FORM NO. NL-48

DISCLOSURES ON QUANTITATIVE AND QUALITATIVE PARAMETERS OF HEALTH SERVICES RENDERED (ANNUAL DISCLOSURE)

Name of the Insurance Company : Kshema General Insurance Limited Date: JUNE 30, 2024

Information as at

a. Specify whether In-house Claim Settlement or Services rendered by TPA -

Name of the TPA (If services rendered by TPA) -

Validity of agreement with the TPA: from dd/mm/yyyy to dd/mm/yyyy

(Data shall be consolidated at insurer level in case of in-house claim settlements and at the level of concerned TPA in case of services rendered by TPA)

b. Number of policies and lives services in respect of which public disclosures are made:

| Description | Individual | Group | Government |
|--------------------|------------|-------|------------|
| Number of policies | | | |
| serviced | | | |
| Number of lives | | | |
| serviced | | | |

c. Information with regard to the geographical area in which services are rendered by the TPAs/Insurer Name of the State Name of the Districts

d. Data of number of claims processed:

| | i. | Outstanding number of claims at the beginning of the year | |
|---|------|--|--|
| ſ | ii. | Number of claims received during the year | |
| ſ | iii. | Number of claims paid during the year (specify % also in brackets) | |
| ſ | iv. | Number of claims repudiated during the year (specify % also in brackets) | |
| Ī | ٧. | Number of claims outstanding at the end of the year | |

e. Turn Around Time (TAT) for cashless claims (in respect of number of claims):

| | | Individual | Policies (in %) | Group Policies (in %) | | |
|--------|--------------------|--------------------|----------------------|-----------------------|-------------------------|--|
| S. No. | Description | TAT for pre-auth** | TAT for discharge*** | TAT for pre-auth** | TAT for discharge*** | |
| 1 | Within <1 hour | | | | | |
| 2 | Within 1-2 hours | | | | | |
| 3 | Within 2-6 hours | | | | | |
| 4 | Within 6-12 hours | | | | | |
| 5 | Within 12-24 hours | | - | | - | |
| 6 | >24 hours | | | | | |
| | Total | | | | | |

Percentage to be calculated on total of the respective column.

** reckoned from the time last necessary document is received by insurer / TPA (whichever is earlier) and till final pre-auth is issued to the hospitals

*** reckoned as final discharge summary sent to hospital from the time discharge bill is received by TPA

f. Turn Around Time in case of payment / repudiation of claims:

| Description (to be reckoned from the date of receipt of last necessary | Individual | | Group | | Government | | Total | |
|--|------------------|------------|---------------|------------|---------------|------------|---------------|------------|
| document | No. of Claims | Percentage | No. of Claims | Percentage | No. of Claims | Percentage | No. of Claims | Percentage |
| Within 1 month | | | | | | | | |
| Between 1-3 months | | | | | | | | |
| Between 3 to 6 months | | | | | | | | |
| More than 6 months | | | | | | | | |
| Total | | | | | | | | |

Percentage shall be calculated on total of the respective column

g. Data of grievances received against the TPA:

| S. No. | Description | Number of Grievances |
|--------|---|-------------------------|
| 1 | Grievances outstanding at the beginning of year | |
| 2 | Grievances received during the year | |
| 3 | Grievances resolved during the year | |
| 4 | Grievances outstanding at the end of the year | |

Refer Health TPA Regulations , as amended from time to time