GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT

Meghalaya Medical Attendance Rules 2021

Acknowledgement

The Department in Health & Family Welfare, Government of Meghalaya acknowledges the significant contribution of Shri. P. Naik, (Retd) IAS, Chairman and Shri. P. Kharkongor, (Retd) IAS, Member, Administrative Rules & Regulation Revision Advisory Committee, Meghalaya who were instrumental in the Amendment process of the Meghalaya Medical Attendance Rules, 2021.

(SAMPATH KUMAR, IAS)
Principal Secretary to the Government of Meghalaya
Health & Family Welfare Department

GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT
ORDERS BY THE GOVERNOR
NOTIFICATION

Dated Shillong, the December, 2021

No.Health.78/2019/283:- In exercise of the powers conferred by the proviso to Article 309 of the Constitution, the Governor of Meghalaya is pleased to make the following rules, namely:-

1. **SHORT TITLE AND COMMENCEMENT**

(1) These Rules may be called the Meghalaya Medical Attendance Rules, 2021.

(2) They shall be deemed to have come into force with effect from the date of notification.

2. **EXTENT OF APPLICATION**

These Rules shall apply to the following categories or person, including their family members:-

(1) Employees in service and pensioners of the Government of Meghalaya including All India Service Officers in service opting for these rules.

(2) Retired member of the Joint Assam-Meghalaya Cadre of the All India Services who had served and retired from the Meghalaya Wing, irrespective of their place of permanent settlement, or who are re-employed under Government of Meghalaya, or who proceeded on deputation from Meghalaya Wing to the Central Government or Public Sector Undertaking (PSU).

Provided that in the case of those Officers who retired from the Central Government or Public Sector Undertaking, for whom similar benefit are extended by the Central Government or Public Sector Undertakings, as the case may be, then such officer may opt for benefits either under these Rules or that of the Central Government or the Public Sector Undertaking. Option once exercised shall be final.

(3) Retired judges of the High Court having jurisdiction over and who are residing in Meghalaya, unless they choose to opt for Rules otherwise applicable to them in this behalf.

Note:

(a) In Sub-rule (1) above, employees in service include those on leave/study leave or under suspension.

(b) All India Service means the Indian Administrative Service, the Indian Police Service and the Indian Forest Service.

(c) For the purpose of these Rules, persons in Sub-rule (2) and (3) shall be treated as Officers belonging to the State Government.

3. DEFINITIONS

In these Rules, unless there is anything repugnant to the subject or context:-

(1) 'Government' means the Government of Meghalaya.

(2) 'Authorised Medical Attendant' means a regular Medical Officer working in a Government hospital/medical institution.

(3) 'Government Hospital' means and includes all Hospitals, Civil Hospitals, Community Health Centres, Primary Health Centres, Dispensaries and other Health Institutions maintained by the State Government.

(4) 'Patient' means any person needing medical attendance or treatment and belonging to any of the categories specified in Rule 2 and the respective family members thereof.

In-Patient: Patient who requires hospitalization.

Out-Patient: Patient who does not require hospitalization.

(5) 'Medical Attendance' means attendance in Government Hospital or at the residence of the patients and includes:-

(a) Such pathological, bacteriological, radiological or other methods of examination for the purpose of diagnosis, carried out in Government Hospital or laboratory at the instance of the Authorised Medical Attendant irrespective of whether the patient is hospitalized or not, and

(b) Such consultation with any other Medical Officer or Specialist in the service of Government as the Authorized Medical Attendant certifies to be necessary to such extent and in such manner as the Medical Officer or the Specialist may, in consultation with the Authorized Medical Attendant, determine.

(6) 'Treatment' means the use of all medical and surgical facilities and includes:-

(a) The employment of such pathological, bacteriological, radiological, or any other methods as are considered necessary by the Authorized Medical Attendant;

(b) The supply of such medicines, vaccines, sera or other therapeutic substances as are ordinarily available in the Government hospital;

(c) Such accommodation as is ordinarily provided in the Government hospital to which the patient is admitted and is suited to his status;

(d) The services of such nursing staff as are ordinarily employed by the Government hospital to which the patient is admitted.

(e) The Medical Attendance described in Sub-Rule (5) (a) and (b) of Rule (3) does not include provision for diet.

(7) 'Family members' include:-

a) 'Spouse' to also include judicially separated 'Spouse'.

b) Solely dependent 'parents' to also include 'step-parents' and 'adopted-parents'. In case of adopted-parents, the real parents are to be excluded. A Government employee may opt to include either his/her parents or his/her parents-in-law. Change of option may be allowed only once during service.

c) Solely dependent son/daughter, brother/sister not exceeding 25 years.

d) Solely dependent son/daughter, brother/sister, suffering from permanent disability of any kind (physical or mental), with no age limit.

e) Solely dependent son/daughter, brother/sister, suffering from diseases specified in Annexure-I, with no age limit.

Note: Children include those adopted according to any law or custom.

4. TREATMENT IN GOVERNMENT MEDICAL INSTITUTIONS

(1) A patient shall be entitled to Medical Attendance or treatment at the nearest Government hospital within the State, as per user charges notified by the competent authority.

(2) Cost of medicines necessary for the indoor patient purchased by the patient from outside the hospital shall be reimbursed to the Government employees.

(3) Accommodation in Government Hospital shall be provided in accordance with the scale suitable to the status of employees and may be determined by the Government from time to time.

(a) The accommodation eligibility criteria shall be as follows:-

Pay of Govt. Servant/Pay of Pensioner immediately before retirement	**Accommodations**
Rs.45,600 and above	AC single bed in a room(Private Ward with single bed in a room)
Between Rs.37,800 – 43,700	AC sharing room/Semi Private with not more than two beds in a room (ordinary type) or Non AC single room
Between Rs.19,000 – Rs. 35,100	Non AC sharing room
Rs.17,000 and below	General Ward

(b) Expenditure incurred by the patient in excess of admissible limits shall be borne by the patient himself/herself.

Explanation:-Reimbursement means reimbursement to Govt. employee or Govt. pensioner, as the case may be.

5. TREATMENT AT RESIDENCE

Where the Authorized Medical Attendant is of the opinion that, owing to the severity of the illness, a patient, who is not in position to visit the nearest hospital may receive medical attendance and treatment at his residence. A written information is to be sent to the Authorised Medical Attendant about his illness and the patient shall be attended at his residence as per user charges notified by the competent authority.

6. TREATMENT AT ANOTHER GOVERNMENT HOSPITAL

If considered necessary, the Authorised Medical Attendant may refer the patient to another Government hospital and the patient shall receive medical attendance and treatment at the referred hospital as per user charges.

7. REFERRAL FOR TREATMENT OUTSIDE GOVERNMENT MEDICAL INSTITUTIONS/OUTSIDE THE STATE

(1) Cases requiring specialized treatment in Specialized Institutions outside the Government Medical Institutions, for which treatment facilities are not available within such Institutions, the Authorized Medical Attendant, not below the ranking of a Superintendent of a Government hospital or a District Medical & Health Officer may, with the prior approval of the Director of Health Services (MI), refer the patient for treatment to such recognized institutions and the cost of the treatment thereof shall be reimbursed by the Government, as per the procedure stated at Rule 28 & 29.

(2) Where accommodation is not available in Government Hospital and where the Authorized Medical Attendant recommends immediate hospitalization, the patient may seek admission in an empanelled hospital and receive medical treatment.

Non-availability of accommodation in Government hospital shall be certified by the following authorities:

a) In case of the Civil Hospital at the District or Sub-Divisional headquarters by the Superintendent of the hospital.
b) In the case of *Community Health Centres* and *Primary Health Centres* by the District Medical & Health Officer in the District in which the Community Health Centre and Primary Health Centre are situated.

(3) **Ex-post facto approval may be given for treatment undertaken in empanelled/non-empanelled hospitals, subject to justification necessitating emergency treatment, without prior approval of the Director of Health Services (MI) as per Rule 29. In such case, the cost of treatment shall be limited to CGHS rates / Approved rates of the State Government.**

(4) No reimbursement of the expenses incurred shall be admissible for medical treatment which is not an emergency case and which is without the prior approval from the prescribed authority.

(5) Re-imbursement for master check-up is not admissible except as notified

(6) A list of such empanelled hospitals is at Annexure-II and is available at *www.meghealth.gov.in* under Medical Reimbursement.

