

भारत सरकार GOVERNMENT OF INDIA
रेल मंत्रालय MINISTRY OF RAILWAYS
रेलवे बोर्ड RAILWAY BOARD

No.2024/I & Trans. Cell / Healthcare /P

New Delhi, Date: 29.08.2024

The General Manager DG, CTIs
PCMDs, PCPOs DG, RDSO
PHODs CMD, RailTel
All Indian Railways

Subject: Railway Healthcare Policy Instructions - reg.

The issue of providing better railway healthcare has been a constant endeavour of the Railway Administration. Suggestions / references on the same have been under active consideration of the Railway Board and the following has been decided:

1. Pan-IR UMID Card for Serving Staff, Pensioners and Dependent Beneficiaries:

- i. **QR coded pan-IR UMID card** may be issued on request through HMIS @ Rs 100/- per card (Rs one hundred per card.)
- ii. **e-UMID:** All UMID Cards would be placed, as 'issued document', in Digi-Locker of the Primary Card Holder (i.e., IR's Serving Employee / Pensioner) and made available on beneficiary's profile on HMIS App.
- iii. **pan-IR validity:** for treatment at all Railway Hospitals / Health Units and for referral or emergency treatment at any of IR empanelled HCOs (Health Care Organisations like private hospitals, diagnostics, specialists etc.)

2. Referral:

- i. Referral shall not be in favour of any particular empanelled hospital by name. **All referrals shall only mention that the referral for treatment is valid for any IR empanelled HCO on IR.** (ref. GoI, Ministry of Health & FW, O.M. No. Z 15025 /105 /2017 /DIR /CGHS/EHS dt. 9th Nov. 2017).
- ii. Zonal Railway shall empanel HCOs **for all employees/ pensioners/ dependents on IR as entitled** to avail treatment /services. This shall be incorporated in all extant empanelled HCOs with immediate effect.
- iii. All **referrals would be valid for a period** of 30 (thirty) days or as further specified. Referral would be subject to revalidation, wherever required, by the same referring Railway Authority / Railway Doctor.
- iv. **Features** are at Annexure-I.
- v. Zonal Railways to ensure compliance at all extant/subsequent empanelled HCOs.

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3. Treatment at Institutes of National Importance (INIs) viz. PGIMER-Chandigarh, JIPMER-Puducherry, NIMHANS-Bengaluru and 25 AIIMS.

- a) No referral / permission is required for Treatment (OPD/ Consultations/ IPD/ Indoor Treatment/ Investigations/ Diagnostics/ Tests) at the above-mentioned INIs.
- b) Medicines prescribed by these INIs shall be obtained from the Railway Hospital after initial treatment and medication in OPD / Emergency.
- c) With respect to the IPD treatment, till the time patient is admitted in these hospitals, medicines dispensed by these INIs, Tests and other diagnostics done at these INIs, would be covered in the expenses met during the treatment at these INIs.
- d) Medicines prescribed by these INIs, including the follow up medicines and other services shall be provided by the Railway Hospital / Health Unit.
- e) Reimbursement for treatment at these INIs shall be as per actuals or city specific CGHS Rates, whichever is lower.
- f) The above excludes dental implants and / or such treatments that are not allowed under extant instructions.
- g) Any addition to the list of INIs at para 3 would require prior approval of the Railway Board.

4. Directory of IR empanelled HCOs (showing location, specialization / services and rating).

- a. HMIS App would show live **Directory of IR's empanelled HCOs**. The Directory would have two Lists (sub-Directories): (i) Empanelled HCOs where cashless treatment facility is available on referral and emergency (ii) Empanelled HCOs with Non-cashless facility, categorized as '**CARE**'.
- b. HMIS App has been provided with a feature of rating by the Patient availing treatment at IR empanelled HCOs. Zonal Railways shall use this feature for performance assessment of empanelled HCOs and addressing issues resulting in poor ratings.
- c. **Explanatory illustration is at Annexure-II.**
- d. General instructions on HMIS Directory of IR empanelled HCOs are at **Annex-III.**

5. Leveraging IR's Digital Health Infrastructure (HMIS):

- a. For Serving Employees, (RELHS) Pensioners and Dependents: treatment at RH / HU and empanelled HCOs shall be, without exception, w.r.t. UMID.

