



ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)

(Regd. Under the Trade Union Act, 1926; Regd. No. 546 / 2016)

302, Block No. 4, Ram Krishna Enclave, Nutan Chowk, Sarkanda; Bilaspur (CG)

E-mail : centralaiace@gmail.com ; Ph. 9907434051

RefNo. **AIACE/CENTRAL/2021 / 075**

Dated 1.7.2021

To
The Secretary,
Ministry of Coal,
Government of India,
New Delhi.

Sub: Appeal for Advisory to CIL for initiating amendments in Contributory Post Retirement Medical Scheme (CPRMS), within DPE and IRDAI guidelines, to ensure robust scheme friendly to beneficiary and the hospital

Dear Sir,

We want to bring to your kind notice that for meeting post-retirement medical needs of employees retiring from CPSEs, a Contributory Post Retirement Medical Scheme (CPRMS) has been envisaged by Department of Public Enterprises (DPE).

In compliance of the guidelines as above, CIL notified a scheme on 28.12.2012 regarding medical care. The scheme now needs certain amendments, as per experience gained over the past years.

The DPE guidelines under Section 2(v), circulated vide No. 2 (81)/08-DPE (WC) GL-XV/2011 dated 20th July, 2011, had suggested that post-retirement medicare scheme be preferably implemented through Insurance companies. Copy of the relevant portion of Section 2(v) of this scheme is attached herewith as Annexure-I. The vision of DPE was to ensure facilities of cashless treatment to retirees through Network hospitals of Insurance companies.

As allowed by DPE guidelines, CIL preferred to have its own CPRMS, separately for its executives and non-executives and, like network hospitals of Insurance companies, it empanelled around 350 hospitals across the country for delivering cashless medical facilities to its employees. This list is also being updated almost every quarter but lacks precision and accuracy. Due to several reasons, most of the hospitals empanelled with CIL do not provide cashless treatment and evade the control of CIL. In case any hospital agrees for cashless treatment, it is not certain of time-bound bill settlement by CIL on behalf of beneficiary. Primary problems associated with availing cashless treatment are attached as Annexure-II.

It is to highlight the fact that, Insurance companies do not limit themselves to network hospitals only but also allow reimbursement of cost of treatment in non-network hospitals which are established under Clinical Establishments (Registration and Regulation) Act, 2010. IRDAI approved criteria for defining such hospital is shown in Annexure-III. Adopting the same definition of hospital, CIL may kindly be advised to amend CPRMS provisions to allow beneficiaries for availing treatment in all hospitals meeting such criteria of the Act.

We understand that, providing health insurance is not the core business of CIL but executives and employees are feeling the brunt of lack of available expertise with CIL leading to its inability in providing efficient medicare support to retirees. We have been approaching CIL by our letters and requesting to adopt different measures including third party involvement in processing of bills.

In the light of above facts, it is requested to issue advisory to CIL to ensure a robust system for providing health care facility friendly to the retirees as well as the empanelled hospitals. Necessary control mechanism should also be incorporated in the amended scheme to check erring hospitals.

With regards,



P K SINGH RATHOR
Principal General Secretary

cc.

Honourable Minister, Ministry of Coal, GOI, New Delhi
Secretary, DPE, Ministry of Heavy Industries, GOI, New Delhi
Chairman, Coal India Ltd.
CMD, SCCL, Kothagudem

No. 2(81)/08-DPE(WC)GL - ~~XV~~/2011
Government of India

Ministry of Heavy Industries & Public Enterprises
Department of Public Enterprises

Public Enterprises Bhawan
Block No. 14, CGO Complex,
Lodhi Road, New Delhi-110003

Dated: 29 July, 2011

OFFICE MEMORANDUM

Sub: Creation of Corpus for retired employees of CPSEs

The undersigned is directed to refer to O.M. of even number dated 8.07.2009 on the subject mentioned above providing Board of Directors of each CPSE to frame a suitable scheme keeping in view the guidelines contained in the aforesaid O.M., based on their need and affordability and submit proposal to the Administrative Ministry/Department for approval. Subsequent to issue of O.M. dated 08.07.2009, a number of representations have been received in this Department, requesting for modifications in the Scheme. Government has accordingly reviewed the efficacy of the scheme as conveyed in O.M. of even number dated 08.07.2009.

