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

No. 2026/H-1/19/1/AIRF-Part(1) **New Delhi, dated 06.07.2026**

General Secretary,
All India Railwaymen's Federation,
4, State Entry Road,
New Delhi-110055.

Sub: Difficulties being faced by Railway Pensioners and Family Pensioners in availing treatment from empanelled hospitals despite possession of valid UMID Cards – Request for uniform implementation of Railway Board's instructions.
Ref: AIRF's letters no AIRF/101 (203) dated 10.06.2026.

Sir,

I am directed to refer your letter cited under reference above on the above mentioned subject.

In this regard, it is submitted that the issues raised by AIRF have already been addressed by the Railway Board through various letters issued from time to time. Item-wise remarks indicating the relevant Railway Board instructions addressing each of the issues are given below:

S.No.	Issues raised by AIRF	Remarks
(i)	Issue a detailed clarification/advisory to all empanelled hospitals unequivocally stating that every valid UMID Card holder is entitled to avail treatment irrespective of the Railway Zone, Division, Hospital or Health Unit with which the beneficiary is registered.	Section-D of Annexure-I of the Railway Board's letter no. 2026/I & Trans. Cell/ Healthcare/Pt-I dated 30.04.2026 addresses the Don'ts/Irregularities/inefficient practices in RHs/HUs in referrals for treatment of Railway patients.
(ii)	Advise all Zonal Railways and Principal Chief Medical Directors to communicate the Board's instructions to every empanelled hospital under their jurisdiction and obtain formal acknowledgement regarding compliance.	In point no. 2 of the Railway Board's letter no. 2026/I & Trans. Cell/ Healthcare/Pt-I dated 30.04.2026 Zonal Railway HQr and CMS/MD of RHs are advised for strict compliance of the administrative instructions/ clarification/ guidelines mentioned at Annexure-I. Further, implementation of the instructions contained in Annexure-I is being monitored at the Railway Board level to ensure their effective compliance.

(iii)	Incorporate an explicit provision in all existing and future MoUs with empanelled hospitals clarifying the eligibility of beneficiaries registered with other Railway units and the mechanism for settlement of expenditure.	Any provision of the Draft MoU circulated vide Railway Board's letter no. 2021/H-1/11/10/MoU dated 20.11.2023 not restrict any Railway beneficiaries for taking treatment at any Railway empanelled hospital. As per para 1(iii) Railway Board's letter no. 2024/I&Trans.Cell/Healthcare/P dated 29.08.2024, all Railway medical beneficiaries are eligible to take 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.) Advice has also been issued to all Zonal Rlys that all MoUs with empanelled hospitals should be mandatorily executed for tratment of all beneficaries of Indian Railways (Para i of Section-E of Railway Board's letter no. 2026/I & Trans. Cell/ Healthcare/Pt-I dated 30.04.2026). Further, vide Railway Board's letter no. 2021/H-1/11/10/MoU dated 11.03.2022 instructions for projection of funds required were issued. Other then this, Section-F of Annexure-I of the Railway Board's letter no. 2026/I & Trans. Cell/ Healthcare/Pt-I dated 30.04.2026 addresses the issue of Bills/payments of HCO, empanelled by more than one RHs/HUs and other issues.
(iv)	Establish an effective monitoring and grievance redressal system to promptly address complaints relating to refusal of treatment by empanelled hospitals and to ensure corrective action wherever required.	Point no. 3 of Railway Board's letter no. 2026/I & Trans. Cell/ Healthcare/Pt-I dated 30.04.2026 contains instruction regarding redressal of grievances/issues of staff/pensioner/patient. Further, Railway Board letter no. 2026/H-1/2/2/HMIS-Digital Process Flow & FAQ dated 30.04.2026 also contains instruction regarding rating feedback to be given by Railway patients to Railway empanelled HCOs.
(v)	Issue implementation guidelines whenever healthcare policies are introduced or modified, ensuring that policy decisions are disseminated simultaneously to Railway administrations and empanelled hospitals for seamless execution.	Whenever a new healthcare policy is issued or an existing policy is modified, the instructions are circulated to all Zonal Railways/Production Units. Further, the concerned Railway administrations disseminate the relevant instructions to empanelled Health Care Organizations (HCOs), wherever required. In addition, periodic meetings/interactions are held with empanelled HCOs at the Zonal Railway level to address operational issues and ensure smooth implementation of policy decisions.

DA: As above

(P. M. Meena / पी. एम. मीना)
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भारत सरकार GOVERNMENT OF INDIA
रेल मंत्रालय MINISTRY OF RAILWAYS
रेलवे बोर्ड RAILWAY BOARD

No. 2026/ I & Trans. Cell / Healthcare / Pt-I
e-file 3516685

New Delhi, Date: 30/04/2026

The General Manager
PCMDs
PHODs
All Indian Railways

DG, RDSO
DG, CTIs

Sub: Administrative Instructions / Clarifications / Guidelines on Healthcare Policy – reg.

Ref:

i. Healthcare Policy Instructions vide RB letter no. 2024/I & Trans Cell/ Healthcare/P dt. 29.08.2024.
ii. IR Healthcare Policy on Cancer Treatment vide RB letter no. 2025/I & Trans Cell / Healthcare/ 2 /P dt. 05.05.2025.
iii. Standard instructions on referral for Transplant Cases vide RB letter no. 2022/H/8/HMIS/Pt-committee dt. 12.11.2025.

It has been the endeavor of Railway Administration to provide best healthcare services in Railway Hospitals and Health Units for railway employees, pensioners, dependent family members and beneficiaries covered under the Railway Medical Attendance Rules. The healthcare policy instructions under ref. issued by the Railway Board are based on synergistic leveraging of IT Systems, robust digital process re-engineering and a user-friendly experience.

2. All 128 Railway Hospitals and 582 Health Units on IR are 100% on HMIS. However, instances have been reported that HMIS digital processes are being compounded with (now redundant) paper-based processes, thus restricting the outreach / delivery of healthcare policy instructions issued by the Board. In order to summarily address such issues, Administrative Instructions /Clarifications / Guidelines as at Annexure-I are being issued for immediate strict compliance by Zonal Railway HQr and CMS' / MDs of RHs.

3. Grievances /issues reported by any staff /pensioner/ patient may be taken up for necessary compliance action by the ADRMs /DRMs and at Zonal /PU HQrs by the PHODs /AGMs. Railway Board, Health Directorate (Director /Health Policy & Projects) is the '**single point of contact' (SPOC)** on healthcare policy and issues regarding HMIS.

4. This issues with the approval of DG (RHS) and the Chairman & CEO, Railway Board.

Please acknowledge receipt and ensure compliance.

30/4/26

(Dr Ashutosh Garg)
Director / Health Policy & Projects
Railway Board
email: dirhpp@rb.railnet.gov.in

Pranav Kumar Mallick

(Pranav Kumar Mallick)
ED/Transformation
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Copy as per list enclosed:

No. 2026/ I & Trans. Cell / Healthcare / Pt-I New Delhi, Date: 30/04/2026

Copy for information to:

1. The CMD / All Railway PSUs ; MD / NHSRCL ; MD / DFCCIL ; VC / RLDA.
2. The Executive Director, Indian Railways Centre for Advanced Maintenance Technology, Gwalior.
3. The Registrar, Railway Claims Tribunal, Delhi.
4. The Chief Commissioner of Railway Safety, Delhi.
5. The Secretary, Railway Rates Tribunal, Chennai.
6. The Chairman, Railway Recruitment Board, Ahmedabad, Ajmer, Allahabad, Bangalore, Bhopal, Bhubaneswar, Bilaspur, Chandigarh, Chennai, Gorakhpur, Guwahati, Jammu & Srinagar, Kolkata, Malda, Mumbai, Muzaffarpur, Patna, Ranchi, Secunderabad, Siliguri and Thiruvananthapuram.
7. Managing Director, Centre for Railway Information Systems, Chanakyapuri, New Delhi
8. Director General, C-DAC, Anusandhan Bhawan, Sector-62, NOIDA.

30/4/26

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No. 2026/ I & Trans. Cell / Healthcare / Pt-I New Delhi, Date: 30/04/2026

Copy to:

1. The Genl. Secy., AIRF, Room No. 253, & 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

30/04/26.

for Principal Executive Director (IR)
Railway Board

No. 2026/ I & Trans. Cell / Healthcare / Pt-I New Delhi, Date: 30/04/2026

Copy to:

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

30/4/26

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Annexure-I

Administrative Instructions /Clarifications / Guidelines
w.r.t. Healthcare Policy letters issued by the Railway Board

Annexure-I

Administrative Instructions /Clarifications / Guidelines
w.r.t. Healthcare Policy letters issued by the Railway Board

Section-A

100% paperless process for treatment & medicines at Railway Hospitals (RHs) / Health Units (HUs)

i. Entire patient detail is already captured/available in HRMS and HMIS and hence Railway employees /pensioners /dependent family members / eligible beneficiaries are required to only carry two things: (a) their UMID or e-UMID (in Digi-Locker as issued document) and (b) their HMIS registered cell-phones.

ii. **For railway patients OPD/ IPD /Tests / Discharge etc. is 100% paperless process.**

iii. **Zonal Railways shall ensure without fail that UMID details are in sync with HRMS** details and any issue may be taken up with the concerned CPOs and FAs to ensure its scrupulous compliance.

iv. OPD / IPD / Tests & Diagnostics / Discharge etc. for treatment of non-dependent @ CGHS rates shall also be paperless and w.r.t. instructions contained in Railway Board letter under ref.

v. All the due payments for treatment, including payment of diet charges or any other amount pertaining to the patient, shall be raised / billed on HMIS and paid by the primary UMID cardholder through the payment gateway (MeRS) provided in HMIS App.

vi. **Medicine -** Despite 100% implementation of HMIS wherein all medicines are prescribed w.r.t. patient's UMID on HMIS, it has been observed that patients are made to carry its paper print and submit at the railway pharmacy counter which checks (and issues) medicines w.r.t. HMIS. This is a redundant step. **No paper print is required to be issued** and once medicines have been prescribed by the Railway Doctor in HMIS, the patient would visit the railway pharmacy with UMID no. for collecting their medicines.

