Presentation on – Group Mediclaim Policy
Broker Partner : Edelweiss Gallagher Insurance Brokers Limited
Basic Information

Coverage Type
Group Mediclaim Policy

Insurer
The New India Assurance Co.Ltd.

Policy Period
10-10-2020 to 09-10-2021

Indian Dental Association

TPA
Ericson Healthcare TPA Pvt. Ltd.

Dependent Coverage
Option I : Self,
Option 2 : 1 +3 (Self, Spouse and 2 Children),
Option 3 : 1 + 5 (Self, Spouse, 2 Children, 2 parents/In-laws)

Sum Insured
3 Lakh, 5 lakhs, 7 lakhs, 10 lakhs

Dependent children up to 25 years of age. Parents up to 90 Years of Age. Age limit of Proposer and Spouse up to 65
Coverage

- **Pre – Existing Disease Cover from Day 1 without any capping**
  - Waived off

- **Cashless facility**
  - Covered

- **1st Year, 2nd Year, 3rd & 4th Year Exclusion for Special Disease**
  - Waived off

- **30 days waiting period**
  - Waived off

- **Pre- Post hospitalisation expenses 30 and 60 days**
  - Covered
Coverage

Capping on Room Rent
1% of SI for Normal and 2% of SI for ICU. In case, the insured person is admitted in a room with rent higher than the eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid.

Maternity Cover
Covered - Upto 50,000 for both Normal and LSCS. 1 year waiting period for new joinee for maternity benefit. Maternity benefit restricted for two living children only.

9 month waiting period
Applicable for new joinee.

Pre-Post Natal Expenses
Within Maternity Limit for In-Patient treatment Only.

Baby Day one Cover
New Born Dependent children covered from day 1 within the overall family floater Sum Insured.
**Coverage**

**Congenital Internal Diseases**
Internal Congenital diseases are covered maximum Rs.50,000/- per family

**Day Care Procedure**
Covered

**Co-Payment**
40% Copayment applicable for all PED and 20% for Non PED claims for Parent/Parent inlaw

**Ambulance Charges**
Rs 2500/-

**80D Benefit**
Available
Coverage

Limit under the policy/ Disease wise Capping
Cover Limit

Cataract
Rs 24,000/- per eye

Hysterectomy
Rs 50,000/-

Hernia
Rs 50,000/-

Coronary Angiogram
Rs 20,000/-
Coverage

CABG/Angioplasty
Rs 1,50,000/-

Knee Replacement/ Hip Replacement
Rs 1,50,000/-

Chemotherapy/ Dialysis Treatment
Covered under the policy for Rs.1 Lakh per year. No limit on number of cycles

PPN Network
Applicable

Claim Intimation
48 hrs from time of admission
Coverage

Claim document submission TAT
Within 30 days from the date of Discharge. If intimation of claims is made after 30 days, co-pay of 10% will be applicable. This co-pay will be over and above all other conditions of policy.

Special Condition
1. One set of parents are covered under the policy there will be a lock-in period of 3 years applicable. Cross selection of parents are not allowed.

2. Mid-term addition and Deletion of the Members under the policy are not allowed, Dependents of existing employees may be added only in case of marriage of employee or in case of childbirth. Appropriate premium to be charged as applicable.

3. This policy shall not consider previous any Health Insurance policy for continuity & No portability benefit can be given under this policy.
Why HCM?

CUSTOMER CONCERNS
Without a dedicated assistance customers mostly have the following concerns:

- Are unable to find the most appropriate cover for lack of options.
- Finds it difficult to access E-cards, Policy details, Network hospitals.
- FInds policies complicated.
- End up missing renewals due to scattered records.
- Have No – After-Sales Service.
- End up paying high insurance premium.
- FInds it difficult to get a resolution without priority medical assistance.
The HCM Approach

**EXPERT TEAM**
Dedicated Team of Medical Experts

**BLUEBOX**
Revamped enrolment and claims management portal with additional features and ability to integrate with TPA portals and payment gateways

