



IFFCO TOKIO GENERAL INSURANCE COMPANY LIMITED

STANDARDS AND BENCHMARKS FOR THE HOSPITAL IN PROVIDER NETWORK

Prepared by/ Owner	Reviewed by	Approved by
Chief Manager, Head Networking	VP & Head, Health Claims	EVP & Head, Claims

Version	:	2.0
Date of Creation	:	20/09/2024
Approved by	:	Board of Directors
Date of Approval	:	12/11/2024

1.0 Purpose / Preamble

- 1.1. To enhance the cashless facility in Health Claims, IRDAI has relaxed norms on quality certification for network hospitals vide their Circular-IRDAI/HLT/CIR/MISC/150/7/2022 dated 20th July 2022 (“IRDAI Circular”) and allowed the insurers to decide the standards and benchmarks criteria for the empanelment of network providers.
- 1.2. As per the IRDAI Circular, the Board of Directors may specify criteria such as minimum manpower, healthcare infrastructure facilities, and the delivery of quality healthcare services, etc. for the empanelment of network hospitals for providing cashless facilities.
- 1.3. As per the initiative taken by IRDAI and the General Insurance Council (GI Council), the Company is required to empanel more & more hospitals to:
 - (a) achieve the target of “Anywhere cashless” and ensure that cashless claim settlement service is provided in all Hospitals (including Non-Network Hospitals as per the industry initiative);
 - (b) settle Health Claims through the National Health Claims Exchange (NHCX);
- 1.4. This Policy endeavors:
 - (a) to facilitate a network of good service provider hospitals at negotiated packages/tariffs and /or discounts to provide seamless cashless services to the customers at a reasonable price;
 - (b) to minimize the outgo of the Company towards claims; and
 - (c) achieve the target of “Anywhere cashless” claims settlement facility

2.0 Definitions

- 2.1. **Preferred Service Provider Hospital (PSP)** means a hospital that is:
 - (i). Empaneled by ITGI on negotiated package rates to provide a cashless facility to ITGI card holders;
 - (ii). Empaneled by ITGI on negotiated GIPSA (General Insurers Public Sector Association) rates with them.
- 2.2. **Network Service Provider Hospital (NSP)** means a hospital empaneled by ITGI on their rack rates.
- 2.3. **“ITGI” and/or “the Company”** means IFFCO-TOKIO General Insurance Company Limited.
- 2.4. **AYUSH Treatment** refers to the hospitalization treatments given under ‘Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

3.0 Criteria for Empanelment of Hospitals

3.1. The Company shall enroll the hospital fulfilling the following criteria as its PSP/NSP:

(i). Allopathic Hospital /Any institution established for in-patient care and daycare treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:

- Has qualified nursing staff under its employment round the clock;
- Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the authorized personnel of ITGI;

or

(ii). AYUSH Hospital, standalone or co-located with an in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and complying with all the following criterion:

- Having at least 5 in-patient beds;
- Having qualified AYUSH Medical Practitioner in charge round the clock;
- Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- Maintaining daily records of the patients and making them accessible to the Company's authorized representative.

and

3.2. The Hospital/institution shall get itself registered on the ROHINI Portal (Registry of Network Hospitals maintained by IRDAI/ IIB) and obtain a unique ROHINI ID from (<https://rohini.iib.gov.in>) before applying to the Company for empanelment. This ROHINI ID shall be quoted/ provided at the time of submitting empanelment request to ITGI.

4.0 Database for Selection of Hospitals for Registration

4.1. The Company will use the following data source to contact hospitals for registration as PSP/ NSP.

- **ITGI Claims database:** selection of hospitals based on In-House reimbursement claims volume.
- **TPA/Other Insurance Company Networking database:** selection of the hospitals, from the TPA or other Insurance Company Network, particularly for locations/regions where ITGI is not having an adequate network.
- **SBU recommendations:** SBU/ Marketing Team may request for empanelment of hospital based on the business needs, in their area.
- **Self-Responders:** hospitals who either submit an application for empanelment online through the Company's website or approach the Hospital Networking Team.

5.0 Process for Hospital Empanelment

- 5.1. The process of empanelment shall be digital. Hospitals may directly visit the Company's website and apply for empanelment by filling out an online application at the below URL:

<https://www.ifcotokio.co.in/portal/hospital-empanelment>

- 5.2. In case a physical application / Letter of interest is received, the portal link shall be shared with the interested hospital for completion of required mandatory formalities.

6.0 Documents required from the Hospital for Empanelment

- 6.1. The Company will collect the data/ information/ documents (as applicable) mentioned in **Annexure -1** from hospitals for registration as PSP/ NSP.
- 6.2. Networking SPOC to check all the documents received from hospital and carry out due diligence of the hospital,
- 6.3. Networking SPOC to send all the documents of empanelment to CHCT along with due diligence report signed by Networking SPOC and Approval note should be validated by CSC Head/ Competent authority of the concerned CSC
- 6.4. On receiving of all the above mentioned documents, the designated person from the Hospital Networking Team at the CHCT shall check all the documents received from CSC and produce the same for approval before the competent authority of CHCT/CHCT Head
- 6.5. The final decision for the empanelment of the hospital shall be at the sole discretion of the Company.