Annexure-I

Administrative Instructions /Clarifications / Guidelines
w.r.t. Healthcare Policy letters issued by the Railway Board

Section-B
Leveraging HMIS for Pensioners

i. **RELHS beneficiaries aged 70 years & above for availing cashless facility for direct OPD consultation & related investigation from specialists of the private empanelled HCOs** in terms of Railway Board letter no. 2023/H/ 28/ 1/RELHS /Empanelled (CGHS) dated 02.01.2025 and inter alia not drawing Fixed medical Allowance (FMA).

a. Such beneficiaries can avail of the above facility at any Empanelled HCO on IR (the directory of empanelled HCOs is already in-built in HMIS App) carrying only their UMID and HMIS registered cell-phone no.

b. The Empanelled HCO shall use its HMIS login ID, punch patient's UMID and click the form (visible on the screen as "RELHS 70+") provided therein for this facility based on which an HMIS generated OTP verification / confirmation would be done and a unique digital token ref. ID would get generated.

c. Patients would also be able to submit their feedback about the treatment / services at the Empanelled HCO from their HMIS App.

ii. **UMID card for RELHS –**

a. "RELHS" is a scheme under which retired Railway employees and their dependent family members / eligible beneficiaries are allowed to avail medical facilities under the Railway Medical Attendance Rules.

b. It has been observed that Zonal Railways are issuing RELHS Card in addition to UMID. **There is no requirement of issuing any RELHS Card and** (to reiterate) Zonal Railways shall ensure that UMID details of pensioners are in sync with HRMS.

iii. Railway Healthcare Policy Instructions vide Railway Board letter no. 2024/I & Trans Cell Healthcare/P dated 29.08.2024, para-5 stipulates "*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 Aadhaar, 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.*"

Annexure-I

Administrative Instructions /Clarifications / Guidelines
w.r.t. Healthcare Policy letters issued by the Railway Board

Section-C

Leveraging HMIS App for
Submission of request for Re-validation / Extension of Referrals:

i. Railway employees / pensioners and their attendants visiting RH / HU for re-validation /extension of referral are avoidable footfalls at the RH / HU and the need for generating OPD appointment for these services is to be dispensed.

ii. Henceforth patient would submit request for re-validation / extension of referrals through HMIS App. Instructions are as below:

Type of Referral Case	Situation in which Applicable	Leveraging HMIS - under Digital Referral Protocol
Cancer cases [Policy instructions on comprehensive & inclusive cancer treatment have been issued vide Railway Board letter no. 2025/ I & Trans Cell /Healthcare/ 2/ P dated 05.05.2025]	If the validity of referral has expired / lapsed and digital token is not yet consumed (i.e., in other words, the cancer treatment has not started within 90 days from the date of issuance of the cancer referral) **or** if the 6 sessions allowed for cancer treatment has been exhausted	▪ Patient can submit the request (if any) for extension of the referral through HMIS App. The Jurisdictional RH would extend the same within 3 days (72 hours) of the submission, failing which, i.e. beyond 72 hours, the (HMIS) Systems based extension would be auto-generated. ***Note***: ▪ It has also come to the notice that certain RHs / ZRHs are denying or limiting cancer treatment like chemotherapy or radiotherapy or a particular protocol on piecemeal basis requiring new referral for every session. This is in breach of RB's healthcare policy instructions on comprehensive & inclusive cancer referral treatment vide Railway Board letter under ref.-ii, which have been incorporated in HMIS. ▪ IR has entered into a very exclusive & comprehensive MoU / Agreement for treatment of cancer leveraging HMIS' digital referral protocol with Tata Memorial Centre /Hospital viz. TMCs /TMCH as one exclusive block of empanelled HCO. *Copy of IR's exclusive MOU/Agreement with Tata Memorial are available on Railway Board (web-page of Health Directorate) at www.indianrailways.gov.in* i. TMCH - Mumbai, including ACTREC-Navi Mumbai ii. TMC – Muzaffarpur iii. TMC – Vishakhapatnam iv. TMC - New Chandigarh v. TMC-Sangrur vi. TMC - Varanasi vii. TMC - Guwahati
Dialysis sessions	if dialysis session/s allowed in the referral has been exhausted	▪ Patient can submit the request for extension of the referral through HMIS App. The Jurisdictional RH would extend the same within 3 days (72 hours) of the submission, failing which, i.e., beyond 72 hours, the (HMIS) Systems based extension would be auto-generated – but every 3rd extension would be based on a clinical review and further treatment decision by the Railway Doctor.
Referral Cases other than cancer	where the treatment has not started within 30 days from the date of issue of the referral (i.e., 30-day validity of referral has expired / lapsed **and** digital token has not been consumed	▪ Patient can submit the request for extension of the referral through HMIS App based on which the jurisdictional RH, within 72 hours, would either approve the same in HMIS or may call the patient for a clinical review before granting the same. If the patient gets a message in HMIS App for having to come for a clinical review by the Railway Doctor, no OPD registration is required.

Annexure-I

Administrative Instructions /Clarifications / Guidelines
w.r.t. Healthcare Policy letters issued by the Railway Board

Section-D

Referrals for treatment of Railway Patients viz. serving railway employees, railway pensioners and their eligible family members /dependents.

Don'ts / Irregularities / inefficient practices in RHs / HUs col.-I	Dos / instructions for 100% compliance by the CMS'/ MDs/ Sr DMOs / Officials in-charge of RHs / HUs col.-II	
• Complaints have been received that patients even with referral (in HMIS) are being denied treatment at the empanelled HCO by asking the patients to bring a further recommendation / endorsement / stamp / letter /e-mail / WhatsApp message etc. from the ZRH /RH with which the empanelled HCO has its MoU.	• OPD Patients - for whom referral has been processed/ initiated / recommended by the Railway Doctor - are not required to be present in the RH / HU. The patients should be informed and assured that they should go to their home or workplace and that the referral would automatically get reflected in their HMIS App by the same day. The patient would receive a message, in HMIS App, the moment their referral is initiated and also an update message when referral has been approved /issued in HMIS App.	• Railway patients, having a prior referral in HMIS or in medical emergency for which no prior referral is required, can avail treatment at any IR empanelled HCO as per her /his choice. [***important reference***: para-2-(i) and Annexure-I of the RB letter no. 2024/I & Trans. Cell/ Healthcare/P dt 29.08.2024.] • **The empanelled HCO must, <u>without exception</u>, register the patient in HMIS** (using its HMIS login ID access for OTP based verification of patient's UMID / acceptance of referral token) for treatment / admission / discharge. The healthcare policy instructions vide Railway Board letter under ref. may be referred to for guidance. • **Box-D-I** contains key steps in digital referral protocol as per RB's healthcare policy instructions under ref.
• It has also been observed that for the same patient and same treatment, multiple referrals are being generated / insisted – one from the RH that had initially generated / gave the referral and another, at the insistence of the empanelled HCO on selective basis, from the RH / ZRH with which the empanelled HCO has its MoU. This is irregular.	• It is reiterated that once a referral letter has been generated in HMIS, no further paper print-out / endorsement / recommendation / stamp / letter / email or telephonic message etc. is required from any Railway Doctor / Railway Hospital. Only the referral ID and digital token no. of the referral letter generated in HMIS is required. The patients will not be required to wait at the RH / HU merely to collect and chase referral print-outs or local / private nos. The referral letter once generated would be visible on patient's HMIS App.	• Referral shall be given for complete treatment of the patient for the referred treatment as per the MoU and not in parts or specific number of days which may be then extendable in piecemeals by RHs at the request of the patient or empanelled HCOs. • However, wherever clinical condition of the patient necessitates any modification / extension of indoor treatment beyond standard treatment /period (if any) as per CGHS / MoU, the empanelled HCO shall generate modification / extension request through their HMIS login-ID and digital referral token therein w.r.t. which the patient is being treated. • **note**: in the clinical remarks on referral letter issued by Railway Doctor no extraneous / non-medical comments would be recorded, but strictly only the patient's clinical / medical condition and related remarks that require attention for imparting referred treatment.