**PRIORITY SERVICE**
Priority claim assistance provided with dedicated helpline and priority query resolution process

**24 X 7 CASHLESS CLAIMS ASSISTANCE**
Emergency cashless assistance is provided 24X7 to ensure a smooth claim experience

**INTRANET ACCESS**
The platform can be integrated with Clients Intranet through an API for easy access

**COMMUNICATION**
Multichannel integration – SMS, Email, Print, Social media, videos, GIF, etc

**ANALYTICS**
Comprehensive dashboards to track metrics such as average call wait time, servicing TATs, dropped calls, and customer satisfaction ratio

**FEEDBACK**
Robust customer feedback mechanism. Customer Centricity surveys and feedbacks are recorded and analyzed to improve product offering
The HCM Approach

A CUSTOMER EXPERIENCE PLATFORM THAT HELPS TO CONTACT, SERVE AND SUPPORT CUSTOMER NEEDS

- Online enrolment & member verification
- CIAMS assistance: cashless & reimbursement
- Hospital locator & ecard access
- Query management & resolution
- Health awareness campaigns
The HCM Composition

BLUE BOX
A comprehensive and employee-friendly platform with a simplified approach

CONTACT CENTER
In house Contact center serviced by qualifies professionals and medical team

COMMUNICATION TOOLS
- Escalation tracker – Call, Email, Social Media
- Customer Feedback
- Communication Calendar
- Grievance Tracker

Speak  Listen  Act  Tell
BlueBox - The helping hand

KNOW YOUR BENEFITS
Bluebox offers smart, easy and insurance information at fingertips to the customers

THE PLATFORM HELPS WITH:
- Demystifying Coverage & simplified explanation
- Balance sum insured available
- Address Common Myths
- Major Covers & Exclusions
- Explaining Claim Process & Deductions
- Do’s and Don’ts
- Ask an Expert

Patients using technology:
- High satisfaction: 97%
- Increased confidence: 62%
- Better treatment compliance: 94%

Indian Dental Association
BlueBox - The Service Platform

ONLINE ENROLMENT

MEMBER MANAGEMENT

POLICY T&C

HOSPITAL LIST

E-CARD

CLAIM UPDATE
Contact Center – Our Commitment

**Live Support**
Our Live support is specially designed to provide 24/7 assistance for emergency/cashless claims, in collaboration with the TPA.

**Dedicated Number**
A dedicated number assigned to clients to reduce query resolution TAT. And a robust ticketing based resolution system to ensure customers don’t have to be on phone for a long time.

**Medical Team**
Our support team is designed to manage simple to complex queries with clear segregation of L1, L2 and L3 cases. An expert medical team attends to complex cases for quick resolution.

**The Set-up**
An internal team of Group Medical Insurance Claim (GMC) experts to readily accept claim related queries on policy terms & conditions.

**Quality Assurance**
A robust call recording and monitoring system is in place and utilized for process improvement.

**IVR support**
Intelligent IVR system for quick assistance and easy service access.

**Crisis Management**
A team of experts to rely on crisis management and availing cashless claims.
**Communication & Engagement**

**Tracker**
- **Exponentia**
  A robust ticketing based resolution system to ensure customers don’t have to be on phone for a long time.

**Feedback**
- **Customer Centricity**
  Customer Centricity team collects sample feedback from clients regarding their experience and the quality of service rendered during claims.

**Communication**
- **Pre-Launch**
  During this phase EIBL will assist employees/members through the enrolment process via phone call, informative emails, SMS and other modes of communication.

**Engagement**
- **Engagement**
  During this phase EIBL will raise awareness about the policy features, T&C’s etc through engaging mailers and reduce the queries directed to HR.

*Indian Dental Association*
Claim Process

Process 1

Cashless Facility

When the Cashless request process is completed in advance.

Planned Hospitalization

Unplanned/Emergency Hospitalization

Cashless facility can be availed or granted when the hospital is registered as Network hospital of TPA.

