

NATIONAL HIGHWAY AUTHORITY

**REGULATIONS
FOR
MEDICAL
ATTENDANCE**

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Chapter 1

Short Title, Applicability & Definitions

1.1 Short Title and Applicability:

- i) These Regulations shall be called 'The National Highway Authority - Regulations for Medical Attendance' and shall come into effect immediately.
- ii) These Regulations shall apply to all NHA employees (both on regular strength and on contract if terms and conditions of their appointment so require) provided the application of these Regulations to the deputationists should be in accordance with the Section 4.5 of these Regulations.
- iii) The facilities extended under this Regulations shall always be applicable subject to availability of sufficient funds and such general restriction on claims as the Chairman may like to impose in the interest of economy.

1.2 Definitions:

Under these Regulations, unless there is anything repugnant in the subject or context;

a) 'Accommodation'

Means entitlement of an employee to the accommodation for indoor treatment which shall be as under:

- BS-1 to BS-10 General Ward;
- BS- 11 to 15 Semi Private Room (Without AC)
- BS-16 Private Room (Without AC);
- BS-17 to BS-18 Private Room (Air-conditioned);
- BS-19 & above Private Room with AC/Heater/Intercom Telephone/TV/One extra Bed/3 Chairs/Jai-Namaz/Holly Quran/Towel/Soap/Softy Chapel.

In a case where the class of accommodation to which a patient is entitled is not available in a hospital, the patient shall be entitled to the next lower class of accommodation. The patient shall, however, avail the next higher class of accommodation with prior approval of DG (Admn) or, in his absence, with prior approval of Director (Admn) at head office or the Regional General

Manager concerned if the RMO/CMO specifically recommends this class of accommodation.

- b) 'Approved Clinic' Means a set up where an approved doctor, an approved hakim, or an approved homeopath examines patients and provides treatment and with whom formal arrangements have been made by the Authority on monthly retainer-ship basis for examination and treatment of its employees and their families.
- c) 'Approved Dentist' Means a registered dental practitioner with whom arrangements have been made by the Authority for medical attendance and treatment of its employees and their families.
- d) 'Approved Hakim' Means a registered practitioner of hikmat with whom arrangements have been made by the Authority for medical attendance and treatment of its employees and their families.
- e) 'Approved Homeopath' Means a registered practitioner of homeopathy with whom arrangements have been made by the Authority for medical attendance and treatment of its employees and their families.
- f) 'Approved Hospital' Means a hospital, a clinic, a maternity home, a pathological laboratory, a radiological laboratory or any other institution with which formal arrangements have been made by the Authority for medical treatment or tests of its employees and their families.
- g) 'Approved Medical Officer (MO)' Means a qualified doctor who is registered as a medical practitioner and is appointed by the Authority on a monthly retainer-ship basis to attend the employees of the Authority and their families .
- h) 'Approved Specialist' Means such medical doctor who has specialized in the treatment/surgery or diagnosis of particular disease/ diseases and has acquired a post graduate degree or diploma in the relevant field.
- i) 'Authorized Medical Attendant' Means the Chief Medical Officer (CMO), Regional Medical Officer (RMO), a Doctor, a Specialist, a Hakim, a Homeopath or a Dentist as defined in This Regulations.
- j) 'Authority' Means the National Highway Authority set up

under the NHA Act, 1991.

- k) 'Chief Medical Officer (CMO)' Means a qualified doctor who is registered as a medical practitioner and is appointed by the Authority on a monthly salary or retainer-ship basis at the NHA Head Quarters to attend to the employees of the Authority and their families as and when required and to assist the Authority in supervising different aspects of the Regulations for Medical Attendance.
- l) 'Doctor' Means an MBBS, Physician and Surgeon who runs a clinic as a registered medical practitioner.
- m) 'Employee' Means an employee of the Authority:
- i) serving on regular basis;
 - ii) serving on deputation basis;
 - iii) serving on contract provided terms and conditions of his/her appointment entitle him/her to the medical attendance under This Regulations; or
 - iv) a regular employees of the Authority who has retired on superannuation, after 25 years qualifying service or on medical grounds after minimum 10 years service or died during service of the Authority after rendering minimum 10 years' service.
- n) 'Family' Means spouse (viz. dependent husband or one wife); dependent parents; legitimate unmarried children and unmarried stepchildren residing with and wholly dependent upon the employee.

Explanation - 1

Spouse of an employee shall be deemed to be dependent upon her/him so long as she/he is not judicially separated;

Explanation - 2

Parents of an employee shall be deemed to be wholly dependent on the employee, if they have no independent source of income;

Explanation - 3

Unmarried sons and stepsons shall be deemed to be wholly dependent upon her/him till they complete the age of 25 years;

Explanation - 4

Daughters and stepdaughters of an employee shall be deemed to be wholly dependent on her/him till they are married - provided they are wholly

dependent on the employee;

Explanation - 5

Mentally or physically handicapped and completely dependent family members declared as such by the CMO / RMO shall be considered wholly dependent on employee, notwithstanding the age limitation given above.

