



# ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)

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

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Email: centralaiace@gmail.com; Ph. 9907434051

**AIACE/CENTRAL/2023 / 020**

**Dated 13.4.2023**

To

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

Sub: Request for speedy reforms for availing post-retirement medicare under CPRMSE

Dear Sir,

As per the latest list of hospitals empanelled with CIL, published on 3<sup>rd</sup> March, 2023, there are 366 empanelled hospitals with CIL. Many of these hospitals have changed their names and also management has changed after the empanelment. We have been writing in the past about this from time to time with expectation that our inputs will be taken into consideration while updating the list of hospitals. It is brought to your notice that barring a few, most of the hospitals are refusing treatment on CGHS rates and some are denying being empanelled with CIL.

We want to draw kind attention towards the ultimate misery being faced by retired executives while availing post-retirement medicare under CPRMSE.

In this connection, we have been writing to you repeatedly over the past years but nothing fruitful is being achieved. Our last letter no. AIACE/CENTRAL/2023 / 010 dated 22.2.2023 provides a vivid description of the misery of retirees and ways suggested for implementation. (vide Annexure-I)

In addition to problems highlighted and reforms suggested in that letter, we shall further like to add the followings:

- a) The much-awaited revision of CGHS rates, released vide Release ID: 1915950 dt 12-4-2023 (vide Annexure-II), covers only CGHS package rates of consultation fees, ICU charges and room rent. A mammoth task of revising the entire rate list is a dream yet to come true. Hence, we strongly feel that CIL, of its own, should enter into negotiated rates with hospitals, in place of CGHS rates still awaiting overall revision. Some other PSUs have reportedly undertaken this practice. Even, CIL has such negotiated rates with CMCH Vellore and Shankar Nethralay, Chennai.
- b) It is to mention that, availing cashless indoor treatment is a matter of great concern for everyone. Hence, it is suggested that Indoor treatment under CPRMSE be off-loaded to Health Insurance players, who have wide expertise and client insured with them never face difficulties in availing cashless treatment in long chain of hospitals, much longer than the 366 odd hospitals empanelled with CIL.
- c) It is further requested to enhance the treatment limit to a higher limit of Rs 50 lakhs in place of Rs 25 lakhs which was probably set a decade ago as per cost of index prevailing at that time.

Hope, our suggestions will be given due consideration.

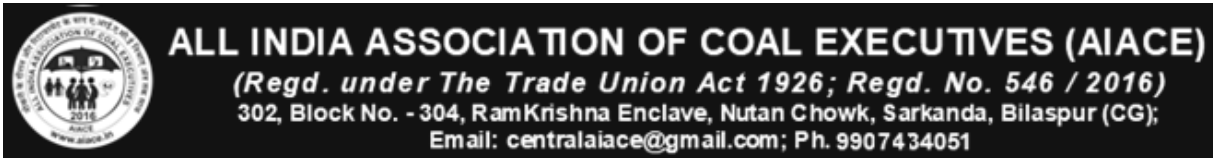
With Regards,

P. K. Singh Rathor  
Principal General Secretary, AIACE

Encl: Annexure-I & II, as above

Cc:

1. Secretary, Ministry of Coal, Govt of India.
2. Secretary, Ministry of Health and Family Welfare, Govt of India.
3. D(P)/D(F)/D(T)/D(M),CIL, Kolkata
4. CMD/D(P)/D(F), All subsidiary companies of CIL
5. CMD/D(P), SCCL, Kothagudem.
6. Chief of Medical Services, CIL, Kolkata



**AIACE/CENTRAL/2023 / 010**

**Dated 22.2.2023**

To

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

Sub: Request for proper measures as Hospitals unilaterally opt out of empanelment and other empanelled hospitals not extending CGHS Rates under CPRMSE

Dear Sir,

Coal India Ltd. has implemented a Contributory Post Retirement Medicare Scheme called CPRMSE for retired executives and CPRMSNE for retired non-executives. Under these schemes, CIL and its subsidiaries are extending medical facilities to the retired employees and/or their spouses in CIL Hospitals along with 369 empanelled hospitals across India where employees prefer to stay after retirement.

