

Procedure

Sequence of Events

Preauthorization Request

- Insured Member gets admitted in Hospital which is on HealthIndia panel (Network Hospital)
- The Network Hospital sends a preauthorization request to HealthIndia through a dedicated mail id

Registration of Preauthorization Request

- The preauthorization request (PA) is verified based on the member id / policy number / employee id and the Insurance Company.
- Based on the verified credential a Claim Number is generated and the documents received from the hospital are uploaded against it.
- Activity performed by an executive.

Scrutiny of PA Request

- The registered claim number reflects under the medical team bucket.
- The doctor "picks" the claim, reviews the documents received from the hospital and adjudicates the claim based on the policy terms and conditions of the Insurance Company under which the member is enrolled.

Final Status

- After receipt of all the necessary information from the Network Hospital and / or the treating doctor, the claim will either be approved or recommended for denial to the Insurance Company.
- A few Insurance Companies have permitted HealthIndia Insurance TPA with an authority limit to approve the PA request.
- Claims above the sanctioned authority limit over and above HealthIndia's authority are referred to the Insurance Company's allocated team for approval.
- All preauthorization request denials need Insurance Company's approval prior to conveying the decision to the Network Hospital and the Member.
- The approval / denial of the claim is sent to the Network Hospital by executives.

Cashless Process Flow