- o) **'Indoor Medical Attendance'** Means medical attendance which requires admission of a patient in an approved hospital.
- p) **'Medical Attendance'** Means medical attendance of a patient at an approved clinic, or at an approved hospital and in case of such illness as compels an employee or any of his family members to be confined at residence, at his residence and includes:
- i) employment of such pathological, bacteriological, radiological and other methods for the purpose of diagnosis as are considered necessary by the Authorized Medical Attendant treating a patient;
 - ii) such consultation with an Approved Specialist as is considered necessary by the CMO / RMO; or any recognized specialist subject to the condition that re-imburement of charges will be same as approved for panel Doctors.
 - iii) consultation with an approved dentist, hakim or homeopath; and
 - iv) medical treatment.
- q) **'Medical Treatment'** Means the provision of all medical and surgical facilities, including administration of injections available at an Approved Clinic or an Approved Hospital and includes:
- Indoor as well as Outdoor treatment;
 - the supply of such medicines as are prescribed by an Authorized Medical Attendant and are ordinarily available at an Approved Clinic or an Approved Hospital;
 - the supply of such medicines as are prescribed by an Authorized Medical

Attendant and are not available at an Approved Clinic or an Approved Hospital;

- supply or and transfusion of blood;
- such accommodation according to his entitlement as is ordinarily provided in an approved hospital, as prescribed under these Regulations;
- such nursing as is ordinarily provided to 'indoor patients' by an Approved Hospital;
- supply of such vitamins, tonics and glucose as are prescribed as part of treatment;
- dental treatment including the treatment of jaw bone disease, gum boils, pyorrhea or concavities, removal of one or more teeth, odontomas and removal of impacted wisdom teeth, scaling of teeth, filling of teeth (other than with gold crown) and extraction of teeth but does not include dentures;
- treatment of diseases of the eye and the eyesight but does not include provision of contact lenses and frames for other lenses;
- provision of intra ocular lens;
- treatment of diseases of ear, nose and throat; and
- provision of artificial limb in case of amputation of limb in consequence of injury sustained during performance of official duty.

r) 'Medicines'

Means vaccines, injections, sera and all other therapeutic substances considered to be necessary for treatment by the Authorized Medical Attendant, and Approved Hospital - except for hormone enhancers and includes such vitamins, tonics and/or glucose as prescribed by the Authorized Medical Attendant.

s) 'Outdoor Treatment'

Means treatment provided to a patient without admission in an approved hospital.

- t) 'Patient' Means an employee or a member of his family who requires medical attendance.
- u) 'Regional Medical Officer (RMO)' Means a qualified doctor who is registered as a medical practitioner and is appointed by the Authority in one of its regions on a monthly salary or retainer-ship basis to attend the employees of the Authority and their families and to assist the Regional General Manager in supervising different aspects of the Regulations for Medical Attendance.
- v) 'System of Medicine' Means either allopathic, homeopathic or Tib-e-Unani (Hikmat)/Ayurvedic.
- w) 'Trauma' Means a bodily injury caused by an accident, or any other sudden occurrence which can be life-threatening for the patient if not attended promptly.
- x) "Medical Leave" Means leave/rest recommended by NHA Medical Officers, Civil Surgeon or Medical Officer of a Government District/Tehsil HQ Hospital or a Military Hospital.

1.3 Registers for Medical Matters.

Following Registers will be maintained by Administration for Medical Matters: -

- i) Panel Hospital/Doctors/Laboratories (separately for each).
- ii) NHA Medical Officers.
- iii) Indoor Treatment Expenditures.
- iv) Over and above the ceiling Re-imbusement.
- v) Medical Treatment Abroad.

Chapter 2

Registration and Deletion from Panel

2.1 Registration

A. Registration of Patients

a) Creation of Health Database.

- i) A centralized database of all employees and their family members shall be created and maintained at Head Office and the concerned Regional Offices / Self Accounting Project Offices.
- ii) As initial creation of the database would be a one-time activity, a staggered schedule for head office employees and regional offices employees shall be followed for providing input to create the database.
- iii) All General Managers/Project Directors/Directors concerned shall forward Dependant Rolls in the prescribed form of the employees working under them immediately but not later than sixty (60) days of issuance of these Regulations to the Head Office Welfare Bureau for completion of record of entitled NHA patients.
- iv) Thereafter, each new employee shall get the entitled persons of his family registered with the Welfare Section at Head Office within one week of his joining the National Highway Authority.
- v) In case of birth of a child or death of any dependent, the employee concerned will forward his/her revised "Dependent Roll" along with necessary application duly supported by valid Birth/Death Certificate (as the case may be) through Incharge Director to the Welfare Bureau HQ and Regional Office administration section.
- vi) Copies of "Dependent Roll" will be forwarded to NHA Medical Officers and concerned Accounts Sections. Medical Treatment and re-imburement of medical claims will be verified with the dependent rolls.

b) Issuance of NHA Health Identity Cards & Medical Attendance Cards:

2.1.1. NHA Health Identity Cards

- i) The employee's application shall accompany a family roll signed by the employee and duly authenticated by her/his controlling officer, not below the rank of a Director. In addition, two latest passport size photographs of each family member shall be attached with the application and family roll. Welfare Section at the Head Office shall immediately issue 'NHA Health Identity Card' that shall indicate name of employee, her/his designation, entitlement to accommodation and photograph/visible mark of identification of each of his/her family members, over the signatures of Deputy Director (Admn). Requirement of photographs can, however, be dispensed with in case of an adult female member of the employee's family.
- ii) NHA Health Identity Cards shall be machine numbered and considered as security documents. Proper register shall be maintained for these Health ID Cards.
- iii) Authorized Medical Attendants shall entertain only those patients who present their NHA Health Identity Cards while seeking medical attendance.

