

Government of India
Department of Atomic Energy
General Services Organisation

Kalpakkam 603102.
1 September, 2025.

Minutes of the Meeting held on 6th August, 2025 at Palar Guest House, Pallavaram, Chennai with representatives of DAE Retired Officials' Association (DAEROA), Chennai, Kalpakkam Atomic Energy Retirees' Association (KAERA), Kalpakkam and CHSS (Chennai) Retirees Forum

At the outset Director, GSO & IGCAR, Kalpakkam welcomed all representatives from different Associations/Forum who have participated in the Meeting. He also mentioned that he understands the problems faced by the retirees' communities and will resolve the issues under the purview of Administrator, CHSS Kalpakkam.

Director, GSO & IGCAR requested Mr. D. Ramasubramanian, Secretary, DAEROA to present the agenda points. Deliberations that took place in the Meeting are given below:

Agenda Point 1: Medical Emergency and Referral Policy Challenges:

Proposals from Association:

- It was submitted that, in earlier practice, referral letters were routinely issued for all medical emergencies. However, referrals are being denied by DAE Hospital, Kalpakkam on the grounds that the admission was "not an emergency," even when patients were admitted through casualty in critical condition.
- The Association emphasised that once a CHSS beneficiary is admitted to a referral hospital under emergency circumstances particularly through the casualty department and the hospital duly informs the Medical Superintendent, DAE Hospital, Kalpakkam, a referral letter has to be issued without delay to facilitate cashless treatment.
- Concerns were also raised regarding the arbitrary restriction of referral validity to 1, 3, or 5 days in certain cases. These limitations appear to be imposed without direct clinical assessment of the patient, leading to undue hardship and confusion. It also amounted to questioning the clinical competency of the doctors in the referral hospitals.
- Association strongly recommended the formulation and publication of a comprehensive Standard Operating Procedure (SOP) within about 3 months. This SOP should clearly outline the dos and don'ts for availing emergency medical treatment at referral hospitals on a cashless basis, ensuring transparency and consistency in implementation.

Dr. Vidhya Sundararajan

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Associate Director, Medical Group, GSO

(D. Ramasubramanian)
Secretary, DAEROA

Clarifications:

- Director, GSO & IGCAR clarified that the hospitals designated by CHSS, Kalpakkam are **Referral Hospitals** and not Empanelled Hospitals and hence operate under different protocols.
- Director, GSO & IGCAR further informed that a Sub-Committee has already been constituted under the Chairmanship of Dr. Divakar, former Director, Medical Group, GSO. This Committee is tasked with preparing a detailed SOP covering not only emergency treatment protocols but also all other CHSS related activities to streamline procedures and improve the satisfaction amongst the beneficiaries.

Agenda Point 2: Senior Citizens' Healthcare Needs:

Proposals from Association:

- It was proposed that existing CHSS provisions should be retained wherever they offer superior benefits compared to CGHS. On the other hand, wherever CGHS provisions are more advantageous, CHSS should be aligned accordingly to ensure equitable healthcare access for senior beneficiaries.
- Associations emphasised the need to implement senior-friendly provisions as outlined in the Department of Atomic Energy's letter dated 23/09/2024, including:
 - Validity of referral letters to be extended to three months.
 - Cross-referrals between specialists to be permitted.
 - Exemption from referral requirement for beneficiaries aged 70 years and above.
- The Association requested the re-introduction of reserved tokens for senior citizens at Kalpakkam and Anupuram clinics to facilitate timely specialist consultations. Additionally, it was requested to introduce a dedicated pharmacy counter for senior citizens to reduce waiting time and improve service efficiency.
- Overall, there was a strong appeal to expedite the implementation of CHSS's unique benefits and to reinstate a senior-friendly ecosystem across clinics and hospitals under the scheme.
- Association also requested that appropriate timelines be drawn for the actions envisaged.

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Clarifications:

- With regard to the implementation of DAE's letter dated 23/09/2024, it was conveyed that the matter would be put up to DAE for consideration during revamping of CHSS rules.
- On the proposal for a dedicated pharmacy counter for senior citizens at Kalpakkam and Anupuram, Authorities assured that the feasibility will be examined.
- It was further assured that the ongoing software development includes a provision for all beneficiaries to book consultation tokens online, thereby enhancing accessibility and convenience for senior citizens.

