

RAILWAYS SENIOR CITIZENS WELFARE SOCIETY CHANDIGARH

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<p>No. RSCWS/ RB/ 2014-2</p>		<p>Dated: 27-3-2014</p>

Director General Health Services,
Railway Board, Rail Bhawan, New Delhi.

Dear Sir,

Subject: Treatment of Railway Beneficiaries - in Emergency in Empanelled Hospitals - Regarding: Procedure to be followed by the Empanelled Hospitals for dealing with cases – Urgent Need for clarification.

1. We would like to draw your kind attention towards the urgent need for clarification by the Railway Board, regarding the procedure for dealing with Emergency Cases of Railway Beneficiaries, by Empanelled Hospitals – in the absence of which the Patients in many cases have to face serious difficulties – as the Empanelled Hospitals – in the absence of stipulated condition in this regard in the MOU/ Contract, refuse to attend to the Patients without a Referral even in the case of an Emergency or insist on charging the Patients before discharge.

2. Information was sought from your office, through an application (dated 6-12-2013) under RTI by us, enquiring about the procedure in this regard. The said application was sent by your office to various Railways (*vide your office letter No. RB/RTI/2013/01009373 dated 7-1-14*).

3. The replies received from various Railways / Divisions, reveal a completely divergent procedures being followed by all the Railways & Divisions. There is no uniformity about it.

4. Some Railways / Divisions clearly lay down the procedure in the MOUs / Contracts indicating the procedure for dealing with Emergency Cases – by intimating the details through FAX within a stipulated period or taking a post facto approval of the Authorized Railway Doctor.

5. Regrettably others don't even mention the word Emergency in the MOU / Contract even for Specialties for which the Hospital is empanelled by the Railways – which is in violation of the Rules laid down by the Railway Board – permitting the Railway Beneficiaries to get cashless treatment in case of Emergency from the Empanelled Hospitals. This needs to be remedied – to avois serios problems being faced by the Patients in getting the treatment in case of Emergency – especially when there is no Railway Hospital in the or around the city (like Chandigarh etc).

6. A copy of the guidelines issued in this regard for Treatment in Emergency under CGHS, is enclosed herewith for the kind consideration of the Railway Board.

7. It is requested that appropriate guidelines may please be issued by the Railway Board to all the Railways and PUs, clarifying the specific Clause to be provided in the MOU / Contract regarding the Procedure to be followed by the Empanelled Hospitals for Medical Treatment in case of Emergency of Railway Beneficiaries (including the serving employees, pensioners & their dependents – covered under the RELHS etc), for uniformity, transparency and patient convenience.

Yours truly,

Encls: One – As referred to above



(Harchandan Singh),
Secretary General, RSCWS

(PROCEDURE FOR) TREATMENT IN EMERGENCY ((UNDER CGHS)

(Download from internet)

Under emergency conditions, the empanelled hospitals are expected to provide treatment of CGHS beneficiaries in all available specialties...

Private hospitals have been empanelled under CGHS only for such specialties for which they are eligible as per the terms and conditions of empanelment. However under emergency conditions, the empanelled hospitals are expected to provide treatment of CGHS beneficiaries in all available specialties.

“Emergency” shall mean any condition or symptom resulting from any cause, arising suddenly and if not treated at the earliest opportunity would be detrimental to the health of the patient or shall jeopardize the life of the patient”.

CGHS beneficiary attending hospital in emergency: In such a situation the Hospital shall intimate to BCA within 2 hours of admission and BCA shall respond in 4 hours (however treatment shall not be denied to any CGHS member and this is only an initiation of the e-workflow). Post discharge hospital would upload bills and download documents as per requirements of CGHS within 72 hours

In emergency the hospital shall not refuse admission or demand an advance payment from the beneficiary or his family member and shall provide credit facilities to the patient whether the patient is a serving employee or a pensioner availing CGHS facilities, on production of a valid CGHS card and the hospital shall submit the bill for reimbursement to the concerned Deptt. / Ministry / CGHS. The refusal to provide the treatment to bonafide CGHS beneficiaries in emergency cases without valid ground would attract disqualification for continuation of empanelment.

The following ailments may be treated as emergency which is illustrative only and not exhaustive, depending on the condition of the patient :

- Acute Coronary Syndromes (Coronary Artery Bye-pass Graft / Percutaneous, Transluminal Coronary Angioplasty) including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supra

- Ventricular Tachycardia, Cardiac Temponade, Acute Left Ventricular Failure / Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete Heart Block and Stoke Adam attack, Acute Aortic Dissection.

