



HEADQUARTERS OFFICE
EMPLOYEES' STATE INSURANCE CORPORATION
(ISO 9001-2008 CERTIFIED)
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No. V-14/11/5/2012-Med. I (Policy)

Date: 15.12.2016

To,

All SMCs/ RDs/ MSs/ Director/JD-SRO,
ESI Corporation
.....

Labour Secretary (dealing ESI Scheme),
DIMSS/AMOs
State ESI Schemes

Sub: Measures to improve medical services under ESI Scheme, as recommended by Sub-committee for review of existing system of medical and SST services.

Sir/ Madam,

Kind attention is invited to this office circular of even no. dated: 07.11.2016 on the above cited subject. In this regard, it is clarified that the aforementioned circular is applicable prospectively, as under:

1. Those completing mentioned eligibility condition on or after 07.11.2016
2. Patients already on super speciality treatment, but not completed 2 years on 07.11.2016, will continue to get treatment for the same sickness only.
3. If any other super speciality treatment is required, eligibility condition has to be fulfilled.

The above instructions are applicable with immediate effect. Hence, it is requested to take necessary action, accordingly.

This issues with the approval of Competent Authority.

Yours' Faithfully,


(Dr. Naveen Saxena)
OSD (MEDICAL)

Copy for information to:

1. PS/PPS to DG / FC / MC / MC (Ayush) / MC (ME).
2. All Divisional Head, ESIC, Hqrs. Office
3. IC (Rev), Hqrs. Office
4. IC (ICT) for necessary changes in Insurance Module
5. WCM with the request to upload in ESIC official website



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No. V-14/11/5/2012-Med. I (Policy)

Date 7.11.2016

To,

All SMCs/ RDs/ MSs/ Director/JD-SRO,
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Labour Secretary (dealing ESI Scheme),
DIMSS/AMOs
State ESI Schemes

Sub: Measures to improve medical services under ESI Scheme, as recommended by Sub-committee for review of existing system of medical and SST services.

Sir/ Madam,

In view of difficulties being faced by IPs for getting Super-Specialty Treatment services especially through referral system and for suggesting measures to improve medical services under ESI scheme, a Sub-Committee was constituted whose recommendations were placed in 169th meeting of ESI Corporation held on 5th September, 2016. These recommendations have been approved by the competent authority, as under:-

- In ESIC Operational Manual 2015 for SST Services, it was decided that "in respect of Children of Insured Persons (IPs) congenital diseases and genetic diseases will be eligible for coverage up to the ceiling mentioned earlier only in case the child is born after the IP had become eligible for SST". Due to this clause hardship is faced by ESI beneficiaries for getting treatment. Therefore, following has now been decided :-

"The IP should have been in continuous employment for the last two years as on the date of diagnosis for SST (other than the cases of employment injury) and at least 156 days contribution was paid by the IP during the immediately preceding four contribution periods with eligibility for sickness benefit in at least two benefit periods."

After completion of above period the IP and family will be eligible for SST including the children of IP with congenital diseases and genetic disorder.

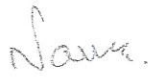
- At present the upper limit for expenditure on procedures not covered under CGHS package rates is Rs. 10 lakh per beneficiaries per year. Many of the patients who's illness are of emergency/serious nature and admitted in hospital like in ICU, in such cases the expenditure incurred may cross more than 10 lakh. Therefore, it has been decided that *cases where the expenditure incurred/to be incurred is more than 10 lakh are to be examined on case-to-case basis by a committee constituted by ESIC Hqrs. Office and approval of the Chairman, ESI Corporation should be taken in this regard.*

- To curtail the expenditure on SST, it was earlier decided that non emergency SST cases can be referred to Govt. Hospitals/Institutions. Many of the beneficiaries were refused or given a long date of admission. *Therefore, considering the hardship faced by the ESI beneficiaries, it has been decided that all the SST cases non-emergency and emergency may be referred to ESIC empanelled hospitals.*
- The patients who are going directly to the empanelled hospitals are not eligible for cashless services. They may be provided SST services on reimbursement basis in case it is found that it was a dire life threatening emergency and the condition of the patient would have seriously deteriorated if he had going to ESI Hospital for reference. This clause was introduced for controlling the impersonation and other misuse of the SST services. Due to this clause, problems are faced by some of the genuine ESI beneficiaries. *It has now been decided that the decision in such cases may be taken on case-to-case basis, so that misuse of SST service can be controlled.*
- Regarding the improvement of drugs availability in the ESIS system, it is informed that if the availability of drugs in ESIS system is not improved then ESI Corporation will take over the procurement and distribution of drugs from those hospitals/dispensaries where the availability of medicines is not satisfactory and supply the medicines to those hospital and dispensaries directly. A proportionate amount to be deducted from on account payment from the concerned state and this amount to be kept with SSMC/SMC of that state for procurement and distribution of medicines in those hospital and dispensaries.
- The empanelment of hospitals for SST services is done as per the guidelines in ESIC operational manual 2015 for super-specialty services. *Since the expenditure incurred on SST is completely born by ESIC therefore SMCs are authorized for finalization of empanelment of hospitals for SST.*

The above instructions are applicable with immediate effect. Hence, it is requested to take necessary action in view of above decisions.

This issues with the approval of Competent Authority.

Yours' Faithfully,


(Dr. Naveen Saxena)
OSD, MEDICAL

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