Pramod Kumar Modhad

Annexure-I

Administrative Instructions /Clarifications / Guidelines w.r.t. Healthcare Policy letters issued by the Railway Board

Box-D-I

Digital Referral Protocol

i. Jurisdictional RH (Railway Hospital) issues referral for a treatment to a patient wrt UMID. Digital referral does not bear any vendor name (i.e. name of any empanelled HCO is not mentioned in the digital referral letter).

ii. Digital referral letter is issued in HMIS and bears a unique systems generated digital token no. It (Digital Referral letter) is placed in HMIS App of the patient.

iii. **Referral shall be given for complete treatment of the patient for the referred treatment as per the MoU and not in parts or for specific number of days which may be then extendable in piecemeals by RHs at the request of the patient or empanelled HCOs.**

iv. Patient is free to approach any Empanelled HCO (EH) on IR. On visiting her/his chosen EH, the patient carries only UMID no. and HMIS registered cell-phone.

v. **Digital Referral Protocol has two processes – Green Flag Process and Red Flag Process.**

Digital Referral Protocol – Green Flag Process
- when a patient has a prior referral goes to an Empanelled HCO of her / his choice

- Step-1 Obtain a prior referral from jurisdictional Railway Hospital
- Step-2 A live directory of all Empanelled HCOs (EH) is on HMIS App. Patient can choose any Empanelled Hospital on IR
- Step-3 When the patient visits the EH of her / his choice, the EH has to login onto HMIS with its HMIS login ID, and check the patient's UMID. Referral letter issued by the RH is visible against patient's UMID.
- Step-4 Empanelled HCO accepts the same by clicking on the referral letter visible on its HMIS screen against patient's UMID. A systems generated OTP is sent to patient's HMIS registered cell no.
- Step-5 Patient exchanges the OTP with the Empanelled HCO. Patient stands admitted and treatment commences. Referral letter status would be shown as consumed in HMIS. **Wherever patient's clinical condition necessitates any modification in referred treatment or extension of indoor treatment beyond standard treatment period (if any) as per CGHS /MoU, the empanelled HCO shall generate modification / extension request through their HMIS login id and the digital referral token therein w.r.t which the patient is being treated.**
- Step-6 Once the treatment is over and the patient is discharged, the Empanelled HCO will tick the discharge in HMIS using its HMIS login ID.
- Step-7 A message will be triggered and patient will receive an SMS. Patient's HMIS App will also show his discharge status against the referral.
- Step-8 Rating & Feedback can be given by the (UMID) patient after the discharge about the treatment at the Empanelled HCO.

Digital Referral Protocol - Red Flag Process
- when a patient does not have a prior referral and in emergency the patient is taken to / goes to an Empanelled HCO

- Step-1 The Empanelled HCO would initiate patient's treatment immediately.
- Step-2 Patient Registration (to be done immediately or latest within 24 hours of the patient reaching the empanelled HCO in emergency) ---> Empanelled HCO would log onto HMIS (using its login ID), punch patient's UMID and tick the 'red flag' (shown in HMIS) against the patient's UMID ---> An 'approval request form' in HMIS has been provided w.r.t. 'red flag' cases wherein 'Admission Date & Time', 'Diagnosis & Treatment Summary' is to be filled up by the empanelled HCO and an option is available to 'upload document' for sharing necessary documents ---> No papers are required to be submitted by the patient
- Step-3 Once the red flag has been submitted, a Systems (HMIS) triggered SMS would be sent to the CMS / MD of the jurisdictional RH (as per patient's UMID) ----> MDs / CMS / Hospital in-charge of HUs/ DRHs / ZRHs are required to watch the red flag report in HMIS closely and give prompt attention to it at par with casualty / emergency ward in HU / RH itself ----> The jurisdictional RH / Railway Doctor would *respond within 48 hours of the submission of "red flag" by the Empanelled HCO ----> Cashless Treatment without referral in emergency cases are permissible for 72 hours and thereafter based on confirmation by the Railway Hospital / Railway Doctor ----> If no response from Railways is received within 72 hours (from the time stamp of patient's emergency registration in HMIS), a systems generated emergency referral letter would be generated in HMIS w.r.t. cashless treatment is further extended.

Entire trail of 'red flag' emergency cases would be captured and shown in Patient's HMIS App.

Annexure-I

Administrative Instructions /Clarifications / Guidelines
w.r.t. Healthcare Policy letters issued by the Railway Board

Section-D (contd.)

Don'ts / Irregularities / inefficient practices in RHs / HUs col.-I	Dos / instructions for 100% compliance by the CMS'/ MDs/ Sr DMOs / Officials in-charge of RHs / HUs col.-II	
• Instances have also been observed that one ZRH has been insisting patients to go to multiple windows in RH for chasing the HMIS referral - at these windows they are required to submit a print out of UMID which is then uploaded in HMIS; thereafter, Aadhaar print-out is asked which is uploaded w.r.to patient's UMID ; and then patient is asked to be physically present and chase the paper print of referral recommended in HMIS ; lastly after the referral is approved, the patient is required to give a receiving of an HMIS print-out with a private manual register no. generated by the window clerk. • Generally, referral is processed / recommended/ initiated within a few hours of patient's visit to the Railway Doctor but she/he is made to wait and pursue for a full day or two. This is a totally avoidable wastage of HR.	• All CMSs/ MDs in-charge of DRHs/ZRHs/HUs must ensure that Railway Doctors / RHs / HUs are directed that such instances (as indicated in col.-I) will be treated as irregular and taken as misconduct. • All MDs / CMS' must pro-actively ensure that all the empanelled HCOs are sensitised on due adherence to Policy instructions, MoU provisions and regular interaction is held with patients being treated for feedback.	• **Box-D-II** below contains the basic features / flow of Railway Board instructions on Cancer Treatment and Transplant vide ref. ii & iii. • In emergency treatment (i.e., 'red flag' cases under the digital referral protocol), **the Railway Doctor shall interact with the patient /empanelled HCO and discuss / gather full clinical details and record the same while issuing any direction to the HCO for emergency treatment.** • **Referrals in emergency cases should not be regretted <u>unless</u>** the complete treatment / cure is available at the Railway Hospital (RH) - in which case and if required the concerned CMS /MD may make arrangement to shift patient to RH. • It may be mentioned that if continuation of emergency treatment is regretted by the Railways, the patient may exercise the option in terms of para-4 of Railway Board letter no. 2018/Trans. Cell/Health/CGHS (eOff.No. 3270783 dt. 16.06.2021 of continuing treatment at their own expense at CGHS rates.

Box-D-II

Referral for Cancer Treatment:	**Referral for Transplant Treatment:**
Policy instructions on comprehensive & inclusive cancer treatment have been issued vide Railway Board letter no. 2025/ I &Trans Cell /Healthcare/ 2/ P dated 05.05.2025. **Process flow for generation of a Cancer Referral:** HMIS → OPD Doctor's Desk → Referral / Cross Consultation → Refer Type (Select) Private Empanelled HCO → Department (Select) ONCOLOGY / CANCER.	Standard instructions on Referral for Transplant Cases under the HMIS based digital referral protocol vide Railway Board letter no. 2022/H/8/HMIS/Pt-committee dated 12.11.2025. **Process flow for generation of a Transplant Referral:** HMIS → OPD Doctor's Desk → Referral / Cross Consultation → Refer Type (Select) Private Empanelled HCO → Department (drop down menu) (Select) Specialty (viz Nephrology, Cardiology etc.) → (Select) TRANSPLANT with WORK-UP *Note: All HMIS generated Transplant Referrals are comprehensive covering full scope of treatment viz. Battery of Work-up Tests → Transplant → Follow-up. Type of service: (gets auto-selected in HMIS if referral is for transplant)- "OPD/IPD for comprehensive treatment including follow up". Kidney transplant cases would be inclusive of the dialysis required during the entire treatment period. Footnote (systems printed in all transplant referral cases): Applicable CGHS package and due compliance with medico-legal/NOTTO requirements to be ensured by the empanelled HCO. Dialysis for kidney transplant cases may be billed separately as per CGHS rates (if not a part of the transplant package rate) or the patient may claim reimbursement for such dialysis.*
Important Note: in the clinical remarks on referral letter issued by Railway Doctor <u>no</u> extraneous / non-medical comments should be recorded and <u>strictly only</u> patient's clinical / medical condition and related remarks that require attention for imparting referred treatment.	

Annexure-I

Administrative Instructions /Clarifications / Guidelines
w.r.t. Healthcare Policy letters issued by the Railway Board

Section-E

Instructions on empanelment of HCOs, including already empanelled HCOs.

i. All MoUs with empanelled HCO must invariably state at the beginning that - **"this Agreement / MoU is between the President of India acting through the Medical Director / CMS (as the case may be) of the Railway Hospital (to be named) for Indian Railways and the empanelled HCO (to be named)".**

[ref. para-d of Annexure-I of the RB letter at ref.-i stipulates that – *"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."]*

ii. **Directory of all the empanelled HCOs:** A live directory of all the empanelled HCOs on IR is already available in HMIS App. The MDs/ CMSs of all RHs shall ensure that all MoUs have current validity and the same is uploaded in HMIS with HFR-ID.

iii. **All empanelled HCOs to be on-boarded onto HMIS under the digital referral protocol**

- It may be noted that all empanelled HCOs have been on-boarded onto HMIS as a part of one-time drive. The data on MoU / Agreements with empanelled HCOs and their HMIS login-IDs must be sanitized and reviewed regularly.
- The HMIS digital referral protocol requires that all empanelled HCOs must mandatorily be on-boarded with their login access to HMIS (granted by / in consultation with C-DAC).
- MDs / CMSs are responsible for ensuring that 100% of empanelled HCOs on their Units are on-boarded onto HMIS.

iv. **Renewal /extension of an extant MoU with an empanelled HCO.**

- Renewal / extension shall be initiated at least 3 months in advance and would be w.r.to HMIS' quantitative data on the numbers of patients who availed treatment at that empanelled HCO plus the rating feedback given by railway patients through their HMIS App login (this feature is already available in HMIS App). There is no scope for any subjectivity in the process.
- In terms of extant policy instructions, GoI /Ministry of Health & FW /CGHS' empanelled HCOs are deemed empanelled with IR and therefore, all RHs shall ensure that all CGHS empanelled HCOs are taken on IR's panel and their renewal shall be based on their continued status as CGHS empanelled HCO. A monthly position is to be sent by PCMDs to Railway Board (Director Health Policy & Projects) on the same.

v. **If an MoU with an empanelled HCO is to be foreclosed /suspended:** It shall be on the recommendation of MD/CMS based on which PCMD may recommend for approval of the AGM/GM to foreclose /suspend the MoU. This is necessitated in view of the fact that as per the Railway Board's healthcare policy, the facility / specialty of an empanelled HCO is meant for all railway patients from all over IR and, hence, they should not get arbitrarily denied the same without exceptional reasons duly considered as a procedure stipulated above.

