

To All Regional Office In-charges	Our Reference No. HO/Tech/HIM/2023-24/006 CMD Circ. No. 066/2023-24 Date: 24th January 2024	From : Health Insurance Dept., Head Office, Kolkata
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LAUNCH OF CASHLESS EVERYWHERE

FOR IMMEDIATE CIRCULATION TO ALL OPERATING OFFICES

This is to inform you that IRDAI is striving towards achieving 100% cashless across the country for Health Insurance claims. In line with the industry-level initiative, as guided by IRDAI and GI Council, we are launching "Cashless Everywhere" w.e.f. 25th January, 2024. We will now provide cashless to even those hospitals that are outside our PPN/NIC/TPAs' network.

ACTIONABLES (FOR IMMEDIATE COMPLIANCE):-

We are informing the TPAs for implementation of the same w.e.f. 25th January 2024. **The ROs shall have to inform the marketing forces, customers (both retail and group), agents, brokers, POSPs, web aggregators, etc. for awareness.** The ROs should hold briefing sessions for the Offices, TPAs and intermediaries regarding the launch of 100% cashless. You are advised to circulate these instructions and ensure the compliance therewith.

The step-wise procedure for providing cashless in a non-network hospital is as follows:-

STEP 1 - CLAIM INTIMATION/PRE-AUTHORISATION

This Facility is available only if the Pre-authorization Form reaches the TPA, 72 hours before an elective procedure and within 24 hours for an Emergency admission. Since the pre-authorization Form contains all the Information, including the signature of the Insured and other relevant details, the pre-authorization Form would be treated as Intimation, and TPA's need not insist for a separate Intimation in addition to the pre-authorization Form.

STEP 2 - MINIMUM BENCHMARKS OF A NETWORK PROVIDER FOR CASHLESS

Hospital has to comply with STANDARDS AND BENCHMARKS FOR THE HOSPITALS IN THE PROVIDER NETWORK (attached as Annexure A) and care should be given that any Hospital must not be on list of de-empaneled/blacklisted/suspended/watch-listed hospitals of any Insurer/TPA/Govt. authorities and no fraudulent activity has been reported against them.

STEP 3 - RATES/PACKAGES

TPA has to check if the hospital is already on the panel of any insurer/TPA. If yes, then TPA should try to get the agreed rates with that insurer/TPA. TPA shall offer the lowest of the rates/packages to hospitals prior to authorizing the cashless i.e. most economical out of rates agreed with any other insurer/TPA, whichever is applicable.

STEP 4 - MOU WITH HOSPITAL (LETTER OF CONSENT)

Once the hospital agrees to provide cashless, TPA has to get a temporary MOU signed (Attached as Annexure B). The agreement should be signed by the TPA and the hospital under information to the underwriting RO and HO. This MOU/ Letter of Consent shall form a part of the claim documents while processing the claim. The MOU shall be a temporary one (valid for 3 months from the date of signing) and to be signed afresh for each transaction.

नेशनल इन्श्योरेंस कंपनी लिमिटेड पंजीकृत एवं प्रधान कार्यालय: परिसर क्रमांक 18-0374, प्लॉट क्रमांक CBD-81, न्यू टाउन, कोलकाता - 700156
National Insurance Company Limited Registered & Head Office: Premises No. 18-0374, Plot no.CBD-81, New Town, Kolkata-700156
Local Address:

Visit us at: <https://nationalinsurance.nic.co.in>

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Handwritten signatures and initials:
p8, J.S., K.S.

We have advised the TPAs to share the data of all such authorizations/transactions/transactional MOUs with HO, Health on a weekly basis as per attached Format. (Attached as Annexure C)

Continuous monitoring and regular audits of cashless claims from these hospitals are to be done by Health Hubs/GCH at respective ROs.

Kasturi Sengupta
24/1/24

(Kasturi Sengupta)
General Manager, Health

Copies to –

1. All Corporate Management
2. Marketing Department, Head Office
3. IA ID, Head Office
4. Rajbhasha Department, Head Office
5. Vigilance Department, Head Office
6. IT Department, Head Office

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SUBJECT : STANDARDS AND BENCHMARKS FOR THE HOSPITALS IN THE PROVIDER NETWORK

In compliance to IRDAI circular bearing Ref No: IRDAI/HLT/CIR/MISC/150/7/2022 dated 20th July 2022, following basic reference/guide criteria should be fulfilled & declared by an applicant to be considered for empanelment as provider on preferred provider network of the insurer:

1. Applicant Hospital/Ayush Hospital/Ayush Day Care Centre should meet with the definition of Hospital/ Ayush Hospital/Ayush Day Care Centre mentioned in IRDAI master circular bearing Ref. IRDAI/HLT/REG/CIR/193/07/2020 Dated 22nd July, 2020.
2. Applicant Hospital/Ayush Hospital/Ayush Day Care Centre should register with Registry of Hospitals in the Network of Insurers (ROHINI) maintained by Insurance Information Bureau (IIB). [<https://rohini.iib.gov.in>].
3. The providers shall comply with the minimum standard clauses in the agreement amongst Insurers, Network Providers and TPAs applicable to providers listed in Annexure 22 of Master Circular Ref. IRDAI/TPA/REG/CIR/130/06/2020 dated 03.06.2020 and as amended from time to time.
4. Providers shall be bound by the Provider Services—Cashless facility admission procedure laid down in Schedule A of Master Circular Ref. IRDAI/TPA/REG/CIR/130/06/2020 dated 03.06.2020 and as amended from time to time.
5. Providers shall be bound by the process of de-empanelment of providers laid down in Schedule B of Master Circular Ref. IRDAI/TPA/REG/CIR/130/06/2020 dated 03.06.2020 as amended from time to time.
6. Providers shall follow the standard discharge summary format prescribed under Schedule C of Master Circular Ref. IRDAI/TPA/REG/CIR/130/06/2020 dated 03.06.2020 and as amended from time to time.
7. Providers shall follow the standard format for provider bills prescribed under Schedule D of Master Circular Ref. IRDAI/TPA/REG/CIR/130/06/2020 dated 03.06.2020 and as amended from time to time.
8. Providers shall ensure that the standard claim form and form for request for cashless hospitalization for Health Insurance Policy provided for under Annexure 30 of Master Circular Ref. IRDAI/TPA/REG/CIR/130/06/2020 dated 03.06.2020 and as amended from time to time are adhered to in respect of all claims.