2.1.2. Medical Attendance Card

- i) Besides the NHA Health Identity Cards, a Medical Attendance Card in the shape of a booklet shall be issued for each entitled patient.
- ii) All prescriptions shall be recorded on the Medical Attendance Card.
- iii) Similarly, record of all visits to clinics and outdoor visits for consultation at hospitals and with specialists and a brief description of the treatment provided as indoor patient at a hospital shall invariably be recorded by the Authorized Medical Attendant on the individuals Medical Attendance Card.
- iv) Free of cost additional Medical Attendance Cards shall be issued on submission of the previous one duly completed. Welfare Bureau shall retain these cards for three years as auditable documents in docket form to be maintained for each employee separately.

c) ***Safe Custody of the Health Identity Cards & Medical Attendance Cards.***

- i) As the purpose of maintenance of individual health identity cards and individual medical attendance cards is to make the system both transparent and verifiable, their safe custody shall be ensured. Safe custody of the health card shall be the responsibility of employee concerned. She/he shall ensure that NHA Health Identity Card is retained at a safe place. Whereas, in case of medical attendance card, a photo copy of the relevant part of the card shall be retained by her/him every time she/he consults and gets treatment from an Authorized Medical Attendant and a fresh entry is added thereon so that a complete and up-to-date record of the entries on her/his medical attendance card is retained separately for verification at all times.

d) ***Re-issuance of NHA Health Identity Card or Medical Attendance Card.***

- i) Cases of loss of health identity cards shall be reported to the Welfare Bureau through the respective head of office immediately when the fact is discovered. Fresh NHA Identity Card shall be issued at a penalty of Rs. 30/-. In case of a repetition, the penalty shall be increased to Rs. 150/-. Penalty for loss of card shall be increased if deemed necessary by the Chairman, NHA, which can be an amount equal to Rs. 500/- in each case.
- ii) In case, the Medical Attendance Cards get displaced, a fresh one may be issued without any penalty if the employee provides an up to date photocopy.
- iii) In case, photocopy of past record is not provided, the employee shall be charged Rs. 50/- and event shall be recorded by Welfare Bureau in a separate register.
- iv) Stock of NHA Health Identity Cards and Medical Attendance Card shall be kept in safe custody under supervision of the Deputy Director (Admn).

B. Registration of Authorized Medical Attendants.

- i) The Authority shall maintain a panel of Authorized Medical Attendants so as to provide the patients with a choice to select the one most suited to their needs.

- ii) Efforts shall be made by the Authority to register well reputed, experienced and well established practitioners from the three systems of medicine.
- iii) All Medical Attendants desirous of being registered with the Authority shall apply exclusively for the purpose to the NHA Welfare Bureau of administration at the Head Office and the General Manager (Region /Project).
- iv) These applications shall be referred to the concerned Standing Health Committee for consideration.
- v) On recommendations of the Standing Health Committee, a limited number of applicants shall be inducted as Authorized Medical Attendants.
- vi) The Welfare Bureau at the Head Office and the Admn Section at the Regional / Project Offices shall formally issue a list of Authorized Medical Attendants in July every year. Such a list shall also contain the name of the Chief Medical Officer at Head Office and the Regional Medical Officer at concerned Region. Changes taking place during the year shall be notified separately.

C. Registration of Clinics and Hospitals.

- i) The Authority shall maintain a panel of clinics/hospitals so as to provide the patients with a choice to select the one most suited to their needs.
- ii) All Military Hospitals, Armed Forces Institutes for specialized health services and Pathological Laboratories and, in their absence, District/Tehsil Headquarters Hospitals shall be treated as panel hospitals unless otherwise notified.
- iii) All patients shall follow the standing instructions /operating procedures required to be observed in these hospitals for treatment by Civilian Non-Entitled Patients (CNE Patients).
- iv) Other private clinics/hospitals desirous of be included in the panel of the Authority shall have to apply for this specific purpose to the Welfare Bureau at the Head Office and the General Manager (Region/Project) elsewhere.

- v) Such cases shall be referred to the Standing Health Committee for consideration.
- vi) The number of private clinics/hospitals shall be limited to the barest minimum based on the total strength of the employees at a station. The Standing Health Committees shall observe the following general criteria while recommending enlistment of hospitals/clinics on NHA Panel:

| Strength of Employees | Max. No. Permissible | | | |
|-----------------------|------------------------------|-----------|---------|--------------------------------------|
| | CMO/RMO, as the case may be. | Hospitals | Clinics | Specialists (in each specialisation) |
| 10 to 25 | 1 | None | None | None |
| 26 to 50 | 1 | 1 | 1 | None |
| 51 to 100 | 1 | 1 | 1 | 1 |
| 101 to 200 | 1 | 2 | 3 | 2 |
| 201 to 300 | 1 | 3 | 4 | 2 |
| 301 to 400 | 1 | 4 | 5 | 2 |
| 401 to 500 | 1 | 5 | 7 | 3 |
| Over 500 | 1 | 7 | 10 | 4 |

- vii) Names of hospitals and clinics shall be recommended by the concerned Standing Health Committee.
- viii) Registration shall be made to the panel of the Authority after names recommended by the concerned Standing Health Committee stand approved by the Chairman, NHA.

