introduced in the market by Novo Nordisk in place of Lanctus (sanctioned by CGHS) in mid-2017. Being not in the list, Kolkata WC refused to issue it and substituted it with the same old Lanctus which the patient refused to accept. She, instead, bought the new one from the market, costing her Rs.5500 for 5 cartridges covering ~3 months. With this, her dangerously fluctuating sugar level came down and stabilised.

- Another latest injection **Trasiba ®** for diabetes is not there in the CGHS list.
- We are told that the above injections, being costly, are allowed to be issued only if **HODs of Govt Hospitals** approve these.

Suggestions:

a) Feedback should be obtained from the CMOs periodically.
b) Generic medicines are alright if the Specialists approve the substitute. But if they prescribe a branded medicine and certify that there is no potent generic substitute available, then their view should be honoured and the additional requirement of approval from HODs of Govt Hospitals should be done away with.
c) It is the Specialists who know the latest and the best. If doubtful, a second opinion can be obtained by CGHS from HODs of Govt Hospitals. This job should not be thrust upon the harassed patients.

3) OPD Direct Consultation Age of 75 Years Too High

Vide OM No. Z 15025/35/2019/DIR/CGHS/CGHS(P) dated 29.5.19, Govt has allowed OPD consultation with Specialists in empanelled hospitals in respect of beneficiaries aged 75 years and above without prior permission of the CGHS.

No Financial Implication for CGHS: The threshold of 75 years is too high. It should be relaxed and all senior citizens starting from age 60 years should be given this facility. It would not only thin out crowds in WCs, but also reduce the work load of MOs and lessen the inconvenience of old patients. It won't cost CGHS anything extra.

4) Reluctant Empanelled Hospitals

Alarming reports have come from all over India about many empanelled hospitals/ Labs reluctant, or even refusing to attend to the CGHS beneficiaries. Here is the feedback received:-

- They don't treat the CGHS patients on priority, especially in NCR, due to **low CGHS rates** and huge **pendency of bills**. The consultation fee last fixed in 2016 is Rs.150 which is peanuts compared to market rates. The top specialists avoid attending to the CGHS indoor patients because of low fee.
- As per a Heart Specialist of Bhopal, the cost of stent allowed for **Ayushman patients** is **Rs.32,000** while it is **Rs.23,000** for CGHS patients. If true, it is illogical and discriminatory.
- Empanelled Labs in Delhi refuse to do some expensive clinical tests like DVT on credit because of low rates. They insist on full advance payment.
- Many empanelled Dental Hospitals/ Clinics in Delhi don't accept CGHS Referrals because of low rates. So one has to pay in full.

- ❖ Many Hospitals, especially in Gurgaon, have arbitrarily fixed a quota of admission of CGHS beneficiaries and may either refuse admission or ask you to accept facilities much lower than your entitlement, viz. a shared room with 2 or 4 patients or a general ward.
- ❖ Medanta hospital, Gurgaon is one which has apparently earmarked beds and rooms for CGHS patients. More often than not, they say CGHS rooms/ beds are not available (particularly in ICU). This happened twice with the mother of a retired DGP in 2019 and he had to shift her in a serious condition to different hospitals in the middle of the night.
- ❖ In 2019, the wife of a senior IPS officer of MP Cadre was lying on a stretcher outside a hospital in Gurgaon in a critical stage and the hospital was not willing to admit her.

Suggestions:

a) **CGHS Rates**: Revise the rates periodically to reasonable levels vis-à-vis market rates.
b) **Bank Guarantee:** Huge bank-guarantee is demanded for empanelment of hospitals, clinical labs and pharmacies. Demanding it from pharmacies/ suppliers of goods & stocked medicines is understandable to ensure uninterrupted supply but demanding it from hospitals and clinical labs looks illogical as they are providing only service, not goods. Logically, it is the hospitals and clinical labs who should demand bank-guarantee from CGHS to secure their bills as they are giving cashless service and their bills keep pending for ages. It should be done away with at least in case of hospitals and clinical labs.
c) **Bill Clearance**: There should be a deadline to clear the hospital bills. If delayed, penal interest should be paid to the hospitals/ labs/ ALCs which should be recovered from the salary of the delinquent employees handling the bills.

5) Preventive Health Check Up

OM No. Z 15025/36/2019/DIR/CGHS/CGHS(P) dated 19.8.19 has permitted "*Annual Health Check-up*" of CGHS Beneficiaries aged **75 years** and above. But it is allowed **only for primary card holders, not spouses**.

