

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

STARRED QUESTION NO:67  
ANSWERED ON:12.11.2010  
REVIEW OF CGHS SCHEME  
Rajendran Shri C.

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

- (a) whether the Central Government Health Scheme (CGHS) has been reviewed;
- (b) if so, the details thereof;
- (c) whether the Government proposes to introduce a new Health Insurance Scheme for the beneficiaries of CGHS;
- (d) if so, the details thereof;
- (e) whether Government has invited proposals from the insurance companies in this regard;
- (f) if so, the details thereof; and
- (g) the time by which the new scheme is likely to be implemented by the Government?

**Answer**

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a) to (g): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 67 FOR 12TH NOVEMBER, 2010

(a) & (b): The performance of the CGHS is regularly reviewed by the Government. Some of the recent initiatives are listed below:

(1) Computerisation: To keep pace with the modern times, computerisation of CGHS has been completed in almost all dispensaries in collaboration with the National Informatics Centre. As a result of computerisation, benefits have started accruing in terms of lesser waiting period for beneficiaries at the dispensaries, on-line placement of indents on local chemists, availability of patient profiles, availability of medicines / drugs usage pattern, which will enable the CGHS to prepare a realistic list of formulary drugs, removal of jurisdictional restriction (as regards the dispensary) 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 after all dispensaries in various cities are networked.

(3) Accreditation of hospitals and labs: With a view to providing better quality treatment to CGHS beneficiaries, it has been decided that private hospitals, diagnostic centers and labs should have accreditation with Quality Council of India.

(4) Holding of Claims Adalats: In order to expedite processing and settlement of pending medical reimbursement claims, claims adalats are to be held in each Zonal office of CGHS, Delhi, under the chairmanship of Additional Directors of the respective zones.

(5) Local Advisory Committees: Local Advisory Committee meetings are held in each CGHS dispensary on second Saturday of the month, which is attended by the Area Welfare Officer appointed by the Department of Personnel & Training, representatives from the pensioners' association, local chemist to resolve problems at the dispensary level.

(6) 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. Earlier they had powers to handle requests upto Rupees two lakhs and beyond that amount, the cases were referred to CGHS, Ministry of Health & Family Welfare.

(7) Insulin: Orders have been issued to permit issue of Analogue (Insulin Cartridges) to CGHS beneficiaries.

(8) Outsourcing of cleaning process of dispensaries: As there was shortage of Class IV Staff in a large number of dispensaries in Delhi, it was decided to relocate Class IV staff from a few deficient dispensaries to other deficient dispensaries. To overcome the vacuum so created in some dispensaries, cleaning work has been outsourced to a private agency.

(9) Rate contract for purchase of drugs: Dispensaries in Delhi have been permitted to place indents of commonly prescribed medicines directly on the manufacturers on rate contract basis. It is being extended in a phased manner to other cities. 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.

(10) UTI-TSL has been engaged as the Bill Clearing Agency in respect of hospital bills pertaining to treatment availed by pensioner CGHS beneficiaries. UTI – TSL is required to make payments to hospitals within ten days of physical receipt of bills from hospitals.

(11) CGHS, in collaboration with M/s Alliance Medicorp (India) Ltd has set up a stand-alone dialysis unit in CGHS dispensary in Sadiq Nagar, New Delhi. The unit will provide dialysis facility to 21 CGHS beneficiaries in a day / 6510 cases per annum.

(c) to (g): The Sixth Central Pay Commission recommended the introduction of health insurance scheme for Central Government employees and pensioners. It had recommended that for existing employees and pensioners, the scheme should be available on the voluntary basis, subject to their paying prescribed contribution. It also recommended that the health insurance scheme should be compulsory for new Government employees who would be joining service after the introduction of the scheme. Similarly, it had recommended that new retirees, after the introduction of the insurance would be covered under the scheme.

#### The Central Government Employees and Pensioners Health Insurance Scheme

(CGEPHIS) has not been introduced as yet. Government of India had floated an Expression of Interest for studying the feasibility of introducing a Health Insurance Scheme for Central Government Employees and Pensioners and their dependent family members all over India. On the basis of inputs from the Insurance companies and inter-departmental consultation, a draft scheme was prepared and accordingly a Request For Proposal (RFP) was floated inviting insurance premium quotes from the Insurance companies. The rates have been received in response thereto. The Ministry has not yet taken a final decision in the matter.