

## **THREE FICCI WORKING GROUPS REPORTS TO SUSTAIN GROWTH OF HEALTH INSURANCE SECTOR Framework to Provide High Quality Healthcare through Insurance & Standardisation of Processes for Easy Claim Processing**

**NEW DELHI, July 28, 2010.** India's health insurance sector is set to receive a shot in the arm with the identification and development by FICCI of a possible framework for providing high quality healthcare through insurance and standardisation of certain processes to facilitate smooth and transparent claim processing.

With a view to sustaining the growth of the health insurance sector, FICCI has spotlighted the need for creating consumer awareness & satisfaction, provision of quality health care, improved insurance services and greater collaboration and trust between the key stakeholders of the sector i.e. insurers and health care providers.

FICCI's Health Insurance Report for 2010 through the deliberations of three working groups, namely, '*Promoting Quality in Healthcare through Health Insurance*'; *Standardization of Billing Procedures in Hospitals and Contents of Discharge Summary Format*; and *Standardization of TPA/Insurer and TPA/Hospital Contracts*, was today unveiled to the media by **Mr. Anjan Bose, Chairman, FICCI Health Services Committee, Dr. Narottam Puri, Advisor, Medical Services, FICCI & Advisor-Medical, Fortis Healthcare Ltd. and Mr. Antony Jacob, CEO, Apollo Munich Insurance Company.**

The Working Group report on '*Promoting Quality in Healthcare through Health Insurance*', chaired by **Dr. Narottam Puri**, seeks to develop a possible framework for 'Pay for Quality' in India.

The expected outcomes of the exercise are to achieve a common approach for promoting and measuring of quality healthcare services in the country and develop an incentive and disincentive mechanism which could be used by the insurance industry to promote quality in health services.

The Group has set out to suggest a uniform approach and parameters for Quality across the healthcare industry and recommend a transparent staging process to inform providers upfront on Quality expectations over the years to come. It also seeks to bring in all categories of healthcare providers - small, medium and large – into a uniform quality process encompassing and leading towards accreditation and beyond and recommend the implementation of the essential criteria in a staged manner allowing sufficient time for providers to build their Quality systems and processes, with upfront knowledge of expectations and stages.

The Working Group report on *Standardization of Billing Procedures in Hospitals* (chaired by **Mr. Sanjay Datta, Head-CS, ICICI Lombard**) and *Standardisation of Suggested Contents of Discharge Summary Format* (chaired by **Ms. Malti Jaswal, CEO, E-Meditek TPA Services**) aims at standardizing billing formats and enabling mapping of hospital information systems

to specific data requirements of the insurance companies for faster claim processing and enhanced analysis of data.

The Group on ***Standardization of TPA/Insurer and TPA/Hospital Contracts***, chaired by **Mr. S. L. Mohan, Secretary General, General Insurance Council**, aims at developing a basic template for TPA/Insurer contract in order to ensure uniformity across the industry and avoid variation in the clauses of the agreement.

FICCI envisions an ideal universe of health insurance business with satisfied customer at its core, greater penetration of health insurance products and affordable quality healthcare for masses. With this objective in mind, FICCI has been working on developing strategies and procedures that could help bring about greater transparency in the system.

In 2009, a FICCI Group comprising key representatives from Insurance and Health care Industry, TPAs, IRDA, developed and provided recommendations for 21 Standard Treatment guidelines (STGs) for common reasons for hospitalisation, Standard definitions of 11 Critical Illnesses and a Standardized list of excluded expenses in the hospitals indemnity policy. The aim of this work was to streamline the differences between stakeholders, minimize the ambiguity and reduce any friction on claim settlements. These are being reviewed by the regulator for suitable adoption by the industry.

MEDIA DIVISION