

CHAPTER IV

Standards and benchmarks for hospitals in the provider network

Insurers and TPAs, wherever applicable, shall ensure that Network Providers or Hospitals which meet with the definition of Hospital provided in Clause 16 of Chapter I of these Guidelines shall meet with the following minimum requirements:

- a. They shall be registered in the Hospital Registry ROHINI maintained by Insurance Information Bureau (IIB) [<https://rohini.iib.gov.in/>]. All existing Network Providers shall complete the registration within ninety days of the date of notification of these guidelines.

(Explanatory note: Insurers and TPAs must endeavour to get hospitals involved in reimbursement claims to also register in the Hospital Registry ROHINI)

- b. All such providers offering cashless services for allopathic treatment shall meet with the pre-accreditation entry level standards laid down by National Accreditation Board for Hospitals (NABH) or such other standards or requirements as may be specified by the Authority from time to time within a period of two years from the date of notification of these Guidelines.

(Explanatory Note: Network Providers are to visit NABH website for details regarding procedure for obtaining the necessary accreditation)

- c. 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 Circular Ref. IRDA/TPA/REG/CIR/059/03/2016 dated 28.03.16 and as amended from time to time.
- d. Providers shall be bound by the Provider Services- Cashless facility admission procedure laid down in Schedule A of Circular Ref. IRDA/TPA/REG/CIR/059/03/2016 dated 28.03.16 and as amended from time to time.

- e. Providers shall be bound by the process of de-empanelment of providers laid down in Schedule B of Circular Ref. IRDA/TPA/REG/CIR/059/03/2016 dated 28.03.16 as amended from time to time.
- f. Providers shall follow the standard discharge summary format prescribed under Schedule C of Circular Ref. IRDA/TPA/REG/CIR/059/03/2016 dated 28.03.16 and as amended from time to time.
- g. Providers shall follow the standard format for provider bills prescribed under Schedule D of Circular Ref. IRDA/TPA/REG/CIR/059/03/2016 dated 28.03.16 and as amended from time to time.
- h. 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 TPA Circular Ref. IRDA/TPA/REG/CIR/059/03/2016 dated 28.03.2016 and as amended from time to time are adhered to in respect of all claims.