

ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED

Hospital Empanelment Criteria

Objective

The Company intends to create a network of hospitals across the country to provide hassle-free medical services along with the faster cashless claim settlement for its health insurance customers.

As per the current process, our Provider management team shortlists hospitals inter alia on basis of hospital infrastructure, technical capabilities, willingness quality of the healthcare services offered and suitability from customer/business perspective.

With a view to enhance scope for offering cashless facility across the country, IRDAI has issued a circular bearing no. IRDAI/HLT/CIR/MISC/150/7/2022 dated July 20, 2022 (Circular) whereby the Company has been empowered to empanel network providers that meet the standards and benchmarks criteria as approved by the Board. In compliance to the said Circular, the standards and benchmarks criteria for Hospitals in Provider Network for the Company is listed below.

The Provider management team of the Company shall empanel the Network Provider (Hospital) for providing cashless facility to the insured/beneficiaries in accordance with the terms & conditions covered under the respective health insurance policies.

Factors to be considered for empanelment and review of Network Provider (hospitals)

The major factors to be considered at the time of empanelment and review of empaneled Network Provider (Hospital) are as follows:

- i. The Network providers should have necessary registrations and certifications as may be required as per the relevant laws, rules and/regulations as amended from time to time
- ii. Minimum bed criteria for empanelment of hospital is 10 beds. In case of any deviation approval matrix to be followed
- iii. Basic compliances of AERB, bio medical waste, central Oxygen supply, diagnostic, pharmacy services, Ambulance services, power supply, fire safety etc.;
- iv. Based on the type of city (Tier1, 2, 3 or Metro/Non-Metro), hospital should have at adequate inpatient beds with adequate spacing and supporting staff, (Exemption for dental and day-care procedure hospitals like Eye, ENT, and Standalone Dialysis Centers) as prescribed by respective State Specific Regulations or authority;
- v. General ward of minimum @80sq ft. per bed or more in a Room with basic amenities;
- vi. Round-the-clock availability (or on-call) of a Qualified Doctor, Surgeon and Anaesthetist where surgical services/day care treatments are offered;

- vii. Qualified doctors as per the Clinical Establishment Act/ State government rules & regulations as applicable from time to time;
- viii. Qualified nurse per unit per shift shall be available as per requirement laid down by the Nursing Council/Clinical Establishment Act/ State government rules & regulations as applicable from time to time. Norm's vis a vis bed ratio may be spelt out;
- ix. Adequate arrangements for round-the-clock support systems required for the above services like Pharmacy, Blood Bank, Laboratory, Dialysis unit, Endoscopy investigation support, Post op, ICU care with ventilator support (mandatory for providing surgical packages), X-ray facility etc., either "In House" or with "Outsourcing arrangements" with appropriate agreements and in nearby vicinity;
- x. 24 hours emergency services managed by technically qualified staff wherever emergency services are offered or a minimum first aid/emergency medicine/oxygen availability;
- xi. Casualty should be equipped with Monitors, Defibrillator, Nebulizer with accessories, Crash Cart, Resuscitation equipment, Oxygen cylinders with flow meter/ tubing/catheter/face mask/nasal prongs, Suction apparatus etc. and with attached toilet facility;
- xii. Fully equipped Operation Theatre of its own with qualified nursing staff under its employment round the clock (for surgical centers) and post operation ward with ventilator and other required facilities;
- xiii. Ensure compliance with all the obligations as laid down by the circulars, guidelines etc. issued by the competent authority from time to time.
- xiv. Any other criteria apart from as defined above.

For any deviation against the above stated criteria would be done basis approval from Band II & above.

Suspension or De-Empanelment of Providers

Steps 1 - Putting the Provider on "Watch-list"

1. Based on the claims data analysis and/ or the Provider visits, if there is any doubt on the performance of a Provider, the Insurance Company can put that Provider on the watch list.
2. The data of such Provider shall be analyzed very closely on a daily basis by the Insurance Company for patterns, trends and anomalies.

Step 2 - Suspension of the Provider

3. A Provider can be temporarily suspended in the following cases:
 - a. For the Providers which are in the "Watch-list" if the Insurance Company observes continuous patterns or strong evidence of irregularity based on either claims data or field visit of Providers, the Provider shall be suspended from providing services to policyholders/insured patients and a formal investigation shall be instituted.

- b. Further, state that it has data/ evidence that suggests that the Provider is involved in any unethical practice/ is not adhering to the major clauses of the contract with the Insurance Company involved in financial fraud related to health insurance patients, it may immediately suspend the Provider from providing services to policyholders/insured patients and a formal investigation shall be instituted.
4. A formal letter shall be send to the Provider regarding its suspension with mentioning the Time frame within which the formal investigation will be completed.

Step 3 - Detailed Investigation

5. The Insurance Company can launch a detailed investigation into the activities of a Provider in the following conditions:
 - a. For the Providers which have been suspended.
 - b. Receipt of complaint of a serious nature from any of the stakeholders.
6. The detailed investigation may include field visits to the Providers, examination of case papers, talking with the policyholders/insured (if needed), examination of Provider records etc.
7. If the investigation reveals that the report/ complaint/ allegation against the Provider is not substantiated, the Insurance Company would immediately revoke the suspension (in case it is suspended). A letter regarding revocation of suspension shall be sent to the Provider within 48 hours of that decision.

Step 4 - Action by the Insurance Company

7. If the investigation reveals that the complaint/allegation against the Provider is correct then following procedure shall be followed:
 - a) The Provider must be issued a “show-cause” notice seeking an explanation for the aberration.
 - b) After receipt of the explanation and its examination, the charges may be dropped or an action can be taken.
 - c) The action could entail one of the following based on the seriousness of the issue and other factors involved:
 - d) A warning to the concerned Provider, ii. De-empanelment of the Provider.
8. The entire process should be completed within 45 days from the date of suspension.

Step 5 - Actions to be taken after De-empanelment

9. Once a Provider has been de-empaneled by insurer, following steps shall be taken:
 - a) A letter shall be sent to the Provider regarding this decision.
 - b) An FIR shall be lodged against the Provider by the insurer at the earliest in case the de-empanelment is on account of fraud or fraudulent activity.
 - c) This information shall be sent to all the other Insurance Companies which are doing health insurance business.
 - d) The Insurance Company which had de-empaneled the Provider may be advised to notify the same in the local media, informing all policyholders/insured about the de-empanelment, so that the beneficiaries do not utilize the services of that particular Provider.
 - e) If the Provider appeals against the decision of the Insurance Company, the aforementioned actions shall be subject to the dispute resolution process agreed in the service level agreement.

Review of the empanelment criteria

The panel of hospitals empaneled criteria by provider management department should be reviewed quarterly or more often if so warranted.