No doubt, CIL is a Maharatna company but its beneficiaries are losers in every respect. These schemes present a very rosy picture at the first glance, but after years of their implementations, retirees are now realising the dark side of these schemes they being unable to avail hassle free cashless treatment for themselves and their dependents.

Situation worsens as even these hospitals are creating problems like,

- a) Declining their empanelment with CIL, or
- b) Even if they do not decline, they are refusing to extend CGHS Rates to beneficiaries
- c) Refusing cashless treatment due to reasons best known to them.
- d) Stating that MOU with CIL has not been renewed
- e) Billing differently for different departments which are under the same roof
- f) Billing with a new Name citing change of ownership/management of hospital

Beneficiaries do not have the locus standi to argue/verify with the hospitals for their act.

During our interaction at CIL, HQ in February 2020, we were given to understand that things will improve soon, hospitals are continuously violating MOU with CIL.

Under the circumstances, we are forced to demand for,

- a) appropriate action by CIL and permission to avail medical treatment under any doctor in any hospital/clinic whose honesty must be accepted as all of them are governed by various government rules and regulations.

- b) adherence to a revised Rate of List in place of age old CGHS rates
- c) strict review/monitoring of every empanelled hospital by a high power committee of CIL for smooth implementation of CPRMSE/CPRMSNE and to devise suitable remedial measures for various hindrances ailing the scheme at various point of time

Thanking You,

*With Regards,*



P. K. Singh Rathor  
Principal General Secretary, AIACE

Encl: Annexure-I, as above

Cc:

7. Secretary, Ministry of Coal, Govt of India.
8. Secretary, Ministry of Health and Family Welfare, Govt of India.
9. D(P)/D(F)/D(T)/D(M),CIL, Kolkata
10. CMD/D(P)/D(F), All subsidiary companies of CIL
11. CMD/D(P),SCCL, Kothagudem.
12. Chief of Medical Services, CIL, Kolkata



Ministry of Health and Family Welfare  
<https://pib.gov.in/PressReleaseDetail.aspx?PRID=1915950>

MV

**HFW/CGHS Rate Revision/12<sup>th</sup> April 2023/2**  
 (Release ID: 1915950)

## Union Health Ministry Revises CGHS Package Rates for the benefit of CGHS Beneficiaries

### Referral Process under CGHS simplified; beneficiaries can now be referred through video call

Posted On: 12 APR 2023 6:11PM by PIB Delhi

Union Ministry of Health and Family Welfare has decided to revised the CGHS package rates for all CGHS beneficiaries. The Union Govt has also simplified the referral process under CGHS for the benefit of its employees.

After due examination of demands from stakeholders and taking into consideration the increase in costs of various components of health care, the Union Health Ministry has proposed to initially revise the CGHS package rates of consultation fees, ICU charges and room rent, as per details given under:

#### Revised CGHS rates:

Item	Existing	Revised
<b>Consultation Fee –</b>		
OPD Consultation	Rs 150	Rs 350
IPD Consultation	Rs.300	Rs 350
<b>ICU charges –</b>		
includes Rs 750 for non-NABH hospitals and Rs 862* for NABH hospitals includes – monitoring, RMO charges, nursing care and in addition Room rent is as per ward entitlement of beneficiary –general ward / semi-private ward / private ward is permitted.	Rs 862 for NABH + Room rent as per ward entitlement	Rs 5,400/- (Rs 862 + Rs 4,500/- for Private ward = 5,362- rounded to Rs 5,400) including accommodation for all ward entitlements.
*15% more for NABH accredited		
<b>Room Rent –</b>		
General ward	Rs 1000/-	Rs 1,500/-
Semi-Private ward	Rs 2,000/-	Rs. 3,000/-
Private ward	Rs.3,000/-	Rs.4,500/-

The referral process under CGHS has also been simplified. Earlier the CGHS beneficiary had to visit the CGHS Wellness Center himself and take referral to the hospital. But now, if the CGHS beneficiary is unable to go, he can send someone on his behalf with his documents to the wellness center. The medical officer can refer the beneficiary to go to the hospital after checking the documents. Apart from this, CGHS beneficiary can also take referral through video call.

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