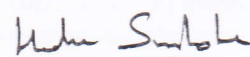


Target Date 25.02.2022

Sub:- Information sought by Sh. Harchandan Singh.

Ref:- MORLY/R/P/22/00134.

Item No.	Information sought by the Party	Ministry's response (reply text)	Annexure (Certificate No. detailed file noting)
1.	Copies of rules and orders reg. treatment of RELHS optees/railway beneficiaries in non-empanelled hospitals in case of a) in emergency b) in referral cases.	Information in this regard, as available in para No. 612 A of IRMM, 2000 is enclosed at Annexure A.	Annexure A and B
2.	Copies of rules and orders regarding reimbursement of expenses for treatment of RELHS optees/railway beneficiaries in non-empanelled hospitals in case of: a) In emergency b) In referral cases.	Information in this regard, as available in Railway Board's letter No. 2005/H/6-4/Policy-II dated 30.07.2018, is enclosed at Annexure B.	



(Mrs. H K Sanhotra)

Joint Director-II/ Health

Railway Board

APIO-I

(ii) Free medical treatment may be accorded to all Apprentices, including those governed by the Apprentice Act, 1961, when personal injuries are caused to them by accidents arising out of and in the course of the training as Apprentices.

(Sub-section 10 of 602-R-1 1995 reprint and MOR's letters No. MH 58 ME124 Medical dt. 12/01/1960, No 64/H/1/51 dt. 23/05/1966, No.E(Trg)/64 TRI/89 dt. 27/05/1966 and No.E(Trg)/67 TRI/15 dt. 08/02/1968)

Sub-Section(11) Retired Employees

612 A "Retires Employees Liberalised Health Scheme-1997 (RELHS-1997)".

(1) Retired Railway employees covered under RELHS-97 will be provided with full medical facilities as admissible to serving employees in respect of medical treatment, investigations, diet, and reimbursement of claims for treatment in Govt. or recognised non railway hospitals. They will also be eligible inter-alia, for a) ambulance services b) medical passes c) home visits d) medical attendance for first two pregnancies of married daughters at concessional rates and e) treatment of private servants as applicable to serving railway employees.

Note: (i) Those who join the RELHS-97 shall hold identity cards with photographs of all the beneficiaries.

(ii) For the purpose of d) of subpara (1) above special identification cards will be issued duly affixing photographs of married daughters with clear instructions on the card which shall read " ONLY FOR CONFINEMENT AND TREATMENT DURING ANTE-NATAL AND POST NATAL PERIODS FOR THE FIRST TWO PREGNANCIES AT CONCESSIONAL RATES"

(2) **Eligibility:** Minimum 20 years of qualifying service in the Railways will be necessary for joining the scheme and the following categories of persons will be eligible to join the same:

- (i) All serving Railway employees desirous of joining the scheme will be eligible to join it in accordance with the procedure laid down herein under "Mode of Joining".
- (ii) All retired Railway employees who were members of the old RELHS will automatically be included in the RELHS '97.
- (iii) Spouse of the Railway employee who dies in harness.

These orders are not applicable to those Railway servants who quit service by resignation.

(3) Family/Dependents

Definition of 'family' for the purpose of this scheme will be the same as in respect of the serving Railway employees. The definition of "dependant" will be the same as in the Pass Rules.

(4) Rate of contribution

a) For joining RELHS '97, one time contribution equal to the last month's basic pay will have to be made at the time of retirement by those opting to join the scheme. The persons who are already members of the existing RELHS are not required to make any fresh payment. However, those who have joined the existing RELHS after 1.1.96 will have to pay the difference of one time contribution on account of introduction of fifth pay commission's revised pay scales w.e.f. 1.1.96. It will be the responsibility of the Railway Administration to realise the amount due from the concerned RELHS members.

b) In respect of pre 96 retirees the basis for the one time contribution will be the revised pension drawn by the retired railway employee for joining the RELHS-97. The rate of contribution shall be calculated as under.

- i) a) For employees who retired before 1-1-96 : Revised basic pension as on 1-1-96 including commuted value(Gross pension) multiplied by the figure of two. (b) all those who retired prior to 1.1.96 and joined RELHS between 1.1.96 and 30.9.96 are required to pay a one time contribution equal to their last pay drawn.
- ii) For family pensioners: A sum equivalent to double the amount of their revised normal family pension as on 1-1-96

- iii) For SRPF Optees : For those SRPF Optees or their widows for whom ex-gratia payment has been approved on the basis of the recommendations of the V CPC, a one time contribution at twice the ex-gratia monthly payment may be deposited.

(Rly Bd's Letter NO2000 H/28/1(RELHS) dt 23-06-2000)

(5) Mode of Joining

a) All employees will have to give their option to join the RELHS '97 at least 3 months prior to their date of retirement. The option given once will be treated as final. No further chance will be given subsequent to retirement.

b) Such of the post 1-1-96 retirees who have not yet joined the scheme will be given another chance to join by 31-12-99.

c) For pre 1-1-96 retirees there is no cut-off date for joining RELHS-97. However they have to pay the contribution at rates mentioned in the preceding paragraphs.

d) Members of RRECHS will also have the option to switch over to RELHS '97 by making payments as mentioned in sub-para(4) above before 31-12-99.