2. In view of the above, the following has been decided:-

i) Administrative Ministry/Department may consider creating a common corpus for the retired employees of the CPSEs, under their Administrative control. The purpose of the corpus would be to take care of medical and any other emergency needs of retired employees.

ii) Each CPSE under the Administrative Ministry/ Department, to contribute not more than 1.5% of its PBT for the above said corpus.

iii) A Committee, headed by an Independent Director, to be decided by Ministry/Department may be formed by the respective administrative Ministry/ Department for implementation of said corpus.

iv) Scheme based on individual CPSE as conveyed in O.M. dated 08.07.2009 to continue but basic conditions like not more than 1.5% PBT (whether Ministry/Department based and/or individual CPSE based) and no budgetary support by Government would apply to the Ministry/Department based scheme proposed now. Therefore, there may be a situation, where a CPSE under a Ministry/Department may have a separate scheme for its retired employees,

but at the same time contribute to common corpus for retired employees of other CPSE(s) under Administrative Ministry/Department. In such cases also the total contribution will not exceed 1.5% of PBT of a particular financial year. For individual CPSE based scheme, constitution of Committee will be that as already indicated in para 5(iii) of O.M. dated 08.02.2009.

v) Purpose of the scheme (Individual or Common corpus under a Ministry/ Department for its CPSEs) to be as per from 2(i) above. The scheme may be implemented preferably through approved Insurance Companies. It is clarified that scheme should not become a defined benefit pensionary scheme.

vi) The benefits under the Scheme may vary from year to year depending upon the contribution by CPSE(s) in a particular year as the contribution is in turn dependent on the Profits, affordability and sustainability of the CPSE(s) concerned.

vii) The issue of 'emergency needs' may be decided based on the principles of fairness, transparency, functional requirement, affordability sectoral similarities and sustainability of the common corpus, etc., with the prior approval of the aforesaid Committee.

viii) Such corpus will cover only those employees of CPSEs, who retired prior to 01.01.2007.

3. Administrative Ministries/Departments may suitably issue instructions to the CPSEs under their administrative control for their information and necessary action.

4. This issues with the approval of Minister (HI&PE).


(P.J. Michael)
Under Secretary
Tel: 24360823

To: All Administrative Ministries/Departments

Copy to:

1. Chief Executive of CPSEs.
2. Financial Advisors in the Administrative Ministries/Departments.
3. Comptroller & Auditor General of India (Commercial Audit Wing), 9 Deen Dayal Uadhayay Marg, New Delhi.
4. NIC - with the request to upload this O.M. on to the DPE website.
5. All officers of DPE.

The primary problem begins with Indoor treatment as described below.

Most of the time, beneficiary suffers as he/she and hospital concerned await confirmation of requisite fund available in his/her account. All those persons involved in this process simply ignore and keep blind eyes towards the provisions in CIL scheme which categorically say, 100% cashless treatment shall be permitted at the empanelled hospitals by CIL, and in case of any inadmissible amount, the same shall be adjusted in future from half-yearly payment or from any other amount payable to the retired executive/spouse as the case may be.



A Maharatna Company

3.0 BENEFITS

The Medical Benefits to the retired executives and their spouses under the scheme will be admissible for the treatment taken only within India and would be regulated as under:

3.1 Traveling expenses or allowance would not be admitted for journey undertaken for the purpose of obtaining Indoor or Outdoor treatment either for self or spouse. In case of ambulatory patient, ambulance charges will be paid in case the ambulance is provided by the Empanelled hospitals.

3.2 Reimbursement of medical expenses for indoor and outdoor treatment will be regulated on the following terms and conditions:-

3.2.1 Indoor Treatment

a.

iii) 100% Cashless Treatment shall be permitted at the empanelled hospitals or hospitals notified by CIL .

iv) However, in case of any inadmissible amount, the same shall be adjusted in future from half-yearly payment or from any other amount payable to the retired executive/spouse as the case may be.

Page -4 at <https://www.irdai.gov.in/admincms/cms/Uploadedfiles/BAJAJ15/Mediclaim%20Insurance.pdf>

16. Hospital A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.