

## **JOINT PROCEDURE ORDERS FOR REIMBURSEMENT CASES.**

In ref to GM's noting dt 26.03.2012, as per new reimbursement guidelines from Rly Bd vide their letters Nos: 2005/H/6-4 policy dt:31.01.2007 & 16.04.2007 this joint procedure has been proposed & agreed upon by Medical & Finance departments for implementation by all concerned.

**Accordingly, there is no scope available for any railway beneficiary to go to any private hospital himself/herself or their dependents on their own volition except in case of "Real Emergency." He/She should also inform his/her authorized Medical Officer at the earliest.**

Henceforth following procedure & Time frame is proposed to be observed at Divisional & Head quarter level units of Medical & Finance departments by their nodal officers & Clerk deputed by personnel department exclusively to deal with reimbursement cases.

### **DUTIES & RESPONSIBILITIES:**

1. The claim should be submitted in the office of CMSs, duly forwarded by his/her departmental incharge with stamp and date during all working days directly to reimbursement clerks only to save on transaction/processing time. **Receipt in this regard duly indicating date & signature of dealer should be issued to claimant.**
2. The claims should be preferred within SIX months from the date of discharge from hospital/Sickness Period.
3. Any delay in proposal submission beyond "Six Months period" should be condoned in terms of Para-652 of IRMM-2000 on request of applicant, giving valid reasons for delay in submission. This should be duly endorsed accepted & recommended by his immediate controlling officer of employee as well as accepted in verbatim by associate finance.
4. The reimbursement clerk of CMS/MD's office should accept the claim of serving employees only if the claim is duly forwarded by the concerned department of the employee with date and stamp.
5. Claims with submission delay of more than one year shall not be accepted, without verbatim acceptance note of the Branch Officer/CHOD.
6. In case the documents are not complete, the proposal should be immediately returned duly signed by reimbursement nodal officer or a person duly authorized by MD/CMS citing reasons for return of claim in the register as well giving a copy to person presenting the claim under clear receipt to the claimant with Date & Time.

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7. ***Under no circumstances any incomplete claim should be accepted for processing & registration.***
8. On registration of proposal A copy of receipt to be given to person submitting the claim with date & time duly recorded & signed by dealer.
9. The deputed staff shall maintain a register for receipt/registration of all reimbursement cases in division maintaining details like 1 Date of receipt of relevant documents pertaining to case as per circulated checklist (Copy enclosed):2 Provisional diagnosis:3 Category of case(Ref/Non Ref): Govt./private(Recog./Non Recog):4 Amount Claimed: 5 Complete contact details like name, designation, place of work / residential address, Mobile /phone Nos. etc.
10. This register should be updated on a day to day basis by nominated staff & to be checked by the reimbursement Nodal Officer of the unit every week & every fortnight by I/c of the unit. This should be made available for cross checks by higher authorities. Any failure on this account, should be dealt with suitable by respective I/cs.
11. **No claim to be processed with out written approval of nodal officer & verbatim acceptance of "Emergency" by hospital I/c.**
12. **Claims with vague, incoherent information & incomplete data with no dates and not complying with Rly Bd's guidelines shall be summarily rejected with competent authorities' clear speaking order.**
13. Scrutiny statement should mention relevant reference of CGHS rate given against each point. The scrutiny should be neatly computer generated on Excel format as already given. Essentiality Certificate as per Railway manual to be submitted with the claim.
14. **Each page of scrutiny statement to be signed by dealer & c/s by nodal officer.**
15. All cuttings/over writings to be authenticated by claimant on documents & nodal officer on scrutiny sheet.
16. At present handwritten scrutiny sheets are being accepted for processing from divisions. As total computerization at ground level will take time till the present system will continue. However, efforts have to be made for total computerization to introduce computerized scrutiny sheets in excel format as early as possible.
17. Lot of time can be saved, if accounts officer could directly ask the medical officer the meaning of a particular technical term or its

interpretation instead of the returning the file for the same. Similarly justification of emergency can be discussed and recorded.

**For Divisional Finance**

18. Associate finance to endorse the delay condonation, if any in their finance note.
19. All care should be taken by associate finance while concurring the claimed expenditure in accordance to Rly Bd guidelines.

**FOR HEAD QUARTER OFFICE OF CMD**

20. The claims from divisions should be received by nominated dealer at Hd Qr. Office in a register similar to the one as mentioned at item-I above meant for divisions under similar instructions.

**GENERAL INSTRUCTIONS:**

- The "Time Schedule" is to be counted, **ONLY** on receipt of "COMPLETE IN ALL RESPECT claims "at Divl. Hospital level.
- Proposals under observation/clarification correspondence should be taken up on priority for reply within reasonable period.
- For, any undue delay of correspondence the responsibility should be fixed by concerning officers of that department & remedial actions taken with documentation for perusal of competent authorities at highest levels.
- Necessary steps should be taken by all divisions & units for giving wide publicity thereon web site so that employees regarding submitting their claims correctly as per new guidelines of Railway Board regarding admissibility of claims so that processing of the case is a smooth affair.
- A proper system of recording receipt of applicant & monitoring of finalization of claims should be developed at divl as well as at Hd Qr level of both medical & finance departments to maintain transparency in the matter.
- Existing powers of delegation for sanction of claims will continue till further orders.
- This JPO shall be effective from the date of issue & shall be binding in letter & spirit to all concerned departments/units.

