GOVERNMENT OF TAMIL NADU
TENDER DOCUMENT TO SELECT PUBLIC SECTOR INSURANCE COMPANY TO IMPLEMENT
"Chief Minister's Comprehensive Health Insurance Scheme"

Invitation of Bid

The Government of Tamil Nadu through G.O. (Ms) No.49, Dated 04.02.2009 launched Chief Minister Kalaignar's insurance scheme for life saving treatments on 23.07.2009 to ensure that poor and low-income population who cannot afford costly treatment, are able to get free treatment in Government as well as private hospitals for serious ailments. Subsequently 'implemented through G.O.(Ms).No.169,H&FW (EAP-II(2)) Department, Dated 11.07.2011 to launch the "Chief Minister's Comprehensive Health Insurance Scheme" to achieve the objective of providing quality health care to the people of Tamil Nadu. As per the directions given in the above G.O. and also in the G.O.(Ms) No.268/H&FW (EAP-II(2)) Dept., dated.17.11.2016 and G.O.(Ms) No.8/H&FW (EAP-II(2)) Dept., dated.10.01.2017, the CMCHISTN is being implemented for four years and extended one more year in the state. Now as per the administrative sanction given in the G.O.(Ms) No 530 H&FW Department dated 25.11.2021, this tender is invited for selecting the Public Sector insurance partner for implementing the above scheme.

1. DEFINITIONS: -

In this tender document unless the context otherwise provides

(a) "Scheme" means, the "Chief Minister's Comprehensive Health Insurance Scheme" as per G.O. (Ms) No.169 H&FW (EAP-II (2)) Department, dated 11.07.2011 and amendments thereto including the subsequent modifications (Enclosure –1)

(b) "Guidelines" means the "Chief Minister's Comprehensive Health Insurance Scheme" Guidelines, 2022**,** which is given in Enclosure -2.

(c) "Tender Accepting Authority" means, the State Empowered Committee

constituted by the Government of Tamil Nadu as per G.O.(Ms).No.530 H&FW (EAP-II (2)) Department, Dated 25.11.2021 and amendments thereto (Enclosure –1). All the subsequent modification in the G.O will be part of the tender.

(d) "Tender Inviting Authority" means, The Project Director, Tamil Nadu Health Systems Society, Chennai 600 006.

(e) Words and expressions used but not defined in this document, but defined in the Tamil Nadu Transparency in Tenders Act, 1998 and Rules, 2000 framed there under (Tamil Nadu Act Number 43 of 1998), the Scheme or the Guidelines shall have the same meanings respectively assigned to them in that Act, the Scheme or the Guidelines, as the case may be.

2. SUBMISSION OF BIDS

By virtue of the provisions contained in the Tamil Nadu Transparency in Tenders Act, 1998 (Tamil Nadu Act Number 43 of 1998) and the Rules framed there under, the Project Director, Tamil Nadu Health Systems Society seeks detailed bids from Public Sector Insurance Companies interested in implementing the Scheme, as detailed in the Scheme and the Guidelines. The proposed document should include the following:

SECTION A – TECHNICAL BID:

QUALIFYING CRITERIA:

(i) The bidder should be a Public Sector Insurance Company authorized to conduct the business of Health Insurance by the Insurance Regulatory and Development Authority (IRDA). Copy of valid IRDA license to conduct health insurance business, attested by a Notary Public or by a Group A or B Officer of the Central Government or State Government shall be enclosed.

(ii) The Bidder should submit the proof of being a Public Sector Insurance Company.

(iii) The Bidder should have been licensed for doing Health Insurance for atleast one year as on the last date for submission of bid and should have at any one point of time in last three years, reckoned from the last date for bid submission, live health insurance policies covering atleast 2.5 lakhs families / individual policies in aggregate.

(iv) The Bidder should not have been banned or debarred by any State Government / Central Government or its Agencies or not qualified in participating the Government Schemes as per the IRDA Guidelines for any issue, and the ban or debarment should not be in currency on the last date for submission of bid. The Bidder should give an undertaking on this. The Bidder, who has been banned or debarred even after submission of bids but before entering in to the agreement, shall not be considered.

Explanation: It is clarified that a ban that is not in currency on the last date for submission of bid would not be deemed to be a bar on the company from bidding.

(v) Bidders eligible as per above conditions are not permitted to bid by forming consortium with other insurance companies.

(vi) The successful bidder should complete the performance obligations listed out in the activity chart as per **Annexure - A** of the Guidelines.

(vii) The Third-Party Administrator, if any, implementing the scheme on behalf of the successful bidder should also be an agency approved by the Insurance Regulatory and Development Authority. The successful bidder would be required to establish the offices in Chennai, within one month of signing the agreement, for processing claims and other related activities for implementing the scheme. They also need to establish coordinating office in all districts of Tamil Nadu with suitable resources. The details of Third-Party Administrator(s), if any, or branches of the successful bidder shall be furnished within one month from the date of signing the agreement in consultation with the Project Director, Tamil Nadu Health Systems Society. The draft agreement prepared by insurance company incorporating all the relevant terms and conditions of this tender for implementing the scheme, to be executed between insurer and TPA including any vendor agreements to be shared with Tamil Nadu Health Systems Society. The proposed agreement to be approved by Tamil Nadu Health Systems

Society.

(viii) The successful Bidder would be required to have, within one month of signing of the Agreement, an accredited hospital network in all districts of the State of Tamil Nadu and also in the designate places outside the state as required by The Project Director, Tamil Nadu Health Systems Society. The successful Bidder while accrediting the hospitals shall adhere to the yardstick prescribed under Clause 8 of the Guidelines. The details of the hospitals covered under the scheme shall be furnished in the format in **Annexure - B** to the Guidelines within one month of the execution of agreement and to be updated on monthly basis.

(ix) A detailed business plan highlighting the process proposed to be adopted for the implementation of the scheme should be given by the insurance company covering all the aspect of the scheme.

SECTION B – FINANCIAL BID

I. The Scheme shall provide coverage for meeting all expenses relating to interventions/ hospitalization of beneficiary as defined in the Scope of the Scheme under clause 5 of the Guidelines.

II. The coverage will be up to Rs. 5 lakh / per family per year for the procedures in **Annexure C**, Diagnostic services as per **Annexure D** (if any other diagnostic test needed as per protocol in GH over and above listed in Annexure D, (the Government hospitals are authorized to get the test done outside at the rate approved by the local committee and the amount incurred should be paid by the Hospital from the claims amount available with the hospital), Follow up services as per **Annexure E** (All the procedures listed in Annexure E are eligible for follow up in addition any other specific procedure listed in Annexure C is also eligible for follow up in consultation with Public Sector Insurance Company and listed), Tentative list of procedures which can be reserved to the Government institutions as per **Annexure F**, High end procedures as per **Annexure G** (the procedures will be approved under insurance after obtaining approvals in the High end technical committee constituted by the TNHSP where Public Sector Insurance Company liability is

up to 5 lakhs and Preauth / Claim processing including Follow-up) in any of the empanelled hospitals subject to package rates on cashless basis through health insurance card issued for CMCHISTN or any other identification mechanism as agreed. Outcomes of High-end Procedures should be evaluated periodically, follow-up and post-op complications of all High-end procedures will be included in the liability of the insurer. The cost over and above the insurer's liability will be borne through the corpus fund. All private hospitals performing high end procedures will pay 3% of the total high end package cost to corpus fund of TNHSP. Rehabilitation and Palliative care as per **Annexure H**. The Public Sector Insurance Company should ensure that beneficiaries are getting treated for the approved procedures without any additional payments.

III. With reference to any additional procedures implemented through assurance mode, the liability will be reimbursed through selected Insurance Company /their TPA. The Government reserves the right to convert the same into insurance mode by converting such quantified annual liability into insurance premium for the covered families.

IV. Other than the Procedures listed / additional payment on certain specific situations may be supported by Corpus fund by obtaining suitable G.Os for which insurance company has to process the claim and pay up to the eligible limits defined. The provision for modifications in procedures is permitted with mutual consent. This is to ensure any other future essential lifesaving procedures are covered and also there is no need for additional payments for the existing procedures e.g. when more than one procedure is combined. In this situation insurance company will do only claim processing. There is also provision for additions / modifications in the procedures if both parties are agreeing based on core committee decisions e.g. we changed the bare metal stent to drug eluting stent.

V. The benefit will be on floater basis and can be availed of individually or collectively by members of the family during the policy year with no restriction on the number of times the benefit is availed. The unutilized entitlement will lapse at the end of every policy year.

VI. The details of the financial bid shall be furnished in the format prescribed in Enclosure-3.

VII. The Health Insurance Identity card (PVC Cards with QR code) as per Government guidelines may be issued instead of smart card. The cost may be restricted to Rs.10/. The Health Insurance Identity card cost shall be separated from the premium amount. If the specification for the card changes then the cost will be decided later. This cost will be paid to the provider Public Sector insurance company on receipt of acknowledgment and verification of the distribution of the cards to the beneficiaries. The demographic details of the families who has been verified Aadhaar Seeding have to be uploaded in the website District wise / Taluk Wise / Village wise on a real time basis with verification through Call Centre.

3. CONTENT OF BID

I. Technical bid shall contain the following documents:

a. Attested Copy of IRDA License

b. Proof of being a Public Sector Insurance Company.

c. Proof of covering a minimum 2.5 lakhs families / individual policies in aggregate at any point of time in the last three years. (copy of the policy, reflection of the policy details in the balance sheet or annual statement or IRDA journal and certification by the company auditor to be submitted as evidence)

d. Declaration from the insurer that the Public Sector Insurance Agency has not been banned / debarred by any State Government /Central Government or its Agencies or not disqualified in participating the Government schemes as per IRDA guidelines.

e. An undertaking that they have submitted their Bid as a single entity only and have not formed a consortium for the scheme.

f. Company shall submit the details of present office infrastructure in the state with organogram.

g. Proposed Activity Chart with time lines as per Annexure A of the Guidelines.

h. Any Other information.

II. The Envelope containing the technical bid shall be marked in bold as

SECTION A - TECHNICAL BID FOR IMPLEMENTING "CHIEF MINISTER'S COMPREHENSIVE HEALTH INSURANCE SCHEME - 2022",
written on the top of the envelope.

III. Financial bid should be sealed in another envelope clearly marked in bold as

SECTION B - FINANCIAL BID FOR IMPLEMENTING "CHIEF MINISTER'S COMPREHENSIVE HEALTH INSURANCE SCHEME - 2022",
written on the top of the envelope.

IV. Both the envelopes should have the Bidder's Name and Address clearly written at the Left Bottom Corner of the envelope.

V. Both the envelopes should be put in a **larger cover / envelope,** sealed and clearly marked in BOLD letters: -

"TECHNICAL BID AND FINANCIAL BID FOR THE CHIEF MINISTER'S COMPREHENSIVE HEALTH INSURANCE SCHEME - 2022",

Written on envelope and have the Bidder's Name and Address should be clearly written in **BOLD** at the Left Bottom Corner.

VI. Tenders shall remain valid for 90 (ninety) days after the deadline for submission of tender. A tender valid for a shorter period will be rejected. In exceptional circumstances, prior to the expiry of the original time limit, the bidders consent may be solicited for an extension of the period of validity. The request and the responses thereto shall be made in writing.

VII. The bid may be rejected

(a) if the bidder fails to clearly mention Technical or Financial Bid on the respective envelopes

(b) if the envelope is not properly sealed

(c) if both envelopes i.e. Financial Bid and Technical Bid are not submitted in separate covers together kept in large envelope

(d) **if any details related to the financial bid are mentioned in technical bid.**

4. SIGNATURE ON EACH PAGE OF DOCUMENT:

The competent authority of the bidder must sign and put official stamp on each page of bid. **If any page is unsigned it may lead to rejection of the bid.**

5. AMENDMENTS TO TENDER DOCUMENTS:-

(a)At any time after the issue of tender documents and before the opening of the tender, the Tender Inviting Authority may make any changes, modifications or amendments to the tender documents and shall send intimation of such changes to all those who have purchased the original tender documents and upload corrigendum for the information of those who have downloaded the tender documents from the website.

(b)In case any one Bidder asks for a clarification to the tender documents **before 48 hours** of the opening of the tender, the tender inviting authority shall ensure that a reply is sent and copies of the replies to the clarifications sought shall be communicated to all those who have purchased the tender documents without identifying the source of the query and upload such clarification to the designated website for the information of those who have downloaded the tender documents from the website, without identifying the source of the query.

(c) The amendments will be notified through corrigendum posted on the website www.tenders.tn.gov.in. Such amendments will form part of the tender document. Bidders are advised to constantly watch for any corrigendum at the above mentioned web address.

(d) The Tender Inviting Authority reserves the right to extend the deadline for submission of tender for any reason, and the same shall be notified through corrigendum posted on the website www.tenders.tn.gov.in.

6. PRE-BID MEETING

i. A Pre-Bid meeting of the prospective bidders will be held at 11 am **on 3rd December 2021** in the Conference Hall of Health and Family Welfare Department in the 4th floor of the Secretariat, Fort St George, Chennai-9 to clarify any queries the Bidders may have and for providing additional information if any. No separate intimation of the Pre-Bid meeting will be sent to the prospective Bidders unless there is a change in the time, date or venue of the Pre-Bid meeting, which will be posted on the website: www.tenders.tn.gov.in. Maximum two authorized representatives of each interested Bidder will be allowed to attend the pre bid meeting.

ii. A copy of the minutes of the Pre-Bid meeting will be sent to all the prospective Bidders who attended the meeting and will be posted on the website: www.tenders.tn.gov.in.

7. DEADLINE FOR SUBMISSION OF BID :

Completed Tender documents shall be received in the office of the Project Director, Tamil Nadu Health Systems Society, DMS Annexe Building, DMS Complex, Teynampet, Chennai-**6 not later than 10.30 a.m. on 10th December 2021.**

Tender documents received later than the prescribed date and time shall not be opened and shall be returned unopened to the concerned Bidder. Delay due to postal or any other reason will not be condoned.

8. PROCEDURE FOR EVALUATION OF BIDS AND AWARD OF CONTRACT:

(i) A panel of officials nominated in the Tender evaluation committee will evaluate the bids.

(ii) The technical bids will be opened on **at 11.30 a.m. on 10th December 2021** in the office of Project Director, Tamil Nadu Health Systems Society, DMS Annexe building, DMS campus, Chennai-6. Only two authorized representatives of each Bidder will be allowed to attend.

(iii) Once the technical bids have been evaluated, only the qualified Bidders will be informed about the date and time of opening of financial tenders and such financial tenders will be opened in the presence of **the authorized representatives (maximum two per company) of each qualified Public Sector Insurance Company who chooses to be present.**

(iv) The lowest evaluated bidder will be eligible for the award of tender.

9. RIGHT TO NEGOTIATE AT THE TIME OF AWARD:

The State Empowered Committee / Government of Tamil Nadu reserve the right to negotiate with lowest evaluated bidder after opening the Financial Bid.

10. RIGHT TO ACCEPT OR REJECT ANY OR ALL BIDS:

The State Empowered Committee / Government of Tamil Nadu – (Tender Finalising (Accepting) Authority) reserves the right to accept or reject any bid or cancel the tender process and reject all bids at any time without assigning any reason prior to the award of contract, without thereby incurring any liability to the bidders. **The Tender Finalising (Accepting) Authority is not bound to accept the lowest evaluated bid or any other bids.**

11. NOTIFICATION OF AWARD AND SIGNING OF AGREEMENT:

The Notification of Award will be issued by the Tender Inviting Authority / Project Director, Tamil Nadu Health Systems Society with the approval of the Tender Finalising (Accepting) Authority. The **terms of agreement are non-negotiable** and the successful bidder shall sign the agreement that is found in Enclosure-4 in duplicate within 15 days of Notification of Award.

12. CONFIDENTIALITY:

Information relating to the examination, clarification, evaluation, and comparison of bids, and recommendations for the award of contract shall not be disclosed to bidders or to any other persons not officially concerned with such process until the Notification of Award is made.

13. CANVASSING, FRAUDULENT AND CORRUPT PRACTICES:

Bidders are hereby informed that canvassing in any form for influencing the process of notification of award would result in disqualification of the Bidder. Further, they shall observe the highest standard of ethics and will not indulge in any corrupt, fraudulent, coercive, undesirable or restrictive practices, as the case may be.

14. PERIOD OF AGREEMENT:

(a) The agreement will be in force for a period of 4 years from the date of commencement of the Scheme, subject to annual renewal and extendable by one more year beyond 4 years with mutual consent. The renewal on yearly basis will be based on currency of IRDA license and a review of performance.

(b) The Tamil Nadu Health Systems Society shall have the right to cancel the agreement with the approval of State Empowered Committee defined in G.O.(Ms).No.530,H&FW (EAP-II(2)) Department, Dated: 25.11.2021, if at any time during the period of the scheme, the Public Sector insurance company defaults in delivery of services or breaches any of the conditions of the contract

of agreement or it is found that the company has misinterpreted any fact during the tender process to attain qualification.

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

Chennai-6
Date:

Enclosure 1

S.No.	Governments Orders
1	G.O.(Ms) No. 49 Health and Family Welfare (EAP II (2) Department Dated: 04-02-2009
2	G.O.(Ms) No. 72 Health and Family Welfare (EAP II (2) Department Dated: 16-02-2009
3	G.O.(Ms) No. 169 Health and Family Welfare (EAP II (2) Department Dated 11-07-2011
4	G.O.(Ms) No. 189 Health and Family Welfare (EAP II (2) Department Dated 29-07-2011
5	G.O(Ms) No. 268 Health and Family Welfare (EAP II (2) Department Dated 17-11-2016
6	G.O (Ms) No.8 Health and Family Welfare (EAP I (1) Department Dated 10-01-2017
7	G.O.(Ms) No. 323 Health and Family Welfare (EAP I (1) Department Dated 02-08-2018
8	G.O 550 Health and Family Welfare (EAP I (1) Department Dated 28-11-2018
9	G.O(Ms) No. 530 Health and Family Welfare (EAP I (1) Department Dated 25-11-2021

ABSTRACT

Insurance - Chief Minister's Insurance Scheme for Life Saving Treatments - Framing of Scheme – Orders Issued.

HEALTH AND FAMILY WELFARE (EAP-II(2) DEPARTMENT

G.O. (Ms) No.49 Dated:04.02.2009
Thiruvalluvar Aandu – 2040

ORDER:-

The Governor of Tamil Nadu in his address in the Legislative Assembly on 21.1.09 has made the following announcement:

> "A new scheme called 'Chief Minister's Insurance Scheme for Life Saving Treatments' will be launched this year to ensure that such poor and low income groups who cannot afford costly treatment, are able to get free treatment in Government as well as private hospitals for such serious ailments. Under this scheme, each beneficiary family will be insured for availing free treatment up to Rs. 1 lakh. The Government will bear the entire premium for this purpose. About one crore poor families in the State will benefit from this revolutionary scheme".

2. The Government of Tamil Nadu is committed to provide quality health care to all the people. In Tamil Nadu all the three levels of care namely Primary, Secondary and Tertiary Health Care are provided free of cost to the poor people. Tamil Nadu has made significant progress in the reduction of Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR), Birth Rate and Death Rate. Life Expectancy at Birth has increased to 65.4 mainly due to the provision of good health care and other social welfare assistance. In Tamil Nadu, health services are delivered free of cost to the poor through a network of 8704 Health Sub Centres (HSCs), 1422 Primary Health Centres (PHCs), 235 Taluk / Non taluk Hospitals, 29 District Headquarters Hospitals and 15 Government Medical College Hospitals. People working in organized sector are covered through a network of ESI Dispensary and Hospitals. In addition to these services, financial assistance is provided to the needy people through the 'State Illness Society' for ailments like Heart Diseases, Cancer and certain other conditions. Despite the availability of huge network of Government Health Facilities with an annual budget allocation of Rs.2800 crores, poor people frequently approach the Hon'ble Chief Minister, Hon'ble Ministers, MPs, MLAs and District Collectors seeking assistance for medical or surgical treatment in the Private Hospitals as services for major ailments are either not adequately available in all the Government Institutions or available only in a few centres in Chennai, Madurai and Coimbatore or the demand is more. The poor and downtrodden still have to access private hospitals for serious illnesses like Cancer, Heart Diseases, Kidney failure, Spinal problems and life threatening accidents. Considering the above situations a

new scheme "Chief Minister's Insurance Scheme for Life Saving Treatments" has been announced in the Governor's address for poor and low income groups who cannot afford costly treatment in private hospitals.

3. The Government issue the following orders:-

(i) Government approve the Chief Minister's Insurance Scheme for Life Saving Treatments for the benefit of poor people.

(ii) The scheme will be operated through an approved insurance company which should be selected by calling Open Tender following the Tamil Nadu Transparency in Tenders Act and the rules made there under. Only those health Insurance companies which are approved by the Insurance Regulatory and Development Authority (IRDA) for providing health insurance shall be permitted to participate in the Tender.

(iii) The Government constitute a State Empowered Committee, Chaired by the Chief Secretary to Government of Tamil Nadu with the following members to approve the Tender and to review the implementation of the Insurance Scheme periodically and to provide operational guidelines for the scheme whenever required:-

i)	Chief Secretary to Government	Chairperson
ii)	Secretary to Government, Health and Family Welfare Department	Member
iii)	Secretary to Government, Finance Department	Member
iv)	Secretary to Government, Revenue Department	Member
v)	Secretary to Government, Labour and Employment Department	Member
vi)	Mission Director, State Health Society	Member Convenor
vii)	Director of Medical Education	Member
viii)	Director of Public Health and Preventive Medicine	Member
ix)	Director of Medical and Rural Health Services	Member

(iv) The State Health Society is designated as the implementing agency for this scheme. The Executive Secretary of State Health Society (Mission Director, State Health Society) is authorised to float the tender for the selection of the Insurance Company to implement the scheme. She will scrutinize the Tender documents and put up to State Empowered Committee for approval of Tender.

(v) The taluk and district hospitals in this State provide emergency and elective services to majority of the ailments. Hence, it has been decided to cover those diseases which may not be adequately covered by the services at the district level and those which involve a substantial waiting list related delay at the tertiary institutions, under this scheme. The list of 51 diseases identified for availing the financial assistance under the insurance scheme is given in the Annexure to this order. The pre existing ailments will also be covered.

(vi) The entire premium will be paid by the Government to the Insurance Company on behalf of the beneficiaries. Under this scheme, each beneficiary family will be insured for availing free treatment up to Rs. one lakh in a block period of four years.

(vii) 75 lakhs of families who are given identity cards under Tamil Nadu Agricultural Labourers – Farmers (Social Security and Welfare) Scheme, 2006 and 35 lakhs Members registered in the Tamil Nadu Manual Workers Welfare Board and 11 other Welfare Boards, Tamil Nadu Construction Workers Welfare Board and various Unorganised Labour Welfare Boards will be included as eligible beneficiaries under this scheme. In addition to them, any family, whose annual income is less than Rs.24,000/- per annum as certified by the Village Administrative Officer, will be enrolled as Members under the scheme.

(viii) The Insurance Company approved by the Government to implement this Insurance Scheme shall do the Empanelment of Hospitals by following the standard prescribed for the hospitals with regard to the availability of physical facilities, equipments for diagnoses / treatment and the qualified specialists and other staff for the diseases identified for the assistance.

(ix) Government Hospitals having pay wards can also apply for the empanelment and they may also be entitled to claim the amount from insurance company for the listed conditions for patients admitted in the pay wards. The fund claimed from the insurance company shall be deposited in the Hospital Patient Welfare Society and utilised for the development of the institution as per the Patient Welfare Society guidelines.

(x) Sanction is accorded to a sum of Rs.200 crores (Rupees Two hundred crores only) towards payment of premium to the Insurance Company for implementation of the scheme during the current year 2009. Necessary funds of Rs. 50 crores (Rupees Fifty crores only) will be provided in Final Supplementary Estimates 2008-09. The balance amount of Rs.150 crores (Rupees One hundred and fifty crores only) will be provided in Budget Estimate 2009-10.

4. The expenditure sanctioned in para 3 (x) above shall be debited to the following heads of account:

(i) 2210 Medical and Public Health
80 General
800 Other Expenditure
Schemes in the Eleventh Five Year Plan
II State Plan
JB Chief Minister's Insurance Scheme for Life Saving Treatments
10 Contributions
02 Insurance Premium.
(DPC 2210 80 800 JB 1026)

(ii) 2210 Medical and Public Health
80 General
789 Special Component Plan for Scheduled castes.
Schemes in the Eleventh Five Year Plan
II State Plan
JA Chief Minister's Insurance Scheme for Life Saving Treatments under Special Component Plan for Scheduled Castes.
10 Contributions
02 Insurance Premium

(DPC 2210 80 800 JB 1024)

The amount sanctioned above shall not be paid in cash but contra credited to the Personal Deposit Account of Tamil Nadu State Health Society as detailed below:

"K Deposits and Advances (b) Deposits not bearing Interest.
8443 00 Civil deposits
800 Other Deposits
DP Deposits of Tamil Nadu State Health Society

(DPC 8443 00 800 DP 0000) (Outgo)
(DPC 8443 00 800 DP 000A) (Receipts)

The Personal Deposit Head of Account as above will be issued in Finance (W.M.II) Department separately.

5. The expenditure sanctioned in para 3(x) above shall constitute an item of "New Service" and the approval of the Legislature will be obtained in due course. Pending approval of the Legislature, the expenditure of Rs.50.00 crores (Rupees fifty crores only) shall be initially met by an advance from the Contingency Fund of Tamil Nadu, order regarding which will be issued by Finance (BG-I) Department, based on the application from the Mission Director, State Health Society in the prescribed form along with a copy of this order. The Mission Director, State Health Society is directed to send necessary draft explanatory notes for inclusion of the above expenditure in the Supplementary Estimates 2008-2009 to Government in Finance Department to obtain the approval of the Legislature at the appropriate time.

6. The Mission Director, State Health Mission is also directed to send necessary proposals to the Government for sanction of required additional manpower for implementing the scheme at the appropriate time.

7. The entire scheme shall be operated through real time on-line mode and people can have access to the information through a dedicated website to be established for the scheme by the selected health insurance company. The website, the softwares developed and the data generated by the Insurance company under the scheme will be the property of the Government.

8. This order issues with the concurrence of Finance Department vide its U.O. No.236/FS/P/09 dated 04.02.2009 and ASL No.1634 (One thousand six hundred and thirty four)

(BY ORDER OF THE GOVERNOR)

V.K. SUBBURAJ
Principal Secretary to Government

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

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

The Private Secretary to
Principal Secretary to Government,
Health and Family Welfare, Chennai-9.

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

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

The Secretary to Government,
Labour and Employment, Chennai-9.

The Director of Medical Education, Chennai-10.

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

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

The Commissioner of Treasuries and Accounts, Chennai-35

The Commissioner of Labour, Chennai-6.

All District Collectors,

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 Personal Assistant to
Honb'le Minister for Finance, Chennai-9.

The Senior Personal Assistant to
Hon'ble Minister for Health, Chennai-9.

The Finance (Health-I / BG-I / BG-II / W.M.II) Department, Chennai-9.

The Revenue Department, Chennai-9

The Labour and Employment Department, Chennai-9
SF / SC

// FORWARDED BY ORDER //

SECTION OFFICER

ABSTRACT

Insurance – Naming of Chief Minister's Insurance Scheme – Orders issued.

HEALTH AND FAMILY WELFARE (EAP-II(2)) DEPARTMENT

G.O. (Ms) No. 72 Dated: 16.2.2009
Thiruvalluvar Aandu -2040 – Masi - 4

Read:

G.O. (Ms) No. 49, Health and Family Welfare, dated 4.2.2009.

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ORDER:-

The Government direct that the Chief Minister's Insurance Scheme constituted in the Government Order read above be named as 'Chief Minister Kalaignar's Insurance Scheme for Life Saving Treatments' (உயிர் காக்கும் உயர் சிகிச்சைக்கான முதல்வர் கலைஞரின் காப்பீட்டுத் திட்டம்).

(BY ORDER OF THE GOVERNOR)

V.K. SUBBURAJ
PRINCIPAL SECRETARY TO GOVERNMENT

To
The Mission Director, State Health Society, Chennai-6.
All District Collectors,
The Accountant General, Chennai-18.
The Pay and Accounts Officer (South), Chennai-35.

Copy to:
Members of Empowered Committee.
The Chief Minister's Office, Chennai-9.
The Private Secretary to Chief Secretary to Government, Chennai-9.
The Senior Personal Assistant to Hon'ble Minister for Health, Chennai-9.
The Finance (Helath-I / BG-I / BG-II / W.M.II) Department, Chennai-9.
The Labour and Employment Department, Chennai-9.
SF/SC

//FORWARDED BY ORDER//

SECTION OFFICER

20-04-19

ABSTRACT

Health and Family Welfare Department - Insurance – New Comprehensive Health Insurance Scheme – Framing of Scheme - Orders - Issued.

HEALTH AND FAMILY WELFARE (EAP-II(2)) DEPARTMENT

G.O. Ms) No.169 Dated : 11.7.2011
Thiruvalluvar Aandu – 2042
Aani - 26

Read :

1. G.O. (Ms) No. 49, Health and Family Welfare (EAP-II(2)) Department, dated 4.2.2009.
2. G.O. (Ms) No.72, Health and Family Welfare (EAP-II(2)) Department dated 16.2.2009.
3. G.O.(Ms)No.146,Health and Family Welfare (EAP-II(2)) Department, dated 3.6.2011
4. From the Project Director, Tamil Nadu Health Systems Project Letter No.2182/TNHSP/Insurance/2011 dated 13.6.2011.

ORDER:-

The Governor of Tamil Nadu in his address in the Legislative Assembly on 3.6.2011 has made the following announcement

> "Providing affordable and quality health service to the people is the objective of this Government. A new Comprehensive Health Insurance Scheme will be launched by this Government shortly to achieve the objective of universal health care by terminating the existing health insurance scheme as it is not comprehensive and effective in fulfilling public aspirations."

2. In the G.O 3rd read above, orders were issued terminating the Chief Ministers Insurance Scheme for Life Saving Treatments introduced in the G.O 1st and 2nd read above and it was also ordered that the Government would launch a new Comprehensive Health Insurance Scheme shortly to achieve the objective of universal health care.

3. Accordingly, the Government direct that a new "Comprehensive Health Insurance Scheme" be launched to achieve the objective of universal health care to the people of Tamil Nadu.

4. The new "Comprehensive Health Insurance Scheme" shall be implemented on the following pattern :-

(i) The Tamil Nadu Health Systems Society is designated as the implementing agency for this Insurance Scheme. The entire premium shall be paid by the Government to the insurance company on behalf of the beneficiaries.

(ii) The sum assured is Rs 1 lakh per year per family along with a provision to pay upto Rs 1.5 lakh per year per family for certain specified procedures like renal transplantation, more than one cardiac valve replacement etc.

(iii) The eligibility income ceiling limit will be Rs 72,000/- per annum per family which is to be certified by the VAO.

(iv) The Insurance Company approved by the Government to implement this Insurance Scheme shall do the Empanelment of Hospitals by following the standard prescribed for the hospitals with regard to the availability of physical facilities, equipments for diagnoses / treatment and the qualified specialists and other staff for the diseases identified for the assistance

(v) The new scheme will cover more than 900 procedures including life saving medical management of cardiac, renal, neurological procedures, neonatal / paediatric procedures which were hitherto not covered.

(vi) The package cost for each procedure will be standardized and fixed. The package rates will include bed charges in General ward, Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, food to Inpatient, one time transport cost etc. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days after the discharge from the hospital for the same ailment/ surgery including transport expenses will also be the part of the package. In instance of death, the carriage of dead body from network hospital to the village/township would also be part of the package. In addition, for the identified 120 procedures, follow up medicines will be provided for extended period of time.

(vii) With regard to diagnostic procedures

a. The reports of the Government Institutions should be accepted as evidence by the empanelled hospitals. In addition, any other diagnostic procedure specified/approved by the Government like ECHO, USG, angiogram etc for inclusion under insurance can be undertaken by the private hospital if needed and will be covered by the package cost.

b. The diagnostic procedures leading to surgery / medical management under this insurance scheme will be part of the package.

c. For the patients referred through Government facility/screening camps and require to undergo further diagnostic procedures specified/approved by the Government like ECHO, USG,

angiogram etc at the empanelled hospitals, the cost for the diagnostic procedures will also be reimbursed. If those diagnostic procedures are not leading to surgery/medical management also, the cost of diagnostic test shall be reimbursed to the hospital. This facility is not available to the patients who are directly approaching the private hospitals without referral/screening camps.

(viii) A new health insurance card for identification of beneficiary will be generated using the existing database and distributed through district administration / Insurance Company. For new enrollment, district level kiosk will be established at each district collectorate.

(ix) Under the new Insurance Scheme, 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.

(x) An open tender will be floated as per the provisions of Tamil Nadu Transparency in Tender Act 1998 and the rules made thereunder to select an IRDA approved insurance company for implementing the new insurance scheme in all the districts of Tamil Nadu. The tender will be valid for 3 years subject to renewal of the contract on yearly basis based on the performance indicators like claim ratio of more than 80% and annual IRDA renewal, with a provision for refund as per guidelines.

(xi) The Project Director, Tamil Nadu Health System Society is permitted to float the tender as per Tamil Nadu Transparency in Tenders Act 1998 and the rules framed thereunder.