Process 2

Reimbursement Facility

Reimbursement facility is generally availed if the hospital is not in network list of TPA or due to unclear requests cashless is not granted by TPA or if the insured voluntarily does not opt for Cashless facility.

Claim Intimation / Claim Submission

<table>
<thead>
<tr>
<th>Mail Id.</th>
<th>Uploading Claim Documents</th>
<th>Claim Submission Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:intimation@ericsontpa.com">intimation@ericsontpa.com</a></td>
<td><a href="https://www.ericsontpa.com/UploadClaimDocuments.aspx">https://www.ericsontpa.com/UploadClaimDocuments.aspx</a></td>
<td>Claims Department, Ericson Insurance TPA Pvt. Ltd., 11-C, 2nd Floor, Corporate Park, Sion Trombay Road, Chembur, Mumbai - 400 074</td>
</tr>
</tbody>
</table>

Claim needs to be intimated within 7 days from date of admission and documents need to be submitted within 30 days from date of discharge.
Cashless Claim Process

1. Cashless facility is only applicable if the member goes to a network hospital.

2. Check Network List of Hospitals with the TPA [https://ericsontpa.com/GIPSANetworkNew.aspx].

3. Claimant should carry their Mediclaim cards or Mediclaim ids along with a photo id proof to the hospital.

4. Once in the hospital, go to the Help desk/TPA Desk/Reception, and inform that you are covered under Group Mediclaim Insurance Policy and get the pre authorization form filled by the doctor/hospital.

5. Get the filled form faxed to the TPA.

6. If TPA requires more clarification, it will re-fax the letter of requirement/clarification. The query needs to be answered satisfactorily via fax. If the query is resolved then TPA will sanction the cashless.

7. There are few hospitals which may ask for certain deposit amount at the time of admission which will be refunded to you once the hospital gets its payment from the TPA.

Note: Denial of “Cashless Service” is not denial of treatment. You can continue with the treatment, pay for the services to the hospital, and later send the claim to TPA for processing and reimbursement.
Pre-authorisation (Cashless)

The process of approval of Cashless request is called Pre-authorization.

Cashless request is to be sent on the day of admission or next day only. Cashless cannot be initiated on the day of discharge.

Faxing of pre-authorisation form may be followed by a phone call to TPA call centre within 30 minutes to ensure that fax has been received by them.

Please ensure that the form is completely filled, signed and stamped before sending it to TPA. Incomplete form will only delay in authorization. The form is to be filled by treating doctor/consultant.

TPA may revert with some more clarification on nature of ailment, past ailment, proposed treatment, expense, etc. Kindly ensure that the queries are replied immediately and faxed to TPA.

The TPA Desk generally functions only till 5.30-6.00 in the evening. If hospitalisation is in late evening then the cashless request needs to be sent next morning (this will not hinder the treatment and it can be initiated).

However kindly note that you / your representative is the best person to get the Pre-authorization form filled from the doctor/hospital authorities. EGIIBL/TPA will only be able to assist after the form has been faxed to TPA.

If the process is taking too long and not to your satisfaction then you may get in touch with representatives at Edelweiss Gallagher Insurance Brokers Ltd. (EGIBL).

Cashless will be granted and the Authorization Letter (AL) will be faxed to the hospital.
The process for reimbursement is as follows:

In case of Planned hospitalisation, it is advisable to complete the Cashless formalities in advance. The cashless approval is valid till 8 days of issue.

Fill the pre-authorization form completely before faxing it to TPA.

TPA generally reverts in 2-3 hours of receipt of fax. If it takes more time you may contact TPA/EGIBL and apprise about it. Preferably the fax may be followed by a phone call to TPA after 30 minutes to check receipt of it.

Initial approval will be given. If the expenses increase during stay then at the time of discharge final bill, etc. needs to be faxed to TPA again. The total admissible amount will be approved and you will need to pay non-admissible amount.

Kindly note that additional amount cannot be sanctioned after the discharge. If any amount remain pending then it needs to be brought up for Reimbursement.

