

**Please Note : Print ANNEXURE –A in separate page, sign and attach with the MOU**

**ANNEXURE -A**

<b>1.</b>	Scope of services provided by the network provider		
	a.	Providing Cashless Quality Healthcare Services to the Beneficiary (Insured patient)	
	b.	Cashless Quality Healthcare Services include Out - patient Care, Domestic Care and Hospitalized Care based on the Policy conditions and coverage value	
	Procedures to follow		
		Explain to the patient and immediate relatives	
	a.	The Illness / Injury / Line of Treatment / Investigation / Medication / Surgery	
	b.	Pros & Cons of Treatment & Surgery, time to recuperate, prognosis, disability,	
	c.	Number of Hospitalized days, Days of rest at home, Probable day to join work	
	d.	Follow up regime, Does and Don`ts	
	e.	Costs involved	
	Networking Hospitals to provide Cashless Healthcare to the Insured		
		Anyuta Insurance TPA will	
	1.	Network Hospitals	
	2.	Send the Draft MOU to the Hospitals on request to submit it in Stamp paper	
	3.	Process the MOU between the Hospital and Anyuta Insurance TPA	
	4.	Send one signed MOU to the Hospital ( 2 Original MOUs should be sent to sign)	
	Post networking Hospitals to provide Cashless Healthcare to the Insured		
	1.	Inspect the Hospital at any time	
	2.	Send the Authorization letter (AL) to treat the patient within 48 hours of receiving the Request for Authorization letter (RAL)	
	3.	Discuss the case with the treating Doctors about the	
		a.	Need for admission
		a.	Prognosis
		b.	Relevance of Investigations
		b.	Recovery time
		c.	Line of Medication and Treatment
		c.	Loss of working days
		d.	Surgical Procedures
		d.	Follow up Regime
		e.	Number of Hospitalized days
		e.	Disability if any
		f.	Approximate Costs
		f.	Medical fitness to work
	4.	Moral Hazard	

		a.	In suspicious cases will investigate at the Hospital cost			
		b.	De-Empanel if found guilty			
Claim Processing						
	a.	Will be by Anyuta Insurance TPA				
		Anyuta Insurance TPA will				
	1.	Process Claims all Claims as per the Insurer's Policy Conditions				
	2.	Submit the Claim Float to the Insurer to Settle the Claims				
The Documents needed for Claim Processing						
	The Claim File Should contain					
	a.	Claim Form duly filled				
	b.	Medical and Billing Documents in Original form				
	c.	Covering Letter with List of Documents enclosed in the Claim File				
Important Documents						
	a.	Discharge Summary giving the Provisional Diagnosis and Final Diagnosis				
	b.	Bills in 5 parts				
		Care Provider	Infrastructure Provider	Pharmacy	Medical Sundries	Surgical Sundries
		Doctor	Hospital	Pharmacy	Disposables	Stents / Implants
Certification						
	a.	Specialists in each Medical Field should sign the Lab Reports				
	b.	Discharge Summary should be signed by the Primary Physician / Surgeon				
Discharge Summary should contain						
	a.	Provisional Diagnosis / Name of the Doctor ordering Investigations & Medicines				
	b.	Diagnosis should carry Latest ICD Code				
	c.	Investigations conducted date wise, with agreed Code and Rate				
	d.	Medicines given date wise and dosage wise with agreed Code and Rate				
	e.	Medicines should carry the Manufacturers name/ License No. Batch Number/ Cost per unit,				

