



## **THE ORIENTAL INSURANCE COMPANY LIMITED**

### **Frequently Asked Questions on TPA Services**

1. Please elaborate the terms and conditions on the basis of which any TPA has been appointed for servicing of Health Insurance Policies issued by Oriental Insurance?

**Response:** A Third party administrator (TPA) is appointed/allotted to service health insurance policies on the basis of empanelment exercise from time to time duly approved by competent authority.

Along with this TPA allocation is done in compliance to Insurance Regulatory and Development Authority of India (Third Party Administrators - Health Services) (Amendment) Regulations, 2019 Clause 2 sub clause (e)

The policyholder can choose a TPA of their choice from amongst the TPAs engaged by the insurer, where services of TPAs are engaged by the insurer for a given insurance product.

(a) Where the services of the TPA are terminated during the course of health services rendered by the said TPA, every insurer shall allow the policyholder to choose an alternate TPA from amongst the TPAs engaged by it.

(b) The insurer shall explicitly provide the names of the TPAs amongst whom the policyholder may choose the TPA of their choice at the point of sale. The Policyholder may be allowed to change the TPA of their choice only at the point of renewal.

Provided that the policyholder shall have no right to seek dispensing the services of the TPA and request the insurer to undertake rendering the health service directly.

Provided further that the insurer shall have the prerogative of whether or not to engage any TPA or to terminate the services of the TPA or not to engage the services of the TPA for a particular health insurance product or discontinue the services of the TPA to service a particular health insurance product.

Provided further that the insurer shall have the prerogative of changing the TPA in accordance to the provisions of sub-regulation (8) of regulation 20 of these regulations.

(c) Where the Policyholder did not choose any of the TPAs, the insurer may allot the

policy servicing to a TPA of its choice.

(d) Where the insurer engages the services of only one TPA, no option need be provided to the policyholder.

2. What is the role of a TPA (Third Party Administrator)?

**Response:**

TPAs are licensed entities which are registered with the Insurance Regulatory and Development Authority to provide health services. The services of a TPA would usually include: For details you may kindly refer to the TPA Health Service Regulations 2016:

- Member enrolment and issuance of health card
- Hospitalisation Service and Pre-authorization for cashless treatment
- Reimbursement Claim Processing.
- Call center service and SMS Services
- Investigation Service and Fraud and Abuse Management Service
- Customer Relation and Contact Management Service and Grievance Management Service
- Health Check up services and Services in Wellness & Health promotion management service
- Legal Assistance and other specified services buy the insurer

The role of TPA begins after policy issuance by insurance company.

3. Does the insurance company publishes or displays the list of TPAs allocated to service the health insurance policies?

**Response:** The entire process followed in current TPA allocation exercise was duly uploaded on company's portal and was kept in public domain for any representation, observation, grievance and objection for redressal by specially constituted Appellate Committee.

You can access the notice on the noted url:

<https://orientalinsurance.org.in/documents/10182/8294618/NOTICE+IN+CONNECTI+ON+WITH+TPA+ALLOCATION+REALLOCATION.pdf/d0b74b35-0467-5cf0-dcf1-8cd54dbc0e6f>

4. Can any stakeholder access the list and contact details of TPAs empanelled by Oriental Insurance to service health insurance policies?

**Response:** Yes the complete list and contact details of empanelled TPAs used to service health insurance policies by Oriental Insurance is available on our company's portal. You can access the details by logging on to below noted url:

<https://orientalinsurance.org.in/web/guest/empaneled-tpa?isSelected=onlineProducts&isRefresh=true>

5. What time frame had been decided for TPA to clear the hospital bill, pre hospitalization bill and post hospitalization bill to the claimant and other issues thereto.

**Response:** A claim is registered, processed and finally paid within 30 days of the receipt of the last necessary document by the TPA/Insurer, as per terms and conditions of the policy.

Exception is made for settlement and final payment for 45 days in case a claim warrants an investigation.

6. Policy followed by the TPAs for settlement of claim?

**Response:** The settlement and processing of claims by TPAs on behalf of Oriental Insurance Company has been set out and agreed under a Service Level Agreement signed with servicing TPAs, which details the process to be followed for claims processing (Cashless as well Reimbursement).

Apart from this product specific guidelines are also issued to all TPAs by the insurer in compliance to Regulation 33 of the Health Insurance Regulations 2016.