2.2 Deletion from NHA Panel.

A. Voluntary Deletion from Panel

- i) In cases where an Authorized Medical Attendant, Clinic or Hospital does not intend to continue a formal arrangement with the Authority they shall require to notify their desire to the Welfare Bureau at Head Office and General Manager (Region/Project) elsewhere.
- ii) Welfare Bureau at Head Office and Admn Section at Regional/Project Office shall notify the Voluntary Deletion of the concerned Medical Attendant, Clinic or Hospital.

- iii) Fresh applicant shall be considered by the concerned Standing Health Committee if the filling of the vacancy is so required.

B. *Compulsory Deletion from the Panel*

- i) Compulsory deletion of Authorized Medical Attendants, Clinics and Hospitals shall be made only on the recommendations of the concerned Standing Health Committee.
- ii) In case of malpractices the ban for registration shall be permanent whereas in case of unsatisfactory or substandard service, the ban would invariably be for a period of three years.
- iii) Reconsideration for inclusion of a Medical Attendant, Clinic or Hospital on the Panel of the Authority shall, on written request, be made only in exceptional cases where the Authority considers it expedient to the interest of the NHA patients to again include the Medical Attendant, Clinic or Hospital to the panel. The reasons for reconsideration shall invariably be recorded by the Standing Health Committee in such cases.

Chapter 3

Standing Health Committees – Composition, Duties & Functions

3.1 Composition of the Standing Health Committee

- i) A Standing Health Committee shall exist each at the Head Office and the Regional Offices or Self Accounting Project Offices.
- ii) Following shall be the composition of the Standing Health Committees at Head Office and Regional/Project Offices:

A. Standing Health Committee for Head Office:

| Composition: | Official Concerned: |
|------------------|---|
| Chairman | General Manager (Audit) OR (Coord & Ops) |
| Member | Director (Establishment) |
| Member Technical | Chief Medical Officer (CMO) |
| Secretary | Deputy Director (Welfare) |

B. Standing Health Committee for Regional/Project Offices:

| Composition: | Official Concerned: |
|------------------|---|
| Chairman | General Manager (Region)/(Project) |
| Member * | Director (Construction), Director (Maintenance) Regional Office or a Project Director |
| Member Technical | Regional Medical Officer (RMO) |
| Secretary | Deputy Director/Asstt. Director (Admin.) |

3.2 Duties and Responsibilities of Standing Health Committees

- i) The Standing Health Committees shall have a recommendatory role for following issues:
 - a) Assessment of applications of hospitals, clinics, laboratories, matabs, doctors, specialists, hakims, homeopaths and dentists for inclusion or otherwise in the NHA panel.
 - b) Assessment of rates of retainer-ship or salary for CMO / RMO or doctors, hakims or homeopaths.
 - c) Assessment of consultation charges demanded by Specialists who are desirous of being included on the panel of Authority.
 - d) Assessment of rates and charges proposed by hospitals, clinics and laboratories for tests, treatment, operations and procedures required for treatment of patients. Periodic enhancement of rates shall also be considered.
 - e) Scrutinize and evaluate complaints against hospitals, clinics, laboratories, doctors, dentists, hakims and homeopaths.
 - f) Shall finalize the terms and conditions of enlistment of doctors/clinics/hospitals on NHA panel.
 - g) Shall be required to review terms and conditions of these Regulations after every two years to incorporate changes if any due to technical advancements, unprecedented price-hike or undue change in financial position of the Authority.
 - h) Examine any issue which needs special attention.
- ii) The rates shall not be revised frequently. The periodicity and percentage at which the rates for treatment of Civilian Non-Entitled (CNE) patients are revised/increased by the General Head Quarters, Medical Directorate from time to time, shall determine the basis for revision of rates for the NHA panel hospitals, clinics, laboratories and specialists.
- iii) All complaints against the panel hospitals, clinics, laboratories, specialists, doctors, hakims and homeopaths shall be lodged with the concerned section of Admn, who shall place these before the Chairman of Standing Health Committee concerned. The Committee shall examine the complaints, give their findings and recommendations about continuation of arrangements or otherwise. Fresh applicants shall then be given a chance to fill the positions vacated as a result of deletion of the existing ones through compulsory deletion.

3.3 Guidelines for functioning of the Standing Health Committees:

Following are some guidelines to help in functioning of the Standing Health Committees. The concerned Committees shall have the right to adopt their own criteria wherever considered appropriate. However, it would be mandatory for the concerned Committee to notify the agreed criteria and endorse it in advance to the Welfare Bureau at least a fortnight in advance of taking any decision based on such criteria.

