



Abstract

Chief Minister's Comprehensive Health Insurance Scheme - Creation of Insurance Ward in Government Hospitals - Guidelines for the creation of Insurance wards in Government Hospitals - Orders - Issued.

HEALTH AND FAMILY WELFARE (EAP II/2) DEPARTMENT

G.O. (Ms.) No.127

Dated: 10.4.2012

Thiruvalluvar Aandu-2043

Panguni -28

Read:

1. G.O(Ms).No.169, Health and Family Welfare (EAP-II-2) dated 11.7.2011.
2. From the Project Director, Tamil Nadu Health Systems Project Lr.No.5025/TNHSP/Ins/2011 dated 19.2. 2012 and 9.3.2012

Order:

In G.O (Ms).No.169, Health and Family Welfare Department dated 11.7.2011 while framing the Chief Ministers Comprehensive Health Insurance Scheme" the Government among others, ordered that the performance of Government Hospitals will be improved as follows:-

- a. Full package cost will be given to the Government hospitals along with incentive to the operating team. The sharing of funds for the cost of consumables, institutional development and incentive to operating team, shall be in the ratio of 60:25:15 respectively. This will be facilitated through the Tamil Nadu Health Systems Society, Directorate of Medical Education and Directorate of Medical and Rural Health Services.
- b. The capacity of the participating hospitals shall be strengthened to handle the fund management under insurance.
- c. The Government / Tamil Nadu Health Systems Society / Directorate of Medical Education should ensure creation of separate ward for patients covered under this scheme in the medical colleges with additional logistics and specific and trained manpower on the lines of the pay wards in Stanley Medical College Gastro Intestinal Department and Institute of Obstetrics and Gynaecology, Egmore, Chennai.

- d. Initial advance shall be given to Government institutions to create such facilities which can be adjusted later from the claim amount.
- e. Some procedures will be reserved for Government hospitals which will be decided by the Government / Tamil Nadu Health Systems Society.

2. Discussion was held on the guidelines for the creation of insurance ward based on the decision of M/s. United India Insurance Company Ltd., that they are willing for advancing a reasonable amount to create and maintain the insurance wards in Government hospitals and the amount so advanced will be adjusted against the claims amount under the scheme.. The Mission Director, State Health Society has forwarded the guidelines for the creation of insurance ward in Government hospitals for approval of the Government. A meeting was conducted on 12.3.2012 at 11.00 A.M by the Principal Secretary to Government Health and Family Welfare Department for developing guidelines for creation of insurance ward in all Government Hospitals.

3. The Government after examination issue the following guidelines for the creation of Insurance ward in government Hospitals under the Chief Minister's Comprehensive Health Insurance Scheme

Model of the Ward

- 1) In the Hospital a ward which can house 30 to 40 beds minimum preferably in Ground floor especially a new building/New ward may be chosen.
- 2) The entrance of the ward should be provided by a separate door with a viewable mark "Chief Minister's Comprehensive Health Insurance ward". Preferably with facilities to lock inside & outside.
- 3) There should be adequate space to provide reception area where a computer, intercom with adequate light and ventilation shall be earmarked, Liaison Officer post by UIICL / TPAs will be seated here. This may be created by providing aluminum partition if necessary.
- 4) In the ward, arrangements to be made to separate male/female patients.
- 5) Buzzer facilities for each patient at head end of cot should be provided.
- 6) Nursing station to be provided in the Centre of the ward from where the Staff Nurse can view all the beds easily.
- 7) Sufficient number of toilets for male & female to be provided.
- 8) Entire ward should be provided with adequate No. of Ac's/ fans/lights/night lamps.
- 9) Continuous power supply to be ensured.
- 10) Bedside lockers shall be provided.
- 11) No. of beds for each department may be identified as and when required depending on the No. of admissions.
- 12) All emergency cases should be received only in Intensive Care Unit concerned and after stabilizing the patients they may be transferred to "Chief Minister's Comprehensive Health Insurance ward".
- 13) Drinking water provision should be made for this ward.
- 14) All "Chief Minister's Comprehensive Health Insurance ward" in Government hospitals to be numbered as "500" for easy identification.
- 15) Visitors Hours should be displayed in the main entrance and should be strictly followed. Visitors pass to be issued.
- 16) Attenders Cot / Bench may be provided for each patient.