(Authority: Ministry of Railways letter No.91/H/28/1 dated 23.10.97, dt. 26/03/1999 and 97/H/28/1 dt. 17-05-1999)

B. Retired Railway Employees Contributory Health Scheme(RRECHS)

(1) RRECHS will continue for the existing memmbers of the scheme. No new members will be allowed to join the scheme

(2) The benefits under the scheme will be limited to out door treatment of retired railway employee and his/her spouse in Railway hospitals/health units

(3) The beneficiary may avail of the facilities from the hospital where he/she is registered irrespective of the railways he/she has retired from.

(4) The retired railwaay employee and his/her spouse will be entitled to the sevicees of the railway doctor of the same rank as retired employee was entitled to at the time his/her retirement. Free supply of medicines and drugs ordinarily stocked in Railway hospitals for the treatment of outpatients may be permitted by the railway doctor treating the case, who may also refer the case to the Hony. Consulamt attached to the railway hospitals for which no separate charges will be levied. Routine examination of blood, urine and stool including blood sugar, blood cholesterol, blood urea examiantion and routine Chest x-ray P.A view and routine E.C.G may be done free. Separate charges based on 40 % of the schedule of charges laid down for outsiders will however be recovered for indoor treatment, specialised treatment, other pathological examinations, radilological examinations and operations. Cost of medicines not ordinarily stocked in railway hospitals for treatment in the outpatient department, charges for blood when supplied form railway hospitals and charges for diet will be recovered in full. The facility for out door treatment for chronic diseases like T.B., Leprosy, Cancer and Diabetes etc. are as available to serving railway employees may be extended.

(5) The existing members of the scheme who wish to continue in the scheme have to pay revised rates of contribuuiun at the following rates w.e.f 01/02/2000 in advance for either six months or whole year in acash or by cheque.

Categories of the staff	Rate of monthly contribution
Group 'D'	Rs.9/-
Group 'C'	Rs.18 -
Group 'B'	Rs 27/-
Gropu 'A'	Rs.36/-

(6) The benefits of the scheme may be extended to the dependenat children of the retired railway employees on payment of additional charges at half the rates as mentioned in suub para 5 above for each dependenat child, the other terms and condirtions remaining unaltered.

(7) Endorsement for the contribution made from time to time should be made on the identity card.

GOVERNMENT OF INDIA (भारत सरकार)

MINISTRY OF RAILWAYS (रेलवे मंत्रालय)

RAILWAY BOARD (रेलवे बोर्ड)

No. 2005/H/6-4/Policy-II

New Delhi, Dated: 30.07.2018

Principal Chief Medical Director
All Indian Railways
(Including Production Units & RDSO)
Sr. Professor/Medical, NAIR/Vadodara.

Sub: Medical treatment to Railway beneficiaries.

Ref: Board's letter of even number dated 16.04.2007.

Attention is invited to the Director General (RHS)'s letter cited under reference laying down certain principles relating to Medical care of Railway medical beneficiaries. With the pace of time, various procedures of treatment and level of sanction of expenses, has got changed drastically necessitating amendment in the directions contained in the letter dated 16.04.2007.

The matter has been examined and the following item-wise revised guidelines are issued:-

- I. **Provision of proper Industrial Medicine:** To provide proper Industrial Medicine. (Rly. Accident, attending travelling Sick Passengers, Medical examination of candidates, P.M.E. of serving employees, Medical Boards, Issue of RMC, HOD, Medical Fitness, Safe water and food at Railway premises & train under FSSAI Act 2006, Indian Factory Act 1948, & The Workmen's Compensation Act, 1923 etc.)

- II. **Provision of proper medical treatment to Railway beneficiaries.**

To provide proper medical treatment to railway beneficiaries has become a very challenging task. Railway beneficiaries being located all over the length and breadth of the country and development of newer patient friendly technologies very fast are making the task extremely difficult for us.

We need to face the challenge and prove our department as efficient department delivering best possible quality health care and providing it efficiently. For this purpose all hospitals should be upgraded as per the guidelines issued as "Template for Railway Hospitals".
(Copy enclosed)

1. **Pathological & Radiological and other Diagnostic Investigations**

- 1.1 Tests to be done by in-house system to be identified and put up on a Board displayed at prominent place.
- 1.2 For other tests required, tie up to be done with Govt./Pvt. Hospital/Lab. Payment system should be either by bill system or imprest system. **Whatever system is followed, the Railway beneficiary should get cashless services.**

2. **Providing Medical treatment**

2.1 The Railway beneficiaries should be insisted to report to their respective Authorized Medical Officer only. The Railway Doctor should take all necessary steps to address the medical need of the beneficiaries with a sympathetic & helping attitude. The Railway Doctor will decide the line of action. This could be:-

2.1.1 It may be possible to provide the medical treatment as per the facilities available within the Health Unit/Railway Hospital set up at a distance which can be travelled by the patient conveniently.

