CHAPTER II : MINISTRY OF HEALTH AND FAMILY WELFARE

Reimbursement of medical claims to Pensioners under CGHS

Highlights and Recommendations

Highlights

- **The system of reimbursement of medical claims to the pensioners suffered from delays in their settlement by CGHS authorities. Further, the more serious the disease and the amount involved in the medical claim, greater were the delays faced by the pensioner.**

  (Paragraph 2.5.1)

- **Time limit for settlement of medical claims was not prescribed by the CGHS. For medical claims exceeding Rs. 2 lakh, which were to be settled by Director (CGHS)/Ministry, one third of the 163 claims sample checked by audit were pending for an average period of two years and seven months. Average time taken for the remaining two third claims was one year and two months. For medical claims below Rs. 2 lakh, which were to be settled by Additional/Joint Directors of local CGHS covered cities, average time taken to settle the medical claims was six months.**

  (Paragraph 2.5.1.1 & 2.5.1.2)

- **Out of 112 applications seeking permission for treatment for serious illnesses, test checked in audit 32 applications were pending in Director (CGHS) office/Ministry for an average period of two years.**

  (Paragraph 2.5.1.1(ii))

- **Causes for delay in settlement of claims were indifferent handling of cases by CGHS authorities resulting in claims and files getting misplaced; forwarding of claims by local CGHS offices seeking unnecessary clarifications; lack of effective initial scrutiny of claims leading to avoidable correspondence and inadequate monitoring and accountability.**

  (Paragraph 2.5.2.1(ii), 2.5.2.2, 2.5.2.3 & 2.5.2.4)

- **The effectiveness of the system of extension of credit facility by recognized private hospitals was hampered due to lack**

of awareness among pensioners about extension of credit facility and substantial reduction in the number of recognized private hospitals in recent years.

(Paragraph 2.5.3.1 & 2.5.3.2)

- **The system did not afford adequate opportunity to the CGHS covered pensioners for registering their grievances/complaints as the grievance redress system was not functioning in five out of eight cities audited.**

(Paragraph 2.5.5)

- **The medical reimbursement procedures were not transparent. Except for Delhi, formal system was not in place in the audited CGHS covered cities for communicating the status of reimbursement of medical claims to the pensioners.**

(Paragraph 2.5.7)

Recommendations

- **An activity specific timeframe for processing and settling the medical claims of pensioners needs to be stipulated and followed in an accountable environment.**

- **Responsibility may be fixed for each case of negligent handling resulting in harassment to pensioners.**

- **Staff responsible for collection of medical claims should be trained to properly scrutinize the documents submitted along with medical claims at the time of initial submission of such claims. This would reduce avoidable correspondence later at the time of processing the claims.**

- **There is a need to increase awareness among pensioners about CGHS rules and facilities provided by it. A small compilation of useful information may be given to the pensioners at the time of issue of CGHS card.**

- **A transparent electronic system should be put in place to facilitate reporting of the status of the disposal of claims to the claimants. Online availability of the status of disposal of a medical claim, as prevalent in Delhi, should also be extended to other CGHS covered cities.**

2.1 Introduction

The Central Government Health Scheme (CGHS) is available for comprehensive medical care including indoor and outdoor treatment facilities to Central Government employees and civilian pensioners[1]. The scheme covers 24 cities of the country. 2.57 lakh pensioners with 5.67 lakh beneficiaries were registered with the CGHS as of March, 2008. The CGHS facilities are provided to the pensioners through a network of 329 dispensaries, 19 polyclinics, 65 laboratories, 17 dental units, 5 allopathic first aid posts and maternity hospital/centers. In addition, CGHS refers, where necessary, cases to State/ Central Government hospitals and referral hospitals.

CGHS has also recognized a number of private hospitals and diagnostic centres in the CGHS covered cities, where the beneficiaries can avail medical health facilities as per the package rates approved by the CGHS for a particular treatment. The recognized private hospitals and diagnostic centers are required to provide credit facilities to pensioners and their dependants holding valid CGHS card and valid permission from CGHS authorities. In case of an emergency, the recognized private hospitals and diagnostic centers are required to extend credit facility on production of only the CGHS card. Medical claim is also reimbursable in case treatment had to be taken by a pensioner in emergency in an unrecognized hospital.

This performance audit attempts to evaluate the performance of CGHS in reimbursement of the claims of pensioners.

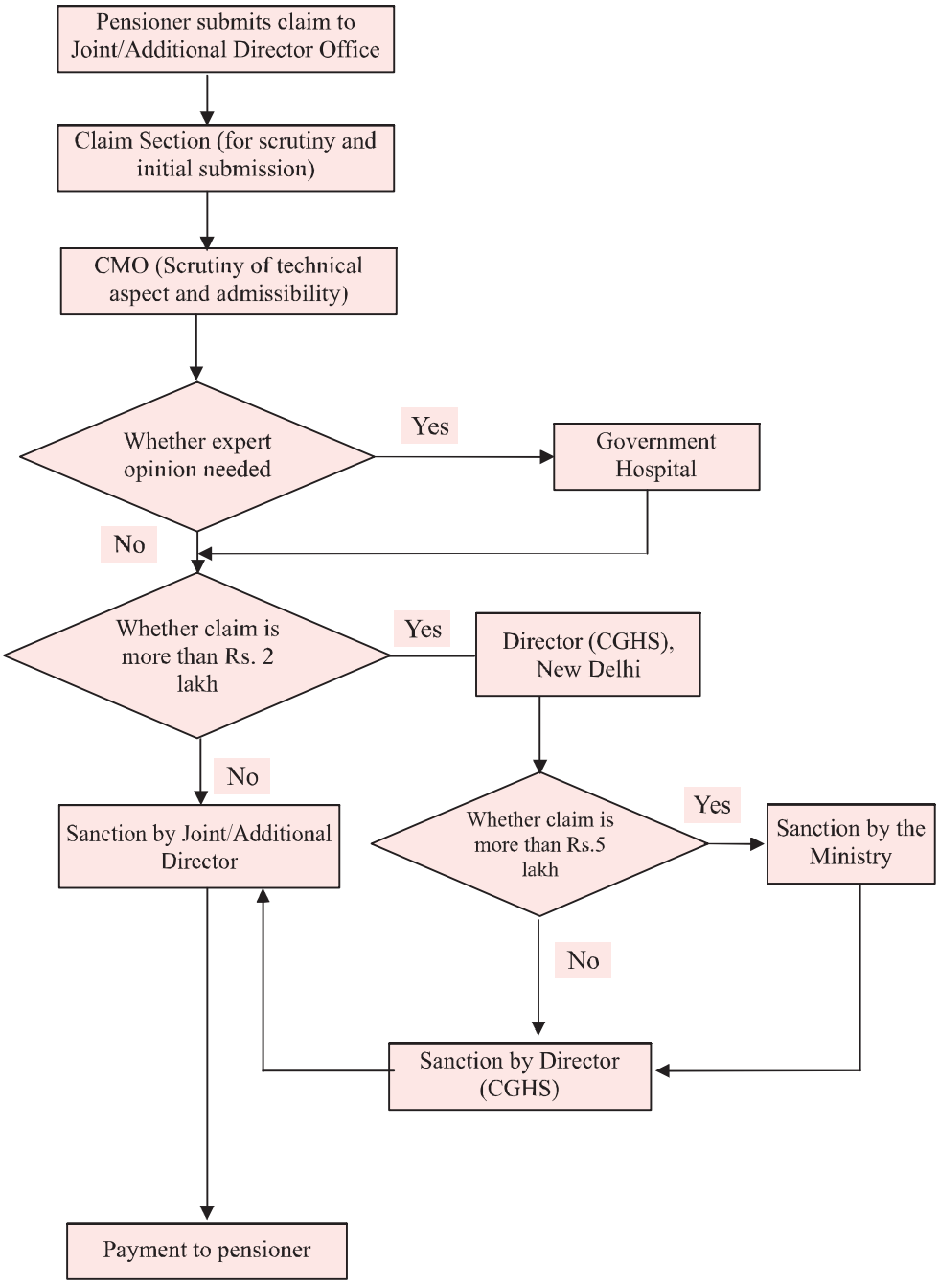
2.2 Organizational set up and procedure for settlement of medical claims