- 17) Sufficient plug points to be made available near each bed for use of equipments like Ventilator, Multi para Monitor, Suction Apparatus, ECG Machines, Heart Lung Machines, Defibrillator, Pulse Oxi Meter, etc.
- 18) Central Oxygen or Sufficient Oxygen Cylinders to be made available within the ward.
- 19) Minimum two Stretchers and two wheel chairs to be made available within the ward.

Responsibilities of the Insurance Company:

1. Maintenance of continuous implant supply as per the Dean's / JD's / CMO's / HOD's request.
2. The Liaison officer should be available from 09:00A.M. to 5:00 P.M. and provision of emergency intimation services.
3. Processing of pre-authorization / claims to be done within the prescribed hour.
4. Minimal documents alone to be insisted from Government Hospitals detailed discharge summary with treating doctors signature / seal / MCI Reg.No. is sufficient.

Responsibilities of the Head of Institutions:

1. Manpower

The required staff for the insurance ward will be provided round the clock. The staff-pattern for Director of Medical and Rural Health Services side is as follows:

Staff Nurse	-	3
Ward Manager	-	1
Multipurpose hospital worker	-	2
Sanitary worker	-	2

The DME stated that the regular staff nurses would maintain the shift work but she would require two housekeepers (day and night duty) to supervise the ward in lieu of the staff nurses. The staff pattern for Director of Medical Education side is as follows:

Ward Manager	-	1
Housekeepers	-	2
Multipurpose hospital worker	-	2
Sanitary worker	-	2

This is the pattern prescribed upto thirty beds and further manpower would be recruited based on the actual requirements. The monthly payment for the staff who would be paid through outsourcing would be Rs.10000 to Rs.15000 for the ward manager, (based on qualifications and experience), Rs 7000-Rs7500 for the housekeepers, nurses at the same rate as our contract staff nurses and the hospital and sanitary workers at an amount roughly equal to the collectors daily wage multiplied by 25 working days.

Mode of purchase of Implants and drugs etc.

- Implants may be purchased from the vendor identified by United India Insurance Company Ltd. or Tamil Nadu Medical Service Corporation or to purchase locally at the rate fixed by the Central Purchase Committee.
- Drugs / consumables are to be purchased from the Tamil Nadu Medical Service Corporation or from the market at the rate fixed by the Central

Purchase Committee. If it is not possible, in the above ways they are to be purchased locally by calling for quotations.

- Tamil Nadu Medical Service Corporation to enable opening of a passbook for drugs for insurance account to enable purchase of drugs/reagents for insurance cases.
- Payment is to be made from claim amount, directly to the vendor.

2. **Maintenance of Account for claims amount:**

In case of Medical College a new separate account may be opened in any Nationalized Bank for each department jointly by Dean and respective Head of the Department for all the transactions of claim amount. In the Government Medical College hospital a committee headed by the Dean may be constituted for maintenance of account and approval of expenditure. The committee will be given full responsibility in respect of purchases, items to be purchased and decisions on all expenditure out of claim amount etc. The following will be the members of the committee.

1. Dean - Chairman
2. Respective HODs in Medical Colleges -- (concerned department)
3. Nodal Officer for the Insurance Scheme
4. Administrative Officer / Junior Administrative Officer
5. Accounts Officer / Assistant Accounts Officer
6. Medical Stores Incharge / Senior most pharmacist.

