STANDARD OPERATING PROCEDURE (SOP) FOR DEALING WITH THE MEDICAL CLAIMS BY THE WELFARE COMMITTEE

By Chief Medical Officer's Office Order No. MH/GN/1002/Welfare Committee/17 dated 22/11/2021 and subsequent Office Order No. MH/GN/1115(Spl.)/552 dated 02/08/2022, a Welfare Committee has been constituted comprising of Chief Medical Officer, Secretary, FA&CAO, Chief Engineer and Personnel Officer, for the purpose of welfare of the employees, especially in medical claims. The Welfare Committee has the discretionary power to recommend to disburse an amount ranging from 25% to 100% of the claimed amount. To deal with the medical claims, the following Standard Operating Procedure (SOP) is to be followed :-

1. The Welfare Committee may consider only those cases of medical claims, which have been rejected either fully or partly by the Doctors' Committee and the employee, aggrieved/dissatisfied of such rejection by the Doctors' Committee, has preferred representation to the Chairman, Deendayal Port Authority, through proper channel, seeking financial assistance. Such representation preferred by the employee shall carry alongwith it the prescribed Form (**Annexure-I**), Part-I of which shall be duly filled in by the employee, and the original bills/vouchers, in support of his/her claim, and any other documents, as may be relevant.

2. On receipt of representation of employee together with prescribed Form, the concerned Deptt. may fill in Part-II of the prescribed Form and send the representation together with prescribed Form (already filled in by employee), original bills/vouchers and any other documents to the Chief Medical Officer, who shall fill in Part-III of the prescribed Form and also prepare a Statement, as per **Annexure-II**, for consideration of the Welfare Committee.

3. A meeting of the Welfare Committee shall be held once in every quarter. However, the Welfare Committee may convene special meeting, if the Chairman so desires for in deserving cases.

4. The Chief Medical Officer may intimate, in writing, the date, time and venue of the meeting of the Welfare Committee to other Members and also send details of the representations received in the Statement, enclosed as Annexure-II, duly filled in, to all other Members. During the meeting of the Welfare Committee, the Chief Medical Officer may place before the Welfare Committee the representation together with prescribed Form (Annexure-I) and Statement (Annexure-II) and any other documents, as may be relevant.

5. The Welfare Committee may follow the following criteria to consider various medical claims and make its recommendations :-

(a) In the case of following events, the Welfare Committee may recommend financial assistance not exceeding 75% of total amount spent by the employee towards treatment of the patient, which includes the amount reimbursed to him/her as per existing MA Regulations or CGHS rates :-

- (i) Cases referred by the CMO or the Medical Officer authorized to do so; OR
- (ii) Cases of emergency in nature where patients are unable to reach the Port Hospital, but the employee has informed to the CMO either through mobile and/or e-mail at cmo@deendayalport.gov.in and/or letter within 48 hours of the treatment; OR
- (iii) Cases falling within 13 emergencies mentioned in the Office Order No. MH/GN/2018-19/MbPT System/773 dated 06/07/2019.

Provided that the gravity of critical condition of patient warranting exceptional circumstances deserving financial assistance is certified by the CMO.

Provided further that total amount spent by employee towards treatment of the patient exceeded Rs. 7,50,000/- (Rupees seven lakhs fifty thousand only).

- (b) In the case of following events, the Welfare Committee may recommend financial assistance not exceeding 50% of total amount spent by the employee towards treatment of the patient, which includes the amount reimbursed to him/her as per existing MA Regulations or CGHS rates :-
 - (i) Cases referred by the CMO or the Medical Officer authorized to do so; OR
 - (ii) Cases of emergency in nature where patients are unable to reach the Port Hospital, but the employee has informed to the CMO either through mobile and/or e-mail at cmo@deendayalport.gov.in and/or letter within 48 hours of the treatment.

Provided that the gravity of critical condition of patient warranting exceptional circumstances deserving financial assistance is certified by the CMO.

Provided further that total amount spent by employee towards treatment of the patient is not exceeding Rs. 7,50,000/- (Rupees seven lakhs fifty thousand only).

(c) The Welfare Committee may recommend financial assistance not exceeding 25% of total amount spent by the employee towards treatment of the patient, which includes the amount reimbursed, if any, to him/her as per existing MA Regulations or CGHS rates, in the cases where the employee has neither obtained reference letter nor informed in writing / through mobile / through email to the CMO; and also those, which do not fall within 13 emergencies mentioned above, purely on humanitarian and sympathetic grounds.

Provided that the gravity of critical condition of patient warranting exceptional circumstances deserving financial assistance is certified by the CMO.

Provided further that the cases, where the total amount spent by the employee is less than Rs. 20,000/- (Rupees twenty thousand only), may not be considered for any financial assistance.