8. **(I) ACCOMMODATION CHARGE FOR DIFFERENT CATEGORIES OF WARDS**

Accommodation	**Within the State (*Private*)**	**Outside the State (*Private*)**	**State Government Medical Institutions**
ICU	4500	7500	As per user charges
Private Ward/AC Single Room	3000	3500	
Semi Private or Single Small/Non AC	2000	3000	
Non AC Sharing room with 2-3 beds	1000	2500	
General Ward	500	1500	

Note: If entitled bed is not available, balance of expenditure for accommodation availed beyond entitlement to be borne by the claimant.

(1) The accommodation charge to be updated by the Government from time to time.

(2) There shall be no separate room rent during the treatment in ICCU or ICU.

9. **ADOPTION OF CGHS RATES**

(1) The rates prescribed in the Central Government Health Scheme (CGHS) package by the Government of India, Ministry of Health & Family Welfare Affairs New Delhi, for Central Government Health Scheme are adopted in the State for the purpose of reimbursement of medical expenditure incurred by the State Government employees both in service/retired and their dependents, when the treatment is undertaken in the private hospitals recognized by the State Government both inside and outside the State. The private hospitals recognized as referral hospital should abide and follow CGHS package rates as per mutual agreement while giving treatment to the employee, and their dependents as per MMA Rules.

(2) The rates will change automatically with the change of the CGHS rates/Approved rates of the State Government from time to time.

The cost of treatment beyond CGHS rates for Hospitalization/treatment shall have to be borne by the employee/pensioner.

10. TREATMENT FOR FELL DISEASES INCLUDING PROLONGED OUTDOOR TREATMENT

(1) All types of out-patient treatment, including diagnostics, follow-up treatments, chemotherapy, radiotherapy, regular dialysis for kidney failure are allowed for reimbursement in respect of the treatment obtained as out-patients in private hospitals recognized by State Government and also including out-patient treatment for Cardinal diseases like cardiac diseases, neurological problems and AIDS. The length of out-patient treatment period should be recommended by the Authorized Medical Attendant concerned, subject to approval by the Director of Health Services (MI).

(2) In respect of lifelong follow-up treatment of certain disease, follow-up treatment for post-operative cases, requiring lifelong treatments, the concerned patient has to get revalidation of prescription once in a six months from the Authorized Medical Attendant and reimbursement be allowed subject to scrutiny of the Director of Health Services (MI).

(3) Fell disease like Tuberculosis, Cancer, Polio and other chronic disease like Chronic Bronchitis, Chronic Obstructive Pulmonary diseases, Peptic Ulcer, Heart disease, Diabetes Mellitus and its complications, Mental diseases, Psychosis, Epilepsy, Paraplegia, Chronic Disorder of Nervous System, Spinal Cord Compression, Cerebral Palsy, Parkinson's Disease, Neuromuscular Dystrophies, Chronic Disease of the Eye, Liver Cirrhosis, Hepatitis B, Chronic Renal Failure, AIDS, Systemic Lupus Erythematosus, Blood Disorders etc which require prolonged treatment, whether in the hospital or outside, involving use of costly medicines purchased on an authorized prescription shall be fully reimbursable.

Provided that reimbursement of the cost of preparation, which is primarily of food, toiletries/toilet preparations, disinfectant, etc, shall not be admissible.

11. MATTERS RELATING TO REIMBURSEMENT IN PREGNANCY AND CHILDBIRTH (CONFINEMENT)

(1) As per O.M No.F(PR)-76/2017/21 dated Shillong the 8th December 2017, Government employees are entitled to 180 days Maternity Leave and 15 days Paternity Leave, subject to the facility being available for a limit of 2(two) surviving children only.

(2) The pre-natal and post-natal treatment can be had at **the Government Medical Institutions** in the State where facilities are available and where no such facilities are available, the case to be referred to the nearest Government Specialist/recognized hospitals concerned by the Authorized Medical Attendant.

(3) Medical reimbursement for deliveries and tubectomy of a Government employee or the wife of Government employee is allowed for two deliveries only as per the CGHS rates/Approved rates of the State Government.

Provided that the reimbursement will be eligible for Government employees only for first and second delivery, i.e, 1st surviving child and 2nd surviving child. No reimbursement will be allowed for delivery of 3rd child onwards. Provided further that the decision of Government in Health & F.W. Department shall be final.

12. Dental treatment

(1) In respect of Dental treatment cases, the employees should approach Government Hospital for Dental treatment or where, facilities are not available, obtain referral letter before approaching any recognized private Dental Hospital for treatment. With the prior permission of the competent authority only, one can obtain dental treatment in recognized Dental Hospitals. The procedure for referral is similar to the procedure in other cases, vide Rule 7.

(2) The expenses incurred in connection with the following type of Dental treatment may be reimbursed:-

a) Extraction.
b) Scaling and gum treatment.
c) Filling of teeth.
d) Root Canal Treatment.
e) Surgical operation needed for removal of Odentones and impacted wisdom tooth also fall under the category of Dental treatment of a major kind.
f) Treatment of gum boils come under oral surgery (of the mouth) and as such is admissible under the rules.
g) Expenses incurred towards the treatment of Pyorrhoea and gingivitis may also be reimbursed as it is covered under the term "gum treatment".

Note: The above list is indicative and not exhaustive.

(3) Reimbursement of complete denture – Reimbursement of the cost of complete denture up to the ceiling limit of Rs.2000/-(Rupees Two Thousand) only and the ceiling limit for reimbursement of a complete Denture of one Jaw would be Rs.1000/-(Rupees One Thousand) only may be considered only if the procedure is advised as essential and should be considered only.

(a) If the same has been advised and considered essential by the Specialist (Dental Surgeon) of a Government Hospital.

(b) In case there is no Government Hospital where facilities for Dental treatment are available, then on the recommendation of a Dental Surgeon of a recognized hospital, provided the patient has been referred by the Authorized Medical Attendant to that hospital.

(c) The Reimbursement of complete/partial denture can be permitted on **one-time basis only.**

(d) The concerned department shall obtain an undertaking from the applicant that he/she has not claimed the reimbursement from the Government in the past and will not claim in future as per Annexure-III.

(4) If the diagnosis of the physiological or other disability from which a Government employee/pensioner is suffering indicates that teeth are the real source of ailment, he/she is entitled to free Dental treatment of a major kind, such as, treatment of a jawbone disease, wholesale removal of teeth, etc.

(5) Claims regarding Cosmetic dental surgery (e.g. Dental Implants, Bridge, etc.) are not eligible for any medical reimbursement, except in case of Road Traffic accidents involving upper and lower jaws or accidents in the line of official duty.

13. Hearing Aid

Refund in respect of purchase of hearing aid shall be allowed twice during the entire services of a Government Servant, or to his family members, subject to the following conditions:

(1) The reimbursement of charges will be admissible on the basis of the certificate issued by the Head of the ENT Department in a Government Hospital. The certificate should specify that the Government servant is required to use hearing aid in the right or left or both ears.

(2) The maximum Ceiling limit will be as under:-

Conventional Hearing Aid	Digital Hearing Aid
One sided-Rs.10,000/-	Rs.60,000/-
Bilateral-Rs20,000/-	

The concerned Department shall obtain an undertaking from the applicant as per the format at Annexure IV.

Note: Procedure for reimbursing purchase of hearing aid will as per Rule 28 & 29.

14. Spectacles

(1) As approval is given for treatment of High Myopia but there is no provision for procurement of spectacles, Reimbursement in respect of the cost of spectacles, where necessary, shall be allowed thrice during the entire service of the Government servant up to a ceiling rate of Rs. 5000/- (Rupees Five Thousand) only, in each case.

(2) Intraocular lens (IOL) used in Cataract Surgery are allowed and ceiling limit for IOL shall be fixed at CGHS Approved rates.

Note: The Concerned Department shall obtain an undertaking from the applicant as per Annexure-V.

15. Artificial Appliances

For the purpose of this Rule, 'artificial appliances' in general, are indicated below:-

1) Prosthetic appliance of all kinds for upper and lower limbs;

2) Spinal braces or spinal supports including spinal belts;

3) Cervical collars of all kinds, such as, of plastic, leather or stainless steel with leather coverings;

4) Leather and Metallic splint devised for correction of deformities and providing support for upper limbs;

5) Bracerage of all kinds including, calipers, knee cage, knock knee and bow legs splints made of metal and leather and;

6) Orthopaedic shoes, boots and splint used for correction of deformities of feet and legs. Reimbursement in respect of the cost of Polio boots shall be allowed only at intervals of not less than three years and may be claimed only three times in respect of an individual.