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- While sending completed proposals to Head Or. Office the scrutiny to be send both in Hard & soft copies.
- Claim will not be accepted in Hd. Qrts. Without a hard copy.
- Cases already settled shall not be opened up in ref to this JPO.

**File no. 2012/Ac/s/Fin/HQ/Medical Reimbursement JPO**

**ENCL.** Annexure-I Checklist for HQ Office  
Annexure-II Checklist for Division  
Annexure-III Mandatory information on Emergency / Life  
Threatening illness.

CMD

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Annexure-I

**CHECKLIST FOR MEDICAL REIMBURSEMENT CLAIMS**

(HQ Office)

Name ..... Relation with the employee.....  
Designation..... Station.....  
Diagnosis.....  
Name of the hospital.....  
Rate of Pay..... Entitlement.....

| SN    | Item  | In order/not in order | Remarks |
|-------|---|-----------------------|---------|
| 1     | Category of the case  |                       |         |
| 1.1   | Referred to Govt./Recognized Private  |                       |         |
| 1.1.1 | Referred to non-recognized Pvt. Hospital<br>(with DG/RHS. Permission)   |                       |         |
| 1.2   | Non referred to Govt. hospital  |                       |         |
| 1.3   | Non referred to Recognized/Non-Recognized private<br>hospital   |                       |         |
| 2     | Medical Board report & Estimate for Advance   |                       |         |
| 3     | Medical I/card/RELHS CARD duly attested copy  |                       |         |
| 4     | Sickness Period w.e.f----- TO-----  |                       |         |
| 5     | Discharge Slip<br>(in original)   | DOA<br>DOD            |         |
| 6     | (a)Essentiality<br>certificate/Emergencycertification(as per<br>Annexure V of IRMM 2000 by Treating<br>Hospital)<br>(b)And parameter detail to establish<br>emergency condition. (Railway Boards letter<br>no. 2005/H6-4/policy-II dtd 31.01.2007 |                       |         |
| 7     | Delay condoned by CA  |                       |         |
| 8     | Original Bills/Cash memos verified by<br>treating doctor (Name, Signature of the<br>doctor with stamp) <b>Summary of Bill</b>   |                       |         |
| 9     | Date of receipt of Complete claim with all<br>documents (incomplete claims are not to be  |                       |         |

|    |   |     |  |  |
|----|---|-----|--|--|
|    | accepted by dealer)   |     |  |  |
| 10 | <b>Computerized Scrutiny Statement duly signed by N.O. &amp; Hospital Incharge.</b> |     |  |  |
| 11 | Amount Claimed  |     |  |  |
| 12 | Amount recommended by MD/CMS/MS   |     |  |  |
| 13 | Vetting of Associate Finance  |     |  |  |
| 14 | Date of receipt at HQ office  |     |  |  |
| 15 | Date of sending for HQ finance vetting  |     |  |  |
| 16 | Date of HQ Finance vetting  |     |  |  |
|    | Net Admissible amount   | Rs: |  |  |

Dy CMD/HQ

Dealer

**Annexure-II**

**CHECKLIST FOR MEDICAL REIMBURSEMENT CLAIMS**

**(Divisional Office)**

Name ..... Relation with the employee.....  
Designation..... Station.....  
Diagnosis.....  
Name of the hospital.....  
Rate of Pay..... Entitlement.....

| SN    | Item  | In order/not in order | Remarks |
|-------|---|-----------------------|---------|
| 1     | Category of the case  |                       |         |
| 1.1   | Referred to Govt./Recognized Private  |                       |         |
| 1.1.1 | Referred to non-recognized Pvt. Hospital<br>(with DG/RHS. Permission)   |                       |         |
| 1.2   | Non referred to Govt. hospital  |                       |         |
| 1.3   | Non referred to Recognized/Non-Recognized private hospital  |                       |         |
| 2     | Medical Board report & Estimate for Advance   |                       |         |
| 3     | Medical I/card/RELHS CARD duly attested copy  |                       |         |
| 4     | Sickness Period w.e.f----- TO-----  |                       |         |
| 5     | Discharge Slip<br>(in original)   | DOA<br>DOD            |         |
| 6     | (a)Essentiality<br>certificate/Emergencycertification(as per<br>Annexure V of IRMM 2000 by Treating<br>Hospital)<br>(b)And parameter detail to establish<br>emergency condition. (Railway Boards letter<br>no. 2005/H6-4/policy-II dtd 31.01.2007 |                       |         |
| 7     | Delay condoned by CA  |                       |         |
| 8     | Original Bills/Cash memos verified by<br>treating doctor (Name, Signature of the<br>doctor with stamp) <b>Summary of Bill</b>   |                       |         |
| 9     | Date of receipt of Complete claim with all<br>documents and signed by claimaint<br>(incomplete claims are not to be accepted by<br>dealer)  |                       |         |



