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ManipalCigna Health Insurance Company Limited

Policy for Onboarding of Network providers for Cashless facility

July 2022



1. **Purpose:** In the healthcare services industry, efforts to ensure quality and control costs are vital. For ManipalCigna Health Insurance, this translates into onboarding Providers of good quality at best possible rates for our consumers.
The purpose of the document is to detail the philosophy and process of onboarding of Network providers for cashless facility to our customers.
2. **Scope:** The policy applies to all the hospitals, clinics, medical centers or any other similar setup that the organization may onboard as a network provider. This may also include providers which are exclusive setups of OPD , Day care and similar services
3. **Onboarding initiation criteria** : The organization may initiate to empanel the providers basis the following -
 - a. Organic increase basis customers and business spread
 - b. Focused empanelment basis business / partner requirements
 - c. New technologically advanced centers
 - d. Expansion in view of any other strategic initiative by the organization
4. **Provider assessment criteria** - The criteria to onboard a provider shall be a combination of the following parameters -
 - a. **Minimum criteria of Service provider** definition being met
 - b. **Quality assessment criteria** being satisfied
 - c. **Financial assessment criteria** being satisfied

The detailing of the criteria's is as follows –

A. **Minimum criteria of Service provider** definition being met

A hospital means any institution established for *in-patient care* and *day care treatment* Of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or Under enactments specified under the Schedule of Section 56(1) and the said act **Or** Complies with all minimum criteria as under:

- i)** Has qualified nursing staff under its employment round the clock;
- ii)** Has at **least 5 to 10** in-patient beds in towns having a population of less than **10,00,000** and at least **10 to 15** in-patient beds in all other places;
- iii)** Has qualified medical practitioner(s) in charge round the clock;
- iv)** Has a fully equipped operation theatre of its own where surgical procedures are Carried out, in case it is surgical centre
- v)** Maintains **due** records of patients

B. Quality assessment Criteria being satisfied :

- a. Assessment on any history of malpractice / abuse
- b. Assessment via Hospital Website/Profile/Photos/Video call
- c. Visit as required
- d. Presence on other Insurers' Network
- e. Market feedback
- f. Essential documents:
- g. Valid Registration certificate (or BMW/Pollution/Establishment Certificate/COI)
- h. PAN card
- i. Cancelled cheque
- j. Tariff, Discount letter (where applicable)
- k. Hospital Information Sheet:
To be duly filled, signed and stamped by the Hospital. This incorporates:
 - i. Basic Hospital Information
 - ii. Contact details
 - iii. Bank details
 - iv. Payee name confirmation declaration
 - v. Infrastructure & Facility details
 - vi. Hospital staffing
 - vii. Ownership & Accreditation
 - viii. Clinical services
 - ix. Quality parameters
- l. Healthcare infrastructure & quality criteria:
 - i. Availability of qualified medical practitioners and nurses
 - ii. Well-equipped Operation Theatre for surgical procedures
 - iii. Daily Patient records maintained

C. **Financial assessment criteria being satisfied:**

The assessment shall include due diligence on the following parameters –

- a. Parity with Industry rates
- b. Negotiations and due diligence on per Unit rates of medical services
- c. Negotiation and due diligence on package rates in surgical cases and medical management packages wherever applicable
- d. Due diligence and assessments on discounts , that shall be passed back to the Insured

5. **Governance**: Given the importance of ensuring best services at best rates to our consumers and its impact on an insurer's financial stability and commercial success, it is essential that robust governance mechanism is established.

Consistent with the company's internal governance arrangements, the Board is required to approve the Network Provider On-boarding Policy. The policy should be placed before the Board as required by the Internal Guidelines. The policy must be amended time to time to ensure all the regulatory changes and guidelines are adhered to at all times.

6. **Policy change management –** The Head of provider Network shall be responsible for reporting on Issues related to Provider On- boarding policy. The need for revision / vison may also be identified by the Head- Claims , Head – HRM , Head – Analytics and Senior leadership members

Sr. NO	Action	Document Impacted	Primary responsibility	Approval Authority	Final approval
1	Policy creation	Network boarding policy	Head – Provider Network	Head – Claims Chief Operating officer	Board

7. **Exception and Change to On-boarding philosophy** :

Given the company's multi distribution strategy, combined with diversity across various customer segments, there may be situations where the standard On-boarding process may need to be altered. Such propositions need to be carefully considered and must take into account the impact of likely resultant experience on the claims and quality of service provided to the customers.

In context of above the following designated members of management will be authorised to approve changes to the underwriting processes and in the risk assessment and decision making approach.

Sr. NO	Action	Document Impacted	Primary responsibility	Approval Authority
1	Policy creation	Network boarding policy	Head – Provider Network Or / Head – Claims	Chief Operating officer

8. **Administration of the policy** - The Head of Provider Network will be responsible to ensure that the Provider on- boarding policy is implemented and reflected in all the operating processes including standard operating procedures (SOPs). He/she will be responsible to ensure that the operating practices are always guided by this policy and there is absolute adherence.

9. Approval and sign off

Proposed By	Jenisha Sharma – Head Claims and Provider Networks
Verified By	Dr. Ankit Acharya – Head Claims
Approved By	Priya Gilbile , Chief Operating Officer
Approved By	Sameer Bhatnagar - Head Legal , Chief compliance and Risk Officer