5. Sanction is accorded for a sum of Rs. 750 crores (Rupees Seven hundred and fifty crores only) towards payment of premium to the Insurance Company for implementation of the scheme during the current year 2011-12, for which the sum of Rs.750 crores already provided in the B.E 2011-12 shall be utilized for implementing the scheme during the year 2011-12.

6. The expenditure sanctioned in para 5 above shall be debited to the following heads of account:-

(i) 2210 Medical and Public Health
80 General
800 Other Expenditure
Schemes in the Eleventh Five Year Plan
II State Plan
JJ Comprehensive Health Scheme Insurance Scheme
10 Contributions
02 Insurance Premium
(DPC 2210 80 800 JJ 1020)

(ii) 2210 Medical and Public Health
80 General
789 Special Component Plan for Scheduled castes
Schemes in the Eleventh Five Year Plan
II State Plan
JC Comprehensive Health Insurance Scheme under Special Component Plan
10 Contributions
02 Insurance Premium
(DPC 2210 80 789 JC 1020)

(iii) 2210 Medical and Public Health
80 General
796 Tribal Area Sub Plan Schemes in the Eleventh Five Year Plan
II State Plan
JB Comprehensive Health Insurance Scheme under Tribal Sub Plan
10 Contributions
02 Insurance Premium
(DPC 2210 80 796 JB 1027)

The amount sanctioned above shall not be paid in cash but contra credited to the P.D Account of Tamil Nadu Health Systems Sopieties as detailed below

" K Deposits and Advances (b) Deposits not bearing interest – 8443. 00. Civil Deposits – 800 – Other Deposits – DJ – Deposits of Tamil Nadu Health Systems Society"

Data Processing Code

Receipts	Outgoing
(8443-00-800-DJ-0001)	(8443-00-800-DJ-0002)

7. The Government constitutes a State Empowered Committee under the chairpersonship of the Chief Secretary to Government of Tamil Nadu with the

following members to process and finalize the tender, approval of various procedures, review the implementation of the Insurance Scheme periodically and also to provide operational guidelines for the implementation of the scheme whenever required:

1	Chief Secretary to Government	Chairperson
2	Principal Secretary to Government, Health and Family Welfare Department	Member
3	Principal Secretary/ Commissioner for Revenue Administration	Member
4	Principal Secretary to Government, Finance Department	Member
5	Principal Secretary to Government, Revenue Department	Member
6	Principal Secretary to Government, Labour and Employment Department	Member
7	Principal Secretary to Government, Municipal Administration and Water Supply Department	Member
8	Mission Director, State Health Society	Member
9	Project Director, Tamil Nadu Health System Society	Member Convener
10	Commissioner of Municipal Administration	Member
11	Director of Medical Education	Member
12	Director of Medical and Rural Health Services	Member
13	Director of Public Health and Preventive Medicine	Member

8. This orders issues with the concurrence of Finance Department vide its U.O.No. 157/DS(NK)/2011-1, dated 8.7.2011.

(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
Accountant General, Chennai – 6/18
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 /

P. Parvatha 11/7/11
SECTION OFFICER

ABSTRACT

Health and Family Welfare Department - Chief Minister's Comprehensive Health Insurance Scheme – Framing of Scheme – Orders – Issued – Amendment – Issued.

HEALTH AND FAMILY WELFARE (EAP-II(2)) DEPARTMENT

G.O. (Ms) No. 189

Dated: 29.07.2011
Thiruvalluvar Aandu – 2042
Aadi-13

Read :

1. G.O(Ms).No.49, Health and Family Welfare (EAP-II-2) Department, dated 04.02.2009.
2. G.O(Ms).No.72, Health and Family Welfare (EAPII-2) dated 18.02.2009.
3. G.O(Ms).No.146, Health and Family Welfare (EAPII-2) dated 03.06.2011.
4. G.O(Ms).No.169, Health and Family Welfare (EAPII-2) dated 11.07.2011
5. Minutes of the 1st State Empowered Committee Meeting held on 13.07.2011.

ORDER:

Based on the Governor's address in the Legislative assembly on 3.6.2011, in the G.O 3rd read above, orders have been issued terminating the Chief Minister's Insurance Scheme for Life Saving Treatments introduced in the G.O 1st and 2nd read above and it has also been ordered that the Government would launch a new Comprehensive Health Insurance Scheme shortly to achieve the objective of universal health care. The Project Director, Tamil Nadu Health Systems Project has also been instructed to terminate the existing contract with the insurance company by issuing due notice and also to get back the advance premium and service tax already paid for the remaining policy period from the insurance company.

2. In the G.O fourth read above, orders have been issued launching the new comprehensive health insurance scheme to achieve the objective of Universal Health Care to the people and sanction has also been accorded for a sum of Rs.750 crores for implementation of the scheme during the current year 2011-12. It has also been ordered constituting a State Empowered Committee under the Chairpersonship of the Chief Secretary to Government of Tamil Nadu with 12 members to process and finalise the tender, approval of various procedures, review the implementation of the Insurance Scheme periodically and also to provide operational guidelines for the implementation of the scheme whenever required.

3. In the 1st State Empowered Committee meeting held on 13.7.2011, the State Empowered Committee has suggested to name the New Comprehensive Health Insurance Scheme as

"Chief Minister's Comprehensive Health Insurance Scheme".

The State Empowered Committee has also suggested the following amendment to the existing para 4 (x) of the G.O fourth read above.

> " The tender will be valid for 4 years and extendable by one more year subject to renewal of the contract on yearly basis based on the performance indicators like claim ratio of more than 80% and annual IRDA renewal, with a provision for refund as per guidelines."

4. The Government after careful examination have decided to accept the suggestions of the State Empowered Committee at para three above. Accordingly the Government direct that the New Comprehensive Health Insurance Scheme launched in the G.O fourth read above be named as

"Chief Minister's Comprehensive Health Insurance Scheme"

The Government also issue the following amendments to the G.O fourth read above.

AMENDMENTS

In the said G.O,-

(1) for paragraph 4 (x), the following paragraph shall be substituted, namely:-

"(x) An open tender will be floated as per the provisions of Tamil Nadu Transparency in Tender Act, 1998 and the rules made thereunder to select an IRDA approved insurance company for implementing the new insurance scheme in all the districts of Tamil Nadu. The contract will be valid for 4 years and extendable by one more year subject to renewal of the contract on yearly basis based on the performance indicators like claim ratio of more than 80% and annual IRDA renewal with a provision for refund as per guidelines"

(2) for paragraph 6, the following paragraph shall be substituted, namely:-

"6. The expenditure sanctioned in para 5 above shall be debited to the following heads of account:-

i. "2210. Medical and Public Health – 80. General – 800. Other Expenditure – Schemes in the Eleventh Five Year Plan – II. State Plan – JJ. Chief Minister's Comprehensive Health Insurance Scheme – 10. Contributions – 02. Insurance Premium (DPC-2210-80-800-JJ-1020)"

ii. "2210. Medical and Public Health -80. General – 789. Special Component Plan for Scheduled Castes – Schemes in the Eleventh Five Year Plan – II. State Plan – JC. Chief Minister's Comprehensive Health Insurance Scheme – 10. Contributions - 02. Insurance Premium (DPC – 2210-80-789-JC-1020)"

iii. "2210 Medical and Public Health -80. General – 796. Tribal Area Sub-Plan – Schemes in the Eleventh Five Year Plan – II. State Plan - JB. Chief Minister's Comprehensive Health Insurance Scheme – 10. Contributions -02. Insurance Premium (DPC – 2210-80-796-JB-1027)"

The amount sanctioned above shall not be paid in cash but contra credited to the P.D. Account of Tamil Nadu Health Systems Society as detailed below:

"K. Deposits and Advances (b) Deposits not bearing interest – 8443-00. Civil Deposits – 800. Other Deposits- DJ. Deposits of Tamil Nadu Health Systems Society" (DPC – 8443-00-800-DJ-0001 (Receipts))"

5. This order issues with the concurrence of Finance Department vide its U.O No 167/DS(NK)/2011 dated:22.07.2011.

(BY ORDER OF THE GOVERNOR)

GIRIJA VAIDYANATHAN
PRINCIPAL SECRETARY TO GOVERNMENT

To
The Project Director, Tamil Nadu Health Systems Society, Chennai-6.
The Private Secretary to Chief Secretary to Government, Chennai – 9.
The Principal Secretary / Commissioner for Revenue Administration, Chennai – 5
The Principal Secretary to Government, Finance Department, Chennai – 9.
The Principal Secretary to Government, Revenue Department, Chennai – 9.
The Principal Secretary to Government, Labour and Employment Department, Chennai-9,
The Principal Secretary to Government, Municipal Administration and Water Supply Department, Chennai -9.
The Mission Director, State Health Society, Chennai – 6.
The Commissioner of Municipal Administration, Chennai – 5.
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
Accountant General, Chennai – 6/18
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.
The Law Department, Chennai-9.
SF/SC.

/ FORWARDED BY ORDER /

SECTION OFFICER

29.7.11

ABSTRACT

Chief Minister's Comprehensive Health Insurance Scheme – Continuation of the scheme from 11.01.2017 – floating of tender to select a Public Sector Insurance Company - Constitution of State Empowered Committee – Orders – Issued.

HEALTH AND FAMILY WELFARE (EAPI/1) DEPARTMENT

G. O. (Ms) No. 268

Dated: 17.11.2016
Thiruvalluvar Aandu – 2047
Dhunmuki, Karthigai – 2

Read:

1. G.O.(Ms).No. 169, Health and Family Welfare (EAPII/2) Department, dated: 11.07.2011
2. G.O.(Ms).No. 189, Health and Family Welfare (EAPII/2) Department, dated: 29.07.2011
3. G.O.(Ms).No.4, Health and Family Welfare (EAPI/1)Department, dated: 06.01.2016
4. From the Project Director, Tamil Nadu Health Systems Project, letter No. 3640/TNHSP/Ins/2016, dated: 04.08.2016

ORDER:

In the Government Orders first and second read above, orders have been issued for the implementation of Chief Minister's Comprehensive Health Insurance Scheme for a period of 4 years and extendable for one more year ,subject to renewal of contract on yearly basis based on performance and Insurance Regulatory and Development Authority (IRDA) Licence renewal. The said scheme was inaugurated with effect from 11.01.2012.

2. In the G.O third read above, orders have been issued for the extension of the Scheme for one more year from 11.01.2016 to 10.01.2017 as per the existing terms and conditions.

3. Under Chief Minister's Comprehensive Health Insurance Scheme, the premium is being paid every year in four quarterly installments on or before the first day of the quarter every year, with the year being reckoned from the date of commencement of the scheme. The first premium for the first year of the scheme would be paid on or before the date of commencement of the scheme.

4. Now, the Project Director, Tamil Nadu Health Systems Project has requested the Government orders to implement the Chief Minister's Comprehensive Health Insurance Scheme from 11.01.2017 by selecting a Public Sector Insurance Company through an open tender, constitution of State Empowered Committee and sanction of Human Resources for the above scheme.

5. The Government have carefully examined the proposal of the Project Director, Tamil Nadu Health Systems Project and order as follows;-

(a) (i) The Chief Minister's Comprehensive Health Insurance Scheme be continued from 11.01.2017.

(ii) Permission is granted to the Project Director, Tamil Nadu Health Systems Project to float the tender as per Tamil Nadu Transparency in Tenders Act 1998 and the rules framed there under to select an IRDA approved Public Sector Insurance company, to implement the Chief Minister's Comprehensive Health Insurance Scheme from 11.01.2017 for a period of 5 years.

(b) Sanction is accorded to continue the State Health Insurance Unit along with the following posts sanctioned in the G.O. mentioned against the posts.

Sl. No	Name of the post	No. of post sanctioned	Scale of pay	G.O. (Ms) No. in which sanctioned.
1.	District Revenue Officer	1	Rs.15600-39100 GP 7600	G.O. (Ms) No.325 Health and Family Welfare Department, Dated:06.10.2009
2.	Joint Director	1	Rs.15600-39100 GP7600	G.O. (Ms) No.59, Health and Family Welfare Department, Dated: 28.03.2013.
3.	Medical Officer / Deputy Director	2	Rs.15600-39100 GP 6600	G.O. (Ms) No.325, Health and Family Welfare Department, Dated:06.10.2009
4.	Medical Officer	10	Rs.15600-39100 GP 5400/ 6600 / 7600	G.O. (Ms) No.59 Health and Family Welfare Department, Dated: 28.03.2013.
5.	Chief Accounts Officer	1	Rs.15600-39100 GP 6600	G.O. (Ms) No.334, Health and Family Welfare Department, Dated: 21.10.2014.
6.	IEC Expert	1	On Contract Pay	G.O. (Ms) No.59, Health and Family Welfare Department, Dated : 28.03.2013.
7.	MIS Expert	1	On Contract Pay	G.O. (Ms) No.59, Health and Family Welfare Department, Dated: 28.03.2013.
8.	Superintendent	1	Rs.9300-34800 GP 4800	G.O. (Ms) No.325, Health and Family Welfare Department Dated:06.10.2009
9.	Assistant	1	Rs.5200-20200 GP 2800	G.O. (Ms) No.59, No.325, Health and Family Welfare Department, Dated :06.10.2009

10.	Accounts Assistant	1	Rs.5200-20200 GP 2400	G.O. (Ms) No.334, Health and Family Welfare Department, Dated: 21.10.2014.
11.	Typist/ Stenographer	1	Rs.5200-20200 GP 2400	G.O. (Ms) No.325,. Health and Family Welfare Department Dated :06.10.2009
12.	Computer Operator	3	Rs.5200-20200 GP 2400	G.O. (Ms) No.59, Health and Family Welfare Department. Dated: 28.03.2013.
13.	Office Assistant	2	Rs.4800-10000 GP 1300	G.O. (Ms) No.325, Health and Family Welfare Department, Dated:06.10.2009
14.	Office Assistant	2	Rs.4800-10000 GP 1300	G.O. (Ms) No.59, Health and Family Welfare Department, Dated: 28.03.2013.

(c). State Empowered Committee (SEC) for the implementation of CMCHIS be constituted under the Chairmanship of Chief Secretary to Government with the following 12 members as in the existing scheme, to finalize the tender document, approval of various procedures, review the implementation of the scheme periodically and also to provide operational guidelines for the implementation of the scheme whenever required:

1	Chief Secretary to Government	Chairperson
2	Principal Secretary to Government, Health and Family Welfare Department	Member
3	Principal Secretary / Commissioner for Revenue Administration	Member
4	Additional Chief Secretary to Government, Finance Department	Member
5	Principal Secretary to Government, Revenue Department	Member
6	Principal Secretary to Government, Labour and Employment Department	Member
7	Principal Secretary to Government, Municipal Administration and Water Supply Department.	Member
8	Mission Director, State Health Society.	Member
9	Project Director, Tamil Nadu Health Systems Project.	Member convener

10	Commissioner of Municipal Administration.	Member
11	Director of Medical Education.	Member
12	Director of Medical and Rural Health Services.	Member
13	Director of Public Health and Preventive Medicine.	Member

(d) the Project Director, Tamil Nadu Health Systems Project is the tender inviting authority who will receive tender, process it and submit it to State Empowered Committee (SEC) which is the tender finalizing authority.

6. This order issues with the concurrence of Finance Department vide its U.O. No.61690/Health/II/16, dated: 17.11.2016.

(BY ORDER OF THE GOVERNOR)

J.RADHAKRISHNAN
PRINCIPAL SECRETARY TO GOVERNMENT

To
The Project Director, Tamil Nadu Health Systems Project, Chennai- 6.
The Mission Director, State Health Society, Chennai-6.
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, All Deputy Directors,
The Principal Accountant General (A&E), Chennai – 18/35.
The Principal Accountant General (Audit I),Chennai -18.
The Pay and Accounts Officer (South), Chennai – 35.

Copy to:
The Personnel Secretary to Chief Secretary, Chennai-9.
The Hon'ble Chief Minister Officer, Chennai-9
The Special Officer, Chief Minister Special Cell, Chennai-9.
The Special Personal Assistant to Hon'ble Minister (Finance) Department, Chennai-9
The Special Personal Assistant to Hon'ble Minister ((Health) Department, Chennai-9
The Finance (Health – II, BG-I/BG-II) Department, Chennai – 9.
The Health and Family Welfare (Data Cell) Department, Chennai-9.
SF/SC.

// FORWARDED BY ORDER //

B. Kaja S.R.

SECTION OFFICER

17/11/16

ABSTRACT

Tamil Nadu Health Systems Project – Continuation of implementing the Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) with effect from 11.01.2017 – Orders – Issued.

HEALTH AND FAMILY WELFARE (EAPI/1) DEPARTMENT

G. O. (Ms) No.8

Dated: 10. 01 .2017
Thiruvalluvar Aandu – 2047
Dhunmuki, Margazhi – 26

Read :

1. G.O.Ms No.169, Health and Family Welfare (EAP1/1) Department, Dated:11.07.2011.
2. G.O.Ms No.189, Health and Family Welfare (EAP1/1) Department, Dated: 29.07.2011.
3. G.O.Ms No.4, Health and Family Welfare (EAP1/1) Department, Dated:06.01.2016.

Read also:

4. G.O.MS No. 268, Health and Family Welfare (EAP1/1) Department , Dated: 17.11.16.
5. Government letter No.42914/EAP1/1/2016-1, Health and Family Welfare (EAP1/1) Department, dated: 18.11.2016.
6. United India Insurance Company Limited letter dated: 03.01.2017.
7. From the Project Director, Tamil Nadu Health Systems Project letter No.6232/TNHSP/Ins- /2015, dated: 05.01.2017.

ORDER:

. The Governor of Tamil Nadu in his address in the Legislative Assembly on 16.06.2016 has made the following Announcement:

" Chief Minister Comprehensive Medical Insurance Scheme will continue to be implemented"

2. In the G.Os first to 3rd read above, Government have issued orders for the implementation of Chief Minister's Comprehensive Health Insurance Scheme for a period of 4 years and extendable by one more year, subject to renewal of contract on yearly basis based on performance and IRDA License renewal. United India Insurance Company Limited was selected to implement the scheme . The above scheme was inaugurated with effect from 11.01.2012.

3. As the existing Insurance Scheme ends on 10.01.2017, in the G.O 4th read above orders have been issued for the continuance of the Chief Minister's Comprehensive Health Insurance Scheme from 11.01.2017 and the Project Director, Tamil Nadu Health Systems Project has been permitted to float tender to select the IRDA approved Public Sector Insurance Company with the approval of State Empowered Committee.

4. The improved conditions approved by State Empowered Committee in the Chief Minister's Comprehensive Health Insurance Scheme to be implemented from 11.01.2017 are as follows:

The sum assured is Rs. 1.lakh per year per family along with provision to pay upto Rs. 2 lakh for specialized procedure . 312 new procedures have been added and 250 exisiting procedures have been merged and 45 low utilization procedures have been removed making the scheme qualitatively better with 1027 medical & surgical.treatment procedures, 154 specialized procedures, 154 follow up procedures,38 standalone diagnostic procedures 158 procedures reserved for Government. Health Facilities 8 high end procedures will be approved on specific government/ committee approval where insurance company liability is restricted to 2 lakh only and preauth/claim processing. Unlisted procedures are not covered as a norm. Migrants engaged in construction work who resided for more than six months in the state as certified by suitable authority will be included. Orphans as defined by the state government will be given single card. Provision to implement other schemes like Government Of India will be available. The details of eligible persons name will be uploaded in the website for transparency.

5. The Project Director, Tamil Nadu Health Systems Project in the letter 7th read above has stated that all the formalities of the tenders were completed and L1 tenderer United India Insurance Company Limited was selected which quoted Rs.699 as premium per family/per year. The State Empowered Committee has approved the above proposal.

6. As per the tender terms, on the date of signing the agreement, 50% of premium for 1.34 crore families and on the date of commencement of the scheme on (11.01.2017), 25% of the premium are to be paid to the selected Public Sector Insurance Company. This will require an amount of Rs. 808 crore. An amount of Rs. 254 crore is already available with Tamil Nadu Health Systems Project . So an

additional amount of Rs. 554 crore is to be sanctioned now so as to make payment towards premium to the United India Insurance Limited at the time of signing the agreement. The Project Director, Tamil Nadu Health Systems Project has requested the Government to sanction an additional amount of Rs. 554 crore.

7. The Government after careful examination of the above proposal issue the following orders:

I. The lowest rate of premium amount of Rs. 699 per annum/per family quoted by United India Insurance Company to implement the Chief Minister's Comprehensive Health Insurance Scheme from 11.01.2017 is approved.

II. The Project Director, (i/c) Tamil Nadu Health Systems Project is permitted to issue letter of award of tender to the United India Insurance Company @ Rs.699/- (Rupees Six Hundred and Ninety Nine Only) per annum / per family to implement Chief Minister's Comprehensive Health Insurance Scheme with effect from 11.01.2017 as per terms and conditions issued in tender document.

8. Necessary funds of Rs. 554 crore(Rupees.Five hundred and fifty four crore only) will be provided towards payment of 75% of the premium amount to the United India Insurance Company Limited in Budget Estimate 2017-2018.

9. The Payment of premium is debitable to the following Head of Account:

(i) 2210 Medical and Public Health
80 General
789 Special Component Plan for Scheduled castes
Schemes in the Twelfth Five Year Plan.
II State Plan
JC Chief Ministers Comprehensive Health Insurance Scheme
10 Contributions
02 Insurance Premium
(DPC 2210 80 789 JC 1020)

(ii) 2210 Medical and Public Health
80 General
796 Tribal Area Sub Plan Schemes in the Twelfth Five Year Plan
II State Plan
JB Chief Ministers Comprehensive Health Insurance Scheme
10 Contributions
02 Insurance Premium
(DPC 2210 80 796 JB 1027)

(iii) 2210 Medical and Public Health
80 General
800 Other Expenditure
Schemes in the Twelfth Five Year Plan
II State Plan

JJ Chief Ministers Comprehensive Health Insurance Scheme
10 Contributions
02. Insurance Premium
(DPC 2210 80 800 JJ 1020)

The amount drawn from the above Head of Account shall not be paid in cash but contra credited to the Personal Deposit (PD) Account of Tamil Nadu Health Systems Societies as detailed below.

" K Deposits and Advances (b) Deposits not bearing interest – 8443.00 Civil Deposits – 800 – Other Deposits – DJ- Deposits of Tamil Nadu Health Systems Society"

Data Processing Code

Receipts	Outgoing
(8443-00-800-DJ-0001)	(8443-00-800-DJ-0002)

10. This orders issues with the concurrence of Finance Department vide its U.O.No. 16/S(E)/Health-II/2017, dated: 10.01.2017.

(BY ORDER OF THE GOVERNOR)

J.RADHAKRISHNAN
PRINCIPAL SECRETARY TO GOVERNMENT

To
The Project Director, Tamil Nadu Health Systems Project, Chennai- 6.
The Mission Director, State Health Society, Chennai-6.
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, All Deputy Directors,
The Principal Accountant General (A&E), Chennai – 18/35.
The Principal Accountant General (Audit I),Chennai -18.
The Pay and Accounts Officer (South), Chennai – 35.

Copy to:
The Personnel Secretary to Chief Secretary, Chennai-9.
The Hon'ble Chief Minister Officer, Chennai-9
The Special Officer, Chief Minister Special Cell, Chennai-9.
The Special Personal Assistant to Hon'ble Minister (Finance) Department, Chennai-9
The Special Personal Assistant to Hon'ble Minister (Health) Department, Chennai-9
The Finance (Health – II, BG-I/BG-II) Department, Chennai – 9.
The Health and Family Welfare (Data Cell) Department, Chennai-9.
SF/SC.

// FORWARDED BY ORDER //

SECTION OFFICER

03 AUG 2018

4003

ABSTRACT

Pradhan Mantri Rashtriya Swasthya Suraksha Mission (PMRSSM) integration with Chief Minister's Comprehensive Health Insurance Scheme – Orders - Issued.

HEALTH AND FAMILY WELFARE (EAPI-1) DEPARTMENT

G.O.(Ms).No. 323 **Dated: 02.08.2018**
Thiruvalluvar Aandu – 2049
Vilambi, Aadi – 17

Read :

1. From the Secretary, Government of India, Department of Health and Family Welfare, Ministry of Health and Family Welfare letter No. S-12012/ 27/2018-RSBY, dated: 21.03.2018.
2. From the Project Director, Tamil Nadu Health Systems Project, letter No. 695/ TNHSP/ Ins/ 2018, dated: 26.02.2018, 26.03.2018 & 24.04.2018

ORDER:

The Hon'ble Finance Minister of Government of India in the budget speech in February 2018 has made the following announcement

" To launch a flagship National Health Protection Scheme to cover 10 crore poor and vulnerable families (approximately 50 crore beneficiaries) providing coverage up to 5 lakh rupees per family per year for secondary and tertiary care hospitalization. The eligible beneficiaries will be selected as per the SECC data."

2. Subsequently, the Hon'ble Chief Minister of Tamil Nadu among others has made the following announcement in the State budget speech 2018-2019.

" Health Insurance Scheme will be suitably dovetailed with the National Health Protection Scheme under Ayushman Bharat Programme that has been recently announced by the Government of India."

3. The Project Director, Tamil Nadu Health Systems Project has stated that in the National level consultation of working groups the following submissions have been made for consideration:

(i) Government of India Secretary and the NITI Aayog member have been requested to allow integrating Chief Minister's Comprehensive Health Insurance Scheme and not considering transition to the Government of India scheme.

(ii) Flexibility to the State should be given on database and ideally, NFSA data could be used rather than SECC data as it is statutory and legally valid.

(iii) Based on SECC data, to give the 60% share of the eligible families rather than the identification of families since it is anyway going to be the subset of our bigger validated Chief Minister's Comprehensive Health Insurance Scheme Tamil Nadu database. As per the presently available numbers under SECC for Tamil Nadu it is around 65 lakh and Government of India will support 60% of premium/cost for them.

(iv) The concept of placing "Ayushmann Mitra" for empanelled hospitals by the Government has not been agreed as TPA / Insurance company have already engaged coordinating personnel in the hospitals.

(v) Software is to be State's own and the required data will be shared preferably through API at the expected frequency.

(vi) State should have the freedom to add or delete procedures from the wish list of Government of India and also reserving them for the Government sector. With regard to pricing also State will take a call based on the indicative package rate proposed by Government of India.

4. The Project Director, Tamil Nadu Health Systems Project has further stated that Government of India have stated that for States like Tamil Nadu which have existing schemes they will use such existing terms and also work in cabinet note on such groupings such as States with existing schemes, States with trust, States with RSBY and assurance and States with no schemes.

5. The Project Director, Tamil Nadu Health Systems Project has also stated that the Government of India is in favour of accepting all the submissions of the State.

6. Further the Government have constituted a Core Committee under the Chairmanship of the Managing Director, Tamil Nadu Medical Service Corporation for handling issues related to the implementation of National Health Protection Mission along with Chief Minister's Comprehensive Health Insurance Scheme. The Committee so far has conducted three meetings. The recommendations of the first meeting of Core Committee are as follows :

1. To implement NHPS proposed by Government of India by integrating in to Chief Minister's Comprehensive Health Insurance Scheme Tamil Nadu scheme as per the Guidelines proposed by Government of India.

2. To expand the coverage to Rs.5/-lakh /Annum/Family for remaining (left out from SECC data) Chief Minister's Comprehensive Health Insurance Scheme Tamil Nadu beneficiaries also.

3. To provide suitable budgetary provision for the State share.

7. The Government after careful examination has decided to accept the recommendations of the core committee and issue the following order, subject to submissions in para 3 above.

1. The National Health Protection Scheme (NHPS) proposed by Government of India (GOI) shall be implemented in Tamil Nadu by integrating with Chief Ministers comprehensive Health Insurance Scheme Tamil Nadu (CMCHISTN) scheme, as per the Guidelines proposed by Government of India.

2. The coverage of Rs. 5/-lakh/Annum/Family be expanded to the remaining (left out from SECC data) Chief Ministers comprehensive Health Insurance Scheme Tamil Nadu (CMCHISTN) beneficiaries also.

8. This order issues with the concurrence of the Finance Department vide its U.O.No.23347/Health-II/28, dated: 29.06.2018

(BY ORDER OF THE GOVERNOR)

J.RADHAKRISHNAN
PRINCIPAL SECRETARY TO GOVERNMENT

To
The Project Director, Tamil Nadu Health Systems Project, Chennai-9
The Personal Secretary to Chief Secretary to Government, Chennai-9
The Additional Secretary to Government, Finance Department, Chennai-9
The Managing Director, Tamil Nadu Medical Service Corporation, Chennai-6
The Mission Director, National Health Mission, Chennai-6
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.

Copy to
The Hon'ble Chief Minister's Office, Chennai-9
The Special Personal Assistant to Hon'ble Minister (Health/Finance), Chennai-9
The Finance (Health-I) Department, Chennai-9.
Health and Family Welfare (Data Cell) Department, Chennai-9.
SF/SC

//FORWARDED BY ORDER //

B. Jayalakshmi
SECTION OFFICER

ABSTRACT

Pradhan Mantri Jan Arogya Yojana (PMJAY) - Permission to pay Rs.30 crore as initial fund to United India Insurance Company (UIIC) for the implementation of Pradhan Mantri Jan Arogya Yojana from corpus fund of Chief Minister's Comprehensive Health Insurance Scheme and amount will be adjusted with the funds by the Government of India - Sanctioned - Orders - Issued.

HEALTH AND FAMILY WELFARE (EAPI-1) DEPARTMENT

G.C.(Ms).No.550 **Dated: 28.11.2018**
Thiruvalluvar Aandu – 2049
Vilambi, Karthigai – 12

Read :

1. G.O.(Ms).No.323, Health and Family Welfare (EAPI-1) Department, dated: 02.08.18
2. From the Project Director, Tamil Nadu Health Systems Project, letter No.695/ TNHSP/ Ins-1/ 2018, dated: 25.10.2018.

ORDER:

In Government Order first read above, orders have been issued for integrating Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY) with Chief Minister's Comprehensive Health Insurance Scheme. In this connection the event of signing of Memorandum of Understanding (MoU) between State Government and Government of India was held on 11.09.2018 in the Conference Hall, Tamil Nadu Health Systems Project. The Memorandum of Understanding (MoU) has been signed by Principal Secretary to Government Health & Family Welfare Department, Government of Tamil Nadu and Dr. Indu Bhushan, Chief Executive Officer, Ayushman Bharat. And the integration of Pradhan Mantri Jan Arogya Yojana (PMJAY) with Chief Minister's Comprehensive Health Insurance Scheme was launched by Hon'ble Health Minister on 23.09.2018. The activities for the integration are in progress.

2. The Project Director, Tamil Nadu Health Systems Project has stated that Pradhan Mantri Jan Arogya Yojana (PMJAY) 77,70,928 poor and vulnerable families in Tamil Nadu in Socio Economic Caste Census (SECC) data will benefit from access to provision of cashless and paperless treatment in empanelled hospitals through health insurance coverage up to 5 lakh rupees per family per year for secondary and tertiary care hospitalisation. Due to integration the individuals not enrolled under Chief Minister's Comprehensive Health Insurance Scheme who are in the SECC list shall be issued new Chief Minister's Comprehensive Health Insurance Scheme cards after enrolment as per procedure including any left out eligible other beneficiaries. The Government have also decided that the uncovered families (other than SECC list) under Chief Minister's Comprehensive Health Insurance Scheme also will get enhanced coverage upto Rs. 5 lakh per annum to ensure uniform benefit to all. Currently the Chief Minister's Comprehensive Health Insurance Scheme caters to 1.47 Crore families at a premium of Rs.699/- per family per annum for a coverage benefit of Rs.1 Lakh and for 154 specialized procedures upto Rs.2 lakh. After integration with Ayushman Bharat Pradhan Mantri Jan Arogya

Yojana (PMJAY) Chief Minister's Comprehensive Health Insurance Scheme coverage will be enhanced upto Rs.5 Lakh per family per annum. (Under CMCHIS total procedure -1027)

3. The Project Director, Tamil Nadu Health Systems Project has further stated that UIIC have agreed to provide service as per the above Memorandum of Understanding (MoU) for the implementation of Pradhan Mantri Jan Arogya Yojana (PMJAY) along with Chief Minister's Comprehensive Health Insurance Scheme and requested that since the incidence and outgo data is not available for the impact of increased sum assured a provisional premium of Rs.50/-crore (Excluding taxes) inclusive of administrative cost may be paid at the inception of this extension endorsement to the main policy. On the expiry of policy on 10.01.2019 premium of this endorsement may be adjusted as per emerging experience. The endorsement may be evaluated on a quarterly basis.

4. The Project Director, Tamil Nadu Health Systems Project has requested the Government to grant permission to pay Rs.30 crore as initial fund to United India Insurance Company for the implementation of Pradhan Mantri Jan Arogya Yojana (PMJAY) with Chief Minister's Comprehensive Health Insurance Scheme, from corpus fund of Chief Minister's Comprehensive Health Insurance Scheme and this amount will be adjusted with the funds to be sanctioned by the Government of India towards Pradhan Mantri Jan Arogya Yojana (PMJAY).

5. The Government after careful examination has decided to accept the request of the Project Director, Tamil Nadu Health Systems Project and grant permission to her to pay Rs.30 crore as initial fund to United India Insurance Company (UIIC) for the implementation of Pradhan Mantri Jan Arogya Yojana (PMJAY) with Chief Minister's Comprehensive Health Insurance Scheme, from corpus fund of Chief Minister's Comprehensive Health Insurance Scheme and to adjust this amount with the funds to be sanctioned by the Government of India towards Pradhan Mantri Jan Arogya Yojana (PMJAY).