CGHS is headed by the Director (CGHS), stationed in Delhi, who works under the supervision of Director General Health Services (DGHS). In addition to administrative set up in Delhi, Director (CGHS) is assisted by Additional/Joint Directors in the CGHS covered cities. Medical claims of less than Rs. 2 lakh are settled by the respective Additional/Joint Director of CGHS covered cities. Claims exceeding Rs. 2 lakh are referred to Director (CGHS), Delhi for financial sanction. Claims between Rs. 2 lakh and Rs. 5 lakh are settled by Director (CGHS). Claims exceeding Rs. 5 lakh are referred to the Ministry for sanction. Cases requiring relaxation of rules, permission for expensive treatment procedures or interpretation of rules are also referred to the Director

[1] except those of Railways and Armed Forces

(CGHS). The process of settlement of medical claims is depicted in Flow Chart-I.

Flow Chart-I: Processing of medical claims in cities other than Delhi



The process of settlement of medical claims is somewhat different in the city of Delhi. The pensioners in Delhi, unlike other CGHS covered cities, submit their medical claims to the CMO-in-charge of the concerned dispensary, who after scrutiny of required documents forwards them to the concerned Zonal

Additional Director (CGHS) once in every week. There are four zones in Delhi viz. Central, East, South and North zone, each headed by Additional Director. Medical claims of pensioners exceeding Rs. 2 lakh are sent to Director (CGHS) through Additional Director (Headquarter for financial sanction unlike other CGHS covered cities, which send the claims directly to Director (CGHS) office.

2.3 Budget allocation and expenditure

The funds for reimbursement of medical claims of pensioners are provided by the Ministry of Finance under the Major Head 2071-Pensions and other Retirement Benefits. The details of allocation of funds and actual expenditure on reimbursement of medical claims of pensioners during 2004-05 to 2007-08 are as follows:

(Rupees in crore)

Year	Allocation	Actual expenditure
2004-05	250	248.77
2005-06	275	274.29
2006-07	350	346.06
2007-08	440	435.79

2.4 Audit Approach

2.4.1 Audit objectives

Performance audit of the "Reimbursement of medical claims to pensioners under CGHS" was conducted with a view to verify that:

- the medical claims of the pensioners were reimbursed in a reasonable time;
- the prescribed procedure was followed by all functionaries in the system and appropriate internal control procedures and effective management information system were in place;
- the pensioners were satisfied with the system of settlement of medical claims and were aware of the facilities provided by the CGHS; and
- the system of settlement of medical claims was transparent and the grievance redressal system instituted by the Ministry was effective and prompt.

2.4.2 Audit criteria

The performance of CGHS in settlement of medical claims of pensioners was evaluated against the CGHS rules, instructions issued by the Central Government from time to time and the provisions of Civil Services Manual of

Office Procedure (CSMOP) relating to maintenance of records and monitoring of cases.

2.4.3 Audit scope and methodology

The performance audit covered examination of claims and documents pertaining to the period 2005-06 to 2007-08. In addition to the Director (CGHS) office in New Delhi, nine other offices[2] of Additional/Joint Director were selected from 24 CGHS covered cities. These offices were selected on the basis of concentration of CGHS beneficiaries and accounted for 76.54 *per cent* of the total 2.57 lakh pensioners registered with CGHS.

2.4.4 Selection of sample of medical claims

All the 163 medical claims exceeding Rs. 2 lakh, preferred directly by the pensioners were examined. For medical claims below Rs. 2 lakh, a random[3] sample of 200 claims from each CGHS office was selected from the period 2005-06 to 2007-08.

2.4.5 Survey

Survey questionnaires were sent to pensioners by post to gather the satisfaction level of the beneficiaries with regard to the settlement of their claims and extension of credit facility by recognized private hospitals. Survey questionnaires were sent to 2101 pensioners[4] in eight CGHS covered cities including Delhi. Responses were received from 632 pensioners. While half of the sample size was drawn randomly from the CGHS card issue register, the remaining half of the sample size was selected randomly from the pensioners who had preferred medical claims during last three years. Since the records in CGHS offices were not maintained properly, selection of random sample based on scientific procedures could not be executed.

2.4.6 Exit conference

An exit conference was conducted with the Ministry, in April 2009, which was represented by the Director General Health Services (DGHS). The Ministry accepted the facts and figures of this report. The survey findings were accepted as indicative findings.

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[2] Joint/Additional Director (CGHS) Bangalore, Chandigarh, Chennai, Delhi (East Zone), Delhi (North Zone), Hyderabad, Kolkata, Mumbai and Pune

[3] Since the records in CGHS offices were not maintained properly, selection of random sample based on scientific procedures could not be executed.

[4] CGHS, Bangalore (100), Chandigarh (37), Chennai (150), Delhi (850), Hyderabad (158), Kolkata (352), Mumbai (151) and Pune (303).

2.5 Audit Findings

Audit findings have been presented under seven broad categories viz.

a) Delays in settlement of medical claims (Para 2.5.1)

b) Causes of delays (Para 2.5.2)

c) Weaknesses in the system of extension of cashless/credit basis medical treatment to pensioners (Para 2.5.3)

d) Satisfaction level of pensioners as per survey (Para 2.5.4)

e) Ineffective grievance redressal mechanism (Para 2.5.5)

f) Undue rejection/deduction from medical claims of pensioners for reasons beyond their control (Para 2.5.6)

g) Lack of transparency in the system of settlement of medical claims (Para 2.5.7)

2.5.1 Delays in settlement of medical claims of pensioners

CGHS has not stipulated any time limit for settlement of medical claims. Test check of medical claims disclosed considerable delays in their settlement by CGHS resulting in harassment and financial hardship to pensioners. More the seriousness of the disease and amount involved in the medical claim, greater was the delay in settlement. The extent of delay noticed during audit is discussed below:

2.5.1.1 Settlement of medical reimbursement claims above Rs. 2 lakh

A sample check of 163 claims with money value exceeding Rs. 2 lakh in eight[5] CGHS covered cities disclosed that 106 claims had been settled and 57 claims were pending for settlement. Analysis of these claims disclosed the following:

(a) Analysis of pending claims

57 claims (24 cases pertaining to Hyderabad) totaling Rs. 181.49 lakh were pending[6] for settlement for an average period of two years and seven months as indicated in **Annexure-II**. 22 out of these 57 cases were pending for more than three years with one claim that was more than seven years old. The individual claims ranged from Rs. 2 lakh to Rs. 27.22 lakh.

[5] Bangalore, Chandigarh, Chennai, Delhi (EZ), Hyderabad, Kolkata, Mumbai and Pune.
[6] As of October, 2008

Since claims above Rs. 2 lakh are referred to Director (CGHS) office in Delhi for financial sanction, the delays were analyzed at two levels viz. (i) time taken by local CGHS office to refer the claim to Director (CGHS), Delhi and (ii) time taken by Director (CGHS)/Ministry. Table-I gives analysis of pending claims - 57 numbers.

