"Assessing the Operational Challenges and Policy Gaps in ECHS/CGHS Empanelment and Renewals and Role of Hospital Administrators in Facilitating Government Health Scheme Integration: A Policy Analysis Based on Government Audits and Published Reports"

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1. Introduction

India's healthcare delivery system includes welfare-oriented schemes designed to offer accessible medical services to specific groups. The **Central Government Health Scheme (CGHS)** and the **Ex-Servicemen Contributory Health Scheme (ECHS)** are two such flagship programs. While CGHS caters to central government employees and pensioners, ECHS provides healthcare to ex-servicemen and their dependents.

Despite their noble aims, both schemes face systemic service delivery gaps. Numerous **Comptroller and Auditor General (CAG) audits** and Ministry publications have exposed shortcomings in medicine availability, human resources, digital systems, and claim processing. These issues were further corroborated during my internship at Fortis Escorts Hospital, Jaipur—a hospital empanelled under both CGHS and ECHS.

2. Objectives of Internship

The internship aimed to:

1. Understand the operational structure and challenges in handling CGHS and ECHS beneficiaries.
2. Assess the effectiveness of **Electronic Medical Record (EMR)** implementation.
3. Analyse and prepare deduction reports, particularly concerning **antibiotic usage patterns**.
4. Examine the back-office functioning related to **credit sales and reimbursement claims** in CGHS and ECHS.
5. Contribute insights toward bridging service delivery gaps based on practical exposure.

3. Organization Profile – Fortis Escorts Hospital, Jaipur

Fortis Escorts Hospital, Jaipur, is a NABH-accredited, multi-specialty tertiary care hospital. It is part of Fortis Healthcare Limited, one of India's largest healthcare organizations. With over 250 beds and 100+ consultants, the hospital caters to a diverse patient population. Being

empanelled under CGHS and ECHS, the hospital plays a significant role in delivering cashless healthcare to government employees, pensioners, and military veterans in Rajasthan.

Fortis Escorts Jaipur is known for its advanced medical infrastructure, dedicated infection control protocols, digital health initiatives, and specialized services in cardiology, neurology, oncology, and critical care.

4. Services Provided to CGHS and ECHS Beneficiaries

At Fortis Escorts Jaipur, services provided to CGHS and ECHS beneficiaries include:

- **Outpatient and Inpatient Consultations** across multiple specialties.
- **Emergency and ICU services** with cashless admission facilities.
- **Diagnostic and imaging services**, including MRI, CT, pathology, and cardiology diagnostics.
- **Pharmacy support** for prescribed medications under CGHS/ECHS coverage.
- **Billing and reimbursement claim processing** in collaboration with the Bill Clearing Agencies (BCA).

These services are governed by **MoHFW (for CGHS)** and **MoD (for ECHS)** guidelines and are subjected to rigorous documentation, authorization, and audit protocols.

5. Key Activities/Projects Undertaken

5.1 Implementation and Use of EMR System

I actively participated in the **Electronic Medical Records (EMR)** initiative aimed at digitizing patient records. Tasks involved:

- Verifying patient identification and scheme-specific authorizations.
- Ensuring accurate prescription data entry, particularly antibiotics.
- Reconciling medication administered versus prescribed through EMR audit logs.

This digital shift improved **prescription compliance tracking** and reduced documentation errors, aligning with government mandates for digital health systems.

5.2 Deduction Reports on Antibiotic Usage

As part of antimicrobial stewardship, I prepared deduction reports by:

- Analysing antibiotic prescription patterns under CGHS and ECHS.
- Comparing prescriptions against the **hospital formulary and CGHS/ECHS-approved lists**.

- Highlighting discrepancies, especially over-prescription or non-formulary antibiotics.

This was critical in ensuring **rational drug use**, improving patient safety, and maintaining **cost-effectiveness**.

5.3 Credit Sales and Claims Processing (CGHS/ECHS)

In the **back-office billing department**, I worked on:

- Monitoring claims submitted under CGHS/ECHS.
- Tracking rejected or delayed reimbursements.
- Reconciling **credit sales** entries with the BCA-approved invoices.

I observed delays in approvals due to:

- **Incomplete documentation**.
- **Mismatch between treatment and authorization codes**.
- **Policy confusion** regarding permissible services or rates.

These operational challenges reflect wider issues flagged in **CAG reports**, such as inefficient reimbursement cycles and claim duplications.

6. Key Learnings from Internship

6.1 Policy vs. Practice Gap

Despite the structured policy frameworks, real-time execution often falters due to outdated processes, limited IT integration, and ambiguity in scheme-specific SOPs. This validated audit findings about governance inefficiencies.

6.2 Importance of Digital Infrastructure

EMRs not only improved clinical record-keeping but also enabled better alignment with CGHS/ECHS rules. Lack of integration at the scheme level, however, limits full potential. CGHS still lags in **portal-based claims tracking**, a key gap noted in literature.

6.3 Operational Bottlenecks

Credit sales under CGHS and ECHS are delayed due to non-uniform BCA practices and non-compliance with SLAs. Understanding these bottlenecks gave insights into **financial sustainability** and provider-payer relationships.

6.4 Audit and Accountability

Regular internal audits, such as antibiotic deduction reports, are essential for compliance and patient safety. Hospitals need **robust audit trails** to withstand external scrutiny by government agencies.

6.5 Holistic Patient Care

CGHS/ECHS beneficiaries often struggle with approvals and document processes. My interactions with patients and the administrative team helped me appreciate the **patient journey** under government schemes and the value of **patient navigation services**.

7. Conclusion

This internship bridged academic understanding and real-world application of healthcare policy, especially in the context of publicly funded schemes. The experience confirmed findings from CAG audits and policy reports on service delivery inefficiencies in CGHS and ECHS. Challenges in **drug procurement**, **human resource constraints**, and **claims processing delays** remain major barriers to effective care delivery.

However, opportunities for reform—especially through **digitization**, **policy streamlining**, and **capacity building**—can significantly improve outcomes. My exposure to EMR systems, antibiotic audits, and financial reconciliation has strengthened my ability to engage in pharmaceutical administration and health policy implementation.

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