

TARIFF ADVISORY COMMITTEE

Health Insurance Data Reporting Manual

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Introduction

TAC has created a National Data Repository of Health Insurance. All Insurers and Third Party Administrators (TPAs) shall furnish data in respect of health insurance to the Repository. Tariff Advisory Committee is the custodian of the Repository. The purpose of this manual is to provide a comprehensive reference guide for the reporting of Health Insurance Data to the Tariff Advisory Committee (TAC). The data submitted to TAC will be used to build an industry database for Health Insurance with the following objectives:-

- i) To compile Periodic Market Reports
- ii) To undertake Disease-wise Studies
- iii) To perform Statistical Analysis

This manual aims to detail the relevant statistical fields to be captured and submitted by insurers/TPAs. Proper front-end capturing of insured and claim data is therefore critical to the accurate reporting of data. The data dictionary attempts to create common standards, uniform understanding and consistent interpretations of all data terms. The data fields to be submitted have been carefully selected based on developments in more mature, liberalized markets. It is therefore of critical importance that insurers invest sufficient resources in the beginning to ensure that both the company's/TPA's database vis-à-vis data submissions to TAC are both complete and accurate. It is also pertinent to note that due to the dynamic nature of our business that the data fields listed in this manual are not exhaustive. It is therefore recommended that companies adopt the data specifications enclosed herein as a minimum standard, capturing additional data, which the insurer feels may be important for their organization.

Chapter 1

1.1 Frequency of Reporting

All data shall be submitted on a half yearly basis. The deadline for submission of data for a particular half year will be one month following the conclusion of the financial half-year i.e. 31st October for period ending 30th September and 30th April for period ending 31st March of each financial year.

1.2 Media for Submission of Data

Statistical data may be submitted using the following media:-

- i) CD
- ii) E-mail (tariff@vsnl.com) - (only for file size less than 2MB)

1.3 Technical Specifications

The data will be uploaded onto a server using the Windows 2003 operating system. Companies should therefore ensure that the data submitted is in a format that can be read by the above system. The database software used to upload the data is SQL server and for statistical analyses SPSS package is used.

1.3.1 Filename

The data files submitted must have the following file naming convention:-

Insurer Code _ FormNo _ Period _ Submission

Where;

Insurer code will be the code allotted to each insurer which is Insurer's Registration number with IRDA.

Period = year i.e. 1_0809 for 1st Half of year 2008-2009

Submission = 0 for Original submission, 1 for 1st revised submission etc.

E.g. Insurer Code: 999 Form No = F15A: Period = 1_2008-09 Submission = Original

Filename: 999_F15A_1_0809_0.txt

In the case of data submitted by TPAs TPA code shall replace insurer code.

Chapter 2

2.1 General Rules

- i. Data should be submitted in text files only
- ii. All fields should be delimited by "double tilde" sign (~~)
- iii. File Name should indicate Insurer/TPA code, period and submission type.
- iv. All amounts should be in actual and rounded off to the nearest rupee.
- v. Enter '0' in all blank 'numerical' fields and enter 'nil' in all blank 'text' fields.
- vi. All date entries should be in dd/mm/yyyy format
- vii. No Boolean entry should be left blank.
- viii. Wherever standard TAC codes have been provided (in Annexure), please use TAC codes only.
- ix. Please ensure that data in respect of all offices of your company are in the above formats and that the same set of codes / "Code Masters" are used in all your offices.
- x. Where TAC codes have not been provided, please use your codes and append your "Code Masters".
- xi. Database Control Slip attached must be filled up and signed by the Authorized Signatory
- xii. Give your remarks, if any, in the fields provided.
- xiii. All applicable fields for each data record must be coded.
- xiv. All figures should be gross of any reinsurance premiums or recoveries, net of deductibles or excess and net of agency commission.
- xv. In respect of co-insurance, Leader has to provide 100% data along with their share.
- xvi. 'Member Reference Key' should be unique. This number should be unique for each insured/ member for all policies serviced by TPAs or serviced directly by the Insurers.

2.2 Data Reconciliation

Statistical Data

Statistical Data submitted to TAC must be reconciled with half-yearly figures submitted to IRDA. The following criteria will be used for reconciliation.

- i. The sum of Policy_Premium column must be reconciled to Health Insurance Premium figure submitted to IRDA in the Half-yearly returns.
- ii. The sum of Total_Claims_Paid must be reconciled to Claims figure submitted to IRDA in the Half-yearly returns.
- iii. Total Outstanding Claims must be reconciled with Provision for Outstanding Claims (end of period).

Where the data does not reconcile to a company's financials, a reconciliation statement (see Appendix 2) must be submitted and certified by the Compliance Officer of the company.

2.3 Minimum Acceptance Criteria

Statistical Data

The first minimum acceptance criteria is that data must be within +/- 5% of IRDA figure i.e. $95\% < | \text{Data} / \text{IRDA} | < 105\%$

The second acceptance criteria is that not more than 10% of total number of records in quarterly submissions datasets are either

i) Incorrectly coded; or ii) have missing codes or iii) 'Others' or (99).

Data with the following fields containing missing values will not be accepted:-

- i) Policy Number
- ii) Policy Inception Date
- iii) Member Reference Key
- iii) Age of Insured
- iv) Gender of Insured
- v) Product Type
- vi) Type of Cover
- vii) Diagnosis Code
- viii) All numerical fields are blank

Data not meeting the minimum acceptance criteria will be required to resubmit the complete dataset.