Table-I (Analysis of delay in pending claims)

1.	Average time taken by local CGHS office to forward the cases to Director (CGHS)	6.5 months
2.	Average time for which the cases were pending in the Director (CGHS) office/Ministry	25.2 months
3.	Total average period of pendency of claims	31.7 months

(b) Analysis of settled claims

In the remaining 106 claims that had been settled, CGHS took an average one year and three months time to settle these claims. The minimum time taken to settle a claim was three months while the maximum time taken was five years.

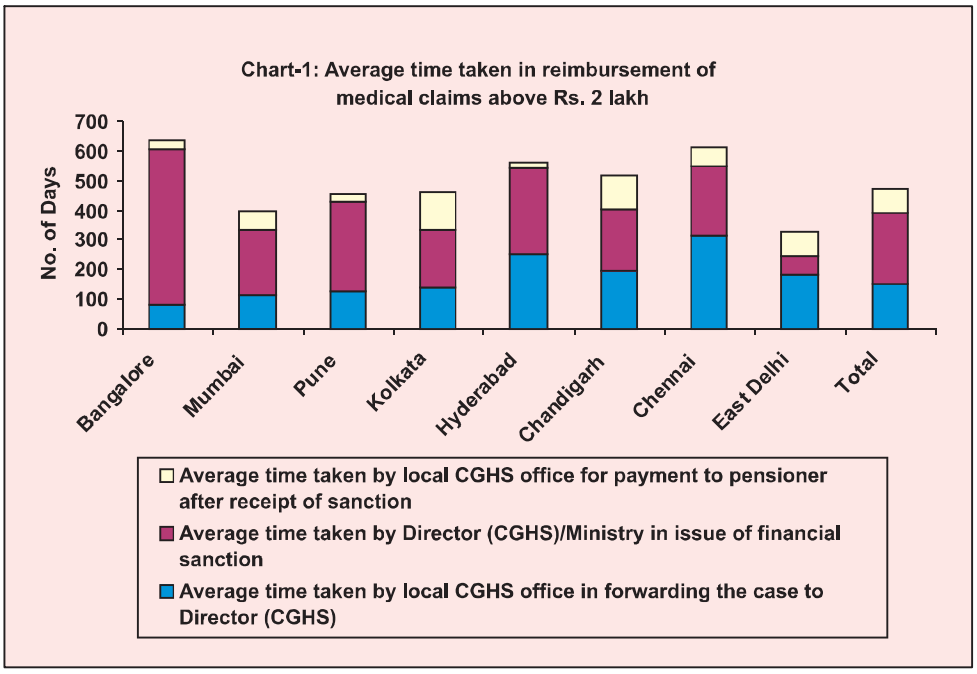
Time taken in settling the claims was further analyzed at three levels viz. (i) Average time taken by local CGHS office in forwarding the case to Director (CGHS), (ii) Average time taken by the Director (CGHS)/Ministry for issue of financial sanction and (iii) Average time taken by local CGHS office for payment to pensioner after receipt of financial sanction from the Director (CGHS)/Ministry. Table-II gives analysis of settled claims – 106 numbers.

Table-II (Analysis of delay in settled claims)

1.	Average time taken by local CGHS office to forward the case to Director (CGHS)	5.6 months
2.	Average time taken by the Director(CGHS)/Ministry for financial sanction	7.3 months
3.	Average time taken by local CGHS office for making payment to pensioner after receipt of sanction from Director (CGHS)/Ministry	2.3 months
4.	Total average time taken in settlement of claims exceeding Rs. two lakh	15.2 months

The age-wise analysis of pendency and time taken in settlement of medical claims is placed at **Annexure-II.**

Office wise audit findings are depicted in **Chart-1**.



The time taken by CGHS in providing reimbursement of medical claims to the pensioners was abnormally high ranging between 10 months to 22 months. Pensioners in CGHS Bangalore, Chennai, Hyderabad and Chandigarh had to wait for more than 500 days for the settlement of their claims. The average time taken by CGHS/Ministry in issue of financial sanction was highest in CGHS Bangalore (520 days) followed by CGHS Pune (301 days), CGHS Hyderabad (293 days), CGHS Chennai (234 days), and CGHS Mumbai (223 days). CGHS offices in Chennai and Hyderabad took considerably long time of 316 days and 250 days respectively in forwarding claims to the Director CGHS. Even after receipt of sanctions, CGHS Chandigarh and Kolkata took 114 and 126 days respectively in making payments to the pensioners. The above analysis indicated that CGHS authorities did not show any urgency in settling medical claims of the pensioners.

The Ministry cited (April, 2009) shortage of technical manpower in the local CGHS offices as one of the reasons for delay in settlement of claims. The Ministry further stated that in case of claims more than Rs. 5 lakh or involving relaxation of rules, the power was vested with the Ministry of Health and Family Welfare, Integrated Finance Division (IFD) and Minister's Office and such cases took longer processing time for disposal. In order to reduce the time taken in settlement of such claims, the Ministry added, a technical

committee had been formed under the chairmanship of the DGHS and power for relaxation of rules had been vested with the Secretary (H & FW).

(i) Delays in the Directorate/Ministry

Since Director (CGHS) office/Ministry accounted for a significant portion of time taken to settle claims exceeding Rs. 2 lakh, the records in the Director (CGHS) office were examined in detail.

Director (CGHS), in addition to medical claims for financial sanction, also receives cases seeking permission for expensive and unlisted procedures of treatment, clarifications from local CGHS offices and direct representations from the pensioners.

Test check of 400[7] files of pensioners[8] disclosed that 86 cases were pending for an average period of two years and two months. The pendency ranged between three and a half months and four years and eleven months. 23 cases were pending for more than three years.

Average time taken in the remaining 314 cases that had been decided by Director (CGHS)/Ministry was seven months. Minimum time taken to dispose off a case was 7 days while maximum was three years and eight months.

Delays were noticed in the initial submission of cases by the desk assistant and in dispatch of decided cases to the local CGHS offices. Average time taken by desk assistant in initial submission of cases[9] for processing was three months and the average time taken for dispatch of sanction or decision on permission/clarification cases was two months.

In 44 cases, the desk assistant took more than six months for initial submission of the file to CMO/ADDG. This included 11 cases where the time taken for initial submission of file was more than a year. In 30 cases, the decision/sanction of Director (CGHS)/Ministry was dispatched to local CGHS office after six months. This included two cases where delay in dispatch was more than one year. The details of audit findings are presented in **Annexure-III**.

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[7] These cases related to sanction of medical claims, sanction for permission for procedure of treatment, clarification cases and representations of the pensioners.

[8] of seven selected CGHS covered cities, other than Delhi, for the period 2005-06 to 2007-08.

[9] time taken by desk assistant to submit the case to first technical/higher authority after its receipt in the office.

(ii) Permission cases

Out of 112 applications (seeking permission for treatment including serious illnesses such as cardiac, cancer and transplantation cases etc.) test checked in audit, 32 applications were pending in the office of Director (CGHS)/Ministry for an average period of two years. Pensioners in such cases had no option but to either await permission from the CGHS authorities for such long periods of time or meet the cost of recommended treatment from their own sources. One such case is detailed in Case study-1. Average time taken by Director (CGHS)/Ministry in deciding the remaining 80 permission cases was five months.