Annexure-I

Administrative Instructions /Clarifications / Guidelines
w.r.t. Healthcare Policy letters issued by the Railway Board

Section-F

Bills / payments of empanelled HCOs (w.e.f. 01.05.2026)

i. Bills shall be raised on monthly basis, mentioning the Hospital's HFR-ID and attaching an HMIS generated summary position showing digital tokens (viz. HMIS digital referral letters) consumed and discharged during the period for which bill has been raised (empanelled HCOs can access this feature in HMIS by using their login ID).

[*special note*: **Empanelled HCOs would furnish a duly certified statement every month showing summary position of digital tokens consumed but not billed and other unbilled treatment / pending bills, if any. MDs /CMS' of Railway Hospitals may hold regular reconciliation /coordination meeting, duly minuted, with empanelled HCOs.**]

ii. All payments to empanelled HCOs shall be w.r.t. digital token consumed and patient's discharge report.

HMIS Check-box for billing of empanelled HCOs (every referral letter bears a unique ID termed here as digital token)				
Digital Tokens **Issued**	Digital Tokens **consumed**	Digital Tokens **Billed**	Digital Tokens **Passed**	Digital Tokens **Paid**

iii. In the event of a prolonged treatment, the treatment accorded during the billing month and a special report to be attached by the HCO on the continuing / previous months' treatment since admission and reference of previous on-account bills.

[**special note for cancer and transplant referrals**: Railway Board vide ref. ii & iii of the instant letter, viz. IR healthcare policy instructions on Cancer Treatment in terms of Railway Board letter no. 2025/ I & Trans Cell /Healthcare/ 2/ P dt 05.05.2025 and Standard instructions on Referral for Transplant Cases under the HMIS based digital referral protocol vide Railway Board letter no. 2022/H/8/HMIS/Pt-committee dt 12.11.2025: – no repeat / multiple referrals are required and bills of the treatment undertaken would be strictly governed as per policy provisions therein and MoU /Agreement with the empanelled HCO where treatment has been undertaken.]

iv. If an HCO has only one MoU with an RH/ HU, the bills would continue to be submitted to the RH / HU with which it has signed the MoU.

v. In case an HCO has been empanelled by more than one RH, the MD/CMS in consultation with their associate finance may formulate a Joint Procedure Order or mutually agreed to arrangement wherein only one bill passing unit is assigned to an empanelled HCO. To reiterate, every empanelled HCO shall have only one bill passing /paying unit assigned to it, preferably the Division holding territorial jurisdiction over that empanelled HCO (the same would get mapped accordingly in HMIS viz. one empanelled HCO – one Bill passing / paying Railway Unit, instead of any-to-many matrix which had scope/ gap for duplicate /multiple billing in the manual-era practice).

Annexure-I

Administrative Instructions /Clarifications / Guidelines
w.r.t. Healthcare Policy letters issued by the Railway Board

Section F (contd.)

vi. UMID patients above 70 years of age and who are not drawing FMA (Fixed medical Allowance) are entitled to cashless facility for direct OPD consultation & related investigation from specialists in the empanelled HCOs. The Bill / payment of such cases would be admissible only w.r.t. the following: - the empanelled HCO shall use its HMIS login ID, punch patient's UMID and click the form (RELHS 70+) provided therein for this facility based on which an HMIS generated OTP verification /confirmation would be done and a unique digital token ref. ID would get generated. Bills would be submitted w.r.t. a summary report on such treatment accorded during the month.

vii. *Note:*

a) Attention is drawn to Railway Board letter no. 2018/Trans Cell / health/ CGHS (eOff.No. 3270783) dated 16.06.2021, on emergency treatment in Railway empanelled private hospitals, wherein at para 11, it is stipulated that "The Zonal Railways shall keep above provisions in view, while projecting budget requirement under relevant head. Since expenditure is to be borne by Railways, the bills shall be paid by the Railway Unit which had empanelled the Hospital, without making any reference or debit etc. to the Railway Unit to which beneficiary may belong.".

b) The above instructions are for empanelled HCOs other than TMCHs/TMCs - since an exclusive comprehensive MoU / Agreement governing the same has already been entered into between IR and TMC.

c) Attention is invited to the provision contained in Annexure-II (Illustration) of the Railway Board letter at ref.-i that provides that in such cases where a patient (UMID Card-holder), who is issued a referral by Railway Doctor for treatment at an empanelled HCO, chooses a CGHS empanelled HCO or a Government Hospital or an INI (Institutes of National Importance viz. 25 AIIMS, PGI-Chandigarh, PGI-Puducherry and NIMHANS-Bengaluru) and *"avails of the treatment as per railway referral and makes all payments herself / himself @ CGHS Rates... (*the*) patient...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 (*to be*) credited within the prescribed time limit for reimbursement, in the salary account for serving employee and bank account indicated by the pensioner."* - **To leverage HMIS in the process of these reimbursements for the benefit of the employee / pensioner and railway administration – patients can access a basic feature of Medical Reimbursement Claims (MRC) in HMIS App using their login-ID based on which patient's details would be pre-filled as per login-ID – same being in sync with HRMS details – and MRC details (from drop-down menu) are to be selected and submitted to generate an MRC-ID. The employee /pensioner shall submit to jurisdictional RH a physical copy of the MRC with all prescribed documents as per extant instructions and duly mentioning the HMIS generated MRC-ID thereon. While passing the medical reimbursement claim, Medical Branch would tick the MRC-ID in HMIS and Accounts to check the same in HMIS while releasing MRC payment.**

*****

P. U. Mallick

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
PCMDs, PCPOs
PHODs
All Indian Railways

DG, CTIs
DG, RDSO
CMD, RailTel

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:

No.2024/I & Trans. Cell /Healthcare /P 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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No.2024/I & Trans. Cell /Healthcare /P 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, <u>all empanelment</u> 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.]

<table>
<tr><th colspan="2">Live Directory (in HMIS App) of all empanelled HCOs on IR</th></tr>
<tr><th>Category</th><th>Features</th></tr>
<tr><td>List A:
Directory of Empanelled HCOs with Cashless Treatment Facility in case of Referral and Emergency</td><td>(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.

(b) Cases of referral by Railway Doctor or Emergency - UMID card-holder entitled for cashless treatment at IR emnapelled private Hospitals as per HMIS Directory.</td></tr>
<tr><td>List B:
Directory of Empanelled HCOs with on-payment facility categorized as 'CARE' (CGHS' empanelled HCOs Access to Railway Employees)

<u>Note</u>:

(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.

(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.

(iii) Treatment / services availed would be on payment basis by the railway employee /pensioner /dependent beneficiary @ CGHS Rates.
<table>
<tr><th>Treatment / Services availed at List B: 'CARE'</th><th>Mode</th><th>Reimbursable as per extant procedure @ CGHS Rates.</th></tr>
<tr><td>Referral by Railway Doctor</td><td rowspan="3">On-payment by UMID cardholder</td><td>Yes</td></tr>
<tr><td>Emergency</td><td>Yes</td></tr>
<tr><td>Walk-in-facility (non-reimbursable)</td><td>no</td></tr>
</table>
</td><td>(a) UMID Card may be used for treatment on payment (by patient) at empanelled Hospitals under ListB (CARE) in HMIS Directory.

(b) In these empanelled Hospitals ('CARE') - Referral by Railway Doctor and / or Emeregency cases shall be eligible for reimbursement.

(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.

(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.