2.4 Control Slip

A control slip as specified in Appendix 1, must accompany each dataset submitted. In addition for data that does not reconcile with financials submitted to TAC (based on criteria in 2.3) a financial reconciliation must be submitted. All control slips must be signed by the Nominated Compliance Officer of the company. Where a financial reconciliation is submitted the control slip must also be signed by the company's Accounts-In-Charge/Financial Advisor.

Chapter 3

3.1 Data Sets

There are 3 data set formats:-

- i) Policy Data set
- ii) Members Data set
- iii) Claims Data set

3.2 Data Format

All data submitted must be in ASCII format.

HEALTH DATA DICTIONARY					
DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	REMARKS
1	Txt_TPA_Code	Text	5	150001	Please enter TPA Registration number. Please refer "TPA Master" attached
2	Txt_Insurer_Code	Text	3	150002	Please enter Insurer Registration number. Please refer "Insurer Master" attached
3	Txt_U_W_Office_Code	Text	20	150003	Branch/ Divisional Office Code or Name as available. If Branch/ Division not applicable, enter '0'
4	Txt_Policy_Number	Text	50	150004	Self explanatory
5	Txt_Member_Reference_Key	Text	50	150005	TPAs & Insurers should ensure that the Member Reference Key (MRK) is a unique number denoting each individual member.
6	Date_of_Birth	Date	10	150006	Date of birth of the insured member as dd/mm/yyyy
7	Num_Age_of_Insured	Numeric	3	150007	Completed years at commencement of policy
8	Date_Policy_Start	Date	10	150008	Date of commencement of policy as dd/mm/yyyy
9	Date_Policy_End	Date	10	150009	Date of expiry of policy as dd/mm/yyyy
10	Txt_Product_Type	Text	3	150010	Refer Product Type Master
11	Txt_Type_of_Policy	Text	3	150011	Refer Policy Type Master

DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	REMARKS
12	Boo_Pre-existing_Diseases_Covered	Boolean	1	150012	If Pre-Existing Diseases are covered, enter '1', other wise enter '0'
13	Boo_Waiver_of_1st_Year_Exclusion	Boolean	1	150013	If this exclusion is waived, enter '1', otherwise enter '0'
14	Boo_Maternity_Cover	Boolean	1	150014	If this cover is given, enter '1', otherwise enter '0'
15	Boo_Baby_cover_as_part_of_Maternity	Boolean	1	150015	If this cover is given, enter '1', otherwise enter '0'
16	Boo_Floater_applicable	Boolean	1	150016	If floater is applicable enter '1', otherwise enter '0'
17	Num_Corporate_Floater_Sum_Insured	Numeric	16	150017	Buffer amount - (Amount that floats over entire policy) Applicable only for Corporate Floater Policies
18	Num_Group_Size	Numeric	8	150018	Number of members in the group
19	Txt_Gender	Text	1	150019	1-Male, 2- Female, 3- Others
20	Num_Sum_Insured	Numeric	16	150020	Individual Hospitalisation Sum Insured. Specific Sum Insured for the Member excluding any Floater or Bonus Sum Insured.
21	Txt_Relationship_of_Insured	Text	20	150021	Refer Relationship Master
22	Txt_Occupation	Text	20	150022	Refer Occupation Master
23	Num_Policy_Premium	Numeric	16	150023	Premium on which Service Tax is calculated. For 'Universal Health Type policies, premium will be 'Net Final Premium' inclusive of all subsidies.
24	Num_Individual_Premium	Numeric	16	150024	Individual Premium on which Service Tax is calculated. (If available)
25	Txt_Claim_Number	Text	20	150025	Unique number generated by TPA
27	Txt_Diagnosis_Code_Level_I	Text	20	150027	ICD-10 Code applicable for disease - Primary level.
28	Txt_Procedure_Code_Level_I	Text	50	150065	ICD 10 PCS Codes - Primary level
29	Txt_Name_of_the_Hospital	Text	50	150029	Full Name of Hospital
30	Txt_Registration_Number_of_Hospital	Text	20	150030	Registration Number allotted by appropriate authority, if available
31	Txt_PAN_of_Hospital	Text	20	150031	Income Tax Permanent Account Number of hospital, if available
32	Txt_Pin_Code_of_Hospital	Text	10	150032	6 digit Postal Pin Code. Refer Pin code Master
33	Date_of_Admission	Date	10	150033	Self explanatory as dd/mm/yyyy
34	Date_of_Discharge	Date	10	150034	Self explanatory as dd/mm/yyyy

DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	REMARKS
35	Num_Total_Amount_Claimed	Numeric	16	150035	Total amount claimed for the particular incident without any bifurcation (Include amounts under various subdivisions from 150036 to 150043 and 150085)
36	Num_Room_&_Nursing_Charges	Numeric	16	150036	Claim amount classified as Room & Nursing Charges incurred between date of admission and discharge.
37	Num_Surgery_Charges	Numeric	16	150037	Claim amount classified as Surgery Charges incurred between date of admission and discharge.
38	Num_Consultation_Charges	Numeric	16	150038	Claim amount classified as Consultation Charges incurred between date of admission and discharge.
39	Num_Investigation_Charges	Numeric	16	150039	Claim amount classified as Investigation Charges incurred between date of admission and discharge.
40	Num_Medicine_Charges	Numeric	16	150040	Claim amount classified as Medicine Charges incurred between date of admission and discharge.
41	Num_Miscellaneous_Charges	Numeric	16	150041	All unspecified expenses incurred between date of admission and discharge
42	Num_Pre_Hospitalisation_Expenses_included_under_150035	Numeric	16	150042	Total amount claimed for pre-hospitalization treatment without any bifurcation.
43	Num_Post_Hospitalisation_Expenses_included_under_150035	Numeric	16	150043	Total amount claimed for post-hospitalization treatment without any bifurcation
46	Num_Total_Claim_Paid	Numeric	16	150046	Total amount of claim paid for the particular incident without any bifurcation (on amounts claimed under various subdivisions from 150036 to 150043 and 150085)
47	Txt_Reason_for_rejection_of_claim	Text	1	150047	Refer Rejection/ Reduction Master
48	Num_Floater_amount	Numeric	16	150048	If 150016 is "1", amount to be filled up in case of "Proposer" or "Employee" only. In all other cases, leave blank.
49	Txt_Remarks_of_TPA	Text	50	150049	Remarks of TPA
50	Boo_Post_Hospitalization_beyond_60_days_is_covered	Boolean	1	150050	If this cover is given, enter '1', otherwise enter '0'

DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	REMARKS
51	Boo_Out_patient_cover	Boolean	1	150051	If this cover is given, enter '1', otherwise enter '0'
52	Boo_Baby_cover_from_date_of_birth	Boolean	1	150052	If this cover is given, enter '1', otherwise enter '0'
53	Boo_Ambulance_cover	Boolean	1	150053	If this cover is given, enter '1', otherwise enter '0'
54	Boo_Health_check_up	Boolean	1	150054	If this cover is given, enter '1', otherwise enter '0'
55	Boo_Pre_existing_Diseases_declared	Boolean	1	150055	If declared, enter '1', otherwise enter '0'
56	Txt_Details_of_Pre_existing_diseases_Level_I	Text	20	150056	Refer PED Master' for disease – Primary level
57	Txt_Diagnosis_Code_Level_II	Text	20	150057	ICD-10 Code applicable for disease – Secondary level.
58	Txt_Diagnosis_Code_Level_III	Text	20	150058	ICD-10 Code applicable for disease – Tertiary level.
59	Txt_Procedure_Code_Level_II	Text	50	150059	ICD 10 PCS Codes – Secondary level
60	Txt_Procedure_Code_Level_III	Text	50	150060	ICD 10 PCS Codes- Tertiary level
61	Txt_Medical_History_Level_I	Text	50	150061	Medical History – as given in claims documents – Primary Level
62	Txt_Hospital_Code	Text	20	150062	Refer Hospital Master
63	Boo_Policy_or_Endorsement	Boolean	1	150063	If Policy, enter '1', if Endorsement enter '0'.
64	Txt_Endorsement_Number	Text	50	150064	Self explanatory
65	Txt_Procedure_Description_Level_I	Text	50	150028	Description of procedure – Primary level
66	Txt_Procedure_Description_Level_II	Text	50	150066	Description of procedure – Secondary level
67	Txt_Procedure_Description_Level_III	Text	50	150067	Description of procedure – Tertiary level
68	Txt_Details_of_Pre_existing_diseases_Level_II	Text	20	150068	Refer 'PED Master' for disease – Secondary level
69	Txt_Details_of_Pre_existing_diseases_Level_III	Text	20	150069	Refer 'PED Master' for disease – Tertiary level
70	Txt_Medical_History_Level_II	Text	50	150070	Medical History - as given in claims documents - Secondary Level
71	Txt_Medical_History_Level_III	Text	50	150071	Medical History - as given in claims documents – Tertiary Level
72	Txt_Reason_for_reduction_of_claim	Text	1	150072	Refer Rejection/ Reduction Master

DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	REMARKS
73	Txt_Type_of_claim_payment	Text	1	150073	Refer Claim Payment Type Master
74	Num_Family_Floater_Sum_Insured	Numeric	16	150074	Buffer amount - (Amount that floats over entire policy) Applicable only for Family Floater Policies
75	Num_Declaration_Floater_Sum_Insured	Numeric	17	150075	Buffer amount - (Amount that floats over entire policy) Applicable only for Declaration Floater Policies
76	Boo_Hospitalisation_is_with_or_without_PA	Boolean	1	150076	If Policy with PA, enter '1', If without PA, enter '0'
77	Txt_Type_of_Hospital_in_which_treatment_is_permitted	Text	2	150077	Refer Hospital Selection Type Master
78	Boo_Pre_existing_Diseases_covered_with_a_waiting_period	Boolean	1	150078	If covered with waiting period, enter '1', otherwise enter '0'
79	Num_Waiting_period_if_not_waived	Number	3	150079	Enter number of months
80	Boo_Maternity_Cover_given_with_a_waiting_period	Boolean	1	150080	If covered with waiting period, enter '1', otherwise enter '0'
81	Txt_Endorsement_Type	Text	3	150081	Refer Endorsement Type Master
82	Boo_Claim_made_under_alternate_medicine	Boolean	1	150082	If claim is under alternate medicine, enter '1', if not enter '0'
83	Txt_System_of_Medicine_used	Text	2	150083	Refer System of Medicine Code Master
84	Boo_hospital_is_networked	Boolean	1	150084	If hospital is networked, enter '1', if not enter '0'
85	Num_Other_Non_Hospital_expenses	Numeric	16	150085	All non-hospital expenses paid as part of the claim e.g. telephone charges, attendants food etc.
86	Num_Amount_of_co_payment_or_excess_if_applicable	Number	16	150086	If applicable on a lump sum basis, state amount of co-payment or excess applicable.
87	Num_Percentage_of_co_payment_or_excess_if_applicable	Number	2	150087	If applicable on a percentage basis, state percent of co-payment or excess applicable.
88	Boo_Pre_hospitalization_beyond_30_days_is_covered	Boolean	1	150088	If this cover is given, enter '1', otherwise enter '0'
89	Num_Opening_Claims_Outstanding_as_on_31_3_2008	Numeric	12	150089	Claims outstanding at the beginning of Financial Year
90	Num_Claims_Paid_during_the_period_1-4-2008_to_31_3_2009	Numeric	12	150090	Total of all claims paid during the Financial Year
91	Num_Closing_Claims_Outstanding_as_on_31_3_2009	Numeric	12	150091	Claims outstanding at the end of Financial Year

DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	REMARKS
92	Txt_Urban_Metro_Rural_Village	Text	1	150092	Urban=1, Metro=2, Rural=3, Village=4
93	Date_of_Payment	Date	10	150093	Date of cheque/cash paid to the insured as dd/mm/yyyy
94	Txt_Payment_Reference_Number	Text	25	150094	Payment Reference Number allotted by TPA/Insurer
95	Txt_Policy_having_Co-Insurance	Text	1	150095	If Policy is with Co-Insurance, enter letter 'O' for outgoing Co-Insurance, letter 'I' for incoming Co-Insurance and letter 'N' for no Co-Insurance.
96	Num_Your_Co_Insurance_share	Numeric	6	150096	If Co-Insurance is there, mention your share in percentage (nnn.nn). If no Co-Insurance, mention 100.
97	Date_Member_Entry	Date	12	150097	Member's entry date into policy as dd/mm/yyyy
98	Date_Member_Exit	Date	12	150098	Member's exit date from policy as dd/mm/yyyy
99	Date_Claim_Intimation	Date	12	150099	Date on which claim is intimated as dd/mm/yyyy
100	Num_Bonus_Sum_Insured	Numeric	16	150100	Sum Insured added as Bonus.

FORM HEALTH-A (POLICY)

DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	REMARKS
1	Txt_TPA_Code	Text	5	150001	Please enter TPA Registration number. Please refer "TPA Master" attached
2	Txt_Insurer_Code	Text	3	150002	Please enter Insurer Registration number. Please refer "Insurer Master" attached
3	Txt_U_W_Office_Code	Text	20	150003	Branch/ Divisional Office Code or Name as available. If Branch/ Division not applicable, enter '0'
4	Txt_Policy_Number	Text	50	150004	Self explanatory
5	Date_Policy_Start	Date	10	150008	Date of commencement of policy as dd/mm/yyyy
6	Date_Policy_End	Date	10	150009	Date of expiry of policy as dd/mm/yyyy
7	Txt_Product_Type	Text	3	150010	Refer Product Type Master
8	Txt_Type_of_Policy	Text	3	150011	Refer Policy Type Master
9	Num_Corporate_Floater_Sum_Insured	Numeric	16	150017	Buffer amount - (Amount that floats over entire policy) Applicable only for Corporate Floater Policies
10	Num_Group_Size	Numeric	8	150018	Number of members in the group
11	Num_Policy_Premium	Numeric	16	150023	Premium on which Service Tax is calculated. For 'Universal Health Type policies, premium will be 'Net Final Premium' inclusive of all subsidies.
12	Boo_Policy_or_Endorsement	Boolean	1	150063	If Policy, enter '1', if Endorsement enter '0'.
13	Txt_Endorsement_Number	Text	50	150064	Self explanatory
14	Num_Family_Floater_Sum_Insured	Numeric	16	150074	Buffer amount - (Amount that floats over entire policy) Applicable only for Family Floater Policies
15	Num_Declaration_Floater_Sum_Insured	Numeric	17	150075	Buffer amount - (Amount that floats over entire policy) Applicable only for Declaration Floater Policies
16	Boo_Hospitalisation_is_with_or_without_PA	Boolean	1	150076	If Policy with PA, enter '1', If without PA, enter '0'
17	Txt_Type_of_Hospital_in_which_treatment_is_permitted	Text	2	150077	Refer Hospital Selection Type Master
18	Txt_Endorsement_Type	Text	3	150081	Refer Endorsement Type Master
19	Txt_Policy_having_Co_Insurance	Text	1	150095	If Policy is with Co-Insurance, enter letter 'O' for outgoing Co-Insurance, letter 'I' for incoming Co-Insurance and letter 'N' for no Co-Insurance.
20	Num_Your_Co_Insurance_share	Numeric	6	150096	If Co-Insurance is there, mention your share in percentage (nnn.nn). If no Co-Insurance, mention 100.

FORM HEALTH-B (MEMBER)

DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	REMARKS
1	Txt_TPA_Code	Text	5	150001	Please enter TPA Registration number. Please refer "TPA Master" attached
2	Txt_Insurer_Code	Text	3	150002	Please enter Insurer Registration number. Please refer "Insurer Master" attached
3	Txt_Policy_Number	Text	50	150004	Self explanatory
4	Txt_Member_Reference_Key	Text	50	150005	TPAs & Insurers should ensure that the Member Reference Key (MRK) is a unique number denoting each individual member.
5	Date_of_Birth	Date	10	150006	Date of birth of the insured member as dd/mm/yyyy
6	Num_Age_of_Insured	Numeric	3	150007	Completed years at commencement of policy
7	Date_Policy_Start	Date	10	150008	Date of commencement of policy as dd/mm/yyyy
8	Date_Policy_End	Date	10	150009	Date of expiry of policy as dd/mm/yyyy
9	Txt_Product_Type	Text	3	150010	Refer Product Type Master
10	Txt_Type_of_Policy	Text	3	150011	Refer Policy Type Master
11	Boo_Pre-existing_Diseases_Covered	Boolean	1	150012	If Pre-Existing Diseases are covered, enter '1', other wise enter '0'
12	Boo_Waiver_of_1st_Year_Exclusion	Boolean	1	150013	If this exclusion is waived, enter '1', otherwise enter '0'
13	Boo_Maternity_Cover	Boolean	1	150014	If this cover is given, enter '1', otherwise enter '0'
14	Boo_Baby_cover_as_part_of_Maternity	Boolean	1	150015	If this cover is given, enter '1', otherwise enter '0'
15	Boo_Floater_Applicable	Boolean	1	150016	If floater is applicable enter '1', otherwise enter '0'
16	Txt_Gender	Text	1	150019	1-Male, 2- Female, 3- Others
17	Num_Sum_Insured	Numeric	16	150020	Individual Hospitalisation Sum Insured. Specific Sum Insured for the Member excluding any Floater or Bonus Sum Insured.
18	Txt_Relationship_of_Insured	Text	20	150021	Refer Relationship Master
19	Txt_Occupation	Text	20	150022	Refer Occupation Master
20	Num_Individual_Premium	Numeric	16	150024	Individual Premium on which Service Tax is calculated. (If available)
21	Num_Floater_Amount	Numeric	16	150048	If 150016 is "1", amount to be filled up in case of "Proposer" or "Employee" only. In all other cases, leave blank.

DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	REMARKS
22	Boo_Post_Hospitalization_beyond_60_days_is_covered	Boolean	1	150050	If this cover is given, enter '1', otherwise enter '0'
23	Boo_Out_patient_Cover	Boolean	1	150051	If this cover is given, enter '1', otherwise enter '0'
24	Boo_Baby_cover_from_date_of_birth	Boolean	1	150052	If this cover is given, enter '1', otherwise enter '0'
25	Boo_Ambulance_Cover	Boolean	1	150053	If this cover is given, enter '1', otherwise enter '0'
26	Boo_Health_check_up	Boolean	1	150054	If this cover is given, enter '1', otherwise enter '0'
27	Boo_Pre_existing_Diseases_declared	Boolean	1	150055	If declared, enter '1', otherwise enter '0'
28	Txt_Details_of_Pre_existing_diseases_Level_I	Text	20	150056	Refer 'PED Master' for disease Primary level
29	Txt_Endorsement_Number	Text	50	150064	Self explanatory
30	Txt_Details_of_Pre_existing_diseases_Level_II	Text	20	150068	Refer 'PED Master' for disease Secondary level
31	Txt_Details_of_Pre_existing_diseases_Level_III	Text	20	150069	Refer 'PED Master' for disease Tertiary level
32	Boo_Pre_existing_Diseases_covered_with_a_waiting_period	Boolean	1	150078	If covered with waiting period, enter '1', otherwise enter '0'
33	Num_Waiting_period_if_not_waived	Number	3	150079	Enter number of months
34	Boo_Maternity_Cover_given_with_a_waiting_period	Boolean	1	150080	If covered with waiting period, enter '1', otherwise enter '0'
35	Boo_Pre_hospitalization_beyond_30_days_is_covered	Boolean	1	150088	If covered, enter '1', otherwise enter '0'
36	Txt_Urban_Metro_Rural_Village	Text	1	150092	Urban=1, Metro=2, Rural=3, Village=4
37	Date_Member_Entry	Date	12	150097	Member's entry date into policy as dd/mm/yyyy
38	Date_Member_Exit	Date	12	150098	Member's exit date from policy as dd/mm/yyyy
39	Num_Bonus_Sum_Insured	Numeric	16	150100	Sum Insured added as Bonus.

FORM HEALTH-C (CLAIMS)

DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	REMARKS
1	Txt_TPA_Code	Text	5	150001	Please enter TPA Registration number. Please refer "TPA Master" attached
2	Txt_Insurer_Code	Text	3	150002	Please enter Insurer Registration number. Please refer "Insurer Master" attached
3	Txt_Policy_Number	Text	50	150004	Self explanatory
4	Txt_Member_Reference_Key	Text	50	150005	TPAs & Insurers should ensure that the Member Reference Key (MRK) is a unique number denoting each individual member.
5	Date_of_Birth	Date	10	150006	Date of birth of the insured member as dd/mm/yyyy
6	Num_Age_of_Insured	Numeric	3	150007	Completed years at commencement of policy
7	Date_Policy_Start	Date	10	150008	Date of commencement of policy as dd/mm/yyyy
8	Date_Policy_End	Date	10	150009	Date of expiry of policy as dd/mm/yyyy
9	Txt_Product_Type	Text	3	150010	Refer Product Type Master
10	Txt_Type_of_Policy	Text	3	150011	Refer Policy Type Master
11	Txt_Gender	Text	1	150019	1-Male, 2- Female, 3- Others
12	Num_Sum_Insured	Numeric	16	150020	Individual Hospitalisation Sum Insured. Specific Sum Insured for the Member excluding any Floater or Bonus Sum Insured.
13	Txt_Claim_Number	Text	20	150025	Unique number generated by TPA
14	Txt_Diagnosis_Code_Level_I	Text	20	150027	ICD-10 Code applicable for disease - Primary level.
15	Txt_Procedure_Code_Level_I	Text	50	150065	ICD 10 PCS Codes - Primary level
16	Txt_Name_of_the_Hospital	Text	50	150029	Full Name of Hospital
17	Txt_Registration_Number_of_Hospital	Text	20	150030	Registration Number allotted by appropriate authority, if available
18	Txt_PAN_of_Hospital	Text	20	150031	Income Tax Permanent Account Number of hospital, if available.
19	Txt_Pin_Code_of_Hospital	Text	10	150032	6 digit Postal Pin Code. Refer Pin Code Master
20	Date_of_Admission	Date	10	150033	Self explanatory as dd/mm/yyyy
21	Date_of_Discharge	Date	10	150034	Self explanatory as dd/mm/yyyy

DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	REMARKS
22	Num_Total_Amount_Claimed	Numeric	16	150035	Total amount claimed for the particular incident without any bifurcation (Include amounts under various subdivisions from 150036 to 150043 and 150085)
23	Num_Room_&_Nursing_Charges	Numeric	16	150036	Claim amount classified as Room & Nursing Charges incurred between date of admission and discharge.
24	Num_Surgery_Charges	Numeric	16	150037	Claim amount classified as Surgery Charges incurred between date of admission and discharge.
25	Num_Consultation_Charges	Numeric	16	150038	Claim amount classified as Consultation Charges incurred between date of admission and discharge.
26	Num_Investigation_Charges	Numeric	16	150039	Claim amount classified as Investigation Charges incurred between date of admission and discharge.
27	Num_Medicine_Charges	Numeric	16	150040	Claim amount classified as Medicine Charges incurred between date of admission and discharge.
28	Num_Miscellaneous_Charges	Numeric	16	150041	All unspecified expenses incurred between date of admission and discharge
29	Num_Pre_Hospitalisation_Expenses_included_under_150035	Numeric	16	150042	Total amount claimed for pre-hospitalization treatment without any bifurcation.
30	Num_Post_Hospitalisation_Expenses_included_under_150035	Numeric	16	150043	Total amount claimed for post-hospitalization treatment without any bifurcation
31	Num_Total_Claim_Paid	Numeric	16	150046	Total amount of claim paid for the particular incident without any bifurcation (on amounts claimed under various subdivisions from 150036 to 150043 and 150085)
32	Txt_Reason_for_rejection_of_claim	Text	1	150047	Refer Rejection/ Reduction Master
33	Txt_Remarks_of_TPA	Text	50	150049	Remarks of TPA
34	Txt_Diagnosis_Code_Level_II	Text	20	150057	ICD-10 Code applicable for disease - Secondary level.
35	Txt_Diagnosis_Code_Level_III	Text	20	150058	ICD-10 Code applicable for disease - Tertiary level.

DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	REMARKS
36	Txt_Procedure_Code_Level_II	Text	50	150059	ICD 10 PCS Codes - Secondary level
37	Txt_Procedure_Code_Level_III	Text	50	150060	ICD 10 PCS Codes - Tertiary level
38	Txt_Medical_History_Level_I	Text	50	150061	Medical History - as given in claims documents - Primary Level
39	Txt_Hospital_Code	Text	20	150062	Refer Hospital Master
40	Txt_Procedure_Description_Level_I	Text	50	150028	Description of procedure - Primary level
41	Txt_Procedure_Description_Level_II	Text	50	150066	Description of procedure - Secondary level
42	Txt_Procedure_Description_Level_III	Text	50	150067	Description of procedure - Tertiary level
43	Txt_Medical_History_Level_II	Text	50	150070	Medical History - as given in claims documents - Secondary Level
44	Txt_Medical_History_Level_III	Text	50	150071	Medical History - as given in claims documents - Tertiary Level
45	Txt_Reason_for_reduction_of_claim	Text	1	150072	Refer Rejection/ Reduction Master
46	Txt_Type_of_claim_payment	Text	1	150073	Refer Claim Payment Type Master
47	Boo_Whether_Claim_made_under_alternate_medicine	Boolean	1	150082	If claim is under alternate medicine, enter '1', if not enter '0'
48	Txt_System_of_Medicine_used	Text	2	150083	Refer System of Medicine Code Master
49	Boo_Hospital_is_networked	Boolean	1	150084	If hospital is networked, enter '1', otherwise, enter '0'.
50	Num_Other_Non_Hospital_expenses	Numeric	16	150085	All non-hospital expenses paid as part of the claim e.g. telephone charges, attendant's food etc.
51	Num_Amount_of_co_payment_or_excess_if_applicable	Number	16	150086	If applicable on a lump sum basis, state amount of co-payment or excess applicable.
52	Num_Percentage_of_co_payment_or_excess_if_applicable	Number	2	150087	If applicable on a percentage basis, state percent of co-payment or excess applicable.
53	Date_of_Payment	Date	10	150093	Date of cheque/cash paid to the insured as dd/mm/yyyy
54	Txt_Payment_Reference_Number	Text	25	150094	Payment Reference Number allotted by TPA/Insurer
55	Date_Claim_Intimation	Date	12	150099	Date on which claim is intimated
56	Num_Bonus_Sum_Insured	Numeric	16	150100	Sum Insured added as Bonus.