The claim status can be checked on the website of TPA or can be checked by calling the Toll free no.

Please note that the original documents will be retained by the TPA and hence Claimant is requested to keep a copy of document with him/her.

In case of any clarification / inability to furnish documents, the Dealers may get in touch with TPA/EGIBL.

If there’s some deficiency in documentation, it will be informed to the Claimant / Area Officer in the form of Deficiency Letter. Dealers are requested to submit the documents as per deficiency letter to EGIBL/TPA within 7 days of issue of letter. If the documents are not arranged then 2 reminder letters each with 7 days grace period will be sent, if still pending the claim will be rejected and the file will be closed permanently.

If all the documents are in order then the claim will be settled within 21 working days of receipt of documents by TPA.
**Some Dos and Don’ts**

**Cashless Facility**

1. In case of Planned hospitalisation, it is advisable to complete the Cashless formalities in advance. The cashless approval is valid till 8 days of issue.

2. Fill the pre-authorization form completely before faxing it to TPA.

3. TPA generally reverts in 2-3 hours of receipt of fax. If it takes more time you may contact TPA/EGIBL and apprise about it. Preferably the fax may be followed by a phone call to TPA after 30 minutes to check receipt of it.

4. Initial approval will be given. If the expenses increase during stay then at the time of discharge final bill, etc. needs to be faxed to TPA again. The total admissible amount will be approved and you will need to pay non-admissible amount.

5. Kindly note that additional amount cannot be sanctioned after the discharge. If any amount remain pending then it needs to be brought up for Reimbursement.

6. The original documents must be submitted within 30 days of discharge to insurance company or the TPA, otherwise the claim may be rejected. The list of documents is as per previous slide.

7. All the Bills, Reports, Discharge Card, etc. would be required in original.

8. Ensure that Claimant/patient’s name is written on each bill purchased for outside. Unnamed bills will be rejected.

9. If any deficiency is noted in documents submitted, TPA will send Deficiency Letter within 3-4 days of receipt of documents, the Deficiency letter will have 7 days grace period. This will be followed by 2 Reminder letters with another 7 days grace period each. In all circumstances the file should be complete within 45 days of date of discharge. If the documents are still not submitted then the claim will be rejected.

Note:

The cashless generally gets delayed for non-submission of following documents. Please ensure that these are submitted at the first instance itself:
- Investigation reports
- Original Bills/Receipt
- Investigation report

The Reimbursement generally gets delayed for non-submission of following documents. Please ensure that these are submitted at the first instance itself:
- Original Discharge Card
- Original Bills/Receipt
- Investigation report
Claims Document List

Documents to be submitted for Reimbursement claim

All the documents mentioned below should be submitted to avoid any delay in claim or repudiation of claim.

1. Original hospital final bill
2. Original pre-numbered receipts for payments made to the hospital
3. Complete breakup of the hospital bill
4. Original Discharge Card/Summary
5. All original investigation reports
6. All original medicine bills with relevant prescriptions
7. Original signed claim form
8. Photo ID card copy of claimant
9. TPA Card copy
10. Intimation mail copy/Claim Registration no.
11. Paginated copy of Indoor Casepapers
12. FIR/MLC copy incase of Road accidents. If MLC is not applicable then written confirmation from Doctor/Hospital that the patient was not under influence of alcohol or drugs
13. Cancelled Cheque of a/c belonging to Main member/Dealer & Aadhar card copy.

All the bills/reports/prescription are to be submitted in original.
Contact Details – Ericson TPA

General Queries
1800/222 034 / 022-41548300
Email ida@ericsontpa.com

1st Level Escalation
Vijaylaxmi Verma
Tel: 7304484012
E-mail Id: vijaylaxmi@ericsontpa.com

Final Escalation
Nikhil Ashokan
Tel: 8879714940
E-mail Id: Nikhil.ashokan@ericsontpa.com

Voice Support
022-41548300  Call Centre Support
1800222034  Toll Free Number
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