7) Heart valves, Orthopaedic prosthesis, Pace Maker, etc.

Note: (A) The list as per *Annexure VI* is only indicative and not exhaustive. The ceiling for the procurement of the above will be as per CGHS rates/Approved rates of the State Government

(B) Procedure for reimbursing purchase of artificial appliances will be as per Rule 28 & 29.

16. Continuous Positive Airway Pressure (CPAP)/ Bilevel Continuous Positive Airway Pressure (BIPAP) CPAP/BIPAP

CPAP/BIPAP machine for domiciliary use of beneficiaries covered under MMA Rules may be allowed subject to fulfilment of the following conditions:-

(1) Individual request for approval should be considered by at least two Medical Specialists in the concerned field and the Medical Superintendent of a Government Hospital.

(2) Request should be accompanied by copies of Sleep Lab Report and all basic investigation reports.

(3) Concerned beneficiary should submit undertaking for return of the machine to the Department concerned after its utility is over. The concerned Department shall obtain an undertaking from the applicant as per Annexure – VII.

(4) The maximum ceiling will be as under:-

CPAP Machine – Rs.50,000/-

BIPAP Machine – Rs.1,00,000/-

17. In-Vitro Fertilization (IVF)

(1) IVF procedure will be allowed in a Government Medical Institution on the recommendations of the Head of Department of Gynaecology and Obstetrics of a Government Medical Institution.

(2) IVF procedure may be allowed, on case-to-case basis, in private Medical Institution if the Institution is registered with the State/Central Government and has the necessary facilities including equipment and trained manpower for carrying out the procedure. It is however, mandatory to obtain the recommendations of the Head of Department of Gynaecology and Obstetrics of a Government Medical Institution for permitting the procedure to be undertaken in a private Institution.

(3) There should be clear evidence of failure of conventional treatment before permitting IVF treatment procedure.

(4) The woman has to be married and living with her husband.

(5) The IVF treatment procedure will be allowed only in cases of infertility where the Government servant has no living issue.

(6) Reimbursement of expenditure incurred on IVF procedure will be allowed up to maximum of 3 (three) fresh cycles.

(7) *An amount not exceeding Rs.65,000/-(Rupee Sixty Five Thousand) only per cycle or the actual cost, whichever is lower will be allowed for reimbursement. This amount will be inclusive of the cost of Drugs and disposables and monitoring cost during IVF procedures.*

(8) As IVF treatment is a planned procedure, reimbursement cases can be considered by the Departments only if prior approval was obtained by the beneficiary for undergoing the IVF treatment.

(9) There will be a one-time permission for availing IVF treatment consisting of three cycles in total, which would be admissible to the beneficiary. The concerned Department shall obtain an undertaking from the applicant that he/she has not claimed the reimbursement earlier from the Government of Meghalaya in the past and will not claim in the future as per Annexure VIII.

18. Kidney & Liver Transplant

(1) The ceiling for reimbursement with respect to Kidney Transplant will be at **CGHS rates/Approved Rates of the State Government.**

(2) The ceiling for reimbursement with respect to Liver Transplant will be at **CGHS rates/Approved Rates of the State Government.**

(3) The package rate for Liver Transplantation surgery involving live Liver donor shall be as follows:-

Rs.11,50,000/-(Rupees Eleven Lakhs Fifty Thousand) only + pre transplant evaluation of a donor and recipient Rs.2,50,000/- (Rupees Two Lakhs and Fifty Thousand) only.

(4) The package for Liver Transplant involving a deceased donor shall be:-

Rs.11,00,000/-(Rupees Eleven Lakhs) only. This includes the cost of consumables during the organ retrieval and the cost of preservative solution, etc.

(5) The package charges in (3) & (4) above include the following:-

a. *30 days stay of the recipient and 15 days for the donor starting 1 day prior to the transplant surgery.*

b. *Charges for the medical and surgical consumable, surgical and procedure charges, operation theatre charges, anaesthesia charges, pharmacy, investigations and in-house doctor consultation for both donor and recipient during the above period. This also includes all post-operative investigations and procedures during the above-mentioned period.*

(6) The package excludes:

a. *Charges for drugs like Basiliximab/Daclizumab, HBIG and Peg Interferon.*

b. *Cross matching charges for blood and blood products.*

c. *The extra stay, if any, may be reimbursed after justification by the treating specialists for the reason of additional stay and as per CGHS guidelines.*

d. *The drugs mentioned above would be reimbursed as per CGHS /Approved rates or actual whichever, is lower.*

19. GOVERNMENT SERVANT WORKING OUTSIDE THE STATE/ON TOUR/ RETIRED GOVERNMENT SERVANTS SETTLED OUTSIDE THE STATE.

1) If the Authorized Medical Attendant has been notified for the place where the Government Servant resides, such MMA is authorized to refer him/her to any empanelled medical institutions within his jurisdiction and separate approval of DHS (MI) will not be necessary. However, the reimbursement of the expenditure incurred for such treatment will require approval from DHS(MI) as per procedure for reimbursement.

2) If no Authorized Medical Attendant has been notified for the place where the Government Servant resides, the Government servant working/retired/on

tour/undergoing study may seek treatment at the empanelled hospitals which also serve as approving authority for treatment. The reimbursement of the expenditure will require approval from DHS (MI) as per procedure for reimbursement.

3) If no Authorized Medical Attendant has been notified for the place where the Government Servant resides, and no empanelled hospital exists, the medical treatment obtained at the non-empanelled hospitals will be treated as an emergency treatment and the procedure for the treatment and reimbursement will be the same as that for an emergency treatment as per CGHS rates / Approved rates of the State Government.

20. INDIAN SYSTEM OF MEDICINES.

When treatment is taken under the indigenous system of medicines, either in the Government Institutions, or under private doctors the procedure prescribed for getting reimbursement of cost of medicine purchased by the persons entitled to free medical attendance or treatment shall be the same as in cases under allopathic treatment.

21. INSURANCE

A Government servant who is covered under any health insurance scheme other than the Megha Health Insurance Scheme (MHIS) is eligible to claim the reimbursement of the balance amount of treatment, if any, after reimbursement by the insurance company, subject to the condition that such a balance amount, fully or partially, qualifies to be considered for reimbursement by the State Government as per prescribed procedure for reimbursement under these Rules.

22. **TRAVELLING ALLOWANCE FOR PATIENT**

(1) When a patient is required to travel from his Headquarters to a referred Hospital on the advice of the Authorised Medical Attendant as provided in these Rules, he shall, if he is a Government servant, be

(2) Entitled to Travelling Allowance as per the entitlement as on tour from his Headquarters to the referred Hospital and back.

(3) A Member of a Government servant's family (patient) who is not a Government servant will be entitled to the same rates of Travelling Allowance as applicable to the Government servant.

(4) A pensioner of the categories specified in Sub-rules (1) and (2) of Rule 2, shall be entitled to the rates of T.A. which the pensioner was entitled to, as a Government servant, immediately before his retirement.

(5) Government employees will be reimbursed T.A. as per entitlement for the journey performed by them for the purpose of medical treatment undertaken by them in empanelled hospitals outside the State Government Medical Institutions, without prior approval of the Director of Health Services (MI), subject to ex-post

facto approval by the Director of Health Services (MI) as per procedure prescribed in Rule 29 of these Rules.

(6) No T.A. will be entertained for cases which are non-emergency in nature and where no prior approval from competent authority has been obtained.

(7) *Where the patient is not in a condition to travel by rail and road, the patient and the attendant may, with the prior approval of the Director of Health Services (MI, be allowed to travel by air for the outward journey. The air travel for inward journey is as per Rule 27 (3).*

23. ATTENDANTS ACCOMPANYING THE PATIENT

1. Where the Authorised Medical Attendant considers it necessary, he may allow an attendant to accompany the patient from Headquarters to the referred Hospital and back.

