



ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)

(Regd. under The Trade Union Act 1926; Regd. No. 546 / 2016)

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AIACE/CENTRAL/2019/13

Dated -- 24 /1/2019

To

The Chairman,
Coal India Limited,
Coal Bhawan,
Premise No-04 MAR,
Plot No-AF-III, Action Area-1A,
Newtown, Rajarhat,
Kolkata-700156

Sub:-- Modification of Bill Reimbursement Forms for treatment in non-CIL Hospitals.

Dear Sir,

Contributory Post Retirement Medicare Scheme for Executives of CIL and its subsidiaries (CPRMSE) was notified by letter no. CIL/C-5A (PC) / CPRMSE/2005 Dated: 28.12.2012. Over the past 6 years, this scheme has largely benefitted the executives in spite of various shortcomings observed in its implementation.

From time to time, various revisions / modifications have also been added to CPRMSE to improve it further. In one such step, vide letter no. CIL/C-5A (PC) / CPRMSE/2005 Dated: 01.04.2017, it was notified that, CIL Board at its 3371 h meeting held on 6th March, 2017 approved certain amendments to Clause Nos. 3.2.1(a)(i) and 3.2.1(d) of the CPRMSE.

With the amendment done in above later Clause no. 3.2.1(d), upper limit of reimbursement of cost of treatment in certain diseases were waived. Our concern is with the former Clause 3.2.1(a) which is reproduced as follows:

Clause 3.2.1(a)(i) : Where there is no CIL empanelled Hospital at places where the retired executives reside/unable to go to such empanelled hospitals/Diagnostic Centres, the retired Executives can avail the medical facilities from other PSU hospital/ other PSUs empanelled Hospital, ESI Hospital, Government hospital including hospital under Municipal Corporation or Hospital/Diagnostic Centres empanelled by CGHS subject to CGHS rates for the items covered under CGHS and referred by Company Doctor or other extant guidelines and claim reimbursement of expenses incurred.

So it may be seen that there are so many Decision Variables involved in the process of scrutiny of submitted bills for allowing reimbursement. These variables are,

- i. Place of residence of executive
- ii. Location of a reasonably good hospital in the vicinity of residence
- iii. Logic of preference for a hospital and rejecting other hospitals

- iv. Whether the preferred hospital is empanelled with Coal India or Other PSU
- v. Whether the hospital is ESI / Government / Municipal Corporation hospital
- vi. In absence of Coal India empanelment, whether the executive has the liberty of preferring non-Coal India empanelled Private hospitals over hospitals listed at (v) above

It is clear that there are many permutations & combinations possible on the part of the executive intending to avail medical treatment. The checklist prepared by CIL has identified around 15 points / grounds on which the claim of an executive can be rejected. This check-list is used to examine the claim of executive submitted for receiving reimbursements vide

Annexure-B2 (Claim Declaration) &
Annexure B-3 (Details of Amount claimed).

We shall like to highlight the fact that, out of the above 2 annexure, Annexure-B2 has been designed long ago, probably in 2012, at the time of introduction of the scheme. This form does not take into consideration the modifications / revisions introduced at later date(s). Similarly, the Checklist being used by CIL is also outdated. These anomalies make scrutiny of claim a difficult task, sometime erroneous too. This has resulted in resentment and anguish on the part of retired executives most of them being quite ages, physically challenged persons residing at remote corner of the country. These anomalies also invite arbitrary and irrational approach on the part of persons engaged in processing of reimbursement.

Under the above circumstances, AIACE demands a complete overhauling of Annexures-B2&B3 along with preparation of a fresh checklist so as to ensure transparency and clarity in the system.

Looking forward to a positive response from your end,

Regards,



P K SINGH RATHOR
Principal General Secretary

CC:- DP/DF/DM, Coal India Ltd, Kolkata
CMD/DP/DF/DT, All subsidiary companies of CIL.