

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

STARRED QUESTION NO:178

ANSWERED ON:15.07.2009

REVIEW OF CGHS

Gaikwad Shri Eknath Mahadeo; Majhi Shri Pradeep Kumar

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

- (a) whether the Central Government Health Scheme (CGHS) has been reviewed in the recent past;
- (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 the 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 policy is likely to be implemented by the Government?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

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

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 178 FOR 15TH JULY, 2009

(a)&(b): The performance of the CGHS is regularly reviewed by the Government. The Committee of Secretaries has also been regularly reviewing the functioning of the CGHS since December, 2008, and has been giving directions to the Ministry of Health & Family Welfare for making it beneficiary friendly. Some of the recent initiatives are listed below:

(1) Extension of CGHS: CGHS today covers 24 cities, apart from Delhi. Dehradun, Ranchi, Bhubaneshwar and Jammu are the cities where CGHS was extended during the last four years.

(2) 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; 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; reduction in use of paper; removal of jurisdictional restriction (as regards the dispensary) for the beneficiaries, etc.

(3) 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.

(4) Accreditation of labs 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 also been decided that all the laboratories on the panel of CGHS have to get certificate issued by the NABL under the Quality Council of India.

(5) 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 medical audit of Hospital bills has been outsourced to TPAs.

(6) 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

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

(8) 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.

(9) Insulin: Orders have been issued to permit issue of Analogue (Insulin Vial/Cartridge) to CGHS beneficiaries and the extra cost would be borne by the CGHS. The beneficiaries would have to purchase the pen for utilization the analogue insulin.

(10) Outsourcing of cleaning process of dispensaries: As there were 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, it was decided to outsource cleaning work for mechanised cleaning. The agency has been handling this work for the last five months, and the work done by them has been appreciated by all.

(11) Rate contract for purchase of drugs: It has been decided to run a pilot project under which dispensaries in Delhi will be permitted to place indents directly on the manufacturers on rate contract basis. If the proposal proves to be a success, then it may be extended to cover the entire CGHS. 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.

(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 has 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.

An expression of interest has been floated by the Ministry of Health & Family Welfare inviting suggestions from insurance companies providing health insurance and health consultants on the structure, feasibility and viability of such a scheme.