Case study-1

Negligent handling of files leading to failure to grant permission to a pensioner, who died without getting the recommended treatment

A pensioner was suffering from HCV, chronic liver disease with super added Hepatocellular Carcinoma. CGHS authorities in Hyderabad referred the case to Global Hospital, a private hospital recognized under CGHS. The hospital advised the pensioner on 15 July, 2005 for Orthotropic Liver Transplantation with an estimated cost of Rs. 20.95 lakh. The case was referred by CGHS, Hyderabad to Director (CGHS), Delhi on 25 July, 2005 for permission of competent authority in the Ministry. It was observed that:

- The file pertaining to the case got misplaced in the Director (CGHS) office in August, 2005 and was traced after a gap of one year in August, 2006.
- Director (CGHS) on 4 September, 2006 sought clarification from CGHS, Hyderabad.

By the time any action could be taken by CGHS, Hyderabad, the pensioner died on 11 September, 2006.

The Ministry, while accepting the audit findings, stated (April, 2009) that the backlog of medical claims and permission cases identified during audit had now been cleared by it. The reasons for delay in the Directorate/Ministry cited by the Ministry were shortage of manpower and inefficiency of available manpower. The Ministry stated that the permission cases took longer processing time for disposal as they were examined at various levels both in the Directorate and Ministry including examination by technical committee.

2.5.1.2 Reimbursement of medical claims upto Rs. 2 lakh

Medical claims upto Rs. 2 lakh are finalised by the respective Additional/Joint Director office in the CGHS covered cities. A random sample of 200 claims pertaining to the years 2005-06 to 2007-08 was selected from each of the eight[10] CGHS offices covered by audit.

[10] Bangalore, Chandigarh, Chennai, Delhi (EZ), Hyderabad, Kolkata, Mumbai and Pune.

A test check of 1529[11] medical claims disclosed that overall CGHS took on an average of six months to settle these claims. The lowest average time taken in settlement of claims was three months 22 days in CGHS, Chennai and the highest was approximately one year in CGHS, Kolkata. The maximum time taken to settle the claims was 10 years and two months as detailed in Case study-2.

Case study-2

Delay of more than 10 years in settlement of a medical claim

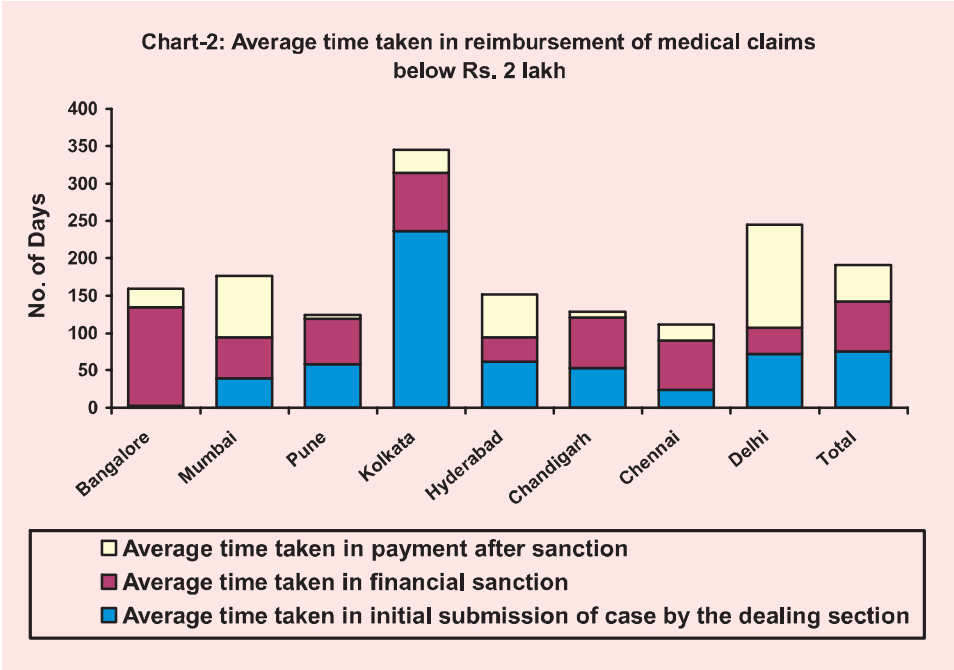
A pensioner from Mumbai met with an accident on 5 September, 1995 at Dombivli, a place not covered under CGHS. He was admitted in an emergency in a private hospital from 5 September, 1995 to 2 October, 1995. He submitted the claim on 20 November, 1995 for Rs. 25,482 to CGHS, Mumbai, which in turn referred it to Director (CGHS), Delhi. After protracted correspondence and having taking up the matter under Right to Information Act, the claim was passed by Additional Director CGHS, Mumbai after a lapse of more than 10 years in December, 2006 for payment of Rs. 11,928. It was observed that:

- After the claim was submitted by the pensioner in November, 1995, CGHS authorities took one year and five months to intimate the pensioner regarding rejection of his claim in April, 1997. The reasons for rejection of the claim were not communicated.
- On the case being submitted (July, 1997) for reconsideration, Director (CGHS), Delhi rejected the case in November, 1999 on the ground that the case could not be considered for relaxation of rules as treatment was taken beyond the CGHS covered area.
- Director (CGHS) did not consider this case for relaxation of rules in November, 1999 even when Ministry's OM of September, 1999 had allowed reimbursement in such cases of treatment taken in emergent cases in a non-CGHS area. Director (CGHS) considered this case for relaxation of rules, however, after receipt of application under RTI Act in November, 2006.

Local office, Kolkata took an average eight months for initial submission of a claim for processing as against CGHS, Bangalore, which took only three days for initial submission.

The average time taken for payment of sanctioned amount to the pensioner was highest in CGHS, Delhi (East Zone) at 4.6 months as against five days in CGHS, Pune.

[11] 171 and 158 cases were examined in CGHS, Chennai and Hyderabad, respectively, instead of 200, as 29 and 42 cases were found to have been returned back to the pensioners by the CGHS authorities.



Further, in Mumbai, Pune and Chennai, 26 cases were pending for an average period of one year and nine months as in October, 2008. 185 medical claims pertaining to 2004-05 and 2005-06 were pending for settlement in East Zone, Delhi (August, 2008). These cases were transferred to East Zone office as a result of decentralization of Additional Director (Headquarters), Delhi office in four zonal offices in September, 2005. During the six months between April, 2005 and September, 2005, when decentralization was being implemented, Additional Director (Headquarters) settled only 81 claims against the pendency of 5404 claims.

The reasons for delay in settlement of claims in Bombay, Chennai, Bangalore, Hyderabed and East Zone (Delhi) offices were stated to be shortage of manpower, lack of accountants or supporting staff for scrutiny of claims, inadequate availability of funds, incomplete claim submission and delay in response from pensioners on the queries raised by CGHS. The reasons for inordinate time taken in settlement of claims in Kolkata (approx. one year), Pune (four months) and Chandigarh (four months) were not furnished by the Ministry.

In order to keep check on delays, CSMOP provides that as a general rule, no official shall keep a case pending for more than seven working days unless higher limit has been prescribed for specific type of cases through departmental instructions. Keeping in view the number of authorities involved

in settlement of claims, the time for settlement of claims below Rs. 2 lakh at Additional Director level would be one month and cases requiring sanction of Director (CGHS), Delhi would be two months. In other words, in the absence of any departmental instructions, medical claims were to be disposed off within one or two months except for those which required relaxation of rules or approval from the Ministry.

Recommendation:

- An activity specific timeframe for processing and settling the medical claims of pensioners needs to be determined, stipulated and followed in an accountable environment.