[**note:** Those railway pensioners and/or their dependent beneficiaries, who are entitled to medical treatment / services / medicines at RH / HU but no UMID has been issued to them, shall not be denied medical treatment/ services/ medicines at RH / HU. Their UMID No. would be generated, at first opportunity, w.r.t. their PPO and Aadhar, whenever they approach RH / HU, to enable them to avail of entitled facility. Remaining details /fields in UMID card would be verified and filled up in HMIS Database.]

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- b. Indian Railway Medical Manual contains provision that **servants / attendants or non-dependents temporarily staying with the railway employee / pensioner, who are in need of medical attention, could avail medical treatment / services / medicines at RH / HU as private patients on payment:** It has been decided that the same may be availed w.r.t. Primary UMID Card on payment @ city specific CGHS Rates or as prescribed by Railways wherever CGHS rates are not available. In HMIS treatment of such non-dependents shall be limited to the jurisdiction of Railway Hospital / Health Unit where the railway employee resides. At all other RHs / HUs such usage is prohibited and would be system blocked in HMIS. In all cases where treatment is not being availed by the Primary Card-holder herself / himself, all transaction slips in HMIS w.r.t. such non-dependents as private patients shall capture Name, Relationship and Aadhar no. of the Patient availing treatment along with OTP based confirmation by Primary UMID Card-holder and payment. All such transactions would be reflected in HMIS profile of the Primary Card-holder.

[note: Special Instructions: Card is non-transferable. Primary Card-holder is required to keep the card in her / his safe custody and use scrupulously. Changes or up-dations are the responsibility of the Primary Card-holder who, when a fresh card is required to be issued due to changes / up-dations, shall block it in HMIS and request for a fresh card to be issued. Misuse shall be liable for proceedings under D&AR and/or civil/criminal proceedings. Loss / Theft to be immediately reported by the Primary Cardholder to the controlling officer and Medical Officer along with a copy of the FIR and Card to be blocked in HMIS.]

6. **On-line HMIS integrated payment gateway** for payments relating to treatment services including medicines at RH/HU has been provided in HMIS.
7. **Standardised format** of pan-IR UMID card for serving employees, pensioners and dependents is at Annexure-IV.
8. Health Directorate (ED/Health and / or Director /Health Policy & Projects) Railway Board is the **'single point of contact' (SPOC) for HMIS and coordination with RailTel / C-DAC** on issues regarding HMIS.

This issues with the approval of Railway Board (DG/RHS, DG/HR, MF and the CRB & CEO).

Kindly acknowledge receipt and ensure compliance. Hindi version would follow.

Enclosures: As above

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No.2024/I & Trans. Cell /Healthcare /P

New Delhi, Date:29.08 .2024

1. PFAs, All Indian Railways & Production Units.
2. The ADAI (Railways), New Delhi;
3. The Director of Audit, All Indian Railways

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for Member Finance

Copy to:

- (i) CMD, RailTel – for ensuring HMIS in line with policy instructions (ii) As per list enclosed:

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New Delhi, Date:29.08 .2024

Copy for information to:

1. The Executive Director, Indian Railways Centre for Advanced Maintenance Technology, Gwalior.
2. The Registrar, Railway Claims Tribunal, Delhi.
3. The Chief Commissioner of Railway Safety, Lucknow.
4. The Secretary, Railway Rates Tribunal, Chennai.
5. The Chairman. Railway Recruitment Board, Ahmedabad. Ajmer, Allahabad, Bangalore, Bhopal, Bhubaneshwar, Chandigarh, Chennai, Gorakhpur. Guwahati, Jammu & Srinagar, Kolkata, Malda, Mumbai, Muzaffarpur, Patna, Ranchi, Secunderabad and Trivendrum.

