

2nd EC meeting

PROCEEDINGS OF THE SECOND MEETING OF THE EXECUTIVE COMMITTEE OF
SUVARNA AROGYA SURKSHA TRUST
UNDER THE CHAIRMANSHIP OF SRI. I R PERUMAL, IAS, CHAIRPERSON, HELD
IN THE CONFERENCE HALL , KHSDRP, BANGALORE ON 25 JUL 2009.

Members Present:

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| ✓1. Sri. I R Perumal, IAS, Ppl Secy, HFWS | - | Chairperson |
| 2. Smt. Vandita Sharma, IAS, MD(NRHM) & PA(KHSDRP) | - | Member Secretary |
| ✓3. Sri. Anil Jha IAS, Secretary, Finance | - | Member |
| ✓4. Dr. Usha Vanunkar, Director, HFWS | - | Vice-Chairperson |
| ✓5. Sri. Manjunath, Deputy Director, DME, Bangalore | - | Member |
| 6. Sri. Mohandas Pai, Infosys, Bangalore | - | Member |
| ✓7. Dr. H Sudarshan, Karuna Trust | - | Member |

Smt. Vandita Sharma, Member Secretary, welcomed the Chairman and the Members present.

1. Review of Action Taken Report

The Member Secretary, presented the action taken report to the committee. The Committee approved the action taken report.

Action: No action required

During the deliberations on the Action Taken Report, the following issues were discussed.

2. Issuance of Insurance Cards:

The members suggested that instead of dove tailing on the BPL cards or other smart cards on the anvil, the Trust should issue separate Health Insurance Cards. They should be open system cards to be able to accommodate additional information of the Insured family as well as the services utilised by them. It came up in the discussion that there were considerable number of temporary BPL cards and the Government is in the process of weeding out the cards of ineligible families. In such an eventuality the Health Insurance cards should be withdrawn from those families whose BPL cards stands cancelled.

The committee decided that

- The Trust should print and issue Health Insurance Cards separate from the BPL cards. The Health Insurance card should have an insurance ID with state, district, taluk and village notations. The card should also specify BPL identity in an other column.*
- Health Insurance Cards should be issued to only those families having regular BPL cards and not to temporary BPL card holders.*

Action: JD (HI), KHSDRP

30/7/09

3. Health Insurance Database

The members urged that there should be an exclusive Health Insurance database, so that a proper monitoring of all aspects of the scheme is possible.

The Committee decided that though the list of beneficiaries is obtained from the BPL families database, a separate database of Health Insurance should be developed in parallel to the BPL data base which enables proper monitoring and cross verification.

Action: JD (HI), KHSDRP; Consultant (HI)

4. Intimation of Health Insurance Card details to the bidders.

The members suggested that the details of the health insurance card could be intimated to the bidders and their suggestion obtained.

The Committee decided that the details of health insurance card to be given to the bidders during the Pre bid meeting on 07 Aug 09, and their suggestions obtained.

Action: JD (HI), KHSDRP; Consultant (HI)

5. Permitting the beneficiaries to get treatments outside the State .

It was suggested by some members that treatments in hospitals outside the state especially for families residing in the border districts, could be permitted under the scheme. It was put forth that some hospitals out side the state in the border districts could be empanelled and brought in to the network to enable the beneficiary families to get treatment in those hospitals. But since the government is bearing all the insurance coverage without contribution of the families, it was felt that the network hospitals should be limited to the state. If necessary the patient could be shifted to the nearest network hospital in the State and the transportation costs could be borne by the Trust or Village Health and Sanitation Committee untied funds.

The Committee decided that the only the hospitals within the State would be empanelled for the scheme.

Action: Project Administrator, KHSDRP

6. Motivation to the Government Doctor & patient who take treatment in government Hospitals.

While discussing the issue of incentives to the doctors and staff performing tertiary care medical procedures, suggestion to compensate loss of wages for the patient who obtain treatment in government hospitals. There were reservations about this kind of action that it would kill a healthy competition between the Government Hospitals motivated by the case linked incentives, and the private hospitals; because it would tilt the balance in the favour of government hospitals.

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The Committee decided that the Village Health and Sanitation Committee could meet such expenditure at this juncture. In regarding the incentives to the Government Doctors, it is decided to be taken up- II issue at later stage after proper deliberations.

Action: Project Administrator, KHSDRP

7. Locating the Office of the Trust

The Project Administrator informed the committee that there is no adequate space in KHSDRP to establish the Office of the Trust. Some alternative solution has to be found.

The Committee decided to explore the feasibility of establishing the office of the Trust in the Drug Control Office premises. The Committee approved hiring of adequate building for establishment of the Trust's Office, if need be.

Action: JD (HI), KHSDRP; Project Administrator, KHSDRP

8. Establishing branch office of the Trust in Bellary.

The Chairman informed the members that in the absence of an office of the Trust in Bangalore, it would be essential to establish a temporary branch office in Bellary in view of the scheme being launched on 01 Aug 09.

The Committee decided that a temporary camp office could be established in Bellary to be shifted to Bangalore once the Office at Bangalore comes into existence. The Committee also approved deputing an officer to establish the temporary office.

Action: Project Administrator; KHSDRP

9. Staffing of the Trust

The committee examined the draft Organisation Chart of the Trust for the Pilot phase of the Scheme.

