MTNL PENSIONERS WELFARE ASSOCIATION MUMBAI

Corr Add: -1st Flr Sai Ganesh Niwas, Shivaji Nagar S. R. Marg, Vile Parle (E)Mumbai 400 057.
AND

RETIRED TELECOM OFFICERS' WELFARE ASSOCIATION

(Reg.No. GBBSD/MAHA.STATE. MUMBAI-1687/2008:) Corr Add: - G-104, Shri Swami Samarth CHS, Beturkarpada Kalyan W-421301 E-mail id: -rtowambi@gmail.com: Web Site: -rtowambi.in

RTOWA MBI/2018-19/

Dated 28/11/2019

Shri. Rajeev Attri Under Secretary EHS Section, Ministry of H&FW Room No. 514-B, A Wing, Nirman Bhavan, New Delhi-110011

Respected Sir,

Sub: - REVAMPING OF CGHS Ref: -DAVP 17139/11/0007/1920

At the outset we appreciate and welcome the initiatives taken by the Health Ministry to improve the CGHS. We introduce ourselves as Pensioners Associations, together representing about 18000 pensioners of MTNL Mumbai. About 9000 employees are retiring shortly on VRS on 01/02/2020.

The employees of MTNL are not eligible to be enrolled in CGHS. But the pensioners of MTNL are eligible to join CGHS on payment of prescribed subscription. We propagate the benefits of CGHS among the pensioners and encourage them to join CGHS. MTNL is also giving a subsidy of 50% of lifetime subscription. Despite all these promotional measures, only about 6% of the pensioners of MTNL Mumbai have joined CGHS so far. This status reveals the inadequacy of CGHS Wellness Centers, CGHS paneled hospitals as well as the need to expand the jurisdiction of CGHS Mumbai. MTNL Mumbai pensioners reside throughout India. We called for suggestions from them. The suggestions given by them have been compiled and presented as hereunder.

1. Jurisdiction: - At present the jurisdiction of CGHS Mumbai is limited to Mumbai Municipal Corporation limits. Almost 95% of the pensioners reside in the suburban localities. **Therefore, the jurisdiction should cover all the**

- suburban localities viz, up to Kalyan on Central side, Virar on Western side and Panyel on Harbour line side.
- 2. Coverage of Cities: Recently BSNL and MTNL pensioners have become entitled to join CGHS. On date there are about 1.7 lakh pensioners retired from BSNL and MTNL. More than one lakh employees are going to retire on VRS by 01/02/2020. Another about one lakh employees will retire within next few years. These pensioners and the prospective pensioners are spread over throughout India. But CGHS covers only 71 cities which is quite inadequate. There are about 732 districts in India. It is suggested that all the District Head Quarters need to be covered with CGHS within next few years.
- 3. Wellness Centers: Mumbai has only 26 Wellness centers whereas Delhi has 141 Wellness Centre's (Including Ayush). There are 32 Ayush Wellness centers at Delhi whereas there is none at Mumbai. This is one of the main reasons for pensioners not opting for CGHS at Mumbai. Only 6% of the MTNL Mumbai pensioners have enrolled as CGHS beneficiaries despite MTNL's subsidy of 50% of lifetime contribution. New Wellness centers are immediately required at the thickly populated suburbs such as Thane, Kalyan, Dombivili, Borivili, Mira Road, Virar, Vashi, and Panvel.
- 4. Empanelment of Hospitals and Pathology centers: Only a few hospitals are empaneled at Mumbai. Many popular hospitals such as Hinduja, Jaslok, Bombay Hospital, Lilavati, MGM Vashi, Apollo, Fortis, etc. are not empaneled. It is said that low rates as well as procedural hiccups / delays are main causes for hospitals not coming forward for empanelment. These issues should be resolved immediately. At least one multi speciality hospital at every locality should be empaneled within a year. Similarly, at least one pathology Centre at every locality should be empaneled.
- 5. Referral by Wellness Centre: Beneficiary must visit wellness center again and again for referrals. For instance, a beneficiary has some illness which is to be diagnosed. First reference is taken to visit panel hospital. The Panel hospital suggests consulting a specialist. Second reference is required. The specialist prescribes some tests. Third reference is required. Then the specialist advises to get admitted in hospital. Then fourth reference is required. Thus, the patient must visit wellness center many times to get references. Non-working days intervene. The wellness center functions only during fixed hours. This leads to not only harassment to the patient but also entails delay in getting treatment. The procedures for referrals should be

simplified in such a way that the patient need not take reference from wellness Centre at every stage of treatment. Another suggestion is to appoint a TPA (Third Party Administrator) who functions 24X7 to take care of treatments from hospital.

- 6. **Diagnosis by Doctors:** It is regretted to point out that CGHS Doctors at Mumbai don't do physical examination of the patients, they don't even use stethoscope. The trust between doctors and patients is very low. The confidence of the patients in the diagnosis of CGHS Doctors needs to be improved.
- 7. Supply of medicines: The beneficiary goes to Wellness Centre again to collect the medicines by spending for conveyance besides time if medicines are not available in the first instance. It is suggested that the beneficiary may be authorized to buy the medicines from the market and reimbursement may be made by the Wellness Centre when the beneficiary visits Wellness Centre next time. Or the medicines may be arranged to be sent through courier by the supplier to the beneficiary at the cost of beneficiary.

Some of our members out of their experience say that the generic medicines are not suitable to them in chronic illness or in the cases of life saving drugs. It is suggested that in all such cases branded medicines should be given.

Medicines may be given for a period of three months wherever lifelong treatments are needed to avoid repeated visits to Wellness centers by the senior citizens.

The senior citizens continue to consult their family doctors and so the prescriptions of their family doctors should be endorsed by the Wellness Centre's.

- 8. Pensioners' (Senior Citizens') specific issues: Cost of denture and many other dental treatments need to be covered by CGHS. The reimbursement rate of expenses on cataract surgery is to be aligned with the cost prevailing in the market. The orthopedic treatments need more liberalization.
- 9. Settlement of MRCs: At present at Mumbai some medical reimbursement claims submitted during Jan'19 are pending. At Mumbai it takes about minimum of six months to get the reimbursement. The procedure needs to be simplified. There should be a mechanism such as mega settlement day or Adalat every month to settle the claims quickly.

- 10.Rates of CGHS for various treatments and diagnosis should be in alignment with the rates prevailing in the market. The procedures to revise the rates should be simple and there should be a mechanism to revise the rates every year.
- 11.Online tracking: The websites should be more user friendly. There should be facility for online tracking of arrival of indented medicines as per the prescriptions at wellness centers and to track the status of MRCs. It should also facilitate for retrieval of prescriptions and medical history of the beneficiaries. The website of CGHS Mumbai is "under construction" in respect of many aspects for a long time.
- 12. Hassle free treatment anywhere in India: The beneficiaries should be allowed to avail treatment at any Wellness Centre in India as well as at any paneled hospital / any paneled diagnostic center in India without any referral from the home wellness Centre.

With high regards,

Yours faithfully,

Sd.......

J.S. Yadav
S.M. Sawant

Jt. General Secretary

RTOWA MUMBAI
MPWA MUMBAI

Copy to

- 1. Additional Director CGHS Mumbai
- 2. CMD MTNL New Delhi-11001/ ED MTNL Mumbai