

**PUBLIC DISCLOSURES ON QUANTITATIVE AND QUALITATIVE PARAMETERS
OF HEALTH SERVICES RENDERED
(INFORMATION AS AT 31st MARCH 2021)**

NAME OF THE INSURANCE CO: ManipalCigna Health Insurance Company Limited

A. FAMILY HEALTH PLAN INSURANCE TPA LTD

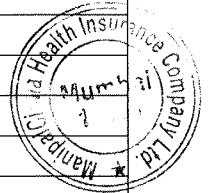
i. Validity of Agreement with TPA : 19th March 2018 to 18th March 2022

B. Number of policies and lives serviced in respect of which public disclosures are made:

Description	Individual	Group	Government
Number of policies serviced	0	121	0
Number of lives serviced	0	14301	0

C. Information with regards to the geographical area in which services are rendered by the TPAs/insurer (States Names-District names shall be provided) in respect of which public disclosures are made.

Sr. No	Name of State	Name Of District
1	Andhra Pradesh	Anantapur
2	Andhra Pradesh	East Godavari
3	Assam	Kamrup
4	Chhattisgarh	Raipur
5	Dadra & Nagar Haveli	Dadra & Nagar Haveli
6	Delhi	New Delhi
7	Gujarat	Ahmadabad
8	Gujarat	Amreli
9	Gujarat	Anand
10	Gujarat	Gandhinagar
11	Gujarat	Kachchh
12	Gujarat	Mahesana
13	Gujarat	Porbandar
14	Jammu & Kashmir	Jammu
15	Jharkhand	Pashchimi Singhbhum
16	Jharkhand	Ranchi
17	Jharkhand	Seraikela
18	Karnataka	Bangalore
19	Kerala	Ernakulam
20	Kerala	Idukki
21	Maharashtra	Mumbai




ManipalCigna Health Insurance Company Limited

(Formerly known as CignaTTK Health Insurance Company Limited). CIN U66000MH2012PLC227948. IRDAI Reg. No. 151.

Reg. Office: 401/402, 4th Floor, Raheja Titanium, off Western Express Highway, Goregaon (East), Mumbai- 400 063.

Toll free number: 1800-102-4462, Website address: www.manipalcigna.com

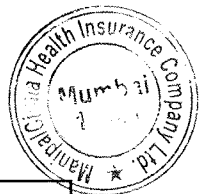
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22	Maharashtra	Pune
23	Maharashtra	Thane
24	Nagaland	Kohima
Sr. No	Name of State	Name Of District
25	Orissa	Cuttack
26	Orissa	Khordha
27	Tamil Nadu	Chennai
28	Telangana	Hyderabad
29	Telangana	Mahbubnagar
30	Telangana	Medak
31	Telangana	Rangareddi
32	Uttar Pradesh	Lucknow
33	West Bengal	Bankura
34	West Bengal	Kolkata

D. Data of number of claims processed:

1. Outstanding number of claims at the beginning of the year:-16
2. Number of claims received during the year:-727
3. Number of claims paid during the year: --- 616 (83%)
4. Number of Claims repudiated during the year: --- 87 (12%)
5. Number of claims outstanding at the end of the year: ---40

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



S. 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%	89%	86%
2	Within 1-2 hours	0%	0%	10%	12%
3	Within 2-6 hours	0%	0%	1%	2%
4	Within 6-12 hours	0%	0%	0%	0%
5	Within 12-24 hours	0%	0%	0%	0%
6	>24 hours	0%	0%	0%	0%
Total		0%	0%	100%	100%

*Percentage to be calculated on total of the respective column

**reckoned from the time last necessary document is received by insurer /TPA (whichever is earlier) and till final pre-Auth is issued to the hospitals

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

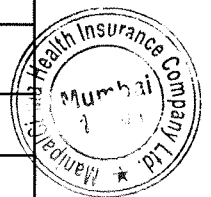
F. Turn Around Time in case of payment/repudiation of claims:

Description (to be reckoned from the date of receipt of last necessary document)	Individual		Group		Government		Total	
	Number of Claims	Percentage	Number of Claims	Percentage	Number of Claims	Percentage	No of claims	Percentage
within 1 months	0	0.00%	662	94.17%	0	0	662	94.17%
Between 1 – 3 Months	0	0.00%	40	5.69%	0	0	40	5.69%
Between 3 to 6 Months	0	0.00%	0	0.00%	0	0	0	0.00%
More than 6 months	0	0.00%	1	0.14%	0	0	1	0.14%
Total	0	0.00%	703	100.00%	0	0	703	100.00%

*Percentage shall be calculated on total of the respective column

G. Data of grievances received against the TPA:

S. no.	Description	Number of Grievances
1	Grievance outstanding at the beginning of year	0
2	Grievances received during the year	1
3	Grievances resolved during the year	1
4	Grievances outstanding at the end of the year	0



(Handwritten signature)

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Place:

Signature of CEO / Whole Time Director

Date:

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