



Sanchar Nigam Pensioners' Welfare Association

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SNPWA/CHQ/Hon MOH&FW/3/26 Dated: 22nd June 2026

To

Shri J. P. Nadda
Hon'ble Minister for Health & Family Welfare
Government of India
New Delhi

Subject: **Need for Reassessment of Deployment of CGHS Medical Officers for Bill-Processing Functions and Restoration of Professional, Dedicated Claim-Processing Mechanisms - imperative, pressing and inevitable for keeping the entire CGHS mechanism robust**

Hon'ble Sir,

At the outset, we place on record our sincere appreciation for the prompt intervention of the Director General, CGHS, in clearing the huge backlog of pending bills of empanelled Healthcare Organizations (HCOs), thereby providing considerable relief to beneficiaries who were facing denial of treatment and other hardships.

However, the enormous accumulation of pending bills was largely the **consequence of the hurried, inadequately planned, and poorly executed transition from the NIC platform to the CDAC platform in June 2025. The changeover, undertaken without adequate preparation, testing, or safeguards, caused chaos, serious disruption in claim settlement apart from adversely affecting both HCOs and lakhs of beneficiaries** The timely intervention of the then AS & DG, CGHS, Ms. Roli Singh, helped prevent further deterioration of the situation.

While efforts are now being made to clear pending claims, we respectfully submit that the burden has increasingly been shifted to Chief Medical Officers, Additional Directors, and other medical professionals. **This may offer temporary relief but does not address the larger issue of whether highly qualified doctors should be engaged in essentially clerical, accounting, audit, and bill-processing functions.**

Medical Officers are recruited and trained to provide patient care, clinical services, preventive healthcare, and medical guidance. Likewise, senior medical administrators

are expected to supervise healthcare delivery, monitor quality standards, resolve beneficiary grievances, and improve healthcare services. When they are diverted to scrutiny of bills and administrative processing, both doctors and beneficiaries suffer. Their deployment for jobs as accounting, finalization of bills etc etc is not only unethical but it destroys their clinical instincts and leads to erosion of their diagnostic skills over a period of time and results in wastage of valuable reservoir of doctors and their expertise.

Unfortunately, Career Bureaucrats neither appreciate nor understand Professionalism and they try their best to suppress the growth of Professionals, other than their Fraternal Blue blood friends. Here too all this is happening because a few Bureaucrats are wielding the stick, and, in the process, denting the image of the Organization. It also happened in the case of Arbitrary, Unprepared change over from NIC to CDAC.

The consequences are visible in the form of reduced availability of doctors in Wellness Centres, longer waiting periods, delays in consultations, overcrowding, and growing dissatisfaction among beneficiaries, particularly elderly pensioners and patients requiring continuous medical care.

It is important to recall that, in earlier years, claim-processing and settlement activities were entrusted to specialized agencies like UTI Infrastructure Technology and Services Limited (UTIITSL) and other professional service providers. This arrangement enabled doctors to devote themselves fully to patient care while ensuring efficient and timely settlement of claims by agencies possessing the required expertise.

Why this well-established and successful system was abandoned is difficult to understand. Doctors are recruited for their medical expertise and not for performing accounting, audit, and claim-processing functions. The diversion of scarce medical manpower to non-medical duties represents a serious waste of valuable professional talent and national resources.

Our concern is not whether the work is entrusted to UTIITSL, another professional agency, or a specially created administrative mechanism. **What is important is the establishment of a robust, dedicated, and accountable system capable of ensuring prompt settlement of HCO claims without diverting medical professionals from their primary responsibilities.**

We therefore request your kind intervention to:

1. Review the deployment of Medical Officers and senior medical administrators for bill-processing work.
2. Relieve doctors from routine accounting, audit, and claim-processing functions.
3. Establish dedicated claim-processing mechanisms or engage specialised professional agencies, as was successfully done in the past.
4. Ensure that medical professionals are primarily utilized for patient care, healthcare management, and beneficiary services.

The quality of healthcare available to lakhs of CGHS beneficiaries depends upon the effective utilization of medical professionals. At a time when the country seeks to strengthen healthcare delivery, doctors must be enabled to perform the duties for which they have been trained and recruited.

We therefore seek your urgent and sympathetic intervention in the larger interests of CGHS beneficiaries, healthcare providers, and medical fraternity.

The reason we are soliciting your gracious and benign intervention on an issue that squarely falls within the domain of the senior bureaucrats in CGHS is that, owing to their close fraternal bonds, any meaningful intervention from within the system to address this critical issue appears highly unlikely. Consequently, your kind personal intervention has become inevitable in the larger interests of preserving the credibility and prestige of the Government, which remains firmly committed to providing seamless, uninterrupted, and dedicated healthcare services to its citizens, particularly senior citizens, who deserve special care and attention.

With respectful regards,



(G. L. Jogi)
General Secretary

1. MS Salila Srivastava, Secy/MOH&FW, for necessary action pl
2. *Dr Sunil Barnwal, DG/ CGHS, for immediate n/ a pl. This issue must receive your highest personal priority, setting aside fraternal considerations*.
3. Sh Manashvi Singh, Joint Secy, for n/a pl
4. Dr Satessh. Y. H. Director/ CGHS, for immediate n/ a pl.