Agenda Point 3: Medical Reimbursement Delays and Related Issues:

Proposals from Association:

- Widespread concern was expressed by beneficiaries regarding prolonged delays in the settlement of medical reimbursement claims. Despite the issuance of Circular No. 189 dated 08/05/2024, which transferred the responsibility for processing claims to MRAU, Chennai, it was noted that since mid-October 2024, claims are being routed through DAE Hospital, Kalpakkam, without any formal notification.
- This reversal of process has resulted in delays of 10-12 weeks, compared to the earlier turnaround time of 1 week to 10 days, causing significant hardship to elderly retirees, particularly those dependent on modest pensions and unable to bear upfront medical expenses.
- Members recalled that for a few decades, medical reimbursement claims were efficiently processed in Chennai. The current arrangement has not yielded improvements, and any procedural change should aim to enhance efficiency, not to reduce it.
- It was pointed out that the majority of claims pertain to regular medicines already prescribed on the CHSS-issued drug card and certified by CHSS doctors or listed AMAs. Hence, additional scrutiny in such cases was deemed unnecessary.
- To ensure effective monitoring without compromising efficiency, it was suggested that random scrutiny of claims could be conducted in Chennai itself, rather than routing all claims through Kalpakkam.
- Members also raised concerns about partial settlements and disallowance of certain medicines, particularly vitamins, which were previously reimbursed. It was emphasised that, as per CHSS rules, vitamins are reimbursable, while food supplements and toiletries are not.

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Clarifications:

- Associate Director (Medical Group) clarified that the shift in claim processing was prompted by the Assistant Accounts Officer, MRAU, who insisted on enhanced authentication. In the prolonged absence of the Deputy Controller of Accounts, a decision on authentication could not be finalised, leading to the temporary transfer of bill processing to Kalpakkam.
- As per the Sub-Committee constituted by the Director, GSO & IGCAR and Administrator, CHSS Kalpakkam, claims are currently being processed at Kalpakkam. Director, GSO & IGCAR advised the Medical Superintendent and Assistant Personnel Officer (CHSS) to expedite the scrutiny process to reduce delays.
- It was informed that the ongoing software development will include provisions for online submission of claims, which is expected to simplify procedures and ensure faster settlement.
- Regarding reimbursement of vitamin tablets, the Medical Superintendent noted that there are cases where beneficiaries submitted claims for multiple vitamin brands with similar chemical compositions. This is likely to lead to other health complications, hence are rejected for the benefit of patients. An updated list of non-permissible items will be issued. Any formulations or co formulations containing herbal extracts and molecules which come under dietary supplements etc are not permissible. A circular will be issued in this regard too.

Agenda Point 4: Availability of Doctors and Functioning of Clinics at Chennai:

Proposals from Association:

- Members expressed concern that only two part-time doctors are currently serving the two CHSS clinics in Chennai, despite a growing number of beneficiaries. It was strongly recommended that doctors be made available on all working days at both clinics to ensure consistent care.
- It was further suggested that daily postings of doctors be considered, and that the Chennai service territory be expanded to include OMR/ECR and GST corridor beneficiaries, given the increasing demand in these regions.
- It was indicated that the Pallavaram Clinic is being very effectively utilised and in the last one year more than 1000 retired as well as serving CHSS beneficiaries had utilised the same. It was noted that the General Physician from DAE Hospital, Kalpakkam currently visits the Pallavaram Clinic only on the fourth Saturday of each month. Members requested an additional visit on the second Saturday to improve access. Additionally, there was a strong

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appeal to restore the diabetologist service at Pallavaram, to replace Dr. Amala, who has discontinued her service at the CHSS Clinic.


Clarifications:

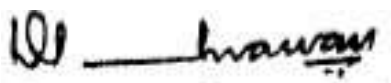
- Director, GSO & IGCAR acknowledged the concern and explained that there is a shortage of doctors at DAE Hospital, Kalpakkam itself. Although offer letters have been issued to three new doctors, none have responded to date.
- In light of staffing constraints, Director, GSO & IGCAR suggested exploring the empanelling of additional Authorised Medical Attendants (AMAs) as a practical alternative to deploying more full-time doctors. It was also noted that the existing AMA network is not optimally being utilised for routine medical requirements.
- Associate Director (Medical Group) and Medical Superintendent requested beneficiaries to help identifying eligible doctors in their localities who may be willing to serve as AMAs. The eligibility criteria include:
 - Minimum qualification of MBBS
 - Valid RMP registration number
 - A permanent clinic in the proposed area
 - A minimum availability of 50 CHSS beneficiaries in the vicinity
 - A clear and accurate letterhead free of other commercial interests
- It is also requested that beneficiaries shall inform the CHSS Office about AMAs in any area if not attending or inactive.
- Regarding specialist services at Pallavaram, Medical Superintendent informed that a doctor qualified in both General Medicine and Diabetology is being deployed soon to serve the clinic, thereby addressing both concerns raised.

