

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

NAME OF THE INSURANCE COMPANY: ManipalCigna Health Insurance

a. In-House Claims Settlement

Validity of Agreement: NA

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

Description	Individual	Group	Government
Number of policies serviced	17474	909	0
Number of lives serviced	18526	1046671	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
1	Andaman & Nicobar Is.
2	Andhra Pradesh
3	Arunachal Pradesh
4	Assam
5	Bihar
6	Chandigarh
7	Chhattisgarh
8	Daman & Diu
9	Delhi
10	Goa
11	Gujarat
12	Haryana
13	Jammu & Kashmir
14	Jharkhand
15	Karnataka
16	Kerala
17	Madhya Pradesh
18	Maharashtra
19	Manipur
20	Meghalaya
21	Nagaland



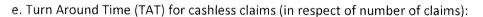


ManipalCigna Health Insurance Company Limited



22	Orissa
23	Punjab
24	Rajasthan
25	Sikkim
26	Tamil Nadu
27	Telangana
28	Tripura
29	Uttar Pradesh
30	Uttarakhand
31	West Bengal

- d. Data of number of claims processed:
 - i. Outstanding number of claims at the beginning of the year: -- 142
 - ii. Number of claims received during the year --- 140806
 - iii. Number of claims paid during the year: --- 135594 (96.20%)
 - iv. Number of Claims repudiated during the year: --- 4698 (3.33%)
 - v. Number of claims outstanding at the end of the year: --- 656



S.	Description	Individual policies (in %)		Group policies (in %)	
No		TAT for pre- auth**	TAT for discharge***	TAT for pre- auth**	TAT for discharge***
1	Within <1 hour	0%	0%	0%	0%
2	Within 1-2 hours	0%	0%	0%	0%
3	Within 2-6 hours	0%	0%	0%	0%
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%	0%	0%





Total 0% 0% 0%

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	114278	99.95%	25276	97.38%	0	0	139554	99.47%
Between 1 - 3 Months	50	0.04%	533	2.05%	0	0	583	0.42%
Between 3 to 6 Months	7	0.01%	86	0.33%	0	0	93	0.07%
More than 6 months	0	0.00%	62	0.24%	0	0	62	0.04%
Total	114,335	100%	25,957	100%	0	0	140,292	100%

^{*}Percentage shall be calculated on total of the respective column



g. Data of grievances received against the TPA:

S. no.	Description	Number of Grievances



^{*}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



1	Grievance outstanding at the beginning of year	00
2	Grievances received during the year	11
3	Grievances resolved during the year	11
4	Grievances outstanding at the end of the year	00

P	ı	r	۵	•
	a	·	C	٠

Date:

Signature of CEO / Whole Time Director

Name of the Insurer:



