



**HEAD-QUARTERS OFFICE
EMPLOYEES' STATE INSURANCE CORPORATION
PANCHDEEP BHAWAN :C.I.G MARG: NEW DELHI
(ISO 9001:2000 CERTIFIED)
email: jd-admin2@esic.nic.in**

No. D-12/16/1/03-EVI

Date : 25.3.2009

To

A.C. (NTA), All Regional Directors/ Jt. Directors Incharge,
D(M)D/ DM Noida/ SSMC/ M.S. of ESIC Model Hospitals/ ODCs.

8/2/09

Sub: ESIC Pensioners Medical Scheme – Removal of difficulties.

**Ref: Hqrs. Office clarifications of even No. dated 13-01-06, 07-06-06, 15-12-06,
01-03-07, 07.01.2008 and 27.6.08.**

Sir,

I am directed to invite your attention to the references cited above and to state that the ESIC - Pensioners Medical Scheme came into force w.e.f. 01-04-2006. To smoothen the delivery of Medical Facilities under the scheme, clarifications were issued from time to time in the past. However, some of the Regional Directors / Jt. Director (I/C) / Pensioners Association have sought further clarification, which were discussed in detail in a Committee formed at Hqrs. level.

The clarifications as brought out by the Committee are forwarded herewith as 'Annexure' for compliance.

It is also clarified that for the purpose of all kinds of treatment, the pensioners are to be treated at par with ESIC employees. Further, the existing ESIC employees and pensioners be allowed to take treatment including Super-speciality treatments from the tied-up hospitals for which agreement are entered into by SSMCs/SMCs for I.Ps.

References are being received from the pensioners regarding tie-up arrangements. It is requested that extensive tie-up arrangements may be made to ensure smooth and cash-less services.

This issues with the approval of Director General in concurrence with the Financial Commissioner.

The contents of this letter may be sent to all pensioners individually and the pensioners association of your region. This may be placed in your websites also.

The receipt of this letter may please be acknowledged.

Yours faithfully,

**(R. KESHAVA DAS)
JOINT DIRECTOR
FOR DIRECTOR GENERAL**

Copy to:

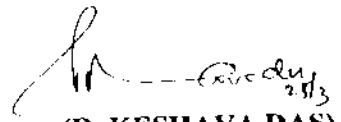
1. Jt. Directors(Fin.)/Dy. Director(Fin.) at R.Os and SROs /ESIC Run Hospitals.
2. Shri S.N. Shorey, Secretary General, All India ESIC Pensioners' Federation, B-3/64 A, Keshav Puram, Delhi - 110 035.
3. ESIC Pensioners' Association, 12-11-1609, Amber Nagar, Adikmet, Hyderabad - 500 044.
4. ESIC Elders' (Pensioners') Association, (Bihar Region), ESIC Colony, Ambedkarpath, Patna - 800 014.
5. ESIC Pensioners' Association, (Karnataka) 293, 66th Cross, 11th Main, 5th Block, Rajaji Nagar, Bangalore - 500 010.
6. ESIC Pensioners' Association, (Kerala) II/ 108, Thazhathetil House, Viyyur, Trichur - 680 010.
7. ESIC Pensioners' Welfare Association, 3/ 17, "Krishna Bhuvan", Dady Seth Road, Malad (West), Mumbai - 400 064.
8. ESIC Pensioners' Association, (MP, Indore), F.H.342, Scheme No.54, Vijay Nagar, Indore - 452 010.
9. ESIC Pensioners, Association, (Nagpur), "Ganesh Bhavan", House No.412, Near Hanuman Temple, Dharampeth, Nagpur - 440 010.
10. ESIC Pensioners' Welfare Association, (N.C.R.), 18 A Navsena Apartments, West Enclave, Pitampura, Delhi - 110 034.
11. ESIC Pensioners' & Senior Citizens Welfare Association, 1235 Phase - 10, SAS Nagar, Mohali.
12. ESIC Pensioners' Welfare Association, (Rajasthan Region), Plot No.3, Near Old Telephone Exchange, Durgapura, Jaipur - 302 018.
13. ESIC Pensioners' Association, (Tamil Nadu Region), No.5, 12th Main Road, Velacherry, Chennai - 600 042.
14. ESIC Pensioners' Association, (U.P. Region, Kanpur), 76, New Defence Colony, Gandhigram, Kanpur - 208 007.
15. ESIC Pensioners' Association, (West Bengal). C/o Shri N.C. Das, E-9, Ramgarh, Kolkata - 700 047.
16. ESIC Pensioners' Association, (Gujarat Region), 31, Killol Society, Rajendra Park Road, Odhav, Ahmedabad - 382 415.
17. ESIC Pensioners' Association, (Haryana Unit), II.No. 1024, Sector-46, Faridabad - 121001.
18. Jt. Director (Systems), Hqrs. office for placing in the website.