2.1.2 For those cases which cannot be managed as per '2.1.1' above following alternative methods can be adopted.

a) To avail services from Government Hospital.

b) To avail services from Empanelled Private Hospital.

Note: Adequate number of reputed Private Hospitals should be empanelled as per provisions contained in Board's letter No. 2016/H-1/11/69/Hospital Recognition dated 23.12.2016 in every district for multispecialities to facilitate Railway Doctors to provide proper treatment to Railway patients if in-house facilities are not adequate.

c) In exceptional cases sometimes it becomes unavoidable to avail services from non-empanelled Private Hospital.

3. **Exceptions can be as under:-**

3.1) During acute emergency like Road Accident, Acute Heart Attack, etc., where the situation is such that the loss of time to report to Railway Doctor can cause serious deterioration to the patients' condition, the railway beneficiary should himself/herself get admitted to nearest suitable Hospital and submit reimbursement claim. He/she should also inform his/her Authorized Medical Officer at the earliest.

3.2) In cases where it is apprehended that shifting of a simple case to a railway hospital/railway empanelled hospital located at far off distance may cause deterioration of the simple case to the level of emergency state leading to loss of life etc., the patient should be admitted in a nearby hospital. Reimbursement in such cases also will be considered.

4. **System to be followed to get medical treatment done from non-empanelled private hospital. (2.12(c))**

4.1 For those cases where there is no emergency:- Proper proposal with estimate will be examined by Screening Medical Committee consisting at least two senior doctors of the Railway Hospital, nominated by MD/CMS/CMO/MS in-charge. On recommendation of the Committee MD/CMS/CMO as the case may be, will sanction the advance payment with concurrence of associate Finance, if it is within their power provided in the SOP. Cases beyond their power will be submitted to the next higher competent authority according to SOP.

For this purpose the process flow may be as under:-

AMO of Health Unit/treating doctor of hospital will initiate the proposal along with justification and estimate and put up to MD/CMS/CMO for screening by the Medical Committee. On recommendation of the committee, MD/CMS/CMO as the case may be, will sanction the advance payment with concurrence of associate Finance, if it is within their power provided in the SOP. Cases beyond their power will be submitted to the next higher competent authority according to SOP.

However, effort should be made to arrange for treatment of such cases at Railway Hospitals.

4.2 For those cases where there is an emergency:-

When treating doctor either of Health Unit or Hospital feels at any time that patient needs to be referred to non-railway/non-empanelled Private hospital for necessary management if the facility is not available in railway or empanelled private hospital or there is no empanelled private hospital available, he/she will obtain telephonic/personal permission of CMS/MD/CMO etc. immediately and simultaneously they will refer the patient so that there is no delay in treatment. In case of failure of telephonic conversation, a text message can be left. Then they will obtain rough estimate from the hospital and submit to the Screening Committee along with complete report of the case for processing for advance payment. On recommendation of the committee, MD/CMS/CMO will arrange for sanction with Finance concurrence by the Competent Authority according to SOP.

For above, efforts should be made to have some understandings with nearby available private hospitals. For immediate advance payment an adequate imprest may be provided in health unit / hospitals as per the provision in RB's letter no **2018/H/Trans Cell/Conclave/Health** dated **23.03.2018**(copy enclosed).

Note—The above process should be completed at the earliest possible.

5. **Patient friendly system:** - For this purpose the guidelines issued "Template for Railway Health units & Hospitals" (copy enclosed) should be followed strictly.

6. **Cost of Medical Treatment:** While taking decision about which technology to be adopted in Railway Hospital cost of treatment should be calculated properly. It is not proper to decide on an issue based on financial cost only. Other important costs are also to be considered and then a total view is to be taken.

Some of the other costs are:

- Cost of suffering by the patient.
- Cost of Hospital stay.
- Cost of person remaining sick and not able to do his/her normal function.
- Cost of suffering by the relative of the patient.
- Cost of loss of man days.
- Cost of loss of reputation of Railway Hospital.
- Cost of "Unsatisfied Railway Men".

Detailed guidelines have already been issued regarding sanction of reimbursement claims vide Board's letter of even number dated 31.01.2007. In addition, reimbursement should also be considered for cases of 3.2 above. This circular should be followed and the reimbursement claim cases should be finalized at the earliest.

With the above guideline Railway doctors will be able to provide proper and quality medical treatment timely and efficiently.

PCMDs & CMOs are requested to give it a wide circulation among the doctors within their jurisdictions.

अनिल
30/7/18

(Dr. Anil Kumar)(डा. अनिल कुमार)

Director General / Railway Health Services (महानिदेशक/रे. स्वा. से.)

Railway Board (रेलवे बोर्ड)