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W.P.No.14977 of 2019

IN THE HIGH COURT OF JUDICATURE AT MADRAS

DATED: 05.08.2024

CORAM :

THE HON'BLE MR.D.KRISHNAKUMAR, ACTING CHIEF JUSTICE

AND

THE HON'BLE MR.JUSTICE P.B.BALAJI

W.P.No.14977 of 2019

E.Sakthivel

.. Petitioner

Vs.

1. State of Tamil Nadu
Rep. by its Principal Secretary
Department of Health & Family Welfare
Namakkal Kavignar Maligai
Fort St. George, Chennai 9.

2. The Project Director
Tamil Nadu Health Systems Project
3rd Floor, D.M.S. Annex New Building
259, Anna Salai
Teynampet, Chennai 6.

.. Respondents

Prayer: Petition filed under Article 226 of the Constitution of India seeking issuance of a writ of Mandamus directing the respondents to form a committee to conduct comprehensive costing analysis for revising/enhancing the tariff for all procedures under the Tamil Nadu Chief Minister's Comprehensive Health Insurance Scheme (TNCMCHIS) to the Hospitals accredited with NABH for the benefit of the peoples of



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Delta Districts (Tanjore, Pudukottai, Nagapattinam) within the time stipulated by this Hon'ble Court.

For the Petitioner : Mr.S.Haja Mohideen Gisthi

For the Respondents : Mr.A.Edwin Prabakar
State Government Pleader
for Respondent-1

No appearance
for Respondent-2

ORDER

(Order of the Court was made by
the Hon'ble Acting Chief Justice)

The petitioner seeks a direction to the respondents to form a committee for revising/enhancing the tariff for all procedures under the Tamil Nadu Chief Minister's Comprehensive Health Insurance Scheme (TNCMCHIS) to the Hospitals accredited with NABH for the benefit of the peoples of Delta Districts (Tanjore, Pudukottai, Nagapattinam).

2. A status report is filed by the second respondent. It is stated that pending writ petition, G.O.Ms.No.16 dated 08.01.2022 has been issued to continue to implement the Chief Minister's Comprehensive



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Health Insurance Scheme for a period of five years, with effect from 11.01.2022 to 10.01.2027 through M/s. United India Insurance Company at a premium of Rs.849/- per annum for around 1.47 crore families. The National Pradhan Manthri Jan Arogya Yojana (AB-PMJAY), Government of India Insurance Scheme, was integrated with Chief Minister's Comprehensive Health Insurance Scheme with effect from 23.09.2018. Thus, the sum insured per family is fixed as Rs.5 lakh per annum with 1991 procedures and 86.50 families from Socio Economic Case Census (SECC) data base 2011.

3. It is further stated that the ceiling limit for enrolling a beneficiary under the Scheme has been increased to Rs.1.20 lakh from 2022 onwards to get health coverage up to Rs.5 lakh per year per family. Three third party administrators have been selected to implement the Scheme in 38 districts on rotation basis. A tripartite Memorandum of Agreement was entered into between the Insurer, hospitals and third party administrators to render cashless health services to the beneficiaries at fixed package rates and the details are available in www.cmchis.com.



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4. According to learned State Government Pleader, various Committees are constituted under CMCHIS to review the smooth functioning of the Scheme, as detailed under:

1	<i>State Empowered Committee under the Chairmanship of Chief Secretary to Government with twelve members (Secretaries of other departments)</i>	<i>To finalise 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.</i>
2	<i>Empanelment and Disciplinary Committee under the chairmanship of Project Director, Tamil Nadu Health Systems Project with one member from Public Sector Insurance company and officials from State Health Insurance Unit in the Tamil Nadu Health Systems Project.</i>	<i>To empanel and regulate the functioning of the network hospitals under this scheme.</i>
3	<i>Mortality and Morbidity Committee</i>	<i>To monitor the quality of care given by the hospitals</i>
4	<i>District Monitoring and Grievance Committee at District level headed by the District Collector, having the Dean/ Medical Superintendent of the Government Medical College, Joint Director of Medical and</i>	<i>The complaints received in District level shall be placed for decision of District Monitoring and Grievance Committee.</i>



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	<i>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.</i>	
5	<i>State Monitoring and Grievance Committee consisting of the Project Director, Tamil Nadu Health Systems Project, 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 Public Sector Insurance Company as member.</i>	<i>Any grievances and appeal against the decision of the District Monitoring and Grievance Committee may be preferred to the State Monitoring and Grievance Committee. The other grievances addressed to the call centre 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.</i>
6	<i>High Level Committee, comprising of the Secretary to Government, Health and Family Welfare Department, Project Director, Tamil Nadu Health Systems Project and the representative of the Insurance Company nominated for the purpose.</i>	<i>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 the High Level Committee.</i>
7	<i>Core committee under the</i>	<i>To integrate Pradhan Mantri</i>



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<i>Chairmanship of the Managing Director, Tamil Nadu Medical Services Corporation Ltd.</i>	<i>Jan Arogya Yojana (PMJAY) with Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS)</i>
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5. According to learned State Government Pleader, the present tender agreement for the implementation of CMCHIS is for 5 years from 11.01.2022 to 10.01.2027. Any revision/increase in the package cost can be done only after the end of the present contract period. Already High Level Committee headed by Secretary, Health Department, State Empowered Committee headed by Chief Secretary to Government and Core Committee are constituted to deal with several issues arising out of CMCHIS. Therefore, there is no further need for constituting another Committee.

6. As per the status report, the package rates of CMCHIS is based on the current cost prevailing in the market, expenses incurred in the previous scheme and the feedback received from the hospitals in consultation with experts of the empaneled health care providers, Deans and HODs of medical colleges. Since the infrastructure available in EHCPS in other States are different from Tamil Nadu, arriving



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uniformity is difficult in comparison of the above reports. Further, while fixing the package rates, due consideration is given for inflation, tax variations, minimum wages, etc. and thus, the package rates are arrived at in a scientific manner.

7. In view of the above, no orders are required to be passed in the writ petition. Accordingly, the writ petition stands disposed of. If the petitioner has any grievance, he can work out his remedy in the manner known to law. There shall be no order as to costs. Consequently, W.M.P.No.14930 of 2019 is closed.

(D.K.K., ACJ.) (P.B.B., J.)
05.08.2024

Index : Yes/No
Neutral Citation : Yes/No

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AND
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