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NOTIFICATION

No. B. 12018/03/2008-DHME/MSHCS, the 21st May, 2009. The Governor of Mizoram is pleased to notify the Mizoram Health Care Scheme on self finance basis commencing from the year 2009 - 10 to be implemented by utilizing the services of a Third Party Administrator (TPA) duly selected through a process of competitive bidding.

The Governor of Mizoram is pleased to further order that the Scheme will come into force from the 1st of July, 2009.

Van Hela Pachuau,
Chief Secretary,
Government of Mizoram.

SPECIFICATION OF BENEFITS

Name of the Scheme

1. Mizoram Health Care Scheme.

Objective of the Scheme

2. The objective of the Scheme will be to improve access of BPL and Low Income families (those having annual income, from all sources of below Rs. 5 Lakh) to quality medical care for treatment of diseases involving hospitalization and surgery through an identified network of health care providers. Each family shall cover all eligible family members under this Scheme.
3. The Scheme is expected to cover around 1,00,000 families. Taking into account the average family's size of 5, the total population expected to be covered will be approximately 5 lakhs.

Covered Benefits

4. Hospitalisation - The Scheme shall provide coverage for meeting expenses of hospitalization and surgical procedures of beneficiary members up to Rs. 1,00,000 per family per year subject to limits, in any of the network hospitals. The cover shall be on family floater basis.
5. Critical Illness - A buffer floater amounting to Rs. 2,00,000, over and above the normal cover can be availed of individually or collectively, by members of the family. APL families will avail benefits only under this critical illness cover within a sum insured of Rs. 2 lakhs. This buffer floater will be made available for beneficiaries with identified critical illness as given under :
 - i. Cancer
 - ii. Heart related surgeries e.g.
 - By-pass Surgery
 - Pace Maker Implantation
 - Congenital diseases requiring surgery such as ASD, VSD, TOF etc.
 - Valve replacement
 - EP Diagnostic & Ablation
 - Angioplasty
 - iii. Organ transplantation
 - iv. Hepatitis B&C
 - i. Trauma requiring major surgery
 - ii. Major Thermal Injury
 - vi. Spinal Injuries, including Multiple Sclerosis
 - vii. SLE
 - viii. Stroke
 - ix. Cochlear implant
 - x. Hip & Knee replacement
 - xi. Drug Resistant TB (MDR TB)
 - xii. Intracranial lesions
 - xiii. Myasthenia Gravis
 - xiv. ESRD requiring dialyses

Eligibility of Beneficiaries

6. Any non-Government Servant (Central or State) or their dependents who is a bonafide citizen of India and residing in Mizoram, with the head of the family thereby being in the voters list shall be eligible to be covered under this Scheme, irrespective of age. The scheme will also cover dependents of Government servants (Central or State), who are not covered under the existing Medical Attendance Rules such as Grandchild, daughter/son-in-law, overage children, sister/brother, uncle/aunty, niece/nephew etc., provided that such collective dependents annual income from all sources

is less than Rs. 5 lakhs. The Scheme will also cover personnel and their dependents working under the Government of Mizoram eg: Contracts, Muster roll etc who are not entitled to medical reimbursement under the existing rule in force, provided that such families' annual income from all sources is not more than Rs. 5 lakhs.

7. Coverage under the Scheme would be provided for all family and their family members as per the photo ID card/Smart card issued to them. Prior to issue of Photo ID card/Smart card, copy of enrollment form with Voter ID would be taken as proof of coverage.
8. **Family** - A family would be defined as any one living under one roof, irrespective of their relationships and duly ascertained by the family ration card. Any addition/deletion of family members e.g. death, birth, divorce, marriage, adoption etc. the same will have to be recommended by the concerned Health Worker/Medical Officer/Senior Medical Officer/Chief Medical Officer and certified by the Mizoram Health Care Society. For those families whose number is above 5, additional payment of premium may be considered as below :

Table III : Details of proposed premium payment

BPL, Family members < 5	APL	APL, Family members < 5	APL, Additional family members > 5
Rs. 100	Annual income from all source less than Rs. 1 lakh	Rs. 200	Rs. 50 per additional member
	Annual income from all source more than Rs. 1 lakh but less than Rs. 3 lakh	Rs. 300	Rs. 100 per additional member
	Annual income from all source more than Rs. 3 lakh but less than Rs. 5 lakh	Rs. 500	Rs. 150 per additional member

9. **Dependents** - The dependents should be living in the same household. "Dependents" are those who depend upon the head of the household for their basic subsistence/care.

