

**Minutes of the meeting conducted under the Chairmanship of Honorable Minister for Health on 27.01.2012 in connection with the implementation of the Chief Minister's Comprehensive Health Insurance Scheme**

The Officials participated in the meeting are furnished in the annexure

1. The following points under the scheme were enlightened.
  - a. The package includes bed charges in general wards, nursing and boarding charges, surgeons, anaesthetists, medical practitioner, consultants fees, blood, anaesthesia, oxygen, OT charges, cost of prosthetic devices, implants x ray, diagnostic tests, food, transport etc. The transport cost is restricted to a maximum of Rs.1000/-per year.(As per tender document in page No.25)
  - b. The diagnostic procedures leading to surgery / medical management under this insurance Scheme will be part of the package. For the patients referred through government facility Who require to undergo further diagnostic procedures (Annexure F in tender document) at the empanelled hospitals, cost for the diagnostic procedures will be reimbursed as a separate package, even if those diagnostic procedures do not lead to an approved procedures for surgery/medical management under the scheme. (As per tender document in page No.26.
  - c. Any patient requiring ICU/prolonged stay due to post operative complications then, that should be communicated to the Chief Medical Officer of the insurance company and if eligible he should be communicated to the chief Medical Officer of the insurance company and if eligible he should be brought under separate package. Hospital holds the responsibility for treating post operative complication with in the period of 30 days. Package for extended stay will be given only for the polytrauma cases.
  - d. Incase of death the hospital should intimate it without delay to the insurance company along with the detailed case summary of the patient, the same will be placed before the Mortality and Morbidity committee based on the decision of the committee claims may be settled or action will be initiated against the network hospital if negligence is proved.
  - e. In case of double procedures, the major procedures will be given full package cost and the minor procedure twenty-five to fifty percent of the package cost on case to case basis.
  - f. In case of two separate major procedures separate packages will be provided wherever the hospitalizations are two different incidents.
  - g. The scheme pays only for defined procedures hence the delay for assessment will not arise.
2. One CMO each has been identified for pre-auth Dr.Sivaraj, (7373004088), claims Dr.Guru Maheswaran,(7373004366) and mortality and morbidity committee co-ordination Dr,Gunasekark (7373004503).
3. With regard to Distribution of smart cards UIIC is instructed to fasten up the process.

4. The complaints received from public, hospitals shall be placed for decision of a District Monitoring and Grievance Committee at District level headed by the District Collector, having the Dean/medical superintendent of the medical college, Joint Director of Medical and Rural Health Services Department, Deputy Director of Health Services and the representative of the public Sector Insurance Company as members and Special Deputy Collector (SSS) as member Secretary.

Any grievances and appeal against the decision of the District Monitoring and Grievance Committee may be preferred to the state Monitoring and Grievance Committee consisting of the project Director, Tamil Nadu Health Systems Society, as Chairperson, and having the Director of Medical Education, Director of Medical and Rural Health Services, Director of public Health and official representative nominated by the successful bidder as member. The decision of the committee is final. (As per tender document page 39 & 40)

5. The rates for most of the implants have been worked out and suggested to all the networking hospitals. It will be expandend of need basis.

6. All Govt Hospitals should have a separate Insurance ward for the CMCHIS scheme. The space for the insurance ward should be identified by the Govt. Hospital Dean / JDHS the infrastructure required will be organized by the UIIC on reimbursement basis.

7. 56 procedures are reserved for the Govt Hospitals and those procedures should be done only in Govt Hospitals. The Health Minister suggested to de-reserve Bone fracture as per procedure in view of public suffering. The 100% of amount for each procedure done will be given to the hospitals of which, 15%- is for the operating Team (Doctors/staff nurses.) 60%-Consumables 25% - Head of the Department. (for Infrastructure improvement)

8. All Govt hospitals are provided with a liaison officer to facilitate admission, treatment, cashless transaction and also help hospitals in pre-authorization and follow up. All the hospitals should ensure the availability of computers & broadband connections for online preauthorization claim processing, etc.

9. A Separate Account should be opened in all the Govt Hospitals with two signatories for cash transaction pertaining to this scheme in any Nationalized Bank and details to be communicated to The Project manager, (CMCHIS), Om Sakthi Towers,226. Kilpauk Garden Road, Kilpauk,Chennai-10. Similarly in Medical colleges, separate bank account should be created in each department with two signatories one should be HOD and other person should be in the same department preferably senior most professor and communicated to the Insurance Company as above.

10. The Dean/JDHS should appoint one person as a nodal officer for the scheme.

11. The Manpower like housekeeping for the insurance ward should be identified by the respective Dean/JDHS of the respective hospitals on a contractual basis.

12. Health camps should be conducted by all the empanelled hospitals on monthly basis Including Government Hospitals.

13. 23 diagnostic procedures should be done only if there is a referral slip from the

Govt institutions.

14. In any District Head quarter hospitals, if a specialist is not available, they can be hired for that particular procedure and the fees should be given from the 15% of the amount allocated towards that procedure.
15. For the patients who come without smart card and whose annual income below Rs.72000/- a certificate from the village administrative officer is must for the eligibility under this scheme along with a ration card Xerox copy.
16. Any queries regarding the liaison officer appointment should be sent to the concerned TPA. The details like contact number / hospitals list / list of procedures are available in the website [cmchistn.com](http://cmchistn.com)

for Project Director.