In case of Government Head Quarters Hospital / Government Hospital a new separate account may be opened in any Nationalized Bank jointly by Hospital Superintendent / Chief Medical Officer with one more Medical Officer of the Hospital as the case may be for all the transactions of claims amount. In the hospital, a committee headed by the Hospital Superintendent / Chief Medical Officer may be constituted for maintenance of account and approval of expenditure. The committee will be given full responsibility in respect of purchases, items to be purchased and decisions on all expenditure out of claim amount etc. The following will be the members of the committee.

1. Hospital Superintendent of Government Head Quarters Hospitals / CMO of Government Hospitals -- Chairman.
2. Medical Officer incharge (Nodal Officer)
3. Administrative Officer / Junior Administrative Officer
4. Accounts Officer / Assistant Accounts Officer
5. Medical Stores Incharge / Senior most pharmacist

Ward Manager identified by the Head of Institution is to assist in putting up and processing the files as per the decision of the committee.

Distribution of 15% claims amount

The ratio for the distribution of 15% of claims for DMS side is as follows:

Surgeons/Doctors	- 5%
Anaesthetists	- 4%
Theatre Staff / Staff Nurse /team	- 2%
Supportive Departments /Consultants	- 4%

The ratio for the distribution of 15% of claims for DME side is as follows:

Surgeon/Doctors	- 7%
Staff Nurse / Theatre Staff/team	- 4%
Supportive Department /Consultant	- 4%

The claims amount already received and remitted to Patient Welfare Society Account under the earlier scheme (KKT) may be transferred to the new account.

It is also clarified that if specialists are not available, they may be hired for performing the necessary surgeries.

3. Other Responsibilities

- Appointment of Nodal Officer preferably senior professor.
- Proper Ward selection for Insurance Ward as per guidelines.
- All necessary equipments to be provided for Insurance Ward.
- Posting of adequate Medical Officer (Duty M.O.) Nurse and required staff, as per guidelines maintaining a separate duty roster in the ward with Nodal Officer, Resident Medical Officer and Dean.
- It is the responsibility of the Head of Institution to make necessary arrangements for the availability of equipments, Drugs and any other facilities as and when required.
- Feedback book is to be maintained in the insurance ward.
- A Complaint book should be available in the insurance ward.
- Food served to the patients should be hygienic and hot.

Responsibilities of the Nodal Officer appointed by the Head of the Institution:

- 1) He should ensure smooth implementation of the scheme.
- 2) He should monitor duties of all staff appointed by the Insurance Company / Government for the scheme and submit the report to the Head of the Institution daily.
- 3) He should monitor the availability of equipments, medicines and all other facilities required for the smooth functioning of the insurance ward.

Responsibilities of the Liaison Officer appointed by the Insurance Company:-

1. Information regarding the IP details of patient may be informed to their relatives / attenders if requested.
2. The Liaison officer should be available from 09.00 A.M to 05.00 P.M.

Responsibilities of the Sanitary Workers / Multipurpose Worker appointed by the Head of Institution:-

1. Cleaning of Ward and toilets in periodical intervals.
2. Shifting of patients for investigation, theatre, and for reference to other ward in case of need.
3. Any other work related to Patients care.

Mode of payment towards CT/MRI Scan Charges to Tamil Nadu Medical Service Corporation

It is the practice in the Government hospitals that the charges for CT/MRI Scan are being collected from the patients at designated diagnostic centers maintained by Tamil Nadu Medical Service Corporation. The above charges could not be collected from the beneficiaries under the Chief Minister's Comprehensive Health Insurance Scheme treated in the Government hospitals as this is a cashless scheme. For inpatient and outpatient from the Government Hospitals where CT/MRI is located, Scan will be done by Tamil Nadu Medical Service Corporation as per the

request from concerned doctors for the hospitals. The Liaison Officer, in the hospital will get the pre-auth No. and write on the Scan request. The Tamil Nadu Medical Service Corporation will take the Scan and submit report to hospital without charging any amount. This amount will be adjusted by Tamil Nadu Medical Service Corporation against the 10% contribution to hospital to be given by Tamil Nadu Medical Service Corporation.

