सत्यमेव जयते

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

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

New Delhi, Date: 30/04/2026

The General Manager
PCMDs
PHODs
All Indian Railways

DG, RDSO
DG, CTIs

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

Ref:

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

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

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

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

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

Please acknowledge receipt and ensure compliance.

30/4/26

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Copy as per list enclosed:

No. 2026/ I & Trans. Cell / Healthcare / Pt-I

New Delhi, Date: 30/04/2026

Copy for information to:

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

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No. 2026/ I & Trans. Cell / Healthcare / Pt-I

New Delhi, Date: 30/04/2026

Copy to:

1. The Genl. Secy., AIRF, Room No. 253, & NFIR Room No. 256-C, Rail Bhavan
2. The Secy. Genl., IRPOF, Room No. 268. FROA, Room No. 256-A & AIRPFA, Room No. 256-D Rail Bhavan

30/04/26.

for Principal Executive Director (IR)
Railway Board

No. 2026/ I & Trans. Cell / Healthcare / Pt-I

New Delhi, Date: 30/04/2026

Copy to:

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

30/4/26

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Annexure-I

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

Annexure-I

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

Section-A

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

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

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

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

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

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

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

Section-B
Leveraging HMIS for Pensioners

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

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

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

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

ii. **UMID card for RELHS –**

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

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

iii. Railway Healthcare Policy Instructions vide Railway Board letter no. 2024/I & Trans Cell/ Healthcare/P dated 29.08.2024, para-5 stipulates "*Those railway pensioners and/or their dependent beneficiaries, who are entitled to medical treatment / services / medicines at RH / HU but no UMID has been issued to them, shall not be denied medical treatment/ services/ medicines at RH / HU. Their UMID No. would be generated, at first opportunity, w.r.t. their PPO and Aadhaar, whenever they approach RH / HU, to enable them to avail of entitled facility. Remaining details /fields in UMID card would be verified and filled up in HMIS Database.*"

Annexure-I

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

Section-C

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

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

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

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

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

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

Annexure-I

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

Box-D-I

Digital Referral Protocol
i. Jurisdictional RH (Railway Hospital) issues referral for a treatment to a patient wrt UMID. Digital referral does not bear any vendor name (i.e. name of any empanelled HCO is not mentioned in the digital referral letter).
ii. Digital referral letter is issued in HMIS and bears a unique systems generated digital token no. It (Digital Referral letter) is placed in HMIS App of the patient.
iii. **Referral shall be given for complete treatment of the patient for the referred treatment as per the MoU and <u>not in parts or for specific number of days</u> which may be then extendable in piecemeals by RHs at the request of the patient or empanelled HCOs.**
iv. Patient is free to approach any Empanelled HCO (EH) on IR. On visiting her/his chosen EH, the patient carries only UMID no. and HMIS registered cell-phone.
v. **Digital Referral Protocol has two processes – Green Flag Process and Red Flag Process.**

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

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

Annexure-I

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

Section-D (contd.)

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

Box-D-II

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

Section-E
Instructions on empanelment of HCOs, including already empanelled HCOs.

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

[ref. para-d of Annexure-I of the RB letter at ref.-i stipulates that – *"Notwithstanding the fact as to which Zonal Railway has empanelled an HCO (Health Care Organisations like empanelled private hospitals, diagnostics, specialists etc.), as a cross-approval policy approach, all empanelment are for IR and all employees/ pensioners/ beneficiaries are entitled to avail treatment /services at any of the IR empanelled HCOs."*]

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

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

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

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

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

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

Annexure-I

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

Section-F

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

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

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

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

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

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

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

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

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

Section F (contd.)

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

vii. *Note:*

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

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

c) Attention is invited to the provision contained in Annexure-II (Illustration) of the Railway Board letter at ref.-i that provides that in such cases where a patient (UMID Card-holder), who is issued a referral by Railway Doctor for treatment at an empanelled HCO, chooses a CGHS empanelled HCO or a Government Hospital or an INI (Institutes of National Importance viz. 25 AIIMS, PGI-Chandigarh, PGI-Puducherry and NIMHANS-Bengaluru) and *"avails of the treatment as per railway referral and makes all payments herself / himself @ CGHS Rates... (*the*) patient... after getting a fit /discharge certificate and resuming railway duty (if serving employee) would submit bills for reimbursement (with all the records as required) to the designated jurisdictional RH/HU of the Primary Card-holder, for having availed of the treatment w.r.t. referral by Railways. The eligible reimbursement claim is (*to be*) credited within the prescribed time limit for reimbursement, in the salary account for serving employee and bank account indicated by the pensioner."* - **To leverage HMIS in the process of these reimbursements for the benefit of the employee / pensioner and railway administration – patients can access a basic feature of Medical Reimbursement Claims (MRC) in HMIS App using their login-ID based on which patient's details would be pre-filled as per login-ID – same being in sync with HRMS details – and MRC details (from drop-down menu) are to be selected and submitted to generate an MRC-ID. The employee /pensioner shall submit to jurisdictional RH a physical copy of the MRC with all prescribed documents as per extant instructions and duly mentioning the HMIS generated MRC-ID thereon. While passing the medical reimbursement claim, Medical Branch would tick the MRC-ID in HMIS and Accounts to check the same in HMIS while releasing MRC payment.**

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