(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></td></tr>
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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 :	• xxxxxxxxxxxxxxxxxxxx
Primary UMID Card No.:	• xxxxxxxxxxxxxxxxxxxx
Designation:	• xxxxxxxxx
Station/Unit and HQ of employee:	• xxxxxxxxx
HRMS ID	• xxxxxxxxx
masked Cell No.	• xxxxxx-_ _ _ _
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 :	• xxxxxxxxxxxxxxxxxxxx
Primary UMID Card No.:	• xxxxxxxxxxxxxxxxxxxx
Designation:	• xxxxxxxxx
Station/Unit and HQ of employee:	• xxxxxxxxx
HRMS ID	• xxxxxxxxx
masked Cell No.	• xxxxxx-_ _ _ _
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 :	• xxxxxxxxxxxxxxxxxxxx
Pensioner UMID Card No.:	• xxxxxxxxxxxxxxxxxxxx
Designation at the time of retirement:	• xxxxxxxxx
Station/Unit and HQ of employee from where retired:	• xxxxxxxxx
HRMS ID	• xxxxxxxxx
masked Cell No.	• xxxxxxxxxxxxxxxxxxxxx
PPO No.	• xxxxxx-_ _ _ _
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 :	• xxxxxxxxxxxxxxxxxxxx
Pensioner UMID Card No.:	• xxxxxxxxxxxxxxxxxxxx
Designation at the time of retirement:	• xxxxxxxxx
Station/Unit and HQ of employee from where retired:	• xxxxxxxxx
HRMS ID	• xxxxxxxxx
masked Cell No.	• xxxxxxxxxxxxxxxxxxxxx
PPO No.	• xxxxxx-_ _ _ _
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

ARUNANGSHU SARKAR Digitally signed by ARUNANGSHU SARKAR Date: 2024.08.29 16:56:49 +05'30'

AVNINDER SINGH BHASIN Digitally signed by AVNINDER SINGH BHASIN Date: 2024.08.30 14:41:30 +05'30'

Pranav Kumar Mallick Digitally signed by Pranav Kumar Mallick Date: 2024.08.29 16:53:23 +05'30'

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.**

AGS-I/2015

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 passed 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/-

2522315/2026/H&FW

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

No. 2021/H-1/11/10/MoU

New Delhi, dated 11.03.2022

The Pr. Chief Medical Director,
Central Railway,
Mumbai.

Sub: Accountal of private hospital bills of Railway patients of other Zones.
Ref: CR's letter no. G.402.Bud/Med/Add.Funds/Tie up Hosp./2022 dated 27.01.2022.

Central Railway's letter mentioned under reference above has been examined and in this regard it is stated that instructions regarding accountal of expenditure of treatment of Railway medical beneficiaries issued vide Railway Board's letter no. 2021/H-1/11/10/MoU dated 12.01.2022, is in compliance of Transformation Cell's letter no. 2018/Trans Cell/Health/CGHS dated 16.06.2021.

This letter has been issued with the approval of Finance Directorate/Railway Board that signifies the projection of funds based on the expenditure incurred previously.

Hence, accountal of expenditure of treatment and projection of funds required may be done accordingly.

(P. M. Meena / पी. एम. मीणा)
Joint Director/Health(संयुक्त निदेशक/ स्वास्थ्य)
Railway Board (रेलवे बोर्ड)
Ministry of Railways (रेल मंत्रालय)
Tele.No.: 011-47854222

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

No. 2026/ H-1/2/2/HMIS- Digital Process Flow & FAQs

New Delhi, Date: 30/04/2026

The General Manager
PCMDs
PHODs
All Indian Railways

DG, RDSO
DG, CTIs

Sub: HMIS- Digital Process Flow & FAQs
Ref:

i. Railway Healthcare Policy Instructions vide Railway Board letter no. 2024/I & Trans Cell/ Healthcare/P dated 29.08.2024.
ii. IR healthcare policy on Cancer Treatment vide Railway Board letter no. 2025/ I & Trans Cell /Healthcare/ 2/ P dated 05.05.2025
iii. Referral for Transplant Cases – standard instructions in HMIS based digital referral protocol vide Railway Board letter no. 2022/H/8/HMIS/Pt-committee dated 12.11.2025.
iv. Healthcare Services Standing Committee – vide Railway Board letter 2024/ I & Trans. Cell / GAC / Healthcare / P dated 04.10.2024

Zonal Railways have been requesting at-a-glance information on highlights / key aspects and basic process flows (on HMIS & digital referral protocol) of the policy instructions under ref. The same is attached as Annexure-A herein for guidance, information and sensitization of the field units, empanelled HCOs and railway employees /pensioners /dependent beneficiaries under the Railway Medical Attendance Rules.

2. A workshop and training of IRHS officers and the heads / in-charge of Railway Hospitals (128 nos) on IR, including associate finance and empanelled HCOs w.r.t. on-boarding onto HMIS and being an integral part of IR's healthcare eco-system, would be conducted and for which instructions from Training Directorate, Railway Board are being issued.

Please acknowledge receipt and ensure compliance.

Pranav Kumar Mallick

(Pranav Kumar Mallick)
ED/Transformation
Railway Board
email: pranav.mallick@nic.in

30/04/26

(Dr Ashutosh Garg)
Director Health Policy & Projects
Railway Board
***email*: dirhpp@rb.railnet.gov.in**

Copy as per list enclosed:

No. 2026/ H-1/2/2/HMIS- Digital Process Flow & FAQs New Delhi, Date: 30/04/2026

Copy for information to:

1. The CMD/All Railway PSUs; MD/NHSRCL; MD/DFCCIL; VC/RLDA.
2. The Executive Director, Indian Railways Centre for Advanced Maintenance Technology, Gwalior.
3. The Registrar, Railway Claims Tribunal, Delhi.
4. The Chief Commissioner of Railway Safety, Delhi.
5. The Secretary, Railway Rates Tribunal, Chennai.
6. The Chairman, Railway Recruitment Board, Ahmedabad, Ajmer, Allahabad, Bangalore, Bhopal, Bhubaneswar, Bilaspur, Chandigarh, Chennai, Gorakhpur, Guwahati, Jammu & Srinagar, Kolkata, Malda, Mumbai, Muzaffarpur, Patna, Ranchi, Secunderabad, Siliguri and Thiruvananthapuram.
7. Managing Director, Centre for Railway Information Systems, Chanakyapuri, New Delhi
8. Director General, C-DAC, Anusandhan Bhawan, Sector-62, NOIDA.

30/4/26

(Dr Ashutosh Garg)
Director Health Policy & Projects
Railway Board
***email*: dirhpp@rb.railnet.gov.in**

No. 2026/ H-1/2/2/HMIS- Digital Process Flow & FAQs New Delhi, Date: 30/04/2026

Copy to:

1. The Genl. Secy., AIRF, Room No.253, & 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

30/04/26

for Principal Executive Director (IR)
Railway Board

No. 2026/ H-1/2/2/HMIS- Digital Process Flow & FAQs New Delhi, Date: 30/04/2026

Copy to:

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

30/4/26

(Dr Ashutosh Garg)
Director Health Policy & Projects
Railway Board
***email*: dirhpp@rb.railnet.gov.in**

Annexure-A

FAQs

Case Type / Issue	Policy Provision
• Patients made to submit numerous papers at the time of discharge.	• Admission / Discharge 100% on HMIS. • Patient's UMID profile (HRMS synced). • Patients treatment / medical records are all available in HMIS. • No papers required to be carried/submitted/ authenticated by the patient.
• Patients made to take a print-out of medicines prescribed by the Railway Doctor in HMIS → get it stamped at given counter(s) → submit to Railway Pharmacy counter for collecting medicines.	• 100% medicines are prescribed by the Railway Doctor in HMIS w.r.t patient's UMID. • All medicines issued on HMIS by the Railway Pharmacist. • No printout required in the process.

Case Type / Issue	Policy Provision
• Patients despite having a referral (in HMIS) are being **denied treatment** unless the patients bring to the empanelled HCO a further recommendation / endorsement / stamp / letter /e-mail / WhatsApp message etc. from the ZRH /RH with which the empanelled HCO has its MoU.	• Patients - once a referral is given by the jurisdictional Railway Hospital can select any empanelled HCO on IR. • All empanelled HCOs have been on-boarded onto HMIS. Using their HMIS login ID, it can verify patient's UMID and the referral letter and admit her / him through an OTP based protocol.
• RH are insisting patients to go to multiple windows in RH for self-chasing the referral being processed and to carry a print-out for getting stamped / endorsed. Even though, referral is initiated in an hour or two of patient's visit to the Rly Dr but she /he is made to wait and pursue its approval for a full day or two away from the workplace.	• All referral are initiated and processed for approval on HMIS. Patient - for whom referral has been initiated in HMIS by the Rly Dr - are not required to self-chase it. In HMIS, patients receive a message in their HMIS App the moment their referral is initiated and also an update when referral gets approved.