The Committee approved the Organisation Chart. It was decided that the Management Layer of the organisation consisting of CEO and four officers would be deputed from the Government. The Operational layer of staff consisting of ministerial staff and group D would be outsourced through an agency.

It was also agreed to hire Sri.Chetan Mahajan, a graduate from the University of Cornell, US, to assist in the setting up of the Trust Office and system.

Action: Project Administrator; KHSDRP

10. Expenditure to be borne by the Trust Funds.

The Committee approved all expenditure incurred towards the implementation of the scheme to be borne by the Trust Funds.

Action: CFO, KHSDRP

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11. Creating a Web site for the Scheme

The creation of exclusive web site for the Trust was discussed. It was suggested that since a web site of the HFWS already on Internet, it would be simpler to create a page for the Trust and the Scheme in the existing web site itself.

The Committee decided that a web page of the Trust and the Scheme should be appended to the HFWS website. It was also decided to get a logo of the Trust designed.

Action: JD (HI) KHSDRP, Consultant HI

The meeting concluded with vote of thanks to the Chair.


(I R PERUMAL) 7-8/7

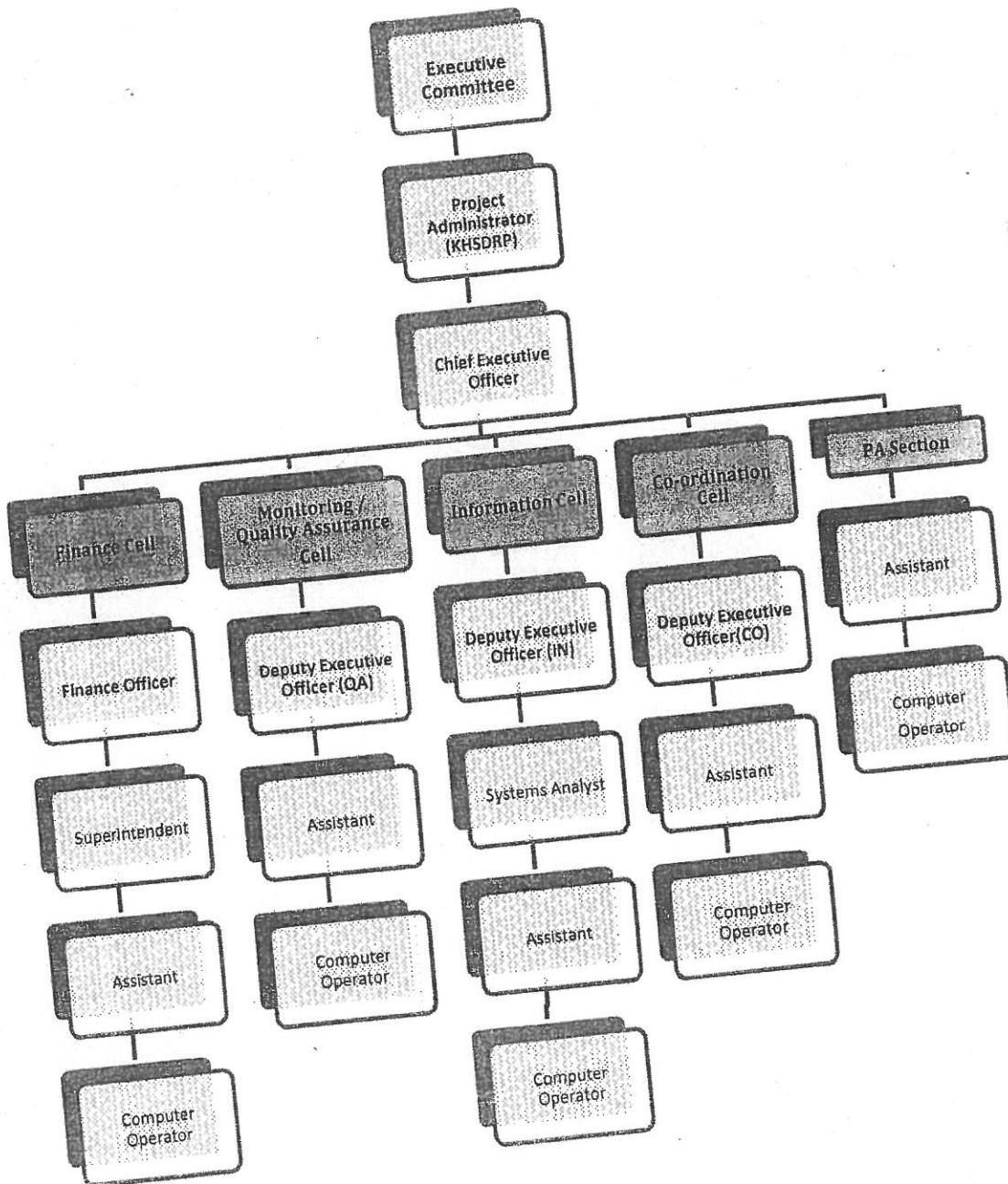
Chairperson &

Principal Secretary to Government,
Department of Health and Family Welfare Services

Copy to all concerned.

ORGANISATION CHART
OF
SUVARNA AROGYA SURAKSHA TRUST
During implementation of Pilot Project in Gulbarga Division

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Group D - 5

Drivers - 5