OUTSTANDING CLAIMS DATA TABLE FORMAT					
DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	REMARKS
1	TPA Code	Text	3	150001	Self Explanatory
2	Insurer Code	Text	3	150002	Please refer "Insurer Master" attached
3	Opening Claims Outstanding (as on 31-3-2008)	Numeri c	12	150089	Claims outstanding at the beginning of Financial Year
4	Claims Paid during the period 1-4-2008 to 31-3-2009	Numeri c	12	150090	Total of all claims paid during the Financial Year
5	Closing Claims Outstanding (as on 31-3-2009)	Numeri c	12	150091	Claims outstanding at the end of Financial Year

HEALTH INSURANCE		
TYPE OF SERVICE – SUMMARY TABLE		
(TO BE SUBMITTED BY TPAS ON MONTHLY BASIS)		
Description	Cashless Service	Direct Payment to Insured
1 Total Number of Claims made (including rejected)		
2 Total Amount Claimed (including rejected)		
3 Number of Claims rejected		
4 Amount Claims rejected		
5 Number of Claims paid		
6 Amount Paid on Claims		
7 Amount Deducted on Claims		

HEALTH INSURANCE - POLICY TYPE SUMMARY TABLE
(TO BE SUBMITTED BY INSURERS ON QUARTERLY BASIS)

Product Type	Product Description	1	2	3	4	5	6	7
		Number of Policies Issued	Amount of Sum Insured	Amount of Premium Collected	Number of Claims Reported	Amount Claims Reported	Number of Claims Settled	Amount of Claims Paid
Product Type 1	Cashless/ Reimbursement (Mediclaime Type) Directly Serviced by Insurer							
Product Type 2	Cashless/ Reimbursement (Mediclaime Type) Serviced by TPA							
Product Type 3	Fixed Cash Compensation (Hospital-Cash Type)							
Product Type 4	Universal Health Policy							
Product Type 5	Overseas Mediclaime Policy							
Product Type 6	Other Types (please add more rows for additional types)							
Other information	Please give details of any adjustments made for tallying with the balance sheet figures and give the figures alongside							

Chapter 4

Descriptor Fields

4.1 Insurer Code Master

Company Code (Registration Number given by IRDA)	Non - Life Insurer
58	National Insurance Co. Ltd.
90	The New India Assurance Co. Ltd.
102	Royal Sundaram Alliance Insurance Co. Ltd.
103	Reliance General Insurance Co. Ltd.
106	Iffco-Tokio General Insurance Co. Ltd.
108	Tata Aig General Insurance Co. Ltd.
113	Bajaj Allianz General Insurance Co. Ltd.
115	ICICI Lombard General Insurance Co. Ltd.
123	Cholamandalam MS General Insurance Co. Ltd.
124	ECGC of India Ltd.
125	HDFC-CHUBB General Insurance Co. Ltd.
126	Agricultural Insurance Corporation of India
129	Star Health and Allied Insurance Co. Ltd.
131	Apollo DKV Insurance Co. Ltd.
132	Future Generali India Insurance Co. Ltd.
134	Universal Sompo General Insurance Co. Ltd.
139	Bharti AXA General Insurance Company LTD.
545	United India Insurance Co. Ltd.
556	The Oriental Insurance Co. Ltd.
	Shriram General Insurance Co. Ltd.

4.2 TPA Code Master

TPA Code (Registration number with IRDA)	TPA
001	Dawn Services Pvt. Ltd.
002	Parekh Health Management Pvt. Ltd.
003	Medi Assist India Pvt. Ltd.
004	Guardian Health Management Pvt. Ltd.
005	MD India Healthcare Services Pvt. Ltd.
006	Paramount Health Services Pvt. Ltd.
007	E Meditek Solutions Ltd.
008	Heritage Health Services Pvt. Ltd.
009	Universal Medi-Aid Services Ltd.
010	Focus Healthcare Pvt. Ltd.
011	Tower Insurance Services Pvt. Ltd.
012	Medicare TPA Services (I) Pvt. Ltd.
013	Family Health Plan Ltd.
014	ICAN Health Services Pvt. Ltd.
015	Raksha TPA Pvt. Ltd.
016	TTK Healthcare Services Private Limited
017	Anyuta Medinet Healthcare Pvt. Ltd.
018	East West Assist Pvt. Ltd.
019	Med Save Health Care
020	Genins India Ltd.
021	Alankit Health Care Limited
022	Bhaichand Amoluk Insurance Services Pvt. Ltd
023	Good Healthplan Ltdd
024	Vipul Med Corp. Pvt. Ltd.
025	Park Mediclaim Consultants Pvt. Ltd.
026	Safeway Mediclaim Services
027	Anmol Medicare Ltd.
028	Dedicated Healthcare Services (India) Pvt. Ltd.
029	Grand Healthcare Services India Pvt. Ltd.
030	Rothshield Healthcare (TPA) Services Ltd.
031	Sri Gokulam Healthcare TPA Services Ltd.
999	No TPA - Directly Serviced by Insurer

4.3 Product Type Master

Codes	Product Type - Indicates predominant type - not minor extensions
01	Hospitalisation Indemnity Policy
02	Hospital Cash Plan
03	Critical Illness Cover -Indemnity
04	Critical Illness Cover - Benefits
05	Out Patient Policy
07	Universal Health Policy
08	Micro insurance Policy
09	Package Policy (covering more than one type of health above)
10	Hybrid Policy (covering other than health also)
99	Any Other Product Type

4.4 Policy Type Master

Codes	Policy Type Master
01	Individual
02	Individual Floater
03	Group
04	Group Floater
05	Declaration
06	Declaration Floater
07	Declaration with Group Organiser
08	Declaration Floater with Group Organiser
99	Any Other Cover Type

4.5 Relationship Master

Code	Relationship
01	Self
02	Spouse
03	Father
04	Mother
05	Son
06	Daughter
99	Others

4.6 Occupation Code Master

Code	Occupation
001	Professional/ Administrative/ Managerial
002	Business/ Traders
003	Clerical, Supervisory and related workers
004	Hospitality and Support Workers
005	Production Workers, Skilled and non-Agricultural Labourers
006	Farmers and Agricultural Workers
007	Police/ Para Military/ Defence
008	Housewives
009	Retired Persons
010	Students - School and College
099	Any Other