6. This order issues with the concurrence of the Finance Department vide its U.O.No. 56485/Health2/18, dated: 19.11.2018

(BY ORDER OF THE GOVERNOR)

J.RADHAKRISHNAN
PRINCIPAL SECRETARY TO GOVERNMENT

To.
The Project Director, Tamil Nadu Health Systems Project, Chennai-9
The Principal Account General (A&E), Chennai-18.
The Principal Account General, (Audit I), Chennai-18.

Copy to
The Special Personal Assistant to Hon'ble Minister (Health& Family Welfare), Chennai-9.
The Finance (Health-I) Department, Chennai-9.
The Health and Family Welfare (Data Cell) Department, Chennai-9.
SF/SC

//FORWARDED BY ORDER //

B. Jayalakshmi
SECTION OFFICER

ABSTRACT

Chief Minister's Comprehensive Health Insurance Scheme - Administrative Sanction to continue to implement the Chief Ministers Comprehensive Health Insurance Scheme from 11.01.2022 for a period of 5 years by selecting the insurance Company through an open tender to constitute a State Empowered Committee and etc – Sanctioned - Orders- Issued.

HEALTH AND FAMILY WELFARE (EAPI-1) DEPARTMENT

G.O.(Ms)No.530

Dated: 25.11.2021
Thiruvalluvar Aandu – 2052
Pilava, Karthigai – 09

Read :

1. G.O.(Ms)No.49, Health and Family Welfare (EAPII(2)) Department, Dated: 04.02.2009.
2. G.O.(Ms)No.72, Health and Family Welfare (EAPII(2)) Department, Dated: 16.02.2009.
3. G.O.(Ms)No.169, Health and Family Welfare (EAPII(2)) Department, Dated: 11.07.2011.
4. G.O.(Ms)No.189, Health and Family Welfare (EAPII(2)) Department, Dated: 29.07.2011.
5. G.O.(Ms)No.268, Health and Family Welfare (EAPI-1) Department, Dated: 17.11.2016.
6. G.O.(Ms)No.8, Health and Family Welfare (EAPI-1) Department, Dated: 10.01.2017.
7. G.O.(Ms)No.323, Health and Family Welfare (EAPI-1) Department, Dated: 02.08.2018.

Read also:

8. From the Project Director, Tamil Nadu Health Systems Project Letter No.4623/TNHSP/INS/2021, Dated: 14.09.2021.

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ORDER:

The Governor of Tamil Nadu in his address in the Legislative Assembly on 21.01.2009 has made the announcement, a new scheme called "Chief Minister Scheme" for life saving treatments will be launched to ensure that such poor and low income groups who cannot afford costly treatment, are able to get free treatment in Government as well as private hospitals for such serious ailments. Under this scheme, each beneficiary family will be insured for availing free treatment upto Rs.1 lakh. The Government will bear the entire premium for this purpose. About one crore poor families in the State will benefit from this revolutionary scheme. In Government Order first read above, the Government have approved Chief Minister's Insurance Scheme for Life Saving Treatments for the benefit of the poor people.

2. In Government Order second read above, the Government directed to change the name of 'Chief Minister's Insurance Scheme' as 'Chief Minister Kalaignar's Insurance Scheme for Life Saving Treatments' (உயிர் காக்கும் உயர் சிகிச்சைக்கான முதல்வர் கலைஞரின் காப்பீட்டுத் திட்டம்).

3. In Government Orders third and fourth read above, Government have issued orders for the implementation of Chief Minister's Comprehensive Health Insurance Scheme for a period of 5 years and subject to renewal of contract with Insurance Company on yearly basis based on performance and Insurance Regulatory and Development Authority (IRDA) Licence renewal and the scheme was continued with effect from 11.01.2012 to 10.01.2017.

4. In Government Orders fifth and sixth read above, orders have been issued for the extension of the Scheme for five more year from 11.01.2017 to 10.01.2022.

5. In Government Order seventh read above, the Government of India implemented the Ayushman Bharath – Pradhan Mantri Arogya Jan Yojana scheme in Tamil Nadu by integrating with Chief Minister's Comprehensive Health Insurance Scheme. In the floor of assembly on 02.09.2021, Government have announced for the extension of the Chief Minister's Comprehensive Health Insurance Scheme for next five year from 11.01.2022 to 10.01.2027 with increased number of procedures through the Public Sector Insurance Company for the benefit of the poor and needy people. The sum assured for Rs.5 lakhs per family for a year and Government have sanctioned Rs.1248.29 crores for this financial year.

6. In the letter eighth read above, the Project Director, Tamil Nadu Health Systems Project has requested the Government to issue orders for the following to continue the scheme for further 5 years from 11.01.2022.

7. The Government after careful examination of the proposal of the Project Director, Tamil Nadu Health Systems Project have decided to accept the same and issue the following orders:-

i. Administrative sanction is accorded to continue State Health Insurance Unit along with Human Resource sanctioned in fifth read above and to continue to implement CMCHIS integrated with AB-PMJAY scheme from 11.01.2022 for a period of 5 years by selecting the Insurance Company through an open tender.

ii. Permission is accorded to float the tender as per Tamil Nadu Transparency in Tenders Act 1998 and the rules 2000 framed thereunder.

iii. A Tender Scrutiny and Evaluation Committee constituted with the following officials shall finalize the Tender Document including scheme features of forthcoming Chief Minister's Comprehensive Health Insurance Scheme implementation for the period 11.01.2022-10.01.2027:-

1.	Officer on Special Duty	Health and Family Welfare Department, Secretariat, Chennai-9.
2.	Representative of Finance Department	Finance Department, Secretariat Chennai-9.
3.	The Managing Director	Tamil Nadu Medical Services Corporation, Egmore, Chennai-8

4.	Project Director	Tamil Nadu Health Systems Project, Chennai-6.
5.	Financial Advisor & Chief Accounts Officer.	Tamil Nadu Health Systems Project, Chennai-6.
6.	District Revenue Officer	Tamil Nadu Health Systems Project, Chennai-6.
7.	Joint Director (CMCHIS)	Tamil Nadu Health Systems Project, Chennai-6.

7. State Empowered Committee (SEC) constituted with the following members shall finalise the tender document, processing and finalization of tender, approval of various procedures, review the implementation of the scheme periodically and also to provide operational guidelines for the implementation of the scheme whenever required. The Project Director, Tamil Nadu Health Systems Project is the tender inviting authority who will receive tender process and submit to State Empowered Committee which is the tender finalizing authority.

1.	Chief Secretary to Government	Chairperson
2.	Additional Chief Secretary to Government, Municipal Administration and Water Supply Department	Member
3.	Principal Secretary to Government, Finance Department	Member
4.	Principal Secretary / Commissioner for Revenue Administration Disaster Management and Mitigation	Member
5.	Principal Secretary to Government, Revenue and Disaster Management Department	Member
6.	Principal Secretary to Government, Health and Family Welfare Department	Member
7.	Principal Secretary / Officer on Special Duty, Health and Family Welfare Department	Member
8.	Principal Secretary to Government, Labour Welfare and Skill Development Department	Member
9.	Mission Director, State Health Society.	Member
10.	Project Director, Tamil Nadu Health Systems Project	Member convener
11.	Director of Municipal Administration.	Member
12.	Director of Medical Education.	Member
13.	Director of Medical and Rural Health Service.	Member
14.	Director of Public Health and Preventive Medicine.	Member

8. This order issues with the concurrence of the Finance Department vide its O.No.53035/Finance (Health-II)/2021, Dated: 25.11.2021.

(BY ORDER OF THE GOVERNOR)

J.RADHAKRISHNAN
PRINCIPAL SECRETARY TO GOVERNMENT

ıe Project Director, Tamil Nadu Health Systems Project, Chennai-9.
ıe Personal Secretary to Chief Secretary to Government, Chennai-9.

The Additional Secretary to Government, Finance Department, Chennai-9.
The Managing Director, Tamil Nadu Medical Services Corporation, Chennai-6.
The Mission Director, National Health Mission, Chennai-6.
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.
Copy to
The Private Secretary to Chief Secretary, Chennai-9.
The Private Secretary to Principal Secretary (Finance), Chennai-9.
The Hon'ble Chief Minister's Office, Chennai-9
The Special Personal Assistant to Hon'ble Minister (Health and Family Welfare), Chennai-9.
The Special Personal Assistant to Hon'ble Minister (Finance & HRM), Chennai-9.
The Finance (Health-II) Department, Chennai-9.
Health and Family Welfare (Data Cell) Department, Chennai-9.
SF/SC.

//FORWARDED BY ORDER //

25.11.2021.

SECTION OFFICER

Enclosure 2

"Chief Minister's Comprehensive Health Insurance Scheme Guidelines", 2022

1. Title

These Guidelines may be called as the "Chief Minister's Comprehensive Health Insurance Scheme" Guidelines, **2022**.

2. Application

The "Chief Minister's Comprehensive Health Insurance Scheme" is launched to improve health access to residents of the state so as to move towards Universal Health Coverage. All the "eligible persons" as defined in clause 3 of these guidelines are eligible for "entitlements" defined in the same clause to the Guidelines in any of the empanelled hospitals subject to package rates on cashless basis through health insurance card or other approved identification mechanism.

3. Definitions

In these Guidelines, unless the context otherwise required

(a)"**Eligible person**" means the resident of TamilNadu as indicated by the presence of his/her name in the ration card database / NPR database of the state. For all the resident families whose annual income is less than Rs.1,20,000/- per annum are eligible for coverage under the "Chief Minister's Comprehensive Health Insurance Scheme" where Government will pay the premium. For being eligible for benefits under the scheme, it is sufficient to produce family card and income certificate by the VAO / Revenue authorities online along with the self-declaration of the head of the concerned family. The details of all the beneficiaries will be uploaded **on a real time basis** in the website for transparency.

The migrants covered under AB PMJAY shall get benefits through portability. Migrants from the states who do not implement PMJAY can also join this CMCHIS along with a request letter for whom the labour department will pay premium, provided they have resided for more than six months in the state as certified by suitable authority. Premium for Labour Welfare Board /Construction workers to be met by Tamil Nadu construction Workers Welfare board only. Orphans residing in any registered/ unregistered organization can be given a single card without ration card and the Government will pay premium. This also includes the rescue girl children and any other person defined as orphan by the government.

Transgender and Mentally ill patients may be enrolled without ration card and income certificate however Ration card details if available should be collected and Aadhaar cards should be cross verified against NFSA / PDS database in order to validate.

Enrolment of PMJAY beneficiaries will be done based on the availability of SECC eligibility.

De-duplication of Pensioners, Govt. employees from the CMCHIS database shall be completed & beneficiaries should be removed from database with proper notification to the individual through the concerned District Collector.

The Insurance company should ensure that the ineligible persons as per scheme norms will not be included in the scheme.

(b)**"Entitlement"** means the provision of coverage up to Rs. 5 lakh / per family per year for the procedures in **Annexure C**, Diagnostic services as per Annexure D (if any other diagnostic test needed as per protocol in GH over and above listed in **Annexure D**, (the Government hospitals are authorized to get the test done outside at the rate approved by the local committee and the amount incurred should be paid by the Hospital from the claims amount available with the hospital), Follow up services as per **Annexure E** (All the procedures listed in Annexure E are eligible for follow up in addition any other specific procedure listed in Annexure C is also

eligible for follow up in consultation with Public Sector Insurance Company and listed), Tentative list of procedures which can be reserved to the Government institutions as per **Annexure F**, High end procedures as per **Annexure G** (the procedures will be approved under insurance after obtaining approvals in the High end technical committee constituted by the TNHSP where Public Sector Insurance Company liability is up to 5 lakhs and Preauth / Claim processing including Follow-up) in any of the empanelled hospitals subject to package rates on cashless basis through health insurance card issued for CMCHISTN or any other identification mechanism as agreed. Outcomes of High-end Procedures should be evaluated periodically, follow-up and post-op complications of all High-end procedures will be included in the liability of the insurer. The cost over and above the insurer's liability will be borne through the corpus fund. All private hospitals performing high end procedures will pay 3% of the total high end package cost to corpus fund of TNHSP. Rehabilitation and Palliative care as per **Annexure H**. The Public Sector Insurance Company should ensure that beneficiaries are getting treated for the approved procedures without any additional payments.

With reference to any additional procedures implemented through assurance mode, the liability will be reimbursed through selected Insurance Company /their TPA. The Government reserves the right to convert the same into insurance mode by converting such quantified annual liability into insurance premium for the covered families.

The specific guidelines for the high-end procedures, Rehabilitation and Palliative care procedures to be formed in consultation with the stakeholders.

The guidelines, protocols and minimum requirements etc. for each of these procedures / services to be arrived by selected insurer in consultation with Tamil Nadu Health Systems Project.

(c) **"Family"** includes the eligible member, and the members of his or her family as detailed below:

(i) Legal spouse of the eligible person

(ii) Children of the eligible person

(iii) Dependent parents of the eligible person

Provided that if any person, in any of the categories at i, ii, or iii above, finds place in the family card / NPR database, then it shall be presumed that the person is member of the family and no further confirmation would be required. Sri Lankan refugees in the camps are also eligible without any income limit.

(d)**"Government"** means Government of Tamil Nadu.

(e)**"Guidelines"** means the "Chief Minister's Comprehensive Health Insurance Scheme" Guidelines, 2022.

(f) **"Hospital"** means any institution established for inpatient medical care with sufficient facilities for the disease treatment and surgeries which would fulfill the criteria under Clause 8 of Guidelines below and which has been included, in the approved network of hospital by the successful Bidder through EDC (Empanelment and Disciplinary Committee).

The hospital should obey all the government rules and regulations including the Clinical Establishment Act, IRDA orders etc. It should be followed as and when it is notified.

(g)**"Scheme"** means the "Chief Minister's Comprehensive Health Insurance Scheme" ordered in G.O.(Ms) No.169, H&FW (EAP-II(2))Dept, dated:11.07.2011, along with provisions included in the Government Order and further amendment to this Government Order.

(h)**"Third Party Administrator**" means an organization, as defined and licensed under the Insurance Regulatory and Development Authority, (Third Party Administrators – Health Services) Regulations, 2001, and is engaged for a fee or remuneration by a Public Sector insurance company for the provision of health services.

(i) **"Society"** means as Tamil Nadu Health Systems society which is carrying out the activities of Tamil Nadu Health Systems Project as per the GO.Ms.No.142 H&FW EAPI/1 dated 12.5.2008.

4. Objectives

The main objective of the Scheme is to provide quality health care to the eligible persons through empanelled Government and Private Hospitals and to reduce the financial hardship to the enrolled families and move towards universal health coverage by effectively linking with public health system.

5. Scope of the Scheme.

The Scope of the scheme shall be to provide coverage as per "entitlement" for the eligible expenses incurred by the "eligible person" on behalf of himself or any member of his or her family for the treatment of procedures listed in the **Annexure C, D, E, F, G and H** to the guidelines. The coverage will include all the cost of treatment from admission to discharge after completion of treatment including bed charges in General ward, Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray, Diagnostic Tests, food to inpatient and transport cost in public transport, follow up medicines etc.

Complications arising out of the treatment, other than iatrogenic causes, is covered and the treatment to be rendered, if needed separately, under the packages available.

Expenses incurred for diagnostic test leading to the treatment of the patient done before the admission at the same hospital of treatment and the cost of medicine upto 5 days following the discharge from the hospital for the same ailment / surgery including transport expenses will also be the part of the package.

For the identified follow up procedures listed in **Annexure E** to the guidelines, coverage will be provided for the extended period of time as a separate package. The specific guidelines for the high-end procedures, Rehabilitation and Palliative care procedures to be formed in consultation with the stakeholders. The number and scope of procedures covered under the scheme may be modified with mutual consent, with the approval of the Core Committee.

The Project Director, Tamil Nadu Health Systems Society reserves the right to reserve certain procedures for the Government hospitals as per **Annexure F** which is a tentative, illustrative list. This list can be modified any time by Tamil Nadu Health Systems Society in consultation with health directorates and approval of Government.

If required the successful bidder may be requested to implement any other similar schemes implemented by the Government of Tamil Nadu or Government of India on mutually agreed terms and conditions as approved by state empowered committee.

6. Diagnostic procedures

a) The diagnostic procedures leading to surgery / medical management under this insurance scheme will be part of the package.

b) For the patients referred through Government facility who require to undergo further diagnostic procedures specified in **Annexure D** to the guidelines, at the empanelled hospitals / diagnostic centers, the cost for the diagnostic procedures will be reimbursed as a separate package cost, if those diagnostic procedures do not lead to an approved procedure for surgery / medical management under the scheme. This facility is also not available to the patients who are directly approaching the private hospitals / Diagnostic centers without referral from Government hospitals.

c) The cost of diagnostic procedure that need not be deducted from primary procedure are high end investigations such as PET / SPECT, Gene Analysis, IHC, etc. The list of procedures to be finalised.

d) The diagnostic procedures referred to a Private centre through a Government Hospital must be unavailable in the Hospital or any nearby Government Hospital within the Taluk / Zone of the Private centre or the referring Government Hospital. The Outcome of Diagnostic investigations referred through Government Hospitals to Private centers may be audited to ensure the appropriateness of the Referrals and Outcomes.

7. Empanelment and Disciplinary Committee

The committee under the chairmanship of Project Director, Tamil Nadu Health Systems Society with one member from Public Sector Insurance company and officials from State Health Insurance Unit in the Tamil Nadu Health Systems Society to empanel and regulate the functioning of the network hospitals under this scheme. The quality parameters of the hospital will have a weightage while selecting the hospital in EDC. The Public Sector Insurance Company and TPA to provide all the necessary support for conducting the EDC meeting.

8. Hospitals to be covered under the Scheme

(1) The Hospitals under the Scheme shall include both Government and private hospitals including hospitals run by NGOs. All the existing empanelled hospitals will continue to perform under CMCHIS, the selected insured should assess the infrastructure and facilities within six months and submit the inspection reports.

A hospital shall be qualified and tied up as a networked hospital by the successful bidder with the approval of Empanelment and Disciplinary Committee only if it complies with the minimum criteria as under:

(a) The health care facility should have at least 30 in-patient beds. Empanelment and Disciplinary Committee may give exemption for single-speciality hospitals and in remote areas or on specific requirements.

(b) It should be equipped and engaged in providing medical and surgical facilities along with diagnostic facilities i.e. Pathological tests, X-ray and other

investigations like Electrocardiograph etc., for the care and treatment of injured or sick persons as in-patients; Provided that hospitals may get diagnostic tests done through established diagnostic centers outside the hospital on mutual agreement.

(c) It should have a fully equipped operation theatre of its own wherever surgical operations are carried out and it should be microbiologically safe to operate.

(d) It should have sufficient number of Specialists, Duty Medical officers, Nursing staff, human resources and all essential personnel to be physically in charge round the clock. The necessary certificates to be produced during empanelment. All certificates and documents must be uploaded in the online portal and updated periodically.

(e) It should maintain complete records as required on a day-to-day basis and be able to provide necessary records of any patient to the successful bidder, Project Director, Tamil Nadu Health Systems Society or their representatives as and when required.

(f) The quality of labs to be ensured in empanelled hospitals by including under EQAS/IQAS and calibration at prescribed intervals.

(g) Hospitals should have Building Plan Approval, Fire Department Clearance Certificate, Pollution Control Board Certificate, Bio Medical Waste management, Lift License (for multi-floor building), Occupancy Certificate, Opium License (Super Speciality Hospitals), Hospital Registration Certificate, CEA / Medical Council / Association Registration, Morphine License (Super Speciality Hospitals), PCPNDT Act Registration Surgical Spirit License. All licenses and certificates to be renewed at the prescribed intervals with the Control Boards or Authorized Agencies. Single Speciality Hospitals, Standalone Dialysis, Diagnostic, Disability welfare centers, Rehabilitation centers etc. may be exempted from the above where applicable.

(h) The hospitals need NABH entry level accreditation / equivalent GOI quality norms for empanelment. The hospitals in the process of doing accreditation / GOI quality norms are also eligible for empanelment.

Exceptions may be provided for Standalone Dialysis, Diagnostic, Disability welfare centers, Rehabilitation centers etc. where applicable. Hospitals who have not even applied for any Quality Accreditation shall be de-empanelled through EDC, however they will be eligible for empanelment after applying for Quality Accreditation.

(i) Private Hospitals who perform High-end Procedures, must be fully accredited by NABH / JCI / GOI / NHA - AB-PMJAY (Gold – Certification) for empanelment.

(j) Any inclusion of a Super speciality or High-end procedures for an empanelled Hospital should be based on outcome assessment of minimum 10 cases each procedure of the speciality (e.g. PTCA / Valve Replacement Surgery/Replacement surgeries). Procedure of a similar nature may be clubbed for 10 cases (e.g. ASD / VSD / PDA - Device closure) as a private player before inclusion under CMCHIS. Exception may be provided for hospital in remote areas or on specific requirements based on EDC Approval.

(k) All Institutions covered under CMCHIS will be automatically empanelled under PMJAY with in the state, based on performance & Quality parameters, Hospitals empanelled under the state scheme should provide portability benefits to other state patients as required under PMJAY or any other scheme of GOI, if mandated, as directed by the State / CMCHIS Authorities. Exception may be provided by the Core Committee if the entity cannot perform due to the existing patient burden.

(l) Centers identified by Commissionerate For Welfare of the differently Abled or any other Government departments to render the services available under the scheme will continue to be considered as per the EDC norms and the requirement

(m) Government Institutions shall also apply in the online portal for empanelment providing the Documentary Requirement for both the state and the central schemes. Government hospitals also should undergo facility assessment and quality standards.

(n) Minimal documentation with investigative evidence will be insisted for Government Health institutions. The protocols to be framed as per the requirements of the package. The Preauth shall be approved based on minimal documentation to substantiate the diagnosis with requisite investigations. The treatment documents shall be scrutinised during the claims stage.

(o) The regional mapping for Private Hospitals to be done for both specialty (availability of Doctor) doctor wise and Block / Taluk wise availability of doctors. The hospital in those places where the availability is lacking should be given preferences for the empanelment. Multiple Hospitals within the same area may be considered if any of the specialities offered varies.

(p) Diagnostic centers providing same services that are available in the Government Hospitals within the same vicinity (10 Kms) will be empanelled purely based on the need for the investigative services that are rendered and the requirements of the scheme. Exceptions may be provided at the discretion of the EDC committee.

(q) Few quality parameters like death rate in the hospital, infection rate etc. may be considered as parameters for continuation in the scheme.

(r) Annual Hospital Assessment & Grading should be done. Any Hospital not meeting minimum criteria during annual re-inspection or any surprise inspection may be suspended / de-empanelled).

(s) Details of the Practicing Doctors & the Personnel should be updated by the Hospitals by 1st of January and 1st of July in the online portal. Failing which claims settlement will not be done until the updating is completed.

(t) There will be provision for expenditure and performance monitoring of Government institutions and it should be part of overall claims processing / scheme software.

(u) Online Module to be provided by the insurance company to capture the data of the practicing Medical officers, nurses, physiotherapists and other personnel including registration numbers, practicing days / Hours etc.

(2) The successful bidder shall ensure the availability of, excluding Government Hospitals, a minimum of 50 networked hospitals in the district of Chennai, 30 networked hospitals each in the districts of Coimbatore and Madurai, 10 networked hospitals each in other districts of the State.There is no restriction on maximum number of hospitals to be empaneled and all the eligible hospitals to be considered by the EDC as per procedure. The eligible criteria for empanelment may be modified by EDC on mutual consent. An algorithm will be developed for empanelment of the hospitals. The hospital should apply online and insurance company will do inspection. All the activities to be completed in fifteen days. All the details of the hospital to be uploaded in the website. All the processes to be transparent and made available in the website. The notice for intimation regarding empanelment of the hospital to be published in English and Tamil newspapers.

(3) Grading of Hospital

All Hospitals to be uniformly graded based on scoring criteria only, including Medical College Hospitals.

- Multi Super Speciality with full accreditation (NABH / JCI) and performing state of the art technology - A1+10 %
- Multi-specialty – A1 -100%, A2 - 90%
- Single Speciality - S1-100%, S2-90%

Only A1 Rate for Radiation Oncology, Medical Oncology Interventional Radiology, PMR, Rehabilitation, Diagnostics etc.

(4) The Public Sector Insurance Company approved by the Government to implement this Insurance Scheme shall do the Empanelment of Hospitals including required number of stand alone diagnostic centers with approval of Empanelment and Disciplinary Committee by following the standards prescribed for the hospitals with regard to the availability of physical facilities, equipments for diagnosis / treatment and the qualified specialists and other staff etc. for the diseases / specialty identified for the assistance.

(5) If any district does not have the number of hospitals as specified above, the successful Public Sector insurance company can seek specific exemption for that district and the same will be considered by the Project Director, Tamil Nadu Health Systems Society, after verification of the available qualified hospitals in that district.

(6) Other state hospitals will be empanelled based on the decision of the Empanelment and Disciplinary Committee.

(7) The successful bidder, at any time of the implementation of the scheme, may add any hospital to the approved list of hospital, after getting concurrence of the Empanelment and Disciplinary Committee provided the hospital satisfies the conditions given in Clause 8 of the guidelines. The draft agreement incorporating all the relevant terms and conditions of this tender, to be executed between insurer/TPA with hospitals.

(8) Where any fraudulent claim /negligence / non rendering of cashless treatment / violation of the norms and guidelines related to implementation of scheme including poor performance etc. becomes directly attributable to a Hospital included in the networked hospitals, the hospital may be suspended / fined / de- empaneled from the scheme by the Empanelment and Disciplinary Committee.

(9) Tamil Nadu Health Systems Society will regularly conduct Mortality and Morbidity Committee, High - End Committee, Expert committee, Core Committee etc. for effective implementation of the scheme.

- Mortality and Morbidity Committee shall be conducted periodically on a regular basis to monitor the quality of care given by the empanelled hospitals. Standard Guidelines to be framed for the M&M committee. Experts from Government Hospitals to be part of the committee in order to ensure unbiased assessment. All cases shall be presented in the committee and Consensus arrived.

- High-End technical Committee meeting shall be conducted weekly for various

procedures sanctioned under Corpus fund such as transplantations and any other procedures agreed upon. Framework to be formed for emergency approvals for transplants.

- Existing Core committee is empowered for taking key decisions on various issues in the implementation of the scheme.

9. Sum insured on Family Floater Basis

(1) The scheme shall provide coverage for the treatments as defined in Clause 5, of Guidelines as per "Entitlement" for 4 years from the date of commencement of the scheme in any of the empanelled hospitals, which is extendable for one more year on mutual agreement.

(2) If any member of the family of an eligible person is eligible to have his name included in the family of another eligible person, say after marriage, he/she would be eligible to have his name included in one health insurance identity card / family only and claim assistance under one card / family only at single point of time.

(3) The benefit will be on floater basis and can be availed of individually or collectively by members of the family during the policy year with no restriction on the number of times the benefit is availed. The unutilized entitlement will lapse at the end of every policy year.

10. Health Insurance identity Card

(1) PVC Cards with QR code as per Government guidelines may be issued instead of smart card. The cost may be restricted to Rs.10/. Selected insurance company should create provision to download and print e-health insurance card for the beneficiaries and entire beneficiaries list to be transparently uploaded in the website. Easy access to all encrypted data through separate keys or passwords as applicable for reading the smart card and the data are to be given to Tamil Nadu Health Systems Society at the beginning of the scheme itself by the selected insurer.

(2) The new enrollment and issue of cards will be through the district kiosk established by the Public Sector insurance company and it may be also issued through community service centers of Government if needed. Additional Kiosks if and when required shall be established by the Public Sector insurance company as per the decision of Core Committee and the District's Geographical Location. The details to be captured for all new enrollment beneficiaries viz., The Thumb impression of the beneficiary, Aadhaar number of the beneficiary and the mobile number. For the existing beneficiaries, suitable methodology to be adopted in mutually agreed terms and conditions for validation.

(3) The Health Insurance Identity card cost shall be separated from the premium amount and the card cost should not exceed Rs.10/-. If the specification for the card changes then the cost will be decided later. This cost will be paid to the provider Public Sector insurance company on receipt of acknowledgment and verification of the distribution of the cards to the beneficiaries. The demographic details of the families who has been verified Aadhaar Seeding has to be uploaded District Wise / Taluk Wise / Village Wise in the website on a real time basis with verification through Call Centre.

(4) Suitable verification mechanism to be developed and put in place by selected insurer for correctly identifying the beneficiary at the enrollment site and also at the hospital level. A web-based application software with facilities for biometric registration and authentication of insurance scheme holders with Aadhaar validation has to be developed and maintained by the successful bidder throughout the project period. The selected insurer shall ensure that the biometric devices for the online Aadhaar validation shall be maintained by the hospitals. Tamil Nadu Health Systems Society will provide the mechanism for Aadhaar validation which shall be integrated with the web-based application to be developed by the selected insurer.

(5) The selected insurer shall provide a mechanism to validate the remaining existing beneficiaries before the issue of new cards. New enrollments shall be done with Aadhaar validation. The selected insurer shall develop a mechanism in the web-based application to generate the e-cards for the Aadhaar seeded beneficiaries.

(6) Format for acknowledgement of distribution of Health Insurance Identity Card

Sl. No. (1)	Smart card No. (2)	Name of the Beneficiary (3)	Address of the beneficiary (4)	Village /Taluk Name (5)	Phone/ Mobile number (6)	Family Card no (7)	Aadhar No. (8)	Signature (9)	Thumb Impression(10)

The above is the format for acknowledgment and all the fields are mandatory. On receipt of the acknowledgement, it is subject to verification by an authorized official by the Tamil Nadu Health Systems Society. Based on the acknowledgement premium payment is made.

(7) The expenditure on enabling "e-health insurance identity cards" and new enrolments made in the district kiosks / community service centers, should be borne by the successful bidder and the Government or the Tamil Nadu Health Systems Society would not be liable for separate payment for this activity except for the card cost as defined in the guidelines.

(8) To facilitate enabling of "e-health insurance identity cards" and enrolment in district kiosks / community service centers and also beneficiary identification in hospitals, Tamil Nadu Health Systems Society proposed to share database with suitable mechanism through a web enabled service linking with NPR data / Aadhaar data / CM Health insurance data / Family card data. Using the data provided the selected insurance company to generate the "e-health insurance identity card" to be generated with suitable demographic data and other features. In the similar way, future enrolments to be made with Aadhaar validation where biometry are already available. If the beneficiary approaches the hospital for availing treatment the authentication to be done by selected insurance company using the biometry (Aadhaar validation) with suitable equipments. For the remaining beneficiaries the selected insurer should take necessary steps to capture the Aadhaar number after Aadhaar validation by TNeGA with suitable software mechanism at their own cost. The final validated

list to be uploaded in the website which links to the premium.

(9) The data furnished by the State Government or Project Director, Tamil Nadu Health Systems Society, shall be the property of the State Government / Project Director, Tamil Nadu Health Systems Society, and should not be used for any other purpose without the prior permission of the Government of Tamil Nadu or the Project Director, Tamil Nadu Health Systems Society, as the case may be.

(10) All the software utilized for enrolment, claim processing, GH expenditure monitoring, grievances redressal etc. during the implementation of the scheme will be the property of the Tamil Nadu Health Systems Society and shall be handed over to the Project with source code, business logics and design document and other relevant documents.

11. Implementation Procedure

(1) The scheme will be implemented through the State Health Insurance Unit, presently under Tamil Nadu Health Systems Society, Chennai, and the premium payable will be released through the same.

(2) The suitable successful bidder for implementation of the scheme will be selected through national competitive bidding.

(3) The scheme may also be administered through the Third-Party Administrators as defined above in the technical bid. The Third-Party Administrator, if any, implementing the scheme on behalf of the successful bidder should also be an agency approved by the Insurance Regulatory and Development Authority. The TPA Should have atleast 25 MBBS Doctors in their panel. The successful bidder would be required to have, within one month of signing the agreement to establish offices for processing claims in Chennai and also coordinating offices in all districts of Tamil Nadu. The details of Third-Party Administrator(s), if any, or branches of the successful bidder shall be furnished within one month from the date of signing the agreement. Tamil Nadu Health Systems Society may prescribe guidelines /conditions for selecting the TPAs.

(4) The selected successful bidder shall sign Agreement with the empanelled hospitals under the scheme (both Government and private hospitals). The successful bidder, at any time of the implementation of the scheme, may add, suspend or remove any hospital to the list of network hospital, after getting concurrence of the Empanelment and Disciplinary Committee, provided the hospital satisfies the conditions given in Clause 8 of Guidelines.

(5) The Government of Tamil Nadu will provide the basic criterion or details of eligible persons and his or her family members to be covered under the scheme, to the selected successful bidder immediately after signing of the agreement. The health insurance cards or other identification mechanism to be followed as per clause 10 of the guidelines.

(6) The successful bidder shall ensure that all members of the family of eligible persons are treated without having to make any cash payment. Successful bidder shall publish, locally and on the website, the likely cost for each procedure in a particular hospital, to enable the enrolled member to choose the appropriate hospital for treatment. Provided further that the hospital shall give a rough estimate to the patient on the likely expenditure before he is admitted. The bidder should ensure cashless treatment to the beneficiary in the empanelled hospital. If the empanelled hospital denies treatment or provides poor quality treatment or insists on additional payments over and above the agreed package cost, to the eligible beneficiary then the insurance company may be liable for penalty along with hospital, which will be credited to corpus fund of CMCHIS after compensating the beneficiary. If the hospital collects money from the beneficiary over and above the package cost, then the hospital is liable for penalty of up to five times the money collected from the beneficiary and it should be enforced through the insurance company. The penalty money to be credited to the corpus fund of Tamil Nadu Health Systems Society and insurance company to ensure that, the hospital refunds the collected money to the beneficiary and pay the penalty.