- (d) In the meeting of the Welfare Committee, the CMO shall be responsible to verify (i) actual amount spent by the employee; (ii) amount already reimbursed under the existing MA Regulations or CGHS rate; and (iii) balance amount/financial assistance claimed by the employee, as placed before the Welfare Committee.
- (e) The claim may be admitted by the Welfare Committee only if the original bills/vouchers are submitted by the employee.
- (f) The terms 'employee', 'patient' and 'family' have the meanings assigned to them in the Kandla Port Employees (Medical Attendance) Regulations, 2000.
- (g) The Welfare Committee may consider the medical claims of serving employees only; however, any medical claim pertaining to the period, during which the employee was in service of the Port, may also be considered by the Welfare Committee.
- (h) The representation for financial assistance made beyond 90 days of the date of bill or the date of Medical Deptt's letter rejecting the medical claim, may not be entertained by the Committee. However, the Welfare Committee may consider and entertain such medical claims, if the delay is condoned by the Chairman in deserving cases.

6. On conclusion of the meeting of the Welfare Committee, the Chief Medical Officer shall prepare minutes/proceedings of the meeting together with recommendations and Statement (Annexure-II) and send to all other Members including the Labour Welfare Section. However, the Chief Medical Officer shall retain with his office the representation preferred by employee, prescribed Form, the original bills/vouchers and any other documents, as may be relevant and relied on in support of the medical claim.

7. On receipt of minutes of the meeting of the Welfare Committee together with recommendations and Statement (Annexure-II) containing the details of the representations made by the employees/dependents from the Chief Medical Officer, the Labour Welfare Section shall process the same for obtaining approval of the Chairman, on quarterly basis, for granting financial assistance from DPE Welfare Fund to those employees whose medical claims have been recommended by the Welfare Committee. However, such recommendations of the Welfare Committee shall be processed by the Labour Welfare Section through Chief Medical Officer and Secretary for further recommendations and FA&CAO for concurrence, before it reaches the Chairman for approval.

8. On approval by the Chairman, the Labour Welfare Section shall issue Office Order (**Annexure-III**) sanctioning financial assistance from DPE Welfare Fund to those employees, whose medical claims have been approved for financial assistance. On receipt of such Office Order from Labour Welfare Section, office of the Chief Medical Officer shall process the Bill enclosing therewith copy of the said Office Order and original vouchers/bills of medical claims, duly verified, to the Finance Department for passing and payment. At the same time, the Labour Welfare Section shall also intimate the list containing names of the employees, whose medical claims have not been approved by the Chairman for financial assistance, to the Chief Medical Officer, who, on receipt of it, shall intimate the concerned employee(s), through concerned Deptt., that their medical claims have not been approved for financial assistance and return the original vouchers/bills to such employee(s).

9. The Chairman, DPA may, for reasons to be recorded, in writing, relax all or any of the provisions of the Standard Operating Procedure (SOP).

Annexure-I

DEENDAYAL PORT AUTHORITY

FORM FOR FINANCIAL ASSISTANCE FROM WELFARE FUND IN MEDICAL CLAIMS FOR CONSIDERATION BY THE WELFARE COMMITTEE

| Sr. No. | Description | Particulars |
|------------|---|-------------|
| 1 | Name & Personnel No. of employee | |
| 2 | Designation & Class (Class I or II or III or IV) | |
| 3 | Deptt./Division | |
| 4 | Date of appointment in Port and Length of Service | |
| 5 | Whether permanent or temporary | |
| 6 | Gross monthly emoluments of employee (inclusive of allowances) | |
| 7 | Names of all dependents with age, as per office record | |
| 8 | Name of patient with age, for whose medical claim the financial assistance is sought for, and relationship with employee | |
| 9 | Whether patient is dependent on employee (as per office record) | |

PART - I (To be filled in by the employee)

| 10 | Whether employee has obtained Reference Letter from Medical Deptt.? If so, No. & Date (Copy of Reference Letter to be enclosed) | |
|----|--|--|
| 11 | If employee has not obtained Reference Letter, whether he has informed to CMO through email or letter or mobile? If so, brief details (copy, if any, to be enclosed) | |
| 12 | Brief particulars of the disease together with medical treatment availed and period of treatment | |
| 13 | Total expenditure incurred for medical treatment (original vouchers/ bills to be enclosed) | |
| 14 | Details of amount reimbursed, if any, to the employee | |
| 15 | Balance amount of financial assistance sought from Welfare Fund | |
| 16 | Any other particulars that the employee wish to furnish | |

DECLARATION

I hereby undertake that the particulars furnished by me, as above, are true to the best of my knowledge; and in case if any of the particulars are found to be false or misleading, I shall be held responsible.

