6.5.2 All grievances shall be responded to by the TPA promptly. The TPA shall ensure that grievances pertaining to getting cashless access in the Provider Hospitals are resolved within 2 hours of receipt of such grievances in emergency cases and within 6 hours in planned admission cases. The grievances related to delayed response in obtaining authorization from the TPA shall be acted upon immediately. All other grievances should be appropriately addressed within 24 hours of the grievance being brought to the notice of the TPA. If any grievance remains unresolved beyond a period of 48 hours of the grievance being brought to the notice of the TPA.

6.5.3 Any grievance by any beneficiary or any party to this agreement can be lodged with the Grievances Redressal Committee, which shall be resolved by the Committee in its quarterly meetings or specially convened meetings. If the Committee at any point of time comes to the conclusion that the TPA is not in a position to provide satisfactory services as per the conditionalities of this agreement, then this Committee can terminate the services of TPA and avail such services from any other TPA. The Committee shall decide matters, by consensus. If consensus is not possible on any issue in the State-Level Grievances Redressal Committee, the decision of the head of the Nodal Agency and the Insurer shall be final and binding on all the parties.

6.6 **Management of Claims**

6.6.1 The TPA shall complete the initial scrutiny of the claim with respect to its documentation, completeness of the claim as per the checklist and information required for deciding the admissibility of the claim, within 2 days of receipt of the claim at its end. Deficiency of documents, if any and if amounting to more than 10% of the claimed amount, shall be intimated in writing as first deficiency report/query letter to the Provider Hospital/Beneficiary within 5 days of receipt of the claim. Three reminder letters are to be sent after a gap of 5 days each, if deficient documents are not received or partially received. If within 30 days of receipt of such incomplete claim for the first time, the complete documents as required for deciding the admissibility of the claim are not received inspite of issuance of three reminders for the claim, the claim file shall be closed and returned back to the Provider Hospital/Beneficiary along with a letter explaining the reasons thereof and copies of the three reminder letters, not responded back by the Provider Hospital/Beneficiary. No further communications shall be entertained by the TPA in respect of such claims.

The TPA shall maintain proof of delivery of all communications made in respect of such cases, meticulously maintain separate record in respect of such claims and produce the same at any subsequent stage as and when required by the Beneficiary or the "Nodal Authority".

6.6.2 In case of incomplete claims, where deficiency of documentation is not affecting the decision of admissibility of the claim within the scope of the Policy and if the required documents are not received inspite of issuance of three reminders, the claim may be partially settled by the TPA after disallowing the amount in respect of which the supporting documents are not available. The payment against such claims should be accompanied with a letter explicitly explaining the reasons for disallowances made and copies of the reminder letters not responded back by the Provider hospital/Beneficiary.

6.6.3. The payments against claims are to be made through cheque(s) in favour of the Main Member or the Provider Hospital, not later than 15 days from the date of receipt of complete claim file by the TPA at the first instance or within 5 days of receiving deficient claim documents in case of receipt of incomplete claim file at the first instance.

6.6.4 No claim file, whether received in complete or incomplete form by the TPA shall be allowed to remain pending or unsettled for any reason whatsoever for a period of more than 30 days from the date of receiving of the claim documents by the TPA for the first time.

6.6.5 The TPA shall repudiate the claim if not covered under the policy. The TPA shall mention the reasons of repudiation in writing to the Provider Hospital/Beneficiary. The repudiation letter should be issued within 7 days of receiving of complete claim documents in the first instance and within 5 days of receiving of deficient documents in case of receipt of incomplete claim in the first instance.

6.6.6 Deficiency reporting letter/Repudiation letter/cheque or query letter along with claim settlement note/claim file (in case if the claim is closed or not to be entertained), shall be sent directly to the Provider Hospital/Beneficiary at his or her residential address as mentioned in the Enrollment Form. A copy of dificiency reporting letter/query letter with respect to the claim shall also be sent to the Cooperative Society/Concerned Quarter of which the Beneficiary is a member. '