ANNEXUREDECISIONS / CLARIFICATIONS INVOLVING ESIC-PMS-2006

SN	Nature of Clarification / Suggestion sought.	Clarifications/Decisions.
1.	<u>Medical facilities at par with serving employees for availing treatment from hospital without reference:</u> In emergency, pensioners should be allowed to go directly to medical institution approved under ESIC-PMS instead of getting prior approval of Nodal Officer.	It was opined that direct treatment with the approved institutions under the ESI PMS cannot be allowed as the patients are to be referred by the AMAs/ ESI dispensaries/ Hospitals. Even the serving employees are also required to be referred by the ESI Hospitals/ dispensaries/ AMAs for in-patient treatment in the authorized/ recognized hospitals. In any case, <u>power of relaxations has already been delegated to Nodal Officers in respect of emergency cases.</u>
2.	<u>Delegation of powers to Nodal officers:</u> The system of approaching Nodal Officer for his permission before getting admitted in hospital to be done away. Instruction should be issued that nodal officers should receive the information from the patient where the treatment is to be obtained, record it in register and issue permission and advance to the concerned hospital. (Patients will decide the hospital for treatment).	It is stated that the scheme provides for taking treatment from the approved Medical Institutions only and not availing treatment from any medical institutions of choice. The system of approaching the Nodal Officer before admission is to ensure necessary checks and proper accounting and this practice is being followed in Govt. of India also. Further, as stated above in cases of emergency, the pensioners can directly go to the medical institutions by-passing the Nodal Officer for which provisions already exists to allow relaxation. Nodal Officers may as far as possible allow the pensioners to avail treatment from recognized institutions of the pensioners' choice.
3.	<u>Provision of credit facility by recognized private hospital:</u> At par with CGHS, recognized hospital should provide credit facility to pensioners and the hospital should submit the bills directly to the Office/Department for reimbursement. In case of emergency, recognized hospital should not refuse admission and provide credit facility to the patient.	The existing system ensures cashless treatment if done with tied up recognized hospitals. The provisions for credit facility have been made by Dir.(M) Delhi. Information of such tie-up arrangement which have been made are not forwarded to Hqrs. by other Nodal Officers. Necessary instructions have been issued to Nodal Officers time and again for arranging tie-ups with Pvt. hospitals. Further, credit facilities could be allowed only if some sort of tie-up arrangement is made. Hence nodal officers are once again requested to expedite tie-up arrangement with more hospitals and also disseminate the information about such hospitals amongst the pensioners.
4.	<u>Treatment at places other than Pensioners Hqrs.:</u> The medical card of the	The situation of availing treatment elsewhere than his normal residence arises when the pensioner is on tour/ camp for a long duration. Such situations are

	<p>pensioner should be valid throughout India and pensioner when he visits any other place may be allowed to take treatment in recognized hospital under intimation to his nodal officer who shall also pay advance in such situation.</p>	<p>foreseen by the pensioners.</p> <p>It is clarified that the pensioners may inform the concerned Nodal Officers about their tour and get proper authorization. The Nodal Officers will then forward such request/ intimation received from the pensioner to the Nodal Officer pertaining to the area where the pensioner is likely to tour/ camp and the respective Nodal Officer will allow the treatment through the recognized institute.</p> <p>As regards, unforeseen emergency treatment even while on tour, the provision of relaxation exists.</p>
5.	<p>Supply of medicines during O.P. treatment: In case of non-availability of medicines in ESI institution, pensioners may purchase the same from outside and Nodal officers may issue essentiality certificate for reimbursement.</p>	<p>The pensioners are already enjoying the facilities of purchase of medicines from outside sources in case of non-availability in the hospital/ dispensary, and provision exists for reimbursement of the same.</p>
6.	<p>Payment of contribution to Pensioners Medical Scheme: To strictly follow Hqrs. instruction dt. 5.8.08 that contributions under PMS may be paid at RO/LO, which is not being followed.</p>	<p>Instructions have already been issued for allowing the pensioners to make their payment of contributions through the Local Offices also. The Nodal Officers may ensure that the instructions are followed strictly.</p>
7.	<p>Reimbursement of Medical claims: There are around 6 to 8 pending reimbursement claims.</p>	<p>The Regional Directors/ Nodal Officers may settle the claims immediately on their receipt to avoid hardships to the pensioners.</p>
8.	<p>Fixed Medical Allowance: To raise the Fixed Medical Allowance from Rs. 100/- to Rs. 600/- at par with EPF Organisation.</p>	<p>Increase in the existing rate of Fixed Medical Allowance of Rs.100/- p.m. has been sought. The ESIC-PMS is on the basis of Central Government instructions. FMA applicable to Central Govt. Pensioners is being provided to our pensioners also in terms of Section 17(2)(a) of ESI Act. Any revision of FMA made by the Central Govt. will be extended to ESIC pensioners after due examination.</p>
9.	<p>Change of option for payment: Clarifications whether pensioner can change the option of contribution from last pay drawn to his present pension and vice-versa.</p>	<p>At the time of joining of the scheme, the pensioner has full authority to decide on the issue. However, any change at later stage is not advisable as it may involve change in the amount of contribution involving recovery of the amount. Accordingly, the request cannot be acceded to.</p>
10.	<p>Migration: Clarification whether pensioners may</p>	<p>The request is to allow medical facilities in cases where the pensioners shift from one region to another.</p>

	migrate from one region to another.	As stated against Item 4 above, this may be allowed in consultation with the Nodal Officers concerned.
11.	<u>Treatment of diseases requiring life-long treatment:</u> Clarification when a patient is referred from ESIC hospital for treatment not available thereunder or for diseases requiring lifelong treatment, whether reimbursement can be allowed for such treatment and for taking further medicines.	The clarifications sought is that whether reimbursement can be allowed in cases where the treatment involves life-long treatment and the medicines are not available in the ESI Hospitals. The provision already exists for such reimbursement when the treatments are availed after being properly referred by the ESI institutions/ AMAs. As per the existing procedures medicines can be taken from ESI Dispensaries.


(R. KESHAVA DAS)
JOINT DIRECTOR