

**Public Disclosures on quantitative and qualitative Parameters of Health services rendered**

Information as at 31/03/2023

**Name of the Insurance Company:** Manipal Cigna Health Insurance Company Limited

**a. Specify whether In – house Claim settlement or Services rendered by TPA: TPA**

	Service level Agreement number/Licence Number	Valid From DD/MM/YYYY	To DD/MM/YYYY
<b>Name of TPA</b>			
Family Health Plan Insurance TPA Ltd	013	19-Mar-18	18-Mar-25

**b. Number of policies and lives serviced in respect of which public disclosure is made:**

Description	Individual	Group	Government	Total
No of policies serviced	0	206	0	206
No of lives serviced	0	24,566	0	24,566

**c. Geographical Area of services Renderd in respect of which public disclosure is made:**

Sr. No.	Name of State	Name of District
1	Andhra Pradesh	CHITTOOR
2	Andhra Pradesh	HYDERABAD
3	Andhra Pradesh	VISAKHAPATNAM
4	Assam	DIBRUGARH
5	Assam	KAMRUP
6	Bihar	PATNA
7	Chhattisgarh	RAIPUR
8	Dadra & Nagar Haveli	DADRA & NAGAR HAVELI
9	Daman & Diu	DAMAN
10	Delhi	NEW DELHI
11	Gujarat	AHMADABAD
12	Gujarat	AMRELI
13	Gujarat	BHARUCH
14	Gujarat	GANDHINAGAR
15	Gujarat	KACHCHH
16	Gujarat	MAHESANA
17	Gujarat	PORBANDAR *

18	Gujarat	RAJKOT
19	Gujarat	SABAR KANTHA
20	Gujarat	SURAT
21	Gujarat	VADODARA
22	Gujarat	VALSAD
23	Haryana	FARIDABAD
24	Haryana	GURGAON
25	Jammu & Kashmir	JAMMU
26	Jharkhand	PASHCHIMI SINGHBHUM
27	Jharkhand	RANCHI
28	Karnataka	BANGALORE
29	Kerala	ERNAKULAM
30	Madhya Pradesh	BHOPAL
31	Maharashtra	MUMBAI
32	Maharashtra	PUNE
33	Maharashtra	THANE
34	Orissa	KHORDHA
35	Punjab	MOGA *
36	Tamil Nadu	CHENNAI
37	Tamil Nadu	COIMBATORE
38	Telangana	HYDERABAD
39	Telangana	Medchal-Malkajgiri
40	Telangana	RANGAREDDI
41	Telangana	Sangareddy
42	Tripura	WEST TRIPURA
43	Uttar Pradesh	GAUTAM BUDDHA NAGAR *
44	West Bengal	DARJILING
45	West Bengal	Howrah
46	West Bengal	KOLKATA

d. Data of number of claims processed:

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i.	Outstanding number of claims at the beginning of the year	93
ii.	Number of claims received during the year	2119
iii.	Number of claims paid during the year (specify % also in brackets)	1721 (78%)
iv.	Number of claims repudiated during the year (specify % also in brackets)	280 (13%)
v.	Number of claims outstanding at the end of the year	211

e. Turn Around Time (TAT) for cashless claims (in respect of number of claims):

Sr. No.	Description	Individual Policies (in %)		Group Policies (in %)	
		TAT for pre-auth**	TAT for discharge***	TAT for pre-auth**	TAT for discharge***
1	Within <1 Hour	0%	0%	86%	85%
2	Within 1-2 Hours	0%	0%	8%	11%
3	Within 2-6 Hours	0%	0%	4%	3%
4	Within 6-12 Hours	0%	0%	1%	0%
5	Within 12-24 Hours	0%	0%	0%	0%
6	>24 Hours	0%	0%	0%	0%
<b>Total</b>		<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>

\*percentage to be calculated on total of respective column

\*\*Reckoned from the time last necessary document is received by insurer/TPA (whichever is earlier) and till final pre auth is issued in the hospital)

\*\*\*Reckoned as final discharge summary sent to hospital from the time discharge bill is received by TPA

f. Turn Around Time (TAT) in respect of payment/ repudiation of claims:

Description (to reckoned from the date of receipt of last necessary document)	Individual		Group		Government		Total	
	No. of claims	percentage (%)	No. of claims	percentage (%)	No. of claims	percentage (%)	No. of claims	percentage (%)
Within 1 Month	0	0%	1665	83%	0	0%	1665	83%
Between 1-3 Months	0	0%	230	11%	0	0%	230	11%
Between 3-6 Months	0	0%	105	5%	0	0%	105	5%
More than 6 Months	0	0%	1	0%	0	0%	1	0%
<b>Total</b>	<b>0</b>	<b>0%</b>	<b>2001</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>2001</b>	<b>100%</b>

\*Percentage shall be calculated on total of respective column

g. Data of grievances received against the TPA:

Sr. No.	Description	No. of Grievances
1	Grievances outstanding at the beginning of year	0
2	Grievances received during the year	0
3	Grievances resolved during the year	0
4	Grievances outstanding at the end of the year	0

Place: Mumbai  
Date:31-Mar-2023

Signature of CEO / Whole Time Director  
ManipalCigna Health Insurance Company Ltd