2.5.2 Causes of delays

The causes for delay in settlement of medical claims were negligent handling of cases by CGHS authorities resulting in claims and files getting misplaced; forwarding of claims by local CGHS offices to Director (CGHS), Delhi for unnecessary clarifications; lack of effective initial scrutiny of claims by CGHS authorities leading to avoidable correspondence at the time of processing of claims and lack of monitoring and accountability procedures. Audit findings in this regard are as follows:

2.5.2.1 Negligent handling of medical claims/letters in CGHS offices

(i) Claims/letters received in Director (CGHS) office were found missing

Medical claims[12] received in the Director (CGHS) office, Delhi during the period 2005-06 to 2007-08 were not entered in the sectional diary for monitoring timely disposal. This was against the office procedure prescribed by the Government. There was, thus, no assurance that claims/letters received in the Director (CGHS) office were actually processed in the dealing section.

With a view to assessing whether all claims received in Director (CGHS) office during the three years (2005-06 to 2007-08) were actually processed, an attempt was made to trace claims/letters received in this office from the seven[13] CGHS covered cities. It was noticed from the diary of ADDG that 1272 claims/letters were received in the Director (CGHS) office from these seven cities during the three years. However, only 925 letters/claims could be

[12] Including clarification cases, permission applications, and representations from pensioners and serving employees.
[13] Bangalore, Chandigarh, Chennai, Hyderabad, Kolkata, Mumbai and Pune.

traced by audit to the files maintained in the Director (CGHS) office [14]. Remaining 347 claims/letters (27.28 *per cent*) were, thus, not processed and found missing from the office.

Audit of Jt/Addl. Director offices in eight CGHS covered cities disclosed that sectional diary was not maintained in six offices viz. Chandigarh, Chennai, Delhi (EZ), Hyderabad, Mumbai and Pune offices.

The Ministry, while accepting the audit findings, stated (April, 2009) that disciplinary proceedings had been initiated against the official handling medical claims/letters in the section. The Ministry added that with the new set of persons handling of MRCs had improved.

(ii) Cases of files getting misplaced in Director (CGHS) office

Test check of the records in Director (CGHS) office disclosed that seven medical claim/permission files had been misplaced in the office resulting in undue delay in settlement of medical claims and granting of permission. Details of one such case are presented in Case study-1.

With a view to assessing the extent of misplaced files, 860 files opened during 2005-06 to 2007-08 in respect of seven selected cities were requisitioned from Director (CGHS) to ascertain whether any of these files was missing from the office. Director (CGHS) could not produce 172 files during the five month period of audit despite repeated reminders. These files were also not under submission to any of the officers/authorities involved in processing of medical claims. There is a risk that these files had been misplaced in the office.

The Ministry stated (April, 2009) that the files could not be provided to audit as some of them were under movement. The reply of the Ministry is not acceptable as it did not provide any details regarding the number of such files under movement or the officer(s) with whom these files were pending despite repeated reminders over a period of five months. Moreover, the Directorate had already accepted misplacement of these files. The reason given by the Directorate for misplacement of these files, in a separate reply (November, 2008), was their non-receipt from the Director concerned, to whom these files had been submitted, after his retirement in May 2008.

[14] A separate file is opened on receipt of a case/letter in Director (CGHS) office and the same is noted in the Index Register. Though 1272 claims/letters, which were being traced by audit pertained to the period 2005-06 to 2007-08, files opened since 2000-01 were examined to ward of any possibility of the file already being in existence in earlier years.

Recommendation:

- Responsibility may be fixed for each case of negligent handling resulting in harassment to pensioners.

2.5.2.2 Failure to monitor pending medical claims

Director (CGHS) office did not monitor the pendency of medical claims. None of the weekly, monthly or quarterly reports prescribed by the Government as a tool for effective monitoring were being prepared in the office. Similarly, out of the eight Jt/Addl. Director offices, covered in audit, monitoring of medical claims was not being carried out in five[15] offices.

These lapses denied the management of any feedback on pendency of medical claims so as to take timely corrective action to check delays and put in place accountability procedures for negligent and insensitive disposal of claims.

Further, none of the offices audited had prescribed any time limit for settlement of medical claims of pensioners. As per Central Secretariat Manual of Office Procedure (CSMOP), the Government departments are required to fix time limit for disposal of various type of cases being handled.

The Ministry, while accepting the audit findings, stated (April, 2009) that quarterly reviews were being held with Additional/Joint Directors to monitor settlement of medical claims. Details of such meetings were not provided by the Ministry. CGHS Kolkata in reply stated (August, 2008) that it was not possible to prepare monitoring reports with the existing staff strength and that the office was awaiting computerization.

2.5.2.3 Unnecessary clarification/referral of cases for advice

Scrutiny of cases involving clarification, received in Director (CGHS) office, disclosed that 21 out of 52 cases received during the three years were unnecessary as the settlement of medical claims was either within the financial power of Additional/Joint Director of the CGHS covered cities or the related orders were already available. This resulted in avoidable delay in settlement of claims. The details of medical claim of one such pensioner which was unnecessarily sent to the Director (CGHS) for clarification are presented in Case study-3.

[15] Joint/Additional Director of CGHS, Chandigarh, Chennai, Hyderabad, Kolkata and Pune.

Case study-3

Unnecessary clarification leading to delay of more than four years

- A freedom fighter took treatment for cancer and submitted his medical claim for Rs. 34,892 in July, 2002 to CGHS, Pune for reimbursement. The claim was referred to Director (CGHS) in October, 2002 for sanction on the ground that the treatment was in non-CGHS covered area.
- Director (CGHS) took one year and two months to call for certain clarifications in December, 2003. These were obtained from the pensioner and sent to Director (CGHS) in January, 2004.
- The case remained pending at Director (CGHS) office for more than two years. Finally, Director (CGHS) in May, 2006 intimated CGHS, Pune to settle the claim at their own level as it was within the delegated financial powers of Additional Director, Pune as per Ministry OM dated 7.4.1999 and 30.9.1999.
- The claim was finally sanctioned by CGHS, Pune in August, 2006.

Referring the case to Director (CGHS) despite clear instructions of the Ministry issued in the year 1999 and negligent handling of the case in Director (CGHS) office resulted in delay of four years in the settlement of this claim. The Ministry stated (April, 2009) that the case was referred to Director (CGHS) for vetting emergency and the Directorate after seeking certain information in December, 2003, advised AD, Pune (May, 2006) to settle the claim as per OM of 7.4.1999. The reply of the Ministry is factually incorrect as the case was referred by the AD (Pune) to the Directorate as a special case of treatment outside CGHS area and not for vetting emergency.

2.5.2.4 Lack of effective initial scrutiny of claims

CGHS has provided a check list of documents to be submitted by the pensioner along with the medical claim. In many cases, claims submitted by pensioners were not checked by the CGHS officials responsible for receiving them to ascertain whether all relevant documents were attached with the claims. This led to avoidable correspondence later at the time of processing of claims resulting in delays in settlement of claims. The details of one such case are presented in Case study-4.

Case study-4

Lack of effective initial scrutiny and delay in communication of requirement of documents led to pendency of a claim for more than eight years

- Medical claim of Rs. 2.72 lakh was submitted by the son of a deceased pensioner to Additional Director, Bangalore on 30 August, 2000. The claim was returned back for want of certain documents including legal heir certificate, which were submitted by the claimant in October, 2002.
- After a lapse of two years and eight months, CGHS asked the claimant (June, 2005) to submit succession certificate in lieu of the legal heir certificate, which the CGHS had earlier asked the claimant to submit in September, 2000.
- It was noticed that the AD, Bangalore had referred this case to the Director (CGHS) (February, 2003) seeking clarification whether payment of the claim could be made on the basis of legal heir certificate. The Director (CGHS)/Ministry took two years and three months to clarify to the CGHS, Bangalore that the Succession certificate would be required for settlement of this claim.