2. The attendant shall be entitled to same rate of Travelling Allowance as applicable to the patient. The entitlements for travelling, in case of patient and attendant are indicated in the Table below:-

	Patient	Attendant	Class of entitlement.
1	Government Servant	Government Servant	Same as patient irrespective of entitlement of Attendant
2	Government Servant	Non-Government Servant	Same as patient
3	Non-Government Servant (but family member of a Government Servant)	Government Servant	Same as patient

Note: An attendant/escort is a person who actually accompanies and travels with the patient

3. Two escorts may be allowed only in exceptional case, viz., in case of the patient being a mentally retarded person or in non-ambulatory illness of a severe nature or in case of a child below 5 (five) years on the specific recommendation of the Standing Medical Board.
4. In cases where both the husband and wife are serving government employees under the State/Central or local bodies/autonomous organization/Government undertakings in connection with medical treatment and claims for reimbursement, claim may be preferred for self and the eligible members of the family and according to his/her status subject to furnishing of joint declaration for availing the concession by one of them.

24. EXCLUSION OF TREATMENT IN PRIVATE INSTITUTIONS

Government do not undertake any liability to reimburse the expenses incurred by a patient for medical attendance, or treatment, including purchase of drugs, medicines,

sera, vaccines, etc, in a private Institution, even if prescribed by the Authorized Medical Attendant, except as provided specifically in these Rules.

25. MEDICAL ALLOWANCE

1) A Medical Allowance, at a flat rate as may be fixed by Government from time to time, shall be paid to every Government Servant to cover the expenses on minor ailments not requiring prolonged treatment or hospitalization outside Government hospitals.
2) In similar cases, since AIS officers are not in receipt of Medical Allowance, they are eligible to draw the expenses incurred as per Office Memorandum at Annexure – IX & Annexure-X.

26. ADVANCE FOR EXPENSES ON TREATMENT

1) The State Government may grant an advance to the patient not exceeding three fourths of the approved rates in respect of such ailment/ medical intervention in an approved institution subject to a Certification by the Director of Health Services (MI).
2) Additional Medical advance in cases already undergoing medical treatment and for which an Estimate Certificate from the treating authority is submitted regarding further treatment planned and required may be allowed only if earlier advance taken has been fully utilised/adjusted.
3) The advance shall be adjusted against the final reimbursement bill without delay.
4) An amount in excess of the final bill shall be refunded by the Government servant in one single instalment.

   Provided that the Government may allow such refund in monthly instalments after considering the pecuniary circumstances of the patient.
5) All government employees/ pensioners who have drawn Medical Advance should submit their final reimbursement bill within 6 months from the date of completion of treatment failing which their claim will not be entertained.
6) Cases referred for treatment to un-empanelled hospitals are to be examined by DHS (MI) in its true perspective and on satisfying that the needs are genuine and deserve to be recommended can be done so at the level of the DHS (MI) subject to condition that no medical advance is recommended/sanctioned.

27. PROCEDURE FOR APPROVAL OF TREATMENT AS REFERRAL CASES AND FOR INWARD AIR JOURNEY.

1. All applications for approval should be forwarded by the concerned Department of applicant – as per Director of Health Services (MI), Meghalaya, Shillong Order No.HSM/T/ST/MISC/5/2002/1186-97, dated 27th January, 2009. (Enclosed as Annexure-XI), along with:-
   a. Referral OPD Ticket/ Certificate in original.
   b. Recommendation of Hospital/ District Head in original - Annexure- XII
   c. Annexure – XIII, duly filled in, as applicable and verified by the Head of Office, in respect of family members which has been defined in Rule 3(7)

2. Applications for approval for subsequent Medical Review as advised by the treating authority are mandatory and are to be forwarded by the Controlling Officer of the applicant along with:-
   a. Last Approval order issued by the Director of Health Services (MI).
   b. Advice from treating Institution for Medical Review.
   (c-i) A self-attested copy of the applicant's Pay Slip issued by the Accountant General.

   OR

   (c-ii) Duly filled Annexure XIV– as per OM No.Health.230/2000/247, dated 28/06/2006 and other particulars verified by the Head of Office.

3. Applications for Inward Journey by Air should be submitted separately from the final bill and should be accompanied by:-
   a. Approval order pertaining to treatment for which journey was performed.
   b. Advice from treating Institution to Travel by Air – as per OM.No.Health.230/2000/247, dated 28/06/2006 is to be furnished in the following format: "In view of the health condition of the patient, it is advised that the mode of travel for the return/ inward journey should be by air only (in cases not entitled)"

A self-attested copy of the applicant's Pay Slip issued by the Accountant General OR a duly verified and filled Annexure XIV should be attached.

Note: All approvals are to be collected from Office of the Director of Health Services (MI) by the Applicant. On receipt of the Approval applied for, due attention should be given to the instructions given in the last para of the said Approval order.

28. PROCEDURE FOR MEDICAL REIMBURSEMENT CLAIMS

Where Approval has been issued by Director of Health Services (MI), the following documents are to be submitted:

1. Copy of Approval Order pertaining to period of treatment submitted for claim.
2. Duly filled in Annexure XIV – as per OM.No.Health.230/2000/247, dated 28/06/2006 duly verified by the Head of Office.
3. Copies of Discharge Summary/Medical Report/Advice Slips or Prescriptions pertaining to each bill/ Cash memos submitted for claim.
4. Essentiality Certificate (Annexure-XV/XVI) and Bills/Cash memos in ORIGINAL should be duly verified/signed by the authorized signatory of the treating Institution.
5. Sanction order (for Government Employees of Health & Family Welfare Department only).
6. The claim should be forwarded to Director of Health Services (MI) through Concerned Department.
7. Other relevant Annexures, as applicable, duly verified by the Head of Office.

Note: Medical Reimbursement bills should be collected by the Concerned Department from the Office of the Director of Health Services (MI).

29. PROCEDURE FOR EMERGENCY MEDICAL TREATMENT/EX-POST FACTO APPROVAL

Where prior approval has not been obtained from the Director of Health Services (MI), the following documents are to be submitted:-

1. Annexure -XIV or Annexure- XIII and XIV, as the case may be, duly filled up as applicable and verified by the Head of Office.
2. Copies of Discharge Summary/ Medical Report/ Advice Slips/ Prescriptions pertaining to each bill/ Cash Memos submitted for claim.
3. Essentiality Certificate (Annexure _XV OR Annexure _XVI) along with the Bills/ Cash memos in ORIGINAL should be duly verified/ signed by the authority of treating institution.
4. Referral Certificate by AMA (Authorized Medical Attendant)/ Emergency Certificate from Authority of Treating Institution.
5. Bills should be forwarded by Concerned Department.
6. Other relevant Annexures as applicable and duly verified by the Head of Office.

30. DELEGATION OF FINANCIAL POWERS

(1) In referral cases, where CGHS rates /Approved rates of the State Government are available, the Joint Director of Health Services (Garo Hills Division) based at Tura are authorized to approve treatment cost upto 3 lakhs in each case but reimbursement claim is to be approved by the Director of Health Services(MI)

(2) However, in cases where CGHS rates /Approved rates of the State Government are not available, the procedure shall be the same as in other referral cases.

31. INSTRUCTIONS

(1) In order to facilitate implementation of the Rules, instructions to the

a) District Head/Hospital Head.
b) Controlling Officer.
c) Government employees are provided as per Annexure-XVII.

(2) An indicative admissible/non-admissible items for reimbursement of medical bills is at Annexure-XVIII.

(3) A format for undertaking in case of lost documents is at Annexure-XIX.

32. RELAXATION OF THE RULES

Where the Government of Meghalaya is satisfied that the operation of any of these Rules causes undue hardship in any particular case, it may, by order, dispense with, or

relax the operation of that Rule to such extent, and subject to such conditions, as it may consider necessary, in a just and equitable manner.

33. POWER OF INTERPRETATION

If any question arises relating to the interpretation of these Rules, it shall be referred to the Government of Meghalaya in the Health & Family Welfare Department whose decision thereon shall be final.

34. REPEAL

The Meghalaya Medical Attendance rules, 1981 (as amended) stand repealed.

ANNEXURE-I

[See Rule 3(7)(e)]

LIST OF CHRONIC DISEASES

1. Cardio-vascular system.
   - Hypertension.
   - Rheumatic Heart Disease and its Sequelae Such as MS, MR, AS, AR, PS etc.
   - Valve disease of the Heart due to any aetiology.
   - Ischaemic Heart Disease.
   - Ch. Congestive Heart Failure.
   - Ch. Corpulmonale.
   - Congenital Heart Disease.
   - All kinds of Arrhythmias.
   - Cardiac Myopathy.