Disclaimer: Abovementioned criteria are of basic reference/guide nature only. Insurers may amend/modify the same as deemed fit from time to time at their discretion.

Letter on consent from Hospital (Non-Network) to extend cashless on Transactional basis/Specific or single case basis

LETTER OF CONSENT/MoU

Ref No: -

Date: -

Hospital Name:

Hospital Address:

Sub: Letter of Consent for extending Cashless to the beneficiaries of "The National Insurance Company Limited" on Transactional basis/Specific or single case basis

"The National Insurance Company Limited" (hereinafter referred to as "the company ") has agreed to enter into a business arrangement with "Provider Name" for providing cashless to beneficiaries of "The National Insurance Company Limited" Health Policy on per Transaction basis/Specific or single case basis. This letter contemplates that both the company and Provider agrees to abide by the terms as mentioned below

1. The Hospital undertakes to provide the service in a precise, reliable and professional manner to the satisfaction of "The National Insurance Company Limited" and in accordance with additional instructions issued by "The National Insurance Company Limited"
2. The Hospital shall allow "The National Insurance Company Limited" to conduct audits of their systems policies, process as and when deemed necessary by "Insurance Company Name". Such audits shall be conducted by "The National Insurance Company Limited" audit team or any independent third party appointed by "The National Insurance Company Limited" with prior intimation to the Hospital for all cases those directly relate to the services under this agreement
3. The Hospital shall allow "The National Insurance Company Limited" to conduct audits of the bills as and when necessary, by deemed "The National Insurance Company Limited" Such audits shall be conducted by "The National Insurance Company Limited" audit team without prior intimation to the Hospital.
4. Hospital will submit all the documents within 15 days from the date of the discharge of the patient/Insured Beneficiary and "The National Insurance Company Limited" will make payment of eligible bills within 30 days from the date of receipt of such submission. However, if required, "The National Insurance Company Limited" can call for further document related to treatment to process the case, in which case the payment may be delayed beyond 30 days as contemplated herein (Depending on the query response received from the Hospital)
5. The Hospital also hereby indemnify and keep "The National Insurance Company Limited" Indemnified for its breach of any representations and warranties, or for its not obtaining license or registration under local, state or National Laws, and also registered with such agency/authority as prescribed IRDAI, from time to time, as may be applicable and also for the doctors who treat the Members in Hospital are not duly qualified holding required Degree/qualifications from the authority competent to issue such Degree/qualifications or for any inadequate or deficiency of services/Health Checkup services, or for breach of

confidentiality or for acts, commissions and omissions of the Hospital, its employees, Doctors, Nurses or other staff/persons who are involved in the process of providing the Cashless Medical Treatment or healthcare services to the Members/Beneficiaries or for acts, commissions and omissions of Hospital, its staff, employees, doctors, agents etc., or for breach of this Agreement, resulting in any claims, damages, actions, proceedings suits [including the advocate fees incurred by our company, if any etc., against "The National Insurance Company Limited". For all these obligations and indemnities, the Hospital shall also be liable to the Members who suffer due to various aspects mentioned in this clause".

6. All payments shall be made through direct electronic fund transfer subject to deduction of tax at source as applicable under the relevant laws.
7. Each party shall maintain confidentiality relating to all matters and issues dealt with by the parties in the course of the business contemplated by and relating to this agreement. The Hospital shall not disclose to any third party and shall use its best efforts to ensure that its officers, employees, keep secret all information disclosed, including without limitation, document marked confidential, medical reports, personal information relating to insured, and other unpublished information except as maybe authorized in writing by "Insurance Company Name". "Insurance Company Name" shall not disclose to any third party and shall use its best efforts to ensure that its directors, officers, employees, sub-contractors and affiliates keep secret all information relating to the hospital including without limitation to the hospital's proprietary information, process flows, and other required details.

8. All the claim documents shall be dispatched at the following address of Insurance Company/TPA Address:

This letter is being entered into to confirm the understanding of principal terms and our willingness to provide Cashless services for specific case in mutual good faith.

Provider name" to provide the documents as listed below along with this Letter of Consent for the payment of case

- a. Original cancelled cheque
- b. Duly filled and signed EFT Mandate form
- c. Contact detail sheet
- d. EFT terms & condition sheet
- e. Payee name confirmation letter
- f. PAN card photo copy

In case you are agreeable to the foregoing terms, please sign this Letter of Consent.

For Insurance Company/TPA

For "Provider Name"

Authorized Signatory
Name:
Designation:

Authorized Signatory
Name:
Designation:

CASHLESS AT NON-NETWORK HOSPITAL

[illegible]