Insured Benefits

10. Pre-existing conditions to be covered, subject to minimal exclusions as per clause 17.
11. **Transport Allowance** - Provision for transport allowance will be allowed for the patient along with one attendant by any public service vehicle at the rate as may be fixed by the State transport Authority from time to time. In case of an emergency/exceptional case, hiring of private vehicle may also be allowed, provided it is duly certified by the Medical Board of Civil Hospital. The cost of travel that would be reimbursable for a patient that has to be shifted from residence to hospital in case of admission in Emergency or from one Hospital/Nursing home to another Hospital/Nursing Home for better medical facilities. Expenses for travel (Fares only) would have a ceiling of Rs. 1,000/- within the state and Rs. 10,000/- for travel outside the State per claim. Reimbursement for travel outside the State would be considered for treatment of named Critical Illnesses only. Further, only the lowest fare available for the journey shall be considered for reimbursement.
12. Relevant medical expenses incurred for the period up to 1 clear day prior to hospitalization and up to 10 clear days from the date of discharge from the hospital shall be part of the benefit. This pre-hospitalization coverage would also include all pre-admission investigations pertaining to the particular hospitalization and not subject to the 1 clear day pre-hospitalization coverage and duly certified by the treating doctor. However, in cases of organ transplantation patients, post hospitalization coverage would be extended up to 30 clear days.
13. **Minimum period of hospitalization:** The minimum period for which a beneficiary is admitted in the hospital as inpatient and stays there for the sole purpose of receiving the necessary and reasonable treatment for the disease / ailment contracted / injuries sustained under the Scheme shall be at least 24 hours.
14. **Hospitalization at Private/Missionary Hospitals** - Hospitalisation at private/missionary hospitals within the State of Mizoram would qualify for coverage under the Scheme only on production of a No-Objection Certificate by the beneficiary from the Head of the Government

Hospital or Head of the Department concerned of the Government Hospital certifying non-availability of beds/facilities at the Government Hospital for treatment/surgery of the ailment, hence their having no-objection for the beneficiary approaching a private/missionary hospital for the treatment/surgery of the said ailment.

15. **Day Care Procedures:** Given advances in treatment techniques, many health services formerly requiring hospitalization can now be treated on a day care basis. Examples of such services which are included for coverage under hospitalization benefits are:
- | | |
|---------------------------------------|--|
| a. Haemo-Dialysis | b. Parenteral Chemotherapy |
| c. Hepatitis B | d. Hepatitis C |
| e. Drug Resistant TB | f. Radiotherapy |
| g. Epilepsy | h. Eye Surgery |
| i. Lithotripsy (kidney stone removal) | j. Tonsillectomy |
| k. D&C (not MTP) | l. Dental surgery following an accident |
| m. Hysterectomy | n. Surgery of Hernia |
| o. Surgery of Hydrocele | p. Surgery of Prostrate |
| q. Gastrointestinal Surgery | r. Genital Surgery |
| s. Surgery of Nose | t. Surgery of Throat |
| u. Surgery of Ear | v. Surgery of Appendix |
| w. Surgery of Urinary System | x. Treatment of fractures/dislocation
(excluding hair line fracture), Contracture
releases and minor reconstructive procedures
of limbs which otherwise require hospitalisation |
| y. Laparoscopic therapeutic surgeries | z. Any surgery under General Anaesthesia |
- aa. Any disease/procedure mutually agreed upon by the Society and the TPA before treatment
16. **Daily allowance for BPL only:** If earning BPL head is hospitalized due to accident/diseases/illness for which a valid claim is admitted, TPA will pay only for the period of hospitalization @ Rs 50 per day from 4th day of hospitalization up to a maximum of 15 days within the limit of family floater sum. This provision shall be applicable if the hospitalisation has been undergone in a government hospital only.

Benefit Exclusions

17. Common exclusions from the benefits would include:
- i.) Conditions that do not require hospitalization or conditions that can be treated at home
 - ii.) Sterilization and Fertility related procedures
 - iii.) Circumcision unless necessary for treatment of a disease not excluded hereinabove or as may be necessitated due to an accident
 - iv.) Vaccination or inoculation
 - v.) Change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
 - vi.) Cost of spectacles, contact lenses and hearing aids.
 - vii.) Dental treatment or surgery of any kind unless requiring hospitalization.
 - viii.) Convalescence, general debility, 'run-down' condition or rest cure
 - ix.) Congenital external diseases, except where intervention is required to maintain the functionality of the individual
 - x.) Sterility, venereal or sexually transmitted diseases
 - xi.) Intentional self-injury, suicide and direct consequence of use of intoxicating drugs/alcohol.
 - xii.) All expenses arising out of any condition, directly or indirectly, caused to or associated with human T-Cell Lymphotropic Virus type III (HTLV III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS/HIV, if otherwise treatable under Mizoram State Aids Control Society (MSACS) programme.

- xiii.) Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home or at home under domiciliary hospitalisation as defined.
- xiv.) Expenses on vitamins and tonics unless forming part of treatment for disease or injury as certified by the medical practitioner.
- xv.) Domiciliary treatment, Naturopathy treatment.
- xvi.) Disease or injury directly or indirectly caused by or arising from attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not).
- xvii.) Disease or injury directly or indirectly caused by or contributed to by nuclear weapons/materials.

