

Chief Ministers Comprehensive Health Insurance Scheme

MINUTES OF DME NODAL OFFICERS REVIEW MEETING HELD ON 14.06.2017 AT TNHSP MAIN CONFERENCE Hall

DME Nodal officers review meeting was conducted on 14.06.17. All the Nodal officers from Medical College Hospitals and attached Institutions, UIIC and TPAs participated in the Meeting. Additional Director, CMCHIS conducted the meeting.

The following points were discussed in the meeting:

1. The hospitals informed that the consumable fund is not sufficient for Department of Nephrology, Cardiology, Cardiothoracic Surgery, Orthopaedics. They also requested for exemption from corpus fund. They are advised to merge the infrastructure and consumable funds with suitable resolution in the committee. If it is not sufficient then they can represent to TNHSP which in turn will be communicated to Government for specific orders.

(Action: TNHSP/Hospital)

2. All the Medical College Hospitals requested for empanelment under Employees Insurance Scheme. They are requested to submit their request through Dean for approval from Government through Commissioner of Treasuries.

(Action: TNHSP/Hospital)

3. Requested for linking Arogyashree card with CMCHIS. Will be represented to Government.

(Action: TNHSP/Hospital)

4. Clinical photo exposing the private parts for Claims approval should not be asked by the TPA. Instead the hospitals are instructed to upload the post operative profile photo of the patients.

(Action: TPA/UIIC)

5. In cirrhosis of liver fibroscan and liver biopsy were made mandatory, but routinely these investigations are not mandatory to confirm

diagnosis. Hence TPA has to frame two to three alternative investigations to substantiate the diagnosis.

(Action: TPA/UIIC)

6. UIIC / TPA have to share the package wise minimum requirements list for approval of preauth and claims.

(Action: TPA/UIIC)

7. For hysterectomy/ Appendicectomy / Cholecystectomy cases either HPE or Post operative USG should be considered for approval of claims.

(Action: TPA/UIIC)

8. Bulk invoice can be scanned and uploaded for claims approval if individual invoice is not given. If any enquiries hospitals are advised to contact CMOs.

(Action:Hospital)

9. For emergency cases after obtaining the EI number the smart card of the beneficiary to be handed over to the LO. The LO should raise the Preauth within 48 hours of receiving the card.

(Action:Hospital/ TPA)

- 10 Separate Face book page is created to all nodal officers of DME institutions and the nodal officers can address the grievance related to CMCHIS in this page.

(Action:Hospital/TPA/UIIC/TNHSP)

- 11 HELLP syndrome has to give as separate package.

(Action: TPA/UIIC)

- 12 For keratoplasty cases corneal images will be uploaded instead of ocular scan for preauth approval.

(Action: TPA/UIIC)

- 13 Bronchoscopy and Thoracoscopy procedures have to be open up in diagnostic packages based on the request from the hospitals.

(Action: TPA/UIIC)

14 The old investigation reports should not be asked for cancer patients. The discharge summary is enough for getting treatment since the patient is availing various modalities of treatment at various Health facilities.

(Action: TPA/UIIC)

15 New entity to be created for Karur Medical College and Pudukottai Medical College hospital.

(Action: TPA/UIIC)

16 The TPAs are instructed to appoint Additional Los to the hospitals wherever needed and also to shuffle the LOs based on the hospital request.

(Action: TPA/UIIC)

17 Dharmapuri medical college represented for additional fund to purchase hemodialysis machine and the Infrastructure fund is not sufficient. Informed the hospital to represent the issue to DME for additional fund.

(Action:Hospital/ DME)

18 In Theni Medical college oncologist is not available and chemotherapy treatment could not be given to the patient. DME is requested to take suitable action / offer remarks..

(Action:Hospital/ DME)

19 In general there is a delay in approval of preauth. TPA/UIIC have to verify and give report.

(Action: TPA/UIIC)

20. TA / DA for all nodal officers and ward manger attended the review meeting can claim the amount from CMCHIS fund with suitable committee resolution.

21. TPA has to share the job responsibility of LO to all the Government empanelled DME institutions and also out up in the website.

(Action: TPA/UIIC)

22. The expenditure module live demo was given. The Nodal officers requested for following modifications in the expenditure module.

- DMO shall be able to monitor the overall expenditure of the institution, each department wise. A viewer access id to be provided for the DMOs / Dean for the respective institution.
- Uploading of all resolutions to be made mandatory.
- The Dean of the institution shall be provided with a viewer Id for overall expenditure.(Deans list will be shared).
- Provision for entry of transfer of funds from Dept head to the Dean's A/c,with the purpose of transfer mentioned.
- Provision for entry of HR details in the consumables category also. Now it is available only in the infra category.
- NEFT option also to be added in the Payment mode.
- Add "OTHERS" in the Depts drop down.

(Action: TPA/UIIC/ Remedinet)

Sd
Project Director