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No.2024/I & Trans. Cell /Healthcare /P

New Delhi, Date:29.08 .2024

Copy to:

1. The Genl. Secy., AIRF, Room No. 248, & NFIR Room No. 256-C, Rail Bhavan
2. The Secy. Genl., IRPOF, Room No. 268. FROA, Room No. 256-A & AIRPFA, Room No. 256-D Rail Bhavan

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New Delhi, Date:29.08 .2024

Copy to:

1. Advisor/MR, EDPG/MR, OSD/MR, OSD/Coord/MR, Additional PS/MR PS/MoSR(D), EDPG/MoSR(D), EDPG/MoSR(J), Addl.PS/MoSR(J)
2. PSOs/Sr.PPSs/PPSs to CRB & CEO, M/O&BD, MF, M/TRS, M/Infra
3. All DGs, Secretary/RB, All AMs, PEDs, All EDs, Railway Board.
4. IG/P&TS, Railway Board.
5. RBCC, Room No. 476 for uploading on the website.

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**Annexure-I
Referral:**

- a. **Simplified (2-step) Referral process** has already been introduced vide para 1 of the Railway Board letter no. 2018/Trans Cell / Health / Medical Issues dated 24.01.2019. Representations are being received that the RH/HU are not following the said instructions. The administrative in-charge of the RH/HU and the DRM / AGM/ GM may ensure strict adherence to the same.
- b. **Referral shall not be made in favour of any particular vendor or empanelled private hospital or any other HCO by name.** In this regard the Regulation on Professional Conduct and Ethics as per Gazette Notification No. R-12013/01/2022/Ethics of 2nd August 2023 issued by the National Medical Mission is also to be kept in view. GoI, Ministry of Health & FW, CGHS instructions debar this specifically. Such instances could invite vigilance angle and in addition shall make the erring railway doctor liable for conduct rules violation.
- c. **All referrals shall only mention that the same is for any IR empanelled HCO anywhere on IR.** (ref. GoI, Ministry of Health & FW, O.M. No. Z 15025 /105 /2017 /DIR /CGHS/EHS dt. 9th Nov. 2017).
- d. Notwithstanding the fact as to which Zonal Railway has empanelled an HCO (Health Care Organisations like empanelled private hospitals, diagnostics, specialists etc.), **as a cross-approval policy approach, all empanelment are for IR and all employees/ pensioners/ beneficiaries are entitled** to avail treatment /services at any of the IR empanelled HCOs.
- e. **All referrals would be valid for a period of 30 days.** Referral would be subject to revalidation, wherever required, by the same referring Railway Authority / Railway Doctor
- f. **Choice would be exercised by the employee / pensioner / beneficiary** in writing, for the purposes of medical pass if required. If desired by the employee / pensioner / beneficiary, the RH / HU would be duty bound to render all assistance /guidance to the patient in making her /his decision about the choice from the list IR empanelled HCOs.
- g. In all Referral cases, a **referral authentication** token, along with a Digital Referral Letter, in HMIS would be generated by the RH / HU that has referred the patient. The empanelled HCO wherever the patient chooses to avail the referral treatment / facility would use its own (HCO specific login ID) to accept the referral token available against the UMID Card detail in HMIS App.
- h. In **emergency cases** [already laid down in the para 4 of the draft MoU stipulated vide Railway Board letter No. 2021/H-1/10/MoU dated 20.11.2023 – **copy enclosed**] the empanelled HCO would use its login ID to verify UMID card and tick on the 'red-flag'. An SMS (SOS) message in HMIS against that UMID would be sent to the concerned RH in-charge of the Unit of the Primary UMID Card-holder and Zonal Railway Hospital Administrator.