Package Rates

18. These package rates will include Bed charges (General Ward only), Nursing, diet charges, Surgeons, Anaesthetists, Medical Practitioner, Consultants fees, Anaesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests etc. The package rates would be notified by the Government of Mizoram and be applicable for the all hospitals within the State of Mizoram. Similar package rates for hospitals outside the State of Mizoram would be developed by the appointed TPA and duly approved by the Mizoram Health Care Society.

Specific Provisions for the Scheme

19. Enrolment Procedure

- a) Beneficiary enrollment is the responsibility of the Mizoram Health Care Society.
- b) Enrollment of the Head of the family in the current electoral roll of the state published by the Election Commission of India shall be used as proof of eligibility for enrollment under the Scheme.
- c) For BPL families, a certificate/card as proof thereof issued by GoM authorized Department (identified from time to time) and certified by a Gazetted officer of the Government of Mizoram has to be attached.
- d) Coverage under the Scheme would be provided for all family and their family members as per the enrollment/ID card.
- e) Based on the enrolment received, the TPA will issue laminated photo ID cards and their distribution would be done through the same government machinery.
- f) The period for enrollment would be from the date of commencement of enrollment for a period of 90 days, which would be widely publicized. This time period may be reviewed based on felt need
- g) Enrollment under the Scheme at the time of hospital admission within the enrollment period will also be considered.

20. Cashless Access Service

- a) Within the limits of coverage, BPL beneficiaries only shall be provided cashless treatment for all conditions, illness or disease covered under the Scheme. The health care provider shall be reimbursed according to the packaged cost specified in paragraph 18.
- b) For APL beneficiaries, the facility of cashless treatment shall be restricted only to critical illnesses as listed in paragraph 5. The basis of reimbursements shall be limited to the packaged cost specified in paragraph 18.

21. The TPA in consultation with the Mizoram Health Care Society shall formulate rules and procedures relating to the following:

- a. Pre-authorization requirements, when applicable
- b. Access to network and out-of-network providers

- c. Emergency care and treatment of beneficiaries
- d. Any other matter as may be deemed necessary by the Mizoram Health Care Society

Referral of patients from Mizoram to Hospitals outside the State:

The existing Medical Boards constituted by the Government of Mizoram at Aizawl and Lunglei will be utilized under the scheme for referring cases outside the State of Mizoram. However, the recommendations of the Board/s for utilization of hospitals referred by it will not be binding on the Mizoram Health Care Society. The Mizoram Health Care Society may recommend other hospitals with similar facilities but providing the same treatment at lower rates as negotiated by the appointed TPA.

Empanelment of Health Care Providers

22. Eligible Health Care providers

- i). Both public and private health care providers which provide hospitalization and/or day care services, with desired infrastructure would be eligible for inclusion under the Scheme, subject to such requirements for empanelment as agreed between the Mizoram Health Care Society and the TPA.
- ii). All Government hospitals (including Primary and Community Health Centers) will be automatically eligible for empanelment under the Scheme. However, claims from beneficiaries taking treatment at government hospitals would only be allowed for expenses incurred by them on drugs, consumables etc. purchased from the market (on production of cash memos/bills) and on minimal investigation/laboratory charges levied by the government hospitals (on production of cash memos/bills/receipts). Expenses such as diet, nursing, bed charges, doctor consultation, surgical charges and other expenses which the government hospitals provide free will not be payable under the scheme.

23. Empanelment of Private Hospitals for inpatient and day care services:

- i.) Hospitals and other health facilities shall be empanelled by the TPA that conform to the eligibility criteria as detailed below:
 - a. It has a minimum of 15 beds.
 - b. It is equipped with properly functioning of Telephone and Fax facilities.
 - c. It is fully equipped and engaged in providing medical and/or surgical care, including a pharmacy and laboratory and diagnostic services that could handle at least testing of clinical (blood and urine) specimens, X-rays and ECG.
 - d. The facilities undertaking surgical operations have a fully equipped Operating Theatre which it owns and is located on the premises of the facility.
 - e. The facility employs fully qualified doctors and nursing staff on a 24 hour a day basis.
 - f. The facility employs fully qualified laboratory technicians
 - g. The facility has the requisite system and procedures of maintaining patient's records required to be provided to the, patient or his representative, the TPA, Government/ Nodal Agency as and when required
 - h. The facility preferably agrees to packaged costs for each identified medical/surgical intervention/procedures provided as covered benefits under the Scheme.
 - i. The Hospital should be in a position to provide following additional benefits to the BPL beneficiaries related to identified systems:
 - i.) Free OPD consultation.
 - ii.) Fixed/agreed discounts on diagnostic tests and medical treatment required where hospitalizations is not required.