Agenda Point 5: Referral-Related Procedural Gaps:

Proposals from Association:

- It was emphasised that when a beneficiary is referred for a specific treatment, and multiple referral hospitals offer the same service, the choice of hospital should rest with the patient. This ensures flexibility and convenience, especially for senior citizens.
- Attention was drawn to the clause in referral letters stating, "**The referral letter issued is valid for one admission only.**" This wording has led to misinterpretation, with hospitals assuming that the referral expires upon first time discharge, thereby requiring a fresh referral for follow-up or review visits. It was requested that the clause be reworded to clearly indicate that the referral is valid for one admission, but follow-up visits related to the same treatment episode do not require a new referral.


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- It was reported that when referrals are issued for surgeries, some hospitals insist on a separate referral letter for cardiologist opinion, which is often a pre-requisite for surgery clearance. This practice imposes unnecessary hardship on beneficiaries. It was strongly recommended that cardiology consultations required for surgical fitness be treated as part of the same referral episode, and not as a separate specialist referral.

Clarifications:

- The choice of referral to any hospital is vested with the Administrator of CHSS.
- Feasibility of revision of the clause "*The referral letter issued is valid for one admission only*" will be examined to convey its intended meaning more clearly—i.e., the referral permits only one admission, but does not restrict follow-up consultations related to the same treatment upto 30 days from the issue of referral letter.
- It was assured that cardiology evaluation required for surgical fitness will be covered under the same referral letter, and the same will be incorporated in the MOUs in future.

Agenda Point 6: Prescription and Medicine Supply Issues:

Proposals from Association:

- Beneficiaries face difficulties in procuring medicines beyond the 10-day limit prescribed in referral forms. This often disrupts the course of treatment or forces beneficiaries to purchase excess quantities due to packaging constraints (e.g., tablets available in different pack sizes). For instance, if a specialist prescribes a 14-day course, the remaining 4 tablets cannot be purchased separately, leading to either under-dosage or excess procurement. Reimbursement is restricted to the exact prescribed quantity, causing financial loss to beneficiaries.
- Additionally, beneficiaries are compelled to spend ₹350 for a repeat consultation solely to obtain a fresh prescription, which imposes an unnecessary financial burden on both the individual and CHSS.
- In cases of chronic illnesses such as cancer, etc., the existing cost ceiling for special medicines is reportedly inadequate. Beneficiaries requested an enhancement of this ceiling to ensure uninterrupted treatment.
- It was also highlighted that delays in communicating approval to the treating hospitals are affecting scheduled treatment timelines. A request was made to expedite the approval process to avoid disruption.

Clarifications:

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- Medical Superintendent clarified that corporate hospitals tend to supply medicines at higher costs, even when the same medicines are available at lower prices in the local market.
- Associate Director (Medical Group) informed that once the outsourced pharmacy becomes operational, efforts will be made to incorporate the conditions for delivering the medicines directly to beneficiaries' doorsteps, resolving the current supply issues. The tender process is still underway.
- Medical Superintendent assured that approvals for cancer treatment are being processed in a timely manner and there is no delay that would impact scheduled treatments.

Agenda Point 7: Authorisation of Additional Referral Hospitals:

Proposals from Association:

- Associations highlighted that the current list of referral hospitals is limited to major corporate institutions such as Apollo, MIOT, SRMC and Chettinad. There is an urgent need to identify and authorise mid-level hospitals within a 5 km radius across Chennai and its suburbs to ensure timely access to emergency medical care, especially as a growing number of retirees are settling in these areas.
- It was suggested that referrals be extended to hospitals located in the broader Chennai Metropolitan Region, including Chengalpattu, Kanchipuram and Tiruvallur, to improve accessibility.
- Concerns were raised regarding the non-availability of CHSS-referral hospitals in major cities such as Madurai, Tiruchirappalli and Thanjavur. Unavailability of referral hospitals forces retirees residing in these regions to travel long distances to avail CHSS medical services, causing significant inconvenience.
- Currently, Ragas Dental Hospital is the only referral hospital for dental care. Chettinad Hospital is permitted only under All-Specialty referrals, limiting options for beneficiaries seeking dedicated dental treatment.