(7) The successful bidder shall furnish a daily report on the pre authorization given, claims approved, amount disbursed, procedure / specialty wise and district wise etc. to the Project Director, Tamil Nadu Health Systems Society in addition to the specific reports as and when required. The same should also be available in the dashboard of the scheme.

(8) The hospitals including Government hospitals will raise the bill on the successful bidder in the specific claims processing software. The successful bidder shall process the claim (pre authorization within 24 hours of submission of requisite documents) and settle the claims (within 7 days of submission of requisite documents) expeditiously so as to ensure that the hospitals provide the services to the beneficiaries without fail. The Tamil Nadu Health Systems Society will reserve the right to monitor the claim processing through software and the successful bidder should provide the facility in this regard. In case of any failure in services from the hospitals due to pending bills, the successful bidder will be held responsible. The Preauth shall be processed within 6 hrs of submission for day care procedures like Chemotherapy, Hepatology, certain packages from Ophthalmology, Orthopaedics, Endocrinology, Psychiatry, Nephrology, PMR, etc.

(9) The hospitals shall submit the Preauthorisation application within 48 hours from the time of admission or diagnosis and shall submit the claims document within 30 days after the Preauth approval. In case the discharge is beyond 30 days claim to be submitted within 3 days of discharge. All Death claims are to be submitted within a week of death. Death case sheets are to be sent to the Insurer within 2 weeks.

(10) Complications arising out of the treatment, other than iatrogenic causes, is covered and the treatment to be rendered, if needed separately, under the packages available.

(11) With reference to any additional procedures implemented through assurance mode, the liability will be reimbursed through selected Insurance Company /their TPA. The Government reserves the right to convert the same into insurance mode by converting such quantified annual liability into insurance premium for the covered families.

(12) Any new procedure / newer advancement / newer usage of drugs needs to be approved on case-to-case basis by the Core committee which comprises the Project Director, Tamil Nadu Health Systems Society in consultation with the stake holders. The selected insurer shall do the processing of Preauth / claims for this newer procedures / advancements / usage of drugs.

(13) Audit and Vigilance – Selected Insurer to ensure separate team for Medical Audits (Desktop Audit and Field Audit 2 separate teams), Vigilance and Tele-Audit (Call Audit) teams (separate from call centre) are in place.

(14) The following Audits to be done by the Insurer / TPA and the same to be reviewed Monthly by the Project Director – Tamil Nadu Health Systems Society

a. Medical Audits – At least 8 % of the total cases – 4% in the Field and 4% Desk Audits to be done.

b. Beneficiary Audit (At Hospital / At Home) - At least 8% of the total cases – 4% at Hospitals and 4% at Home must be visited and reports furnished Monthly.

c. Mortality Audit – 100% of Death cases should be audited and where ever necessary cases to be placed in M&M committee for further scrutiny.

d. Tele-Audit (Call Audit) - Beneficiary feedback on Details and Quality of treatment, care given by Hospital including behavior of the Hospital and Insurance Staffs should be verified for atleast 8% of the patients and reports furnished Monthly. This exercise shall not be done by the call centre.

e. Process Audit – The appropriateness of Preauthorisation and Claim adjudications must be audited by Senior Medical Officers which includes 100% of denied claims and 8% each of Preauthorisation and Claims and reports furnished Monthly.

(15) Grievance Redressal Module for public to be created in addition to the existing mechanism through the Toll Free Number.

(16) Mobile and Web applications for Field personnel should be made available with real time GPS location capturing (Patient resident visits, Hospital visits, etc.

(17) The Successful insurer should also provide necessary support during epidemics and other crisis / natural calamities.

(18) Corpus fund deduction (3%) from high end procedures in Private hospital

claims to be implemented.

(19) The scheme shall commence on a date to be notified.

(20) The scheme will be implemented as per the agreement in **Enclosure 4**.

12. Payment of Premium

(1) The State Health Insurance Unit under Project Director, Tamil Nadu Health Systems Society, will pay the insurance premium on behalf of the eligible persons to the successful bidder. If there is provision to cover the individuals/families by their own contributions, the insurance company may be permitted to collect the premium directly. If there is need to remove the "Ineligible persons/families", the insurance company should ensure all the possible support to the Government in this regard.

(2) For the first year, premium will be paid based on the Aadhar Seeded beneficiaries of the last Year of the proceeding scheme. Of the total premium amount eligible, 50% will be paid as the first installment on signing the agreement, and 25% on completion of three months of the scheme. During the implementation, the actual premium will be arrived at based on the number of beneficiaries who has been verified Aadhaar seeding and listed out in website only. The remaining 25% will be calculated as per the premium amount and 20% will be paid after the successful completion of six months of the scheme and the balance 5% will be paid before end of the first year. During the 2nd, 3rd and 4^{th} (5^{th} year if extended) years, 95% of the annual premium will be paid at the commencement of that year itself and the balance 5% will be paid at the end of the year on satisfactory implementation of the scheme. For these years the total annual premium will be calculated based on number of beneficiaries who has been verified Aadhaar seeding and listed out in website only. The payment of premium will be based on the data made available by the insurance company after due verification. The List should be uploaded District Wise / Village Wise and Taluk Wise.

(3) New Enrolment with Aadhaar seeding will continue.

(4) In case a member is enrolled in the middle of the year, only proportionate premium shall be calculated and paid.

13. Refund

(1) After completion of each Policy year, the insurance company shall settle the outstanding claims amount for that year still pending on 31st March to Tamil Nadu Health Systems Project. Tamil Nadu Health Systems Project will bear the liabilities if any raising out of the outstanding claims, thereafter. An undertaking to that effect will be provided by TNHSP on settling such outstanding claims.

(2) Incurred claim should be calculated excluding the outstanding claim.

(3) After providing 10% of the premium paid towards the company's administrative cost, if the claims settled (settlement to the Hospital) on the premium is less than 90%, then 90% of the leftover surplus will be refunded to the society on March 31st of the consecutive policy year.

Say for example if the premium amount is Rs.100/-
Rs.10/- goes to company's administrative cost.
Rs.90/- is now left out.

If the claim settled amount is Rs.60/-, Rs.30/- is then the leftover amount.

Out of Rs.30/-, Rs.27/- (90% of Rs.30/-) is to be refunded back to the society by 31st March.

(4) If the claims settled on the premium is more than 110%, 50% of the excess amount will be paid by Tamil Nadu Health Systems Society to the insurance company after verification.

14. Performance monitoring

Performance of the successful bidder will be monitored regularly based on the following Parameters:

- Timely preauthorization
- Timely claim settlement
- Complaints redressal
- Claim ratio
- Number of health camps and other IEC activities conducted in a month
- Any other parameters.

15. Online Management Information System (MIS) and 24 Hours Preauthorization and Claim Process.

The Public Sector Insurance Company should post enough dedicated staff, so as to ensure free flow of daily MIS including data analytics and data mining and ensure that progress of scheme is reported to society in the desired format on a real-time basis.

The company should establish proper networking for quick and error-free processing of preauthorizations. The pre-authorization has to be done round the clock which will be scrutinized by Tamil Nadu Health Systems Society periodically and preauthorization shall be done within 24 hours.

The insurance agency shall have a clear mechanism to segregate elective and emergency treatments as per standard procedures. A provision for emergency intimation and approval should also be established. Emergency intimations may be issued round the clock. The cases wherein emergency intimation number is obtained should be submitted within 72 hours for Preauthorisation. In instance of dispute, the final decision on preauthorization and claims rest with the Project Director of Tamil Nadu Health Systems Society.

The preauthorization team shall have all the specialists concerned with the procedures covered in the scheme, in sufficient numbers.

16. Capacity Building, IEC and PUBLICITY

The successful bidder shall arrange workshops, review meetings and carry out publicity satisfying the need for the capacity building of the insured, providers and implementers, at each district according to the need as decided by Project Director of Tamil Nadu Health Systems Society.

The successful bidder on its part should ensure that proper publicity is given to the scheme in all possible ways at its own cost.

This will include publicity on electronic, print and social media, distribution of brochures, banners, display boards etc. in public at appropriate places in consultation with Project Director, Tamil Nadu Health Systems Society.

They shall also effectively use services of Insurance Coordinator and District Coordinators for this purpose.

Promotion of IEC activities by the selected Insurance company and the selected company shall spend atleast 2% the total Administrative Cost per year.

Brandings (Co-branding - G.O 504 Health and Family Welfare (EAP I (1) Department Dated 16-11-2021) shall be done as per the requirement of the scheme and the Government.

17. Health camps / Screening camps / Health awareness camps

Successful bidder shall ensure that, free health camps / screening camps / health awareness camps by network hospitals are to be conducted as per the directions given by Project Director of Tamil Nadu Health Systems Society. Minimum of one camp /event per month per empanelled hospital to be organized and network hospital shall carry necessary equipment, drugs etc. along with specialists /experts (as suggested by the Tamil Nadu Health Systems Society) and other staffs. The empanelled hospital shall work in close liaison with, Dean, Joint Director of Health Services, Deputy Director of Health Services and District coordinator of the Public Sector Insurance Company in consultation with District

Collector. Smaller hospitals are permitted to conduct camp together by sharing the resources.

Empanelled hospitals should support all the state and central Government initiatives like PMJAY, Makkalai Thedi Maruthuvam, etc. and also support the government during natural calamities and certain special occasions.

Selected insurer to include this as conditionality in the agreement with the hospitals. The insurer to establish mechanism to capture these data electronically in consultation with Tamil Nadu Health Systems Society.

18. Insurance coordinator

The successful bidder needs to appoint at least one Insurance Coordinator at all network hospitals to facilitate admission, cashless treatment to the patient.

The Insurance Coordinator should be a minimum graduate with adequate knowledge on computer skills.

The Insurance Coordinator should also help hospitals in pre-authorization, claim settlement and follow-up.

The insurance company to ensure that, hospital provides necessary facilities.

Insurance coordinators should also ensure proper reception and care in the hospitals and send regular MIS to call center/insurer.

Successful bidder shall provide all Insurance Coordinator with cell phone having CUG connectivity with SMS based reporting framework for effective and instant communication.

The Project Director in consultation with insurance company, can modify the role of Insurance Coordinator from time-to-time including the routine transfer policy.

The bidder will provide uniform/overcoat and arrange the workshops/training

sessions for the Insurance Coordinator and oriented them on all the aspects as specified by Project Director, Tamil Nadu Health Systems Society.

The Insurance Coordinator should ensure 4% of inpatients be covered under the scheme. The parameter should be regularly reviewed by the Insurer / TPA and necessary punitive actions to be taken. They should actively search for eligible cases within the Hospital and facilitate treatment under CMCHIS.

Insurance coordinators shall be asked to facilitate treatments, assist the centers to claim under insurance and ensure cashless services at other centers empanelled for rehabilitation, pain and Palliation, other therapies and also for Makkalai Thedi Maruthuvam / similar schemes as per the requirement.

19. District level co-ordination

District level offices with necessary infrastructure have to be set-up by the successful bidder. The bidder needs to have sufficient monitoring staff both medical and non-medical officials, with District Coordinators and State Coordinators. They should monitor Insurance Coordinator to be appointed by the successful bidder in each networked hospital, coordinate with network hospital, district administration and people's representatives for effective implementation of the scheme. They should ensure that camps are held as per schedule, arrange for canvassing for the camp, mobilize patients and follow up the beneficiary families. They should work in close liaison with district administration under the supervision of District Collector However JD HS of the concerned district will be the nodal officer for CMCHIS and assist the district Collector. District Project officer should also ensure proper flow of MIS and report to Project Director, Tamil Nadu Health Systems Society on day-to-day basis about the progress of the scheme in the district. The successful bidder should ensure that dedicated staff is made available for the scheme. They shall follow the instructions of Project Director, Tamil Nadu Health Systems Society in this regard.

20. Settlement of Claims

The claims have to be settled preferably in electronic mode within 7 days of receipt of relevant reports, bills and the satisfaction report of the beneficiary**.** The hospitals should also ensure submission of response to queries raised in preauth in 48 hours or at the earliest if any additional investigation to be taken and claims within 7 days. All the additional information sought to be submitted within the prescribed time limits. If any difficulties in this regard it should be escalated to State Health Insurance Unit under TNHSP within 48 hours. Ultimately if patient suffers because of the delay or denial, both insurer and hospitals will be held responsible for the same as per procedure.

21. Medical Practitioners

The successful bidder shall appoint enough number of Allopathic Medical practitioners (MBBS) including specialists (atleast 8 major Specialities), who scrutinize treatment claims (Medical & Surgical Preauthorisation & Claims).

The bidder shall also recruit Allopathic doctors for regular inspection of hospitals, attend to complaints from beneficiary and its families either directly or through other officials.

The successful bidder shall also ensure separate team of Doctors are provided for Medical Audits and Process Audits including the expertise of Specialists.

Successful bidder needs to ensure that there is no deficiency in services by the hospitals and also to ensure proper care and counseling for the patient at network hospital by coordinating with insurance coordinator and hospital authorities.

The State Health Insurance Unit should ensure that there is no deficiency in service and the report shall be furnished to the Project Director – Tamil Nadu Health System Society every month.

22. Website and Call Centers

(1) The successful bidder shall set up a dedicated website (**Interactive and simple website should be Provided)** for the scheme to enable people to have access to information on the scheme and correspond. All the possible information to be available in the public domain.

(2) It must ensure the following

- Provision to migrate existing Scheme data and claim files should be included.

- The Software should have the ability to pull and push datas and files through APIs or any other methodology to and from PMJAY or any other schemes or Portals.

- The software should have provision to link with HMIS, LMIS, TNMSC or any other Health and Hospital based software and capture data and files.

- Online module to be created for empanelment. The software should have the capacity to capture all relevant demographic and infrastructure details including files.

- Online Module to be provided to capture the data of the practicing Medical officers, nurses, physiotherapists and other personnel of empanelled centers including registration numbers, practicing days / Hours etc.

- All the relevant details of the hospitals empanelled along with package cost should be uploaded in the website, so as to ensure the transparency. It should be updated periodically

- High-end & Morbidity & Mortality Module to be made available to ensure continuous follow-up of transplant patients.

- Triggers & Flagging mechanisms to be included in the software. Mechanisms to identify fraudulent practices may also be provided, eg. Image analytics, without affecting the quality and speed of the claim processing platform.

- All the enrolled beneficiaries list to be uploaded in the website in District, Taluk and Village wise. Provision to show real-time enrolment data to be provided.

- Real-time interactive analytics Dashboards with current and Historical data to be made available with multiple slicers and drill downs. Daily reports of various parameters as required by the Project Director should be generated automatically on a daily basis and sent.

- Provision to capture and project data of important Government schemes such as Makkalai Thedi Maruthuvam, Notifiable disease etc. should be available.

- Option to provide additional modules separately for implementation of additional schemes as required by the state without compromising the quality and speed of the other modules.

- The enrolment data and beneficiary details including the provision for obtaining e-Health Insurance card as well as updating family details should be provided.

- Standard Treatment guidelines should be developed and embedded in the software for Processing.

- Grievance Redressal Module for public to be provided.

(3) The successful bidder shall set up a 24-hour call centre at TNHSP office with sufficient manpower as per Project Director, TNHSP directions with toll free help line and all the telephonic conversation to be recorded and submitted for the scrutiny by the Tamil Nadu Health Systems Society.

(4) The Call centre executives should be well aware of all the schemes implemented under CMCHIS and should provide necessary information to the public including the details of Specialities and Hospitals for various treatments.

(5) All the updated Government Orders, important minutes of the meeting and circulars to be updated in the web site including the relevant existing ones.

(6) The existing relevant content in the present website to be kept as such. Any other information as and when needed to be uploaded in the website.

(7) All the enrolled beneficiaries list to be uploaded on real time basis in the website in District, Taluk and Village wise.

(8) All the relevant details of the hospitals empanelled along with package cost should be uploaded in the website, so as to ensure the transparency.

(9) As far as possible a minimal essential health record to be created and maintained for every beneficiary, with a provision to see their own medical records without the option for editing. There should be mechanism for periodical update of this Health Information Record.

23. Manual

The successful Bidder will publish a detailed manual for the "Chief Minister's Comprehensive Health Insurance Scheme" with all operational guidelines and details of the scheme in consultation with Tamil Nadu Health Systems Society, with provision to update and modify. The insurer shall follow the guidelines and instructions given in the manual while implementing the scheme.

24. Penalty

i) Deficiency in services – Failure to provide services as required by terms of scheme in the tender document along with other guidelines, will attract penalty as may be determined by the Project Director, Tamil Nadu Health Systems Society, subject to a minimum of five times the amount of the expenditure incurred by the Government of Tamil Nadu / Project Director, Tamil Nadu Health Systems Society, or beneficiary due to non compliance.

ii) Non adherence of time line - Failure to adhere to Activity Chart as per the **Annexure A** in Guidelines will attract the Penalty as may be determined by the Project Director Tamil Nadu Health Systems Society subject to maximum of one

percent of premium payable for each occasion / activity.

iii) In addition to that, fine will be levied by the Project director, TNHSP to the insurance company, up to 5 times of the package amount on each occasion for failure to process pre-authorization and claims settlement within the stipulated time, for denial of treatment, for not ensuring cashless treatment or providing poor quality treatment, negligence, fraudulent activities, malpractice. etc.

iv) The hospital may be penalised up to 5 times the package amount on each occasion and Warned / Banned / Suspended / Removed etc. from CMCHIS based on the following situations:

a) Violation of conditions in the agreement with the insurer

b) Collection of money from the beneficiaries for the treatment under CMCHIS. The hospital should refund the money collected from the patients.

c) For denial of treatment or providing poor quality treatment, negligence, fraudulent activities, malpractice. Etc.

d) Where any fraudulent claim becomes directly attributable to a hospital included in the networked hospitals, the said hospitals shall be removed and excluded under the scheme by the Empanelment and Disciplinary Committee. The Public Sector Insurance Company shall include the below clause in their agreement with the Hospitals empanelled – "If any fraudulent claim by the hospital is proved, necessary criminal prosecution apart from civil proceedings for the recovery of such fraudulent amount shall be initiated".

25. Redressal of grievances

(1) Any complaints about any difficulty in availing treatments, non-availability of facilities, bogus availing of treatment for ineligible individuals, etc., shall be submitted to the District Collector or any other health department officials related to the scheme, or to the call center established at Tamil Nadu Health Systems Project, insurance companies, TPAs and also can be submitted directly to the

Project Director, Tamil Nadu Health Systems Society. This is in addition to the regular grievance mechanism available in the Government.

(2) The complaints received in district level 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. The Joint Director Medical Health Services will be the convener of the meeting and Monthly report to be sent to The Project Director – Tamil Nadu Health Systems Society.

(3) 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 other grievances addressed to the call center and to the Project Director, TNHSP directly may also discussed in the State Monitoring and Grievance Committee. The decision of the State Monitoring and Grievance Committee is final.

(4) Any dispute arising out of the implementation of the scheme which remain unresolved at the State Monitoring and Grievance Committee shall be referred within fifteen days to a High-Level Committee, comprising of the Secretary to Government, Health and Family Welfare Department, Project Director, Tamil Nadu Health Systems Society and the representative of the Insurance Company nominated for the purpose.

(5) All grievances should be acknowledged immediately and updated within 3-7 working days. Individual grievance tracking to be made available in the website including the complaints against the empaneled hospitals. A suitable software mechanism to capture patient satisfaction shall be enabled in the claim processing software application by the selected insurer. Grievance Redressal Module for public to be provided.

(6) A message that "collection of money and provision of incomplete or improper and poor-quality treatment etc. to any CMCHISTN patient is unlawful" should be publicized suitably in every empanelled hospital.

(7) Any other irregularities found out by the Public Sector Insurance Company/ TPA will be addressed to Project Director, Tamil Nadu Health Systems Society for further action.

(8) The Project Director, Tamil Nadu Health Systems Society is authorized to dispose directly the grievances received in Tamil Nadu Health Systems Society in certain circumstances.

(9) The Civil Courts situated in Chennai, Tamil Nadu shall have exclusive jurisdiction over any disputes, which remain unresolved by the above procedure.

(10) Nothing aforesaid shall prejudice the rights of the Government of Tamil Nadu or Tamil Nadu Health Systems Society to approach any other forum for dispute resolution permissible under law.

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

Chennai-6
Date:

ANNEXURE-A
ACTIVITY CHART

S.No	ACTIVITY	NO.OF DAYS REQUIRED TO COMPLETE THE ACTIVITY FROM THE AWARD DATE	REMARKS
1	Identifying the Project Officer	7 days	
2	Setting up of Project Office with infrastructure in the area of Municipal Corporation of Chennai	15 days	
3	Appointment of staff including doctors	20 days	
4	Empanelment of hospitals, appointment of Liasion officers and identification of DMO (Dedicated medical officer) and MCC (medical camp coordinator)	28 days	
5	Installation of kiosk, computer and Accessories, CUG connections and 1mbps connectivity in the offices and hospitals.	15 days	
6	Printing and distribution of publicity Material and workflow	15 days	
7	Training of Staffs including Doctors	10 days	
8	IT enabling	20 days	
9	Establishment of 24 Hrs Call Center	15 days	
10	Establishment of other infrastructure	24 days	
11	Establishment of district kiosk and other infrastructure in the districts	20 days	
12	Preparatory meetings and trainings at district level for inaugural mega camps.	20 days	

* Each activity starts from the day of signing of agreement

Date:
Signature:
Stamp:

Name:
Designation:

ANNEXURE B

DETAILS OF THE HOSPITALS COVERED UNDER THE SCHEME

S.NO	DISTRICTS	NAME OF HOSPITAL WITH CONTACT DETAILS LIKE PHONE,ADDRESS ,EMAIL ETC INCLUDING THE CONTACT DETAILS OF PERSONS LIKE OWNER,DMO,MCC	DETAILS OF THE OPERATING DOCTORS/PHYSICIANS WITH MEDICAL REGISTRATION NUMBER	EMPANELLED FOR SPECIALIZED CATEGORY /CATEGORIES AND PROCEDURES
1				
2				
3				
4				
5				
6				
7				
8				
9				

Date:
Signature:
Stamp:

Name:
Designation:
Address:

Annexure : C

The List of Surgeries / Therapies to be covered under the Chief Minister's Comprehensive Health Insurance Scheme

1. If more than one procedure is done the second procedure will be paid 50%(if implants / Highend devices used upto 100%) of the second procedure upto sum assured available.

2. For high end procedures and its complications and followups listed seperately the remaining amount after sum assured will be paid from corpus fund.

List of Procedures under CMCHIS	
INTERVENTIONAL CARDIOLOGY	
1	CORONARY BALLOON ANGIOPLASTY (PPCI)
2	PTCA WITH STENT
3	ADDITIONAL STENT FOR PTCA
4	ASD DEVICE CLOSURE
5	VSD DEVICE CLOSURE
6	PDA STENTING
7	PDA DEVICE CLOSURE
8	PDA MULTIPLE COILS
9	BALLOON VALVOTOMY (ANY VALVE)
10	PERMANENT PACEMAKER IMPLANTATION (SINGLE / DUAL CHAMBER)
11	TEMPORARY PACEMAKER IMPLANTATION
12	COARCTATION OF AORTA - WITH STENT
13	COARCTATION OF AORTA - WITHOUT STENT
14	PRIMARY ANGIOPLASTY FOR ACUTE Ml +DRUG ELUTING STENT
15	PRIMARY ANGIOPLASTY - ADDITIONAL STENT ONLY
16	CARDIAC RE-SYNCHRONIZATION THERAPY - CRT-P DEVICE IMPLANTATION
17	IMPLANTABLE CARDIOVERTER DEFIBRILLATOR - IMPLANTATION
18	PULSE GENERATOR REPLACEMENT FOR PACEMAKERS / LEAD REPLACEMENT
CARDIOTHORACIC SURGERY	
19	CORONARY BYPASS SURGERY
20	CORONARY BYPASS SURGERY OFF PUMP
21	CORONARY BYPASS SURGERY ON PUMP WITH IABP
22	CORONARY BYPASS SURGERY OFF PUMP WITH IABP
23	CORONARY BYPASS SURGERY-POST ANGIOPLASTY
24	CABG WITH ANEURYSMAL REPAIR
25	CABG WITH VENTRICULAR RUPTURE REPAIR

26	CABG WITH VALVE REPLACEMENT WITH MECHANICAL VALVE
27	CABG WITH VALVE REPLACEMENT WITH BIOPROSTHETIC VALVE
28	SINGLE VALVE REPLACEMENT WITH MECHANICAL VALVE
29	SINGLE VALVE REPLACEMENT WITH BIOPROSTHETIC VALVE
30	DOUBLE VALVE REPLACEMENT WITH MECHANICAL VALVE
31	DOUBLE VALVE REPLACEMENT WITH BIOPROSTHETIC VALVE
32	TRIPLE VALVE REPLACEMENT WITH MECHANICAL VALVE
33	TRIPLE VALVE REPLACEMENT WITH BIOPROSTHETIC VALVE
34	COARCTATION-AORTA REPAIR WITH GRAFT
35	COARCTATION-AORTA REPAIR WITHOUT GRAFT
36	INTRATHORACIC ANEURYSM - NOT REQUIRING BYPASS
37	INTRATHORACIC ANEURYSM REPAIR - REQUIRING BYPASS (WITH GRAFT)
38	DISSECTING ANEURYSMS
39	AORTO-AORTO BYPASS WITHOUT GRAFT
40	AORTO-AORTO BYPASS WITH GRAFT
41	ANNULUS AORTIC ECTASIA WITH VALVED CONDUITS
42	ARTERIAL SWITCH
43	SENNINGS PROCEDURE
44	SURGERY FOR INTRACARDIAC TUMORS
45	RUPTURED SINUS OF VALSALVA CORRECTION
46	CORRECTION OF TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION
47	SYSTEMIC PULMONARY SHUNTS OFF PUMP INCLUDING GLEN / BT SHUNT
48	SYSTEMIC PULMONARY SHUNTS ON BYPASS INCLUDING GLEN / BT SHUNT
49	TOTAL CORRECTION OF TETRALOGY OF FALLOT - ANY TYPE
50	INTRA CARDIAC REPAIR OF ASD
51	INTRA CARDIAC REPAIR OF VSD
52	SURGICAL CLOSURE OF PDA
53	COMPLEX CONGENITAL DEFECT CORRECTION WITH SPECIAL CONDUITS
54	COMPLEX CONGENITAL DEFECT CORRECTION WITHOUT SPECIAL CONDUITS
55	VALVE REPAIR WITH PROSTHETIC RING
56	VALVE REPAIR WITHOUT PROSTHETIC RING
57	OPEN PULMONARY VALVOTOMY
58	CLOSED MITRAL VALVOTOMY
59	PERICARDIECTOMY WITH / WITHOUT BYPASS / PATCH CLOSURE
60	PERICARDIOCENTESIS / PERICARDIOSTOMY
61	MITRAL VALVOTOMY (OPEN)
62	CORONARY ARTERY FISTULA REPAIR
63	THORACIC DUCT LIGATION FOR CHYLOTHORAX
64	HEART TRANSPLANTATION - INCLUDING COMPLICATIONS
65	HEART & LUNG TRANSPLANTATION - INCLUDING COMPLICATIONS

66	LUNG CYST
67	LUNG TRANSPLANTATION - INCLUDING COMPLICATIONS
68	CARDIAC INJURIES SURGERY WITHOUT CARDIO PULMONARY BYPASS
69	CARDIAC INJURIES SURGERY WITH CARDIO PULMONARY BYPASS
70	TRACHEAL RESECTION WITH MONTGOMERY TUBE
71	MINIMAL ACCESS SURGERY- ASD
72	MINIMAL ACCESS SURGERY- VSD
73	MINIMAL ACCESS SURGERY- VALVE REPLACEMENT
74	MINIMAL ACCESS SURGERY- CABG
75	AORTIC LESIONS - INTERPOSITION GRAFT ANY CAUSE
76	ENDARTECTOMY -PULMONARY-ANY CAUSE
77	FOREIGN BODY REMOVAL (LUNG) BRONCHUS-SURGICAL
78	IABP (AS AN ADD ON PACKAGE ONLY)
79	PULMONARY ARTERY BANDING
80	PULMONARY ARTERY BANDING ON CPB WITH SEPTECTOMY
81	RIGHT VENTRICLE TO PULMORY ARTERY CONDUIT (BOVINE JUGULAR VEIN CONDUIT)
82	RING ANNULOPLASTY AS AN ADDON
83	VALVE REPAIR WITHOUT RING AS AN ADDON
84	VASCULAR RINGS/SLINGS - DIVISION
SURGICAL ONCOLOGY	
85	INGUINAL BLOCK DISSECTION ONE SIDE
86	ABDOMNO PERINEAL RESECTION (APR) + SACRECTOMY
87	LAPROSCOPIC / EXTRALEVATOR APR
88	LOW ANTERIOR RESECTION / INTERSPHINCTERIC RESECTION
89	ABDOMINAL WALL TUMORS RESECTION WITH / WITHOUT RECONSTRUCTION
90	BILATERAL PELVIC LYMPH NODE DISSECTION(BPLND)
91	RADICAL HYSTERECOMY+BILATERAL PELVIC LYMPH NODE DISSECTION+BILATERAL SALPHINGO OOPHERECTOMY/OVARIAN TRANSPOSITION
92	ANTERIOR / POSTERIOR EXENTRATION
93	TOTAL PELVIC EXENTRATION
94	EXTRALEVATOR EXENTRATION
95	SUPRALEVATOR EXENTRATION
96	TOTAL ABDOMINAL HYSTERECTOMY+BILATERAL SALPHINGO OOPHERECTOMY+BILATERAL PELVIC LYMPH NODE DISSECTION+OMENTECTOMY
97	RETRO PERITONEAL LYMPH NODE DISSECTION(RPLND) (FOR RESIDUAL DISEASES /WITH VASCULAR RECONSTRUCTION/STAGING
98	OESOPHAGECTOMY WITH TWO FIELD LYMPADENECTOMY / THREE FIELD

	LYMPADENECTOMY
99	VERMILIONECTOMY WITH OR WITHOUT WEDGE EXCISION/ WEDGE EXICISION
100	EMASCULATION
101	PALATECTOMY ANY TYPE
102	RADICAL TRACHELECTOMY
103	SUBSTERNAL BYPASS
104	ABBE OPERATION
105	CYTOREDUCTIVE SURGERY
106	VULVECTOMY
107	BLEEDING TUMOR - CAROTID ARTERY LIGATION
108	BONE RESECTION WITH RECONSTRUCTION
109	LIMB SALVALGE SURGERY WITH ENDO PROSTHESIS
110	NODE DISSECTION- POPLITEAL/ INGUINOFEMORAL
111	ORAL CANCER FREE FLAP RECONSTRUCTION + RESECTION
112	LAPAROSCOPIC SURGICAL STAGING
MEDICAL ONCOLOGY	
113	BREAST CANCER
114	BLADDER CANCER
115	LUNG CANCER
116	OESOPHAGEAL CANCER
117	GASTRIC CANCER
118	COLORECTAL CANCER
119	OSTEOSARCOMA/ BONE TUMORS (INCLUDING RELAPSE / REFRACTORY DISEASE)
120	WILMS TUMOR (INCLUDING RELAPSE / REFRACTORY DISEASE)
121	HEPATOBLASTOMA- OPERABLE
122	HEPATOCELLULAR CARCINOMA -ADULT
123	NEUROBLASTOMA ALL STAGES (INCLUDING RELAPSE / REFRACTORY DISEASE)
124	RETINOBLASTOMA
125	HISTIOCYTOSIS
126	RHABDOMYOSARCOMA
127	EWINGS SARCOMA (INCLUDING RELAPSE / REFRACTORY DISEASE)
128	PALLIATIVE & SUPPORTIVE CHEMOTHERAPY
129	CERVICAL CANCER
130	VULVALCANCER
131	VAGINAL CANCER
132	OVARIAN CANCER
133	ENDOMETRIAL CANCER
134	OVARY- GERM CELL TUMOR