A. Selection Criteria for Clinics and Authorized Medical Attendants

- i) Only those clinics/medical attendants shall be recommended for the NHA panel that are run by registered medical practitioners including doctors, dentists, hakims and homeopaths. Preference shall be given to those who have extensive experience, an established practice and/or reputation of curing chronic diseases.
- ii) The following factors may determine selection of a clinic or authorised medical attendant for NHA panel:
 - a) Accessibility
 - b) Recommendations of Employees living in the area- Not less than 10 employees including at least three officers shall recommend enlistment of a clinic/medical attendant.
 - c) The clinic shall be a self dispensing unit.
 - d) Provided that the maximum number of clinics prescribed for a station shall not be exceeded.

B. Selection of panel Hospitals:

- i) To be eligible for enlistment on NHA panel at Head Office or the Regional Offices, a private hospital shall fulfil the following conditions:
 - a) It has a minimum capacity of 25 beds;
 - b) It has facility of Operation Theatre and Labour Room;
 - c) It has facility of X-Ray; ECG; and Ultrasound;
 - d) It has facility for routine laboratory tests of blood and urine;

e) It has Consultants for following specializations:

- | | | |
|-----------------|--------------|------------------|
| i) Medical | ii) Surgical | iii) Paediatrics |
| iv) Eye | v) ENT | vi) Gynaecology |
| vii) Psychiatry | viii) Skin | ix) Orthopaedics |
| x) Urology | | |

f) It provides 24 hours service.

g) It is located at a place, which is easily accessible to majority of the employees through public transport.

C. Selection of panel Specialists:

- i) Normally the consultants/specialists on the panel of an Approved Hospital shall be deemed to be on the NHA panel. Under special circumstances, however, the Chairman, NHA may allow a panel of not more than two consultants/specialists of each specialization at each of the major stations of Karachi, Lahore, Islamabad, Rawalpindi, Peshawar, Quetta, Faisalabad, Gujranwala, Multan, Sukkur, Hyderabad and Abbottabad.

D. Deletion of Clinics, Hospitals and Authorised Medical Attendants from the Panel.

a) Voluntary Deletion.

- i) If a clinic, specialist, an authorised medical attendant or a hospital desires to be deleted from the NHA panel for his/its own reasons, he/she/it shall formally apply for the purpose. Welfare Bureau shall obtain the approval of the DG (Admn) at head office of the Authority and in the field, the concerned Admn Section shall obtain the approval of a Regional/Project General Manager and shall immediately notify the event for the information of all concerned.

b) Compulsory Deletion.

- i) The following factors/circumstances shall lead to compulsory deletion of a clinic, hospital, laboratory, specialist or a medical attendant from the NHA panel:
- a) Malpractices, like Fake billing of any sort and Untrue certification
 - b) Unsatisfactory quality of treatment/services.
 - c) Sub-standard services.
 - d) Frequent Written complaints from employees subject to proper inquiry.

Chapter 4**Medical Attendance Facilities**

This chapter deals with the medical attendance facilities available to entitled patients under the NHA Regulations for Medical Attendance.

4.1 General

- i) Needless to mention that the medical attendance under these Regulations shall be admissible to the employees and their families at the facilities arranged by the Authority at the station of duty of the employee. In cases where a patient is residing at a place away from headquarter of the employee, she/he may avail the facilities available at the local Military Hospital, District/Tehsil Headquarters Hospital or any other government hospital in emergency:
- ii) Where delivery cases are performed away from headquarters of the employee, such claims will be entertained with the approval of the competent authority subject to the following documents to be submitted along with the claim:- (i) authenticated birth certificate; (ii) history sheet; (iii) treatment chart; (iv) investigations; (v) operation notes; (vi) relevant part of the NHA medical attendance card; and (vii) any other document required for authentication of facts by the CMO/RMO.
- iii) In case of medical emergency declared by the Federal or Provincial Government or a local authority as a result of any epidemic, these Regulations shall be relaxed to the required extent through a notification to be issued with the approval of the Chairman, NHA.
- iv) Rules/Regulations of Federal Government shall apply in cases of treatment abroad after recommendation of the NHA's Medical Board and approval of Chairman, NHA subject to availability of funds in the Authority's budget.
- v) Cases of contract employees will be dealt as per terms and conditions of their appointment.
- vi) Free indoor/outdoor medical treatment from NHA panel Hospitals/Doctors to dependents of the late employees shall be admissible up to a period of five years from the date of expiry of employee. However, re-imburement of medical charges shall not be permissible.

4.2 Referral System

- i) All patients shall initially seek medical attendance from the CMO/MO NHA, who if deem necessary shall refer the patient to panel doctor, hakim or homeopaths. These doctors, hakims or homeopaths shall refer only exceptionally deserving cases to hospitals and specialists. They shall record the fact of reference on the health card of the patient which shall be presented to the RMO/CMO.
- ii) The latter shall, after examining the patient, sign the refer letter and send it to the Deputy Director (Admn.) concerned for his countersignatures.
- iii) However, in exceptional cases of emergency a patient may consult an approved specialist or hospital, in which case the required refer letter shall be issued within 24 hours of such emergency.
- iv) No claim of a specialist or hospital shall be entertained unless it accompanies the original refer letter and a copy of summary sheet containing details of treatment provided to an outdoor patient or history sheet containing such details, in case of indoor treatment of a patient duly signed by the employee at the time of leaving the specialist's clinic or hospital as the case may be.
- v) The employee shall be required to obtain a photo copy of the summary sheet/history sheet as soon as he signs it at the time of leaving the specialist's clinic or hospital and keep in his personal medical record for reference/verification by the Authority as the need arises.
- vi) All refer letters shall be machine-numbered and shall be accountable document. A refer letter issued but not used later shall be returned to the Admn. Section in original.
- vii) Admn. Section shall keep an upto date record of all refer letters issued in a register to be maintained for each specialist, hospital separately.

