



Schedule-B

PROCESS NOTE FOR DE-EMPANELMENT OF PROVIDERS

Process to be Followed For De-Empanelment of Providers:

Step 1 – Putting the Provider on “Watch-list”

1. Based on the claims data analysis and/ or the visits carried out on a Provider, if there is any doubt on the performance of a Provider, the Insurance Company or the TPA that is representing an Insurer can put that Provider in the “watch-list”.
2. The data of such Provider shall be analysed very closely on a daily basis by the Insurance Company or the TPA that is representing an Insurer for patterns, trends and anomalies.

Step 2 – Suspension of the Provider

3. A Provider can be temporarily suspended in the following cases:
 - a. For the Providers which are in the “Watch-list” if the Insurance Company or the TPA that is representing an Insurer observes continuous patterns or strong evidence of irregularity based on either claims data or field visit to Providers, the Provider shall be suspended from providing services to policyholders/insured patients and a formal investigation shall be instituted.
 - b. If a Provider is not in the “Watch-list”, but the insurance company or the TPA that is representing an Insurer observes at any stage that it has data/ evidence that suggests that the Provider is involved in any unethical practice/ is not adhering to the major clauses of the contract with the Insurance Company involved in financial fraud related to health insurance patients, either the Insurer or the TPA that is representing an Insurer, may immediately suspend the Provider from providing services to policyholders/insured patients and a formal investigation shall be instituted.
4. A formal letter shall be send to the Provider regarding its suspension with mentioning the timeframe within which the formal investigation will be completed.

Step 3 – Detailed Investigation

5. The Insurance Company or the TPA that is representing an Insurer can launch a detailed investigation into the activities of a Provider in the following conditions:
 - a. For the Providers which have been suspended.
 - b. Receipt of complaint of a serious nature from any of the stakeholders

6. The detailed investigation may include field visits to the Providers, examination of case papers, recording the statement of the policyholders/insured (if needed), examination of Provider records etc.
7. If the investigation reveals that the report/ complaint/ allegation against the Provider is not substantiated, the Insurance Company would immediately revoke the suspension (in case it is suspended). A letter regarding revocation of suspension shall be sent to the Provider within 24 hours of that decision.

Step 4 – Action by the Insurance Company or the TPA that is representing an Insurer

8. If the investigation reveals that the complaint/allegation against the Provider is correct then the following procedure shall be followed:
 - a. The Provider must be issued a “show-cause” notice seeking an explanation for the aberration.
 - b. After receipt of the explanation and its examination, the charges may be dropped or an action can be taken.
 - c. The action could entail one of the following based on the seriousness of the issue and other factors involved:
 - i. A warning to the concerned Provider,
 - ii. De-empanelment of the Provider.
9. The entire process should be completed within 30 days from the date of suspension.

Step 5 – Actions to be taken after De-empanelment

10. Once a Provider has been de-empanelled by insurer or the TPA that is representing an Insurer, following steps shall be taken:
 - a. A letter shall be sent to the Provider regarding this decision
 - b. This information shall be sent to all the other Insurance Companies which are doing health insurance business and where the action is taken by a TPA in formation shall be also sent to all other TPAs.
 - c. An FIR shall be lodged against the Provider by the insurer or the TPA that is representing an Insurer at the earliest in case the de-empanelment is on account of fraud or a fraudulent activity.
 - d. The Insurance Company or the TPA that is representing an Insurer which had de-empanelled the Provider, may be advised to notify the same in the local media, for the information of policyholders/insured about the de-empanelment, so that the policyholder do not utilize the services of that particular Provider.
 - e. If the Provider appeals against the decision of the Insurance Company, all the aforementioned actions shall be subject to the dispute resolution process agreed in the service level agreement

