

The 26th February, 2025.

No.Health.78/2019/PU/174. - In exercise of the powers conferred by the *proviso* to Article 309 of the Constitution of India, the Governor of Meghalaya is pleased to make the following rules further to amend the 'Meghalaya Medical Attendance Rules 2021', namely:-

1. **Short title and commencement.** - (1) These rules may be called the Meghalaya Medical Attendance (Amendment) Rules, 2025.
2. They shall come into force with immediate effect.
2. **Amendment of Rule 7 (1).** - In Rule 7 of the Meghalaya Medical Attendance Rules, 2021 (hereinafter referred to as 'the principal Rules'),-

(i) for the existing sub-rule (1), new sub-rule (1) shall be substituted, namely -

"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 Medical Superintendent of a Government Hospital or a District Medical & Health Officer may, with the prior approval of the Director of Health Services (Medical Institutions), refer the patient for treatment to such recognized institutions, empanelled with Health & Family Welfare Department and the cost of the treatment thereof shall be reimbursed by the Government, as per the procedure stated at Rule 28 & 29. Any treatment obtained at non-empanelled hospitals shall not be eligible for reimbursement except emergency cases."

(ii) The existing sub rule (4) shall be deleted.

(iii) for the existing sub-rule (6), new sub-rule (6) shall be substituted, namely -

"(6) For the purpose of medical reimbursement, hospitals across India will be empanelled with the Health & Family Welfare Department through a transparent process to be articulated by the DHS (MI) and the list of the empanelled hospitals may be referred to at meghealth.gov.in."

3. Amendment of Rule 9. - In rule 9 of the principal rules -

- (i) for the existing heading "Adoption of CGHS rates", a new heading shall be substituted, namely: -

"ADOPTION OF MEDICAL REIMBURSEMENT RATES"

- (ii) for the existing sub-rule (1), new sub-rule (1) shall be substituted, namely: -

"(1) There shall be four different slabs of rates for reimbursement depending on the classification of the disease and medical intervention -

Slab	Applicable rate for empanelled and approved hospitals and/or approved rates under CGHS/MHS CGHS rates (2024)	Approving Authority
1. Common diseases	a. 80 % of bill amount without prior approval.	DHS (MI)
2. Serious diseases, Chronic diseases and Major Interventions including continuing long-term treatment (Indoor and Outdoor)	b. 90 % of bill amount with prior approval. c. 100% of the medicines purchased under authorized prescription	DHS (MI)
3. Rare diseases and Surgical intervention	a. 80 % of bill amount without prior approval b. 100 % of bill amount with prior approval	Medical Reimbursement Committee headed by Commissioner & Secretary Health
4. Emergency life threatening cases	100% of bill amount without prior approval	DHS (MI)"

- (iii) after sub-rule (1), a new sub-rule 1A shall be added as follows -

"1A. Classification of diseases: - (1) Diseases are classified into four categories namely -

- (a) **Common diseases** refer to illnesses effecting a large proportion of the population, such as viral infections, seasonal flu, minor gastrointestinal disorders, complicated dermatological conditions, etc. These illnesses generally require OPD consultations and primary medical treatments without the need for specialized interventions.
- (b) **Serious diseases, Chronic diseases and Major Interventions** including continuing long-term treatment include medical

conditions that require prolonged treatment, hospitalization, or complex medical procedures, such as cancer, cardiovascular diseases, major orthopaedic surgeries, etc. These diseases necessitate multi-specialty medical intervention, hospitalization, and long-term therapeutic management or sustained medical intervention involving significant medical costs. A chronic disease is a long-lasting condition that typically persists for three months or more, often requiring ongoing medical attention or limiting daily activities. These diseases are generally non-communicable, develop slowly, and may worsen over time, including continuing long-term treatment include medical conditions that require prolonged treatment, hospitalization, or complex medical procedures, such as cancer, cardiovascular diseases, major orthopaedic surgeries, etc. These diseases necessitate multi-specialty medical intervention, hospitalization, and long-term therapeutic management or sustained medical intervention involving significant medical costs. A chronic disease is a long-lasting condition that typically persists for three months or more, often requiring ongoing medical attention or limiting daily activities. These diseases are generally non-communicable, develop slowly, and may worsen over time.

- (c) **Rare diseases and serious surgical interventions** pertain to conditions that occur infrequently in the general population, often requiring specialized treatment or genetic studies, such as haemophilia, cystic fibrosis, or metabolic disorders and organ transplant. These diseases may necessitate advanced diagnostic techniques, long-term therapies, or intricate surgical procedures.
- (d) **Emergency life-threatening cases** encompass medical situations that pose an immediate risk to life, such as severe trauma, stroke, heart attack, or acute organ failure. These cases demand urgent medical attention and interventions, including emergency surgeries, intensive care support, and critical life-saving procedures, to stabilize the patient and prevent fatal outcomes."
- (2) The list of the disease and medical interventions with the four categories shall be prepared by a '**Medical Board**' chaired by the 'Director of Health Services (Medical Institutions)' and comprising senior specialists in the fields of Medicine, Obstetrics and Gynaecology, Surgery, Paediatrics, Oncology, ENT, Dermatology, Ophthalmology, and Orthopaedics. The list will be dynamic and may be revised as many times as necessary in a financial year.
- (iv) for the existing sub-rule (2), new sub-rule (2) shall be substituted, namely, -
"(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 or government approved rates for Hospitalization/ treatment shall have to be borne by the employee/pensioner."
- (v) after sub-rule (2), a new sub-rule (3) shall be added, namely -
"(3) In respect of lifelong follow-up treatment of certain disease, follow-up treatment for post-operative cases, requiring lifelong treatments, the concerned patient is not required get the prescriptions validated periodically, but reimbursement will be allowed subject to scrutiny of the 'Directorate of Health Services (Medical Institutions)."

- 4. **Deletion of rule 10.** - The existing Rule 10 of the principal Rules shall be deleted.
- 5. **Deletion of sub-rule (2) of Rule 27.**- The existing sub-rule (2) of rule 27 of the principal Rule shall be deleted.
- 6. **Amendment of rule 28.**- In rule 28 of the principal Rules, -

- (i) for the sentence "Where Approval has been issued by Director of Health Services (MI), the following documents are to be submitted", a new sentence shall be substituted as follows-

"Where either approval has been issued by the DHS (MI) or by the Medical Reimbursement Committee headed by the Commissioner & Secretary of Health & family welfare department, for purpose stated in Rule 9 (1), the following documents are to be submitted"-

- (ii) for the existing sub-rule (3), new sub-rule (iii) shall be substituted, namely, -

"(iii) Copies of the Discharge Summary, Medical Report, Advice Slips, and Prescriptions corresponding to each itemized bill or cash memo submitted for a claim shall be directly furnished by the empanelled hospitals, both within and outside the state, through their official e-mail to the official e-mail of the DHS (MI) of the state of Meghalaya. The empanelled hospitals shall be *legally obligated to ensure the accuracy, authenticity, and completeness* of the submitted medical records as necessary. Any misrepresentation, falsification, or omission of relevant information shall render the hospital legally accountable and subject to proceedings before the High Court of Meghalaya under applicable laws. In-case of treatment in State Government Hospitals and NEIGRIHMS within Meghalaya, requisite medical records and bills shall be submitted to the DHS (MI) by the concerned department."

- (iii) the existing sub-rule (4) shall be deleted.

- (iv) for the existing note, a new note shall be substituted, namely -

'Medical Reimbursement bills should be collected by the concerned department from the office of the Director of Health Services (MI). In the case of retired personnel, the bills shall be collected by the designated authority from the concerned department or through an authorized representative of the retired personnel with official identification and authorization documents.'

7. Amendment of Rule 29.- In rule 29 of the principal Rules, -

- (i) for the existing sentence "Where prior approval has not been obtained from the Director of Health Services (MI), the following documents are to be submitted:", a new sentence shall be substituted, namely -

"Emergency life-threatening cases approved directly by the DHS (MI) will receive 100% reimbursement, provided that the following documents are submitted:-"

- (ii) for the existing sub-rule (2), a new sub-rule (2) shall be substituted, namely -

"(2) The treating hospital shall directly submit copies of the Discharge Summary, Medical Report, Advice Slips, and Prescriptions corresponding to each itemized bill or cash memo by the Director of Health Services (Medical Institution)."

