



Sanchar Nigam Pensioners' Welfare Association

Reg.No: SOCIETY/WEST/2021/8902564

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SNPWA/CHQ/DG CGHS/5/25

Dated: 10th September 2025

To

Ms. Roli Singh,
AS & DGCGHS,
Nirman Bhawan, ND.

Subject: Urgent Reforms in CGHS – Delays, Red Tape, and Inordinate Denial of Facilities to Beneficiaries

Respected Madam ,

With deep concern and a sense of urgency, we wish to draw your kind attention to a series of serious issues that are undermining the very purpose of CGHS, leaving thousands of beneficiaries helpless and disillusioned.

1. Mounting Delays and Red Tape in Reimbursement of MRCs

Reimbursement of Medical Reimbursement Claims (MRCs) at AD offices has become a nightmare for beneficiaries. Cases are pending for months, even years, due to opaque, manually controlled procedures and a total lack of monitoring by the concerned ADs.

While the situation is relatively satisfactory in the Southern Zone, it is extremely distressing in the Northern Zone. For instance, **MRCs of 2023–24 remain pending with AD (South)/Delhi and several other Northern offices**, forcing pensioners to run from pillar to post. This is highly condemnable.

We were assured that the introduction of the CDAC platform would allow online submission and monitoring of MRCs. Until this system is fully functional, we urge CGHS HQ to directly monitor the AD offices to prevent inordinate delays and huge red tape that are bringing the entire scheme into disrepute.

2. Unacceptable Delays in Life-Threatening Cases

Approvals for unlisted procedures, life-saving medicines, and even listed implants such as CPAP and BiPAP machines are routed through a Committee that meets only once in a month. Even after decisions are taken, their implementation takes several more months.

These delays render the existing obsolete mechanism ineffective. Tragically, in many cases, approvals are received only after the patient has passed away. This is unacceptable. A fast-track mechanism must be instituted so that urgent cases are processed within days, not months.

3. Sanctioning and Operationalisation of New Wellness Centres

New Wellness Centres (WCs) must be sanctioned in all areas exceeding 6,000 cardholders, with priority to cities where more than 10,000 cardholders remain unserved.

4. Expediting Already Approved Centres

Several centres already approved remain non-operational due to delays in sanction of posts. We request immediate referral of proposals for the five such WCs to the Ministry of Finance, as was assured in our meeting with you.

5. Poor Quality of Medicines

There are repeated complaints about medicines supplied in CGHS dispensaries. Beneficiaries report tablets crumbling into pieces upon opening the strips, raising grave concerns about efficacy and quality control. This endangers patient safety and erodes trust in the scheme. Strict quality checks, mandatory testing, and blacklisting of errant suppliers are urgently required.

6. Delays at IFD and SUI Levels

Progress of CGHS is being seriously hampered by persistent delays at the IFD and SUI stages. Proposals already cleared at higher levels remain stalled for months without sanction, causing unnecessary hardship to beneficiaries and loss of credibility to the scheme.

We request your personal intervention to streamline and fast-track these clearances so that decisions already taken do not remain unimplemented for want of procedural approvals.

7. Systemic and Administrative Bottlenecks

The transition from NIC to CDAC has further aggravated disruptions, without an effective grievance redressal system. The absence of reliable support mechanisms has left beneficiaries stranded whenever system failures occur.

Our Immediate Demands

1. Expedite opening of the five already approved WCs by forwarding proposals for sanction of posts to the Ministry of Finance without further delay.
2. Constitute a **Fast-Track Committee for urgent/life-threatening cases**, meeting weekly or on an emergency basis, with decisions communicated immediately.
3. Institute strict quality control and supplier accountability for medicines.
4. Ensure adequate manpower and robust digital systems for efficient delivery of services.

5. Streamline the IFD and SUI approval process with time-bound clearance norms.

Conclusion

Respected Madam, CGHS is the lifeline for lakhs of Central Government pensioners and employees. Its credibility, however, is fast eroding due to persistent delays, poor service quality, and bureaucratic apathy.

What beneficiaries urgently need is not assurances but timely and decisive action. We therefore seek your **personal intervention** to protect the sanctity of CGHS and to ensure that beneficiaries — especially the elderly and vulnerable — receive the healthcare they desperately depend upon.

Respected Madam, The prevailing perception that significant inputs from Associations on critical issues are often overlooked and dumped in usual bureaucratic style has to be mitigated completely. Instead, vital inputs and feedback from th stakeholders, including Associations, based on the ground realities, has to be acknowledged and acted upon seriously and expeditiously. Doing that will surely go a long way in drastically transforming functioning of CGHS and imparting it a new, lively and promising face lift

With profound hope and fervent appeal,

Yours sincerely,



G. L. Jogi

Copy to

1. MS Salila Srivastava, Secy/MOH& FW for information & n/a
2. Dr Sateesh. Y. H., Director/ CGHS, for immediate n/a pl, particularly with regard to prolonged and motivated delays in Reimbursement of MRCs by ADs.
3. Sh Manshvi Singh, JS. He is requested to take quick policy initiatives towards streamlining and fast tracking existing obsolete mechanisms that jeopardise functioning of CGHS. .