Suggestions:

a) **Serving Employees Allowed, not the Pensioners**: Provision for comprehensive Annual Health Check-up exists for the serving employees until they retire. Thereafter, they are suddenly blacked out for 15 long years which is the most crucial period for the ageing body. Timely screening can prevent many diseases. By reducing the eligibility criterion **from 75 years to 60 years**, the CGHS would save lot of money as timely detection and treatment would substantially reduce the recurring cost of treatment in line with the maxim "*Prevention is better than cure*".
b) **Exclusion of Spouses**: Spouses have been excluded from Annual Health Check-up. This is rather incongruous and illogical as they too are full fledged members/ beneficiaries of CGHS. The OM should be amended accordingly.

6) Online Registration of Nominees

Order Not Implemented: Vide OM No. S11011/12/2013-CGHS(P) dated 25.9.13, pensioners were allowed to nominate a person to claim medical reimbursement in the event of their death. Nomination form is to be submitted to the Dispensary where it is entered in a 'Nomination Register'. The nomination form is then forwarded to AD(HQ) for entry in the data base. Nomination becomes valid only after that. No WC is learnt to be implementing this order.

Suggestions:-

a) As the entire CGHS system is now networked, there is no need to involve AD(HQ) for uploading the nominee data. This can be easily handled by the WC Data Operator.
b) **Allow Online Nomination:** Still better would be to allow the beneficiaries to register Nominees online through their CGHS accounts. It will reduce work load of everybody.
c) **Offline Nomination:** When a nomination form is received in the WC, a copy should be duly receipted and returned to the beneficiary. It should become valid from that very date without waiting for its uploading on the data base which can take time.
d) The process of uploading the nomination on data base should be made time bound, say maximum 30 days. After uploading is done, confirmation should be sent to the beneficiary.

7) Medical Reimbursement

CGHS has fairly streamlined/ liberalised the MRC procedure which has been made online through an MRC Module. Feedback received on problems is listed below:-

- **CMO Given No Power to Sanction MRC:** The power to sanction MRC lies only with AD and above. AD has power upto Rs.7 lakhs, Director Rs.15 lakhs, DG Rs.25 lakhs and Health Secretary unlimited. CGHS should trust its senior CMOs and the sanctioning power should be delegated to them to some extent, say upto Rs.5 lakhs. This will not only reduce AD's work load but will also lessen the hassles for the beneficiary and hasten the process of reimbursement.
- **MRC Problem in Non-Parent Dispensary Area:** If a beneficiary visits an empanelled hospital in another town, he is not given cashless treatment except in emergency. He has to pay and then claim reimbursement by submitting the MRC bill to his parent dispensary **within 90 days**. The problem arises when he is far away and can not visit his parent dispensary within the deadline of 90 days. It should be liberalised as under:-
    a) Either direct the empanelled hospitals in non-parent dispensary jurisdiction to provide cashless treatment like it is given in parent dispensary area.
    b) Or allow the beneficiary to file his MRC with the local non-parent WC which can forward it to the parent WC after verification/ authentication.
    c) Or authorise the non-parent WC to directly upload the bills in the MRC Module.
- **Consultation with Non-Empanelled Specialists:** If a beneficiary wants to consult or get some major surgery/ procedure done by a Specialist of his choice in some non-empanelled Hospital/ Clinic, he should be allowed subject to payment at CGHS rates. The balance can be borne by him personally.
- **Transaction Statement**: No Transaction Statement is sent to the beneficiary after MRC amount is credited to his bank account, making it difficult for him to tally it, especially if there is some deduction made from the bill. Transaction Statement must be issued after every NEFT, giving reasons/ explanation for deduction, if any.

8) List of Non-Admissible Medicines/ Supplements

There are many Medicines/ Supplements which are not allowed by the WCs. As learnt, no official list of non-admissible medicines/ supplements is available and CMOs decide it as per their discretion. Such a list, if any, should be placed in public domain on the CGHS website.

9) Medicines for Beneficiaries Visiting Abroad

Vide Circular No. 4-20/2003-C&PSection dated 28.4.05 and Office Order No. 1-40/2019-CGHS/C&P/DIR/CGHS dated 19.8.19, CMOs are allowed to issue medicines for upto 6 months to the beneficiaries visiting abroad.

- **Raise 6 Months Limit to 12 Months:** The era of these 18 years has seen a huge **emigration** of youngsters to greener pastures abroad. This has left unattended in India a large chunk of old beneficiaries. Helplessness due to advanced age has forced many to seek Green Cards (Permanent Residency) abroad. This necessitates a relaxation of the upper limit of 6 months to 12 months, if not more.
- **No Financial Implication for CGHS:** It won't cost CGHS anything extra as the beneficiaries can't demand those repeat medicines for chronic diseases again before expiry of 12 months. It is to be appreciated that having prepaid a hefty amount to acquire membership of CGHS, beneficiaries are its **life time members** despite emigration. No doubt CGHS treatment abroad is not allowed but they can't be denied free treatment in India whenever they visit India.

Dated: …1.23

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