135	GESTATIONAL TROPHOBLAST DISEASES
136	TESTICULAR CANCER
137	PROSTATE CANCER
138	FEBRILE NEUTROPENIA
139	THYROID CANCER
140	THYMOMA
141	BRAIN
142	HEAD AND NECK CANCER
143	RENAL CELL CARCINOMA
144	UNKNOWN PRIMARY
145	CA HEPATO BILIARY /CA COMMON BILE DUCT/CA GALLBLADDER/ CHOLANGIOCARCINOMA
146	PANCREAS CARCINOMA
147	PERI AMPULLARY CARCINOMA
148	NEURO ENDOCRINE CARCINOMA
149	SARCOMA
150	PRIMITIVE NEURO ECTODERMAL TUMOR
151	ANAL CANAL CANCER
152	BONEMARROW ASPIRATION AND BIOPSY
153	CA-PENIS
154	CA-URETER / URETHRA
RADIATION ONCOLOGY	
155	BRACHYTHERAPY INTRACAVITARY HDR PER APPLICATION
156	PALLIATIVE TREATMENT WITH PHOTONS /ELECTRONS
157	RADICAL TREATMENT WITH COBALT 60 EXTERNAL BEAM RT
158	RADICAL TREATMENT WITH PHOTONS / ELECTRONS
159	BRACHYTHERAPY -INTRACAVITARY LDR PER APPLICATION
160	ADJUVANT TREATMENT - WITH COBALT 60 EXTERNAL BEAM RT
161	ADJUVANT TREATMENT WITH PHOTONS/ELECTRONS
162	BRACHYTHERAPY INTERSTITIAL HDR ONE APPLICATION AND MULTIPLE / SURFACE BRACHYTHERAPY 3TO 5 FRACTIONS / INTRA LUMINAL BRACHYTHERAPY 3 FRACTIONS
163	PALLIATIVE TREATMENT WITH COBALT 60 EXTERNAL BEAM RT
164	SPECIALIZED RADIATION THERAPY - 3DCRT PACKAGE ADJUVANT (INCLUDES AQUAPLAST MOULD, PLANNINGCT, COUNTOURING, RT PLANNING & EXECUTION)
165	SPECIALIZED RADIATION THERAPY 3D CRT- RADICAL (INCLUDES AQUAPLAST MOULD, PLANNINGCT, COUNTOURING, RT PLANNING & EXECUTION)
166	SPECIALIZED RADIATION THERAPY - IMRT ADJUVANT (INCLUDES AQUAPLAST MOULD,PLANNING CT FOR IMRT, CONTOURING, RT PLANNING, QA,

	EXECUTION)
167	SPECIALIZED RADIATION THERAPY - IMRT - RADICAL (INCLUDES AQUAPLAST MOULD, PLANNINGCT, COUNTOURING, RT PLANNING & EXECUTION)
168	SPECIALIZED RADIATION THERAPY - IMRT WITH IGRT (INCLUDES AQUAPLAST MOULD, PLANNINGCT, COUNTOURING, RT PLANNING & EXECUTION)
169	SPECIALIZED RADIATION THERAPY - RAPID ARC THERAPY (INCLUDES AQUAPLAST MOULD, PLANNINGCT, COUNTOURING, RT PLANNING & EXECUTION)
170	BRACHYTHERAPY INTERSTITIAL LDR PER APPLICATION
171	TOTAL BODY RADIATION
172	SPECIALIZED RADIATION THERAPY - SRS/SRT/SBRT (INCLUDES AQUAPLAST MOULD, PLANNINGCT, COUNTOURING, RT PLANNING & EXECUTION)
173	CRANIOSPINAL RADIATION
174	SVC SYNDROME - EXTERNAL RADIOTHERAPY - LINAC BASED
175	HEMOSTATIC RT - LINAC BASED
176	HYPOFRACTIONATED DOSE DELIVERY 3D CRT
177	HYPOFRACTIONATED DOSE DELIVERY 3D IMRT
178	HYPOFRACTIONATED DOSE DELIVERY 3D VMAT
179	RADIATION THERAPY FOR INTRACRANIAL / SPINAL BENIGN DISEASE - LINAC BASED
PLASTIC SURGERY	
180	UPTO-40% WITH SCALDS (CONSERVATIVE)
181	UPTO-40% MIXED BURNS (WITH SURGERIES)
182	UPTO-50% WITH SCALDS (CONSERVATIVE)
183	UPTO-50% MIXED BURNS (WITH SURGERIES)
184	UPTO-60% WITH SCALDS (CONSERVATIVE)
185	UP TO-60% MIXED BURNS (WITH SURGERIES)
186	ABOVE 60% MIXED BURNS (WITH SURGERIES)
187	POST BURN CONTRACTURE FOR FUNCTIONAL IMPROVEMENT (INCLUDING SPLINT / PRESSURE GARMENT / PHYSIOTHERAPY) - MILD
188	POST BURN CONTRACTURE FOR FUNCTIONAL IMPROVEMENT (INCLUDING SPLINT / PRESSURE GARMENT / PHYSIOTHERAPY) - MODERATE
189	POST BURN CONTRACTURE FOR FUNCTIONAL IMPROVEMENT (INCLUDING SPLINT / PRESSURE GARMENT / PHYSIOTHERAPY) - SEVERE
190	PTOSIS
191	CUP AND BAT EARS
192	FILARIAL LYMPHOEDEMA -REDUCTION SURGERY /NV SHUNT
193	HEMIFACIAL ATROPHY
194	HEMIFACIAL MICROSMIA

195	LEPROSY RECONSTRUCTIVE SURGERY
196	TUMOR OF MANDIBLE AND MAXILLA
197	CORRECTIVE SURGERY FOR CONGENITAL DEFORMITY OF HAND (PER HAND)
198	PRESSURE SORE RECONSTRUCTIVE SURGERY
199	ABDOMINAL WALL RECONSTRUCTION INCLUDING POST CANCER EXCISION
200	LID DEFORMITY CORRECTION (FOLLOWING TRAUMA/BURNS/CONGENITAL)
201	OPEN FRACTURE WITH EXTERNAL FIXATOR SMALL BONES
202	SPLIT SKIN GRAFTING
ORTHOPEDICS (INCLUDING POLYTRAUMA)	
203	EXCISION ARTHROPLASTY OF VARIOUS JOINT
204	TOTAL ELBOW REPLACEMENT
205	SHOULDER REPLACEMENT INCLUDING REVERSE CUP
206	RADIAL HEAD REPLACEMENT
207	SURGICAL CORRECTION OF LONGBONE FRACTURES INCLUDING HEMIARTHROPLASTY
208	CORRECTION OF NON-UNION / MALUNION FRACTURES INCLUDING HEMIARTHROPLASTY
209	SKELETAL SKULL TRACTION
210	IMPLANT & EXTERNAL FIXATOR REMOVAL
211	ARTHRODESIS OF JOINTS -SHOULDER/ HIP / KNEE /ELBOW/ ANKLE / WRIST / HAND/FOOT
212	ARTHROSCOPY PROCEDURES WITHOUT IMPLANT-ARTHROSCOPIC MENISCAL REPAIR/KNEE MULTI LIGAMENT RECONSTRUCTION/TWO OR MORE LIGAMENT RECONSTRUCTION
213	EXCISION OR OTHER OPERATIONS FOR SCAPHOID FRACTURES
214	OPEN REDUCTION & INTERNAL FIXATION OF SMALL BONES
215	FRACTURE REDUCTION & EXTERNAL FIXATION (INCLUDING LIMB RECONSTRUCTION SYSTEM)
216	ILIZAROV RING FIXATOR APPLICATION
217	SURGERY FOR NEGLECTED / RECURRENT CTEV
218	OPEN REDUCTION OF DISLOCATIONS - DEEP/SHOULDER/ACROMIO - CLAVICULAR/HIP/ELBOW
219	KNEE LIGAMENT RECONSTRUCTION-ACL RECONSTRUCTION/PCL RECONSTRUCTION/MPFL RECONSTRUCTION - ARTHROSCOPIC / OPEN
220	AVASCULAR NECROSIS OF FEMORAL HEAD (CORE DECOMPRESSION)
221	SOFT TISSUE RECONSTRUCTION PROCEDURES AROUND JOINTS-PLC RECONSTRUCTION/ELBOW PLRI LIGAMENT RECONTRUCTION/ANKLE ATFL RECONSTRUCTION/HIGH TIBIAL OSTEOTOMY/TENDON TRANSFER
222	ANTEROLATERAL CLEARANCE FOR TUBERCULOSIS
223	COSTO TRANSVERSECTOMY

224	SPINAL OSTECTOMY AND INTERNAL FIXATIONS
225	SURGERY FOR PATELLA FRACTURE
226	SMALL BONE FRACTURES-K-WIRING
227	SURGICAL CORRECTION FOR PELVIC BONE FRACTURES
228	CORRECTION SACRO ILLIAC JOINT / ACETABULAR FRACTURES
229	TOTAL KNEE REPLACEMENT
230	TOTAL HIP REPLACEMENT
231	REVISION HIP REPLACEMENT SURGERY (ONLY WITH SPECIFIC APPROVAL - GOVERNMENT RESERVED)
232	REVISION KNEE REPLACEMENT SURGERY (ONLY WITH SPECIFIC APPROVAL - GOVERNMENT RESERVED)
233	ANTIBIOTIC NAILING -FEMUR,TIBIA AND HUMERUS
234	ARTHROSCOPIC BANKART REPAIR
235	ARTHROSCOPIC ROTATOR CUFF REPAIR
GENERAL PAEDIATRICS	
236	ACQUIRED HEART DISEASE WITH CONGESTIVE CARDIAC FAILURE
237	INBORN ERROR OF METABOLISM
238	HEMOPHAGOCYTIC LYMPHO HISTIOCYTOSIS
239	HYPOPLASTIC/APLASTIC ANEMIA (FANCONI ANEMIA)
240	NECROTISING ENTEROCOLITIS - CLINICAL SEPSIS /HYPERBILIRUBINEMIA /NON VENTILATED
241	VITAMIN D RESISTANT RICKETS
242	ADRENAL FAILURE INCLUDING PRIMARY ADRENAL FAILURE / CAH / ADDISIONS CRISIS
243	PRIMARY IMMUNO DEFICIENCY DISORDERS
244	SCORPION STING WITH MYOCARDITIS AND CARDIOGENIC SHOCK(NON-VENTILATED)
NEONATOLOGY	
245	TERM BABY WITH / CULTURE POSITIVE SEPSIS / CLINICAL SEPSIS WITH OR WITHOUT MECHANICAL VENTILATION / CPAP
246	TERM BABY HYPERBILIRUBINEMIA - PHOTOTHERAPY / EXCHANGE TRANSFUSION WITH OR WITHOUT MECHANICAL VENTILATION / CPAP
247	TERM BABY PERSISTENT PULMONARY HYPERTENSION / MECONIUM ASPIRATION SYNDROME / PERINATAL ASPHYXIA / WITH OR WITHOUT MECHANICAL VENTILATION / CPAP
248	PRETERM BABY CULTURE POSITIVE/CLINICAL SEPSIS WITH OR WITHOUT MECHANICAL VENTILATION / CPAP
249	PRETERM BABY HYPERBILIRBINEMIA - PHOTOTHERAPY / EXCHANGE TRANSFUSION / WITH OR WITHOUT MECHANICAL VENTILATION / CPAP

250	TERM BABY - PNEUMONIA/BRONCHIOLITIS /TRANSIENT TACHYPNEA OF NEW BORN WITH VENTILATOR/CPAP
251	PRETERM BABY - PNEUMONIA/ /TRANSIENT TACHYPNEA OF NEW BORN WITH VENTILATOR/CPAP
252	TERM - WITH SEVERE PERINATAL ASPHYXIA /SEPTIC SHOCK /SEIZURES /RENAL FAILURE/ - VENTILATED OR NON VENTILATED
253	PRETERM - WITH SEVERE PERINATAL ASPHYXIA /SEPTIC SHOCK /SEIZURES /RENAL FAILURE/ - VENTILATED
254	PRETERM BABY RDS WITH OR WITHOUT SURFACTANT WITH MECHANICAL VENTILATION/CPAP
255	TERM BABY-CONGENITAL HEART DISEASE / CONGESTIVE CARDIAC FAILURE-WITH VENTILATION
256	TERM BABY - CONGENITAL HEART DISEASE / CONGESTIVE CARDIAC FAILURE-WITHOUT VENTILATION
257	PRETERM BABY - CONGENITAL HEART DISEASE / CONGESTIVE CARDIAC FAILURE- WITH VENTILATION
258	PRETERM BABY - CONGENITAL HEART DISEASE / CONGESTIVE CARDIAC FAILURE- WITHOUT VENTILATION
259	TERM/ PRETERM NEONATAL SEPTIC ARTHRITIS
260	TERM/PRETERM NEONATAL CHOLESTASIS WITH OR WITHOUT SEPSIS
261	UMBLICAL VENOUS CATHETER PLACEMENT
PAEDIATRIC INTENSIVE CARE UNIT	
262	SEVERE BRONCHIOLITIS/SEVERE BRONCHO PNEUMONIA / SEVERE ASPIRATION PNEUMONIA (NON-VENTILATED)
263	SEVERE BRONCHIOLITIS/SEVERE BRONCHO PNEUMONIA/ SEVERE ASPIRATION PNEUMONIA (VENTILATED)
264	INTRA CRANIAL BLEED /HEMORRHAGIC DISEASE OF NEWBORN INTRACRANIAL BLEED
265	ACUTE GASTRO INTESTINAL BLEED
266	ACUTE HEPATITIS / ACUTE PANCREATITIS
267	ACUTE HEPATITIS WITH HEPATIC ENCEPHALOPATHY
268	SNAKE BITE REQUIRING VENTILATOR
269	SNAKE BITE - NON VENTILATED / COAGULOPATHY
270	SCORPION STING WITH MYOCARDITIS AND CARDIOGENIC SHOCK REQUIRING VENTILATORY ASSISTANCE
271	POISON INGESTION (INCLUDING HYDROCARBONS) / ASPIRATION REQUIRING VENTILATORY ASSISTANCE
272	ACUTE BRONCHO/ LOBAR PNEUMONIA WITH EMPYEMA/ PLEURAL EFFUSION/ PYOPNEUMOTHORAX
273	ACUTE STRIDOR/FOREIGN BODY OBSTRUCTION
274	NEPHROTIC SYNDROME /ACUTE GLOMERULONEPHRITIS

275	RECURRENT URINARY TRACT INFECTION WITH COMPLICATIONS LIKE PYELONEPHRITIS AND RENAL FAILURE
276	ADVERSE EVENTS FOLLOWING IMMUNISATION
277	INFANTILE CHOLESTASIS WITH OR WITHOUT SEPSIS
278	MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN
PAEDIATRIC SURGERY	
279	OESOPHAGEAL ATRESIA/INTESTINAL ATRESIA WITHOUT OBSTRUCTION
280	OESOPHAGEAL ATRESIA/INTESTINAL ATRESIA WITH OBSTRUCTION
281	BILIARY ATRESIA & CHOLEDOCHAL CYST (INCLUDES OPERATIVE CHOLANGIOGRAM)
282	ANORECTAL MALFORMATIONS - STAGE 1 /COLOSTOMY
283	ANORECTAL MALFORMATIONS - STAGE 2/PULLTHROUGH
284	ANORECTAL MALFORMATION - STAGE 3/CLOSURE
285	HIRSCHPRUNGS DISEASE - STAGE 1/2
286	CONGENITAL HYDRONEPHROSIS
287	EXTROPHY BLADDER - STAGE 1/2
288	POSTERIOR URETHRAL VALVES (VESICOSTOMY / URETEROSTOMY)
289	POSTERIOR URETHRAL VALVES (CYSTOSCOPIC FULGRATION)
290	POSTERIOR URETHRAL VALVES (VESICOSTOMY / URETEROSTOMY CLOSURE)
291	HAMARTOMA EXCISION
292	HEMANGIOMA EXCISION
293	LYMPHANGIOMA EXCISION
294	NEUROBLASTOMA
295	PAEDIATRIC OESOPHAGEAL OBSTRUCTIONS (INCLUDING POLYPS / TUMOR) - SURGICAL CORRECTION / OESOPHAGEAL SUBSTITUTIONS
296	THORACOSCOPIC DECORTICATION
297	THORACOSCOPIC CYST EXCISION
298	THORACIC DUPLICATION
299	LAPAROSCOPIC PULL THROUGH FOR ANO RECTAL ANOMALIES
300	LAPAROSCOPIC PULL THROUGH FOR HIRSCHPRUNGS DISEASE
301	GASTRIC OUTLET OBSTRUCTIONS
302	INTERSEX
303	SURGICAL CORRECTION FOR URACHAL / CLOACAL ANOMALY
304	CONGENITAL UROGENITAL ANOMALY STAGED CORRECTION
305	BLADDER AUGMENTATION AND SUBSTITUTION
306	URETEROSTOMY AND URETEROSTOMY CLOSURE
307	CONGENITAL LUNG LESIONS (CLE, CCAM)
308	SURGICAL CORRECTION FOR ANY CONGENITAL ANOMALY
309	PATENT VITELLO INTESTINAL DUCT
310	VUR - CYSTOSCOPY / STING PROCEDURE (INSTILLATION FO HYALURONIC

	ACID)
311	RECTAL POLYP - POLYPECTOMY
312	INTESTINAL POLYPOSIS SURGICAL CORRECTION
313	ENCEPHALOCELE
314	SCROTAL TRANSPOSITION REPAIR
315	OPEN CYSTECTOMY (BLADDER)
316	LAP CYSTECTOMY (BLADDER)
317	NECROTISING ENTEROCOLITIS - FLANK DRAINAGE /LAPROTOMY
318	CONGENITAL HYDROCELE REPAIR
319	VULVAL SYNECHIAE
320	THORACIC / ABDOMINAL WALL DEFECTS -CORRECTION
321	TUMOR EXCISION (NEONATES/PAEDIATRICS)
NEUROSURGERY	
322	CRANIOTOMY AND EVACUATION OF HAEMATOMA
323	EXCISION OF BRAIN TUMORS - [PRIMARY /BENIGN) (BOTH INTRA AXIAL AND EXTRA AXIAL -INCLUDES SUBTENTORIAL- CP ANGLE BRAINSTEM/CEREBELLAR/ SUPRATENTORIAL-FRONTAL/PARIETAL/TEMPORAL/SELLAR/SUPRASELLAR/CRANIOPHARYNGIOMA)
324	EXCISION OF BRAIN TUMORS - [MALIGNANT) (BOTH INTRA AXIAL AND EXTRA AXIAL - (ALSO INCLUDES SUBTENTORIAL-CP ANGLE BRAINSTEM/CEREBELLAR/ SUPRATENTORIAL -FRONTAL/PARIETAL/TEMPORAL/ SAGGITAL LESION/SELLAR LESION/SUPRASELLAR LESION/CRANIOPHARYGIOMA
325	EXCISION OF BRAIN TUMORS - [SECONDARIES) (BOTH INTRAAXIAL AND EXTRAAXIAL -INCLUDESSUBTENTORIAL- CP ANGLE BRAINSTEM/CEREBELLAR/ SUPRATENTORIAL-FRONTAL/PARIETAL/TEMPORAL/SELLAR/SUPRASELLAR/CRANIOPHARYNGIOMA)
326	SHUNT SURGERIES-VENTRICULOATRIAL / VENTRICULOPERITONEAL SHUNT/ VENTRICULOPLEURAL SHUNT/LUMBAR PERITONEAL/SYRINGO SUBARACHANOID /CYSTO PERITONEAL
327	SHUNT SURGERIES-SHUNT DYSFUNTION - FAILURE/REVISION OF SHUNT
328	SHUNT SURGERIES - VP SHUNT WITH PROGRAMMABLE SHUNT
329	TWIST DRILL CRANIOSTOMY
330	SUBDURAL TAPPING
331	VENTRICULAR TAPPING
332	BRAIN ABSCESS & OTHER INFECTIVE LESION - BURR HOLE /TAPPING
333	CRANIOTOMY / EXCISION OF ABSCESS & OTHER INFECTIVE LESION
334	C.S.F. RHINORRHOEA & ACF REPAIR

335	CRANIOPLASTY
336	EXTERNAL VENTRICULAR DRAINAGE (EVD)
337	EXCISION OF LOBE (FRONTAL, TEMPORAL, PARIETAL , CEREBELLUM ETC)
338	PARASAGITAL LESION (INCLUDES VENTRICULAR LESIONS & CYSTS)
339	BASAL LESION
340	BRAIN STEM LESION
341	C P ANGLE LESION
342	STEREOTACTIC PROCEDURES- SURGICAL PROCEDURE
343	STEREOTACTIC PROCEDURES- ABLATION
344	STEREOTACTIC PROCEDURES- BIOPSY
345	DE-COMPRESSIVE CRANIECTOMY (NON TRAUMATIC / CVA INFARCT)
346	INTRA-CEREBRAL HEMATOMA EVACUATION
347	SUBDURAL HEMORRHAGE/ DECOMPRESSION FOR CONTUSION & ICH
348	EXCISION / DECOMPRESSION - OPTIC NERVE LESION /ORBITAL TUMOR (INCLUDES PROPTOSIS)
349	LESIONECTOMY FOR INTRACTABLE SEIZURES
350	TEMPORAL LOBECTOMY PLUS DEPTH ELECTRODES
351	MICROVASCULAR DECOMPRESSION FOR TRIGEMINAL NEURALGIA
352	MENINGO ENCEPHALOCELE /MENINGO MYELOCELE /MENINGOCELE EXCISION/LIPOMENINGOCELE (AT ANY LEVEL REPAIR)
353	DERMAL SINUS WITH INTRADURAL EXTENSION/TETHERED CORD /RELEASE OF TIGHT FILUM
354	ARNOLD CHIARI MALFORMATION - FORAMEN MAGNUM DECOMPRESSION
355	INTRACRANIAL FOREIGN BODY REMOVAL
356	DEPRESSED FRACTURE (WITH /WITHOUT HEMATOMA) - EXCISION/ ELEVATION /SCREW & FIXATION / BONE FLAP REMOVAL -TRAUMA /OTHER THAN TRAUMA
357	BONY LESION OF SKULL (PRIMARY BENIGN /MALIGNANT, SECONDARIES)
358	SPONTANEOUS ICH - DECOMPRESSIVE CRANIECTOMY/CRANIOTOMY & EVACUATION
359	DEEP BRAIN STIMULATION
360	INTRATHECAL PUMP IMPLANT
361	NEURO ENDOSCOPY PROCEDURES-EXCISION OF INTRAVENTRICULAR LESION
362	NEURO ENDOSCOPY PROCEDURES-EXCISION OF SUPRATENTORIAL LESION
363	NEURO ENDOSCOPY PROCEDURES-SPINAL ENDOSCOPY FOR DISCECTOMY
364	NEURO ENDOSCOPY PROCEDURES-ENDOSCOPIC THIRD VENTRICULOSTOMY
365	CERVICAL / LUMBAR SYMPATHECTOMY
366	BRAIN - ANY BIOPSY
VASCULAR SURGERY	
367	D V T - IVC FILTER

368	PERIPHERAL EMBOLECTOMY WITHOUT GRAFT
369	EXCISION OF ARTERIO VENOUS MALFORMATION - SMALL
370	EXCISION OF ARTERIO VENOUS MALFORMATION - LARGE
371	ARTERIAL EMBOLECTOMY
372	VASCULAR TUMORS
373	SMALL ARTERIAL ANEURYSMS - REPAIR
374	MEDIUM & LARGE SIZE ARTERIAL ANEURYSMS - REPAIR
375	MEDIUM & LARGE SIZE ARTERIAL ANEURYSMS WITH SYNTHETIC GRAFT
376	THORACO ABDOMINAL ANEURYSM REPAIR WITH RENO / MESENTRIC REVASCULARISATION
377	VISCERAL ARTERY ANEURSYM REPAIR / RENAL ARTERY ANEURYSM REPAIR
378	AORTO - ILLIAC / FEMORAL BYPASS WITH VEIN / SYNTHETIC GRAFT
379	AXILLO FEMORAL BYPASS WITH SYNTHETIC GRAFT
380	FEMORO DISTAL BYPASS WITH VEIN GRAFT
381	FEMORO DISTAL BYPASS WITH SYNTHETIC GRAFT
382	AXILLO BRACHIAL BYPASS USING SYNTHETIC GRAFT
383	BRACHIO - RADIAL BYPASS WITH SYNTHETIC GRAFT
384	FEMORO- POPLITEAL BYPASS WITH GRAFT
385	FEMORO- POPLITEAL BYPASS WITHOUT GRAFT
386	ILEO-FEMORAL BYPASS WITH GRAFT
387	ILEO-FEMORAL BYPASS WITHOUT GRAFT
388	FEMORO FEMORAL BYPASS WITH GRAFT
389	FEMORO FEMORAL BYPASS WITHOUT GRAFT
390	AORTO RENAL BYPASS
391	AORTO MESENTRIC BYPASS
392	CAROTID SUBCLAVIAN ARTERY BYPASS WITH SYNTHETIC GRAFT
393	AXILLO AXILLARY BYPASS WITH SYNTHETIC GRAFT
394	SUBCLAVIAN SUBCLAVIAN BYPASS WITH SYNTHETIC GRAFT
395	CAROTID BODY TUMOR - EXCISION
396	CAROTID ARTERY BYPASS WITH SYNTHETIC GRAFT
397	SURGERY WITHOUT GRAFT FOR ARTERIAL INJURIES OR VENOUS INJURIES
398	VASCULAR INJURY IN UPPER LIMBS - AXILLARY, BRANCHIAL, RADIAL AND ULNAR - REPAIR WITH VEIN GRAFT
399	MAJOR VASCULAR INJURY -REPAIR - LOWER LIMBS (INCLUDING FOOT)
400	MINOR VASCULAR INJURY REPAIR -LOWER LIMBS (INCLUDING FOOT)
401	NECK VASCULAR INJURY - CAROTID VESSELS
402	ABDOMINAL VASCULAR INJURIES - AORTA, ILLAC ARTERIES, IVC, ILIAC VEINS
403	VARICOSE VEINS RFA
404	COVERED STENT PLACEMENT FOR ANEURSYM / MURAL THROMBOSIS
405	THROMBOLYSIS FOR DEEP VEIN THROMBOSIS (CATHETER DIRECTED

	THROMBOLYSIS)
406	BRACHIO - BASILIC TRANSPOSITION FOR HEMODIALYSIS ACCESS
407	END ARTERECTOMY FOR PERIPHERAL ARTERIES / PATCH CLOSURE
408	END ARTERECTOMY FOR LARGE ARTERIES
409	THROMBIN INJECTION UNDER DUPLEX GUIDANCE FOR PSEUDOANEURYSM
410	PSEUDOANEURYSM MANAGEMENT WITH USG COMPRESSION THERAPY
411	PSEUDOANEURYSM LIGATION
412	PROFUNDA PLASTY
413	FOAM SCLEROTHERAPY FOR VARICOSE ULCER UNDER DUPLEX USG MONITORING
414	SCLEROTHERAPY FOR LOW FLOW VENOUS MALFORMATION UNDER DUPLEX USG MONITORING
415	REDO BYPASS AFTER GRAFT THROMBOSIS
416	ENDOVASCULAR AORTIC REPAIR
417	THORACIC ENDOVASCULAR AORTIC REPAIR
418	HYBRID / OPEN INCLUDING COVERED STENT PLACEMENT - UNILATERAL
419	HYBRID / OPEN INCLUDING COVERED STENT PLACEMENT - BILATERAL
420	TUMOR RESECTION WITH VASCULAR RECONSTRUCTION
421	GRAFT THROMBECTOMY BYPASS / AV ACCESS SURGERY
422	SARTORIUS/ GRACILIS MUSCLE FLAP COVER FOR VASCULAR COVER
423	SYSTEMIC THROMBOLYSIS IN PERIPHERAL ARTERY DISEASE
424	THORACIC VASCULAR INJURIES
EAR, NOSE AND THROAT	
425	COCHLEAR IMPLANT SURGERY < 6YEARS / REPLACEMENT OF DAMAGED PARTS & ACCESSORIES FOR ANY AGE
426	AUDITORY BRAIN STEM IMPLANT <6YEARS
427	HEARING AID - RESERVED TO GOVT
428	MASTOIDECTOMY - CORTICAL
429	MASTOIDECTOMY - RADICAL
430	MASTOIDECTOMY - MODIFIED RADICAL
431	MASTOIDECTOMY WITH TYMPANOPLASTY
432	STAPEDECTOMY
433	TYMPANOPLASTY-TYPE 1
434	FACIAL NERVE DECOMPRESSION
435	MICROLARYNGEAL SURGERY - SOFT TISSUE SWELLINGS OF LARYNX- BENIGN
436	MICROLARYNGEAL SURGERY - SOFT TISSUE SWELLINGS OF LARYNX-MALIGNANT
437	EXPANSION SPHINTERO PLASTY
438	ZETA PLASTY
439	UPPP AND MODIFIATIONS

440	EXCISION OF TUMOR IN PHARYNX / PARAPHARYNX (MALIGNANT)
441	EXCISION OF TUMOR NASAL CAVITY (BENIGN /ANGIOFIBROMA NOSE
442	EXCISION OF TUMOR NASAL CAVITY (MALIGNANT)
443	ENDOSCOPIC SINUS SURGERY-CHRONIC RHINO SINUSITIS
444	ENDOSCOPIC SINUS SURGERY-SINO NASAL POLYPOSIS
445	ENDOSCOPIC SINUS SURGERY-ENDOSCOPIC ORBITAL DECOMPRESSION
446	ENDOSCOPIC SINUS SURGERY-VIDIAN NEURECTOMY
447	ENDOSCOPIC SINUS SURGERY-INTERNAL MAXILLARY ARTERY LIGATION/SPHENO PALATINE ARTERY LIGATION
448	LABYRINTHECTOMY
449	PHONO SURGERY FOR VOCAL CORD PARALYSIS
450	MYRINGOTOMY WITH GROMET INSERTION
451	NASAL BONE FRACTURE REDUCTION
452	MICRO DEBRIDER OR CO-ABLATION TURBINOPLASTY
453	CUT THROAT INJURY NECK - EXPLORATION & REPAIR WITHOUT VASCULAR INTERVENTION
454	CUT THROAT INJURY NECK - EXPLORATION & REPAIR WITH VASCULAR INTERVENTION
455	TRANS ORAL LASER EXCISION OF LARYNGEAL TUMOR (TOLMS) - BENIGN
456	TRANS ORAL LASER EXCISION OF LARYNGEAL TUMOR (TOLMS) - MALIGNANT
457	FRACTURE ZYGOMA OPEN REDUCTION
458	RADIO FREQUENCY ABLATION OF TONGUE
459	LARYNGEAL/LARYNGOPHARYNGEAL VIDEOSCOPIC BIOPSY
460	PETROSECTOMY
461	STROBOSCOPY WITH NARROW BAND IMAGING
OPHTHALMOLOGY	
462	THERAPEUTIC PENETRATING KERATOPLASTY / OPTICAL PENETRATING KERATOPLASTY
463	LAMELLAR KERATOPLASTY
464	SCLERAL PATCH GRAFT
465	DOUBLE Z-PLASTY
466	COLLAGEN CROSS LINKING FOR KERATOCONUS
467	REMOVAL OF SILICON OIL OR GAS
468	VITRECTOMY ANTERIOR
469	VITRECTOMY - MEMBRANE PEELING- ENDOLASER,SILICON OIL OR GAS
470	MONTHLY INTRAVITREAL ANTI-VEGF FOR MACULAR DEGENERATION - PER INJECTION (MAXIMUM - 6)
471	DIABETIC MACULAR EDEMA-INTRA VITREAL INJECTION BEVACIZUMAB / RANIBIZUMAB
472	SCLERAL BUCKLE FOR RETINAL DETACHMENT

473	PHOTOCOAGULATION FOR DIABETIC RETINOPATHY / INDICATIONS OTHER THAN DIABETIC RETINOPATHY - PER SITTING
474	DERMIS FAT GRAFT
475	ORBITOTOMY
476	ENUCLEATION WITH ORBITAL IMPLANT
477	RECTUS MUSCLE SURGERY (SINGLE)
478	RECTUS MUSCLE SURGERY (TWO/THREE)
479	LID RECONSTRUCTION SURGERY /BLEPHEROPLASTY
480	PAEDIATRIC CATARACT SURGERY (PHACO EMULSIFICATION IOL / SICS IOL / GLUED IOL)
481	PHOTOCOAGULATION FOR RETINOPATHY OF PREMATURITY
482	GLAUCOMA FILTERING SURGERY FOR PAEDIATRIC GLAUCOMA
483	LASER NDYAG PERIPHERAL IRIDOTOMY/ CAPSULOTOMY
484	ADULT GLAUCOMA SURGERY/TRABECULECTOMY/ IMPLANT SURGERY
485	SURGICAL MANAGEMENT FOR SECONDARY GLAUCOMA
486	SCLERAL / CORNEAL TEAR REPAIR
487	REFRACTORY CORNEAL ULCER MANAGEMENT/NON HEALING CORNEAL ULCER
488	INTRAVITREAL TRIAMCINOLONE / ANTIBIOTICS
489	LATERAL TARSORRHAPHY
490	TRABECULECTOMY (WITH AHMED VALVE/MITOMYCIN/ EXPRESS STENT/OLOGEN)
491	CORNEAL PATCH GRAFT
492	SOCKET RECONSTRUCTION
493	OBLIQUE MUSCLE SURGERY
494	AMNIOTIC MEMBRANE GRAFT / AUTOGRAFT (FOR PTERYGIUM)
495	INTRAVITREAL ANTI-VEGF FOR RETINAL VEIN OCCLUSION - BEVACIZUMAB
496	INTRAVITREAL ANTI-VEGF FOR RETINOPATHY OF PREMATURITY - BEVACIZUMAB
OBSTETRICS AND GYNAECOLOGY	
497	ECLAMPSIA WITH COMPLICATIONS REQUIRING VENTILATORY SUPPORT
498	ECLAMPSIA WITH COMPLICATIONS & HELLP SYNDROME
499	ABRUPTIO-PLACENTA WITH OUT COAGULATION DEFECTS (DIC)
500	ABRUPTIO-PLACENTA WITH COAGULATION DEFECTS (DIC)
501	VAGINAL HYSTERECTOMY WITH PELVIC FLOOR REPAIR/WITH MESH REPAIR
502	CYSTOCELE, RECTOCELE & PERINEORRAPHY
503	SLINGS WITH MESH REPAIR FOR PROLAPSE
504	VAULT PROLAPSE ABDOMINAL REPAIR WITH / WITHOUT MESH
505	LAPAROSCOPIC OVARIAN DRILLING
506	LAPAROSCOPIC MYOMECTOMY
507	RECANALISATION ANY TYPE