Clarifications:

- Medical Superintendent informed that DAE Hospital, Kalpakkam has initiated the process of authorising mid-level hospitals as Referral Hospitals. SRM Hospital, Kattankalathur is already under consideration. Additionally, Hindu Mission Hospital, Tambaram and Kamakshi Hospital, Pallikaranai have also expressed willingness to join the referral network. Offers from these hospitals are awaited to proceed further.

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- Medical Superintendent assured that DAE Hospital is open to identifying more referral hospitals, provided they submit formal consent to operate as referral hospitals under CHSS, subject to their review and approval following standard procedures. The support of retired officials is requested in identifying suitable hospitals that conform to our specifications.
- It was also clarified that the operational scope of Kalpakkam CHSS is currently limited to Kalpakkam and Chennai, and there is no provision to extend services to other regions at this time.
- Director, GSO & IGCAR encouraged Chennai-based beneficiaries to avail dental services at Kalpakkam.

Agenda Point 8: Communication Gaps:

Proposals from Association:

- It was highlighted that communication from CHSS authorities often fails to reach retiree beneficiaries residing in satellite locations, leading to significant challenges. The following areas were identified as requiring timely and transparent dissemination:
 - Introduction of new or revised forms.
 - Addition or removal of AMAs or referral hospitals.
 - Modifications in policies or procedures.
 - These lapses have resulted in claim rejections, missed deadlines and procedural ambiguities, causing undue hardship to senior citizens.
- Associations proposed the development of a dedicated CHSS website/portal to provide real-time updates and comprehensive information for beneficiaries.
- A formal request was made to include the Secretaries of DAEROA and KAERA in the mailing lists of DAE Hospital, Kalpakkam for all Circulars, Appeals, Notifications and related communications, to ensure wider coverage and timely dissemination among the retiree community.
- It was further suggested that a single-point contact be designated from DAEROA to coordinate CHSS-related activities of the beneficiaries residing in Chennai. Upon approval, suitable member(s) would be nominated by DAEROA.

Clarifications:

- All changes are implemented through circulars, and all circulars are available on IGCAR website in the designated CHSS area ([Home](#) / Notification / Circulars / CHSS). However, reorganisation and clarity can be brought in to the CHSS portal.

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- It was agreed to update the CHSS website regularly and to publish all official communications, including circulars and procedural updates, on the portal to enhance accessibility and transparency.

Agenda Point 9: Declaration of Additional AMAs:

Proposals from Association:

- Several Authorised Medical Attendants (AMAs) enlisted by CHSS, Kalpakkam are either inactive or unavailable, causing significant inconvenience to senior citizens and CHSS retirees seeking timely medical attention.
- A request was made to authorise additional doctors in other areas such as Kanchipuram, Guduvanchery, Kelambakkam and North Chennai to improve accessibility.

Clarifications:

- It was noted that this issue had already been discussed under Agenda Point 4.

Agenda Point 10: Transparency in MOUs and Billing Practices:

Proposals from Association:

- Beneficiaries expressed concern over the lack of transparency regarding the Memoranda of Understanding (MOUs) signed with referral hospitals.
- Instances were reported where hospitals demanded additional payments for "non-medical items," leading to confusion and financial burden.

Clarifications:

- The management agreed to publish the broad terms and conditions in the MOUs on the CHSS website once it is operational.
- The Medical Superintendent stated that beneficiaries are required to pay only for inadmissible items explicitly mentioned in the circular which will be uploaded soon.

Agenda Point 11: Digitalisation / Automation of CHSS Activities:

Proposals from Association:

- The importance of digitising medical records and CHSS operations was emphasised to enhance efficiency and accessibility.

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- A proposal was made to introduce online consultations via video calling for immobile patients or those with serious injuries.
- It was also requested that archived medical records maintained at Kalpakkam be made available to beneficiaries upon request.

Clarifications:

- The management informed that digitalisation efforts are in progress and that the proposed features will be implemented upon completion of the software development.
- Feasibility for online consultation will be looked into.

Agenda Point 12: Periodic Interactive Meetings with DAEROA:

Proposals from Association:

- A request was made to convene regular interactive meetings with DAEROA to proactively address issues faced by CHSS beneficiaries in Chennai, enabling early resolution and improved coordination.

