

TARIFF ADVISORY COMMITTEE

Health Insurance Data Reporting Manual

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Tariff Advisory Committee(TAC)

1st & 2nd Floors, Ador House

6,K.Dubash Marg, Fort

Mumbai 400 023

Phone 91- 22- 22829551 • Fax 91-22-2285 2337

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Introduction

It is proposed to create 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 21 days following the conclusion of the financial half-year i.e. 21st April, and 21st October.

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

Period = year i.e. 1_0405 for 1st Half year of 2004-2005

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

E.g.

Insurer Code : 999 Form No = F15A : Period = 1_2004-05 Submission = Original

Filename : 999_F15A_1_0405_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 and period
- 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 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 Authorised 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. A single reminder notice will be issued to those failing to submit data by the required deadline. If data is still not submitted following the reminder, a show cause letter will be sent to the CEO of the respective company.

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

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.

DATA FIELD	FIELD HEADING	FIELD TYPE	REF: FORM A, B, C.	FIELD SIZE	DATA DICTIONARY REFERENCE	BASIC INFORMATION FOR DRAFT DATA DICTIONARY
1	TPA Name	Text	A, C	50	150001	Self explanatory
2	Insurer Code	Text	A	2	150002	Please refer "Insurer Master" attached
3	U/W Office Code	Text	A	50	150003	Branch / Divisional Office Code or Name as available.
4	Policy Number	Text	A	50	150004	Self explanatory
5	Member Reference Key	Text	B, C	50	150005	Unique number allotted to each individual member by TPA / (Insurer in case of policies) not serviced by TPAs)
6	Date of Birth	Date	B	10	150006	Date of birth of the insured member dd/mm/yyyy
7	Age of Insured	Numeric	B	20	150007	Completed years at commencement of policy
8	Start Date	Date	A	10	150008	Date of commencement of policy dd/mm/yyyy
9	End Date	Date	A	10	150009	Date of expiry of policy dd/mm/yyyy
10	Product Type	Text	A	2	150010	Product type: E.g. 1- Hospitalisation Policy, 2-Hospital Cash Plan, 3-Critical Illness Cover, 4-Out Patient Benefit, 5- Others
11	Type of Cover	Text	A	20	150011	1-Individual, 2- Individual Floater, 3-Group, 4-Group Floater.

12	Pre-existing Disease Cover	Boolean	B	1	150012	Whether this cover is given or not - "Y" / "N"
13	Waiver of 1st Year Exclusion	Boolean	B	1	150013	Whether this cover is given or not - "Y" / "N"
14	Maternity Cover	Boolean	B	1	150014	Whether this cover is given or not - "Y" / "N"
15	Baby cover as part of Maternity	Boolean	B	1	150015	Whether this cover is given or not - "Y" / "N"
16	Floater applicable	Boolean	B	1	150016	Whether floater applicable or not - "Y" / "N"
17	Corporate Floater Sum Insured	Numeric	A	20	150017	Buffer amount - Applicable only for Corporate Floater Policies
18	Group Size	Numeric	A	20	150018	Number of members in the group
19	Sex	Text	B	20	150019	Code used by Insurer / TPA
20	Sum Insured	Numeric	B	20	150020	Individual Indoor Hospitalisation Sum Insured
21	Relationship of Insured	Text	B	20	150021	Examples: Proposer, Employee, mother, wife, son, daughter
22	Occupation	Text	B	20	150022	Occupation of insured member Eg. Doctor, Professor, Driver, etc.
23	Policy Premium	Numeric	A	20	150023	Premium on which Service Tax is calculated.
24	Floater Amount	Numeric	B	20	150024	Floater amount
25	Claim Number	Text	C	20	150025	Unique number generated by TPA
26	Diagnosis Description	Text	C	20	150026	General type of disease - like cardiac, neural, renal etc.
27	Diagnosis Code	Text	C	20	150027	ICD-10 Code applicable for disease. If insurer / TPA has used different code, give details and copy of Master.
28	Procedure Description	Text	C	50	150028	Brief description of procedure of treatment
29	Name of the Hospital	Text	C	50	150029	Full name of Hospital
30	Registration Number of Hospital	Text	C	20	150030	Registration Number allotted by appropriate authority, if available
31	PAN number of Hospital	Text	C	50	150031	Income Tax PAN number of hospital, if available
32	Pin Code of Hospital	Text	C	6	150032	6 digit Postal Pin Code
33	Date of Admission	Date	C	10	150033	Self explanatory DD/MM/YYYY
34	Date of Discharge	Date	C	10	150034	Self explanatory DD/MM/YYYY