- (iii) the existing sub -rules (3) and (5) shall be deleted.

8. Amendment of Rule 30.- In Rule 30 of the principal rules, for the existing sub-rule (2), new sub-rule (2) shall be substituted, namely -

"(2) However, in cases where CGHS rates/Approved rates of the State Government are not available, the reimbursement rates as per Rule 9(1) shall be adhered to."

9. Deletion of Annexures I, VI, IX, XV & XVI.- The existing Annexures I, VI, IX, XV & XVI of the principal rules shall be deleted.

10. Amendment of Annexure II.- In Annexure II, after the end of the name of medical institutions list, the following shall be added, namely -

"The name of medical institutions recognized by the Government of Meghalaya shall be periodically updated alongside the empanelment of hospitals by DHS (MI)."

11. Amendment of Annexure XIII: The existing Annexure XIII of the principal rule, a new annexure shall be substituted as follows -

ANNEXURE- XIII*Declaration Form for Dependents**

(As per Rule 27(1)(c) and Rule 29(1))

To be signed by the Government Employee

I, (Full Name) _____ working as (Designation) _____ in (Office Name) _____, declare that the following person is my dependent as per Rule 3(7) of the Meghalaya Medical Attendance Rules, 2020:

1. Dependent Details (Tick the applicable category and fill in the details)☐ **Parent (Refer Rule 3(7)(b))**

- Name: _____
- Relationship: _____
- Resides with me at: _____
- Fully dependent on me financially

☐ **Child (Refer Rule 3(7)(c))**

- Name: _____
- Relationship: _____
- Date of Birth: _____
- Has no income of his/her own

☐ **Person with Permanent Disability (Refer Rule 3(7)(d))**

- Name: _____
- Relationship: _____
- Date of Birth: _____
- Nature of Disability: _____
- Has no income and is wholly dependent on me financially

☐ **Person with Chronic Disease (Refer Rule 3(7)(e)/ Annexure-1)**

- Name: _____
- Relationship: _____
- Suffering from: _____
- Has no income and is wholly dependent on me financially

2. Employee/Pensioner Details

- Full Name: _____
- Designation: _____
- Office Name: _____
- Pension Payment Order (PPO) No. (For pensioners only): _____
- Basic Pension Amount: Rs. _____

I certify that the above information is true to the best of my knowledge.

Place: _____

Date: _____

Signature of Head of Office
 Certified by Head of Office
 (As per records in Service Sheet)

Signature of Employee"

12. Amendment of Annexure XIV: The existing Annexure XIV of the principal rule, shall be substituted a new annexure as follows-

**"ANNEXURE- XIV
Medical Reimbursement Claim Form
(As per Rule 27(2)(c-iii) and Rule 29(1))**

To:

(Department/Office Name) _____

Subject: Final Medical Reimbursement Claim

Sir/ Madam,

I am submitting a reimbursement claim/refund for medical expenses incurred for:

1. Claimant Details

- Full Name: _____
- Employee/Pensioner: (Tick One) ☐ Employee ☐ Pensioner
- Designation & Office (if Employee): _____
- Pension Payment Order No. (if Pensioner): _____

2. Patient Details (if different from claimant)

- Relationship with Claimant: _____
- Name: _____
- Age: _____

3. Treatment Approval (Check the applicable option and attach necessary documents)

- ☐ Approved by Authorized Medical Attendant
- ☐ Prior approval from Director of Health Services obtained
- ☐ Referral/Emergency Certificate attached

4. Medical Advance (if any)

- Amount Drawn: Rs. _____
- Date of Drawal: _____
- Office from which drawn: _____
- Amount Refunded (if any): Rs. _____

5. Supporting Documents Attached

- ☐ Bills/Cash Memos (with details)
- ☐ Approval Letter (if applicable)
- ☐ Treasury Challan
- ☐ Any other relevant document

6. Claim/Refund Amount

Total Reimbursement Claimed: Rs. _____

Place: _____

Date: _____

Signature of Head of Office

Signature of Applicant

JORAM BEDA,
Commissioner & Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department.