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CIRCULAR

Contributory Health Service Scheme (CHSS) - Consolidated Guidelines

CHSS Section, P&GA had been receiving numerous queries, deviation claims, feedback from the employees as well as AMOs/Specialists/Hospitals/Diagnostic Laboratories. In order to disseminate information about the scheme and for enhanced understanding of its operative procedures, it is felt necessary to issue Consolidated Guidelines as under for aiding the CHSS beneficiaries.

- 1) The Prime-beneficiary shall ensure that he/she had made the contributions to the Scheme (monthly salary contribution in the case of serving employees & lump sum remittance in case of retirees) towards CHSS before availing the treatments. Also he/she shall check the validity of the CHSS ID Card before availing treatments.
- 2) As per the Scheme, submission of the Annual Declaration about dependent family members by the prime beneficiary is mandatory. This is to be furnished to Administration in January every year in the prescribed format which is available in MCF Intranet Portal. If the prime beneficiary fails to submit the declaration for dependents on time, the CHSS facility can be withheld temporarily or permanently as decided by the Competent Authority.
- 3) Prime beneficiaries and their dependent family members shall carry the valid CHSS cards for AMO consultations/Specialist consultations & visits to Hospitals/Labs and shall be produced before the Concerned Authorities on demand. The prime beneficiary has to ensure that they are in possession of valid CHSS cards of self and dependents always. In case of renewal of CHSS cards, reasonable time shall be given to CHSS Section, P&GA for issuing fresh cards.
- 4) CHSS beneficiaries are requested to preserve the CHSS cards carefully and avoid frequent request for issuance of duplicate CHSS cards.

- 5) The list of Specialist/Diagnostic Centers/Hospitals/Nursing Home recognized under CHSS ambit of MCF who have agreed for extending the credit facility to the beneficiaries is disclosed in the MCF Website. The credit facility can be availed by beneficiaries on production of referral letters (CHSS Form No.15) obtained from the Authorized Medical Officer (AMO). The list of AMOs/Specialists empaneled by MCF are also disclosed in the MCF Website.
- 6) For availing the credit facility at Hospital, beneficiaries shall produce valid CHSS cards along with the AMO referral forms.
- 7) While taking the referral form to Specialists/Hospitals, it shall be ensured that all the columns are filled correctly and legibly viz., Centre/Unit, Staff No., date of issue, Ward eligibility etc.
- 8) Referral letters are valid for a period of 7 days from the date of issue and is valid only for the consultation/lab investigation for which it has been issued. For availing any separate consultation in the same hospital, the beneficiary needs to obtain separate referral form. Beneficiary shall ensure that the treatment availed in the Hospital pertains to the ailment for which the referral was obtained. Any treatment which is not written in the referral form & if prescribed by the Hospital shall be brought to the notice of AMO from whom the referral was obtained.
- 9) DOS/ISRO Employees while obtaining referral slip from respective AMO's/Specialists, should check whether all the columns are filled viz. Centre name, ward eligibility (in case of in-patient) and AMO's seal is available. If the data is missing, the beneficiaries are bound to get it filled-up with the concurrence of the AMO.
- 10) If the beneficiaries are to undergo treatment/consultation at unrecognized Hospitals/Specialists/Nursing Homes at Hassan/Bhopal or outside Hassan/Bhopal for any reason, prior permission of the Competent Authority has to be obtained by submitting the relevant documents along with a covering letter to the AO, CHSS Section, P&GA. Referral forms has to be counter signed by the AMO with clear indication of the reason for prescribing the treatment outside the CHSS Station. Such requests for referrals, if approved, will be forwarded to the concerned Specialist/Hospital by AO, CHSS Section, P&GA.
- 11) During IP treatments, the CHSS beneficiaries may avail treatment after confirming their eligibility/entitlement towards ward/bed charges in order to avoid payment/recovery of excess room rent charges at the time of bill

settlement. While obtaining the referral in Form No.15 from AMO/Specialist for in-patient treatment, the details of Basic pay in the level may be informed to AMO/Specialist, for marking the ward eligibility correctly. The Office will not be responsible for any incorrect ward eligibility recorded in the referral forms.

