ix. Provision of Untied funds to CHC, PHC and Sub-Centres, which may be used for variety of purposes including purchasing medicines.

States including Himachal Pradesh are provided funds under NRHM for procuring drugs and consumables. Government of Himachal Pradesh has declared 38 medicines which are to be made available at all times in all health institutions and poor are entitled to 100% free treatment in Government Health Institutions in the State.

(e) and (f) Local bodies like Zila Parishad and Panchayats play a key role in implementation and monitoring of NRHM. At the district level, the District Health Mission chaired by Chairman of Zila Parishad, is responsible for planning, implementing, monitoring and evaluating progress of Mission. At village level, VHSC comprising of the Panchayats representatives among others is responsible for preparing village health plan, creating public awareness and ensuring better implementation of activities under NRHM.

At the facility level, Rogi Kalyan Samitis (RKS) have been constituted comprising of members from local Panchayati Raj Institutions (PRIs), NGOs and officials to ensure accountability of the public health providers to the community, supervise the implementation of National Health programmes, improve participation of the Society in the running of the hospital, ensure scientific disposal of hospital waste and ensure proper use, timely maintenance and repair of hospital building equipment and machinery.

Disputes over cashless hospitalisation facilities

*11. SHRI SHIVANAND TIWARI : Will the Minister of FINANCE be pleased to state:

(a) whether it is a fact that disputes between health Insurance companies and hospital authorities for provisioning of cashless hospitalisation and cost of treatment of various ailments that need hospitalisation have not been decided, so far; and

(b) if so, whether Government proposes to instruct concerned authorities to expeditiously settle the matter ?

THE MINISTER OF FINANCE (SHRI PRANAB MUKHERJEE) : (a) and (b) In Public Sector General Insurance Companies, the cashless facility is provided through Third Party Administrators (TPAs). The Insurance Companies are offering this facility in various cities and there are multiple TPAs in each city. Each TPA has its own network of hospitals.

2. The Public Sector Insurance Companies have a cost ratio of around 140% of the premium received under the health portfolio. The mounting losses in this portfolio are a matter of

serious concern for them. It was also observed by these Companies that some of the hospitals were charging the patients having health Insurance policies at rates which are quite higher than the reasonable cost of treatment. Due to these high charges, the policyholders were left with smaller amounts of sum assured to be used for any other eventuality during the remaining period of the health policy thereby causing undue hardships to them.

3. The Public Sector General Insurance Companies have not revised/withdrawn the product (health insurance policy) or the facility of cashless treatment. However, the Companies have started rationalization of empanelment of hospitals and standardization of rates and specified procedures followed by the hospitals. This has been implemented w.e.f. 1st July, 2010 in the cities of Delhi, Mumbai, Bangalore and Chennai. In these cities a Preferred Provider Network (PPN) has been started by inclusion of names of the hospitals that have agreed to work at given rates for specified procedures. The list of Hospitals in the PPN in these cities is available on the websites of TPAs/Insurance Companies. In the rest of India the earlier process of rendering cashless facility is stiil continuing.

4. It may also be noted that the Standard Health Insurance Policy does not provide for any assurance of cashless facility to the insured. However, in cases where a mention of cashless facility has been made it has been mentioned that the claims in respect of cashless facility will be through the agreed list of Network Hospitals/Nursing Homes/Day Care Centers and is subject to pre-admission authorization. The Network Hospitals are decided through the Memorandum of Understanding (MoU) of the TPAs with the hospitals and the list is amended from time to time. Presently, 560 hospitals are included in the network in the four cities (Delhi- 174, Mumbai 165, Chennai 118 and Bangalore 103). In selection of the hospitals care has been taken to ensure geographical spread of the hospitals for the convenience of the insured. It has also been decided to expand the PPN network to other 4 centres i.e. Ahmedabad, Kolkata, Hyderabad and Chandigarh.

5 To minimize inconvenience to the insured, TPAs have been advised that for emergency and trauma cases, cashless facility should be provided not only at hospitals within PPN but at other hospitals also. Apart from the cashless facility under the PPN, the settlement of claims on reimbursement basis continues to be available for all hospitals (including non-network).

Compensation to co-operative banks for late reimbursement by NABARD

†*12. SHRI ASHK ALI TAK : Will the Minister of FINANCE be pleased to state:

(a) whether it is a fact that the Co-operative Banks have not charged any interest from farmers after 28th February, 2008 in accordance with declaration of Debt Waiver and Debt Relief Scheme;

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†Original notice of the question was received in Hindi.