

## 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. Good Health Insurance TPA Ltd.

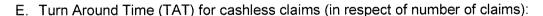
- i. Validity of Agreement with TPA: 1st April 2020 to 31st March 2023
- B. Number of policies and lives serviced in respect of which public disclosures are made:

Description	Individual	Group	Government
Number of policies serviced	0	9	0
Number of lives serviced	0	38799	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	Maharashtra	Mumbai

- D. Data of number of claims processed:
  - 1. Outstanding number of claims at the beginning of the year: 0
  - 2. Number of claims received during the year:-63
  - 3. Number of claims paid during the year: ---- 46 (73%)
  - 4. Number of Claims repudiated during the year: --- 2 (3%)
  - 5. Number of claims outstanding at the end of the year: --- 15



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%	97%	96%		
2	Within 1-2 hours	0%	0%	3%	4%		
3	Within 2-6 hours	0%	0%	0%	0%		



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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%

<sup>\*</sup>Percentage to be calculated on total of the respective column

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

Description (to be	Individual		Group		Government		Total	
reckoned from the date of receipt of last necessary document)	Number of Claims	Percentage	Number of Claims	Percentage	Number of Claims	Percentage	No of claims	Percentage
within 1 months	0	0.00%	36	75.00%	0	0	36	75.00%
Between 1 – 3 Months	0	0.00%	12	25.00%	0	0	12	25.00%
Between 3 to 6 Months	0	0.00%	0	0.00%	0	0	0	0.00%
More than 6 months	0	0.00%	0	0.00%	0	0	0	0.00%
Total	0	0.00%	48	100.00%	0	0	48	100.00%

<sup>\*</sup>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	0
3	Grievances resolved during the year	0
4	Grievances outstanding at the end of the year	0



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<sup>\*\*</sup>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

<sup>\*\*\*</sup>reckoned as final discharge summary sent to hospital from the time discharge bill is received by TPA



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Signature of CEO / Whole Time Director

ManipalCigna Health Insurance Company Ltd.





Place:

Date: