CORRIGENDUM

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

No.2018/TransCell/Health/CGHS (eOff.No.3270783) **Dt: 30/12/2020**

The General Manager, All Indian Railways/PUs, NF(Con), CORE
The DG/RDSO/Lucknow, DG/NAIR/Vadodara
CAOs, DMW/Patiala, WPO/Patna, COFMOW/NDLS, RWP/Bela, CAO/IROAF
CMD/RailTel.

Sub : Improvement of Health Delivery System & Emergency Treatment in Railway Empanelled Private Hospitals – Corrigendum.

Please refer to Board's letter of even number dated 28/12/2020 on the above mentioned subject.

2. In Para no. 10 of the letter

"conditions given from 4.1 to 4.9 above", may be read as **"conditions given from 1 to 9 above"**

3. All other content of the letter under reference remains unchanged.

4. Kindly acknowledge and ensure compliance.

30.12.2020

(Umesh Balonda)
Executive Director/S&T
Transformation Cell

No.2018/TransCell/Health/CGHS (eOff.No.3270783) **Dt: 30/12/2020**

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

30/12/2020

(Ajeet Kumar Srivastava)
Executive Director Accounts
Transformation Cell

Copy: As per list attached.

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Copy to:

1. The ADAI (Railways), New Delhi
2. The Director of Audit, All Indian Railways
3. The Director, Indian Railway Institute of Civil Engineering, Pune.
4. The Director, Indian Railway Institute of Mechanical and Electrical Engineering, Jamalpur.
5. The Director, Indian Railway Institute of Signal Engineering and Telecommunications, Secunderabad.
6. The Director, Indian Railway Institute of Electrical Engineering, Nasik.
7. The Executive Director, Indian Railways Centre for Advanced Maintenance Technology, Gwalior.
8. The Director, Indian Railway Institute of Transport Management, Lucknow.
9. The Registrar, Railway Claims Tribunal, Delhi.
10. The General Secretary, IRCA, New Delhi.
11. The Chief Commissioner of Railway Safety, Lucknow.
12. The Secretary, Railway Rates Tribunal, Chennai.
13. 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 Trivandrum.
14. Managing Director, CRIS, Chanakyapuri, New Delhi

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-D & AIRPFA, Room No. 256-D Rail Bhavan

Copy to:

1. PS to MR
2. CRB, MF, M/Infra, M/T&RS, M/O&BD, SECY, DG/HR, DG (RHS), DG (RPF)
3. All AMs, Principal Executive Director & Executive Directors of Railway Board

30.12.2020

(Umesh Balonda)
Executive Director/S&T
Transformation Cell

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Sub : Improvement of Health Delivery System & Emergency Treatment in Railway Empanelled Private Hospitals

Several representations have been received from Railway Medical Beneficiaries including retired officials regarding problems being faced during treatment in emergency at empanelled Hospitals. In order to improve the Health Delivery System on Indian Railways and streamline the treatment in emergency at Railway empanelled hospitals, following have been approved:

1. Railway medical beneficiaries (serving/retired) under emergency condition can get admission in any railway empanelled hospital without any prior referral. The empanelled hospital should not insist on referral from railway hospitals or demand advance in emergency conditions and the hospital will provide cashless/Credit medical facilities to patients.
2. The emergency conditions are defined in Memorandum of Understanding between CGHS empanelled hospitals and Government of India (CGHS Authorities) (Annexure-I) or as amended by CGHS from time to time and same will be applicable in Indian Railways.
3. The valid UMID Card/CTSE Card issued will be treated as identification as Railway Medical Beneficiary. Railways have to make sure that these cards are accepted in the empanelled hospital under the jurisdiction/empanelment.
4. Situation may arise where Railway hospital, after scrutinising admission report submitted by empanelled hospital, finds that the patient is not suffering from an emergency. In such cases the patient can continue to avail treatment at the empanelled hospital, if so desired, by paying CGHS rates or hospital rates, whichever is less on the patient's cost.
5. The nature and appropriateness of the emergency is subject to verification, which may be verified, inspected or medically audited by the nominated authority on random basis at its own discretion.
6. The Hospital will intimate all instances of patients admitted as emergencies (without prior permission) to the Railway authorities, at the earliest and within 24 hours and Railway will revert within next 24 hours, otherwise it will be treated as deemed approval. The empanelled hospital will clearly mention/certify the emergency condition as per MoU.

28.12.2020

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