|    |   |     |  |  |
|----|---|-----|--|--|
| 10 | <b>Computerized Scrutiny Statement duly signed by N.O. &amp; Hospital Incharge.</b> |     |  |  |
| 11 | Amount Claimed  |     |  |  |
| 12 | Amount recommended by MD/CMS/MS   |     |  |  |
| 13 | Vetting of Associate Finance  |     |  |  |
| 14 | Net Admissible amount   | Rs: |  |  |

**N.O./Reim**

**Dealer**

**MD/CMS/MS**



**Annexure III**

**'INFORMATION ON EMERGENCY/LIFE THREATENING ILLNESS'**

**(MANDATORY INFORMATION)**

*(To be filled in by Treating Doctor of Private Hospital)*

**A. Admission Details:**

|                             |              |
|-----------------------------|--------------|
| 1. Patient Name             | Age          |
| 2. Name of Employee         | Relationship |
| 3. Date & Time of Admission | Ward         |

**B. Clinical Finding at the time of Admission:** Following findings on patients condition at time of Admission should be provided by treating doctor for evaluation.

- i. Gen. Condition of Patient.
- ii. Pulse Rate
- iii. B.P
- iv. Level of Consciousness
- v. Any convulsive feature
- vi. Urine output
- vii. Any other feature of shock
- viii. Urine output
- ix. Any other feature of shock
- x. Body temperature
- xi. Extent of external wound
- xii. Extent of active bleeding
- xiii. Extent of chest pain or pain in other parts of the body

**C. Types of medical treatment given immediately after admission:-**

List of Emergency medicines used immediately after admission.

Type of surgical procedure done immediately after admission.

**Attach all supportive documents.**

**Sign of Divl. I/C**

**Annexure IV**

**Time Schedule for processing of Medical Reimbursement Claims of Non-Referred cases to Private Non-recognized Hospital.**

| <b>SN</b> |  | <b>Time Schedule</b>                              |
|-----------|--|---|
| <b>1</b>  | The Claimant may submit the claim in proper format along with the requisite annexure to the authorized Medical Officer duly countersigned by the controlling officer.<br>Any claim which is time-barred should be submitted after the delay has been condoned by the Associate Accounts Officer. | Within Six (6) months from the date of discharge. |
| <b>2</b>  | <b>Medical Department (Division/Unit Level)</b><br>The AMO will scrutinize and countersign the claim as per Railway Board Policy dt: 31.01.2007 and send the case to the Divisional/Central Hospital as the case may be.   | Within 10 working days                            |
| <b>3</b>  | <b>CMS/MD/Medical Incharge</b> will scrutinize and after establishing the emergency shall send the case being complete in all respects   | Within 10 working days                            |
| <b>4</b>  | Associate Finance concurrence subject to the case being complete in all respects   | Within 15 working days                            |
| <b>5</b>  | <b>CMS/MS/Medical Incharge</b> will either arrange for the sanction at the divisional level or forward the case to HQ office.  | Within 7 working days                             |
| <b>6</b>  | <b>Medical Department (HQ Level)</b><br>HQ Medical Department to scrutinize the case as per the check list issued by the finance and if found complete in all respects submit the same to HQ Finance for concurrence.  | Within 10 working days                            |
| <b>7</b>  | <b>HQ Finance</b> will concur the Medical Reimbursement claims submitted as per the prescribed check-list and complete in all respects.  | Within 15 working days                            |

|    |   |                        |
|----|---|------------------------|
| 8  | On receipt of the cases duly vetted by HQ Finance will submit the case for sanction of <b>AGM/GM/Rly Bd.</b>  | Within 5 working days  |
| 9  | After obtaining the sanction of the competent authority, sanction letter shall be issued to the respective units.   | Within 5 working days  |
| 10 | <b>Medical Department (NCR/CH/Division)</b><br>On receipt of the necessary sanction letter from the HQ Office the concerned Medical Unit may issue pay order.                           | Within 5 working days  |
| 11 | Accordingly the account department shall arrange /issue cheque.   | Within 10 working days |
| 12 | The scrutinizes of proposals to be cross checked at Hd. Qr. Office & submitted for CHOD's approval of the receipt of claim.   | within 10 working days |
| 13 | CHOD approved claims to be sent for FA & CAO's vetting along with HQ check list with all relevant facts of case & reasons of Delay duly documented <b><u>with in a week's time.</u></b> | Within 7 working days  |

**Note:** All such claims for medical reimbursement for treatments obtained in Recognized Private Hospitals/ Cases referred by NCR CH to Govt./Recognized Private Hospitals will be dealt with on Bill payment System and do not require Finance Concurrence.