7. What is Preauthorization or cashless facility?

**Response:** Insurance companies have tie-up arrangements with several hospitals which are called network hospitals. Under a health insurance policy, a policyholder can take treatment in any of the network hospitals without having to pay the hospital bills as the payment is made to the hospital directly by the insurance company. TPA helps in organizing cashless treatment to the member. However, expenses beyond the limits or sub-limits as per terms and conditions of the insurance policy or expenses not covered under the policy have to be paid by customer directly to the hospital. Preauthorization, however, is not available if treatment is taken in a non-network hospital.

8. What is the process of availing cashless /preauthorization facility in the hospital?

**Response:** Preauthorization is facilitated by TPA at network Hospitals. Patient should contact an Empanelled Hospital for treatment. Hospital would then send the duly filled preauthorization request to the servicing TPA prior to planned hospitalizations. For emergency cases preauthorization process can be initiated within 24 hours of hospitalization.

Servicing TPA would then process the pre-authorization based on policy terms and convey its decision on admissibility to the Hospital. If the cashless is extended, patient is required to pay only for the Non Payable Expenses.

If the Preauthorization is denied, patient pays the hospital bill, collects original receipts and other documents at the time of discharge from the Hospital and files for reimbursement claim later on and the same is scrutinized as per terms and conditions of the policy for finalization of claim.

9. Do all hospitals provide cashless facility?

**Response:** Cashless facility can be availed at any of the network hospitals listed with the servicing TPA (List available on website) or insurance company website. The insured has a choice to go to any of the hospitals/nursing homes which are part of the Insurer/TPA network; it can also be confirmed through call center toll free numbers.

It is useful and requested to confirm before seeking admission because network of hospitals is continuously updated with new additions and deletions.

In the absence of network hospital of choice or due to any other reason, insured can get treated at the hospital of choice which means the entire bill is paid by the policy holder and claim for reimbursement of expenses. The claim shall then be processed as per policy terms and conditions.

10. What is the time frame of intimation for claim intimation to the TPA or Insurance Company?

**Response:** Claimant is required to intimate about a planned hospitalization in advance by 72 hours calling at the Toll Free number or logging on to the web portal [www.hitpa.co.in](http://www.hitpa.co.in). For Emergency Hospitalizations intimation should be sent within 24 hours of hospitalization.

11. Kindly Provide me the list of documents mandated which I should send to the TPA or the Insurance company, in case I want settlement of my claim through reimbursement mode or I have taken treatment in a non network hospital?

**Response:**

Following documents are required for processing your claims on reimbursement basis:

1. Claim form duly filled & signed by the insured.

2. Copy of your Member ID card.
3. Copy of your policies.
4. Discharge summary / Discharge card (Original, Photocopy for pre/post hospitalization claim)
5. Hospital bills (Original). For all consolidated amounts, the detailed breakup of the billed amount is required from the hospital.
6. For medicines purchased from outside, the original bills should be accompanied by a prescription from the doctor.
7. All investigation reports
8. In case of hospitalization due to accident, medico legal certificate (MLC) from hospital.
9. All previous treatment papers related to Ailment.
10. Cancelled Cheque (with pre- printed name) / Copy of passbook of the proposer for electronic fund transfer Or completely filled NEFT form stating Branch MICR Code, Branch IFSC Code, Account type, Complete Account Number duly signed by insured and Bank authority and sealed by the bank (All Fields in the form are mandatory to process). {Not required if already provided}
11. Registration Certificate of the hospital or a certificate from the hospital giving infrastructure details eg. Number of Beds, Availability of Doctor's & Nurse's round the clock, Operation theatre etc.
12. Summary of claim made providing details of Bill No, Date and amount.
13. Copy of claim intimation (If Any)
14. Any other document desired by the insurer/TPA.

12. What are non-payable expenses?

**Response:** The entire list of IRDAI for non payable items can be accessed at <https://orientalinsurance.org.in/web/guest/list-of-non-payable-items>

13. If i am not satisfied with your services or services of your TPA, what should I do?

**Response:** You may write/email to us giving details of your grievance at [csd@orientalinsurance.co.in](mailto:csd@orientalinsurance.co.in) or TPAs call centre or grievance department. We assure you that our grievance department will address the issue within 72 hours.

In case of non compliance or dissatisfaction to our response you can also lodge a grievance at IRDA Integrated Grievance Management System.

You can approach Ombudsman or Consumer Courts for unresolved disputes which are not addressed through grievance resolution channels.

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