7.0 Revision / Change in Tariffs

- 7.1. All agreements with the Network Hospitals shall be executed with the price fixation for at least one year. Any request for change or revision of tariffs may be considered at the time of renewal of the agreement or on a need basis.
- 7.2. After a detailed comparison of existing and proposed rates, the mutually agreed revised tariff is to be duly recorded in the system post approval by the competent authority and notified to all concerned.

8.0 Provision of cashless facility to Non- Network Hospital

- 8.1. The Company may provide cashless facility to the Non-Network Hospitals as per the Standard Operating Process recommended by the IRDAI / GI Council.
- 8.2. Policyholders' Protection, Grievance Redressal and Claims Monitoring Committee ("PPC") of the Company shall be authorized:
- a) to adopt, review, modify, and approve the standard operating process for the provision of a cashless facility to Non- Network Hospital(s);
 - b) exempt/ relax and approve the empanelment of hospitals as PSP/ NSP that are not meeting the criteria mentioned in Para 3.0;
 - c) based on the experience of empanelment of non-network hospitals, recommend the revised criteria for empanelment of hospitals to the Board for approval;
 - d) to adopt, review, modify and approve the standard operating process for due diligence, empanelment, inquiry, exclusion and de-empanelment, grievance redressal process, appeal process of hospitals.

9.0 Suspension/ Exclusion of the Cashless Facility of Hospital

- 9.1. In case of any deviation of agreed MOU/agreed tariff (non-compliance of agreed tariff or exaggerated billing)/ non-cooperation/ fraud from the hospital side is observed by ITGI personnel, the same is to be immediately brought to the knowledge of:
- (a) the single point of contact (SPOC) of the hospital for their explanation;
 - (b) the concerned networking official of ITGI to further investigate the matter.

Detailed process is explained in **Annexure –E** of Standard Operating Process (A. Guidelines for exclusion of a Hospital/Provider for Fraud as per GI Council)

- 9.2. After following the Standard Operating Process approved by the PPC, the Networking team shall recommend for suspension of the cashless facility of the said hospital Hospital/s Or exclusion of said hospital to CHCT.

- 9.3. If any hospital is suspended or de-paneled from ITGI network the TPA shall continue to extend cashless facility to that hospital as per the TPA agreed tariff and MOU conditions. However, in case a hospital is excluded by ITGI no claim shall be entertained from said hospital including cashless & reimbursement.

10.0 Publication / Notification

- 10.1. The Company shall publish the following details on its website/ mobile application/ TPA Portal for information of customers and other stakeholders (TPA/ Hospitals/ GI Council):
- a) the Standards and Benchmarks for the Hospital in Provider Network;
 - b) List of Network Hospitals of the company
 - c) List of Hospitals excluded by the Company;
 - d) Standard Operating process for:
 - (i). empanelment the Non Networking Hospitals.
 - (ii). due diligence, inquiry, exclusion and de-empanelment, appeal and grievance redressal process against suspension/exclusion and de-empanelment of hospitals;
- 10.2. This list is dynamic in nature and shall be updated from time to time.
- 10.3. This list is of Network hospitals, Excluded hospitals shall be shared with all the ITGI employees through e mail at users.itgi@iffcotokio.co.in and to all active TPAs of the Company through e mail on monthly basis.
- 10.4. Hospitals excluded by the Company on the ground of fraud shall be notified to the GI Council, IIB and other regulatory authorities as the CHCT department may deem fit.

**List of Documents Required for Hospital Empanelment
(See Para 6.0 above)**

- i. Request letter /application from the interested hospital directly through the website or physical copy or e-mail.
- ii. Due diligence form duly filled and signed by concerned Networking SPOC, post physical verification of the hospital, before empanelment.
- iii. Two sets of Agreement /MOU on Stamp Paper (Hundred Rupees).
- iv. Hospital Schedule of Charges(Tariff)
- v. Discount Letter
- vi. Rohini Unique ID – Registry of Hospitals in Network of Insurance.
- vii. Hospital's Pan Card Copy
- viii. Hospital's Cancelled Cheque
- ix. Registration Certificate under the Clinical Establishments (Registration & Regulation) Act of the State/ Registration certificate issued by the authority under Shops & Establishments Act. (applicable to those states where there is no specific clinical establishment act related to registration of hospitals).
- x. NABH (National Accreditation Board Certificate) or acknowledgment letter (in case it is applied for entry-level or awaiting accreditation), if any.
- xi. KYC documents of the Owner Entity and its Authorized Signatory/ Beneficiary
- xii. GST number of the hospital, if applicable
- xiii. List of all existing TPAs/Insurance companies with whom the hospital is associated.
- xiv. Photographs of the hospital including the infrastructure of the hospital, pictures of the nearby /adjacent buildings, and vicinity check.
- xv. Details of pathologists attached to the hospital including their Registration No. if the Lab is in-house. If the lab is outsourced, details of the Lab which are associated with the hospital.
- xvi. Bio Medical waste certificate
- xvii. Fire Safety Certificate
- xviii. Pollution Certificate