4.3 Outdoor Medical Attendance:

- i) The system under which the outdoor medical attendance shall be provided to the patients is given below:

A. Medical Attendance System Under Normal Circumstances:

i) Cost incurred on **purchase of medicines** under normal circumstances shall be dealt with as under:

- a. A married employee shall be entitled to reimbursement of cost of medicines purchased for ailments of routine nature not exceeding Rs. 600/- per month on simple production of cash memos duly entered on the individual's medical attendance card and verified by the RMO/CMO. No formal sanction shall be required for this purpose.
- b. An unmarried employee shall be entitled to reimbursement of cost of medicines purchased for ailments of routine nature Rs. 300/- per month on simple production of cash memos duly entered on the individual's medical attendance card and verified by the RMO/CMO. No formal sanction shall be required for this purpose.
- c. Residue of ceiling for a month shall, if not consumed during that month accumulate to the next month but shall lapse at the end of each financial year.
- d. Monthly ceiling given at "a" & "b" above may be enhanced with the approval of Chairman, NHA after five years on the recommendations of the following committee:-

- i. DG (Admn)
- ii. GM (Finance)
- iii. Director (Admn)
- iv. C.M.O (NHA)

B. *Medical Attendance System for Extended Treatment of Chronic Diseases or Trauma Injuries:*

- i) In case of chronic diseases and such other treatments, which are, in the opinion of the RMO/CMO, essential but are so expensive that the cost cannot be met out of the cumulative medical allowance for the year. Cost thereof shall be reimbursed to the employee concerned on production of valid cash memos in token of having actually purchased the medicines, on a proper prescription of a doctor subject to verification by the RMO/CMO. All the medical bills in excess to the monthly ceiling shall be considered and approved by the Competent Authority after the recommendation/examination by the following committees:-

(A) NHA HQ.

- i. Member (Finance)
- ii. Director (Admn)
- iii. C.M.O (NHA)

(B) Regions.

- i. GM (Region or Project)
Senior Directors.
- ii. Deputy Director (Accounts)
- iii. Medical Officer concerned.

- Note:- (a) The committee will meet once a fortnight to finalize such cases.
- (b) The administration dealing section will submit case along with all the relevant papers to the committee in the form No.4.3(B-i). Only complete claims and duly verified by the Medical Officer, NHA shall be placed before the committee.
- ii) Keeping in view the serious nature of the diseases and the cost involved in their treatment, a different system of medical attendance shall be allowed for extended treatment of chronic diseases and trauma injuries.
- iii) Following is the list of diseases to be treated under this system of medical attendance: -
- 1. Cancer;
 - 2. Heart Diseases;
 - 3. Hypertension;
 - 4. Diabetes Mellitus;
 - 5. Renal Diseases;
 - 6. Hepatitis (initially for six months);
 - 7. Bronchial Asthma;
 - 8. Tuberculosis treatment (full course);
 - 9. Accident cases;
 - 10. Ulcer
 - 11. Trauma; and
 - 12. Diagnostic & Treatment Procedures;
- iv) The above list of diseases to be treated under this system is not exhaustive. Any addition to the list shall be made

on case-to-case basis subject to recommendations of the NHA's Medical Board and approval of the Chairman, NHA.

- v) It shall be at the discretion of the patient to opt for the system of medicine under which treatment is sought.
- vi) Detailed modalities of the system of such extended treatment shall be as under:
 - i. To be eligible for treatment under this system, the patient shall in the first instance appear in person before the RMO/CMO who shall, after due examination, determine that, in his opinion:
 - a. The patient suffers from one of the diseases listed above or any other chronic disease;
 - b. The patient requires extended and uninterrupted treatment for a period to be specified; and
 - c. The suggested treatment entails an expenditure exceeding 50% of the monthly medical allowance admissible to the employee for purchase of medicines.
 - ii. On the basis of the above recommendations of the RMO/CMO, the case shall be processed by the concerned section of Admn Wing for obtaining administrative approval of competent authority and issuance of formal sanction showing the approximate cost of medicines and the period of treatment besides issuance of a refer letter to an approved specialist or hospital.
 - iii. The approximate cost medicines and the estimated period of treatment approved by competent authority shall invariably be recorded on the Health Card of the patient concerned along with the number and date of the sanction.
 - iv. Recommendations of the RMO/CMO shall normally be accepted in cases where cost of medicines per month does not exceed Rs. 2,000. The Admn Wing may refer any case to the NHA's Medical Board for second opinion before allowing a patient to be governed under this system.
 - v. The original sanction memo shall be forwarded to concerned Accounts Section who shall be

responsible for maintaining appropriation record for the sanction. The cost of medicines, claims for which shall be preferred on monthly basis, shall be reimbursed to the employee till the original/extended period of treatment mentioned in the sanction issued by the Admn Wing expires.

