# Procedure
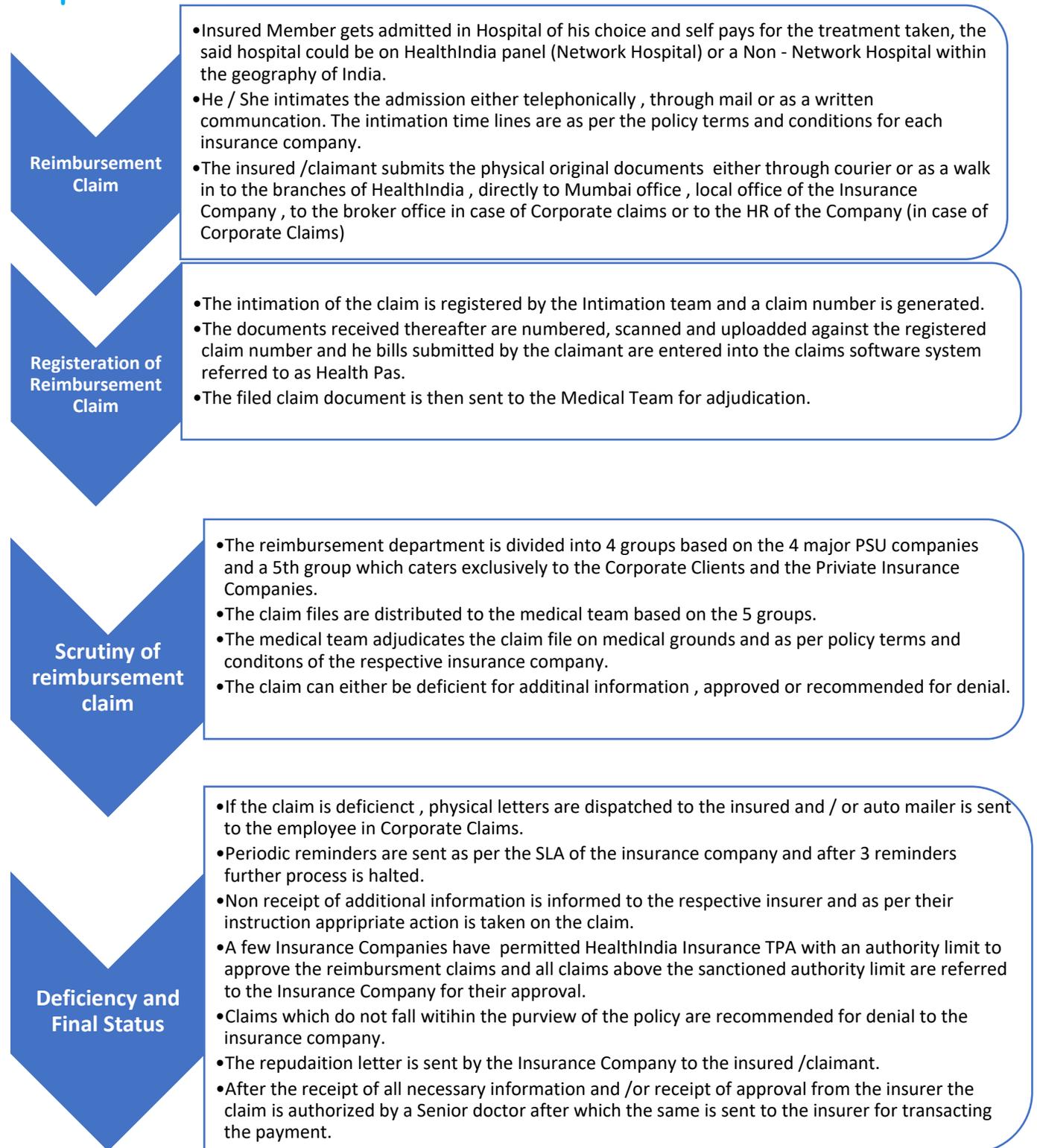
## Sequence of Events

**Reimbursement Claim**

- Insured Member gets admitted in Hospital of his choice and self pays for the treatment taken, the said hospital could be on HealthIndia panel (Network Hospital) or a Non - Network Hospital within the geography of India.
- He / She intimates the admission either telephonically , through mail or as a written communcation. The intimation time lines are as per the policy terms and conditions for each insurance company.
- The insured /claimant submits the physical original documents either through courier or as a walk in to the branches of HealthIndia , directly to Mumbai office , local office of the Insurance Company , to the broker office in case of Corporate claims or to the HR of the Company (in case of Corporate Claims)

**Registeration of Reimbursement Claim**

- The intimation of the claim is registered by the Intimation team and a claim number is generated.
- The documents received thereafter are numbered, scanned and uploadded against the registered claim number and he bills submitted by the claimant are entered into the claims software system referred to as Health Pas.
- The filed claim document is then sent to the Medical Team for adjudication.

**Scrutiny of reimbursement claim**

- The reimbursement department is divided into 4 groups based on the 4 major PSU companies and a 5th group which caters exclusively to the Corporate Clients and the Priviate Insurance Companies.
- The claim files are distributed to the medical team based on the 5 groups.
- The medical team adjudicates the claim file on medical grounds and as per policy terms and conditons of the respective insurance company.
- The claim can either be deficient for additinal information , approved or recommended for denial.

**Deficiency and Final Status**

- If the claim is deficienct , physical letters are dispatched to the insured and / or auto mailer is sent to the employee in Corporate Claims.
- Periodic reminders are sent as per the SLA of the insurance company and after 3 reminders further process is halted.
- Non receipt of additional information is informed to the respective insurer and as per their instruction appripriate action is taken on the claim.
- A few Insurance Companies have permitted HealthIndia Insurance TPA with an authority limit to approve the reimbursment claims and all claims above the sanctioned authority limit are referred to the Insurance Company for their approval.
- Claims which do not fall witihin the purview of the policy are recommended for denial to the insurance company.
- The repudaition letter is sent by the Insurance Company to the insured /claimant.
- After the receipt of all necessary information and /or receipt of approval from the insurer the claim is authorized by a Senior doctor after which the same is sent to the insurer for transacting the payment.

# Reimbursement Process Flow

Policy holder has to primarily ensure to notify the TPA within 48 hours of admission.

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Customer collects hospitalization documents in original on discharge and submits the same to Health India

Preliminary scrutiny of claim documents verification of Policy Benefits / Date of Loss / Requisite documents

Deficient (Additional documents required to decide upon the claim admissibility)

Repudiated (Claim not admissible-not within the purview the policy)

Approved (Claim admissible under the purview the policy)

Intimation of the deficiency is sent to the insured

Claim document with our observation is sent to Insurer for concurrence

Claim uploaded in insurer portal

Required documents received

Required documents not received

Repudiation letter sent to client by Insurance Company

Payment released to the client through ECS/NEFT by insurer

A Reminder for deficiency in documents (2 successive) on every seventh day

Required documents not received after 3 reminders

Claim is treated as NO claim and closed after 30 days for Non-submission of documents. Claim Closure letter is sent to the Insured.