FORM NO.NL - 48

Public Disclosures on quantative and qualitative Parameters of Health services rendered Information as at 31/03/2024

Name of the Insurance Company:Manipal Cigna Health Insurance Company Limiteda. Specify whether In-house Claim Settlement or Services rendered by TPA

	Service level		
	Agreement	Valid From	То
	number/Licence	DD/MM/YYYY	DD/MM/YYYY
Name of TPA	Number		
GOOD HEALTH INSURANCE TPA LTD.	023	01-Apr-20	31-Mar-24

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

Description	Individual	Group	Government	Total
Number of policies serviced	0	0	0	0
Number of lives serviced	0	6	0	6

c. Information with regard to the geographical area in which services are rendered by the TPAs/Insurer

Sr. No	Name of State Name of Dis	
1	Maharashtra Mumbai	
2	Telangana Hyderaba	
3	Karnataka Bangalo	
4	Tamil Nadu Chenn	
5	Delhi Delhi	
6	Rajasthan Jaipur	
7	Andhra Pradesh Vizag	

d. Data of number of claims processed:

i.	Outstanding number of claims at the beginning of the year	9
ii.	Number of claims received during the year	40
iii.	Number of claims paid during the year (specify % also in brackets)	47 (100%)
iv.	Number of claims repudiated during the year (specify % also in brackets)	0
v.	Number of claims outstanding at the end of the year	0

* (ref. table# (d.iii): Settlement Ratio Calculated - Settled/Settled+Rejected/Closed (Excluding Rejected/Closed due to non submission of docs & Cancelled)

* (ref. table# (d.iv): Rejection Ratio Calculated - Rejected/Rejected+Settled (Excluding Rejected/Closed due to non submission of docs & Cancelled)

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

		Individual	Policies (in %)	Group Policies (in %)		
S. No.	Description	TAT for pre- auth**	TAT for discharge***	TAT for pre- auth**	TAT for discharge***	
1	Within <1 hour	0	0	90.7%	96.3%	
2	Within 1-2 hours	0	0	9.3%	3.7%	
3	Within 2-6 hours	0	0	0.0%	0.0%	
4	Within 6-12 hours	0	0	0.0%	0.0%	
5	Within 12-24 hours	0	0	0.0%	0.0%	
6	>24 hours	0	0	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:

(to be reckoned from the date of receipt of last necessar	Indiv	vidual	Grou	p	Governm	nent	Tot	tal
	No. of Claims	Percentage						
Within 1 month	0	0%	37	79%	0	0%	37	79%
Between 1-3 months	0	0%	10	21%	0	0%	10	21%
Between 3 to 6 months	0	0%	0	0%	0	0%	0	0%
More than 6 months	0	0%	0	0%	0	0%	0	0%
Total	0	0%	47	100%	0	0%	47	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
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-2024 Signature of CEO / Whole Time Director ManipalCigna Health Insurance Company Ltd.