- The claimant submitted succession certificate in February, 2008 and the case was sent to Director (CGHS) in April, 2008 for approval. Sanction in this case was awaited from Director (CGHS) as of April, 2009.

The Additional Director did not communicate actual requirements of the documents to the claimant in the beginning i.e. 16 September, 2000 leading to avoidable correspondence later resulting in pendency of this claim for eight years and seven months. Delay of five years and 11 months was attributable to CGHS.

It was observed during audit that in 10 *per cent* of the 400 medical claims test checked in Mumbai and Pune CGHS offices, one or more documents had to be called for at the time of processing of the claims. Effective scrutiny while receiving the claims by CGHS officials could have prevented delays in such cases.

Position in East Zone, Delhi was more serious in this regard. In Delhi, unlike other CGHS covered cities, pensioners are required to submit their medical claims to CMOs of their respective dispensaries. The claims are then sent on weekly basis to zonal office for sanction. As per instructions of the Additional Director (Headquarters), it was mandatory for the CMO-incharge of the concerned CGHS dispensary to ensure submission of all the required documents before acknowledging the receipt of medical claims from the pensioners.

It was noticed that out of 5593 claims received during 2005-06 and 2006-07 by the Zonal Office, East Delhi, 1291 (23.08 *per cent*) were returned in original to the dispensaries for want of documents. Initial scrutiny of documents submitted with medical claims was thus not done properly and resulted in avoidable correspondence leading to delay in settlement of medical claims.

The Ministry, while accepting the audit findings, cited (April, 2009) lack of staff in the dispensaries as the main reason for ineffective initial scrutiny of claims.

Recommendation :

- Staff responsible for collection of medical claims should be trained to properly scrutinize the documents submitted along with medical claims at the time of initial submission of such claims. This would reduce avoidable correspondence later at the time of processing the claims.

2.5.2.5 Forwarding the claim for sanction with incomplete documentation

The Director (CGHS) in May, 2005 communicated to all Addl./Jt. Directors, the details of documents that should accompany any claim/letter seeking sanction/clarification from it. Despite these instructions, the local CGHS offices did not send all the required documents to the Director (CGHS) office in many cases leading to avoidable and protracted correspondence between the two offices resulting in delay in settlement of claims. Eight such cases were observed out of 40 medical claims exceeding Rs. 2 lakh, which were test check during audit in Mumbai and Pune CGHS offices. The details are in **Annexure-IV**.

2.5.3 Weaknesses in the system of extension of cashless/ credit basis medical treatment to pensioners

Recognized private hospitals are required to extend credit facility to the pensioners. Weaknesses observed during audit in the implementation of this system are as follows:

2.5.3.1 Denial of credit facility by recognized private hospitals

Denial of credit facility not only forces the pensioner to pay the amount for treatment but it may also lead to deductions from the subsequent medical claim preferred by him as recognized private hospitals often charge in excess of the package rates admissible under CGHS rules.

During test check of claims, 13 cases of denial of credit facility were noticed in recognized private hospitals in Hydrabad and Pune. In five of these cases, CGHS, Hyderabad had referred the beneficiaries to recognized private hospitals with which the agreement of empanelment had already expired. In rest of the cases, the CGHS authorities did not initiate any penal action against the recognized private hospitals despite the cases having been brought to their notice by the pensioners. The details of one such case of denial of credit facility are indicated in Case Study-5.

Case study-5

Denial of credit facility

A pensioner from Pune submitted an application for his wife's treatment on 30 March, 2007 for permission of implantation of pacemaker with tentative date as 11 April, 2007 along with quotation for the cost of Rs.3,75,000. Meanwhile, the patient was admitted as an emergency case in the recognized private hospital on 24 April, 2007. The hospital advised implantation of pacemaker for Cardiac Resynchronization Therapy (CRT).

On the ground that the procedure was not in the approved CGHS list and lack of permission in this regard from CGHS, the hospital did not extend credit facility and treated the patient

only on depositing Rs. 3,15,000.

- Even though the hospital did not extend credit facility in this case, it refused to hand over original bills, essentiality certificate, etc., to the pensioner to enable him to submit the medical claim for reimbursement from CGHS. Instead, the hospital itself preferred the claim to CGHS, Pune for reimbursement of the amount, which it had already collected from the pensioner.
- Despite repeated directions by the CGHS, Pune, the hospital did not refund the amount to the pensioner.
- Though the CGHS, Pune had recommended to Director, CGHS for penal action against the recognized hospital in February, 2008, no action had been initiated by the CGHS in this regard as of October, 2008.

The Ministry stated (April, 2009) that the amount of Rs. 3,12,750 had been sanctioned in this case in March, 2009 and the payment would be made as soon as budget was available with the CGHS, Pune office. The Ministry did not furnish any reply regarding initiation of penal action against the recognized private hospital for denial of credit facility.

Scrutiny of records in Director, CGHS office disclosed that in two cases where pensioner had complained regarding denial of credit facility, the Director sought comments of the concerned Additional Director (CGHS) in August, 2005 and January, 2008 but did not follow up further.

As per survey findings, 42 *per cent* of the pensioners, who were aware of extension of credit facility, had replied that they were denied credit facility by the recognized private hospitals.

The Ministry stated (April, 2009) that one of the reasons for denial of credit facility could be the lack of information with the local CGHS authorities on whether a particular private hospital was on the panel of CGHS, resulting in many patients being referred to the private hospitals (recognized earlier) which were no longer empanelled. The reply of the Ministry is not acceptable as the list of private empanelled hospitals under CGHS is regularly updated on the website of the Ministry and the local CGHS authorities have an access to this information.

2.5.3.2 Substantial reduction in the number of recognized private hospitals

Another constraint noticed in extension of medical facilities to pensioners was substantial reduction in the number of recognized private hospitals in the recent years. In CGHS, Mumbai and Pune, downward revision in package rates in November, 2007 resulted in reduction of recognized hospitals and diagnostic centers from 25 to two in Mumbai and from 67 to 13 in Pune. In Kolkata, there was not even a single recognized private hospital or diagnostic

centre during February, 2006 to September, 2007 after the expiry of agreements with 31 hospitals/diagnostic centers in January, 2006. Against these 31 hospitals/ diagnostic centers recognized in January, 2006, only 10 private hospitals/diagnostic centres were on the panel of CGHS Kolkata in September, 2007. Similarly, in Chennai, only 19 private hospitals/ diagnostic centers were recognized in August, 2008 against 35 hospitals/ diagnostic centers recognized in the year 2007.

The Ministry stated (April, 2009) that many private hospitals in Mumbai were now coming forward to get empanelled consequent on revision of rates and reduction in performance guarantee after considering their representations in this regard. However, in some cities where the number of empanelled hospitals was far too less, the pensioners had been allowed to take treatment in any of the private hospital with reimbursement restricted to CGHS rates.

Recommendation:

- Ministry should ensure sufficient number of empanelled private hospitals and diagnostic centers in the CGHS covered cities for smooth functioning of cashless/ credit basis medical treatment facilities. In cities where there are very few recognized private hospitals, pensioners should be allowed to take treatment in any of the private hospital with reimbursement restricted to CGHS rates.

2.5.3.3 Delay in settlement of claims of recognized private hospitals

Delay in settlement of claims of hospitals by CGHS authorities is another area which may have an adverse impact on the system of extension of credit facility to pensioners. As per agreement signed with the private hospitals recognized by CGHS, claims of the hospitals are required to be settled within 60 days of their receipt.