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Annexure-II - Illustration

Illustration A: Referral case

(referral by Railway Doctor for treatment at IR empanelled Hospital)

Patient A (UMID Card-holder) is issued a referral by Railway Doctor for treatment at IR empanelled Hospital anywhere on IR. Patient A looks up the live Directory in HMIS App and sees the location, rating and services/ specialization offered by various empanelled Hospitals on IR.

Patient A may choose cashless treatment facility at any one of the empanelled Hospital in List A of the Directory.

Alternatively, if Patient A finds that one Hospital in list B suits her / him better, in terms of location or specialization services, Patient A may avail treatment at her / his chosen Hospital in List B.

IR empanelled Hospital (either List A or List B) would have an OTP based (login) access to verify the Patient's UMID card and tick the unique referral token - shown against that UMID Card - to acknowledge the digital referral letter issued by the Railway Doctor.

If Patient A goes to chosen Hospital in List B, avails of the treatment as per railway referral and makes all payments herself / himself @ CGHS Rates, the Patient A, after getting a fit / discharge certificate and resuming railway duty (if serving employee) would submit bills for reimbursement (with all the records as required) to the designated jurisdictional RH/HU of the Primary Card-holder, for having availed of the treatment w.r.t. referral by Railways. The eligible reimbursement claim is credited within the prescribed time limit for reimbursement, in the salary account for serving employee and bank account indicated by the pensioner.

Illustration B: Emergency Case.

Patient B is in need of (defined) emergency treatment. Patient B checks up the live HMIS Directory to choose an empanelled Hospital that suits her / him best (location-wise or rating-wise or service-wise). Empanelled Hospital could be in List A or List B of the Directory.

The empanelled Hospital uses OTP based (login) access to verify Patient B's UMID card and ticks the emergency treatment 'red flag' against the UMID. Systems (HMIS) triggered message (SMS-SOS) against that UMID is sent to the concerned RH in-charge of the jurisdictional unit of the Primary UMID Card-holder and Zonal Railway Central Hospital.

Patient B, after availing treatment submits bills to jurisdictional RH / HU for reimbursement with all the records for having availed of the treatment w.r.t. emergency treatment. The eligible reimbursement claim is credited within the prescribed time limit for reimbursement, in the salary account for serving employee and bank account indicated by the pensioner.

Benefit of reimbursement of Medical Expense from two sources: Patient B is encouraged to avail of the benefit of reimbursement of medical expense from two sources (i.e., Total Bill less claim paid by Insurance, is reimbursable up to the admissible amount @ CGHS rates) vide **Railway Board letter No. 2009/H/6-4/Policy dated 09.04.2015 which also has an illustration attached to it. (copy enclosed as Annex. -V).**

Illustration C:

Patient C avails of certain treatment / services at the List B of the Directory but has neither any prior referral nor is in need as an emergency. Though Patient B avails benefit of treatment / services at the List B empanelled Hospital @ CGHS rates, expenditure incurred by Patient C is not eligible for reimbursement.

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Annexure-III – Live Directory of Empaneled Health Care Organisations (HCOs)

[Health Care Organizations like Private Hospitals, Diagnostic Centers, Specialists etc.]

Live Directory (in HMIS App) of all empanelled HCOs on IR												
Category	Features											
<p style="text-align: center;">List A: Directory of Empanelled HCOs with Cashless Treatment Facility in case of Referral and Emergency</p>	<p>(a) MoA / MoU by Zonal Railways shall unambiguously provide that all railway employees, pensioners and their dependent beneficiaries carrying their UMID card would be entitled for treatment.</p> <p>(b) Cases of referral by Railway Doctor or Emergency - UMID card-holder entitled for cashless treatment at IR empanelled private Hospitals as per HMIS Directory.</p>											
<p style="text-align: center;">List B: Directory of Empanelled HCOs with on-payment facility categorized as 'CARE' (CGHS' empanelled HCOs Access to Railway Employees)</p> <p>Note:</p> <p>(i) Health Directorate, Railway Board, as a single window would enter into MoA / MoU with CGHS empanelled HCOs on identical Terms & Conditions and Rates as between that HCO and GoI, Ministry of Health & FW (CGHS), but without any cashless / credit facility and therefore without any stipulation of PBG or EMD. Special emphasis in MoA/MoU would be on providing prompt and required medical attention /treatment to Railway beneficiaries carrying UMID.</p> <p>(ii) Health Directorate, Railway Board shall sync / update this Database w.r.t. CGHS' list of empanelled HCOs as and when CGHS revises its list.</p> <p>(iii) Treatment / services availed would be on payment basis by the railway employee /pensioner /dependent beneficiary @ CGHS Rates.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Treatment / Services availed at List B: 'CARE'</th> <th style="width: 30%;">Mode</th> <th style="width: 40%;">Reimbursable as per extant procedure @ CGHS Rates.</th> </tr> </thead> <tbody> <tr> <td>Referral by Railway Doctor</td> <td rowspan="2" style="text-align: center;">On-payment by UMID cardholder</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td>Emergency</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td>Walk-in-facility (non-reimbursable)</td> <td></td> <td style="text-align: center;">no</td> </tr> </tbody> </table>	Treatment / Services availed at List B: 'CARE'	Mode	Reimbursable as per extant procedure @ CGHS Rates.	Referral by Railway Doctor	On-payment by UMID cardholder	Yes	Emergency	Yes	Walk-in-facility (non-reimbursable)		no	<p>(a) UMID Card may be used for treatment on payment (by patient) at empanelled Hospitals under ListB (CARE) in HMIS Directory.</p> <p>(b) In these empanelled Hospitals ('CARE') - Referral by Railway Doctor and / or Emergency cases shall be eligible for reimbursement.</p> <p>(c) Railway employees, pensioners and dependent beneficiaries would avail treatment / services w.r.t. UMID card and Aadhar, both to be captured in every transaction slip issued by the empanelled HCO.</p> <p>(d) All efforts would be made to credit the Reimbursable amount (referral and emergency cases only) at the earliest within the time limit prescribed for reimbursement through salary bill in salary account of serving railway employee and bank account indicated by the pensioner.</p> <p>(e) Walk-in-facility would be on prior payment by the patient (UMID card-holder) at CGHS Rates / charges as per the MoA. <u>This is, however, not reimbursable.</u></p>
Treatment / Services availed at List B: 'CARE'	Mode	Reimbursable as per extant procedure @ CGHS Rates.										
Referral by Railway Doctor	On-payment by UMID cardholder	Yes										
Emergency		Yes										
Walk-in-facility (non-reimbursable)		no										

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Annexure-IV – standard format of pan-IR UMID Card

For Dependent of Serving Employees



**Government of India
Ministry of Railways
Indian Railways**



UMID No. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
 Type of Card Self / Dependent
 Name of the Card-holder xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
 masked Aadhar xxxx-xxxx-_____
 Validity Upto ____/____/____



Valid at all Railway Hospitals (RHs) / Health Units (HUs) on IR.

Instructions: (please refer to instructions formally issued on the matter)

- **Primary Card-holder / Dependents:** Referral or Emergency cases entitled to cashless treatment at any IR empanelled Hospitals shown in HMIS Directory. At Institutes of National Importance viz. AIIMS /PGIMER- Chandigarh /JIPMER-Puducherry /NIMHANS-Bengaluru - no referral required and is reimbursable as eligible.

प्राधिकार/ Issuing Authority

Details of Primary Card Holder

Primary UMID Card-holders' Name : • xxxxxxxxxxxxxxxxxxxxxxxx
 Primary UMID Card No.: • xxxxxxxxxxxxxxxxxxxxxxxx
 Designation: • xxxxxxxx
 Station/Unit and HQ of employee: • xxxxxxxx
 HRMS ID • xxxxxxxx
 masked Cell No. • xxxxxxxx
 Jurisdictional RH /HU • _____/_____(Division _____ / Railway _____)

Special Instructions: Card is non-transferable. Primary Card-holder is required to keep the card in her / his safe custody and use scrupulously. Changes or up-dations are the responsibility of the Primary Card-holder who, when a fresh card is required to be issued due to changes / up-dations, shall block it in HMIS and request for a fresh card to be issued. Misuse shall be liable for proceedings under D&AR and/or civil/criminal proceedings. Loss / Theft to be immediately reported by the Primary Cardholder to the controlling officer and Medical Officer along with a copy of the FIR and Card to be blocked in HMIS.

प्राधिकार/ Issuing Authority

For Serving Employee



**Government of India
Ministry of Railways
Indian Railways**



UMID No. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
 Type of Card Self / Dependent
 Name of the Card-holder xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
 masked Aadhar xxxx-xxxx-_____
 Validity Upto ____/____/____



Valid at all Railway Hospitals (RHs) / Health Units (HUs) on IR.

Instructions: (please refer to instructions formally issued on the matter)

- **Primary Card-holder / Dependents:** Referral or Emergency cases entitled to cashless treatment at any of the IR empanelled Hospitals shown in HMIS Directory. At Institutes of National Importance viz. AIIMS /PGIMER- Chandigarh /JIPMER-Puducherry /NIMHANS-Bengaluru - no referral required and is reimbursable as eligible.
- **Servant / Attendant or non-dependents:** temporarily staying with Primary UMID Card-holder and in need of medical attention may avail of medical treatment / services / medicines at RH / HU as private patients on payment @ city specific CGHS Rates or as prescribed. Such usage to be strictly limited at the RH / HU where Primary Card holder resides. All transactions secured and captured w.r.t. HMIS profile of Primary Card-holder.

प्राधिकार/ Issuing Authority

Details of Primary Card Holder

Primary UMID Card-holders' Name : • xxxxxxxxxxxxxxxxxxxxxxxx
 Primary UMID Card No.: • xxxxxxxxxxxxxxxxxxxxxxxx
 Designation: • xxxxxxxx
 Station/Unit and HQ of employee: • xxxxxxxx
 HRMS ID • xxxxxxxx
 masked Cell No. • xxxxxxxx
 Jurisdictional RH /HU • _____/_____(Division _____ / Railway _____)

Special Instructions: Card is non-transferable. Primary Card-holder is required to keep the card in her / his safe custody and use scrupulously. Changes or up-dations are the responsibility of the Primary Card-holder who, when a fresh card is required to be issued due to changes / up-dations, shall block it in HMIS and request for a fresh card to be issued. Misuse shall be liable for proceedings under D&AR and/or civil/criminal proceedings. Loss / Theft to be immediately reported by the Primary Cardholder to the controlling officer and Medical Officer along with a copy of the FIR and Card to be blocked in HMIS.

प्राधिकार/ Issuing Authority

For Pensioner's Dependent



**Government of India
Ministry of Railways
Indian Railways**



UMID No. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
 Type of Card Self / Dependent
 Name of the Card-holder xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
 masked Aadhar xxxx-xxxx-_____
 Validity Upto ____/____/____



Valid at all Railway Hospitals (RHs) / Health Units (HUs) on IR.

Instructions: (please refer to instructions formally issued on the matter)

- **Primary Card-holder / Dependents:** Referral or Emergency cases entitled to cashless treatment at any IR empanelled Hospitals shown in HMIS Directory. At Institutes of National Importance viz. AIIMS /PGIMER- Chandigarh /JIPMER-Puducherry /NIMHANS-Bengaluru - no referral required and is reimbursable as eligible.

प्राधिकार/ Issuing Authority

Details of Primary Card Holder

Pensioner UMID Card-holders' Name : • xxxxxxxxxxxxxxxxxxxxxxxx
 Pensioner UMID Card No.: • xxxxxxxxxxxxxxxxxxxxxxxx
 Designation at the time of retirement: • xxxxxxxx
 Station/Unit and HQ of employee from where retired: • xxxxxxxx
 HRMS ID • xxxxxxxx
 masked Cell No. • xxxxxxxxxxxxxxxxxxxxxxxx
 PPO No. • xxxxxxxx
 Jurisdictional RH /HU • _____/_____(Div. _____ / Rly _____)

Special Instructions: Card is non-transferable. Primary Card-holder is required to keep the card in her / his safe custody and use scrupulously. Changes or up-dations are the responsibility of the Primary Card-holder who, when a fresh card is required to be issued due to changes / up-dations, shall block it in HMIS and request for a fresh card to be issued. Misuse shall be liable for proceedings under D&AR and/or civil/criminal proceedings. Loss / Theft to be immediately reported by the Primary Cardholder to the controlling officer and Medical Officer along with a copy of the FIR and Card to be blocked in HMIS.

प्राधिकार/ Issuing Authority

For Pensioner



**Government of India
Ministry of Railways
Indian Railways**



UMID No. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
 Type of Card Self / Dependent
 Name of the Card-holder xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
 masked Aadhar xxxx-xxxx-_____
 Validity Upto ____/____/____



Valid at all Railway Hospitals (RHs) / Health Units (HUs) on IR.

Instructions: (please refer to instructions formally issued on the matter)

- **Primary Card-holder / Dependents:** Referral or Emergency cases entitled to cashless treatment at any IR empanelled Hospitals shown in HMIS Directory. At Institutes of National Importance viz. AIIMS /PGIMER- Chandigarh /JIPMER-Puducherry /NIMHANS-Bengaluru - no referral required and is reimbursable as eligible.
- **Servant / Attendant or non-dependents:** temporarily staying with Primary UMID Card-holder and in need of medical attention may avail of medical treatment / services / medicines at RH / HU as private patients on payment @ city specific CGHS Rates or as prescribed. Such usage to be strictly limited at the RH / HU where Primary Card holder resides. All transactions secured and captured w.r.t. HMIS profile of Primary Card-holder.

प्राधिकार/ Issuing Authority

Details of Primary Card Holder

Pensioner UMID Card-holders' Name : • xxxxxxxxxxxxxxxxxxxxxxxx
 Pensioner UMID Card No.: • xxxxxxxxxxxxxxxxxxxxxxxx
 Designation at the time of retirement: • xxxxxxxx
 Station/Unit and HQ of employee from where retired: • xxxxxxxx
 HRMS ID • xxxxxxxx
 masked Cell No. • xxxxxxxxxxxxxxxxxxxxxxxx
 PPO No. • xxxxxxxx
 Jurisdictional RH /HU • _____/_____(Div. _____ / Rly _____)

Special Instructions: Card is non-transferable. Primary Card-holder is required to keep the card in her / his safe custody and use scrupulously. Changes or up-dations are the responsibility of the Primary Card-holder who, when a fresh card is required to be issued due to changes / up-dations, shall block it in HMIS and request for a fresh card to be issued. Misuse shall be liable for proceedings under D&AR and/or civil/criminal proceedings. Loss / Theft to be immediately reported by the Primary Cardholder to the controlling officer and Medical Officer along with a copy of the FIR and Card to be blocked in HMIS.

प्राधिकार/ Issuing Authority

Annexure-V

Benefit of reimbursement of Medical Expense from two sources vide Railway Board letter No. 2009/H/6-4/Policy dated 09.04.2015 which also has an illustration attached to it.

ACS-1/2-015

GOVERNMENT OF INDIA (भारत सरकार)
MINISTRY OF RAILWAYS (रेल मंत्रालय)
(RAILWAY BOARD)

No. 2009/H /6-4/Policy

Dated: 09.04.2015

General Manager,
All Indian Railways,
New Delhi,

GM/CAO/DG
All Production Unit including RDSO

- Sub:** Policy on reimbursement of medical expenses by Railways where part payment has been received by the beneficiary through medical insurance claim.
- Ref:** Railway Board's letter no. 2009/H/6-4/Policy, dated 28.02.2013.

