

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:3331

ANSWERED ON:13.08.2010

FUNCTIONING OF CGHS DISPENSARIES

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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government has increased the CGHS subscription;
- (b) if so, whether the Government proposes some improvements in the functioning of CGHS dispensaries;
- (c) if so, the steps taken or proposed to be taken by the Government in this regard;
- (d) whether CGHS provides medicines as prescribed by the specialists even though it is a dietary supplementary; and
- (e) if so, the details thereof?

Answer

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a) The rates of subscription to be made by CGHS beneficiaries were revised w.e.f. 1st June, 2009, consequent to the implementation of the recommendations of the Sixth Central Pay commission.

(b) & (c) Improvements/Revamping of the functioning of the CGHS is a continuous process. Some of the recent initiatives are listed below:-

1. Computerisation: To keep pace with the modern times, a massive computerisation work has been taken up under CGHS in collaboration with the National Informatics Centre. Computerisation of the CGHS will result in lesser waiting period for beneficiaries at the dispensaries; online placement indents on local chemists, availability of patients profiles; availability of medicine, drugs usage pattern, which enable the CGHS to prepare a realistic of formulary drugs; reduction in use of paper; removal of jurisdictional restriction (as regard the dispensaries) for the beneficiaries, etc.

2. Introduction of Plastic cards: As part of the computerisation process, it has been decided to issue plastic cards individually to each beneficiary of the CGHS. This will enable beneficiaries to avail CGHS facility in any city should they happen to be in that city either on official work or on leave. Inter city treatment will be possible after all cities are computerised and networked.

3. Accreditation of hospitals with National Accreditation Board for hospitals and health care providers (NABH) and lapse with National Accreditation Board for Testing and Calibration Laboratories (NABL): With a view to providing better quality treatment to CGHS beneficiaries, it was decided that only those private hospitals and diagnostic centres would be empanelled under the CGHS, as have been cleared by the Quality Council of India after it carried out inspection of the facilities available at these hospitals and diagnostic centres. It has been decided that all the hospitals and laboratories on the panel of CGHS have to get certificates issued by the NABH / NABL under the Quality Council of India.

4. Medical Audit of Hospital Bills: is an important exercise to assess the quality of services offered and expenditure incurred. In order to be sure that the bills raised by private empanelled hospitals are genuine and that the beneficiaries were required to undergo only that treatment as was required and that the hospital has not forced the beneficiary to undergo unnecessary tests / treatment at the hospital. The job of the medical audit of Hospital bills has been outsourced to TPAs.

5. Holding of Claims Adalats: Complaints were received in the CGHS and in the Ministry that old cases of reimbursement of medical expenses incurred by pensioners were pending for settlement for long time. It was decided that claims adalats be held in each Zonal office of CGHS, Delhi under the chairmanship of the Additional Directors of the respective zones. Claims adalats were held annually, in each zone (East, Central, South and North Zones) in Delhi, during 2007 and 2008 and over 95% of the claims were settled in those adalats. Encouraged by the success in Delhi, all CGHS cities have been directed to hold claim adalats on annual basis.

6. Local Advisory Committees Local Advisory Committee meetings are held in each CGHS dispensary on second Saturday on the month attended by the Welfare Officer appointed by the Chief Welfare Officer, Department of Personnel & Training, representatives from pensioners associations, local chemists to resolve problems at dispensary level.

7. Decentralisation and delegation of powers: Ministries / departments have been delegated powers to handle all cases of reimbursement claims if no relaxation of rules was involved. Either they had powers to handle requests upto Rs. 2 Lakh and beyond

that amount, the cases were referred to CGHS.

8. Rate contract for purchase of drugs: Dispensaries in Delhi have been permitted to place indent directly on the manufacturers on rate contract basis. The benefit of this arrangement is that dispensaries / CGHS do not have to carry huge inventory of medicines and indents can be placed on a monthly basis depending on the need.

(d)&(e) If the store of a dispensary has a drug with same salt content and potency of the branded drug prescribed by the specialists, then the drug available in the store of the dispensary is supplied. If, however, the drug with the same salt content and potency is not available in the store then the Chief Medical officer have been advised to place indent on local authorized chemist for the supply of the drug prescribed by the specialist.

The formulary of drugs maintained by the CGHS is continuously reviewed by a team of specialists in which some medicines are added to the list and some removed from the formulary.