In CGHS, Hyderabad, none of the test checked bills was settled in 60 days. The average time taken to settle the bills was nine months. In CGHS, Delhi, hospital bills of May, 2008 were pending as of October 2008. The average time taken in settlement of the claims of private recognized hospitals was approximately four months in CGHS, Mumbai and Pune.

The Ministry stated (April, 2009) that the delays were mainly due to shortage of technical manpower. It was stated that arrangements were being made to outsource the work related to scrutiny of medical claims of hospitals so as to expedite their settlement.

2.5.3.4 Lack of awareness about credit facility

34 *per cent* of the pensioners, who responded to the survey questionnaire, were not aware of extension of credit facility by recognized private hospitals. While all the pensioners in CGHS Bangalore, who responded to survey, were aware of credit facility, the awareness was least in CGHS Kolkata, where only 37.5 *per cent* of pensioners were aware of the credit facility.

The Ministry stated (April, 2009) that awareness about CGHS rules and facilities was being enhanced through mass media, interpersonal communication, print and electronic media and that the rules and facilities were also available on the CGHS website, which was regularly updated for public viewing.

Recommendation :

There is a need to increase awareness among pensioners about CGHS rules and facilities provided by it. A small compilation of useful imformation may be given to the pensioners at the time of issue of CGHS card.

2.5.4 Satisfaction level of pensioners as per survey

Out of 632 pensioners who responded to the survey questionnaire, 271 (42.88 *per cent*) stated that they were not satisfied with the time taken by CGHS authorities to settle their claims. In rating the overall performance of CGHS in settlement of their claims on a five point scale from 'very good' to 'below average', 37.83 *per cent* of the pensioners rated the performance 'good' or above. 28.91 *per cent* rated the performance as 'average' while 27.03 *per cent* rated the performance as 'poor' or 'very poor'. 6.23 *per cent* did not respond.

The pensioners who responded felt that the average time taken by CGHS authorities to settle their medical claims was approximately six months against their expectation of average two months.

15 pensioners (2.37 *per cent*) in response to survey questionnaire had alleged that they were asked for extraneous favour in settlement of their medical claims. The percentage was the highest in Mumbai at 6.3 *per cent.* Mumbai was followed by Pune where five pensioners out of 106 alleged to have been asked for extraneous favour. The details of medical claim of one such pensioner are presented in Case study-6.

Case study-6

Suspected use of extraneous favour in settlement of medical claim

A pensioner from Delhi was admitted under emergency in a private unrecognized hospital on 8 July, 2006, as he had suffered a heart attack. He was operated for open heart surgery-Coronary Artery Bypass Graft (CABG) the next day on 9 July, 2006 by the hospital. The pensioner submitted medical claim of Rs. 1.8 lakh to Additional Director, CGHS (East Zone) on 23 August, 2006. The claim was rejected by Additional Director, CGHS (East Zone), Delhi on 25 August, 2006 on the ground that it was not an emergency case.
The pensioner re-submitted the medical claim after seven and a half months on 9 April, 2007 to Additional Director, CGHS (East Zone). The claim was admitted and was passed for payment of Rs. 1. 2 lakh.

- The reasons for readmitting the claim were not furnished by the Additional Director (East Zone).
- Additional Director, CGHS (East Zone) rejected the case as non-emergency case in the first instance only on the basis of use of the words 'elective procedure' in the discharge summary of the hospital without ascertaining full facts of the case as given in the discharge summary. After admit ting the case later it was sent for expert opinion to a Government hospital. This could have been done in the first instance.

The Ministry stated (April, 2009) that the reason for reconsideration of this case after seven and a half months was submission of emergency certificate by the pensioner, which he did not submit earlier. However, the communication to the pensioner regarding rejection of his claim did not mention lack of emergency certificate as the reason for rejection of the medical claim. Further, had this been the case, the Additional Director CGHS (East Zone) should have asked the pensioner to submit the emergency certificate rather than rejecting his medical claim.

The Ministry accepted the survey findings as indicative findings and did not offer any further comments.

2.5.5 Ineffective grievance redressal mechanism

2.5.5.1 Grievance redressal mechanism in local CGHS offices

The status of functioning of grievance redressal system in eight selected CGHS cities as in August, 2008, is detailed in Table-III.

Table-III

	Banagalore	Chandigarh	Chennai	Hyderabad	Kolkata	Mumbai	Pune	Delhi
Whether Grievance Cell existed?	Yes	NA	No	No	NA	No	No	Yes
Whether Grievance Officer was designated?	Yes	No	NA	No	No	NA	NA	Yes

Whether information was displayed on the Notice Board?	NA	NA	No	NA	No	NA	NA	Yes
Whether complaint register was maintained?	Yes	NA	No	No	No	NA	NA	NA

NA- Not available

As depicted in Table-III, grievance redressal system was not in place in the audited local CGHS offices except for Bangalore and Delhi. Most of the offices did not even monitor the complaints/ grievances received from the pensioners.

As per survey findings, out of 77 pensioners who replied to have complained to the CGHS authorities, only 29 (37.67%) got replies to their complaints.

The Ministry stated (April, 2009) that the grievance redressal system in Bangalore had been strengthened at the instance of audit and a complaint register had been opened. It was also stated that local advisory committees had been constituted in many cities and were functioning effectively at dispensary level.

2.5.5.2 Grievance redressal mechanism in the Ministry

Director (Admn. & Vig.) in the office of the Director General Health Services (DGHS) has been designated as Director (Grievances). Grievances received by the Department of Public Grievances (DPG) are forwarded to Director (Grievances), who in turn forwards these grievances to Director (CGHS) for taking action.

It was disclosed that the interim reply, as required under the grievance redressal mechanism prescribed by the Government, was neither sent by Director (Grievances) nor Director (CGHS) in token of receipt of the complaint.

Scrutiny of the report sent by Director (CGHS)[16] in September, 2008 to Director (Grievances) disclosed that average time taken to dispose of 23 grievance cases out of 25 was more than eight months. The remaining two grievance cases were pending for a period of two months and five months.

[16] This report was sent to Director (Grievances) in response to DPG's letter of May, 2008 communicated list of pending cases, which included 25 cases pertaining to Director (CGHS).

Only eight cases out of the 23 disposed of cases were within the stipulated period of three months.

2.5.6 Undue rejection/ deduction from medical claims of pensioners for reasons beyond their control

Cases were noticed during audit where treatment was taken by a pensioner in an emergent situation from a government hospital or recognized private hospital, yet the claims submitted by him/her were rejected or amounts deducted on the grounds that were beyond the control of the pensioner. One such case of undue rejection of a medical claim is detailed in Case study-7. Further, there was no uniformity in rejection of claim or deduction of amount in such cases.

Case study-7

Undue rejection of medical claim

A pensioner from Hyderabad was diagnosed with lung cancer with liver and bone metastates. He underwent treatment from a recognized private hospital from August, 2006 to February, 2008. After radiation treatment and chemotherapy, the specialist doctor on 31 July, 2007 prescribed TARCEVA 150 mg tablet, a life saving drug to the pensioner, once in a day. The pensioner su bmitted his application on 1 August, 2007 for the issue of tablets. CGHS dispensary in Hyderabad issued 30 tablets after a gap of 24 days and another 60 tablets after a delay of more than five months in February and March, 2008 after obtaining sanction of Director (CGHS), New Delhi in February, 2008.