2. **Respiratory System.**
   - Ch. Bronchial Asthma.
   - Nasobronchial Allergy.
   - Pneumoconiosis
   - Pulmonary Tuberculosis and Tuberculosis of any organ of body.
   - Post Lobectomy/Post Pneumonectomy cases.
   - Ch. Emphysema.
   - Ch. Obstructive Air way Disease.
   - Ch. Respiratory Failure.
   - Pulmonary Arterial Hypertension.
   - Bronchiectasis.
   - Lung Abscess.
   - Empyema.

3. **Genito-Urinary System**
   - Nephrotic Syndrome.
   - Ch. Renal Failure.
   - Ch. Nephritis.
   - Ch. Interstitial Cystitis.
   - Ch. Pyelonephritis.
   - Endometriosis.

4. **Gastro Intestinal System**
   - Ch. Peptic ulcer.
   - Mal-absorption Syndrome
   - Ch. Ulcerative Colitis.
   - Ch. Pancreatitis.
   - Haemorrhoids.
   - Irritable Bowel Syndrome.

5. **Hepato-Biliary System.**
   - Cirrhosis of Liver
   - Ch. Active Hepatitis.
   - Portal Hypertension

6. **Endocrine Disease**
   - Diabetes Mellitus and its complications.
   - Hyperthyroidism
   - Hypothyroidism.
   - Disease of Pituitary Gland.
   - Addison's disease.
   - Cushing Syndrome

7. **Disorder of Bones, Joints and Connective Tissue.**
   - Rheumatoid Arthritis.
   - Ankylosing Spondylitis.
   - Osteoarthritis.
   - Chronic Gout.
   - Osteoporosis.
   - Cervical & lumbar spondylosis.
   - Ch. Osteomyelitis.
   - Collagen Disease.
   - Skeletal Fluorosis

8. **Nervous System**
   - Degenerative disease of the Nervous System (to the clearly diagnosed and specified by the AMA)
   - Demyelinating Disease to be specified by the AMA.
   - Epilepsy.
   - Post CVA Syndromes (Sequelae of CVA to be specified by AMA).
   - Post-Meningitis/Encephalitis disorder.
   - Cerebral Palsy.
   - Cerebro- vascular Disease
   - Post Encephalitic Sequelae.
   - Intra Cranial Space occupying Lesions.
   - Peripheral Neuritis.
   - Trigeminal Neuralgia

9. **Disease of Musculo-Skeletal System.**
   - Muscular dystrophy.
   - Motor Neuron Disease.
   - Myasthenia gravis.

- Periodic Muscular Paralysis.
- Paget's Disease.

10. **Mental Disease**
    - Manic Depressive Psychosis.
    - Schizophrenia.
    - Mental Retardation.
    - Psychosis.

11. **Chronic skin Diseases**
    - Chronic Eczema.
    - Lichen Planus.
    - Erythema Multiforms.
    - Vitiligo.
    - Melanosis.
    - Psoriasis.
    - Pemphigus.

12. **Disease of ENT**
    - Chronic S.O.M.
    - Meniere's Syndrome.

13. **Disease of Eye**
    - Ch. Glaucoma.
    - Ch. Uveitis.
    - Retinal Detachment.
    - Ch. Iridocyclitis.

14. **Dental Disease**
    - Ch. Destructive Periodontitis.
    - Disease of T.M. Joint.

15. **Malignancies of all types.**

16. **Haemopoetic system.**
    - Haemolytic Anaemia.
    - Aplastic Anaemia.
    - Leukaemia.
    - Blood Disorders.

17. **Metabolic Disorder.**
    - Congenital Disorders of Metabolism.

18. **Paediatrics.**
    - Congenital Hydrocephalous.
    - Cerebral Palsy.
    - Fibrous Dysplasia.

19. **Systemic lupus erythematosus.**
    - Lupus nephritis

20. **Miscellaneous.**
    - Rabid dog/animal bite.
    - Contact of Hydrophobia.
    - AIDS.

ANNEXURE –II
[See Rule 7 (6)]

NAME OF MEDICAL INSTITUTIONS (INSIDE THE STATE) RECOGNISED BY GOVERNMENT OF MEGHALAYA

1. Nazareth Hospital, Shillong.
2. North Eastern Indira Gandhi Regional Institute of Health & Medical Science (NEIGRIHMS), Shillong.
3. Bethany Hospital, Shillong.
4. Khasi Jaintia Presbyterian Synod Hospital, Jaiaw, Shillong.
5. Woodland Hospital, Shillong.
6. Super Care Diagnostic Centre, Laitumkhrah, Shillong.
7. The Children Hospital with effect from 16/08/2012.
8. Bansara Eye Care Centre with effect from 10/05/12.
9. SANKER with effect from 19/12/2013.
10. Tura Christian Hospital, West Garo Hills, Tura.
11. Holy Cross Hospital, West Garo Hills, Tura.

NAME OF MEDICAL INSTITUTION (OUTSIDE THE STATE) RECOGNISED BY GOVERNMENT OF MEGHALAYA

1. Apollo Hospital, Guwahati (formerly International Hospital, Guwahati)
2. Dispur Hospital Pvt. Ltd. Guwahati with effect from 30/01/2014.
3. Pratiksha Hospital, Guwahati.
4. B. Borooah Cancer Institute, Guwahati.
5. Guwahati Neurological Research Centre, Guwahati.
6. Guwahati Neurological Research Centre, Health Institute.
7. Agile Hospital Pvt. Ltd. Guwahati.
8. Down Town Hospital, Guwahati.
9. Rehman Hospital, Guwahati.
10. Hayat Hospital, Guwahati.
11. Swagat Endolaparoscopy Surgical Research Institute, Guwahati.
12. Shri Sankara Deva Nethralaya, Beltola, Guwahati, Assam.
13. Good Health Hospital Private Limited G.S. Road, Dispur, Guwahati.
14. Guwahati Medical College & Hospital, Guwahati.
15. Institute of Human Reproduction, Guwahati.
16. Silchar Medical College, Silchar.
17. Assam Medical College Hospital, Dibrugarh.
18. Nemcare Hospital, Guwahati.
19. Narayana Superspeciality Hospital, Guwahati.
20. Calcutta Medical College Hospital/ Seth Suklal, Kanani Memorial Hospital, Kolkata.

21. Vision Care Hospital, Kolkata.
22. Chittaranjan Cancer Institute, Kolkata.
23. School of Tropical Medicine, Kolkata.
24. Ramkrishna Seva Kusisdan, Kolkata.
25. Cancer Research Centre, Thakurpukur, Kolkata.
26. Ruby Hospital, Kolkata.
27. B.M. Birla Heart Institute, Kolkata.
28. Desun Hospital & Heart Centre, Kolkata.
29. Rabindranath Tagore International Institute of Cardiac Sciences, Kolkata.
30. Cancer Centre Welfare Home and Research Institute, M.G. Road, Kolkata.
31. B.P. Poddar Hospital & Medical Research Limited, Kolkata.
32. Nightingale Diagnostic & Eye Care Research Centre, Kolkata.
33. K.G. Hospital and Post Graduate Medical Institute, Coimbatore.
34. Artemis Health Institute, Gurgaon, Haryana.
35. All India Institute of Medical Sciences, New Delhi.
36. Sri Ganga Ram Hospital, New Delhi.
37. Primus Super Speciality, New Delhi.
38. Fortis Escort Heart Institute and Research Centre, New Delhi.
39. Apollo Hospital, New Delhi.
40. G.B. Pant Hospital, Delhi.
41. Rajiv Gandhi Cancer Institute & Research Centre, New Delhi.
42. Apollo Hospital, Hyderabad.
43. Apollo Cancer Hospital, Hyderabad.
44. Medwin Hospital, Hyderabad.
45. Tata Cancer Institute, Mumbai.
46. Jaslok Cancer Institute, Mumbai.
47. Jaslok Hospital and Research Centre, Mumbai.
48. Cancer Institute, Anyara, Madras.
49. Sankera Nethralaya, Chennai.
50. Lifeline Health Care Services, Chennai.
51. Global Hospital & Health City, Chennai.
52. Orthopedia& Prosthetic Centre, Chennai.
53. Madras Medical Mission Institute of Cardiovascular Disease, Chennai.
54. Christian Medical College & Hospital, Vellore.
55. Mental Hospital, Ranchi.
56. Narayana Superspeciality Hospital, Guwahati.
57. Post Graduate Institute of Medical Education & Research, Chandigarh.
58. Eye Hospital, Sitapur, Uttar Pradesh.
59. Unit I & unit II – HCG Hospital, Bangalore.
60. Manipal Hospital, Bengaluru.
61. SRM Institute of Medical Sciences, Chennai.
62. Dr. Siva Kumar Multi speciality Hospital, Vellore for Staff and Inmates of Meghalaya House, Vellore.
63. Swagat Super Speciality Hospital, Kolkata.

