



# INDIAN MEDICAL ASSOCIATION HOSPITAL BOARD OF INDIA HQs.



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IMA/HBI/ INS /002/24

07.02.24

## IMA HBI ADVISORY ON “CASHLESS EVERYWHERE”

**Hope all are aware of the recently launched ‘Cashless Everywhere’ by GIC.**

- It has been **launched without clarifying and clearing the issues raised by IMA HBI**
- There is no clarity on the process.
- Though any policy holder can walk into any hospital which comply with IRDA guidelines and get treated there is a one-time temporary MOU between Insurance company and Hospitals about which there is no clarity. It is learnt that there is a package involved. Ref- CMD Circular 066 2023-24. (Annexure 1 )
- Packages should not be a mandatory clause. Ref.-Various Court Orders on the Packages (Annexure 2 )
- Packages, free bees, discounts for which the ICs and TPAs insist are non-scientific, against law and it leads to quality compromise and it is injustice to patients.
- **Advisory from IMA HBI for its Members**
  - IMA HBI warns its members that the sustainability of the hospital will be at stake if it accepts ‘Cashless Everywhere’ in the current announced format. Ref.-Steps CMD Circular 066 2023-24 (Annexure 1)
  - Packages will curtail the right of the policy holder having higher sum-assured from availing advanced treatment.
  - Say ‘No to Packages’ and payment should be only for actuals.

- Do not sign MOU with packages, discounts, free bees, etc and do not compromise on quality health care to patients.
- Let cashless be for actuals.
- Let ICs fix eligibility criteria for the policy holders according to the sum insured and the excess on the actuals be co – pay by the policy holders
- Follow the minimum sustainable charges given in the annexure as a base which has been worked out scientifically by IMA HBI based on Govt. Standards for a hospital located in Tier 2 cities (Annexure 3)
- Refer to Unviable Packages by ICS/TPA (Annexure 4)
- It will be at the hospitals' own risk to accept "Cashless Everywhere" in the current form.



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To All Regional Office In-charges	Our Reference No. <b>HO/Tech/HIM/2023-24/006</b> <b>CMD Circ. No. 066/2023-24</b> Date: <b>24<sup>th</sup> January 2024</b>	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. 25<sup>th</sup> 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

*PS*  
*AS*  
नेशनल इन्श्योरेंस कंपनी लिमिटेड पंजीकृत एवं प्रधान कार्यालय: परिसर क्रमांक 18-0374, प्लॉट क्रमांक CBD-81, न्यू टाउन, कोलकाता – ७००१५६  
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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 20<sup>th</sup> 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]



# 'Insurance firm can't decide on medical expenses limit'

## Company Directed To Pay ₹1.64L For Cataract Surgery

Tushar.Tere@timesgroup.com

**Vadodara:** In an important verdict, a consumer forum in Vadodara recently ruled that insurance firms can't decide which expense isn't necessary for medical treatment and how much maximum amount can be paid for it. The observation was made while ordering an insurance firm to pay the full medical bill of Rs 1.64 lakh to complainant Mayur Parmar for cataract surgery.

Parmar, 61, had undergone cataract surgery for both eyes in December 2022 and January this year and spent Rs 1.64 lakh on the treatment. He claimed insurance money from Oriental Insurance Company Ltd for the

same. But the insurance firm partially approved his claim and agreed to pay Rs 49,000. The complainant said that the insurer refused to pay the full amount on the grounds that the expense of the cataract surgery wasn't customary and reasonable.

In February this year, Parmar filed a case against Oriental Insurance Company Ltd in the Vadodara District Consumer Disputes Redressal Commission (additional) and demanded reimbursement of full medical expenses. He said in his complaint that the insurer wrongly interpreted the policy's terms and partially rejected his claim.

After hearing both sides, the consumer forum obser-



Representational image

ved that the policy doesn't mention what exactly reasonable and customary charge means and how the company has interpreted it. "The medical treatment fee varies in every hospital and as per the doctor. The fee of an expert doctor is usually high. The insurance firm can't decide which expense wasn't necessary during the treatment," the forum observed.

Also, the insurer can't decide how much charge (medical expenses) the complainant is entitled to get," the

forum said and added that the insurance firm can't decide on the customary charge too. "Reasonable charge means the expenses done for the necessary treatment and hence it is not an excessive expense. The insurance firm cannot decide on how much and what kind of expense the doctor can do during treatment," the forum observed.

"Cataract surgery is a common surgery but the medical expense depends on which doctor does the surgery and what kind of lens are used. Terming the partial claim rejection unreasonable, the forum ordered the insurer to pay Parmar the remaining Rs 1.15 lakh with 9% interest within two months from the date of the order.

The insurer has also been ordered to pay Rs 5,000 each towards mental harassment and the legal cost.