- 12) Basic Pay in the level is the basis for determining the entitlement of a beneficiary for wards/rooms during in-patient treatment. Accordingly, employee may check the indication of their entitlement of ward in the referral form issued by AMO for admission. Beneficiaries opting for higher category ward during hospitalization/In-patient treatment in any of the CHSS recognized Hospital need to bear the incremental cost of room charges/procedures/treatments applicable for the higher category ward. As far as serving employees are concerned, such differential amounts will be recovered from their monthly salary and the same need not be paid to Hospital upfront. However, the retired employees are liable to pay the differential amount to the Hospitals directly as the option of Salary recoveries are not feasible for such beneficiaries.
- 13) One-time admission/registration charges are not admissible for reimbursement under CHSS. Hospitals have been informed that such charges shall not be recovered from the beneficiaries.
- 14) After availing the in-patient treatment from the Hospital, the beneficiary shall ensure that the bills/claims are genuine and that unutilized items are not charged by the Hospital.
- 15) As per the guidelines in vogue, only diet, telephone charges can be collected by the Hospital directly from the beneficiaries. Similarly, cost of the Thermometer purchased also should be borne by the beneficiary. For better understanding, the list of in-admissible items and explanatory note thereof is enclosed in *Annexure*.
- 16) Hospitals are informed to prepare the bills of individual beneficiaries in duplicate as per CHSS Form No.9 duly countersigned by the beneficiary for in-patient treatment at the time of discharge. Duplicate bills shall be handed over to the beneficiary and the original bill shall be sent to the Accounts Officer, CHSS for settlement. These bills should indicate the list of inadmissible items, amount directly paid by the beneficiary, if any, etc.
- 17) Allopathic medicines prescribed by AMOs/Specialists should be purchased only from a pharmacy licensed by the Drugs Controller of the

concerned State. Food items, toilet preparations, etc., are not reimbursable under the scheme.

- 18) Reimbursement claims towards the cost of medicines purchased should be preferred to Office within 6 months from the date of AMO consultation.
- 19) If the medical claim is a direct claim for a regular treatment i.e. AMO prescription, Specialist/Doctor prescription from a CHSS recognized Hospitals/Specialists, it may be directly submitted to Accounts along with the relevant documents with endorsement of AMO carrying his/her seal. Settlement status of such claims are directly ascertainable from CHSS Section, Accounts Division.
- 20) For emergency claims and any other claim which is paid by the employee directly & not having a prior referral from AMO, covering letter with proper justification along with Double Sided Form [Form 7/7A], original prescription and original bill endorsed by respective AMO shall be submitted for reimbursement. It is to be noted that employee should intimate any emergency hospitalization/consultation within 03 days / 72 hours to his AMO & Administrative Officer (email:chss-admin@mcf.gov.in) and at the time of reimbursement, the covering letter should be endorsed by the AMO clearly mentioning that the intimation has been given within due time. Bills should be computerized, typed or written in capital letters and shall be legible to facilitate scrutiny.
- 21) Any prior permission for the high value procedures/CHSS coded items etc., shall be routed through AMO with proper justification. Currently, the high value threshold is defined as Rs 10000/-; which is subject to change from time to time.
- 22) Similarly, prior permission is to be obtained from CHSS Section, Administration by the employees for availing/undertaking high value injections/medicines (ie, per unit cost thereof is more than Rs.10,000/-).
- 23) The beneficiaries who are covered under CSMA Rules/rates, are advised to avail regular treatment from Govt. Hospital/Lab only. In case of emergency, they can avail treatment from nearby Private/Govt. Hospital/Lab and ask for reimbursement for the medical treatment later.
- 24) The beneficiary can consult Ayurveda/Homeopathic AMOs & Panel Dental Specialist recognized under CHSS of MCF directly without obtaining an AMO referral. Medicines should be purchased from any of the approved shops.

- 25) Panel Specialists other than Ayurveda, Homeopathy & Dentists are to be consulted only with the referral of AMO. Any additional amount charged by the Specialist beyond the CHSS rate are to be borne by the employee/recoverable from the beneficiary.
- 26) Before producing the Form No.15 to Specialist/Hospitals/Diagnostic Centers, the beneficiaries may ensure that complete beneficiary details are properly filled and submitted the same with the signature of the Prime-beneficiary/beneficiary.
- 27) During emergencies, it is advisable to have the treatment in a recognized Hospital/Nursing Home by producing the CHSS Card. Any claim pertaining to treatment availed in an unrecognized Hospital/Nursing Home which do not involve any emergency is liable for rejection. However, the following are to be ensured by the prime beneficiaries:
 - a) Efforts to be made by prime beneficiaries/beneficiaries to obtain CHSS Referrals from AMOs since AMOs are available in Hassan/Bhopal at multiple localities.
 - b) For in-patient treatment after admission on emergency basis (if any), referral letter shall be obtained from AMO and submitted to the hospital within 24 hrs of admission. For admissions on late evenings/nights of Saturdays, the referral letters may be submitted by the following Monday.
 - c) The identity of the beneficiaries should be established with reference to their CHSS Identity card.
 - d) Except in medical emergencies the hospital shall not provide any out-patient or in-patient treatment on credit basis to the beneficiaries without a referral letter.
 - e) The term "emergency" shall mean a situation or contingency when but for the immediate medical aid, there would have been, on the basis of the medical and attendant considerations, a serious danger or hazard or severer or deleterious consequences to the health of the patient.
 - i) When the employee is on tour/training/leave in CHSS Stations the claims will be settled as per CHSS rates.
 - ii) When the employee is on tour/training/leave in Non-CHSS Stations, the employee and their family members will be governed by CS(MA) Rules.

- iii) For the purpose of maternity benefits admissible to a CHSS Beneficiary, the term "Confinement" for the purpose of the scheme, will include (a) live birth (b) still birth (c) pre-natal termination of pregnancy (d) abortion. Beneficiaries can be admitted for confinement in any of the recognized Hospital/Nursing homes where facility for maternity is available. As per OM No. DS_5-14011/3/2017-Section 5-DOS dated 12.07.2018, special clause for pregnant **CHSS beneficiaries** was added in which prenatal and post-natal treatments are allowed under certain conditions with the prior approval of the Administration.
- iv) When transport by ambulance is recommended on medical grounds, an ambulance may be hired from any other sources and full charges incurred in this connection with such hiring, to the extent considered reasonable by the Medical Consultant/Competent Authority, will be reimbursed to the employee.
- 28) All the Hospitals have been requested to co-operate and extend their best services to the CHSS beneficiaries. Further all Hospitals/Labs/Specialists are instructed to extend end-to-end credit facility to serving employees of DOS/ISRO. Miscellaneous/In-admissible charges, if any, are to be claimed directly from the respective office instead of collecting from the beneficiaries upfront or during the time of discharge.
- 29) Prime Beneficiaries have to mandatorily inform MCF Administration, cases involving hospitalization beyond 10 days for the requirement of further extension as In-patient. CHSS Management Committee will examine and review the case for further extension of In-patient treatment considering the merits of the case.
- 30) High value bills with the following threshold limits will be scrutinized by the Standing Committee:
- High Value Personal Claims :- Rs.10,000/- and above.
Hospital/Lab Bills : Rs. 50,000/- and above.
- 31) CHSS reimbursement claims, fulfilling the above guidelines/criteria shall only be accepted.
- 32) CHSS has introduced PAN INDIA SCHEME for its beneficiaries. The scheme is introduced to facilitate CHSS beneficiaries in availing medical

facilities from any of the CHSS Centre/Unit/Abs/PSEs/etc. of DOS/ISRO, situated across India during the course of their Travel/Visit/Tour/LTC/Stay/Leave etc. of the prime beneficiaries and their CHSS dependents. Recognised Hospitals/AMOs are requested to ensure that medical facility (against referral forms from AMOs except in emergency situations) is provided in such cases also against valid CHSS ID cards (with Photo Identity). However this facility will be available for **first consultation only**. For follow up treatment employees will have to seek approval from concerned centre.OM in respect of PAN INDIA SCHEME OF CHSS is enclosed.

33) As the CHSS Scheme has to be administered sustainably, it is important to maintain harmony & discipline in the association with the partner agencies viz. Hospitals, Diagnostic Laboratories & Doctors. In this context, the CHSS beneficiaries of MCF Hassan/Bhopal shall exhibit:

- a) Discipline and courteous behavior to AMOs/Hospitals/Labs/co-patients/Hospital staff etc. at the time of consultations/treatments as they represent MCF in a larger frame.
- b) Any indiscipline/discourteous behavior noticed by the Management will be dealt with seriously and suitable action will be initiated.
- c) No beneficiary shall hinder the opportunity given to general public for medication and CHSS does not provide any preferential treatment for its beneficiaries over and above the general public as medical emergencies are treated alike irrespective of the insurance coverage of the patient.
- d) Beneficiaries shall not demand any kind of preferential treatment from AMOs/Hospitals/Labs. Hence, CHSS beneficiaries are expected to adhere to the guidelines prescribed by the Hospital/Lab Management for their administrative procedures.
- e) Beneficiaries shall not dictate/prescribe the medication/treatment to the AMOs/Hospitals/Labs and insist for referrals for lab investigations/treatments forcibly; which is deemed to be inappropriate.

34) Feedback to the MCF Management with regard to the Scheme may be shared to the following focal sections. All beneficiaries are requested to co-operate.

➤ Policy matters/Admission issues

- i) Sr. Admin. Officer – 08172 273591 / E-mail :- sao-pga@mcf.gov.in

- ii) Admin. Officer – 0812 273592 / E-mail :- ao-pga@mcf.gov.in
- iii) Sr. Proj. Assistant (Shri. H K Shivappa) – Mob : 9964434927
- iv) General E-mail: chss-admin@mcf.gov.in

➤ Billing matters

- i) Accts. Officer – 08172 273597 / E-mail :- acc-officer-b@mcf.gov.in

35) This issues with the approval of Competent Authority.



(Krishan Gopal)
Sr. Administrative Officer

To:

All CHSS Beneficiaries through Notice Board

Copy to:

Deputy Commandant, CISF, MCF – *with a request for dissemination among CISF Staff for compliance.*

EXPLANATORY NOTE:

1. The rates mentioned in the CHSS SOR are the maximum ceiling rates. The respective Centres/Units has fixed the rates payable to Hospitals/Labs, Specialists and AMOs, within the ceiling rates in SOR, depending on the prevailing rates at the respective CHSS station.
2. Any hospital found to be charging CHSS beneficiaries more than their rates for general public, will be derecognized from CHSS.
3. "Surgical procedure rates" shall mean and include the following:-
 - i. Operation charges (includes Surgeon's fee, Assistant's fee)
 - ii. Anaesthesia charges (includes Anaesthetist's Fee)
 - iii. Operation Theatre charges (includes Central Sterilization charges)
 - iv. Equipment charges
4. The cost of all dressing materials like bandages, Gauze, plaster and alcohol swab are reimbursable. Masks, drapes, gown, gloves, sheets, caps used during hospitalisation are allowed at actuals. The hospital should give the break-up of all materials used in the final bill. No amount should be collected from the patient for the above items. The list of **in-admissible** items under CHSS are listed under Explanatory Note Para No.16.
5. The hospital should prepare the bill in duplicate, one copy should be handed over to the CHSS beneficiary (patient) and the other copy should be sent to concerned CHSS accounts.
6. Original invoice should be produced by the hospitals for use of implants/mesh/stent. In cases of bulk purchase by the hospital, a copy of the original invoice should be attached with the hospital bill.
7. Hospitals **should supply the required medicines** (oral/injections/topical) **disposables** and **implants** during in-patient treatment and include the same in their final bill.
8. The approval of Competent Authority should be obtained before use of high value drugs (over and above Rs. 10,000/- per unit) except in cases of life threatening emergencies. The copy of original invoice of the drug should be attached with the final bill.
9. **Guidelines for use of imported drugs/implants:**
 - a) Use of imported drugs/implants is allowed only when similar item manufactured in India is not available.
 - b) The treating specialist should certify that all indigenous drugs/implants have proved ineffective and no substitutes having equal therapeutic value are available in the country. The Specialist should also record that the use of imported item is considered absolutely essential.
 - c) Whenever, more economical drug/implant of equal efficacy from reputed company is available, the cheaper option should be used.
 - d) Handling charges will not be allowed.

10. Prior approval of the **Competent Authority** has to be obtained for procedures/ investigations/items not listed in the CHSS Schedule of Rates.
11. Registration charges and admission charges are not separately payable under CHSS.
12. The **consultation charges payable to Specialists/Super Specialists** are revised as follows (ALL RATES AS PER SOR):

OP Consultation	Rs. (Valid for 7 days) for Specialists
	Rs. (Valid for 7 days) for Super Specialists
Ward consultation (only one consultation charge for each specialist per day)	Rs. for Specialists
	Rs. for Super Specialists
Dental surgeons	Rs. (Only one consultation charge allowed)

Note:

- i. Those who have DM and MCH or equivalent qualification after post graduation will be considered as Super Specialist.
- ii. During ICU admissions, intensivist charges will be limited to one specialist consultation charges per day.
- iii. Patients suffering from Chronic Kidney diseases on regular dialysis can be issued single CHSS referral letter valid for a month clearly mentioning the number of dialysis required per week. The hospital can charge for relevant investigations as advised by the Nephrologist. The bills for dialysis should have signature of beneficiary on each day of visit.

- iv. Patients who require physiotherapy can be issued single CHSS referral letter valid for a maximum period of 15 days. The bills for physiotherapy should have signature of beneficiary on each day of visit.
- v. Patients who require radiotherapy can be issued single CHSS referral letter valid for one full cycle of radiotherapy. The bills for radiotherapy should have signature of beneficiary on each day of visit.
- vi. When patients are diagnosed with cancer requiring chemotherapy/radiotherapy, the treating consultant(s) should issue a certificate clearly mentioning the treatment plan, the drugs being used, the duration and the cost of the treatment. The prime beneficiary will have to obtain approval of the Competent Authority for the treatment planned. A copy of this approval will have to be attached with the reimbursement claim submitted by the hospital.

14. ROOM RENT/ WARD CHARGES

Sl. No.	Basic Pay per month (as per 7 th CPC)	Eligible Charges per day
1.	Upto Rs. 63,100/-	As per SOR
2.	Rs. 63,101/- to Rs. 1,31,000/-	As per SOR
3.	Rs. 1,31,101/- to Rs. 1,80,000/-	As per SOR
4.	Rs. 1,80,001/- and above	As per SOR

Note:

- i. The above ward charges are inclusive of duty doctor's charges, nursing charges, admission charges and housekeeping charges/service charges.
- ii. When a patient is shifted to the ICU, the charges towards the room retained by the patient's attendant will have to be borne by the beneficiary. **However**, in cases of new born baby getting admitted in NICU, the mother will be allowed to occupy a room till the discharge of her baby from NICU.
- iii. If a beneficiary occupies room **higher than his eligibility**, the additional amount (includes difference in room rent, procedure charges, investigations etc.) will have to be borne by the beneficiary.
- iv. In case, a beneficiary is occupying a room **lower than his eligibility** due to non-availability of eligible ward, the hospital should charge only the actual tariff of that room as per CHSS rates.
- v. Any hospital found to be charging CHSS beneficiaries more than their rates for general public, strict action will be taken to recover the excess amount charged by the hospital and the hospital shall be derecognized from CHSS.

15. ICU/ SPECIFIC WARD CHARGES

Sl. No.	Category	Eligible charges per day
1.	ICCU/MICU/SICU/NICU Charges without Ventilator	As per SOR
2.	ICCU/MICU/SICU/NICU Charges with Ventilator	As per SOR

3.	Isolation ICU charges without Ventilator	As per SOR
4.	Isolation ICU charges with Ventilator	As per SOR
5.	Stepdown ICU	As per SOR
6.	Day care charges (upto 12 hrs) - for observation, chemotherapy, dialysis etc.	As per SOR

Note: The above charges are inclusive of charges of duty doctor, nursing charges and monitoring charges.

16. INADMISSIBLE ITEMS LIST UNDER CHSS

- (a) Patient comfort kit, Bath wet wipes, Bath towels, Tissue papers, ID Band and Footwear
- (b) Pad - Underpad, Sanitary pad, Diaper (admissible during hospitalization only)
- (c) Hand Sanitizer/Medicated soaps
- (d) Spittoon/ Urinal Can/ Bed pan/ Clinical Thermometers/ Urometer
- (e) All topical preparations for Hair growth (eg. Minoxidil etc.)
- (f) All Sunscreen, Moisturizer preparations (even if prescribed by Dermatologist)
- (g) All cosmetic skin care products
- (h) Anti-obesity drugs
- (i) Disposable Insulin Pens (except if not available in any other form)
- (j) Nutritional & food Supplements
- (k) All herbal preparations in oral or topical form
- (l) S Adenosyl Methionine (eg. Heptral), Alpha Keto-Analogue, Methionine, Coenzyme Q10, Collagen peptide, L-Carnitine, Calcitonin Nasal Spray, Evening Primrose Oil (eg. Primosa, GLA 120, etc.), Costly Probiotic like VSL3.
- (m) All multi-vitamins, mineral and anti-oxidant preparations except, iron, calcium, vitamin A, plain B complex, Folic acid, B12, C and D.
- (n) Mixed preparations containing ayurvedic, herbal and allopathic drugs
- (o) Ayurvedic/Homeopathic preparations prescribed by allopathic doctors
- (p) Allopathic preparations prescribed by doctors practicing any other systems of medicine
- (q) Sublingual oral vaccine for allergy
- (r) Dental Implants
- (s) Soaps, Face washes, Shampoos, Cleansing agents, whitening creams, Mouth washes, Toothpastes (Medicated/Non-medicated, even if, prescribed by Dentist) etc.,
- (t) Any other items as specified by DOS from time to time.