64. AMRI, Kolkata
65. Medica Super Speciality Hospital, Kolkata
66. Apollo Gleneagles Hospital, Kolkata
67. Bangalore Baptist Hospital, Bangalore
68. Smile and Profile Dental Treatment Centre Pvt. Ltd., 130 A, Rashbehari Avenue, 1st Floor, Kolkata.
69. Charnock Hospital, Kolkata
70. Excel Care Hospital, Guwahati.
71. Sher-i-Kashmir Institute of Medical Sciences (SKIMS), Soura, Srinagar, J&K.
72. Sri Maharaja Hari Singh Hospital (SMHS), Srinagar, J&K.
73. Medanta, The Medicity Hospital, Gurgaon.
74. W Pratiksha Hospital, Gurgaon.
75. Fortis Hospital, Noida, UP.
76. Fortis Escorts Hospital, Faridabad, Haryana.
77. Fortis Memorial Research Institute, Gurgaon, Haryana.
78. Fortis Hospital, Shalimar Bagh, New Delhi.
79. Fortis Flt. Lt Rajan Dhall Hospital, Vasant Kunj, New Delhi

Annexure III

[See Rule 12 (3)(d)]]

Declaration to be signed by the Government Servant

I hereby declare that I have not at any time during my entire service claimed refund in respect of dentures for one jaw/both jaws for me/my*.....Sri/Smt.**.....who is a member of my family and will not claim in future.

* Here write the relationship. ** The name of the member of the family.

Signature of the Head of Office *Signature of the Government Servant*

Place:
Date:

ANNEXURE IV
[See Rule 13 (2)]

Declaration to be signed by the Government Servant

I hereby declare that this is the first/second time during my entire service that I have claimed refund in respect of Hearing Aid for me /my **.....
Shri/Smti.....who is a member of my family and will not claim after the second time in the future.

* Here write the relationship
* The name of the member of the family

Signature of the Head of Office *Signature of the Government Servant.*

Place:
Date:

ANNEXURE V
[See Rule 14 (Note)]

I hereby declare that this is the first/second/third time that I have claimed refund in respect of spectacles for me/my*..... Sri/Smt **.....who is a member of my family and will not claim after the third time in the future.

* Here write the relationship * * The name of the member of the family

Signature of the Head of Office *Signature of the Government Servant.*

Place:
Date:

ANNEXURE- VI

[See Rule 15(7) (Note:A)]

LIST OF ARTIFICIAL APPLIANCE

1. Unilateral long brace without hip joint.
2. Hip joint with pelvic band
3. Spinal brace.
4. Unilateral short leg brace
5. Shoe or boot- protective or aiding to paralysed or weak legs
6. Bilateral hip joint with pelvic band/ weak leg
7. Bilateral long leg brace without hip joint
8. Bilateral short leg brace
9. Lumbe- sacral or spinal support or back support
10. Taylor's brace.
11. Milwaukee brace
12. Mermaid splint
13. Posterior slab
14. Cervical collar with head extension
15. Rigid cervical collar with head extension.
16. Cervical collar.
17. Dynamic splint (Aluminium).
18. Cook-up splint plain (Aluminium)
19. Cock-up splint plain (Plastic) or long opponents
20. Turn buckle splint
21. Knuckle bender splint
22. Anterior knee guard splint
23. Densis brown splint
24. Congenital talipes equinovarus/ valgus splint
25. Short opponents P.V.C. (Plastic)
26. Knee cage
27. Long opponents with M.P. fl. Bar and finger.
28. Extension (plastic) dynamic
29. Boot with C&E heel and arch support
30. C&E heel.
31. Arch support.
32. M.T. pad.
33. M.T.E. raising 1'
34. T. strap
35. Sponge heel
36. Wedge 1/8
37. Universal raising 1'
38. Foot drop splint.
39. Below knee prosthetics (P.T.B. type prosthetics)
40. 40. A.K. prosthetics
41. Alluminium adjustable above knee right splint.
42. Plastic of pairs or Gypsona cast
43. Plaster of Paris or Gypsona cast
44. Modified shoes.
45. Below elbow prosthetics.

46. Hooks
47. Cosmetic hand.
48. Splint for C.D.H.
49. Splint for elbow.
50. Above elbow and below prosthetics
51. Above elbow and below orthotics
52. Corset
53. Wheelchair
54. Protective shoes with microcellular rubber without nails often with additional gadgets like adjustable springs and rockets.
55. Crutches.
56. Walking iron with Plastic casts
57. Calipers
58. Braces.
59. Artificial limb.
60. Ileostomy kit

ANNEXURE VII
[See Rule 16 (3)]

I Shri/Smti.....do hereby undertake to return the CPAP/BIPAP machine to the Department concerned after its utility is over.

Signature of the Head of Office *Signature of the Government Servant.*

ANNEXURE VIII
[See Rule 17 (9)]

I hereby declare that this is the first/second/third cycle that I have claimed refund in respect of IVF treatment for me/my wife, Smti ..... and will not claim after the third cycle in future.

Signature of the Head of Office *Signature of the Government Servant.*

Place:
Date:

ANNEXURE- IX

[See Rule 25 (2)]

GOVERNMENT OF MEGHALAYA

HEALTH & FAMILY WELFARE DEPARTMENT.

No. Health.230/2000/249 Dated Shillong the 13th July, 2006.

OFFICE MEMORANDUM

Subject: Reimbursement of medical Bills in the case of All India Services- Modifications etc.

Medical reimbursement unlike referral cases, are being examined and disposed of after obtaining the counter signatures/ approval of the authorized Medical Attendant. As a result, there has been a delay to approve Medical reimbursement bills even when a claim is nominal.

The need for simplifying the procedure to ensure quick disposal of cases has been engaging the attention of Health department for some time. With a view to improve the efficiency of the system accordingly, the existing procedure stands modified with the following details.

1. The administrative Department are competent to sanction the reimbursement of bills other than referral cases for an amount upto Rs. 5000/- at a time. The approval of Health Department will be required for the bills exceeding Rs. 5000/-. The bills/ cash memos/ APR in such cases is required to be duly countersigned by the Medical Attendant on whose recommendation medical expenses have been incurred and submitted to Health department in the format appended.

However, the procedure for all referral cases both inside and outside the state will be governed by this Department Office Memorandum No.Health.230/2000/248, dated 28/6/2006.

2. The provision of the All India Services (Medical Attendance) Rules 1954 may be referred to for guidance.

This arrangement comes into force with immediate effect.

Sd/-
(W.M.S. Pariat, IAS)
Principal Secretary to the Govt. of Meghalaya
Health & Family Welfare Department.

Memo.No.Health 230/2000/249-A Dated Shillong, the 13th July, 2006

Copy to:-

1. All Administrative Departments.
2. All Heads of Department.

Sd/-
Officer on Special duty to the Govt. of Meghalaya
Health & Family Welfare Department

ANNEXURE- X

[See Rule 25 (2)]

GOVERNMENT OF MEGHALAYA

HEALTH & FAMILY WELFARE DEPARTMENT.

No. Health.50/2007/133 Dated Shillong the 20th December, 2019

OFFICE MEMORANDUM

Subject: Enhancement of reimbursement of Medical Bills in the case of All India Services.

In partial modification of Office Memorandum No.Health.230/2000/249, dated 13th July, 2006, the amount of Rs. 5000/- appearing in para 1 of the aforesaid Office Memorandum is enhanced to Rs. 8000/- with effect from 1st January, 2020. Other terms and conditions as mentioned in the above referred Office Memorandum will remain the same.

This has the approval of Finance (AF) Department vide their I/D No.FM.1421/19, dated 5th November, 2019.