Methodology for Empanelled Diagnostic Centre

- First the patient with referral slip from the Government doctor for CT or MRI should go to the empanelled diagnostic centre and meet the Liaison Officer.
- Liaison Officer after verifying the referral letter intimates to the insurance company and generates a preauthorization number and note it in the referral slip and send the patient to the CT or MRI.
- Patient undergoes the test- CT or MRI
- The report and film will be given to the patient and a copy of the report will be scanned and sent to the Insurance Company for claims within a week of test.
- Claim amount should be released within a week to the Diagnostic Centre.

Deposit of advance and utilization of amount to create insurance ward

(1) For Head Quarters Hospital / Government Hospitals

The Hospital Superintendent / Chief Medical Officer of the respective hospital will prepare the estimate for the creation / maintenance of insurance ward in consultation with the respective Executive Engineer, Public Works Department and submit it to the Joint Director of Health Services. The Joint Director of Health Services will discuss with Hospital Superintendent / Chief Medical Officer and Executive Engineer, Public Works Department and it will be counter signed by JDHS and will be sent to the Project Director, Tamil Nadu Health Systems Project with his / her recommendation.

(2) For Medical Colleges

The Head of the Department of the specialist department will prepare the estimate for the creation / maintenance of insurance ward in consultation with concerned Executive Engineer, PWD and submit it to the Dean. The Dean will discuss with Head of the Department and Executive Engineer (PWD), and the estimate will be counter signed and sent to the Project Director, Tamil Nadu Health Systems Project with his / her recommendation.

The Insurance Company will release approved by him advance amount to the Project Director, TNHSP on the basis of estimates. The Engineering Cell of the Tamil Nadu Health Systems Project will examine the estimate and issue proceedings for the expenditure / work execution and advance money from insurance company will be deposited to Public Works Department as per the proceedings so as to do this as "Deposit Work" by Public Works Department. The engineering cell of the Tamil Nadu Health Systems Project will plan, assist and monitor the creation of insurance ward.

The Deans / Chief Medical Officers / Hospital Superintendent are permitted to do small refurbishment work in the proposed ward, by themselves which is within their financial limit as per procedure.

The advance made by the insurance company to the individual hospital / department through Project Director will be maintained as a separate credit

and it will be adjusted in the 25% of the claims meant for hospital maintenance by the insurance company. The same mechanism will be carried out in respect of upgraded Primary Health Centres if necessary.

(BY ORDER OF THE GOVERNOR)

GIRIJA VAIDYANATHAN
PRINCIPAL SECRETARY TO GOVERNMENT

To

The Project Director, Tamil Nadu Health Systems Society, Chennai-6.

Private Secretary to Chief Secretary to Government, Chennai - 9.

Principal Secretary / Commissioner for Revenue Administration, Chennai - 5

Principal Secretary to Government, Finance Department, Chennai - 9.

Principal Secretary to Government, Revenue Department, Chennai - 9.

Principal Secretary to Government, Labour and Employment Department,
Chennai-9,

Principal Secretary to Government, Municipal Administration and
Water Supply Department, Chennai -9.

The Mission Director, State Health Society, Chennai - 6.

Commissioner of Municipal Administration, Chennai - 10.

The Director of Public Health and Preventive Medicine, Chennai-6.

The Director of Medical and Rural Health Services, Chennai - 6.

The Director of Medical Education, Chennai - 10.

All District Collectors

All Joint Directors of Medical and Rural Health Services / Deputy Director of Health Services

The Accountant General, Chennai - 18

The Pay and Accounts Officer (South), Chennai - 35.

Copy to

The Hon'ble Chief Minister's Office, Chennai - 9

The Senior P.A to Hon'ble Minister (Finance) / (Health), Chennai - 9.

The Finance (Health-I) Department, Chennai-9.

SF/SC.

/ FORWARDED BY ORDER /

SECTION OFFICER