508	STAGING LAPROTOMY FOR OVARIAN AND UTERINE CA
509	DIAGNOSTIC HYSTERO- LAPROSCOPY
510	LAPAROSCOPIC SLING OPERATIONS
511	PPH SURGICAL MANAGEMENT - HYSTERECTOMY/LIGATION/ EMBOLIZATION
512	PURANDARE'S CERVICOPEXY
513	FOTHERGILLS /AMPUTATION OF THE CERVIX WITH VAGINAL WALL RECONSTRUCTION
514	CRYO THERAPY - THERMOCOAGULATION - PRE INVASIVE LESION
GENERAL MEDICINE	
CARDIOLOGY	
515	ACUTE MI (CONSERVATIVE MANAGEMENT WITHOUT ANGIOGRAM)
516	ACUTE MI (CONSERVATIVE MANAGEMENT WITH ANGIOGRAM)
517	ACUTE MI WITH CARDIOGENIC SHOCK
518	ACUTE MI REQUIRING IABP PUMP
519	CONGESTIVE CARDIAC FAILURE
520	INFECTIVE ENDOCARDITIS
521	PULMONARY EMBOLISM
522	ARRYTHMIAS (SUPRAVENTRICULLAR / VENTRICULAR) - INVASIVE MANAGEMENT
523	ARRYTHMIAS (SUPRAVENTRICULLAR / VENTRICULAR) - CONSERVATIVE MANAGEMENT
524	PERICARDIAL EFFUSION/TAMPONADE
525	CARDIAC CATHETERISATION AND RIGHT & LEFT HEART STUDY
526	PROSTHETIC VALVE THROMBOSIS- THROMBOLYSIS
527	TENECTEPLASE/TPA ADDITIONAL FOR MI MANAGEMENT
528	STEMI
CRITICAL CARE	
529	REQUIRING VENTILATORY SUPPORT -OP POISIONING / METABOLIC COMA/SCORPION STING/ SNAKE BITE / BITES & STINGS/ OTHER CAUSES
530	ACUTE BRONCHITIS AND PNEUMONIA WITH RESPIRATORY FAILURE
INFECTIOUS DISEASES	
531	DIPTHERIA COMPLICATED
532	CRYPTOCOCCAL MENINGITIS
533	CEREBRAL MALARIA
MEDICAL GASTROENTROLOGY	
534	CORROSIVE OESOPHAGEAL INJURY

535	ACUTE PANCREATITIS WITH PSEUDOCYST (INFECTED)
536	CHRONIC PANCREATITIS WITH SEVERE PAIN 1) SEMS- SELF EXPANDABLE METALLIC STENT FOR BILIARY OBSTRUCTION (OBSTRUCTIVE JAUNDICE)- MALIGNANT/BENIGN
537	CHRONIC PANCREATITIS WITH SEVERE PAIN- II) ENDOSCOPIC PANCREATIC SPINCTEROTOMY AND /OR PANCREATIC DUCT STENTING
538	CHRONIC PANCREATITIS WITH SEVERE PAIN-PANCREATIC DUCT STENTING-PANCRETIC DUCT LEAKS, PSEUDOCYST OF PANCREAS, PANCREATIC STRICTURE, PANCREATIC STONE DISEASE
539	NON VARICEAL BLEED- HEATER PROBE (UPPER & LOWER Gl BLEED) INCLUDES GAVE, ULCER, RADIATION PROCTITIS/COLITIS, POST POLYPECTOMY BLEED, DIEULAFOYS LESION, ANGlODYSPLASlA,MALLORY WEISS TEAR.
540	DIRECT INTRA HEPATIC PORTO SYSTEMIC SHUNT
541	ERCP & DOUBLE STENTING (METAL FR CHOLANGIO CARCINOMA)
542	HEPATO CELLULAR CARCINOMA (ADVANCED) RADIOEMBOLIZATION
NEPHROLOGY	
543	RAPIDLY PROGRESSIVE RENAL FAILURE (RPRF)
544	MAINTANENCE HEMODIALYSIS FOR CRF (8 DIALYSIS) INCLUDING ERYTHROPOIETIN AND IRON
545	PERITONEAL DIALYSIS / CAPD INCLUDING ERYTHROPOIETIN AND IRON
546	ACUTE INTERMITENT PERITONEAL DIALYSIS
547	CAPD CATHETER REMOVAL
548	FEMORAL/SUBCLAVIAN HD CATHETER INSERTION WITH DIALYSIS
549	FEMORAL/SUBCLAVIAN HD CATHETER INSERTION WITHOUT DIALYSIS
550	HD PATIENT WITH COMPLICATION (CLABSI)
551	HEMOPERFUSION FOR POISONING
552	IMMUNOSUPPRESION FOR GLOMERULAR DISEASE
553	MAINTENANCE HEMODIALYSIS FOR SEROPOSITIVE PATIENTS HBSAG, HCV , HIV SINGLE USE DIALYSER
554	PERITIONITIS DUE TO PERITONEAL DIALYSIS
555	PERITONEAL DIALYSIS CATHETER EXCHANGE
556	PERITONEAL DIALYSIS CATHETER INSERTION-ANY TYPE
557	PERMANENT TUNNELLED CATHETHER REMOVAL
NEUROLOGY	
558	CHRONIC INFLAMMATORY DEMYELINATING POLY NEUROPATHY
559	HEMORRHAGIC STROKE /ISCHEMIC STROKE
560	AUTO IMMUNE ENCEPHALITIS
561	NEUROMYELITIS OPTICA (NMO) SPECTRUM DISORDERS - NOT REQURING PLASMAPHERESIS

562	SONO THROMBOLYSIS
563	SCRIPT
DERMATOLOGY	
564	PEMPHIGUS /PEMPHIGOID
565	STEVENS- JOHNSON SYNDROME
566	CUTANEAUS LUPUS ERYTHEMATOSUS WITH SYSTEMIC COMPLICATION: SUNSCREEN-ZINC OXIDE CREAM, TOPICAL/INTRALESIONAL/ORAL STEROIDS, HYDROXYCHLOROQUINE, METHOTREXATE, MYCOPHENOLATE MOFETIL, CYCLOSPORINE, CHLOROQUINE, DAPSONE, RITUXIMAB, IVIG
HEMATOLOGY	
567	THROMBOCYTOPENIA WITH BLEEDING DIATHESIS
568	BONE MARROW TRANSPLANTATION/STEM CELL TRANSPLANTATION- INCLUDING TOTAL BODY RADIATION AND COMPLICATIONS
PULMONOLOGY	
569	BRONCHIECTASIS WITH REPEATED H0SPITALISATION
570	ACUTE RESPIRATORY FAILURE (WITHOUT VENTILATOR)
571	ACUTE RESPIRATORY FAILURE (WITH VENTILATOR)
572	LUNG ABSCESS, NON - RESOLVING
573	PNEUMOTHORAX (LARGE / RECURRENT)
574	HYDROPNEUMOTHORAX
575	MALIGNANT PLEURAL EFFUSION /MASSIVE HEMOPTYSIS
576	PNEUMOCONIOSIS
RHEUMATOLOGY	
577	SLE- PREDNISOLONE OR METHOTREXATE OR AZATHIOPRINE OR TACROLIMUS OR HYDROXYCHLOROQUINE/ MYCOPHENOLATE MOFETIL INDUCTION/MYCOPHENOLATE MOFETIL MAINTENANCE
578	SLE -WITH INTERNAL ORGAN INVOLVEMENT ON PULSE CYCLOPHOSPHAMIDE THERAPY
579	SLE WITH COMPLICATIONS
580	SCLERODERMA RENAL CRISIS
581	SJOGREN'S SYNDROME WITH / WITHOUT COMPLICATIONS
582	SYSTEMIC SCLEROSIS WITH / WITHOUT COMPLICATIONS
583	ACUTE RHEUMATIC FEVER / ACUTE EXACERBATION OF CHRONIC RHEUMATIC CONDITIONS
584	ANTIPHOSPHOLIPID SYNDROME (PRIMARY / SECONDARY)
585	CATASTROPHIC ANTIPHOSPHOLIPID SYNDROME

ENDOCRINOLOGY	
586	GROWTH HORMONE FOR HYPOPITUTARISM
587	PITUITARY - ACROMEGALY
588	CUSHINGS SYNDROME
589	DELAYED PUBERTY HYPOGONADISM (EX.TURNERS SYND, KLEINFELTER SYND)
590	PRECOCIUS PUBERTY / TRANSGENDER / AMBIGUOUS GENITALIA / SEXUAL DIFFERENTIATION DISORDER HORMONAL THERAPY
PSYCHIATRY	
591	MULTIMODAL THERAPY FOR AUTISM
HEPATOLOGY	
592	FULMINANT HEPATIC FAILURE
593	PRIMARY BILIARY CIRRHOSIS
594	CHRONIC LIVER DISEASE -COMPENSATED/ DECOMPENSATED
SURGICAL GASTRO ENTEROLOGY	
595	LIVER TRANSPLANTATION - INCLUDING COMPLICATION
596	RT. HEPATECTOMY/NON ANATOMICAL RESECTION OF LIVER
597	LT. HEPATECTOMY/NON ANATOMICAL RESECTION OF LIVER
598	SPLENORENAL ANASTOMOSIS
599	SURGERY FOR BLEEDING ULCERS
600	1 STAGE-SUB TOTAL COLECTOMY + ILEOSTOMY
601	II STAGE - J-POUCH
602	Ill STAGE-ILEOSTOMY CLOSURE
603	HEPATICO JEJUNOSTOMY - BILIARY STRICTURE / INJURY / EXTERNAL BILIARY FISTULA MANAGEMENT
604	CBD CALCULI - STONE EXTRACTION CHOLEDOCHODUODENOSTOMY
605	REPAIR SURGERY FOR INJURIES DUE TO FB
606	SURGICAL REMOVAL OF FOREIGN BODY FROM GIT (INVASIVE / NON INVASIVE)
607	GASTRO STUDY FOLLOWED BY THORACOTOMY & SURGICAL MANAGEMENT FOR OESOPHAGEAL INJURY FOR CORROSIVE INJURIES/FB
608	HAEMANGIOMA SOL LIVER HEPATECTOMY + WEDGE RESECTION
609	LIENORENAL SHUNT
610	SLEEVE GASTRECTOMY FOR MORBID OBESITY
611	ROUXEN Y GASTRIC BYPASS FOR MORBID OBESITY
612	ANAL SPHINCTER RECONSTRUCTION/ LEVATROPLASTY
613	GRACILOPLASTY
614	BILIARY PERITONITIS -EMERGENCY LAPAROTOMY
615	SPLEEN SPARING DEVASCULARISATION

616	LIVER SEGMENTECTOMY
617	PORTOCAVAL ANASTOMOSIS
618	DEVASCULARISATION WITH OESOPHAGEAL TRANSECTION
619	WARREN SHUNT
620	PANCREAS DIVISUM
621	CENTRAL HEPATECTOMY
622	ESOPHAGEAL PERFORATION SURGERY
623	LAP.PARASTOMAL HERNIA
624	LAPAROSCOPIC VENTRAL HENIA REPAIR: MESH PLASTY WITH TACKERS
625	LAPROSCOPIC CLOSURE OF HOLLOW VISCOUS PERFORATION
626	LAPROSCOPIC GASTROJEJUNOSTOMY & VAGOTOMY
627	SPLENIC ABSCESS/RETROPERITONEAL ABSCESS: SURGICAL DRAINAGE
628	VATS OESOPHAGECTOMY
629	VATS- RETROPERITONEAL DEBRIDEMENT OF PANCREATIC NECROSIS
630	WHIPPLES PROCEDURE WITH VASCULAR RECONSTRUCTION WITH GRAFT
GENITOURINARY SURGERY	
631	RENAL TRANSPLANTATION SURGERY - POST RENAL TRANSPLANT REJECTION A.STEROID RESISTANT B.STEROID SENSITIVE/ POST RENAL TRANSPLANT INFECTION - LIFE TREATENING TREATMENT FOR FUNGAL INFECTIONS (LIPOSOMAL AMP -B OR EICHNOCANDINS) AND OTHER COMPLICATIONS
632	CYSTOLITHOTRIPSY / LASER LITHOTRIPSY / RETROGRADE INTRARENAL SURGERY
633	PER CUTANEOUS NEPHRO LITHOTOMY
634	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY
635	URETERO RENO SCOPIC LITHOTRIPSY
636	SINGLE STAGE URETHROPLASTY FOR STRICTURE URETHRA
637	BUCCAL MUCOSAL GRAFT- URETHROPLASTY
638	DOUBLE STAGE URETHROPLASTY FOR STRICTURE URETHRA - STAGE 1 /STAGE II
639	DOUBLE STAGE URETHROPLASTY FOR STRICTURE URETHRA - RECONSTRUCTION PROCEDURE
640	ANATROPHIC PEYLOLITHOTOMY FOR STAGHORN CALCULUS
641	RENAL CYST EXCISION
642	NEPHRECTOMY PYONEPHROSIS/XANTHO GRANULOMATOUS PYELONEPHRITIS
643	ENDOSCOPE REMOVAL OF STONE IN BLADDER
644	URETERIC INJURY REPAIR
645	BLADDER INJURY REPAIR
646	URETERIC REIMPLANTATION
647	VESICO VAGINAL FISTULA
648	CLOSURE OF URETHRAL FISTULA

649	OPTICAL URETHROTOMY
650	PERINEAL URETHROSTOMY
651	ANDERSON HYNES PYELOPLASTY
652	CAECO CYSTOPLASTY /BLADDER NECK INCISION (BNI) / AUGMENTATION - CYSTOPLASTY
653	SUPRA PUBLIC CYSTOSTOMY
654	DIVERTICULECTOMY /PERSISTENT URACHUS
655	URACHAL SINUS/TUMOR / EXCISION
656	INCONTINENCE URINE- (MALE)/ (FEMALE-INCLUDING CYSTOSCOPY OTIS URETHROTOMY)
657	TRANSURETHRAL RESECTION OF PROSTATE (TURP)
658	TURP WITH CYST LITHOTRIPSY
659	CHORDEE CORECTION
660	PROSTATIC ABSCESS -ULTRASOUND GUIDED TRANSURETERAL DRAINAGE
INTERVENTIONAL RADIOLOGY	
661	INFERIOR VENA CAVA STENTING SINGLE STENT
662	CORTICAL VENOUS SINUS THROMBOLYSIS
663	INTRA-ARTERIAL THROMBOLYSIS FOR ACUTE ISCHEMIC LIMBS
664	PERMANENT TUNNELED CATHETER PLACEMENT AS SUBSTITUTE FOR AV FISTULA IN LONG TERM DIALYSIS
665	STEREOTACTIC MAMMOGRAPHIC BIOPSY PROCEDURES
666	ENDOVASCULAR INTERVENTION FOR SALVAGING HEMODIALYSIS AV FISTULA
667	BALLOON RETROGRADE TRANSVENOUS OBLITERATION OF BLEEDING GASTRIC VARICES (BRTO)
668	PERCUTANEOUS VERTEBRO PLASTY/ CEMENTOPLASTY (FOR EACH LEVEL)
669	PTBD STENTING WITH OR WITHOUT DRAINAGE
670	TRANS JUGULAR LIVER BIOPSY
671	FLOW DIVERTOR FOR WIDE NECK ANEURYSM
672	CAROTID STENTING WITHOUT EMBOLIC PROTECTION DEVICE
673	CARTO-COILS ASSISTED OBLITERATION OF VARICES
674	CORD BLOOD TRANSFUSION
675	DURAL SINUS THROMBOLYSIS AND ASPIRATION
676	EVAR/BEVAR/TEVAR
677	LYMPHATICS EMBOLISATION / GLUE,COILS
678	MECHANICAL STROKE THROMBECTOMY
679	MICROWAVE ABLATION OF TUMORS
680	PARTO -/PLUG ASSISTED OBLITERATION OF VARICES
681	THORACIC DUCT EMBOLISATION
COMMON PROCEDURES(INCLDUING GENERAL SURGERY) - MAY BE DONE BY	

MORE THAN ONE SPECIALITY	
682	THOROCOPLASTY (BRONCHOPLEURAL FISTULA/OTHERS)
683	MYOPLASTY (BRONCHOPLEURAL FISTULA/OTHERS)
684	TRANSPLEURAL BPF CLOSURE
685	CAROTID EMBOLECTOMY
686	PULMONARY EMBOLECTOMY WITH IVC FILTER
687	EXCISION OF TUMOR IN NASOPHARYNX(MALIGNANT)
688	ENDOSCOPIC DCR
689	VAGINAL HYSTERECTOMY FOR BENIGN / MALIGNANT CONDITIONS
690	ABDOMINAL HYSTERECTOMY FOR BENIGN / MALIGNANT CONDITIONS
691	WERTHEIMS / RADICAL HYSTERECTOMY
692	AMPUTATIONS - FORE QUARTER / HIND QUARTER WITH OR WITHOUT HEMIPELVECTOMY
693	DENGUE SHOCK SYNDROME/ DENGUE HEMORRHAGIC FEVER - (ADULT/PAEDIATRICS)
694	PANCREATECTOMY ANY TYPE - OPEN / LAP
695	NEPHROSTOMY
696	OBSCURE/ NON VARICEAL BLEED- CLIPPING / ARGON PLASMA COAGULATION/ INJECTION/CONSERVATIVE
697	MIXED CONNECTIVE TISSUE DISEASE- (METHOTREXATE OR AZATHIOPRINE OR HYDROXY CHLOROQUINE/ PULSE CYCLOPHOSPHAMIDE THERAPY/ MYCOPHENOLATE MOFETIL INDUCTION/MYCOPHENOLATE MOFETIL MAINTENANCE/ WITH GANGRENE ON IV PROSTACYCLIN/ PNEUMOCOCCAL VACCINATION)
698	VASCULITIS (PREDNISOLONE OR METHOTREXATE OR AZATHIOPRINE/ PULSE CYCLOPHOSPHAMIDE THERAPY / INTERNAL ORGAN INVOLVEMENT REQUIRING INTRAVENOUS IMMUNOGLOBULIN/ MYCOPHENOLATE MOFETIL INDUCTION/MYCOPHENOLATE MOFETIL MAINTENANCE/ PNEUMOCOCCAL VACCINATION)
699	FULL THICKNESS BUCCAL MUCOSAL RESECTION & RECONSTRUCTION
700	ORBITAL EXENTERATION/ EVISCERATION WITH IMPLANT
701	POST-TRANSPLANT IMMUNOSUPPRESSIVE TREATMENT
702	OPEN PROSTATECTOMY
703	RADICAL PROSTATECTOMY
704	CT GUIDED MAJOR PROCEDURES (DRAINAGE PIGTAIL INSERTION)
705	CT GUIDED MAJOR PROCEDURES (RF / ETHANOL ABLATION)
706	CT GUIDED MINOR PROCEDURES (FNAC, BIPOSY, SINOGRAPHY,TAPPING)
707	USG GUIDED MAJOR PROCEDURES (EG. LIVER ABSCESS,POST OP COLLECTIONS)DRAINAGE PIGTAIL INSERTION
708	USG GUIDED MAJOR PROCEDURES (RF / ETHANOL ABLATION PAIN MANAGEMENT)

709	USG GUIDED MINOR PROCEDURES (FNAC, BIPOSY, SINOGRAPHY,TAPPING)
710	RENAL ARTERY EMBOLIZATION WITH MULTIPLE COILS AND MICRO CATHETER
711	EMBOLIZATION OF AV MALFORMATION OF PERIPHERAL EXTREMITY, CRANIOFACIAL AND VISCERAL PER SITTING
712	GASTROINTESTINAL VISCERAL ARTERIAL EMBOLIZATION IN UPPER AND LOWER GASTROINTESTINAL BLEEDING WITH MICROCATHETER
713	BRONCHIAL ARTERY EMBOLIZATION IN HEMOPTYSIS USING PVA AND MICROCATHETER
714	EMBOLIZATION OF POSTOPERATIVE/ POST TRAUMATIC BLEEDING
715	UTERINE ARTERY EMBOLIZATION IN SEVERE MENORRHAGIA SECONDARY TO PPH/UTERINE FIBROIDS / AVM
716	PREOPERATIVE PORTAL VEIN EMBOLIZATION FOR LIVER TUMORS
717	EMBOLIZATION OF PULMONARY AV MALFORMATION
718	EMBOLIZATION OF AV MALFORMATION OF BRAIN PER SITTING WITH ONYX
719	EMBOLIZATION OF CARATICO-CAVERNOUS FISTULA
720	PLAIN SIMPLE COILING OF ANEURYSM
721	BRAIN AVM EMBOLIZATION
722	TUMOR EMBOLIZATION
723	PERIPHERAL AVM EMBOLIZATION
724	TRANS ARTERIAL CHEMOEMBOLIZATION
725	HEAD AND NECK TUMOR EMBOLIZATION
726	PSEUDOANEURYSM EMBOLIZATION
727	PROSTATIC ARTERY EMBOLIZATION
728	SPINAL AVM EMBOLIZATION
729	SPINAL DURAL FISTULA EMBOLIZATION
730	BALLOON RETERO GRADE VARICEAL EMBOLIZATION
731	LIVER HEMANGIOMA EMBOLIZATION
732	VEIN OF GALEN EMBOLIZATION
733	DURAL FISTULA EMBOLIZATION
734	RF ABLATION OF OSTEOID OSTEOMA
735	SUPERFICIAL FEMORAL ARTERY ANGIOPLASTY ANY STENTING
736	FISTULA SALVAGE ANGIOPLASTY
737	CAROTID ARTERY STENTING WITH EMBOLIC PROTECTION DEVICE
738	ILIAC / IVC STENTING / HIGH END VASCULAR REVASCULARISATION PROCEDURE
739	VENOUS / POLY TETRA FLUORO ETHYLENE PATCH ANGIOPLASTY
740	SUBCLAVIAN / ILIAC / SUPERFICIAL FEMORAL ARTERY - STENTING
741	TIBIAL ANGIOPLASTY IN CRITICAL LIMB ISCHEMIA
742	MESENTERIC ARTERY ANGIOPLASTY & STENTING IN ACUTE & CHRONIC MESENTERIC ISCHEMIA - SINGLE STENT

743	CENTRAL VENOUS STENTING FOR CENTRAL VENOUS OCCLUSION (BRACHIOCEPHALIC, SUBCLAVIAN VEIN AND SUP VENA CAVA) SINGLE METALLIC STENT
744	INTRACRANIAL VENOUS STENTING
745	INTRACRANIAL ARTERIAL STENTING
746	PERIPHERAL STENT GRAFT FOR PERIPHERAL ANEURYSMS AND AV FISTULA
747	PERIPHERAL ANGIOPLASTY
748	PERIPHERAL ANGIOPLASTY AND STENTING
749	SVC ANGIOPLASTY AND STENTING
750	IVC ANGIOPLASTY
751	IVC ANGIOPLASTY AND STENTING
752	BELOW KNEE ANGIOPLASTY
753	SUBCLAVIAN ANGIOPLASTY STENTING
754	RENAL ANGIOPLASTY
755	VERTERBRAL ANGIOPLASTY
756	RENAL ANGIOPLASTY STENTING
757	DURAL SINUS ANGIOPLASTY AND STENTING
758	HEPATIC VEIN ANGIOPLASTY AND STENTING
759	ANEURYSM RESECTION & GRAFTING
760	RF ABLATION OF TUMOR
761	ACUTE STROKE THROMBOLYSIS (R TPA)
762	INFERIOR VENA CAVA FILTER PLACEMENT
763	BILIARY DRAINAGE PROCEDURES / ERCP - EXTERNAL DRAINAGE AND STENT PLACEMENT - METALLIC BILIARY STENT / POST OP BILIARY STRICTURE / LEAK /CHOLANGITIS / BILIARY PANCREATITIS /CHOLEDOCHAL CYST /BILE DUCT STONES
764	CAROTID STENTING SINGLE STENT WITH EMBOLIC PROTECTION DEVICE
765	CT GUIDED NERVE BLOCK (COELIAC PLEXUS, HYPOGASTRIC PLEXUS, STELLATE GANGLION, GASSERIAN GANGLION, MANDIBULAR NERVE, MAXILLARY NERVE, SELECTIVE NERVE ROOT, LUMBAR SYMPATHETIC PLEXUS, GANGLION IMPAR, SACRO ILIAC JOINT INFECTION, EPIDURAL STEROID, FACET JOINT, SPHENOPALATINE GANGLION, OCCIPITAL NERVE, GLOSSOPHARYNGEAL NERVE, THORACIC SYMPATHETIC, INTERCOSTAL NERVE, SPLANCHNIC NERVE, PIRIFORMIS INJECTION)
766	USG GUIDED NERVE BLOCK (COELIAC PLEXUS, HYPOGASTRIC PLEXUS, STELLATE GANGLION, GASSERIAN GANGLION, MANDIBULAR NERVE, MAXILLARY NERVE, SELECTIVE NERVE ROOT, LUMBAR SYMPATHETIC PLEXUS, GANGLION IMPAR, SACRO ILIAC JOINT INFECTION, EPIDURAL STEROID, FACET JOINT, SPHENOPALATINE GANGLION, OCCIPITAL NERVE, GLOSSOPHARYNGEAL NERVE, THORACIC SYMPATHETIC, INTERCOSTAL NERVE, SPLANCHNIC NERVE, PIRIFORMIS INJECTION)

767	C-ARM GUIDED NERVE BLOCK (COELIAC PLEXUS, HYPOGASTRIC PLEXUS, STELLATE GANGLION, GASSERIAN GANGLION, MANDIBULAR NERVE, MAXILLARY NERVE, SELECTIVE NERVE ROOT, LUMBAR SYMPATHETIC PLEXUS, GANGLION IMPAR, SACRO ILIAC JOINT INFECTION, EPIDURAL STEROID, FACET JOINT, SPHENOPALATINE GANGLION, OCCIPITAL NERVE, GLOSSOPHARYNGEAL NERVE, THORACIC SYMPATHETIC, INTERCOSTAL NERVE, SPLANCHNIC NERVE, PIRIFORMIS INJECTION)
768	CT GUIDED RF ABLATION (COELIAC PLEXUS, HYPOGASTRIC PLEXUS, STELLATE GANGLION, GASSERIAN GANGLION, MANDIBULAR NERVE, MAXILLARY NERVE, SELECTIVE NERVE ROOT, LUMBAR SYMPATHETIC PLEXUS, GANGLION IMPAR, SACRO ILIAC JOINT INFECTION, FACET JOINT, SPHENOPALATINE GANGLION, OCCIPITAL NERVE, GLOSSOPHARYNGEAL NERVE, THORACIC SYMPATHETIC, INTERCOSTAL NERVE, SPLANCHNIC NERVE)/
769	USG GUIDED RF ABLATION (COELIAC PLEXUS, HYPOGASTRIC PLEXUS, STELLATE GANGLION, GASSERIAN GANGLION, MANDIBULAR NERVE, MAXILLARY NERVE, SELECTIVE NERVE ROOT, LUMBAR SYMPATHETIC PLEXUS, GANGLION IMPAR, SACRO ILIAC JOINT INFECTION, FACET JOINT, SPHENOPALATINE GANGLION, OCCIPITAL NERVE, GLOSSOPHARYNGEAL NERVE, THORACIC SYMPATHETIC, INTERCOSTAL NERVE, SPLANCHNIC NERVE)/
770	C-ARM GUIDED RF ABLATION (COELIAC PLEXUS, HYPOGASTRIC PLEXUS, STELLATE GANGLION, GASSERIAN GANGLION, MANDIBULAR NERVE, MAXILLARY NERVE, SELECTIVE NERVE ROOT, LUMBAR SYMPATHETIC PLEXUS, GANGLION IMPAR, SACRO ILIAC JOINT INFECTION, FACET JOINT, SPHENOPALATINE GANGLION, OCCIPITAL NERVE, GLOSSOPHARYNGEAL NERVE, THORACIC SYMPATHETIC, INTERCOSTAL NERVE, SPLANCHNIC NERVE)/
771	PREOPERATIVE PROPHYLACTIC TUMOR EMBOLISATION
772	IMMUNOGLOBULIN THERAPY
773	RECONSTRUCTIVE MICRO SURGERY - REPLANTATION OF HAND, FINGER, THUMB, ARM, SCALP ETC
774	RECONSTRUCTIVE MICRO SURGERY -FREE TISSUE TRANSFER
775	EXCISION OF LINGUAL THYROID
776	ACUTE PANCREATITIS - CONSERVATIVE MANAGEMENT / MILD / MODERATE /SEVERE MEDICAL / IMAGE GUIDED DRAINAGE OF PANCREATIC COLLECTIONS
777	OPEN NEPHRECTOMY SIMPLE/HEMI/PARTIAL/RADICAL
778	LAP NEPHRECTOMY SIMPLE/HEMI/PARTIAL/RADICAL
779	NEPHROURETERECTOMY
780	BRONCHOSCOPY FOREIGN BODY REMOVAL
781	FB OESOPHAGUS
782	TRACHEOSTOMY

783	THORACOSTOMY
784	CLEFT LIP
785	CLEFT PALATE
786	SYNDACTYLY OF HAND FOR EACH HAND
787	MICROTIA/ANOTIA
788	TM JOINT ANKYLOSIS
789	RECONSTRUCTIVE MICRO SURGERY -BRACHIAL PLEXUS SURGERY
790	RECONSTRUCTIVE BREAST SURGERY FOLLOWING CANCER EXCISION,REDUCTION, AUGMENTATION
791	RECONSTRUCTIVE SURGERY FOLLWING FACIO MAXILLARY TRAUMA, FRACTURE MANDIBLE, MAXILLA
792	HEAD & NECK CANCER COMPOSITE RESECTION
793	HEAD & NECK CANCER COMPOSITE RESECTION WITH RECONSTRUCTION
794	TUMOR RESECTION - ANY TYPE WITH RECONSTRUCTION
795	TUMOR RESECTION - ANY TYPE WITHOUT RECONSTRUCTION
796	TRACHEO OESOPHAGEAL FISTULA - REPAIR / RECONSTRUCTION
797	OESOPHAGEAL GROWTH / FISTULA / STRICTURE / PERFORATION / LUMINAL STENTING
798	DIAPHRAGMATIC HERNIA
799	URETERIC REIMPLANTATIONS/MEGA URETER OBSTRUCTIVE /REFLUXING - U/L OR B/L
800	HYPOSPADIAS
801	EPISPADIASIS
802	TORSION TESTIS
803	URETEROCELE SURGERY
804	OPEN CHOLECYSTECTOMY- RADICAL /ANY TYPE/ CBD EXPLORATION
805	LAP CHOLECYSTECTOMY- RADICAL /ANY TYPE/ CBD EXPLORATION
806	LAP CHOLECYSTOSTOMY WITH /WITHOUT EXPLORATION CBD
807	OPEN CHOLECYSTOSTOMY
808	GASTRECTOMY ANY TYPE - ANY CAUSE
809	GASTRECTOMY ANY TYPE - ANY CAUSE WITH LYMPHADENECTOMY
810	PENECTOMY- TOTAL/PARTIAL WITHOUT PERINEAL URETHEROSTOMY -CA
811	PENECTOMY- TOTAL/PARTIAL WITH PERINEAL URETHEROSTOMY -CA
812	ANTERIOR RESECTION
813	SEGMENTAL RESECTION/WEDGE RESECTION OF STOMACH/ WITH STAPLED ANASTOMOSIS /ILEOSTOMY (INCLUDING GIST)
814	ABDOMINOPERINIAL RESECTION WITH / WITHOUT SPHINCTER PRESERVING SURGERY WITH COLO ANAL ANASTOMOSIS - OPEN/LAP
815	SPLENECTOMY WITH OR WITHOUT DEVASCULARISATION -TRAUMATIC
816	SPLENECTOMY WITH OR WITHOUT DEVASCULARISATION- NON TRAUMATIC
817	LAP SPLENECTOMY WITH OR WITHOUT DEVASCULARISATION

818	NECK DISSECTION ANY TYPE -WITH OR WITHOUT WIDE EXCISION (INCLUDING MALIGNANCY)
819	NECK DISSECTION ANY TYPE - WITH OR WITHOUT RECONSTRUCTION (INCLUDING MALIGNANCY)
820	HEMIMANDIBULECTOMY
821	MARGINAL MANDIBULECTOMY
822	SEGMENTAL MANDIBULECTOMY
823	LEIOMYOMA EXCISION
824	MULTI ORGAN RESECTION FOR ANY Gl CANCERS
825	SURGERIES FOR ENTERO CUTANEOUS FISTULA
826	INCISIONAL HERNIA REPAIR WITHOUT MESH
827	INCISIONAL HERNIA REPAIR WITH MESH
828	CRANIOSYNOSTOSIS - SURGICAL CORRECTION (INCLUDING STRIP CRANIECTOMY / ORBITO FACIAL ADVANCEMENT/PLASTIC SURGICAL CORRECTION)
829	LIVER ABSCESS - OPEN DRAINAGE
830	RECTAL PROLAPSE - THEIRSCH WIRING / DEBULKING/ LAPROSCOPIC RECTOPEXY
831	GLOSSECTOMY (TOTAL/HEMI/PARTIAL) FOR CANCER
832	GLOSSECTOMY (TOTAL/HEMI/PARTIAL) WITH RECONSTRUCTION- FOR CANCER
833	MAXILLECTOMY ANY TYPE -FOR CA
834	PAROTIDECTOMY ANY TYPE- FOR CA
835	LARYNGECTOMY ANY TYPE -FOR CA
836	LARYNGO PHARYNGO OESOPHAGECTOMY
837	COLECTOMY ANY TYPE/ LAPROSCOPIC COLECTOMY-ANY CAUSE
838	WHIPPLES ANY TYPE
839	OPEN CYSTECTOMY (BLADDER) (RADICAL /PARTIAL/ COMPLETE) WITH OR WITHOUT DRAINAGE PROCEDURES - ANY CAUSE
840	LAPROSCOPIC CYSTECTOMY (BLADDER) WITH OR WITHOUT DRAINAGE PROCEDURES - ANY CAUSE
841	LAPROSCOPIC ASSISTED VAGINAL HYSTERECTOMY
842	SALPINGO OOPHORECTOMY U/L OR B/L- FOR CA
843	MASTECTOMY ANY TYPE
844	MASTECTOMY ANY TYPE WITH AXILLARY DISSECTION / SENTINAL NODE EXPLORATION
845	WIDE EXICISION/ LUMPECTOMY - TUMORS OF BREAST (BENIGN /MALIGNANT)
846	PNEUMONECTOMY- ANY CAUSE
847	LUNG LOBECTOMY - ANY CAUSE
848	DECORTICATION - ANY CAUSE