Sd/-
Chief Secretary
Govt. of Meghalaya

Memo.No.Health.50/2007/133-A Dated Shillong the 20th December, 2019

Copy to:-

1. All Administrative Departments.
2. All Heads of Departments.

By Order etc.,
Sd/-
Joint Secretary to the Govt. of Meghalaya
Health & Family Welfare Department.

Form of Application for Claim of Medical Reimbursement Bills.

To,

The .....
.....
.....
.....

Sub: Medical reimbursement of Out- Patient bills.

Sir,

I am to submit herewith medical re-imbursement claim with the following particulars.

1. Name of applicant.....
2. If the patient is not applicant, relationship of the patient with the applicant.....
3. Name of the patient.....
4. Age of the patient.....
5. Name of the address of the Hospital/ Medical Attendant
   .....
   .....
6. In case of serving Government Officer:.....
   Designation and address of the Office.....
   .....
7. In case of pensioner:
   Pension payment order (PPO) No.....
8. Details of case memos and amount:

i).....Rs.,.....
ii).....Rs.....
iii).....
iv).....
Total Rs.....

Place:.....

Date.....

Yours faithfully

Applicant

(Applicable to members belonging to All India Service only).

Annexure- XI

[See Rule 27 (1)]

GOVERNMENT OF MEGHALAYA

OFFICE OF THE DIRECTOR OF HEALTH SERVICES (MI)

MEGHALAYA, SHILLONG

NO.HSM/T/ST/MISC/5/2002/1186-97 Dated Shillong, the 27.01.2009.

From : Dr. A. S. Kynjing,
Director of Health Services (MI)
Meghalaya, Shillong.

To : The District Medical & Health Officer, East Khasi Hills, Shillong, Jaintia Hills, Jowai/Ri-Bhoi District, Nongpoh/West Khasi Hills, Nongstoin/West Garo Hills, Tura/East Garo Hills, Williamnagar/ South Garo Hills, Baghmara.

Sub : Medical Investigation and Treatment of State Government Employees/Family Member Inside/Outside the State for specialized Treatment.

Sir/Madam,

As the present system of Addressing the Referral Cases from Referral Centers directly to the Director of Health Services (MI), Meghalaya, Shillong without being routed through the Department where the patient or claimant is actually serving it has been observed that in several occasion created unwanted atmosphere to the Department responsible for sanction and resulted inconvenient situation to settle the issue by the undersigned.

However, after evaluation of the issue, it has been decided that henceforth all Referral cases recommended for specialized treatment inside or outside the state should in the first instant be addressed to their respective Department whose in turn after the scrutiny will forward the same to this Directorate for needful.

Yours Faithfully,

Sd/-
Director of Health Services (MI)
Meghalaya, Shillong

ANNEXURE-XII

[See Rule 27(1) (b)]

GOVERNMENT OF MEGHALAYA

Office of the .....

Letter No. Dated:

From: District/Hospital Head

To: (Concerned Department).....

Sir/Madam,

With reference to the subject cited above, I am to say that Mr./Mrs./Miss_____age___CR No._____/IP No._____ is a case of _____under my treatment at _____as OPD/indoor Patient with effect from_____upto_____ and is hereby referred to _____

Reason for referral (Specific treatment required)_____since

i. The further required medical/surgical management modality in his/her case is not available at this institute at present.
ii. The further required medical/surgical management modality in his/her case is not available at any other institute in the State at present.
iii. The treatment is available but the waiting list is long and patient requires immediate surgery/dialysis etc.
iv. The treatment is available but no bed is available.

Recommended mode for outward journey with one escort is by Air/Rail/Bus/Taxi

Appropriate cost of treatment will be Rs._____

Relationship of the patient with the Government employee_____

Father/Mother/Husband/Wife/Son/Daughter/Dependant (Specify):

Name of the Government Employee:

Mr./Mrs./Ms._____Designation_____

Name of Department_____

The concerned Department after having scrutiny, the same is to be forwarded to the Director of Health Services (MI), Meghalaya, Shillong for necessary approval (This is as per DHS(MI), Meghalaya, Shillong vide letter No.HSM/T/ST/MISC/5/1186-87, dated 27th January, 2009).

Signature of Medical Attendant
Name:
Designation:

Issuing Authority
(District/Hospital Head)

ANNEXURE-XIII

[See Rule 27 (1) (c)] and Rule 29 (1)

Declaration to be signed by the Government Employees

Regarding particulars of a dependant under Rule 3 (7) of the Meghalaya Medical Attendance Rules, 2020 as applicable:-

Rules, 2020 as applicable:-

1. In case of **PARENTS**, please refer to Rule 3 (7) (b)
   I declare that Shri/Smti. .....who is my (relationship).....resides with me at (complete address)..... and is wholly dependent on me financially.
2. In case of **CHILDREN**, please refer to Rule 3 (7) (c)
   I declare that Shri/Smti. .....who is my (relationship).....was born on ..... And that he/she has no income of his/her own.
3. In case of PERMANENT DISABILITY, please refer to Rules 3 (7) (d)
   I declare that Shri/Smti. ..... who is my (relationship).....is suffering from permanent disability, was born on ..... and has no income of his/her own and is wholly dependent on me financially.
4. In case of CHRONIC DISEASES, please refer to Rule 3 (7) (e)/Annexure-I
   I declare that Shri/Smti. .....who is my (relationship)..... is suffering from.....and has no income of his/her own and is wholly dependent on me financially.

Place:

Signature of Declarant

Date:

Full Name:
Designation:
Office employed:

In case of pensioner: Pension Payment Order (P.P.O) No.....
Amount of Basic Pension Rs.....

Signature of Head of Office
(Certifying as per record available in the Government employee's Service Sheet)

N.B.: Column/paragraph not applicable should be struck off.

ANNEXURE - XIV
[See Rule 27(2) (c-ii)] and Rule 29(1)

To,

The .....
.....

Sub :- Final Medical reimbursement bill for medical treatment.

Sir,

I am to submit herewith the reimbursement claim/refund in connection with medical reimbursement claim of Shri./Smti.....At..... (Name of hospital) as per particulars given below:

(1) Full Name of the claimant.....

(2)

a. In case of serving Govt. Employee:
   i. Designation and address of Office where employed.....
   ii. Basic Pay and Ward Entitlement.....

OR

b. In case of pensioner:
   i. Pension Payment Order (P.P.O): Number.....
   ii. Amount of Basic pay before Retirement..... Ward Entitlement.....

(3)

a. Relationship of patient with the applicant if applicant is not the patient.....
b. Name of the patient.....
c. Age of the patient.....

(4) Whether the treatment was undertaken on the advice of the Authorized Medical attendant or whether the prior approval of the Director of Health Services was obtained.
If so, Referral Medical Certificate/Emergency Certificate issued by the authorized signatory of the treating institution as the case may be/Letter conveying approval for medical treatment, should be attached.

(5) Details of Medical Advances drawn; due to be regularized:
   i. Amount drawn & date of drawal Rs.....
   ii. Office from which drawn.....
   iii. Amount already refunded. If any Rs.....

(6) Also enclosed are the following:
   i. Essentiality Certificate with Bills/Cash memos duly listed showing
   a. Serial number.....
   b. Bill/ Cash memo number & date.....
   c. Amount Certified by "Authorized Medical Attendant) /Authority of Treating Institution.....
   ii. Total amount. Rs.....

(7) Claim/Refund. Rs.....
Place .....Date .....

Yours faithfully

Signature of the
Head of Office

Applicant

ANNEXURE –XV

[See Rule 29 (3)]

ESSENTIALITY CERTIFICATE

CERTIFICATE – A

(To be completed in the case of patients who are not admitted to hospital for treatment)

Certificate granted to Mrs./Mr./Miss ..... Wife/Son, Daughter of Mr./Mrs./Miss.....employed in the .....

I Dr. ..... treating doctor/ authorized.

Signatory of the treating Hospital hereby certify:-

- That the patient is suffering from..... and has been under my treatment for. .....from ..... to ..... at the ..... Hospital and that the under mentioned medicines prescribed by me in this connection were essential for recovery/prevention of serious deterioration in the condition of the patient. The medicine are not stocked in .....(name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparation which are primarily food, toilets or disinfectants.

Name of Medicines	Price.
1.....	.....
2.....	.....
3.....	.....
4.....	.....