35	Total Amount Claimed	Numeric	C	10	150035	Total amount claimed for the particular incident without any bifurcation (Include amounts under various subdivisions 150036 to 150043)
36	Room & Nursing Charges	Numeric	C	10	150036	Claim amount classified as Room & Nursing Charges
37	Surgery Charges	Numeric	C	10	150037	Claim amount classified as Surgery Charges
38	Consultation Charges	Numeric	C	10	150038	Claim amount classified as Consultation Charges
39	Investigation Charges	Numeric	C	10	150039	Claim amount classified as Investigation Charges
40	Medicine Charges	Numeric	C	10	150040	Claim amount classified as Medicine Charges
41	Miscellaneous Charges	Numeric	C	10	150041	All unspecified expenses
42	Pre - Hospitalisation Expenses included under 150035 above	Numeric	C	10	150042	Total amount claimed for pre-hospitalisation treatment without any bifurcation.
43	Post - Hospitalisation Expenses included under 150035 above	Numeric	C	10	150043	Total amount claimed for post-hospitalisation treatment without any bifurcation
44	Total Claim Paid	Numeric	C	10	150044	Total amount of claim paid for the particular incident without any bifurcation (on amounts claimed under various subdivisions 150036 to 150043)
45	Reason for rejection / reduction of claim	Text	C	50	150045	Remarks to be filled up only if claim was rejected/ reduced.
46	Remarks of TPA	Text	C	50	150046	Remarks of TPA

DATA DICTIONARY FOR PAST DATA COLLECTION

PROPOSAL DATA TABLE FORMAT				Format F-15a	
DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	BASIC INFORMATION FOR DRAFT DATA DICTIONARY
1	TPA Name	Text	50	150001	Self explanatory
2	Insurer Code	Text	2	150002	Please refer "Insurer Master" attached
3	U/W Office Code	Text	50	150003	Branch / Divisional Office Code or Name as available.
4	Policy Number	Text	50	150004	Self explanatory
5	Start Date	Date	10	150008	Date of commencement of policy dd/mm/yyyy
6	End Date	Date	10	150009	Date of expiry of policy dd/mm/yyyy
7	Product Type	Text	2	150010	Product type: Eg. 1- Hospitalisation Policy, 2- Hospital Cash Plan, 3-Critical Illness Cover, 4-Out Patient Benefit, 5- Others
8	Type of Cover	Text	20	150011	1-Individual, 2- Individual Floater, 3-Group, 4-Group Floater.
9	Corporate Floater Sum Insured	Numerical	20	150017	Buffer amount - Applicable only for Corporate Floater Policies
10	Group Size	Numerical	20	150018	Number of members in the group
11	Policy Premium	Numerical	20	150023	Premium on which Service Tax is calculated.

DATA DICTIONARY FOR PAST DATA COLLECTION

MEMBER DATA TABLE FORMAT				Format F-15b	
DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	BASIC INFORMATION FOR DRAFT DATA DICTIONARY
1	Policy Number	Text	50	150004	Self explanatory
2	Member Reference Key	Text	50	150005	Unique number allotted to each individual member by TPA / (Insurer in case of policies not serviced by TPAs)
3	Date of Birth	Date	10	150006	Date of birth of the insured member dd/mm/yyyy
4	Age of Insured	Numeric	20	150007	Completed years at commencement of policy
5	Sex	Text	20	150019	Code used by Insurer / TPA
6	Occupation	Text	20	150022	Occupation of insured member Eg. Doctor, Professor, Driver, etc.
7	Relationship of Insured	Text	20	150021	Examples: Proposer, Employee, mother, wife, son, daughter
8	Sum Insured	Numeric	20	150020	Individual Indoor Hospitalisation Sum Insured
9	Pre-existing Disease Cover	Boolean	1	150012	Whether this cover is given or not - "Y" / "N"
10	Waiver of 1st Year Exclusion	Boolean	1	150013	Whether this cover is given or not - "Y" / "N"
11	Maternity Cover	Boolean	1	150014	Whether this cover is given or not - "Y" / "N"
12	Baby cover as part of Maternity	Boolean	1	150015	Whether this cover is given or not - "Y" / "N"
13	Floater applicable	Boolean	1	150016	Whether floater applicable or not - "Y" / "N"
14	Floater Amount	Numeric	20	150024	If 150016 is "Y" amount to be filled up in case of "Proposer" or "Employee" only.

DATA DICTIONARY FOR PAST DATA COLLECTION					
CLAIMS DATA TABLE FORMAT				Format F-15c	
DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	BASIC INFORMATION FOR DRAFT DATA DICTIONARY
1	TPA Name	Text	50	150001	Self explanatory
2	Insurer Code	Text	3	150002	Please enter Insurer Registration Number Please refer to 'Insurer Master' attached.
3	Member Reference Key	Text	50	150005	Unique number allotted to each individual member by TPA / (Insurer in case of policies not serviced by TPAs)
4	Claim Number	Text	20	150025	Unique number generated by TPA
5	Diagnosis Description	Text	20	150026	General type of disease - like cardiac, neural, renal etc.
6	Diagnosis Code	Text	20	150027	ICD-10 Code applicable for disease. If insurer / TPA has used different code, give details and copy of Master.
7	Procedure Description	Text	50	150028	Brief description of procedure of treatment
8	Name of the Hospital	Text	50	150029	Full name of Hospital
9	Registration Number of Hospital	Text	20	150030	Registration Number allotted by appropriate authority, if available
10	PAN number of Hospital	Text	50	150031	Income Tax PAN number of hospital, if available
11	Pin Code of Hospital	Text	6	150032	6 digit Postal Pin Code
12	Date of Admission	Date	10	150033	Self explanatory DD/MM/YYYY
13	Date of Discharge	Date	10	150034	Self explanatory DD/MM/YYYY
14	Total Amount Claimed	Numeric	10	150035	Total amount claimed for the particular incident without any bifurcation (Include amounts under various subdivisions 150036 to 150043)
15	Room & Nursing Charges	Numeric	10	150036	Claim amount classified as Room & Nursing Charges
16	Surgery Charges	Numeric	10	150037	Claim amount classified as Surgery Charges
17	Consultation Charges	Numeric	10	150038	Claim amount classified as Consultation Charges
18	Investigation Charges	Numeric	10	150039	Claim amount classified as Investigation Charges
19	Medicine Charges	Numeric	10	150040	Claim amount classified as Medicine Charges
20	Miscellaneous Charges	Numeric	10	150041	All unspecified expenses
21	Pre - Hospitalisation Expenses included under 150035 above	Numeric	10	150042	Total amount claimed for pre-hospitalisation treatment without any bifurcation.

