

FORM NO. NL-48

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

Name of the Insurance Company: United India Insurance Company Limited

Information as at 31/03/2024

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

a.1 **TPA NAME** Good Health Insurance TPA Ltd.
Validity of agreement From 01-04-2021 To 31-03-2024

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

Description	Retail	Group	Govt.
No. of Policies serviced	21,081	412	-
No. of Lives Covered	47,931	2,06,618	-

c. Geographical Area in which services are rendered by the TPA (As per Annexure A)**d. Data of number of claims processed:**

Description	No.	Percentage
i Outstanding number of claims at the beginning of the year:	1,802	NA
ii Number of claims received during the year	15,400	NA
iii Number of claims paid during the year: (Number & Percentage)	14,074	81.82%
iv Number of Claims repudiated during the year: (Number & Percentage)	2,188	12.72%
v Number of claims outstanding at the end of the year:	940	NA

e. Turn Around Time *

TAT for cashless claims (in respect of number of claims):

Description	Individual Policies (in %)		Group Policies (in %)	
	TAT for pre-auth **	TAT for discharge#	TAT for pre-auth **	TAT for discharge#
1 Within < 1 hour	69.81%	73.43%	71.32%	76.73%
2 Within 1-2 hours	30.19%	26.57%	28.68%	23.27%
3 Within 2-6 hours	0.00%	0.00%	0.00%	0.00%
4 Within 6-12 hours	0.00%	0.00%	0.00%	0.00%
5 Within 12-24 hours	0.00%	0.00%	0.00%	0.00%
6 >24 hours	0.00%	0.00%	0.00%	0.00%
Total	100.00%	100.00%	100.00%	100.00%

*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. TAT in case of Payment /Repudiation of Claims

Description (to be reckoned from the date of receipt of last necessary document)	Individual		Group		Government		Total	
	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage
Within 1 Month	5,757	100.00%	10,505	100.00%	-	0.00%	16,262	100.00%
Between 1-3 months	-	0.00%	-	0.00%	-	0.00%	-	0.00%
Between 3-6 months	-	0.00%	-	0.00%	-	0.00%	-	0.00%
More than 6 months	-	0.00%	-	0.00%	-	0.00%	-	0.00%
Total	5,757	100.00%	10,505	100.00%	-	0.00%	16,262	100.00%

*Percentage to be calculated on total of the respective column

g. Data of grievances received against the TPA:

Description	NO.
1 Grievance outstanding as on 01/04/2023	0
2 Grievances received during 2023-24	99
3 Grievances resolved during 2023-24	99
4 Grievance outstanding as on 31/03/2024	0

Place: Chennai
Date:

Signature of the CMD
United India Insurance Co Ltd.

TPA PUBLIC DISCLOSURE 2023-24
Annexure A

TPA Name : GOOD HEALTH INSURANCE TPA LTD

Geographical Area in which services are rendered by the TPA

Sr.no.	Statename	District Name
1	Telangana	Hyderabad
2	Tamilnadu	Madurai
3	Andhra Pradesh	Vishakapatnam
4	Karnataka	Bangalore
5	Tamilnadu	Chennai
6	Pondicherry	Pondicherry
7	Delhi	Delhi
8	Maharashtra	Pune
9	Uttar Pradesh	Lucknow
10	Delhi	Delhi
11	Maharashtra	Mumbai
12	Maharashtra	Nagpur
13	Rajasthan	Jaipur
14	Tamilnadu	Coimbatore

युनाइटेड इंडिया
UNITED INDIA
HEAD OFFICE