849	VATS-LOBECTOMY
850	VATS-PNEUMONECTOMY
851	VATS-DECORTICATION
852	METASTATECTOMY SOLITARY OR MULTIPLE - ANY CAUSE
853	OPERATIONS OF ADRENAL GLAND - U/L OR B/L (ANY CAUSE)
854	TEMPORAL BONE - EXCISION / RESECTION - ANY TYPE
855	SUBMANDIBULAR GLAND EXICISION- ANY CAUSE
856	STERNOTOMY + MEDIASTINAL DISSECTION - CA / SOL
857	TOTAL/SUBTOTAL/PARTIAL THYROIDECTOMY WITH OR WITHOUT EXPLORATION- ANY CAUSE
858	HEMITHYROIDECTOMY WITH OR WITHOUT EXPLORATION - ANY CAUSE
859	COMPLETION THYROIDECTOMY WITH OR WITHOUT EXPLORATION - ANY CAUSE
860	RESECTION & ENUCLEATION OF THYROID NODULE
861	PARATHYROIDECTOMY - ANY TYPE
862	RESECTION AND ANASTOMOSIS /SEGMENTAL RESECTION - SMALL INTESTINE- ANYCAUSE
863	RESECTION AND ANASTOMOSIS /SEGMENTAL RESECTION - LARGE INTESTINE- ANYCAUSE
864	GASTROSTOMY/FEEDING GASTROSTOMY/PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
865	OESOPHAGOSTOMY LAP / OPEN
866	JEJUNOSTOMY / FEEDING JEJUNOSTOMY LAP / OPEN
867	GASTROJEJUNOSTOMY LAP / OPEN
868	ILEOSTOMY LAP / OPEN
869	ILEOTRANSVERSE COLOSTOMY/COLOSTOMY LAP / OPEN
870	HARTMANNS PROCEDURE WITH COLOSTOMY- ANY CAUSE
871	CLOSURE OF GASTROSTOMY/ILEOSTOMY/COLOSTOMY / JEJUNOSTOMY / GASTROJEJUNOSTOMY / ILEOTRANSVERSE COLOSTOMY / OESOPHAGOSTOMY
872	RESECTION OF RETRO PERITONEAL TUMORS
873	BONE RESECTION / CURRETTAGE/ CEMENTING- ANY CAUSE
874	URINARY DIVERSION PROCEDURES (INCLUDING PERCUTANEOUS / ANTEGRADE/RETROGRADE URETERIC STENTING /NEPHROSTOMY)
875	INTERCOSTAL DRAINAGE
876	CRYOTHERAPY FOR ALL LESIONS
877	NERVE /PERIPHERAL NERVE/TENDON/VASCULAR REPAIR OR RECONSTRUCTION (WITH NERVE GRAFT / TENDON GRAFT) / NEUROLYSIS/NERVE SUTURING
878	VAGINAL ATRESIA - (INCLUDING MC INDO-S REPAIR / PLASTIC SURGICAL REPAIR)
879	VASCULAR MALFORMATIONS- (INCLUDING SCLEROTHERAPY/ REDUCTION

	SURGERY)
880	RECONSTRUCTIVE UPPER LIMB /HAND/LOWER LIMB/FOOT SURGERY FOLLOWING INFECTION, TRAUMA, BURNS, TUMORS/ MALIGNANCY, DEVELOPMENTAL INCLUDING DIABETIC FOOT - MILD/MODERATE/SEVERE
881	FLAP SURGERIES - CUTANEOUS / FASCIOCUTANEOUS / MYOCUTANEOUS / MUSCLE / BONE FLAP / MICROSURGICAL FREE FLAP / SPLIT THICKNESS GRAFT
882	FLAP SURGERIES - AXIAL / REVERSE FLOW / PEDICLED FLAP
883	POST BURN HYPERTROPHY SURGERY/SCAR REVISION SURGERY
884	RECONSTRUCTION USING TISSUE EXPANDER (POST TRAUMATIC/POST BURNS/ POST CANCER EXCISION) REQUIRES MULTIPLE SITTINGS
885	FLAP SURGERIES WITH BONE GRAFTING
886	AMPUTATION OF ANY SITE / ANY CAUSE
887	CUSTOM MADE PROSTHESIS (EXTERNAL)
888	SOFT TISSUE INJURY - LACERATION (SUTURING) / DEEP WOUND/WOUND DEBRIDEMENT
889	OPERATIONS FOR BRACHIAL PLEXUS
890	CERVICAL RIB EXCISION
891	POLYTRAUMA/HEAD INJURY MINOR
892	POLYTRAUMA / HEAD INJURY MAJOR
893	CYANOTIC CONGENTIAL HEART DISEASE PRESENTING WITH OR WITHOUT / INFECTION / FAILURE / SEPTIC SHOCK / INFECTIVE ENDOCARDITIS/ CYANOTIC SPELL - NON VENTILATED
894	CYANOTIC CONGENTIAL / HEART DISEASE PRESENTING WITH OR WITHOUT / INFECTION / CARDIOGENIC SHOCK / SEPTIC SHOCK / INFECTIVE ENDOCARDITIS/ CYANOTIC SPELL - VENTILATED
895	STATUS EPILEPTICUS WITH MECHANICAL VENTILATION - (ADULT/PAEDIATRIC)
896	DIABETIC KETOACIDOSIS - TYPE 1 / TYPE II
897	CHRONIC RENAL FAILURE WITH INITIATION OF HEMODIALYSIS (INCLUDING ERYTHROPOIETIN / IRON INJECTION)
898	ACUTE RENAL FAILURE WITHOUT HEMODIALYSIS (INCLUDING ERYTHROPOIETIN / IRON INJECTION)
899	ACUTE RENAL FAILURE WITH HEMODIALYSIS (INCLUDING ERYTHROPOIETIN / IRON INJECTION)
900	ACUTE RENAL FAILURE / CRF WITH VENTILATOR CARE
901	ACUTE RENAL FAILURE / CRF - CONTINUOUS RENAL REPLACEMENT THERAPY / SLED / SCUF
902	RENAL BIOPSY
903	PYOGENIC /TB /VIRAL/ FUNGAL -MENINGITIS/ MENINGOENCEPHALITIS - NON VENTILATED
904	PYOGENIC /TB /VIRAL/ FUNGAL -MENINGITIS/ MENINGOENCEPHALITIS -

	WITH VENTILATORY SUPPORT
905	NEURO TUBERCULOSIS/NEUROCYSTICERCOSIS/ TUBERCULOMA
906	IDIPOPATHIC THROMBOCYTOPENIC PURPURA/ TTP
907	ANY COAGULATION DISORDERS / DIC
908	ECMO - EXTRACORPOREAL MEMBRANE OXYGENATION
909	MULTI SYSTEM ORGAN FAILURE- WITH OR WITHOUT VENTILATION
910	ENTERIC ENCEPHALOPATHY
911	LEPTOSPIROSIS WITH HEPATIC INVOLVEMENT
912	SUBMERSION INJURY WITH VENTILATORY SUPPORT
913	ARDS WITH VENTILATORY SUPPORT
914	RESPIRATORY FAILURE OF ANY CAUSE REQUIRING HIGH FREQUENCY VENTILATION
915	EXCISION OF CYSTIC LESIONS OF THE NECK - (INCLUDING BRANCHIAL CYST / DERMOID / SEBACEOUS CYST / THYROGLOSAL CYST NEUROFIBROMA/ CYSTIC HYGROMA)
916	EXCISION OF SINUSES & FISTULA OF THE NECK - (INCLUDING CONGENITAL DERMAL / BRACHAL SINUS/ PREAURICULAR SINUS /FISTULA / THYROGLOSSAL CYST (INCLUDES DEEP EXPLORATION)
917	CHEST WALL RESECTION WITH OR WITHOUT RECONSTRUCTION
918	OPEN ORCHIDOPEXY
919	LAPAROSCOPIC ORCHIDOPEXY
920	ORCHIDECTOMY /HIGH ORCHIDECTOMY - U/L OR B/L
921	LAPAROSCOPIC VARICOCELE LIGATION (PAEDIATRIC)
922	ANEURYSM CLIPPING
923	SPINAL VASCULAR MALFORMATION (CONVENTIONAL/INTERVENTIONAL)
924	SURGERY OF CORD TUMORS - INTRA MEDULLARY TUMORS
925	SURGERY OF CORD TUMORS -INTRADURAL EXTRAMEDULLARY TUMOR
926	SURGERY OF CORD TUMORS - EXTRADURAL TUMOR
927	SPILT CORD MALFORMATIONS - ANY TYPE (INCLUDES SPINA BIFIDA MAJOR/MINOR)
928	POSTERIOR DISCECTOMY
929	ANTERIOR DISCECTOMY
930	ANTERIOR CERVICAL DISCECTOMY & FUSION
931	ANTERIOR LATERAL DECOMPRESSION/STABILSIATION
932	LAMINECTOMY - MICROLUMBAR
933	LAMINECTOMY AT ANY LEVEL - CONVENTIONAL
934	SPINAL FUSION PROCEDURE
935	POSTERIOR DECOMPRESSION & STABILISATION(INSTRUMENTED)
936	CORPECTOMY AND FIXATION
937	SPINAL FIXATION WITH INTERBODY CAGE FUSION
938	SPINAL FRACTURE - CONSERVATIVE MANAGEMENT

939	C.V. JUNCTION FUSION
940	SPINAL DEFORMITY CORRECTION PROCEDURES / VERTERBROPLASTY UPTO 8 LEVELS
941	SPINAL EPIDURAL ABSCESS / HEMATOMA - LAMINECTOMY / EVACUATION
942	SYRINGOMYELIA
943	TRANS SPHENOIDAL SURGERY (SELLAR/SUPRASELLAR/SKULL BASAL LESION)
944	TRANS ORAL SURGERY (SELLAR/SUPRASELLAR/SKULL BASAL LESION)
945	RADIOFREQUENCY ABLATION FOR TRIGEMINAL NEURALGIA
946	EMBOLISATION OF ANEURYSM/ ANEURYSM COILING BALLOON ASSISTED
947	EMBOLISATION OF ANEURYSM / STENT ASSISTED COILING OF INTRACRANIAL ANEURYSM
948	CAROTID ENDARTERECTOMY
949	PELVIC FLOOR RECONSTRUCTION WITH MESH
950	LAPAROSCOPIC / LAPROTOMY - ECTOPIC RESECTION
951	LAPAROSCOPIC ADHESOLYSIS
952	THALASSEMIA MAJOR/HAEMOGLOBINOPATHIES/ CHELATION THERAPY/SICKLE CELL ANAEMIA
953	INTERSTITAL LUNG DISEASE
954	OESOPHAGEAL VARICES /GASTRIC VARICES/PESUDO ANEURYSM - BANDING
955	OESOPHAGEAL VARICES /GASTRIC VARICES/PESUDO ANEURYSM - SCLEROTHERAPY
956	OESOPHAGEAL VARICES /GASTRIC VARICES/PESUDO ANEURYSM - DEVASCULARISATION
957	OESOPHAGEAL VARICES /GASTRIC VARICES/PESUDO ANEURYSM - GLUE INJECTION
958	END STAGE RENAL DISEASE
959	GULLAIN BARRE SYNDROME
960	OPTIC NEURITIS
961	MYOPATHY / MUSCULAR DYSTROPHY
962	MYASTHENIA GRAVIS
963	MANAGEMENT OF COMA
964	CAVERNOUS SINUS THROMBOSIS
965	MUCORMYCOSIS
966	HYPER OSMOLAR NON-KETOTIC COMA
967	OPERATION FOR HYDATID CYST OF LIVER
968	HEPATO CELLULAR CARCINOMA (ADVANCED) RADIO FREQUENCY ABLATION
969	COLONIC PULL THOROUGH /COLOPLASTY/ ABDOMINAL RESECTION
970	OESOPHAGECTOMY ANY TYPE INCLUDING (TRANS HIATAL / TRANS THORACIC WITH GASTRIC PULL UP)
971	OESOPHAGO- GASTRECTOMY
972	ACHALASIA CARDIA -SURGICAL CORRECTION

973	ACHALASIA CARDIA - LAP SURGICAL CORRECTION (INCLUDING HELLERS MYOTOMY)
974	ACHALASIA CARDIA -PNEUMATIC DILATATION
975	LAP FUNDOPLICATIONS
976	CYST EXCISION WITH OR WITHOUT HEPATIC JEJUNOSTOMY/ BILIARY DRAINAGE
977	CHOLEDOCHODUODENOSTOMY /CHOLEDOCHO JEJUNOSTOMY
978	ENUCLEATION OF CYST LAP /OPEN
979	TRIPLE BYPASS / FREYS / OTHER BYPASS PANCREAS - LAP /OPEN
980	LATERAL PANCREATICO JEJUNOSTOMY (NON- MALIGNANT)
981	PANCREATIC NECROSECTOMY OPEN
982	PANCREATIC NECROSECTOMY LAP
983	CYSTO JEJUNOSTOMY/ CYSTO GASTROSTOMY/ PSEUDOCYST OF PANCREAS
984	SCLEROSING CHOLANGITIS
985	DIAPHRAGMATIC EVENTERATION
986	THORACOTOMY/EXPLORATIVE THOROCOTOMY/ THORACO ABDOMINAL APPROACH
987	AV FISTULA CONSTRUCTION (INCLUDING PRE TRANSPLANTATION)
988	COMPLEX AV ACCESS WITH GRAFT FOR HEMODIALYSIS
989	URETEROSCOPY AND DJ STENTING U/L OR B/L
990	URETEROSCOPY AND DJ STENT REMOVAL
991	TRANSURETHRAL RESECTION OF BLADDER TUMOR INCLUDING RE-TUBT
992	EPIGASTRIC HERNIA /FEMORAL /HIATUS HERNIA REPAIR ABDOMINAL / UMBILICAL HERNIA/ SPIGELIAN/OBTURATOR/SCIATIC/VENTRAL AND SCAR HERNIA- WITH / WITHOUT MESH - OPEN
993	EPIGASTRIC HERNIA /FEMORAL /HIATUS HERNIA REPAIR ABDOMINAL / UMBILICAL HERNIA/ SPIGELIAN/ OBTURATOR/SCIATIC/VENTRAL AND SCAR HERNIA- WITH / WITHOUT MESH - LAP
994	LAP. APPENDICECTOMY
995	APPENDICULAR PERFORATION
996	VAGOTOMY ANY TYPE WITH OR WITHOUT DRAINAGE PROCEDURES
997	OPERATION FOR BLEEDING PEPTIC ULCER
998	PYLOROMYOTOMY
999	OPERATIONS FOR RECURRENT INTESTINAL OBSTRUCTION (NOBLE PLICATION /OTHER)
1000	OPERATION FOR ACUTE INTESTINAL PERFORATION / PERFORATION PERITONITIS (INTESTINAL/GASTRIC/BILIARY)/ DUODENAL PERFORATION
1001	OPERATION FOR ACUTE INTESTINAL OBSTRUCTION (INCLUDING VOLVULUS / MALROTATION/INTUSUSCEPTION)
1002	INVESTIGATION AND MANAGEMENT CHRONIC HEPATITIS B / C
1003	CIRRHOSIS OF LIVER WITH COMPLICATIONS

1004	TRACHEAL RESECTION WITH RECONSTRUCTION
1005	TRACHEAL RESECTION WITHOUT RECONSTRUCTION
1006	STAY IN GENERAL WARD - OBSERVATION FOR TRAUMA
1007	STAY IN ICU - MILD/MODERATE/SEVERE WITH OR WITHOUT VENTILATION (FOR TRAUMA/POST OP COMPLICATIONS)
1008	PYELOLITHOTOMY - OPEN/LAP
1009	NEPHROLITHOTOMY - OPEN/LAP
1010	OPEN CYSTOLITHOTOMY
1011	URETEROLITHOTOMY - OPEN/LAP
1012	VESICOLITHOTOMY - OPEN/LAP
1013	POSTERIOR FOSSA ENDOSCOPIC SURGERY
1014	ENDOSCOPIC RESECTION OF ANTERIOR SKULL BASE LESIONS
1015	LARYNGOTRACHEAL/ TRACHEAL STENOSIS - POST CRICO TRACHEAL / POST TRAUMATIC (INTUBATION) - RESECTION ANASTAMOSIS
1016	LARYNGOTRACHEAL/ TRACHEAL STENOSIS - POST CRICO TRACHEAL /POST TRAUMATIC (INTUBATION) - STENTING
1017	PYOGENIC ARTHRITIS REQUIRING IV ANTIBIOTIC
1018	OSTEOMYELITIS REQUIRING IV ANTIBIOTIC
1019	TRANSVERSE MYELITIS WITH OR WITHOUT CENTRAL DEMYELINATION
1020	ALL LEUKEMIA CHEMOTHERAPY
1021	ALL LYMPHOMA CHEMOTHERAPY
1022	MYELODYSPLASTIC SYNDROME
1023	MULTIPLE MYELOMA / AMYLOIDOSIS
1024	ALL LYMPHOMA SALVAGE CHEMO
1025	CHILDHOOD B CELL LYMPHOMA VARIABLE REGIMEN
1026	BUDD CHIARI SYNDROME
1027	CYSTIC FIBROSIS
1028	SEPTIC SHOCK (ICU MANAGEMENT)
1029	WILSON'S DISEASE
1030	NEPHROTIC SYNDROME
1031	NEPHROTIC SYNDROME WITH COMPLICATIONS
1032	ACUTE DISSEMINATED ENCEPHALOMYELITIS
1033	MULTIPLE SCLEROSIS (INCLUDING RELAPSE)
1034	PLEURAL BIOPSY OPEN / VATS
1035	TOXIC / DRUG INDUCED LIVER INJURY
1036	MALIGNANT ASCITES
1037	SACROSPINOUS FIXATION (VAGINAL ROUTE)
1038	SLEEVE RESECTION CA EAR
1039	SLEEVE RESECTION CA LUNG
1040	TOXIC EPIDERMAL NECROLYSIS
1041	ENDOSCOPIC PARATHYROIDECTOMY

1042	IVC FILTER REMOVAL
1043	IJV CATHETER INSERTION
1044	CT / USG / C-ARM GUIDED DISC OZONE NUCLEOLYSIS (CERVICAL / THORACIC / LUMBAR DISC)
1045	CHEMO EMBOLIZATION FOR LIVER TUMORS USING DRUG AND PVA OR DC BEADS
1046	TRANS JUGULAR INTRAHEPATIC PORTO SYSTEMIC SHUNT (TIPSS)
1047	LUDWIGS ANGINA AND OTHER NECK ABSCESS DRAINAGE
1048	OP /ANY POISIONING - CONSERVATIVE MANAGEMENT OR WITHOUT VENTILATORY SUPPORT (WITH POLICE OFFICIAL SIGNED AR COPY)
1049	MAXILLECTOMY WITH ORBITAL EXENTERATION
1050	MAXILLECTOMY WITH SKULL BASE RESECTION
1051	CRANIOFACIAL RESECTION
1052	ACUTE SEVERE ASTHMA WITH VENTILATION
1053	CRITICAL CARE ICU MANAGEMENT WITH INVASIVE VENTILATION
1054	CRITICAL CARE ICU MANAGEMENT -CRITICAL LIMB ISCHEMIA
1055	EPICARDIAL PERMANENT PACE MAKER (PAEDIATRIC OPEN / INTERVENTIONAL)
1056	HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY
1057	HYPERTHERMIC INTRAPERITONEAL CATHETER INSERTION
1058	BLOOD AND BLOOD PRODUCT TRANSFUSION (RDP, SDP, PLATELET APHERESIS)
1059	CUSTOM MEGA PROSTHESIS FOR TUMOUR /TRAUMA
1060	REVISION AMPUTATION
1061	BALLOON KYPHOPLASTY
1062	AUTO IMMUNE HEMOLYTIC ANEMIA-FIRST LINE TREATMENT
1063	AUTO IMMUNE HEMOLYTIC ANEMIA-SECOND LINE TREATMENT
1064	CHEMOPORT - DEVICE WITH ACESSORIES AND MAINTENCE
1065	HEMOPHILIA A FACTOR PROPHYLAXIS
1066	HEMOPHILIA B FACTOR PROPHYLAXIS
1067	PICC LINE - DEVICE WITH ACESSORIES AND MAINTENCE
1068	HEMATOLOGICAL AND ONCOLOGICAL EMERGENCIES (SUPERIOR MEDIASTINAL SYNDROME, SUPERIOR VENA CAVA SYNDROME, HYPER LEUCOCYTOSIS ,HYPERVISCOSITY DUE TO DYSPROTEINEMIA, VASO-OCCLUSIVE CRISIS)
1069	TUMOURLYSIS SYNDROME (DRUGS AND MAGEMENT WITHOUT DIALYSIS)
1070	RADICAL NEPHRECTOMY WITH IVC THROMBECTOMY
1071	ATTEMPTED HANGING REQUIRING VENTILATORY SUPPORT
1072	OSTEOGENISIS IMPERFECTA - DENOSUMAB
1073	PULMORY OEDEMA WITH VOLUME OVERLOAD REQUIRING VENTILATOR SUPPORT

1074	PLASMAPHERESIS PER SESSION
1075	BLUNT INJURY ABDOMEN LIVER /SPLEEN INJURY-CONSERVATIVE
1076	BLUNT INJURY ABDOMEN LIVER /SPLEEN INJURY-OPERATIVE
1077	CERVICAL/INGUINAL/AXILLARY LYMPH NODE BIOPSY
1078	VARICOCELE- OPEN PROCEDURE (PEDIATRIC)
1079	HIP DISARTICULATION WITH CUSTOM MADE PROSTHESIS - ANY GRADE
1080	INTRATHECAL CHEMOTHERAPY
1081	GROWTH ROD DISTRACTION
1082	PEDIATRIC GROWTH ROD APPLICATION
1083	GENDER AFFIRMATION SURGICAL PROCEDURES
1084	RELAPROTOMY/RE-EXPLORATION FOR COMPLICATIONS
Rehabilitation	
1085	HEARING DISABILITIES - REHAB
1086	MUSCULAR DYSTROPHY- REHAB
1087	INTELLECTUAL DISABILITY- REHAB
1088	SPECIFIC LEARNING DISABILITY- REHAB
1089	MULTIPLE DISABILITY-REHAB
1090	COMPREHENSIVE REHABILITATION OF STROKE CP, PARAPLEGIA, TRAUMATIC BRAIN INJURY (INCLUDING INTRAMUSCULAR BOTULINUM TOXIN INJECTION) WITH / WITHOUT ORTHOSIS FOR 3 TO 12 WEEKS
1091	BILATERAL HKAFO / KAFO WITH / WITHOUT SPINAL SUPPORT ORTHOSIS
DIAGNOSTIC PROCEDURES	
1092	ANGIOGRAM -CARDIAC / SPINAL / PULMONARY / CEREBRAL /OTHERS
1093	MRI ANGIOGRAM - CARDIAC / SPINAL / PULMONARY / CEREBRAL /OTHERS-
1094	CT ANGIOGRAM - CARDIAC / SPINAL / PULMONARY / CEREBRAL /OTHERS-
1095	ECHO (NOT AVAILABE IN GOVT HOSPITAL)
1096	COMPUTED TOMOGRAM (CT SCAN)-BRAIN/SPINE/OTHER PARTS -PLAIN
1097	COMPUTED TOMOGRAM (CT SCAN)-BRAIN/SPINE/OTHER PARTS -CONTRAST
1098	MAGNETIC RESONANCE IMAGING (MRI) - BRAIN/SPINE/BREAST - PLAIN/CONTRAST/FISTULOGRAM/UROGRAM/OTHER PARTS - PLAIN
1099	MAGNETIC RESONANCE IMAGING (MRI) - BRAIN/SPINE/BREAST - PLAIN/FISTULOGRAM/UROGRAM/OTHER PARTS - CONTRAST
1100	MAMOGRAM
1101	USG GUIDED BIOPSY
1102	HISTOPATHOLOGY EXAMINATION
1103	COLPOSCOPY WITH OR WITHOUT CRYOTHERAPY
1104	NUCLEAR BONE SCAN
1105	RENAL RADIOISOTOPE SCAN
1106	CARDIAC THALLIUM SCAN

1107	ALPHA FETO PROTEIN & BETA HCG (EACH) /ESTRIOL/PAPP A
1108	BONE MARROW STUDY
1109	THYROID RADIO IODINE SCAN
1110	DIAGNOSTIC LAPROSCOPY
1111	DIAGNOSTIC THORACOSCOPY
1112	DIAGNOSTIC BRONCHOSCOPY
1113	USG AS AN EMERGENCY PROCEDURES IF FACILITY NOT AVAILABLE AT GH/ SPECIAL USG
1114	METABOLIC SCREENING
1115	FUNDUS FLUORESCENCE ANGIOGRAPHY
1116	LIVER FUNCTION TEST (LFT)
1117	RENAL FUNCTION TEST (RFT)
1118	THYROID PROFILE & ANTI THYROID ANTIBODIES
1119	AORTOGRAM
1120	KARYOTYPING AMINIOTIC FLUID/BLOOD/BONE MARROW/ CHORION VILLUS SAMPLING
1121	ENDOCRINE FUNCTION PANEL-GH, ADH, CORTISOL, VMA, , PTH, ACTH, EPO, VIT D, HIAA, ADA, FSH, PROLACTIN LH,TESTOSTERONE (RESTRICTED TO GOVT MEDICAL COLLEGES IF FACILITY NOT AVAILABLE)
1122	MRCP
1123	COLOUR DOPPLER
1124	PET (SHOULD BE SETTLED BY CONCERNED SPECIALIST FROM GOVT MEDICAL COLLEGES)
1125	IMMUNO HISTO CHEMISTRY /RADIO IMMUNO ASSAY TESTS - IRMA /ANY SPECIAL RIA/IRMA
1126	OPTICAL COHERENCE TOMOGRAPHY
1127	OTO ACOUSITC EMISSION TEST AT DELIVERY POINT
1128	DONOR TISSUE MATCHING FOR TRANSPLANTS
1129	CAPSULE ENDOSCOPY
1130	ELECTRO DIAGNOSTICS-24 HOURS CONTINUOUS VIDEO EEG MONITORING
1131	VIDEO EEG SINGLE SESSION
1132	SCREENING FOR INBORN ERRORS OF METABOLISM
1133	AMNIOCENTESIS - PROCEDURE
1134	CHORIONIC VILLOUS SAMPLING - PROCEDURE
1135	DIAGNOSTIC LYMPHANGIOGRAM
1136	APO LIPOPROTEINS (A, B-100, B 48, C, E, LP(A) EACH)
1137	AMINO ACID SCREENING – URINE (METABOLIC PANEL TESTS +TLC)
1138	ACETYLCHOLINESTERASE
1139	BETA 2 MICROGLOBULIN
1140	PRO-BRAIN NATRIURETIC PEPTIDE
1141	COLUMN CHROMATOGRAPHY (QUANTITIVE MEASUREMENT OF 5 HIAA, VMA

	EACH
1142	CARDIOLIPIN ANTIBODY
1143	BREAST CANCER PANEL(BRCA 1, BRCA 2 MUTATIONS)
1144	PRENATAL SCREENING TEST OF AMNIOTIC FLUID (HCY, E2, L:S)
1145	DIAGNOSTIC ARTHROCENTESIS
1146	TRODAT (DOPAMINE TRANSMITTER STUDY)
1147	HYNIC TOC(HYDRAZINONICOTINYL-TYR3-OCTREOTIDE) SCAN
1148	MIBG SCINTIGRAPHY (META IODO BENZYL GUANIDINE)
1149	BRAIN SPECT (GHA) GLUCOHEPTONATE UPTAKE STUDY
1150	BRAIN SPECT (ECD)
1151	BRAIN SPECT (HMPAO) (HEXAMETHYLPROPYLENEAMINE OXIME)
1152	MULTIGATED ACQUISITION (MUGA) (CARDIAC) STUDY
1153	CERVICAL/INGUINAL/AXILLARY LYMPH NODE BIOPSY
1154	TARGETED SEQUENCING TEST
1155	WHOLE EXOME SEQUENCING TEST
1156	WHOLE GENOME SEQUENCING TEST-
1157	WHOLE MITOCHONDRIAL SEQUENCING TEST
1158	CARRIER ANALYSIS
1159	PRENATAL GENETIC ANALYSIS
1160	GENETICS : GENE PANEL FOR VARIOUS AILMENTS
1161	GI MANOMETRY/ PH STUDY - (ONLY FOR MOTOR DISORDERS WITH BARIUM / CONTRAST RADIOLOGY AND ENDOSCOPY)
1162	LIVER METABOLIC WORK UP
1163	VIRAL MARKERS PTH SR.FERRITIN FOR MHD PATIENTS (ONCE EVERY 6 MONTHS)
1164	FISH
1165	FLOW CYTOMETRY FOR HEMATOLOGICAL MALIGNACIES
1166	OPTICAL COHERENCE TOMOGRAPHY MACULA / RNFL

ANNEXURE D
DIAGNOSTIC PROCEDURES

1. The reports of the Government institutions should be accepted as evidence by the Empanelled hospitals.

2. The diagnostic procedure listed below may be utilized by Govt Hospitals through referal to any empanelled hospital of Diagnostic centre asper tender condition. if an investigation leads to treatment the same shall be deducted from package cost as per condition mentioned earlier.

3. The patient who is referred through Government institution are alone eligible under this category.

4. This facility is not available to the patients who are directly approaching the empanelled hospitals without referral from Govt Institutions.

5. If any other diagnostic test needed as per protocol in Government Hospital over and above listed below , the Government hospitals are authorized to get the test done outside at the rate approved by the local committee and the amount incurred will be paid from the claims amount available with the hospitals.

