



**Finance (Health Insurance)
Department,
Secretariat,
Chennai-600 009.**

Letter (Ms) No.30465 / Finance (HI)/2022-1, Dated: 17.09.2022

From

N.Muruganandam, I.A.S.,
Additional Chief Secretary to Government.

To

The Commissioner of Treasuries and Accounts,
3rd Floor, Perasiriyar K.Anbazhagan Maaligai,
571, Anna Salai, Nandhanam,
Chennai-35.

The Chief Manager,
United India Insurance Company Limited,
Divisional Office,
6, PLA Rathna towers,
5th Floor, 212, Anna Salai,
Chennai - 600 006.

Sir,

Sub : New Health Insurance Scheme – Redressal of medical reimbursement claims made by Employees and Pensioners through appeal procedure in District Level Empowered Committee – Modifications issued – Regarding.

Ref : 1. G.O.Ms.No.222, Finance (Pension) Department, Dated: 30.06.2018.
2. Government D.O.Letter No.37012/ Finance (Salaries) / 2019-1, dated: 01.11.2019.
3. Government Letter No.19022/ Finance (Pension)/ 2022-1, Dated: 29.04.2021.
4. G.O.Ms.No.160, Finance (Salaries) Department, Dated: 29.06.2021.
5. Letter received from the Commissioner of Treasuries and Accounts, Chennai-35 in Rc.No.22840/NHIS-2/ 2022, Dated: 13.06.2022.
6. G.O.Ms.No.204, Finance (Health Insurance) Department, Dated: 30.06.2022.

I am to invite your kind attention to the references cited.

2. In the reference fifth cited, it is brought to the notice of the Government that, in an average 2500 appeal petitions have been placed in the District Level Empowered Committee in the entire Districts every month

with an interval of 30 to 45 days. The District Level Empowered Committee have recommended the cases under four scenarios as per the guidelines issued by Government in the references second and third cited and then further actions have to be taken by the Joint Director of Medical and Rural Health Services who is the Redressal Officer of the New Health Insurance Scheme. The said process is so much of time consuming and which leads to delayed payments to the petitioners. Subsequently, they have approached the legal forum to reimburse the medical expenses and the Government / Government Departments are facing many Court cases.

3. To avoid delay, the Commissioner of Treasuries and Accounts has requested the Government to issue necessary orders for modifications in respect of medical reimbursement appeal procedure in the above said Government Orders so as to simplify the settlement of medical reimbursement claims to the Employees / Pensioners under New Health Insurance Scheme.

4. Considering the delay in the procedures now being followed, the Government have decided to issue the following modifications in respect of medical reimbursement appeal procedure in the above said Government Orders:-

i) In all the said cases, the Head of Office for Employees and for Pensioners, Pension Pay Officer / Treasury Officer concerned in all districts should bring and verify the reimbursement claims applications along with all relevant original documents from the every individual/ representation [as time frame fixed in Guidelines at clause 15 (3)] and on due verification send the same **directly** to the Insurance Company or to the Nodal Officer of the respective District of the insurance company for speedy settlement of the claims. Upon receipts of these medical reimbursement claims, the United India Insurance Company Limited have to take a decision and the eligible medical reimbursement amount be settled within a period of 30 days from the receipt of applications without any delay. Further, if the claim is not eligible under the Schemes, the same has to be returned to the petitioner with a proper reason within a period of 15 days from the receipt of applications.

ii) In respect of grievance arising out of rejection of reimbursement claim by Insurance Company, the petitioner should submit their grievance to the Grievance Redressal Officer who is Joint Director of Medical and Rural Health Services at the respective District, who in turn shall place the grievance in the District Level Empowered Committee within a period of 30 days from the receipt of rejection application by Insurance Company. The Committee comprises of District Collector as Chairman, Treasury Officer, Joint Director of Medical and Rural Health Services and a representative from Insurance Company as members, may take decision on receipts of the appeal petitions within a period of 30 days.

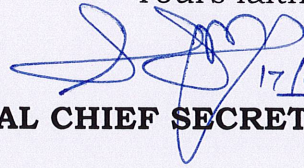
iii) In case of any appeal against the decision of District Level Empowered Committee to be preferred, the beneficiary can approach the State Level Empowered Committee within a period of **one month** from the

date of receipt of copy of the District Level Empowered Committee proceedings. The State Level Empowered Committee shall submit its report within a period of 30 days from the date of receipt of appeal application.

iv) Any grievance / dispute arising out of the implementation of the Scheme remaining unresolved by the State Level Empowered Committee shall be preferred to the High Level Empowered Committee within a period of 15 days from the date of receipt of copy of the State Level Empowered Committee proceedings.

5. I am to request you, to instruct the United India Insurance Company Limited, all Head of Offices, Pension Pay office, Chennai and all Treasury Offices in districts to strictly adhere to the modifications made by the Government without fail.

Yours faithfully,



17/09/2022

for **ADDITIONAL CHIEF SECRETARY TO GOVERNMENT.**

201881
17/9/2022

Copy to

The Director,
Directorate of Medical and Rural Health Services,
359, Anna Salai,
Chokkalingam Nagar,
Teynampet, Chennai - 06.

Joint Director of Medical and Rural and Health Services in all Districts.

All District Collector offices.

All Treasury Offices.

All Pay and Accounts Officers.

All Sub-Treasury Officers.

Stock File /Spare Copy.