- vi) The monthly claim shall accompany the following:
 1. Approval of Chairman, NHA/competent authority.
 2. Sanction memo;
 3. Doctor's prescription on individual's medical attendance card;
 4. Investigation reports (if any); and/or
 5. Any other essential paper keeping with the nature of the case.

- vii) All consultation fees and cost of diagnostic procedures/ tests incurred on outdoor patients shall also be borne by the Authority and shall be paid directly to the hospitals/ laboratories/clinics where the services were availed on a proper reference by the RMO/CMO. In cases where the employee met the cost from his/her own pocket, the same shall be reimbursed to employee on production of valid receipts from the panel hospitals/ laboratories/clinics, in token of having paid the amount themselves.

- viii) In case of medical treatment from a non-panel doctor/ hospital/clinic in emergency, reimbursement of all types of medical expenses so incurred by the employee from his own pocket shall be allowed at the rates approved for a panel doctor/hospital/clinic of equal status and with prior special approval of DG (Admn) at head office and Regional GM in case of regional office.

- ix) The retired employees/patients will be re-imbursed the amount on account of claims for medical treatment charges from the regional office of their residential area or NHA, HQ which ever is easiest for them.

4.4 Indoor Medical Attendance:

1. Cost of all indoor medical attendance of employees shall be borne by the Authority, which shall be paid to the concerned hospital direct on submission of their claims on monthly basis.
2. Approved hospitals shall ensure that patient's admission is restricted to the shortest possible time required for her/his early recovery.

3. All consultation fees and cost of diagnostic procedures/tests incurred on indoor patients shall also be borne by the Authority and shall be paid directly to the hospitals/laboratories/clinics where the patient remained admitted on a proper reference by the RMO/CMO. In cases where the employee met the cost from his/her own pocket, the same shall be reimbursed to employee on production of valid receipts from the panel hospitals/laboratories/clinics, in token of having paid the amount themselves.

4.5 Medical Facilities to Officials on Deputation

Medical facilities of NHA shall be admissible to the officials working in the Authority on deputation, as these are available to other employees of NHA. Officers on deputation will have to use government hospitals in case they are not ready to avail NHA facilities provided under these Regulations.

4.6 Mis-use of Medical Facilities

- i) Mis-use of medical facilities under these Regulations by any means having an effect of obtaining financial advantage by mis-statement, mis-representation of fact, impersonation, altering the prescription or tempering with the vouchers, fake claims shall be treated as MISCONDUCT and the employee found guilty shall be dealt with under NHA's E & D Rules, 1995.
- ii) An employee or any member of her/his family suffering from an injury, ill health or a disease, which is attributable to an illegal action, misconduct, misbehavior or negligence on the part of the person concerned, shall not be entitled to medical attendance under these Regulations.
- iii) An employee or a member of her/his family shall not be entitled to the medical attendance under these Regulations if the employee is under notice of termination or has given notice of his intention to leave the service of the Authority.

4.7(1) Use of NHA Ambulance

Provision of Ambulance is a welfare facility. It shall normally be used locally for medical emergencies. It shall also be used for conveyance of dead bodies of NHA employees and their immediate dependents to their native villages/town. Free use of ambulance shall be allowed for transportation of dead bodies of NHA employees and their dependents up to a limit of 200 kilometres. Thereafter, half the usual rate of private hiring shall be charged.

- 4.7(2)** Ambulance for local and upto 200 KMs use shall be allowed by Director (Admn) otherwise it will be permitted with the approval of DG (Admn).

4.8 Register for Medical Matters.

Following registers will be maintained by the medical (Admn) section which will be inspected by the Director/Deputy Director from time to time and necessary note in this regard be recorded:-

1. Register of Medical Officers.
2. Register of Panel Hospitals/Doctors and Laboratories, with the record of payments.
3. Register of Expenditures having columns of payments on account of indoors and over and above the ceiling payments to each employee.

4.9 Inspection of Panel Hospitals.

The officer(s) dealing with the medical matters will inspect panel hospitals from time to time to check the services/facilities provided to NHA patients. As well as to check that no irrelevant person is being treated from the hospital/clinic etc. in the name of NHA.

Chapter 5**Rates and Remunerations for Medical Attendance**

- 5.1 The Standing Health Committee shall examine, negotiate and recommend rates and remuneration for medical attendance on case-to-case basis including those for the following for approval of the Chairman:
- i) Retainer-ship Fee of Authorised Medical Attendants, which shall be in full and final settlement of the consultation fee of the medical attendant irrespective of number of patients examined during a month. No consultation fee shall accordingly be charged from the patients.
 - ii) Consultation Fee to be charged from the Authority for each patient examined by a panel specialist.
 - iii) Charges for various diagnostic procedures/tests
 - iv) Accommodation and allied charges.
- 5.2 The following factors shall be kept in view by the Committee while recommending the rates and remunerations for medical attendance:
- i) The rates of fees and other charges shall be uniform to the maximum possible extent in the cases of clinics, hospitals and medical attendants of equal status.
 - ii) Number of employees expected to avail medical attendance from a clinic, hospital or the medical attendant shall be taken as an important factor while determining the rates to be charged by it from NHA employees.
- 5.3 The Welfare Bureau shall also formally notify the rates of medical attendance fixed after approval of the Chairman, NHA simultaneously with the notification of enlistment of a clinic, authorised medical attendant or a hospital.