Date :

Signature of employee

<u>PART - II</u> (Certificate to be given by Deptt./Division, in which the employee is working)

CERTIFICATE

It is certified that the particulars filled in by employee from Sr. No. 1 to 9 are verified from the office record and the same are found to be correct.

Date :

Signature Divisional Officer or HOD

| Sr. No. | Description | Particulars |
|------------|--|-------------|
| 1 | Name of patient with age | |
| 2 | Total expenditure incurred for medical treatment, as per original vouchers/ bills | |
| 3 | Amount, if any, already reimbursed to employee as per MA Regulations/ CGHS rates | |
| 4 | Whether Medical Deptt.'s Reference Letter enclosed by employee is verified? | |
| 5 | If employee has not obtained Reference Letter, whether office of CMO has received intimation through email or letter or mobile within 48 hours of the treatment? | |

<u>PART - III</u> (To be filled in by Medical Department)

Date :

Chief Medical Officer

Annexure-II

Statement showing the details of medical claims preferred by employees for consideration and recommendations by the Welfare Committee

| Sr. No. | Name, Designa tion & Deptt. of employ ee | Name of Patient & Relation ship | Actu al amo unt spen t | Amount already reimbur sed under CGHS | Balance amount/fin ancial assistance claimed | Brief descrip tion of the case | Remarks/Obser vations of the Welfare Committee | Recommend ations of the Welfare Committee |
|------------|--|---|---------------------------------------|--|--|--|---|--|
| | | | | | | | | |

Annexure-III



DEENDAYAL PORT AUTHORITY



Certified under ISO 9001:2008:14001:2004

General Administrative Deptt., Labour Welfare Section, Website : www.deendayalport.gov.in Email ravi.maheshwari@deendayalport.gov.in



Administrative Office Building, Ground Floor, Gandhidham (Kutch), Gujarat - 370 201.

No. LB/WF/

Dated : _____

OFFICE ORDER

In pursuance of recommendations of the Welfare Committee made in its meeting held on ______ and the approved 'Standard Operating Procedure (SOP) for dealing with medical claims by the Welfare Committee', the Chairman, Deendayal Port Authority has been pleased to accord his kind approval, as under :-

 (i) to sanction an amount of Rs. _____/- (Rupees ______ only) to Shri/Smt./Kum. ______ (name of employee, designation & Division/Deptt.), as financial assistance towards expenditure incurred for medical treatment of Shri/Smt./Kum. ______ (name of patient & relationship with employee).

The expenditure will be debited to the head of account "Deendayal Port Employees' Welfare Fund" Code No. 3515.

This has concurrence of the FA & CAO.

 Authority
 Chairman's approval under Note No. ____/NS dated ______

 in File No. LB/WF/______.
 .

Personnel Officer

Deendayal Port Authority

Each of the above employee, through concerned HOD.

Copy to :

CMO He is requested to prepare the Bills and send to Finance Deptt. alongwith copy of this Office Order and original vouchers/bills of medical claims, duly verified, for passing and payment.

Copy to :

Concerned HOD / Secretary / FA & CAO / Chief Engineer

Copy to :

AO (Pay)



DEENDAYAL PORT AUTHORITY



Certified under ISO 9001:2008:14001:2004



Office of the Chief Medical Officer, Gopalpuri Port Hospital, Gandhidham (Kutch).

No. MH/GN/1115(Spl.)/554

Dated : 02/08/2022.

CIRCULAR

It is notified for information of all the concerned that the Chairman, Deendayal Port Authority has been pleased to accord his kind approval to the Standard Operating Procedure (SOP) for dealing with medical claims by the Welfare Committee, constituted comprising of Chief Medical Officer, Secretary, FA&CAO, Chief Engineer and Personnel Officer. A copy of the said approved SOP, alongwith its Annexures, is enclosed herewith for information, wide circulation, compliance and taking further necessary action.

Authority : Approved by the Chairman under Note No. 18/NS dated 01/08/2022 in File No. MH/GN/1115(Spl.).

Encl. : As above.

pollow

Chief Medical Officer Deendayal Port Authority

All HODs

Copy, alongwith SOP & its Annexures, for similar purpose, to Welfare Committee Members :

Secretary / FA&CAO / Chief Engineer / Personnel Officer

Copy, alongwith SOP & its Annexures, for similar purpose, to :

AO (Pay), Gandhidham / Kandla / OOT (Vadinar)

Copy, alongwith SOP & its Annexures, for similar purpose, to :

| OSD to Chairman | | For kind information of the Chairman, please. |
|--------------------|---|---|
| PS to Dy. Chairman | | For kind information of the Dy. Chairman, please. |
| PA to CVO | - | For kind information of the CVO, please. |