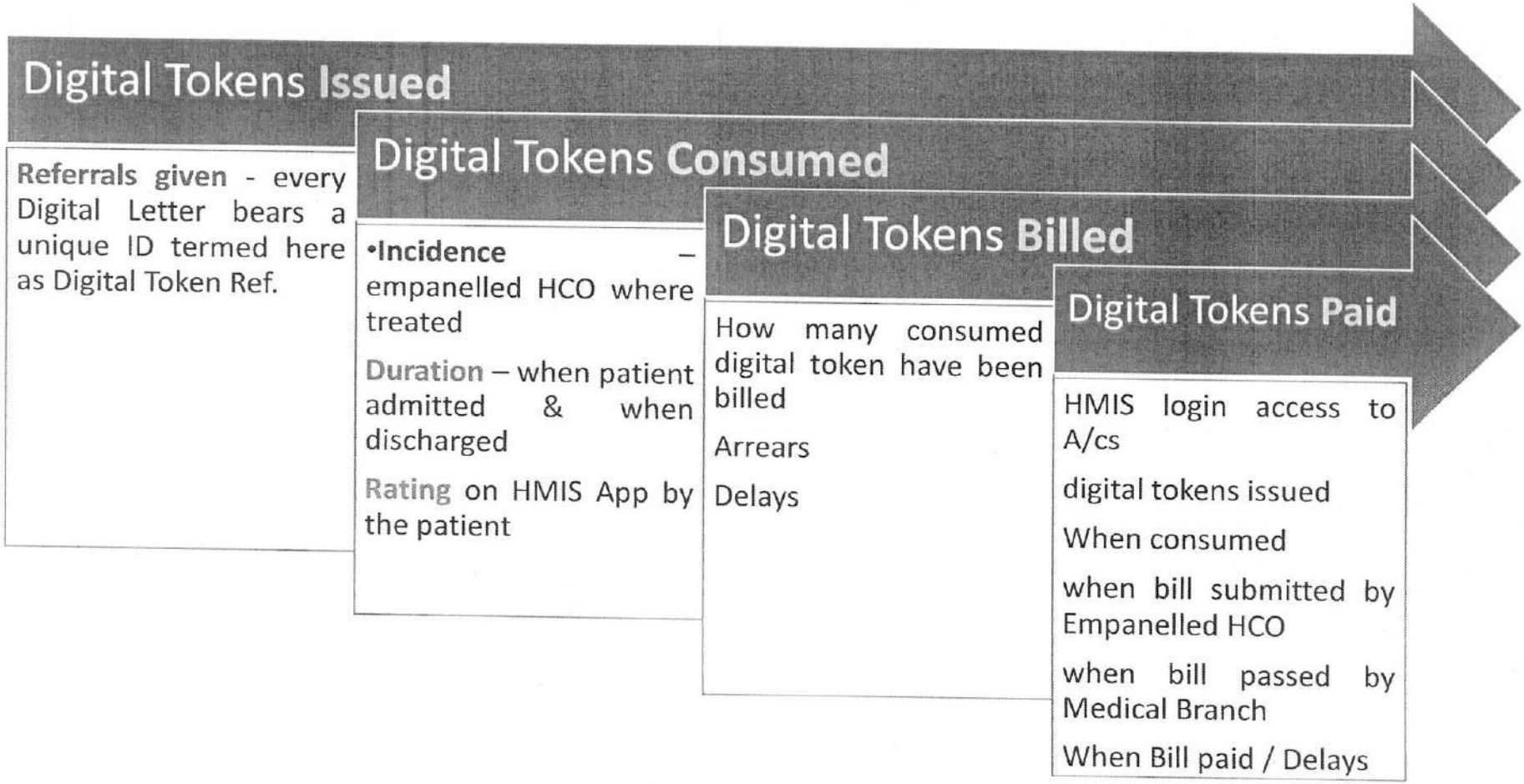
Case Type / Issue	Policy Provision
MoUs with empanelled HCOs are often misinterpreted as being only for the zonal railway beneficiaries.	• **All Agreements have to be "for and on behalf of the President of India".** Hence, all MoUs with empanelled HCO must invariably state at the beginning that **"this Agreement /MoU is between the President of India acting through the Medical Director /CMS (as the case may be) of the Rly Hospital (to be named) <u>for Indian Railways</u> and the empanelled HCO (to be named)".** • All MoUs have to be uploaded in HMIS w.r.t. its HFR-ID.
Patient feedback is not taken nor factored in while granting Renewal/ extension to an empanelled HCO.	• Renewal / extension to be **<u>initiated 3 months</u>** in advance and would be w.r.to HMIS' data on the nos of patients who availed treatment at that empanelled HCO plus the rating feedback given by railway patients through their HMIS App login.
As per Railway Board's healthcare policy, the facility / specialty of an empanelled HCO is meant for all railway patients from all over IR and, hence, they should not get arbitrarily denied the same without exceptional reasons duly considered as a stipulated procedure.	• Foreclosure / suspension of an MoU shall be on the recommendation of MD/CMS, based on which PCMD may recommend for approval of the AGM/GM to foreclose /suspend the MoU.

Case Type / Issue	Policy Provision
Empanelled HCOs have expressed apprehension that their bills will not be accepted unless clear instructions are issued for treatment under the latest healthcare policy and HMIS based digital referral protocol	• Bills on monthly basis, mentioning the Hospital's HFR-ID and attaching HMIS generated summary position showing digital tokens (viz. HMIS digital referral letters) consumed and patients discharged during the billing period. • In a prolonged treatment case, the treatment during the billing month and a special report to be attached by the HCO on the continuing / previous months' treatment since admission and reference of previous on-account bills.
Currently same Pvt HCOs are empanelled by many RHs - this can lead to billing and payment errors like double payment or non payment as empanelled HCOs have requested clear instructions to avoid confusion.	• If an HCO has only one MoU with an RH/ HU, the bills would continue to be submitted to the RH / HU with which it has signed the MoU. • In case an HCO has been empanelled by more than one RH, the concerned MDs/CMS' in consultation with their associate finance may formulate a Joint Procedure Order or mutually agreed to arrangement wherein only one bill passing unit is assigned to an empanelled HCO.

Policy Provision	Case Type / Issue	HMIS
• **Pensioners / dependents aged greater than 70 years can avail cashless facility at empanelled HCOs for direct OPD consultation & related investigation from specialists.** • [ref. Rly Bd letter no. 2023/H/ 28/ 1 / RELHS/ Empaneled (CGHS) dt 02.01.2025 and not drawing Fixed medical Allowance]	• Empanelled HCOs are reluctant to treat without a referral or message from a particular railway medical staff or rly doctor.	• All empanelled HCOs are on-board in HMIS with login ID. Patients can use UMID to avail this facility at any Empanelled HCO on IR. • Renders convenience to patients and tracks billing of this service w.r.t use incidence.
• "RELHS" is a scheme under which retired Railway employees and dependent / eligible beneficiaries avail medical facilities under the Railway Medical Attendance Rules.	• Zonal Railways are issuing RELHS Card in addition to UMID and patients are denied treatment if both the cards are not shown by the patient.	• Since all heath services are now on HMIS and UMID pensioners data in HRMS is in sync, it (UMID) can be used by RELHS beneficiaries. • No need to issue a separate RELHS card.

Case Type / Issue	HMIS to be leveraged
• when validity of referral has expired / lapsed (digital token not being consumed) or defined treatment sessions are exhausted. • Rly Patients visiting RH/HU merely for re-validation/ extension of referral are avoidable footfalls at the RH/HU and over-crowd the OPD.	• Patients can use HMIS App to submit requests for re-validation/extension through HMIS App • **Use Case-1: Dialysis Patients** - jurisdictional RH would approve the request within 3 days else extension would be auto-generated after 72 hrs --> *every 3rd extension would be based on a clinical review by the Rly Doctor* • **Use Case-2 Cancer Patients** - jurisdictional RH would approve within 3 days failing which extension would be auto-generated after 72 hrs • **Use Case-3 Other Than Cancer Patients** - jurisdictional RH would either approve the same in 72 hours in HMIS or call the patient for a clinical review. If patient gets a message in HMIS App for having to come for a clinical review by Rly Dr, no OPD registration required.

Leveraging HMIS for Managerial Information



HMIS check-box for billing of empanelled HCOs

every referral letter bears a unique ID termed here as Digital Token Ref.

Digital Tokens **Issued**	Digital Tokens **Consumed**	Digital Tokens **Billed**	Digital Tokens **Passed**	Digital Tokens **Paid**

Benefit of medical reimbursement from 2 sources - Features

- Total Bill less claim paid by Insurance, is reimbursable up to the admissible amount @ approved rates.
- Beneficiary / Primary UMID Card-holder may raise medical claim against the original vouchers/bills first to the insurance company, which would issue a certificate, addressed to the concerned CMS/MD indicating the amount reimbursed. The insurance company may retain the original vouchers / bills in such cases and issue duly certified copies of bills/vouchers, in ink along with stamp of the insurance company.
- The beneficiary would thereafter prefer his/her medical claim along with the above mentioned certified copies of the insurance company to the concerned MD/CMS through the jurisdictional RH / HU.