4.7 Endorsement Type Master

Codes	Endorsement Type
01	Nil Endorsement
10	Change In Sum Insured
11	Change In Loading
12	Change In Discount
13	Change In Extensions
14	Addition Of Members
15	Deletion Of Members
16	Change in Policy Period
20	Non-Nil Endorsement
21	Duplicate Policy
27	Other Extra
28	Other Refund
29	Other Nil
30	Cancellation Due To Cheque Dishonour
31	Extra Endorsement Against Provisional Premium
32	Refund Endorsement Against Provisional Premium
33	Nil Endorsement Against Provisional Premium
35	Cancellation Due To Data Entry Error
40	Cancellation Of Policy

4.8 Pre-Existing Disease Master (PED)

Code	Pre-Existing Disease
001	Ischaemic Heart Disease
002	Hypertension
003	Diabetes Mellitus
004	Spinal or Vertebral Disorders
005	Cataract
006	Breathing Disorders
007	Uterine Bleeding
008	Arthritis and Joint Disorders
009	Gastritis and Duodenitis
010	Kidney Disorders
011	Headache Syndromes
012	Hernia
013	Stroke and T.I.A.
014	Thyroid and Other Hormonal Disorders
015	E.N.T. Disorders
016	Cholelithiasis
017	Any Malignancy
018	Hemorrhoids
019	Enlargement of Prostate (BPH, Benign enlargement of prostate)
099	Any Other

4.9 Hospital Selection Type Master

Codes	Hospital Type
01	Open use of all hospitals
02	Restricted use of specified hospitals
03	Restricted use with hospitals specifically excluded
04	Exclusive use of selected hospitals
05	Only networked hospitals
06	Only non-networked hospitals
99	Any other hospital use type

4.10 System of Medicine Code Master

Code	System of Medicine Description
01	Allopathy
02	Ayurveda
03	Homeopathy
04	Unani
05	Siddha
06	Naturopathy
99	Any Other System of Medicine

4.11 Claim Payment Type Master

Code	Claim Payment Type Description
01	Payment direct to hospital
02	Payment to insured as reimbursement basis
03	Payment to insured as cash benefit
04	Hospital cash per diem basis
05	Hospital cash lump sum basis
06	Cashless to the insured

4.12 Hospital Master effective from 1-4-2006

Codes	Hospital Name and Short Address	Pin code
	To be provided by TAC	
HOSPITAL MASTER TO BE PROVIDED BY TAC AS PER THE FOLLOWING 'LOGIC OF CODING'		
LOGIC OF CODING		
PIN CODE	6 Digits	Number
SERIAL NUMBER	3 Digits - Serial number within the Pin code	Number
HOSPITAL STATUS	1 Alphabet for Hospital Grades. For use when a grading system is evolved - dummy grade ' Z ' given	Alphabet
HOSPITAL TYPE	1 Alphabet for Hospital Types. For use when hospital types are identified. Dummy type ' X ' given	Alphabet
TPA STATUS	1 Digit - 1 for networked, 0 (Zero) for others	Number

4.13 ICD Code Master

Please refer International Statistical Classification of Diseases and related health problem 10th Revision (ICD-10) classified by World Health Organization (WHO), Geneva

4.14 Claim Rejection/ Reduction Master

Codes	Reasons
011	Pre-existing disease - not covered
012	Outside scope of cover - other reasons
013	False/ Fraudulent Claim
014	Sum insured exhausted
015	Withdrawal by the Insured
016	Closing of claims by the Insurer
017	Suppression of Material Information
018	Waiting period

APPENDIX 1

HEALTH INSURANCE DATA CONTROL SLIP

HEALTH DATABASE CONTROL SLIP

INSURER / TPA :
SUBMISSION FOR PERIOD :

DATASET	NUMBER OF RECORDS	DATA	FIGURE*
PROPOSAL DATA TABLE – F-15a			
MEMBER DATA TABLE - F-15b			
CLAIMS DATA TABLE - F-15c			

SUBMISSION MEDIA	NUMBER	SENT DATE
CD		
EMAIL		

Submitted by:

Name
Designation

Signature
Date
Remarks if any:

N. B. *

1. Data Figures for 'Proposal Data Table' is equal to sum of "Policy Premium" column
2. Data Figures for 'Member Data Table' is equal to sum of "Individual Premium" column
3. Data Figures for 'Claims Data Table' is equal to sum of "Total Claim Paid" column

For Internal Use Only

DATASET Number of Records Data Figure * NO. RECORDS Data Figure Recon Errors

POLICY
MEMBERS
CLAIMS

SUBMISSION MEDIA NUMBER SENT DATE RECEIVED UPLOAD RETURNED Back-up

CD
E-MAIL

Submitted By: Uploaded by:

Name Follow-up:

Designation

Signature Checked by:

Date

Notes: Where data figure does not reconcile with TAC figure, please reconcile using

APPENDIX 2

HEALTH DATA RECONCILIATION SHEET

Company: Code:

Submission for Period

Policy & Endorsement Files

Data Figure:

TAC Figure

Policy Premiums

Others (Pls Specify)

Total

Unbooked Premium

Claims Paid Files

Data Figure:

Figure

Claims Paid

Adjustments

Others (Please Specify)

Total

TAC

I hereby confirm the above figures to be correct. I hereby confirm that the above adjustments to the data figures are correct and reconcile the data amounts to our Balance sheet figures.

Compliance Officer

Charge

Name:

Signature:

Date:

Accounts-In-

Name:

Signature:

Date:

APPENDIX 3

Abbreviations

TPA	Third Party Administrator
DD/MM/YYYY	Date/Month/Year format
ICD	International Statistical Classification of Diseases