		Pharmacists Name, Address, License No., Address, Mobile No.			
	f.	Medicines should carry the Date of manufacture and Expiry			
	g.	Medical Aids / Stents / Implants should accompany Prescription of the Doctor			
Prescriptions / Bills					
	a.	Hospital Authority should sign the Bills			
	b.	Patient has to sign			
Claim Settlement					
	c.	The Claim Settlement is by the Insurer			
	d.	The Claim Settlement will be based on the Pre agreed charges			
	e.	The Hospital has the right to appeal against the Settled amount			
Bills in 5 parts					
	Care Provider	Infrastructure Provider	Pharmacy	Medical	Surgical
	Doctor	Hospital	Pharmacy	Disposables	Stents / Implants
<b>IMPORTANT</b>					
For Claim Process & Settlement					
a. Apply the agreed rates with Code and Rate for Consultants					
b. Apply agreed rates with Code and Rate for Procedures + Room per day					
c. Apply the agreed rates with Code and Rate for Medicines, Investigations, Stents, Implants, Physical Aids, etc.					
d. Discount 10% from all purchases					
Original pouch, Label should be given with the Claim documents to settle the Original pouch, Label should be given with the Claim documents to settle the Claim					
<b>In the case of day care treatment for Chemotherapy / Radiotherapy</b>					
a. Apply agreed rates with Code and Rate for Procedures + Room per day					
b. Apply agreed rates with Code and Rate for Medicines, Investigations, Stents, Implants, etc.					
c. Discount 10% from all purchases					
Original pouch, Label should be given with the Claim documents to settle the Original pouch, Label should be given with the Claim documents to settle the Claim					

<b>Chronic illness</b>				
a. Chronic illness like Cancer and Renal failure requires frequent admission.				
b. We suggest that a rate for a course of treatment be fixed along with the hospitals for chronic illness.				
c. This will reduce insurer pay-outs.				
Please mention the package rates for treating individual Chronic case on long term basis				
<b>Billing Heads</b>				
	1.	Bed Charges	1	Pharmacy Charges
	2.	Nursing Charges	2	Implant Charges
	3.	Duty Doctor`s Charges	3	Physiotherapy Charges
	4.	Investigation Charges	4	Medical Sundries
	5.	Procedural Charges	5	Surgical Sundries
<b>6.</b>	The tariff applicable with respect to various kinds of healthcare services being provided by the network provider.			
<b>Insurer</b>				
a.	The insurer retains the right to cancel or otherwise modify the agreement in case of any fraud, misrepresentation, inadequacy of service or other non-compliance or default on the part of TPA or network provider; provided no such cancellation or modification shall be done by the insurer unless the concerned TPA or network provider is given an opportunity of being heard.			
b.	The insurer retains the right to continue with the services by a network provider to the insurance company either directly or through another TPA, if the TPA is changed or the agreement with TPA is terminated.			
c.	Insurer can only deny the Claim			
d.	The Anyuta – Insurance TPA representing an Insurer has the right to inspect the premises of the network provider at any time without prior intimation and the Medical Provider should facilitate the process in all aspects			
<b>Implementation</b>				
a.	The Parties agree that the Turnaround times for each of the services rendered by the parties is 15 days			
b.	Both the Parties agree that this Agreement is binding and implemented in total in each case			
<b>Course of Action in case of default of Services</b>				

a.	The Parties shall give notices and ask for explanation
b.	Rectify their mistakes
c.	Refer to Arbitration Committee appointed by Anyuta – Insurance TPA
d.	Abide by the Arbitrator's Verdict
	<b>Display of Services rendered and the Costs</b>
a.	Display of information on cashless services by the network provider at prominent location, preferably at the reception and admission counter and Casualty/Emergency departments
	<b>Confidentiality requirements</b>
	Medical Confidentialities should be maintained by the Parties
	<b>Termination notice</b>
	The Parties have the right to terminate the agreement giving one months' notice at the above address
a.	Procedure for cashless facility as in Schedule – A
b.	Procedure for de-empament of network providers as in Schedule – B
c.	Procedure to furnish the standard Discharge summary as in Schedule – C
d.	Procedure to furnish the Standard Format for Provider Bills as in Schedule – D
e.	Payments to be made through direct electronic fund transfer subject to deduction of tax at source as applicable under the relevant laws.
f.	Payment reconciliation process on a regular basis.
g.	Customer services and relations
h.	Services rendered by the TPA shall be in compliance with the extant laws.
i.	Code of Conduct.
j.	TPAs and insurers shall endeavor to agree with the network providers for display of rates agreed for rendering health services to policy holders