

**To**

**Respected Sh. Mansukh. L. Mandaviya, Hon MOH & FW,  
New Delhi.**

**Sub:** Deliberate and Ulterior designs of CGHS policy makers to ensure that as many empanelled Hospitals as possible exit from providing CGHS facilities by imposing cost reduction which are not only impossible for empanelled Hospitals to meet but are fundamentally and undoubtedly aimed at ensuring that as many empanelled Hospitals as possible exit CGHS and that no new Hospitals get empanelled.

Hon'ble Sir

Your goodself is perhaps fully aware of the fact that a good number of Hospitals are exiting the CGHS scheme because they find the existing rates of CGHS too meager and impossible to meet with. Not only are the existing empanelled Hospitals very keen to quit CGHS but also new Hospitals are not at all interested in getting empanelled. The very fact that more than 80% of places in the Country are not having empanelled Hospitals because of the existing incredibly low rates speaks volumes about irrational thinking of policy makers in CGHS whose only objective is to reduce rates and thus ensure that existing Hospitals leave CGHS and that no new Hospital gets empanelled.

And the most amusing part of their policy of rate reduction is that they derive huge pride in dis empanelling Hospitals who are not agreeable to the unaffordably squeezing rates that CGHS indulges in.

The policy makers in CGHS not only seem to be quite unmindful, but also expose their callous, sadistic and thick skinned attitude in prescribing unbearable miseries and sufferings for the so-called that beneficiaries of the scheme. They simply don't care about the huge number of hospitals that are fleeing from empanelment because of their total apathy. Needless to say the situation has reached a breakpoint with empanelled hospitals getting disengaged and fresh hospitals unwilling to get empanelled. The CGHS policy makers instantaneously issue instructions to dis empanel a Hospital, unmindful of how badly it reflects on their way of functioning and how adversely it further aggravates the existing intense sufferings of the beneficiaries or shall we say sufferers.

Sir, while Honble PM of the Country keeps on emphasizing day in and day out that the rural population must have access to medical facilities, CGHS has no coverage in about 90% of rural areas in the Country. The CGHS authorities have been making making a mockery of the repeated and consistent pleas of the Hon'ble PM in this context simply because of their colonial and completely unprofessional mind set, a by-product of the rotten colonial era.

To make things worse CGHS has issued recently instructions to empanelled Hospitals to cap price of implants at 60% of their MRP and provide 20% discount on medicines and consumable items.

While our rational argument is that policy makers must strike a balance between the market realities in the health sector and finalize reasonable rates. We are conscious of the fact that because of our reasonable arguments, the CGHS authorities are likely to label us as advocates, rather agents of the empanelled Hospitals, but that hardly matters since we can well visualize the grave and disastrous consequences that this decision will have on the beneficiaries since more and more Hospitals are quitting and further more are likely to quit CGHS, with no possibility of new Hospitals getting empanelled. This decision will unquestionably and undoubtedly compound the miseries and sufferings of the beneficiaries manifold who are already reeling under unbearable and inescapable intense sufferings.

The only way to fully revamp a rapidly deteriorating and crumbling CGHS mechanism and to make its functioning professional is to induct high grade medical professionals from outside to replace the present set of bureaucrats in CGHS policy making . We were incredibly astonished to find that in the recent past an IRS officer being appointed as DG/ CGHS during whose tenure obviously CGHS touched the lowest depths of malfunctioning and inefficiency. Incredible as it sounds an IRS heading a Medical institution which is witnessing incredible emerging challenges and innovations and about which bureaucrats have blank zero understanding obviously is really a pathetic situation. It needs no explanation that an accounts Manager as head of a medical welfare scheme can be no more than a damager.

Finally, Hon Sir, if the honest intention of the Govt. is to keep CGHS robust, afloat and lively, then policy makers have to be realistic about decisions relating to finalization of rates keeping in view hard prevailing market realities in the health sector. When it comes to finalization of rates for empanelled Hospitals, policy makers have to shed their parochial outlook of exclusively aiming at cost cutting, without remotely keeping in mind how much of suffering and misery CGHS beneficiaries are inflicted upon when an empanelled Hospital is non empanelled and no new Hospitalis are forthcoming for empanelment. Glaring instance is of Mysuru where a WC was opened about four months back after five years of persuasion but till date not a single Hospital has come forward for empanelment and the whole exercise of opening a WC is thus rendered futile and irrelevant. Similarly Srinagar is without a single empanelled Hospital and also without an empanelled Chemist. One wonders about the utility of WCs at places where neither Hospital nor even a Chemist is empanelled. And Hon. Sir, the above two examples are merely illustrative and not exhaustive. This is only because CGHS functioning is mired in typical deep rooted colonial bureaucratic functioning.

Thus our dispassionate request to your Honble Self is to direct policy makers in CGHS in crisp and clear cut terms to come to terms with ground market realities while finalizing the rates and not to take utopian decisions if the intention is to mitigate the sufferings and miseries of the beneficiaries. However, if the intention is exclusively aimed at effecting cost cutting, regardless of the havoc that it wreaks on beneficiaries, then it is an entirely different matter and in that case let CGHS not keep CGHS beneficiaries under the delusion that it is meant to serve them.

Finally Honble Sir, if this terribly pathetic state of affairs is not addressed and is allowed to continue, the ageing CGHS beneficiaries wrought with ailments will have no alternative but to vent out their frustration and anger on the streets to highlight their sufferings and miseries or die on the streets. We earnestly request your kind intervention to rein in the culprits, who continue to compound the miseries of the beneficiaries by the day due to unrealistic and callous decision making of policy makers in CGHS.

Kind Regards,

Sincerely yours,

(G.L Jogi)

**Copy to:**

1. Respected Madam Dr Bharti Pravin Pawar, Honble MOS/ MOH & FW for kind information and immediate n/ a please.
2. Mr Rajesh Bhushan, Secy/ MOH& FW, for kind information and immediate n/ a please.
3. DG/ CGHS for n/ a please
- 4 Dr Niklesh Chandra, Director/ CGHS, for kind information and immediate a/a please.
5. Addl DDG/ CGHS HQs for immediate n/ a please.