- Hospital service charges
- Investigation
- Consultation Fees.
- Surgical procedure (if any)

(c) Others

Rates

Treating doctor/ Authorised Signatory of Treating Hospital.

Place:

Date:

ANNEXURE –XVI

[See Rule 29 (3)]

ESSENTIALITY CERTIFICATE

CERTIFICATE- B

(To be completed in the case of patients WHO ARE ADMITTED to Hospital for treatment)

Certificate granted to Mrs./Mr./Miss .....Wife/ Son/ Daughter of Mr./Mrs./Miss.....employed at .....

I Dr. .....treating doctor/authorized Signatory of the treating Hospital hereby certify

(a) That the patient was admitted to hospital on the advice of.....

(*Name of the medical officer*) on my advice;

(b) That the patient has been under treatment at .....and that the under mentioned medicines prescribed by me in this connection were essential for recovery/prevention of serious deterioration in the condition of the patient. The medicine are not stocked in .....(*name of the hospital*) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparation which are primarily food, toilets or disinfectants.

NAME OF MEDICINES	**Price**
1.....	.....
2.....	.....
3.....	.....
4.....	.....
5.....	.....

(c) Hospital service charges

	Rates
1. Investigations	.....
2. Consultation Fees.	.....
3. Surgical procedure (if any)	.....
4. Accommodation Charges.	.....

(d) Others

Place:

Date:

Treating doctor/Authorised

Signatory of Treating Hospital

Note: Certificates not applicable should be struck off. Certificate (B) is compulsory and must be filled in by the Medical Officers in all cases.

ANNEXURE- XVII

[See Rule 31(1)]

Instructions to the District Head/ Hospital Head.

1. Referral should be by concerned Specialist who should not refer cases outside his speciality and who should recommend the correct estimate at the prescribed CGHS rates/Approved rates of the State Government for a particular treatment referred for.
2. The Specialist Concerned is to refer only the patient he or she has seen and who has been brought in person at the time of referral or in case of serious patients admitted elsewhere, proper proof of the same to be furnished and verified.

   (This is in order to avoid referral/ recommendation by you for a patient who is already under the treatment for which you are referring, whether inside or outside the state. Such cases may have proceeded for treatment before referral and approval is processed by the claimant after treatment has already been availed. Such will now be considered for expost facto approval only even if advance has been drawn).
3. Additional advance should not be recommended for medical review for cases who have previously been referred by you and are already undergoing treatment at the institution referred to. If a Government employee requires additional advance he/ she is to furnish an Estimate certificate in original from the treating authority of the institution where they are undergoing treatment.
4. Only genuine cases shall be recommended for outward journey by air to employees who are not entitled to the same.
5. You should not forward to the DHS (MI) reimbursement claims for expost facto approval of treatment of Government employees not serving under your office. You are only to recommend the treatment not the claim.
6. Dental treatment, when it is obtained at a Government hospital under the advice of the Authorized Medical Attendant is covered by the Meghalaya Medical Attendance Rules.

   Essentiality Certificate in respect of medicines should be verified in the prescribed form and should legibly show (in block letters) the names of the medicines prescribed and the amount incurred on the purchase of each medicine including the details of patient/ claimant in the first paragraph of the Essentiality Certificates.

Instructions to the Controlling Officers.

1. The Controlling Officer is to see that the approval order submitted with the reimbursement bills corresponds with the period of treatment claimed and has not been used for a previous treatment nor should be used in future for a treatment in case of prolonged illness.
2. That henceforth, all applications for medical reviews be routed through the Controlling Head to the DHS (MI).
3. That all Annexures applicable to the MMA Rules should be verified and countersigned and submitted with the claims where relevant.
4. They should forward reimbursement claims only of children of Government employees who are solely dependent sons and daughters not exceeding the age of 25 years in all cases except for those diseases specified in Annexure I where the age limit of 25 years does not apply.

5. They should ensure that having regard to the pay / emoluments of the Government servant, and the class of services to which he belongs, the accommodation occupied by him or member of his family in the hospital was according to his status (to be filled in the Annexure – XIV)
6. They should see that reimbursement of diet charges is not allowed.
7. It is the duty of the Controlling Officers to carefully scrutinize before forwarding a claim in respect of medical expenses that the claim is genuine and is covered by the rules and orders on the subject and that the charges claimed are supported by the necessary bills, Receipt certificate, etc. They are empowered to disallow claims which do not satisfy these conditions.
8. Orders and instructions issued from time to time regarding medical attendance and treatment should be brought to the notice of the Government servants promptly.
9. The time- limit of six months for the presentation of medical claims should be strictly adhered to and a reimbursement claim which is not supported by a regular voucher/ cash memo with corresponding prescriptions/ advice slip should not be allowed.

   Normally the controlling officers should reject any claim presented after 6 months unless they are satisfied with the reasons for delay which are to be recorded and can be examined in audit.
10. It is the duty of the Controlling Officers to ensure that such declarations are already on record before any claim for medical reimbursement in respect of dependent parents is admitted by them.
11. In case of loss of original papers an undertaking as per Annexure XIX to be submitted along with all Photocopies of the bills attested/ verified by the treating authority.

Instructions to the Government Employee.

1) After getting Referral from concerned Specialist and due Recommendation from the respective hospital/ District Head, the same is to be forwarded to the Director of Health Services (MI) by the Department concerned for necessary approval, failing which, all approvals processed by the claimant after treatment has already been availed will be considered for expost facto approval only even if advance has been drawn.
2) They should prefer their claims for reimbursement of medical expenses incurred, in the relevant form vide Annexure XIV, giving full particulars called for therein and also attaching all the certificates required to be produced under the rules. This will avoid, as far as possible, any delay in settling their claims.
3) A Check List on Medical Reimbursement with regard to 2 above and a list of Empanelled Hospitals are available at www.meghealth.gov.in for ready reference.
4) At the time of leaving the hospital after treatment please get the hospital bill, receipts vouchers, Essentiality Certificate, etc. duly signed or countersigned by the Authorized Medical Attendant or the Authorised Signatory of the hospital, as the case may be for the purpose of claiming reimbursement on the expenses incurred.
5) Approval is mandatory for every medical review, especially if treatment is being availed outside the state, and an application for the same is to be submitted to the DHS (MI) routed through the Controlling Head as per the procedure stated at Rule 27(2).

   When Additional Medical advance is required you are to furnish the Estimate Certificate in original from the treating authority of the institution where treatment is being availed. Please do not submit a fresh estimate from the doctor who referred you for the first approval of DHS (MI)

ANNEXURE –XVIII

[See Rule 31(2)]

LIST OF ITEMS WHICH ARE ADMISSIBLE/ NOT ADMISSIBLE FOR REIMBURSEMENT OF MEDICAL BILLS

ADMISSIBLE ITEMS

1. Medicines and surgical items
2. Nursing Care
3. Medical/ Surgical Care
4. Investigation Charge
5. Operation Theatre Charge
6. OT Drugs and Disposables
7. Procedure Charge
8. Resident Consultant Fees
9. Accommodation as per grade
10. Soya Baby Food preparation when recommended

NON-ADMISSIBLE ITEMS

1. Phone Bills
2. Laundry
3. Certificate Fee
4. Disinfectant Fee
5. Toilet Preparations
6. Extra Beds
7. Diet
8. Product manufactured/ marketed as food supplements as follows:-
    i. Invalid foods
    ii. Baby foods
    iii. Weaning foods
    iv. Glucose preparations
    v. Protein biscuits
9. Ayurvedic and cosmetic preparations preparation prescribed by allopathic doctors.
10. Vaccines in general except Hepatitis B, Influenza and Leprovac vaccines.
11. Luxury Tax
12. Maintenance fee.
13. Administrative fee

Annexure – XIX
[See Rule 31(3)]

I.....Son/Wife/Daughter.....
.....and resident of .....have lost/misplaced the original papers and the same has not been traceable. I hereby give an undertaking that I have not received any payment against the original bills/claim papers from any source and that if the original papers are traced, I shall not stake claim against original bills in future.

Signature of the Head of Office *Signature of the Government Servant.*

Place:

Date:

Memo.No.Health.78/2019/283 - A Dated Shillong the December, 2021.

Copy to:-

1. All Administrative Departments.
2. All Heads of Department.
3. The Director of Printing & Stationery, Meghalaya, Shillong with a request to publish the above in the Meghalaya Gazette.

By Orders etc.,

Under Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department.