Railway Board has been receiving representations from various quarters for modifying the extant policy on reimbursement of medical expenses where part payment has been made through insurance claims. After due consideration, in supercession of the above referred letter, the following instructions are issued:

Railway beneficiaries, both serving employees and retired employees (members of RELHS scheme) who have subscribed to Medical Insurance Policies, may be allowed to claim reimbursement both from the insurance company as well as Railways subject to the condition that the total amount of reimbursement from both the sources should not exceed the total expenditure incurred by the beneficiary for the treatment. The beneficiary will make the first claim to the insurance company and thereafter to the Railway concerned, wherever necessary, as per the procedure explained below.


1. The medical claim against the original vouchers/bills would be raised by the beneficiary first to the insurance company, which would issue a certificate, addressed to the concerned CMS/MD indicating the amount reimbursed. The insurance company will retain the original vouchers/bills in such cases and issue photocopies of bills/vouchers duly certified in ink along with stamp of the insurance company.
2. The beneficiary would thereafter prefer his/her medical claim along with photocopies of vouchers/bills duly certified, in ink, along with stamp of the insurance company to the concerned MD/CMS through the Health Unit/Hospital where the Medical I card is registered.
3. Medical Department shall scrutinize the claim as per the extant rules of Railway, ignoring the amount already reimbursed by insurance company, and the amount

found admissible, as per Railway approved rates, will be processed for reimbursement.

4. Reimbursement from Railway will however be limited to the difference between actual amount spent by beneficiary and the amount already reimbursed by insurance company "or" the amount found admissible as per Railway Rules, whichever is lower. (Illustrative examples are enclosed as annexure 1)
5. The fact that the claim has been accepted and processed by an Insurance Company does not confer any validity/legality to the claim as far as reimbursement from Railways is concerned. Reimbursement from Railways shall be done only if the claim is admissible as per the extant rules of Railways. Just like any other reimbursement claim, it can be rejected at any stage.

These instructions take effect from the date of issue of letter. Past cases shall not be reopened.

DA: One



(Dr. Arun Gupta)
Dir. (H&FW)
Railway Board

No. 2009/H /6-4/Policy

Dated: 09.04.2015

Copy forwarded to:-

1. CMDs, All Indian Railways.
2. CMOs, All Production Units including RDSO
3. FA&CAO, All Indian Railways including PUs & RDSO
4. Sr. Professor Health Management, NAIR, Vadodara


(Dr. Arun Gupta)
Dir. (H&FW)
Railway Board

No. 2009/H /6-4/Policy

Dated: 09.04.2015

Copy Forwarded to:-

1. The Principal Director of Audit, All Indian Railways.
2. The Dy. Comptroller & Auditor General of India (Railways), Room No. 224, Rail Bhavan, New Delhi.


For Financial Commissioner Railways

Copy to F(E) Spl. Branch and Health-1 Branch, Railway Board.

Annexure to Board's letter No.2009/H/6-4/Policy dated 09.04.2015

Illustration No. I

- | | |
|---|-----------------|
| A. Total Medical Expenditure incurred by the Rly beneficiary | : Rs.1,00,000/- |
| B. Amount reimbursed by Insurance Company out of (A) | : Rs.40,000/- |
| C. Amount out of (A) which is reimbursable as per Rly approved rates/rules. | : Rs.70,000/- |
| D. Maximum amount that can be reimbursed by Railways will be either (A-B) OR (C) whichever is lesser. | : Rs.60,000/- |

Illustration No. II

- | | |
|---|-----------------|
| A. Total Medical Expenditure incurred by the Rly beneficiary | : Rs.1,00,000/- |
| B. Amount reimbursed by Insurance Company out of (A) | : Rs.20,000/- |
| C. Amount out of (A) which is reimbursable as per Rly approved rates/rules. | : Rs.70,000/- |
| D. Maximum amount that can be reimbursed by Railways will be either (A-B) OR (C) whichever is lesser. | : Rs.70,000/- |