Clarifications:

- Considering the difficulty expressed during the meeting on the availability of scarce resources it is difficult to conduct one-to-one meetings frequently. However, as suggested by Director, IGCAR there can be a mail from the one-point contact from the beneficiaries to the generic email id (to be indicated) and the resolution can take place through mail correspondence. In-case of pressing needs we can have formal discussion meetings at a mutually convenient date and time.


Agenda Point 13: Improved Waiting Room at Taramani Clinic:

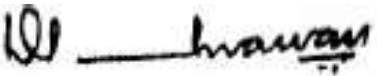
Proposals from Association:

- A request was submitted to upgrade the waiting room facilities at the Taramani clinic to ensure a more comfortable and dignified experience for senior citizens.
- In the event that IMSc is unable to provide suitable space, a request was made to consider relocating the clinic to rented premises.

Clarifications:

- Director, GSO & IGCAR conveyed that IMSc has stated there is no additional space available to accommodate an improved waiting room facility.


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Agenda Point 14: Permanent Email ID for Medical Superintendent:

- In response to the request, Director, GSO & IGCAR, informed that action is already underway to implement a permanent email ID for the Medical Superintendent, and it will be operational shortly.

Agenda Point 15: Acknowledgement for Submission of Claims at Clinics:

Proposals from Association:

- It was requested that beneficiaries be provided with an acknowledgement receipt upon submission of medical reimbursement claims, similar to the practice followed at BARC as per Head, Medical Division's letter Ref: MD/DA/MGC/2025/1620 dated July 4, 2025.

Clarifications:

- Medical Superintendent assured that similar procedures will be initiated at Kalpakkam clinics to ensure transparency and accountability. The claimants are requested to provide an email id, along with the claims, for sending the acknowledgment.

Agenda Point 16: Concern Related to Calculation of Per-Capita Expenditure on CHSS:

Proposals from Association:

- The issue of disproportionate budget allocation to Kalpakkam was raised, highlighting that the per-capita expenditure calculation does not reflect the growing number of beneficiaries in the region.
- It was requested that this concern be escalated to the Department of Atomic Energy (DAE) for appropriate resolution.

Clarifications:


- Director, GSO & IGCAR informed that the matter is pending with DAE.

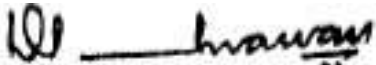
Agenda Point 17: Pan-India Implementation of CHSS:

Proposals from Association:

- It was emphasised that the increasing number of mobile retirees necessitates Pan-India access to CHSS facilities. This long-pending demand is critical to ensure continuity of care for beneficiaries residing outside Kalpakkam.

Clarifications:


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- Director, GSO & IGCAR, conveyed that the issue is being pursued by DAE.

Conclusion:

The Meeting concluded with a reaffirmation of commitment from the management to address the concerns raised and to continue collaborative efforts toward improving CHSS services for senior citizens and retirees.

The following Officers from GSO and Representatives from various Associations/Forum attended the Meeting:

From GSO :

1. Shri C.G. Karhadkar, Director, GSO & IGCAR
2. Shri K.P. Kesavan Nair, Director, Medical Group, GSO
3. Dr. Divakar, Former Director (Medical Group), GSO
4. Dr. Vidya Sundararajan, Associate Director (Medical Group), GSO
5. Dr. Meena Nair, Head, Medical Division and Medical Superintendent, DAE Hospital, Kalpakkam
6. Dr. Alex Mathew, DAE Hospital, Kalpakkam
7. Dr. Jayaprakash, DAE Hospital, Kalpakkam
8. Shri N. Ravi, SA(F), DAE Hospital, Kalpakkam
9. Shri S. Raghavasimhan, AO-III, GSO
10. Smt. V. Lakshmi Devi, APO, GSO

Representatives from DAEROA, Chennai :

1. Shri S. Athmalingam – President
2. Shri K. Ravishankar – Vice President
3. Shri D. Ramasubramanian – Secretary
4. Shri V. Gurumurthy – Joint Secretary
5. Shri A. Venkatesan – Treasurer
6. Dr. T. S. Radhakrishnan – Member
7. Dr. P. Palanisamy - Member
8. Shri Clement S. Ravichandar, Member
9. Shri C. Ravishankar, Member

Representatives from KAERA, Kalpakkam:

1. Shri S. Manoharan, President
2. Shri J. Nelson Rajasekar, General Secretary
3. Shri R. Gurusamy, Joint Secretary
4. Shri T. Mohan, Vice President
5. Shri M. Johnson, Treasurer

From CHSS (Chennai) Retirees Forum: Shri S. Lakshmipathi

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