S.No	List of Procedures under CMCHIS
1	ANGIOGRAM -CARDIAC / SPINAL / PULMONARY / CEREBRAL /OTHERS
2	MRI ANGIOGRAM - CARDIAC / SPINAL / PULMONARY / CEREBRAL /OTHERS-
3	CT ANGIOGRAM - CARDIAC / SPINAL / PULMONARY / CEREBRAL /OTHERS-
4	ECHO (NOT AVAILABE IN GOVT HOSPITAL)
5	COMPUTED TOMOGRAM (CT SCAN)-BRAIN/SPINE/OTHER PARTS - PLAIN
6	COMPUTED TOMOGRAM (CT SCAN)-BRAIN/SPINE/OTHER PARTS - CONTRAST
7	MAGNETIC RESONANCE IMAGING (MRI) - BRAIN/SPINE/BREAST - PLAIN/CONTRAST/FISTULOGRAM/UROGRAM/OTHER PARTS - PLAIN
8	MAGNETIC RESONANCE IMAGING (MRI) - BRAIN/SPINE/BREAST - PLAIN/FISTULOGRAM/UROGRAM/OTHER PARTS - CONTRAST
9	MAMOGRAM
10	USG GUIDED BIOPSY
11	HISTOPATHOLOGY EXAMINATION
12	COLPOSCOPY WITH OR WITHOUT CRYOTHERAPY
13	NUCLEAR BONE SCAN

14	RENAL RADIOISOTOPE SCAN
15	CARDIAC THALLIUM SCAN
16	ALPHA FETO PROTEIN & BETA HCG (EACH) /ESTRIOL/PAPP A
17	BONE MARROW STUDY
18	THYROID RADIO IODINE SCAN
19	DIAGNOSTIC LAPROSCOPY
20	DIAGNOSTIC THORACOSCOPY
21	DIAGNOSTIC BRONCHOSCOPY
22	USG AS AN EMERGENCY PROCEDURES IF FACILITY NOT AVAILABLE AT GH/ SPECIAL USG
23	METABOLIC SCREENING
24	FUNDUS FLUORESCENCE ANGIOGRAPHY
25	LIVER FUNCTION TEST (LFT)
26	RENAL FUNCTION TEST (RFT)
27	THYROID PROFILE & ANTI THYROID ANTIBODIES
28	AORTOGRAM
29	KARYOTYPING AMINIOTIC FLUID/BLOOD/BONE MARROW/ CHORION VILLUS SAMPLING
30	ENDOCRINE FUNCTION PANEL-GH, ADH, CORTISOL, VMA, , PTH, ACTH, EPO, VIT D, HIAA, ADA, FSH, PROLACTIN LH,TESTOSTERONE (RESTRICTED TO GOVT MEDICAL COLLEGES IF FACILITY NOT AVAILABLE)
31	MRCP
32	COLOUR DOPPLER
33	PET (SHOULD BE SETTLED BY CONCERNED SPECIALIST FROM GOVT MEDICAL COLLEGES)
34	IMMUNO HISTO CHEMISTRY /RADIO IMMUNO ASSAY TESTS - IRMA /ANY SPECIAL RIA/IRMA
35	OPTICAL COHERENCE TOMOGRAPHY
36	OTO ACOUSITC EMISSION TEST AT DELIVERY POINT
37	DONOR TISSUE MATCHING FOR TRANSPLANTS
38	CAPSULE ENDOSCOPY
39	WHOLE GENOME SEQUENCING TEST-
40	AMNIOCENTESIS - PROCEDURE
41	CHORIONIC VILLOUS SAMPLING - PROCEDURE
42	FISH
43	WHOLE EXOME SEQUENCING TEST
44	CARRIER ANALYSIS
45	GI MANOMETRY/ PH STUDY - (ONLY FOR MOTOR DISORDERS WITH BARIUM / CONTRAST RADIOLOGY AND ENDOSCOPY)

46	LIVER METABOLIC WORK UP
47	GENETICS : GENE PANEL FOR VARIOUS AILMENTS
48	TARGETED SEQUENCING TEST
49	HYNIC TOC(HYDRAZINONICOTINYL-TYR3-OCTREOTIDE) SCAN
50	MIBG SCINTIGRAPHY (META IODO BENZYL GUANIDINE)
51	CERVICAL/INGUINAL/AXILLARY LYMPH NODE BIOPSY
52	WHOLE MITOCHONDRIAL SEQUENCING TEST
53	PRENATAL GENETIC ANALYSIS
54	VIRAL MARKERS PTH SR.FERRITIN FOR MHD PATIENTS (ONCE EVERY 6 MONTHS)
55	ELECTRO DIAGNOSTICS-24 HOURS CONTINUOUS VIDEO EEG MONITORING
56	SCREENING FOR INBORN ERRORS OF METABOLISM
57	BREAST CANCER PANEL(BRCA 1, BRCA 2 MUTATIONS)
58	MULTIGATED ACQUISITION (MUGA) (CARDIAC) STUDY
59	COLUMN CHROMATOGRAPHY (QUANTITIVE MEASUREMENT OF 5 HIAA, VMA EACH
60	DIAGNOSTIC ARTHROCENTESIS
61	OPTICAL COHERENCE TOMOGRAPHY MACULA / RNFL
62	VIDEO EEG SINGLE SESSION
63	PRO-BRAIN NATRIURETIC PEPTIDE
64	CARDIOLIPIN ANTIBODY
65	DIAGNOSTIC LYMPHANGIOGRAM
66	APO LIPOPROTEINS (A, B-100, B 48, C, E, LP(A) EACH)
67	AMINO ACID SCREENING – URINE (METABOLIC PANEL TESTS +TLC)
68	ACETYLCHOLINESTERASE
69	BETA 2 MICROGLOBULIN
70	PRENATAL SCREENING TEST OF AMNIOTIC FLUID (HCY, E2, L:S)
71	TRODAT (DOPAMINE TRANSMITTER STUDY)
72	BRAIN SPECT (GHA) GLUCOHEPTONATE UPTAKE STUDY
73	BRAIN SPECT (ECD)
74	BRAIN SPECT (HMPAO) (HEXAMETHYLPROPYLENEAMINE OXIME)
75	FLOW CYTOMETRY FOR HEMATOLOGICAL MALIGNACIES

ANNEXURE E
FOLLOW UP PROCEDURES

All the procedures listed below are eligible for followup. In addition any other specific procedure listed in annexure c is also eligible for follow up in consultation with insurance company

SERIAL NO	PACKAGE NAME
1	PTCA
2	COCHLEAR IMPLANT SURGERY < 6YEARS / REPLACEMENT OF DAMAGED PARTS & ACCESSORIES FOR ANY AGE
3	RENAL TRANSPLANTATION SURGERY - POST RENAL TRANSPLANT REJECTION A.STEROID RESISTANT B.STEROID SENSITIVE/ POST RENAL TRANSPLANT INFECTION - LIFE TREATENING TREATMENT FOR FUNGAL INFECTIONS (LIPOSOMAL AMP -B OR EICHNOCANDINS) AND OTHER COMPLICATIONS
4	BONE MARROW TRANSPLANTATION/STEM CELL TRANSPLANTATION-INCLUDING TOTAL BODY RADIATION AND COMPLICATIONS - AUTOLOGOUS
5	BONE MARROW TRANSPLANTATION/STEM CELL TRANSPLANTATION-INCLUDING TOTAL BODY RADIATION AND COMPLICATIONS-RELATED (ALLOGENIC)
6	BONE MARROW TRANSPLANTATION/STEM CELL TRANSPLANTATION-INCLUDING TOTAL BODY RADIATION AND COMPLICATIONS-UNRELATED (ALLOGENIC)
7	BONE MARROW TRANSPLANTATION/STEM CELL TRANSPLANTATION-INCLUDING TOTAL BODY RADIATION AND COMPLICATIONS-HAPLOIDENTICAL
8	LIVER TRANSPLANTATION - INCLUDING COMPLICATION
9	AUDITORY BRAIN STEM IMPLANT <6YEARS
10	HEART TRANSPLANTATION - INCLUDING COMPLICATIONS
11	HEART & LUNG TRANSPLANTATION - INCLUDING COMPLICATIONS

ANNEXURE - F

THE TENTATIVE ILLUSTRATIVE LIST OF SURGERIES/ THERAPIES TO BE RESERVED FOR GOVERNMENT HOSPITALS

S.NO	PROCEDURE_DESCRIPTION
1	HEARING AID - RESERVED TO GOVT
2	ABDOMINAL HYSTERECTOMY FOR BENIGN / MALIGNANT CONDITIONS
3	VAGINAL HYSTERECTOMY WITH PELVIC FLOOR REPAIR
4	LAP. APPENDICECTOMY
5	ENDOSCOPIC SINUS SURGERY-CHRONIC RHINO SINUSITIS
6	MASTOIDECTOMY WITH TYMPANOPLASTY
7	ENDOSCOPIC SINUS SURGERY-SINO NASAL POLYPOSIS
8	AMNIOTIC MEMBRANE GRAFT / AUTOGRAFT (FOR PTERYGIUM)
9	TYMPANOPLASTY-TYPE 1
10	MASTOIDECTOMY - MODIFIED RADICAL
11	MASTOIDECTOMY - CORTICAL
12	VAGINAL HYSTERECTOMY FOR BENIGN / MALIGNANT CONDITIONS
13	DIAGNOSTIC HYSTERO- LAPROSCOPY
14	OPEN ORCHIDOPEXY
15	LAPAROSCOPIC ORCHIDOPEXY
16	ADULT GLAUCOMA SURGERY/TRABECULECTOMY/ IMPLANT SURGERY
17	SINUSES & FISTULA OF THE NECK - (INCLUDING CONGENITAL DERMAL / BRACHAL SINUS/ PREAURICULAR SINUS /FISTULA / THYROGLOSSAL CYST FISTULA/RANULA (INCLUDES DEEP EXPLORATION)
18	OPEN REDUCTION OF DISLOCATIONS - DEEP/SHOULDER/ACROMIO - CLAVICULAR/HIP/ELBOW
19	ENDOSCOPIC SINUS SURGERY-ENDOSCOPIC ORBITAL DECOMPRESSION
20	REVISION HIP REPLACEMENT SURGERY - Cemented (ONLY WITH SPECIFIC APPROVAL - GOVERNMENT RESERVED)
21	ARRYTHMIAS (SUPRAVENTRICULLAR / VENTRICULAR) - CONSERVATIVE MANAGEMENT
22	SOFT TISSUE RECONSTRUCTION PROCEDURES AROUND JOINTS-PLC RECONSTRUCTION/ELBOW PLRI LIGAMENT RECONTRUCTION/ANKLE ATFL RECONSTRUCTION/HIGH TIBIAL OSTEOTOMY/TENDON TRANSFER/Proximal fibular osteotomy

23	FOAM SCLEROTHERAPY FOR VARICOSE ULCER UNDER DUPLEX USG MONITORING / ADDITIONAL LIMB
24	STAPEDECTOMY
25	AVASCULAR NECROSIS OF FEMORAL HEAD (CORE DECOMPRESSION)
26	CYSTOCELE, RECTOCELE & PERINEORRAPHY
27	SCLERAL / CORNEAL TEAR REPAIR
28	REVISION KNEE REPLACEMENT SURGERY (ONLY WITH SPECIFIC APPROVAL - GOVERNMENT RESERVED)
29	MASTOIDECTOMY - RADICAL
30	OSTEOMYELITIS REQUIRING IV ANTIBIOTIC
31	TRABECULECTOMY (WITH AHMED VALVE/MITOMYCIN/ EXPRESS STENT/OLOGEN)
32	EXCISION OF TUMOR NASAL CAVITY (MALIGNANT)
33	ENDOSCOPIC SINUS SURGERY-INTERNAL MAXILLARY ARTERY LIGATION
34	PHONO SURGERY FOR VOCAL CORD PARALYSIS
35	SCLEROTHERAPY FOR LOW FLOW VENOUS MALFORMATION UNDER DUPLEX USG MONITORING / ADDITIONAL LIMB
36	UVULO-PALATO-PHARYNGOPLASTY
37	LAPAROSCOPIC OVARIAN DRILLING
38	INTRAVITREAL TRIAMCINOLONE / ANTIBIOTICS
39	SPINAL FRACTURE - CONSERVATIVE MANAGEMENT
40	ENDOSCOPIC SINUS SURGERY-VIDIAN NEURECTOMY
41	REFRACTORY CORNEAL ULCER MANAGEMENT/NON HEALING CORNEAL ULCER
42	MYRINGOTOMY WITH GROMET INSERTION
43	GLAUCOMA FILTERING SURGERY FOR PAEDIATRIC GLAUCOMA
44	RESECTION & ENUCLEATION OF THYROID NODULE
45	LARYNGO FISSURECTOMY
46	TOTAL KNEE REPLACEMENT (Less than 70 years)

ANNEXURE G

THE PROCEDURES LISTED BELOW WILL BE APPROVED ON SPECIFIC GOVERNMENT / COMMITTEE APPROVAL WHERE PUBLIC SECTOR INSURANCE COMPANY LIABILITY IS UPTO 5 LAKHS INCLUDING THE FOLLOWUP AND COMPLICATIONS OF THE PROCEDURE

S.NO	PACKAGE NAME
1	COCHLEAR IMPLANT SURGERY < 6YEARS / REPLACEMENT OF DAMAGED PARTS & ACCESSORIES FOR ANY AGE
2	AUDITORY BRAIN STEM IMPLANT <6YEARS
3	LIVER TRANSPLANTATION - INCLUDING COMPLICATION
4	HEART TRANSPLANTATION - INCLUDING COMPLICATIONS
5	HEART & LUNG TRANSPLANTATION - INCLUDING COMPLICATIONS
6	LUNG TRANSPLANTATION - INCLUDING COMPLICATIONS
7	BONE MARROW TRANSPLANTATION/STEM CELL TRANSPLANTATION-INCLUDING TOTAL BODY RADIATION AND COMPLICATIONS
8	RENAL TRANSPLANTATION SURGERY - POST RENAL TRANSPLANT REJECTION A.STEROID RESISTANT B.STEROID SENSITIVE/ POST RENAL TRANSPLANT INFECTION - LIFE TREATENING TREATMENT FOR FUNGAL INFECTIONS (LIPOSOMAL AMP -B OR EICHNOCANDINS) AND OTHER COMPLICATIONS

ANNEXURE H

Rehabiltation and Palliative care Procedures

Any additional procedure if indicated for coverage under MTM Scheme may be included in consulltation with the insurance company

S.No	PACKAGE NAME
1	HEARING DISABILITIES - REHAB
2	MUSCULAR DYSTROPHY- REHAB
3	INTELLECTUAL DISABILITY- REHAB
4	SPECIFIC LEARNING DISABILITY- REHAB
5	MULTIPLE DISABILITY-REHAB
6	COMPREHENSIVE REHABILITATION OF STROKE CP, PARAPLEGIA, TRAUMATIC BRAIN INJURY (INCLUDING INTRAMUSCULAR BOTULINUM TOXIN INJECTION) WITH / WITHOUT ORTHOSIS FOR 3 TO 12 WEEKS
7	BILATERAL HKAFO / KAFO WITH / WITHOUT SPINAL SUPPORT ORTHOSIS

Enclosure 3

"Chief Minister's Comprehensive Health Insurance Scheme"

SECTION B– FINANCIAL BID

For the eligible persons and their families for an insurance coverage of Rs.5 lakh per year per family as per entitlement defined (Annexure C, D, E, F,G and H) in the clause 3 (b) of Guidelines in Enclosure 2.

Annual premium per family for health insurance coverage of the eligible person is **Rs._____** and covering all his or her family members covered under the scheme **excluding service tax** (valid for 4 years from the date of commencement of the scheme renewable every year and extendable by one more year beyond 4 years)

Date: **Signature of the Authorized**
Place: **Representative of Public Sector Insurance Company**

Note:

(1) The premium per eligible family per annum alone should be filled up in financial bid in the above format. Furnishing of any other details in the financial bid shall be construed as violation of tender conditions and the said bid will be rejected.

(2) The Health Insurance Identity Card cost is paid separately as per clause 10(2) of Enclosure -2.

Enclosure 4

AGREEMENT

This Deed of Agreement made on the …… day of ……. between the State Health Insurance Unit under Tamil Nadu Health Systems Society, a society registered under the provisions of the Tamil Nadu Societies Registration Act , 1975 represented herein by its Project Director,……. having registered office at DMS complex, 359, Anna Salai, Teynampet, Chennai-600 006 (hereinafter referred to as the "Society") which expression shall where the context so permits, include his successors in office and assigns of the one part and …… other part represented by Chairman and Managing Director of ……. insurance company, having its registered Office at …….

(hereinafter referred to as the Public Sector Insurance Company, which expression shall include any of its representative successors in interest and assigns and Third Party Administrators, if any, contracted by the Public Sector Insurance Company of the other part:

WHEREAS the Government of Tamil Nadu, have issued orders in G.O.(Ms) No 530 Health and Family Welfare (EAP-II(2) Department, dated: 25.11.2021 for introduction of a "Chief Minister's Comprehensive Health Insurance Scheme" (hereinafter referred to as the "Scheme") to provide cashless health insurance cover to the family of the eligible residents of the State of Tamil Nadu (hereinafter be referred to as the "Eligible person"). AND WHEREAS as per the administrative sanction and financial sanction given in the GO.(Ms) No …….. H&FW Department dated …… for continuance of the scheme from 11.1.2022

AND WHEREAS the …….. Public Sector Insurance Company has been selected by the Society to implement the scheme through a national level competitive bidding, conducted with reference to the Tender Notification Number…….. :

AND WHEREAS the selected Public Sector Insurance Company is required to execute an agreement for implementing the scheme.

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

(1) The Public Sector **Insurance Company** covenants with the Society to implement the scheme as per the orders issued in G.O.(Ms) No. 169 Health and Family Welfare (EAP-II(2) Department, dated: 11.07.2011, subsequent orders issued under the scheme, and the Chief Minister's Comprehensive Health Insurance scheme guidelines, 2022 (hereafter called the guidelines) including the amendments, wherever made to guidelines and incorporated therein, to achieve the objectives of the Scheme including the following:

i. To provide free medical and surgical treatment including diagnostic services in empanelled Government and Private hospitals to all the "eligible persons" as defined and described in the guidelines.

ii. The coverage will be up to Rs. 5 lakh / per family per year for the procedures in **Annexure C**, Diagnostic services as per **Annexure D** (if any other diagnostic test needed as per protocol in GH over and above listed in Annexure D, (the Government hospitals are authorized to get the test done outside at the rate approved by the local committee and the amount incurred should be paid by the Hospital from the claims amount available with the hospital), Follow up services as per **Annexure E** (All the procedures listed in Annexure E are eligible for follow up in addition any other specific procedure listed in Annexure C is also eligible for follow up in consultation with Public Sector Insurance Company and listed), Tentative list of procedures which can be reserved to the Government institutions as per **Annexure F**, High end procedures as per **Annexure G** (the procedures will be approved under insurance after obtaining approvals in the High end technical committee constituted by the TNHSP where Public Sector Insurance Company liability is **up to 5 lakhs** and Preauth / Claim processing including Follow-up) in any of the empanelled hospitals subject to package rates on cashless basis through health insurance card issued for CMCHISTN or any other identification mechanism as agreed. Outcomes of High-end Procedures should be evaluated periodically, follow-up and post-op complications of all High-end procedures will be included in the liability of the insurer. The cost over and above the insurer's liability will be borne through the corpus fund. All private hospitals performing high end procedures will pay 3% of the total high end package cost to corpus fund of TNHSP. Rehabilitation and Palliative care as per

Annexure H. The Public Sector Insurance Company should ensure that beneficiaries are getting treated for the approved procedures without any additional payments.

With reference to any additional procedures implemented through assurance mode, the liability will be reimbursed through selected Insurance Company /their TPA. The Government reserves the right to convert the same into insurance mode by converting such quantified annual liability into insurance premium for the covered families.

iii. To have the whole assistance package as a cashless model.

(2) The annual premium payable to the Public Sector Insurance Company by the Society shall be Rs…….(Rupees …….. only) per eligible family for providing health insurance to the eligible persons and members of his or her family irrespective of the size of the family. The above said annual premium to the Public Sector Insurance Company shall be paid by the Society as per the provisions of the scheme and the Guidelines annexed hereto.

(3) The agreement will be in force for a period of 4 years from the date of commencement of the Scheme, subject to annual renewal and extendable by one more year beyond 4 years on mutual consent. The renewal on yearly basis will be based on currency of IRDA license and a review of performance.

(4) Implementation procedure

(a) The scheme will be implemented through State Health Insurance Unit under the Project Director, Tamil Nadu Health Systems Society, Chennai and the premium payable will be released by the Society.

(b) The successful Public Sector Insurance Company shall complete the insurance performance obligations listed out in the Activity Chart as per **Annexure A** of the Guidelines. The Third-Party Administrator, if any, implementing the scheme on behalf of the Public Sector Insurance Company should also be an agency approved by the Insurance Regulatory and Development Authority. The successful Public Sector Insurance

Company or / and the Third-Party Administrator would be required to have, within one month of signing the agreement, establish offices for processing claims and implementation of the scheme. The details of Third-party Administrator(s), if any, or branches of the Public Sector insurance company shall be furnished within one month from the date of signing the agreement.

(c) Hospital Network: The successful Public Sector Insurance Company would be required to have, within one month of signing of the Agreement, an accredited hospital network in all districts of the State of Tamil Nadu duly approved by the Empanelment and Disciplinary Committee. All the existing empanelled hospitals will continue to perform under CMCHIS, the selected insured should assess the infrastructure and facilities within six months and submit the inspection reports. The successful Public Sector Insurance Company while accrediting the hospitals shall adhere to the yardstick prescribed under clause 8 of the Guidelines. The details of the hospitals covered under the scheme shall be furnished in the format in **Annexure B** to the guidelines within one month of the execution of agreement and to be updated on monthly basis.

(d) Enrolment: The Government of Tamil Nadu will provide the basic details of eligible person and his or her family members to be covered under the Scheme, to the selected Public Sector insurance company immediately after award of tender. The names of eligible persons and his or her families not included in the lists shall be enrolled and health insurance identity card issued to them by establishing kiosks by the Public Sector insurance company as defined in the guidelines. The data furnished by the State Government or Project Director, Tamil Nadu Health Systems Society, shall be the property of the State Government / Project Director, Tamil Nadu Health Systems Society, and should not be used for any other purpose without the prior permission of the Government of Tamil Nadu or the Project Director, Tamil Nadu Health Systems Society, as the case may be. All the existing and newly enrolled beneficiaries' details to be uploaded in the website in District, Taluk and Village wise.

(e) Issue of Health Insurance Identity Cards: The Public Sector insurance company shall prepare and distribute the health insurance identity cards

for fresh enrolment and also enable e-health insurance card provision as per clause 10 of the guidelines.

(f) The Public Sector Insurance Company shall ensure that the eligible person and members of his or her family are given treatment as described in the guidelines in the empaneled hospitals without having to make any cash or credit payment towards eligible expenditure for the treatments availed by them within the scope of the scheme. The Public Sector Insurance Company shall publish, locally and on the website, the likely cost for each procedure in a particular hospital, to enable the enrolled member to choose the appropriate hospital for treatment. Further, the hospital shall give a rough estimate to the patient on the likely expenditure before he is admitted. No advance payment of any kind shall be insisted upon by the hospitals accredited to the scheme for any eligible person. The bidder should ensure cashless treatment to the beneficiary in the empanelled hospital. If the empanelled hospital denies treatment to the beneficiary or collects money from the eligible beneficiary then the insurance company is also liable for penalty, which will be credited to corpus fund as described in the guidelines.

(g) The Public Sector Insurance Company shall furnish a daily report on the pre authorization given, claims approved, amount disbursed, procedure/speciality wise and district wise etc. to the Project Director, Tamil Nadu Health Systems Society in addition to the specific reports as and when required.

(h) The hospital including government hospitals will raise the bill on the Public Sector Insurance Company. The Public Sector Insurance Company shall process the claim and settle the claims expeditiously so as to ensure that the hospitals provide the services to the beneficiaries without fail. The Tamil Nadu Health Systems Society will reserve the right to monitor the claim processing through software and the Public Sector Insurance Company should provide the facility in this regard. In case of any failure in services from the hospitals due to pending bills, the Public Sector Insurance Company will be held responsible.

(i) The scheme shall commence on a date to be notified.

(5) Payment of Premium

a. The State Health Insurance Unit under Project Director, Tamil Nadu Health Systems Society, will pay the insurance premium on behalf of the eligible persons to the successful bidder. If there is provision to cover the individuals/families by their own contributions, the insurance company may be permitted to collect the premium directly. If there is need to remove the "Ineligible persons/families", the insurance company should ensure all the possible support to the Government in this regard.

b. For the first year, premium will be paid based on the Aadhar Seeded beneficiaries of the last Year of the preceeding scheme. Of the total premium amount eligible, 50% will be paid as the first installment on signing the agreement, and 25% on completion of three months of the scheme. During the implementation, the actual premium will be arrived at based on the number of beneficiaries who has been verified Aadhaar seeding and listed out in website only. The remaining 25% will be calculated as per the premium amount and 20% will be paid after the successful completion of six months of the scheme and the balance 5% will be paid before end of the first year. During the 2nd, 3rd and 4^{th} (5^{th} year if extended) years, 95% of the annual premium will be paid at the commencement of that year itself and the balance 5% will be paid at the end of the year on satisfactory implementation of the scheme. For these years the total annual premium will be calculated based on number of beneficiaries who has been verified Aadhaar seeding and listed out in website only. The payment of premium will be based on the data made available by the insurance company after due verification. The List should be uploaded District Wise / Village Wise and Taluk Wise.

c. New Enrolment with Aadhaar seeding will continue.

d. In case a member is enrolled in the middle of the year, only proportionate premium shall be calculated and paid.

e. The Health Insurance Identity card cost shall be separated from the premium amount and the card cost should not exceed Rs.10/-. If the specification for the card changes then the cost will be decided later. This cost will be paid to the provider Public Sector insurance company on receipt of acknowledgment and verification of the distribution of the cards to the beneficiaries. The demographic details of the families who has been verified Aadhaar Seeding has to be uploaded District Wise / Taluk Wise / Village Wise in the website on a real time basis with verification through Call Centre.

(6) Period of Agreement

The agreement will be in force for a period of 4 years from the date of commencement of the scheme, subject to annual renewal and extendable by one more year beyond 4 years on mutual consent. The renewal on yearly basis will be based on currency of IRDA license and a review of performance. The Tamil Nadu Health Systems Society shall have the right to cancel the agreement, at any time during the period of the scheme, if the Public Sector Insurance Company defaults in delivery of services or it is found that it has misrepresented any fact during the tender process to attain qualification or breaches any of the conditions of the contract agreement/guidelines. Refund and/or cancellation clause described in the guidelines/agreement are applicable as and when required in this situation.

7) Performance Monitoring

Performance of the insurers will be monitored regularly based on parameters such as timely preauthorization, timely claim settlement, complaints redressed, claim ratio, number of health camps conducted in a month and any other parameters prescribed/agreed upon.

(8) Cancellation

Either of the parties to the agreement can cancel this agreement for breach of terms and conditions under this agreement at any time during its currency with

thirty days advance written notice to the effect. In the event of such cancellation, the Public Sector Insurance Company will be liable to

(i) Pay back the unutilized amount of premium after settlement on prorata basis within one week.

(ii) Pay back total package cost for all the preauthorized cases but not claimed.

(iii) Pay interest at the rate of 12% per annum on the amount refundable for the period extending from the due date till the date of receipt of refund.

(9) Modification or Alteration of the Agreement

Either of the parties to the agreement by giving advance notice of at least three months, may propose modification or alteration of any or all the terms of this agreement and in the event that such modification or alteration is accepted in writing by the other party, the agreement shall stand modified or altered to that extent.

(10) Capacity Building

The successful Public Sector Insurance Company shall arrange workshops and carry out publicity satisfying the need for the capacity building of the insured, providers and implementers, at state or district level according to the need as decided by Project Director of Tamil Nadu Health Systems Society. With regard to publicity, the Public Sector Insurance Company on its part should ensure that proper publicity is given to the scheme in all possible ways. This will include publicity on electronic and print media including social media, distribution of brochures, banners, display boards etc. in public at appropriate places in consultation with Project Director, Tamil Nadu Health Systems Society. They shall also effectively use services of Insurance coordinators and District coordinators for this purpose.

Promotion of IEC activities by the selected Insurance company and the selected company shall spend atleast 2% the total Administrative Cost per year.

Brandings (Co-branding - G.O 504 Health and Family Welfare (EAP I (1) Department Dated 16-11-2021) shall be done as per the requirement of the scheme and the Government.

(11) Penalty clause

Deficiency in services – Failure to provide services as required by terms of scheme in the tender document along with other guidelines, will attract penalty as may be determined by the Project Director, Tamil Nadu Health Systems Society, subject to a minimum of five times the amount of the expenditure incurred by the Government of Tamil Nadu / Project Director, Tamil Nadu Health Systems Society, or beneficiary due to non compliance.

v) Non adherence of time line - Failure to adhere to Activity Chart as per the **Annexure A** in Guidelines will attract the Penalty as may be determined by the Project Director Tamil Nadu Health Systems Society subject to maximum of one percent of premium payable for each occasion / activity.

vi) In addition to that, fine will be levied by the Project director, TNHSP to the insurance company, up to 5 times of the package amount on each occasion for failure to process pre-authorization and claims settlement within the stipulated time, for denial of treatment, for not ensuring cashless treatment or providing poor quality treatment, negligence, fraudulent activities, malpractice. etc.

vii) The hospital may be penalised up to 5 times the package amount on each occasion and Warned / Banned / Suspended / Removed etc. from CMCHIS based on the following situations:

e) Violation of conditions in the agreement with the insurer

f) Collection of money from the beneficiaries for the treatment under CMCHIS. The hospital should refund the money collected from the patients.

g) For denial of treatment or providing poor quality treatment, negligence, fraudulent activities, malpractice. Etc.

h) Where any fraudulent claim becomes directly attributable to a hospital included in the networked hospitals, the said hospitals shall be removed and excluded under the scheme by the Empanelment and Disciplinary Committee. The Public Sector Insurance Company shall include the below clause in their agreement with the Hospitals empanelled – "If any fraudulent claim by the hospital is proved, necessary criminal prosecution apart from civil proceedings for the recovery of such fraudulent amount shall be initiated".

(12) Website and Call Centers

(1) The successful bidder shall set up a dedicated website (**Interactive and simple website should be Provided)** for the scheme to enable people to have access to information on the scheme and correspond. All the possible information to be available in the public domain.

(2) It must ensure the following

- Provision to migrate existing Scheme data and claim files should be included.

- The Software should have the ability to pull and push datas and files through APIs or any other methodology to and from PMJAY or any other schemes or Portals.

- The software should have provision to link with HMIS, LMIS, TNMSC or any other Health and Hospital based software and capture data and files.

- Online module to be created for empanelment. The software should have the capacity to capture all relevant demographic and infrastructure details including files.

- Online Module to be provided to capture the data of the practicing Medical officers, nurses, physiotherapists and other personnel of empanelled centers including registration numbers, practicing days / Hours etc.

- All the relevant details of the hospitals empanelled along with package cost should be uploaded in the website, so as to ensure the transparency. It should be updated periodically

- High-end & Morbidity & Mortality Module to be made available to ensure continuous follow-up of transplant patients.

- Triggers & Flagging mechanisms to be included in the software. Mechanisms to identify fraudulent practices may also be provided, eg. Image analytics, without affecting the quality and speed of the claim processing platform.

- All the enrolled beneficiaries list to be uploaded in the website in District, Taluk and Village wise. Provision to show real-time enrolment data to be provided.

- Real-time interactive analytics Dashboards with current and Historical data to be made available with multiple slicers and drill downs. Daily reports of various parameters as required by the Project Director should be generated automatically on a daily basis and sent.

- Provision to capture and project data of important Government schemes such as Makkalai Thedi Maruthuvam, Notifiable disease etc. should be available.

- Option to provide additional modules separately for implementation of additional schemes as required by the state without compromising the quality and speed of the other modules.

- The enrolment data and beneficiary details including the provision for obtaining e-Health Insurance card as well as updating family details should be provided.

- Standard Treatment guidelines should be developed and embedded in the software for Processing.

- Grievance Redressal Module for public to be provided.

(3) The successful bidder shall set up a 24-hour call centre at TNHSP office with sufficient manpower as per Project Director, TNHSP directions with toll free help line and all the telephonic conversation to be recorded and submitted for the scrutiny by the Tamil Nadu Health Systems Society.

(4) The Call centre executives should be well aware of all the schemes implemented under CMCHIS and should provide necessary information to the public including the details of Specialities and Hospitals for various treatments.

(5) All the updated Government Orders, important minutes of the meeting and circulars to be updated in the web site including the relevant existing ones.

(6) The existing relevant content in the present website to be kept as such. Any other information as and when needed to be uploaded in the website.

(7) All the enrolled beneficiaries list to be uploaded on real time basis in the website in District, Taluk and Village wise.

(8) All the relevant details of the hospitals empanelled along with package cost should be uploaded in the website, so as to ensure the transparency.

(9) As far as possible a minimal essential health record to be created and maintained for every beneficiary, with a provision to see their own medical records without the option for editing. There should be mechanism for periodical update of this Health Information Record.

(14) Redressal of Grievances

(1) Any complaints about any difficulty in availing treatments, non-availability of facilities, bogus availing of treatment for ineligible individuals, etc., shall be submitted to the District Collector or any other health department officials related to the scheme, or to the call center established at Tamil Nadu Health Systems Project, insurance companies, TPAs and also can be submitted directly to the Project Director, Tamil Nadu Health Systems Society. This is in addition to the regular grievance mechanism available in the Government.

(2) The complaints received in district level 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. The Joint Director Medical Health Services will be the convener of the meeting and Monthly report to be sent to The Project Director – Tamil Nadu Health Systems Society.

(3) 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 other grievances addressed to the call center and to the Project Director, TNHSP directly may also discussed in the State Monitoring and Grievance Committee. The decision of the State Monitoring and Grievance Committee is final.

(4) Any dispute arising out of the implementation of the scheme which remain unresolved at the State Monitoring and Grievance Committee shall be referred within fifteen days to a High-Level Committee, comprising of the Secretary to Government, Health and Family Welfare Department, Project Director, Tamil Nadu Health Systems Society and the representative of the Insurance Company nominated for the purpose.

(5) All grievances should be acknowledged immediately and updated within 3-7 working days. Individual grievance tracking to be made available in the website including the complaints against the empaneled hospitals. A suitable software mechanism to capture patient satisfaction shall be enabled in the claim processing software application by the selected insurer. Grievance Redressal Module for public to be provided.

(6) A message that "collection of money and provision of incomplete or improper and poor-quality treatment etc. to any CMCHISTN patient is unlawful" should be publicized suitably in every empanelled hospital.

(7) Any other irregularities found out by the Public Sector Insurance Company/ TPA will be addressed to Project Director, Tamil Nadu Health Systems Society for further action.

(8) The Project Director, Tamil Nadu Health Systems Society is authorized to dispose directly the grievances received in Tamil Nadu Health Systems Society in certain circumstances.

(9) The Civil Courts situated in Chennai, Tamil Nadu shall have exclusive jurisdiction over any disputes, which remain unresolved by the above procedure.

(10) Nothing aforesaid shall prejudice the rights of the Government of Tamil Nadu or Tamil Nadu Health Systems Society to approach any other forum for dispute resolution permissible under law.

(15) General

The Public Sector Insurance Company shall follow and implement all conditions specified in the Government orders and its subsequent amendments, the guidelines prescribed as a part of this tender document including the terms and conditions of this agreement.

IN WITNESS WHEREOF both parties have signed this Agreement on the day, month and year first above written.

For and on Behalf of ……..

Tamil Nadu Health Systems Society **In the Presence of** **Witness: 1** **Witness: 2**	**Public Sector Insurance Company** **In the Presence of** **Witness: 1** **Witness: 2**