Chapter 6**Medical Check-ups and Medical Boards****6.1 Initial Medical Check-up:**

- i) At the time of initial appointment in NHA, all employees shall have to have a medical examination from the RMO/CMO.
- ii) The RMO/CMO shall perform such medical examination at a fixed remuneration that shall cover the cost of tests, x-rays and a nominal fee of Rs. 50 each.
- iii) The Chief Medical Officer shall have to report whether the employee is free from any chronic disease. Usual checking of the general physique, weight, height, blood pressure, condition of the heart, chest, eyes, ears, routine urine test etc. shall also be performed.

6.2 Annual Medical Check-up:

- i) All officers of BS-17 and above shall be required to get a routine medical check-up annually from the Chief Medical Officer / Regional Medical Officer in the month of October every year.
- ii) RMO/CMO shall submit, by the end of November each year, an annual medical report in respect of each officer (BS-17 and above) giving the condition of their health with regard to their general physique, weight, blood pressure, condition of the heart, chest, eyes, ears, and routine urine report to the Director (Personnel) so that same is reflected in the Performance Evaluation Report.
- iii) An amount of Rs. 50 per person shall be payable to the CMO/RMO for such examination along with cost of tests, if any.
- iv) Schedule of Annual Medical Check-up shall be circulated by RMO/CMO on his own to suit his availability.

6.3 NHA's Medical Board:

- i) There will be a Medical Board to advise, on reference by the Authority, in the cases including the following: -
 - a. Cases of employees suffering, in the opinion of the RMO/CMO, from a chronic disease or disability that requires prolonged hospitalization or extended treatment.
 - b. Cases of employees suffering from such diseases, as in the opinion of the RMO/CMO are likely to render the employee unfit for future service. The Board shall, in such cases, also advise about the attributability of the disease to the work of the employee.
 - c. Cases of employees suffering from a disease, which though not included in the list of chronic diseases/trauma, is considered to qualify for inclusion in the list of diseases for which extended medical treatment is admissible.
 - d. Cases referred by the Authority for second opinion as required under these Regulations.
- ii) The Medical Board may, on a reference do the following:
 - a. Declare an employee unfit for further retention in service and recommend to refer the case to the competent Medical Board of the Government;
 - b. Recommend medical leave to an employee as required under leave rules of the Authority;
 - c. Recommend the extent and the period up to which an employee requires a further treatment at the expense of the Authority.
 - d. Recommend treatment of an employee or a member of his family abroad.

6.4 Constitution of the Medical Board:

- i) Medical Board shall comprise the following:

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 - c. Recommend the extent and the period up to which an employee requires a further treatment at the expense of the Authority.
 - d. Recommend treatment of an employee or a member of his family abroad.

6.4 Constitution of the Medical Board:

- i) Medical Board shall comprise the following:

- | | | |
|----|---|--------------------------------|
| 1. | Head of relevant Department of a Government/Armed Forces Hospital or a Senior Specialist. | Chairman |
| 2. | Relevant Panel Specialist | Member |
| 3. | Chief Medical Officer/ Medical Officer, NHA | Technical Member/ Secretary |
| 4. | Dy. Director (Admn) | Member |

6.5 The Medical Board at HQ and Regional Offices will examine cases as under: -

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|----|---|-----------------|
| a. | BS-16 and above | NHA HQ. |
| b. | BS-15 and below in case of Employees of a Region. | Regional Board. |

Chapter 7**Duties and Responsibilities of RMO/CMO**

7.1 Duties and responsibilities of the Regional Medical Officer (RMO)/Chief Medical Officer (CMO) shall not be restricted to these but shall include the following:-

- i) To assist the Authority in implementing the Regulations for Medical Attendance.
- ii) To provide 24 hours medical consultation at his clinic/hospital to the employees and their families.
- iii) To visit the hospital, where a patient admitted in emergency is under treatment and liase with hospital authorities for best possible treatment of the patient.
- iv) To periodically visit the office and provide consultation to the employees on every alternate day fixed separately for officers and staff.
- v) To provide medical cover to the participants of conferences and seminars when specifically asked to do so.
- vi) To provide technical assistance to the Standing Health Committee and the NHA Medical Board during the performance of their functions.
- vii) To check, verify and countersign the claims of the employees and their families for medical reimbursement from the Authority.
- viii) To perform initial medical check up and report of all employees at the time of initial appointment.
- ix) To carry out annual medical examination of officers in BPS-17 and above and give report.
- x) To refer patients to approved specialists and hospitals.
- xi) To technically examine claims of the panel doctors, specialists and hospital before payment.

xii) . To supply necessary information on admission/treatment of NHA's employees as and when and in the manner required by the Authority.

Note:- *"In case of change of nomenclature of posts mentioned in the Regulations due to re-organization, the newly created posts shall replace the old one and the officers so posted with new designations will exercise powers as are vested in existing posts of same status".*