- Acute Limb Ischemia, Rupture of Aneurysm, Medical and Surgical shock and peripheral circulatory failure. Cerebro-Vascular attack-Stokes, Sudden unconsciousness, Head injury, Respiratory failure, decompensated lung disease, Cerebro-Meningeal Infections, Convulsions, Acute Paralysis, Acute Visual loss.

-Acute Abdomen pain.

-Road Traffic Accidents / with injuries including fall. Severe Hemorrhage due to any cause.

-Acute poisoning.

-Acute Renal Failure.

-Acute abdomen pain in female including acute Obstetrical and Gynecological emergencies.

-Electric shock.

-Any other life threatening condition.

Source <http://centralgovernmentemployeesnews.in/2012/12/emergency-treatment-in-CGHS-hospitals> (Discussed with CMO I/C CGHS Wellness Center. He indicated that this is an extract from the tendered floated for empanelment of hospitals for CGHS)

Medical Emergency Conditions Included Under The Purview of CGHS Act

(Posted: 20 Mar 2014)

(Copy attached)

Medical Emergency Conditions Included Under the Purview of CGHS Act CGHS Emergency Treatment

List of Emergency Conditions

The medical emergency conditions included under the purview of CGHS Act are enlisted below:

- a) Acute Coronary Syndromes viz. (Coronary Artery By-pass Graft or Percutaneous Trans-Luminal Coronary Angioplasty) including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supra- Ventricular Tachycardia, Cardiac Tamponade, Acute Left-Ventricular Failure, Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete Heart Block and Stokes-Adams Attack, Acute Aortic dissection.
- b) Acute Limb Ischemia, Rupture of Aneurism, Medical and surgical shock and peripheral circulatory failure.
- c) Cerebro-Vascular Attack, Strokes, sudden Unconsciousness, Head Injury, Respiratory failure, De-compensated Lung Disease, Cerebro-Meningeal Infection, Convulsions, Acute Paralysis, Acute Visual Loss.
- d) Acute Abdomen
- e) RTA (Road Traffic Accident) with injuries including fall
- f) Acute Poisoning
- g) Acute Renal Failure
- h) Acute Abdomen in females including Acute Obstetrical and Gynecological Emergencies.
- i) Heat Stroke

O.P.D. (Outdoor Patient Department) treatment and subsequent follow-up after hospitalization is not permitted in Private Hospitals and Diagnostic Centres recognized under CGHS. Exceptions for follow-up treatment are permissible in following conditions for a period of 3 to 6 months after conducting the surgical procedure, are as follows:

- a. Neuro-surgery
- b. Cardiac Surgery including Angioplasty
- c. Cancer Surgery, Radiotherapy and Chemotherapy
- d. Organ transplant viz. Kidney
- e. Knee replacement
- f. RTA (Road Traffic Accident)

Revision of rates for reimbursement of medical expenses incurred in emergency conditions under CS (MA) Rules, 1944.

The undersigned is directed to state that the issue of revision of rates for reimbursement of medical expenses incurred on availing medical treatment in emergency conditions under CS (MA) Rules, 1944, when treatment is taken in a non empanelled private hospital, has been under consideration of the Government for some time.

2. It has now been decided that, reimbursement of medical expenses incurred by a Central Government employee covered under CS (MA) Rules, 1944 on availing medical treatment for himself and his dependent family members in emergency conditions, would be allowed as per the prevailing non-NABH CGHS rates as applicable to a CGHS covered city and non-NABH rates applicable to the nearest CGHS covered city in case of non-CGHS city, as the case may be, or the actuals, whichever is less.
3. For the medical treatment in such cases where package rates are prescribed under CGHS, the non-NABH rates of the CGHS covered city and non-NABH rates of the nearest CGHS city (in case of non-CGHS covered city) or the actuals. whichever is less, will be applicable.
4. This OM supersedes all earlier orders issued from time to time under CS(MA)Rules, 1944 on this subject for allowing reimbursement of medical expenses in emergency conditions when treatment is taken in a non-empanelled private hospital.
5. This OM will come into effect from the date of issue.
6. This issues with the concurrence of the Integrated Finance Division vide their Dy.No.C-282 dated 22.05.2013.