Illustration - 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-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/-

Process Flows

Digital Referral Protocol

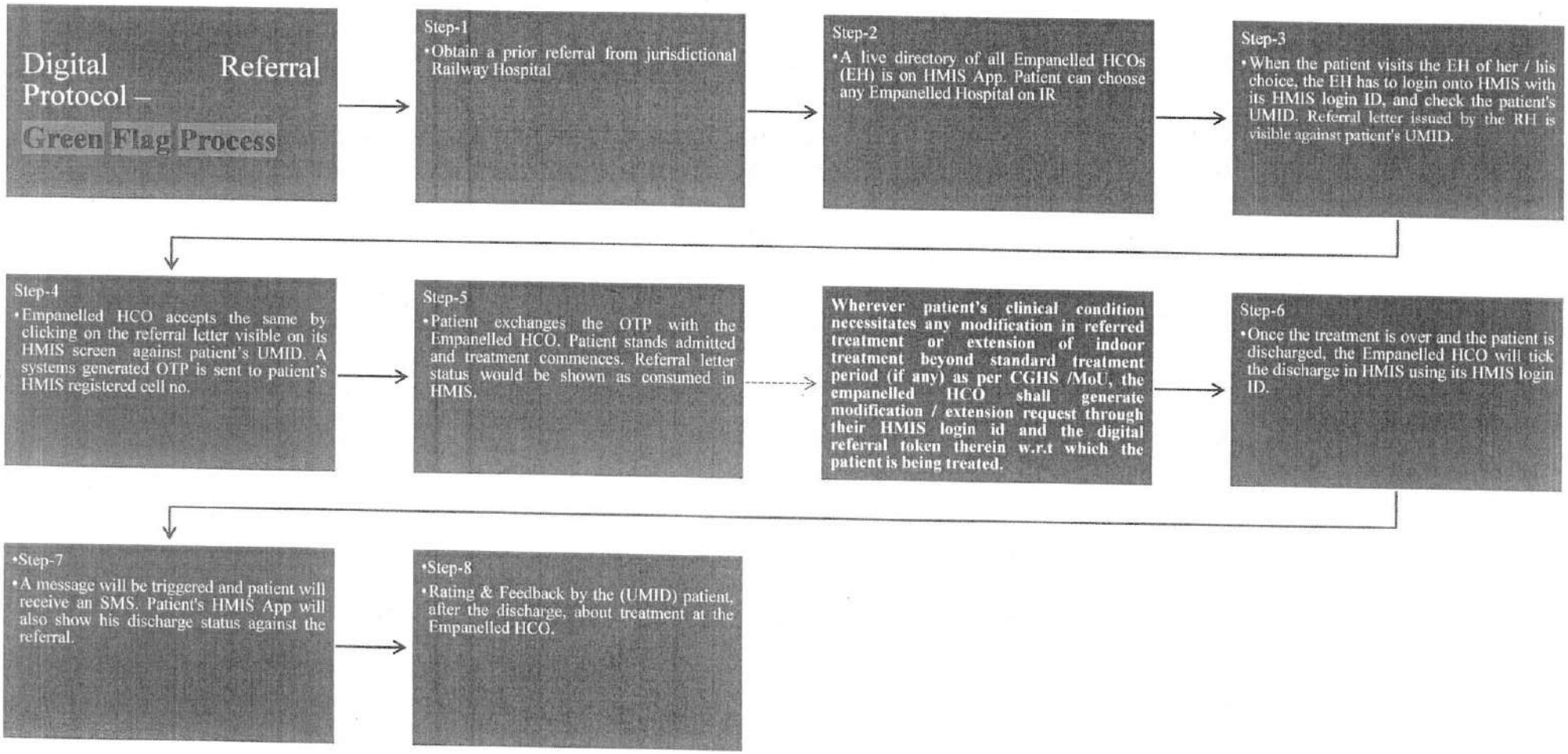
- Jurisdictional RH (Railway Hospital) issues referral for a treatment to a patient wrt UMID. Digital referral does not bear any vendor name (i.e. name of any empanelled HCO is not mentioned in the digital referral letter).

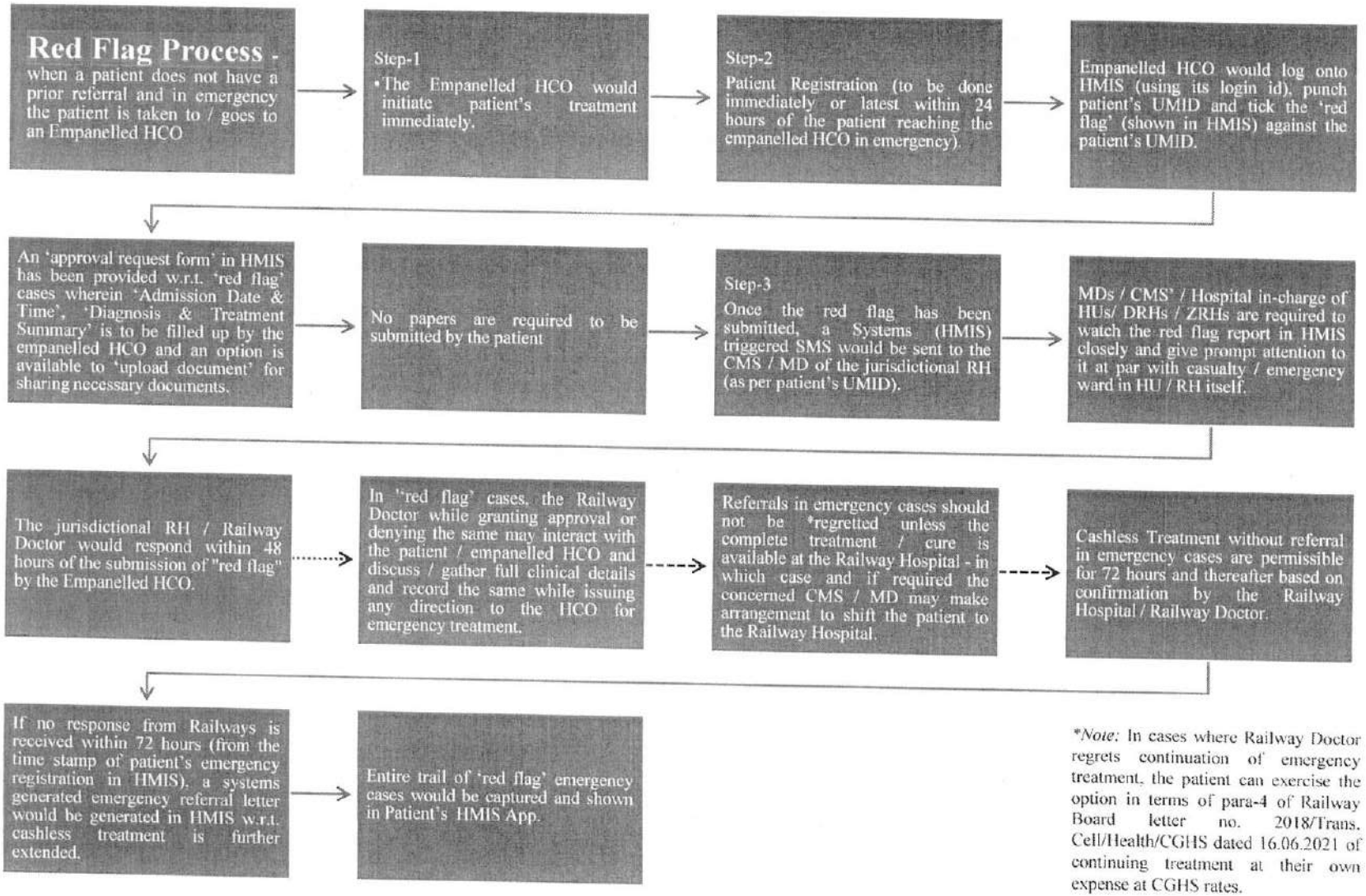
- Digital referral letter is issued in HMIS and bears a unique systems generated digital token no. It (Digital Referral letter) is placed in HMIS App of the patient.

- **Referral shall be given for complete treatment of the patient for the referred treatment as per the MoU and not in parts or for specific number of days which may be then extendable in piecemeals by RHs at the request of the patient or empanelled HCOs.**

- The patient is free to approach any Empanelled HCO (EH) on IR. On going to her / his chosen EH, the patient carries only UMID no. & HMIS registered cell-phone.

- **Digital Referral Protocol has two processes – Green Flag Process and Red Flag Process.**


Digital Referral Protocol – Green Flag Process
Step-1
•Obtain a prior referral from jurisdictional Railway Hospital
Step-2
•A live directory of all Empanelled HCOs (EH) is on HMIS App. Patient can choose any Empanelled Hospital on IR
Step-3
•When the patient visits the EH of her / his choice, the EH has to login onto HMIS with its HMIS login ID, and check the patient's UMID. Referral letter issued by the RH is visible against patient's UMID.
Step-4
•Empanelled HCO accepts the same by clicking on the referral letter visible on its HMIS screen against patient's UMID. A systems generated OTP is sent to patient's HMIS registered cell no.
Step-5
•Patient exchanges the OTP with the Empanelled HCO. Patient stands admitted and treatment commences. Referral letter status would be shown as consumed in HMIS.
Wherever patient's clinical condition necessitates any modification in referred treatment or extension of indoor treatment beyond standard treatment period (if any) as per CGHS /MoU, the empanelled HCO shall generate modification / extension request through their HMIS login id and the digital referral token therein w.r.t which the patient is being treated.
Step-6
•Once the treatment is over and the patient is discharged, the Empanelled HCO will tick the discharge in HMIS using its HMIS login ID.
•Step-7
•A message will be triggered and patient will receive an SMS. Patient's HMIS App will also show his discharge status against the referral.
•Step-8
•Rating & Feedback by the (UMID) patient, after the discharge, about treatment at the Empanelled HCO.



Note: In cases where Railway Doctor regrets continuation of emergency treatment, the patient can exercise the option in terms of para-4 of Railway Board letter no. 2018/Trans. Cell/Health/CGHS dated 16.06.2021 of continuing treatment at their own expense at CGHS rates.

e-UMID

e-UMID Card for Serving Staff, Pensioners and Dependent Beneficiaries.

e-UMID 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.

e-UMID has 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.)

UMID cardholders to ensure that the details are correct. Any change /up-dation /discrepancy has to be got rectified by the UMID card-holder in HRMS or approach associate HR /Personnel office for rectifying it in HRMS – with which UMID data is in sync. e-UMID gets auto-updated and refreshed in Digilocker and HMIS.

