

**TERMS OF REFERENCE (TOR) FOR CLAIMS MANAGER UNDER THE
MEGHA HEALTH INSURANCE SCHEME IN THE STATE OF MEGHALAYA (MHIS)**

1. **Job Title:** Claims Manager
2. **No. of Position:** 1
3. **Place of Posting:** Shillong
4. **Duration:** The contract for an appointment is for 1 year from the date of joining and depending on the approval of the Government. The renewal of the contract will be done on an annual basis depending upon the performance and also assessment of the incumbent.
5. **Reporting to:** State Manager, MHIS
6. **Main Function:** Overlooking the entire Claims Management Process under Megha Health Insurance Scheme & Ayushman Bharat Pradhan Mantri Jan Arogya Yojana.
7. **Salary:** ₹65,000/-
8. **Duties and Responsibilities:**
 1. HOSPITAL EMPANELMENT
 - Assist empanelled hospitals in claim management.
 - Ensure Empanelment of Health Care Providers, which includes drafting of MoU.
 - Ensure clinical quality of empanelled hospitals.
 2. CLAIMS MANAGEMENT
 - Maintaining the quality and timeliness of the utilization data, reporting MIS, etc.
 - Compile Claims Reports on a regular basis.
 - Conduct trend analysis of claim payments on a Year-on-Year basis and highlight any anomalies.
 - Overlook Claims Settlement of Empanelled Hospitals.
 3. AUDITING
 - Random reviews of the pre-authorizations claim.
 - Organize routine, periodical and surveillance visits to the entities participating in the scheme to ensure that all processes are running as per defined standards.
 - Review compliance by the Insurance Company and empanelled health care providers with the defined claims process and the settlement of claims.
 - Carry out claims audits on a random basis. Carry out random checks, visits and investigations pertaining to the admissibility of the cases paid or declined under the scheme.
 - Member of the State Anti-Fraud Unit (SAFU)
 4. IT MANAGEMENT
 - Overseeing TMS Training at the State and district levels
 - Monitor system functionality in Empanelled Hospitals.
 - Ensures the IT updates are communicated to all the relevant stakeholders and appropriate training is provided to ensure ease of usage.
 5. HEALTH BENEFITS PACKAGES
 - Design package rates in accordance with NHA.
 - Monitor package rates in accordance with NHA standards.
 6. ADDITIONAL RESPONSIBILITIES
 - BIS SNA Approver
9. **Minimum Job Requirements:**
 - a) Minimum of MCA/MBA – Health Care Management/MHA/M.Sc. – Data Science.
 - b) Minimum of 3 years of experience handling Health Insurance Claims with an Insurance Company.
 - c) Knowledge of the Hospital Empanelment process & Health Benefits Package in Health Insurance will be an added advantage.
 - d) Hands-on experience with office software packages (MS Word, Excel, PPT, Dashboard, Power Bi/Tableau etc.).
 - e) Strong written and verbal communication.
 - f) Willingness to travel for work purposes.
 - g) Proficiency in Local languages is preferred. (Khasi/Jaintia & Garo).
10. **Selection Process:**
 - ✓ Interview