# IMA HBI/NHB Hospital Costing & Template 2024 Scientificallly Derived



Released By :  
**Dr. R.V. ASOKAN,**  
National President, IMA-HQRS

Received By :  
**Dr. K.M.ABUL HASAN,**  
State President, IMA-TNSB

Costing Committee Chairman :  
**Dr. A.K. RAVIKUMAR,**  
Chairman, IMA-HBI (HQRS)

Template and Workings are based on Standards from Central CEA 2010-003/IPHS/  
Minimum Wages Act/IPSG/IRDA/CEA-Clinical Pathway

## FACILITY CHARGES

THE CHARGES GIVEN BELOW ARE THE MINIMUM SUSTAINABLE  
FOR LESS THAN 50 BEDDED HOSPITAL IN TIER TWO CITY

Facility	Includes	Cost
SINGLE ROOM PRIVATE NON-A/C: (Charges Calculated Per Day)	ROOM RENT + NURSING + RMO + DUTY DOCTOR + ADMINISTRATIVE COST + COMMON EQUIPMENT COST	<b>Rs. 5308/-</b>
ICU CHARGES (Charges Calculated Per Day)	BED CHARGE + GENERAL MEDICALS SUPPORT SERVICE + MONITORING CHARGES+ CRITICAL CARE NURSES + RMO + DUTY DOCTORS	<b>Rs. 10130/-</b>
OT CHARGES (Charges Calculated Per Hour)	EMPLOYEE COST OT + ACCOMODATION COST + CSSD + MEDICAL EQUIP. USAGE COST + CHARGE FOR GASES	FOR 1ST HOUR OF SURGERY - <b>Rs. 5666/-</b> EVERY HOUR - <b>Rs. 3061/-</b>
O2 Charges: (Charges Calculated Per Hour)	Necessary infrastructure + Maintenance Cost + CHARGE FOR GAS	IN ICU - VENTILATOR : <b>Rs. 456/-</b> Per Hour IN ICU - MASK : <b>Rs. 185/-</b> Per Hour IN WARD - Mask : <b>Rs. 111/-</b> Per Hour

## VISITING CONSULTANT CHARGES

WARD (Per Visit)	SPECIALIST - <b>Rs.1000/-</b>
	SUPER SPECIALIST - <b>Rs.1500/-</b>
ICU (Per Visit)	SPECIALIST - <b>Rs.1000/-</b>
	SUPER SPECIALIST - <b>Rs.1500/-</b>

**Ventilator Cost: Rs. 6000/- Per Day**

### **O.P CONSULTING CHARGES :**

**As Per CEA standards 2010-CEA/Clinic-010**

Family Physician	Specialist	Super Specialist
<b>Rs. 428.89</b>	<b>Rs. 678.89</b>	<b>Rs. 1178.89</b>

### **PROFESSIONAL FEES (SURGICAL)**

**As Per IMA - National Survey**

Minor	Semi - Major	Major
<b>Rs. 2500 - 5000</b>	<b>Rs. 10000 - 20000</b>	<b>Rs. 20000 - 30000</b>

### **Example Templates :**

**Scientifically Derived \***

**Template and Workings are based on Standards from Central CEA 2010-003/IPHS/  
Minimum Wages Act/IPSG/IRDA/CEA-Clinical Pathway**



### SAMPLE COMPARATIVE PACKAGES

SNO	Case Description	I C S RATE(SR NON AC)	IMA COSTING RATES(SR Non AC)
1	ROOM RENT	1500	5308
2	VISITING CHARGES	500	1000 - 1500
3	ICU CHARGES	3500	10130
4	VENTILATOR CHARGES	2500/ DAY	6000/DAY
5	OXYGEN CHARGES	500/DAY	111 – 456 / HOUR(ward /ventilator)
6	OT CHARGES	500 - 2500	5666 first hr and 3061 every hr
7	SURGEONS FEE	2000 - 11000	2500 - 30000
8	ASST SURGEON FEE	0 - 3300	0 -10000
9	ANAESTHETIST FEE	900 - 3600	3500 - 7500
	<b>Few sample comparative packages</b>		
1	TOTAL KNEE REPLACEMENT	93,000.00	1,52,158.00
2	HEMI ARTHROPLASTY	64,800	1,41,947
3	#FEMUR IM NAILING	64800	1,23,819
4	BK AMPUTATION	41,140	1,04,074
5	AMPUTATION OF TOES	10,400	60,498
6	URSL + STENTING	20,160	1,03,658
7	LAP CHOLE	60,480	98,273
8	INCISSIONAL HERNIA	57,600	1,20,117
9	LAP APPENDECTOMY	50,400	75,413
10	LSCS	39,600	1,15,618
11	LAVH	47,520	1,02,944
12	FESS	33,120	94,632