Treatment of non-Dependent at RH / HU

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** w.r.t. Primary UMID Card on payment @ city specific CGHS Rates or as prescribed by Railways wherever CGHS rates are not available.

Treatment of such non-dependents shall be limited to the jurisdiction of Railway Hospital / Health Unit where the railway employee resides. All such transactions would be reflected in HMIS profile of the Primary Card-holder.

UMID Primary Card holder - has to feed herself / himself in their HMIS App using their login ID the details of such non-dependent patient for whom treatment is required in RH / HU and an initial payment towards registration charge would be paid through HMIS App.

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 the due payments for treatment / admission, including payment of diet charges or any other amount pertaining to the patient, shall be raised / billed on HMIS and paid by the primary UMID cardholder through the payment gateway (MeRS) provided in HMIS App.

Treatment at INIs

INIs are Institutes of National Importance viz. PGIMER-Chandigarh, JIPMER-Puducherry, NIMHANS-Bengaluru and 25 AIIMS.

No referral / permission is required for Treatment (OPD/ Consultations/ IPD/ Indoor Treatment/ Investigations/ Diagnostics/ Tests) at the above-mentioned INIs.

Medicines prescribed by these INIs shall be obtained from the Railway Hospital after initial treatment and medication in OPD / Emergency.

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. Medicines prescribed by these INIs, including the follow up medicines and other services shall be provided by the Railway Hospital / Health Unit.

Reimbursement for treatment at these INIs shall be as per actuals or city specific CGHS Rates, whichever is lower.

The above excludes dental implants and / or such treatments that are not allowed under extant instructions.

CANCER Treatment

Referral

- Treatment can commence within 90 days from the date of issuing of Referral letter.
- Once the referral is issued, 6 consultations are allowed within the referral; if recommended by the primary specialist. Revalidation / Extension may be taken for further treatment.
- No repeat referral is required for a follow-up treatment w.r.t. on-going treatment - if a previous cancer referral has been given.
- **Note: Cancer Referral is a once in a lifetime referral – the referral no. remains constant.**

Single Window cancer care and simplified referral process for cancer treatment / reimbursement:

- the AGM (for ZRH) and DRM (for DRH) to nominate a railway doctor (not below SG) – as nodal for all cancer cases.

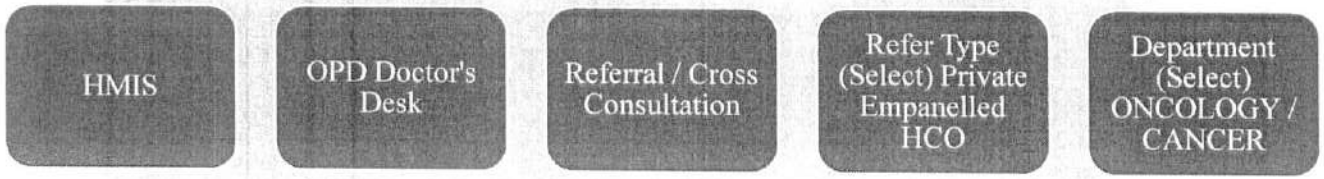
Comprehensive & Inclusive Referral for cancer treatment and specific provisions for cancer treatment at:

- **8 Tata Memorial Centres in India** namely, TMH / Mumbai, ACTREC/ Navi Mumbai; TMC / Muzaffarpur (Bihar); TMC/Vishakhapatnam (Andhra Pradesh); TMC /Mullanpur, New Chandigarh; TMC/Sangrur (Punjab); TMC/Varanasi (UP); TMC/Guwahati (Assam)
- **Government Hospitals**
- **Any IR Empanelled HCOs**
- **Institutes of National Importance** viz. 25 AIIMS, PGI-Chandigarh, PGI-Puducherry, NIMHANS-Bengaluru
- **All CGHS Empanelled HCOs**

Cancer Treatment in all the Tata Memorial Centres (TMCs) in India and Mumbai's Tata Memorial Hospital & Advanced Center for Treatment Research & Education in Cancer (TMH / ACTREC)	No referral / permission / endorsement is required for initial Diagnostics / Tests / Consultation / Investigation at Preventive Oncology Branch or OPD in Tata Memorial Centre Hospital (TMCH) – and the medical reimbursement claim for such treatment at TMCH shall be admissible as per rates stipulated in IR's MoU with TMCH or on actuals, whichever is lower, and may include cost of registration, consultation, initial Tests / Medication etc. in OPD.		
	For medically expedient cancer cases needing referral to TMC /TMH (including ACTREC) on the basis of OPD/ Consultations / Investigations / Diagnostics / Tests	The cancer patient may exercise the option of	Either taking referral from jurisdictional RH (mentioned in patient's UMID) Or take referral in Mumbai itself from any of IR's two nodal ZRHs for TMCH, namely Dr Babasaheb Ambedkar Memorial Rly Hospital or Babu Jagjivan Ram Rly Hospital.
	Referral by Railway Doctor is inclusive of the in-house treatment (Consultation, Investigations, Chemotherapy, Radiotherapy, Surgery etc)	**During IPD treatment, the robotic / laparoscopic / implants / special surgery etc. as allowed under CGHS and including chemotherapy administered, radiation, medicines dispensed, Tests or other diagnostics done, would be covered in the expenses met during the treatment.**	**Medicines, including post-operative protocol medicines and follow-up medicines, as prescribed shall be provided by the TMCH.** In the event medicines are not provided by TMCH it will certify that the medicine was not provided to the patient and the same would be provided by any RH /HU as per patient's request.

Cancer treatment in Government Hospitals (GHs) and Institutes of National Importance (INIs)	No referral/permission / endorsement is required for cancer treatment including OPD/IPD/Tests in INIs.	Reimbursement as per actuals or city specific CGHS rates, whichever lower & may include cost of registration, consultation, initial treatment, medication etc in OPD
	For cancer cases needing referral treatment /IPD on the basis of OPD /consultations /investigations /diagnostics /tests, the referral would be given by the jurisdictional RH as per patient's UMID.	
	Medicines (post-operative & follow-up) to be provided by the INI / GH	If INI or GH - where treatment has been taken - certify that the medicines could not be provided, the same would be provided by any RH/HU as per patient's request - since UMID has been granted pan-IR validity.
Cancer treatment in any IR Empanelled or a CGHS Empanelled HCO (EH)	Referral/permission/endorsement not required for cancer OPD / Consultations / Investigations / Diagnostics / Tests (**except IPD**) in empanelled HCOs of IR/CGHS	**BUT** the reimbursement in these cases would be admissible only, and only if cancer /malignancy is confirmed in which case reimbursement would be as per actuals or city specific CGHS rates, whichever lower & may include cost of registration, consultation, initial treatment/medication etc in OPD.
	Referral would be given by Jurisdictional RH as per patient's UMID for cancer cases needing referral treatment / IPD on the basis of OPD / consultations/ investigations / diagnostics/Tests.	Referral /treatment to be inclusive. IPD treatment to be as per MoU with respective EH, and chemotherapy administered, radiation, medicines dispensed, Tests & other diagnostics done would be covered in the expenses met during the treatment.
	Medicines that the EH could not provide and all post-operative protocol /medicines, as prescribed shall be provided by any RH /HU as per patient's request.	

Process flow for generation of Cancer Referral



Transplant cases - features

Transplant cases, being highly complex, constitute a unique category of referrals. Unlike other referrals, all transplant cases essentially undergo four broad steps/processes, viz. Workup tests → Medico-legal/NOTTO compliance → Transplant procedure → Follow-up.	Workup tests are a complex battery of tests on the patient/donor spread over several sessions over a period of time.	The transplant procedure is dependent on and decided based on the workup tests. Hence, the locus of workup or transplant procedure cannot be at different empanelled HCOs and must necessarily be covered under a single comprehensive referral.
An instance was found to have been issued wherein transplant referral was issued only for workup and that too as an outdoor single session referral.	In order to preclude repeat of such instances or error in issuing transplant referrals, the following has been incorporated as standard/dropdown auto-select menu in HMIS referral/doctors' desk (from where digital referral is generated in HMIS):	
Specialty: (to be picked from drop down menu in HMIS e.g. kidney/liver/lungs etc.)	**Referred procedure / treatment:** "Transplant with workup" (drop down menu in HMIS)	**Referring doctor's remarks:** (clinical remarks to be recorded).
Type of service: (gets auto-selected in HMIS if referral is for transplant)- "OPD/IPD for comprehensive treatment including follow up". *[note: Kidney transplant cases would be inclusive of the dialysis required during the entire treatment period.]*	*Footnote (systems printed in all transplant referral cases): Applicable CGHS package and due compliance with medico-legal/NOTTO requirements to be ensured by the empanelled HCO.*	*Dialysis for kidney transplant cases may be billed separately as per CGHS rates (if not a part of the transplant package rate) or the patient may claim reimbursement for such dialysis.*

Healthcare Services Standing Committee

(RB letter no. 2024 /I & Trans. Cell /GAC /Healthcare/P dt. 04.10.2024)

- To ensure optimal functionality of delivery of railway healthcare services delivery and reach out pro-actively to the beneficiaries on various instructions issued on healthcare.
- Information dissemination and grievance redressal in a structured mechanism.
- Committee at Divisional Level and Zonal Level.
- Participation from Railway Administration, colony residents, pensioners, authorized local chemists, empanelled HCOs, women representatives on gender specific health issues / grievances of beneficiaries.