Due to non supply of tablets by CGHS, Hyderabad, the pensioner had no option but to purchase them from market. Pensioner utilized 179 tablets during August, 2007 to March, 2008 by purchasing them at a cost of Rs. 5.96 lakh. The claim of the pensioner was rejected by Director (CGHS) in August, 2008 on the ground that direct purchase of medicines by the pensioner from market was not allowed in OPD treatment as per Ministry's OM of July, 1995. Audit observed that:

- Additional Director, Hyderabad unnecessarily forwarded the case to Director (CGHS) for permission to supply tablets to the pensioner as Ministry's OM of September, 1998 had already allowed CGHS dispensaries to supply costly medicines for treatment of diseases like cancer on the basis of prescription of the specialist of the recognized private hospital and after obtaining copy of utilization certificate from the treating specialist, which was duly submitted by the pensioner.
- The rejection of medical claim by Director (CGHS) on the ground that tablets were purchased directly from the market was not valid as the pensioner was compelled to purchase these life saving tablets from the market after denial of supply by CGHS authorities in Hyderabad. The actual reason for direct purchase of tablets by the pensioner from market was delay in their supply by the CGHS, Hyderabad. The pensioner should not have been allowed to suffer because of lapse on the part of CGHS authorities.
- Further, the rejection of this claim by the Director (CGHS) was not even as per the CGHS Rules as Ministry's OM dated 30 April, 2001 had already allowed reimbursement of medicines purchased directly from the market in case of serious illness such as cancer.

The Ministry stated that the pensioner had now been permitted reimbursement of the cost of medicines procured from open market and the admissible amount had been reimbursed to him.

Two pensioners, who took treatment in emergency situation from a Government hospital[17], were not allowed full cost of cipher stents implanted by the hospital on the ground that cipher stents used in these cases were not on the site approved by the CGHS. The ground of disallowance of full cost by the CGHS in these cases was beyond the control of the pensioners, as the decision to implant a particular stent was that of the government hospital. CGHS in these two cases restricted the reimbursement of cost of cipher stents to the low cost bare metal stents.

While full reimbursement was not allowed in these cases for reasons beyond the control of the pensioner, full reimbursement was allowed in excess of the approved rates to another pensioner including items such as room rent/bad charges, consultancy fee etc., for treatment taken by him in emergency in an un recognized hospital. Full reimbursement was allowed with the approval of the Health Secretary on the ground that the treatment was taken in emergent and compelling circumstances beyond the control of the beneficiary.

The Ministry, while accepting the audit findings, agreed (April, 2009) that deductions should not be made in respect of treatment taken in government hospitals for the reasons beyond the control of the pensioners.

2.5.7 Lack of transparency in the system of settlement of medical claims

Except for Delhi, a formal system for communicating the status of reimbursement of medical claims to pensioners was not in place in the CGHS covered cities audited. It was only on personal or telephonic enquiries from the pensioners that the status of their claims was conveyed to them. The system of communicating the status of claims online, which was prevalent in Delhi, was not operational in other local CGHS offices.

Further, computerized or manual systems were not in place to record the stage-wise status of pending claims for ascertaining the status of a claim at a glance. Thus, in the intervening period from submission of a claim to its final outcome, CGHS offices, other than zonal offices in Delhi, were not in a position to readily aware of the status of a claim.

Recommendation :

- A transparent system should be put in place to facilitate reporting of the status of the disposal of claims to the claimants. Online availability of the

[17] Dr. Ram Manohar Lohia Hospital, New Delhi

status of disposal of a medical claim, as prevalent in Delhi, should also be extended to other CGHS covered cities.

The Ministry stated (April, 2009) that computerization of the CGHS covered cities had been planned in a phased manner. The Ministry, however, did not furnish any time schedule or the details of the computerisation plan to be implemented in CGHS covered cities other than Delhi.

2.6 Conclusion

The medical claim reimbursement system as administered by the CGHS is fraught with delays and needs to be made more efficient and effective. The process of making available adequate number of recognized private hospitals and diagnostic centres for use by the pensioners needs to be reviewed and improved. Efforts need to be made to inform pensioners of the availability of credit facilities. An effective and transparent grievance redressal system needs to be put in place.

Annexure-II

(Refers to paragraph 2.5.1.1)

Age wise analysis of pendency and settlement of 163 claims sample checked in audit

Time taken	Claims settled	Claims pending	Total claims
Within one month	Nil	Nil	Nil
1 to 3 months	1	Nil	1
3 to 6 months	9	Nil	9
6 months to 1 year	40	1	41
1 to 2 years	41	17	58
2 to 5 years	15	37	52
More than 5 years	Nil	2	2
Total	106	57	163
Average time taken	15.2 months	31.7 months	

Annexure-III

(Refers to paragraph 2.5.1.1(i))

Audit findings in respect of 400 files checked in Director (CGHS) office

	Claims	Clarifications	Permissions	Representations	Total
Total No. of files checked	111	52	112	125	400
Cases pending for settlement					
No. of cases pending	26	2	32	26	86
Pending for more than 3 years	7	2	6	8	23
Average period of pendency	26.03 months	41.87 months	24.33 months	28.43 months	26.5 months
Decided cases					
No. of cases decided	85	50	80	99	314
Average time take in finalization of cases	8.3 months	6.03 months	5.33 months	7.93 months	7.09 months
Time taken in initial submission of the case					
Average time in initial submission	52.37 days	70.31 days	46.40 days	116.58 days	76.3 days
More than 6 months	6	7	7	24	44
Time taken in dispatch of case					
Average time taken in dispatch	52.69 days	64.34 days	38.30 days	54.57 days	51.40 days
More than 3 months	14	8	9	22	53

*** As on 31st August 2008**

Annexure – IV
(Refers to paragraph 2.5.2.5)
Incomplete claims sent to Director (CGHS) for sanction.

Sr. No.	Name of the pensioner	City	Card No.	Amount claimed	Date of receipt of claim	Date of payment of claim	Remarks
1.	Shri G. S. Nair	Mumbai	306776	215262	30.01.2006	31.03.2008	Claim sent without obtaining the justification of Government cardiologist and also without condoning the claim for delay in submission
2.	Shri. S. G. Godse	Mumbai	305047	365234	11.03.2002	17.11.2005	Claim sent without obtaining the Government Cardiologist justification for emergency and without granting ex-post facto sanction.
3.	Shri. Balbir Singh Yadav	Mumbai	310656	391162	23.03.2007	18.06.2008	Claim sent without furnishing (i) break-up of admissible amount. (ii) Status of the Hospital (iii) Pouch & Batch No. of stent (iv) CD for Angiography.
4.	Shri. C. T. Dighe	Mumbai	307050	300987	26.01.2007	20.11.2007	Claim sent without furnishing the copy of CGHS card, copy of discharge summary, copy of document indicating stenting of CAD.
5.	Late Shri Nancy R. Maneksha	Pune	73308	305553	24.02.2005	21.12.2005	Claim sent without furnishing calculation sheet. Also ex-post facto approval not accorded by the J.D.
6.	Shri H. A. Samtani	Pune	71278	316367	19.03.2003	13.06.2005	Claim sent without CD Roll & other clinical investigations/records of the patient.
7.	Shri N. B. Sutar	Pune	62797	250985	31.01.2007	Claim pending	Claim sent without according ex-post facto approval by the J.D.
8.	Shri Y. L. K. Indira	Pune	80987	379835	28.09.06	Claim pending	Claim sent without (i) corrected admissible amount.(ii) ex-post facto approval by J.D. (iii) pouch & batch no. of stents (iv) Government Specialist certificate justifying the emergency.