22	Post - Hospitalisation Expenses included under 150035 above	Numeric	10	150043	Total amount claimed for post-hospitalisation treatment without any bifurcation
23	Pre - Hospitalisation Expenses included under 150046 above	Numeric	10	150042	Total amount paid for pre-hospitalisation treatment without any bifurcation.
24	Post - Hospitalisation Expenses included under 150046 above	Numeric	10	150043	Total amount paid for post-hospitalisation treatment without any bifurcation
25	Total Claim Paid	Numeric	10	150044	Total amount of claim paid for the particular incident without any bifurcation (on amounts claimed under various subdivisions 150036 to 150043)
26	Reason for rejection / reduction of claim	Text	50	150045	Remarks to be filled up only if claim was rejected/ reduced.
27	Remarks of TPA	Text	50	150046	Remarks of TPA

DATA DICTIONARY FOR PAST DATA COLLECTION

OUTSTANDING CLAIMS DATA TABLE FORMAT

Format - F 15d

DATA FIELD	FIELD HEADING	FIELD TYPE	FIELD SIZE	DATA DICTIONARY REFERENCE	BASIC INFORMATION FOR DRAFT DATA DICITIONARY
1	TPA Name	Text	50	150001	Self Explanatory
2	Insurer Code	Text	2	150002	Please refer "Insurer Master" attached
3	Claims Outstanding as on 31-3-2003	Numeric	20		Claims outstanding at the beginning of Financial Year
4	Claims Paid during the period 1-4-2003 to 31-3-2004	Numeric	20		Total of all claims paid during the Financial Year
5	Claims Outstanding as on 31-3-2004	Numeric	20		Claims outstanding at the end of Financial Year
6	Remarks	Text	100		

Chapter 4

Descriptor Fields

4.1 Insurer Code Master

<u>Company Code</u> (Registration Number given by IRDA)	<u>Non - Life Insurer</u>
126	AGRICULTURAL INSURANCE CORPORATION OF INDIA
113	BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.
123	CHOLAMANADALAM MS GENERAL INSURANCE
124	ECGC OF INDIA LTD.
125	HDFC-CHUBB GENERAL INSURANCE
115	ICICI LOMBARD GENERAL INSURANCE CO. LTD.
106	IFFCO TOKIO GENERAL INSURANCE CO. LTD.
58	NATIONAL INSURANCE CO.LTD.
90	THE NEW INDIA ASSURANCE CO. LTD.
103	RELIANCE GENERAL INSURANCE CO.LTD.
102	ROYAL SUNDARAM ALLIANCE INSURANCE CO. LTD
108	TATA AIG GENERAL INSURANCE CO. LTD.
556	THE ORIENTAL INSURANCE CO. LTD.
545	UNITED INDIA INSURANCE CO. LTD.

4.2 ICD Code Master

Please refer ICD Code 10 published by World Health Organization, Geneva

4.3 Product Type Code Master

<u>Product Type Code</u>	<u>Product Type</u>
2	Hospital Cash Plan
3	Critical Illness Cover
4	Out Patient Benefit
5	Others

4.4 Type of Cover Code Master

<i>Type of Cover Code</i>	<i>Cover Type</i>
1	Individual
2	Individual – Floater
3	Group
4	Group –floater

APPENDIX 1

HEALTH INSURANCE DATA CONTROL SLIP

HEALTH DATABASE CONTROL SLIP

COMPANY	:	
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

APPENDIX 2

HEALTH DATA RECONCILIATION SHEET

Company: Code:

Submission for Period

Policy & Endorsement Files

Data Figure:

Policy Premiums

Others (Pls Specify)

Total

TAC Figure

Unbooked Premium

Claims Paid Files

Data Figure:

Claims Paid

Adjustments

Others (Please Specify)

Total

TAC Figure

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

Name:

Signature:

Date:

Accounts-In-Charge

Name:

Signature:

Date:

APPENDIX 3

Abbreviations

TPA	Third Party Administrator
DD/MM/YYYY	Date/Month/Year format
ICD	International Statistical Classification of Diseases
HIPPA	Health Insurance Portability and Accountability Act