Ref: 436/NITs/Admin/forms/2017. Ro/89

Date: 12.05.2022

OFFICE MEMORANDUM

The Board of Governors has approved for the empanelment of recognised hospitals listed under Su-Swastha Yojna of the Government of Sikkim. Accordingly, the medical reimbursement guidelines, medical claim formats as applicable to regular employees of the Institute has been revised.

In view of the above, it is advised to avail the medical treatment/facilities only though hospitals run by the Central/State government, CGHS/CSMA empanelled hospitals, Institute medical unit and hospitals empanelled under Su-Swastha Yojna appended at Annexure -I. However, reimbursement shall be made as per the CGHS rate.

The revised format for medical reimbursement for outdoor and indoor treatment (Annexure -II and Annexure –III) respectively should be used for the settlement of claims.

The revised formats and guidelines shall be made effective from 15.05.2022. The order issued in this matter earlier are hereby suppressed by this order.

This is issued with the approval of the competent Authority.

Registrar I/c

Copy to:

- 1. All Regular faculty and staff members.
- 2. PS to Director (for information)
- 3. Registrar Office (for information)
- 4. Accounts Office (for compliance)
- 5. Medical Unit (for compliance)
- 6. WDC (for publication in the website)
- 7. Guard File

Registrar In-charge National Institute of Technology Sikkim Ravangla, South Sikkim

Registrar I/c

Registrar In-charge National Institute of Technology Sikkim. Ravangla. South Sikkim

NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM

Guidelines for Medical Attendance, Treatment & Reimbursement Procedure

1. Beneficiaries and Eligibility criteria

- The regular employees and the dependent family members are beneficiaries of the scheme as per the CS (MA) rules 1944 of Government of India.
- All the eligibility/entitlement criteria for various treatments and medical attendance rules and treatment norms will be as per the CS (MA) rules / CGHS rules of Government of India.

2. Definition of dependent family members:

The term 'family' for the purpose of the Central Service (Medical Attendance) Rule, 1944, shall mean a Government servant's wife or husband, as the case may be, and parents, sisters, widowed sisters, widowed daughters, brothers, children, stepchildren divorced/separated daughters and stepmother wholly dependent upon the Government servant and are normally residing with the Government servant.

- A member of the family is treated as dependant only if his/her income from all sources including pension does not exceed Rs.9000 plus amount of Dearness Relief admissible on Rs.9000.00 on the date of consideration of the claim.
- Age-limits of dependents- It has been decided as indicated below for dependants of Government servants/pensioners for the purpose of availing medical facilities under CS (MA) Rules, 1944 and CGHS Rules-

| (i) | Parents | Irrespective of age limit, if, wholly |
|------|------------------------------------------------|-------------------------------------------|
| | | dependent on Government Servant. |
| (ii) | Son | Till he starts earning or attains the age |
| | | of 25 years or gets married, whichever |
| | | is earlier. |
| (iv) | Daughter | Till she starts earning or gets married, |
| | | irrespective of the age-limit, |
| | | whichever is earlier. |
| (v) | Son suffering from any permanent disability of | Irrespective of age-limit. |
| | any kind (physical or mental) | |
| (vi) | Dependent divorced/ abandoned or separated | Irrespective of age-limit. |
| | from their husband/ widowed daughters and | |
| | dependent unmarried/ divorced/ abandoned or | |
| | separated from their husband/ widowed sisters. | |
| (vi) | Minor brother(s) | Up to the age of becoming a major (18 |
| | | years) |
| | | Only, if parents comes under |
| | | dependency clause. |

OPD at Recognised Hospitals / Consultants:

All staff members and their families should generally avail the medical facilities at the Government Hospitals.

In pursuance of the decision taken by the Board of Governors at its 27th meeting held on 09TH April 2022 vide agenda item no. 27.07 the medical reimbursement claims of the employees for both OPD and IPD treatment is permitted from any of the following:

- i) Institute Medical Unit (Treatment undertaken from a Doctor only)
- ii) Government hospitals run by the state/central Government
- iii) All hospitals/dispensaries empanelled by the Govt. of Sikkim for treatment of the employees and the dependents. (refer Annexure A)
- iv) CGHS/CSMA empanelled hospitals.

The reimbursement however shall be as per CSMA rules, i.e. amount shall be restricted to CGHS rates prescribed for the specific purpose.

Purchase of Medicines: The staff and their families may take OPD treatment at recognized hospitals and purchase their medicines from any pharmacy within three days. Normally, separate prescription is required for each purchase.

The employees should strive to avail maximum discount for their purchases.

Diagnostic tests: The tests prescribed by the Institute Medical Unit or by any recognized Doctor may be carried out from Recognized hospitals/Labs. Reimbursement will be done as per the CGHS rates.

- Proper break up of charges for various investigations, minor procedures etc. must be provided along with the claim.
- The claim form duly completed by the staff member may be forwarded to Accounts Section.

Essentiality certificate/counter signature of consulting doctor would be required for the OPD treatment.

Indoor Treatment

For indoor treatment including the hospital bills, stay charges, operation & allied charges, investigation charges, cost of medicines supplied by the hospital/purchased from market etc. may be preferred in the medical claim form meant for indoor treatment. The form duly filled in by the staff member and signed by required person may be forwarded to Accounts Section. The rates of reimbursement shall be regulated by the package rates in cases where such rates have been prescribed in the CGHS. The category of bed availed must be within the permissible category for reimbursement.

Emergency Treatment

- In case of a life threatening emergency the staff members may consult a private medical practitioner for immediate treatment in the absence of Govt./Municipal/ Recognized hospital within a reasonable distance. The emergency treatment may be availed only for a very short spell of time.
- The claims for emergency treatment should be submitted with an application detailing the circumstances under which the treatment was availed from the private medical practitioner along with a certificate from the treating doctor showing the nature of illness and the line of treatment followed. Such claims may be considered on the recommendations of the competent authority.

Non-Reimbursable Treatment

- The Institute will not reimburse expenditure on medical attendance availed in an unrecognized hospital /Medical Practitioner except in emergency.
- Cost of spectacles is not reimbursable.
- Medicines and other items which are declared by the Govt. of India as inadmissible and published in the CSMA Rules will not be reimbursed.

Timely Intimation to the Institution

Timely intimation should be given to the Institution for Indoor treatments undertaken. In cases of during emergency, within 3 days of commencement of treatment and on plan medical treatments, advance intimation should be given to the Institution.

Time Limit For Submission Of Claim

The employees should claim for the reimbursement of medical expenses within 6 months from the date of completion of the medical treatment/discharge of the patients from the hospital. However, it is advised that the claims may be submitted at the earliest for smooth settlement.

Separate claim is to be submitted for each spell of illness or an entirely new ailment.

Interpretation of Rules

Any doubt or dispute arising about the interpretation of these rules shall be referred to the Board of Governors, whose decision shall be final and binding on all.

Penalty clause for false claim

In case the claim is found to be fictitious/false/tampered, strict action shall be taken against the employee under CCS Conduct rules 1964 and the claim against the medical expenses will be rejected.

Flow chart of payment mechanism for the Reimbursement of Medical Expenses.

