



सत्यमेव जयते

Government of Mizoram



MIZORAM UNIVERSAL HEALTHCARE SCHEME (MUHCS)

Grievance Redressal Guidelines



Mizoram State Health Care Society
Department of Health & Family Welfare

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Abbreviations

ATA	Action Taking Authority
DGNO	District Grievance Nodal Officer
DGRC	District Grievance Redressal Committee
GRC	Grievance Redressal Committee
ISA	Implementing Support Agency
MSHCS	Mizoram State Health Care Society
MUHCS	Mizoram Universal HealthCare Scheme
SAA	State Appellate Authority
SGNO	State Grievance Nodal Officer
SGRC	State Grievance Redressal Committee
SMS	Short Message Service
SNA	State Nodal Agency
TPA	Third Party Administrator

Executive Summary

A Grievance Redressal Mechanism as a multi-tier system at District and State level would be a robust process to redress the grievances received in state of Mizoram under MUHCS. District Grievance Redressal Committee (DGRC) is the nodal authority at the district level and State Grievance Redressal Committee (SGRC) and State Appellate Authority (SAA) at the state level. State Appellate Authority (SAA) will be the final appellate authority for handling and resolution of all grievances received either directly or escalated through the DGRC. At each level, there is a dedicated nodal officer viz. District Grievance Nodal Officer (DGNO) and State Grievance Nodal Officer (SGNO).

The ERP solution for MUHCS has an integrated online Grievance redressal system. The nodal officers are responsible to resolve grievances as per the defined turn-around time. Complainants can track the status of their grievance using the Unique Grievance Number which is generated at the time of registration. The status update will be intimated to the complainant through automated e-mail system and/or SMS notification. For efficient and timely redressal of the grievances, automated intimation is also enabled for the nodal officers through e-mail and/or SMS. The cases which are unresolved by the concerned nodal officer are automatically escalated to the higher authority. If any party is not satisfied with the decision of the concerned nodal officer or committee, the case is escalated to the next higher-level committee for further action.

This document describes the structure of the various committees, modes of grievance registration, mechanism of grievance redressal and reporting system. Additionally, the document also provides a matrix explaining types of grievances, escalation levels, and TAT (Turn Around Time) to ensure effective resolution of the grievances.

1. Introduction

Mizoram Universal HealthCare Scheme (MUHCS) will cover all bona fide residents of Mizoram by converging Mizoram State Health Care Scheme with AB PM-JAY and other vertical programs and expanding it to population that is not currently covered. It will also include existing health scheme for Government employees as well as Civil pensioners with special conditions. MUHCS will be implemented in cashless and paperless manner in all empanelled public and private hospitals.

The state government has established an effective multi-tiered redressal mechanism via Central Grievance Redressal Management System (CGRMS) and Grievance Redressal Guidelines.

2. Objectives of the Grievance Redressal System

To ensure that grievances of all stakeholders are redressed within the given time frame up to the satisfaction of the aggrieved party based on the principles of natural justice while ensuring that cashless access to timely and quality care remains uncompromised.

3. Grievance Types and who can file Grievances

- 3.1** Grievances can be filed by any stakeholder, for this purpose, a stakeholder includes:
- i. Any MUHCS beneficiary
 - ii. Empanelled or De-empanelled Healthcare Provider
 - iii. Implementing Support Agency (ISA)
 - iv. Any other intermediary appointed by the MSHCS (if applicable)
 - v. MSHCS or its employees or nominated functionaries for implementation of MUHCS
 - vi. Any other person having an interest and participating in the implementation of MUHCS.
- 3.2** Any person who may have observations, comments or feedback on any aspect of the scheme, may also file a complaint along with specific details. Vague comments/feedback which are not actionable shall not be entertained/accepted.
- 3.3** Illustrative and indicative list of grievances is given in the Grievance Redressal Matrix (refer to Annexure 1 in this document)

4. Grievance Redressal Structure and Authorities

MUHCS has a multi-tier grievance redressal structure to ensure timely redressal of grievances. This section of the guidelines lays down these structures, their constitution, and functions.

4.1 District Grievance Redressal Committee

A District Grievance Redressal Committee (DGRC) will be constituted by the MSHCS in each district.

4.1.1 Constitution of the DGRC

- i. The Deputy Commissioner will be the Chairman of the DGRC;
- ii. The District Senior Chief Medical Officer (Senior CMO) or equivalent rank officer shall be the Convener of DGRC;
- iii. The District Grievance Nodal Officer (DGNO) which may be the District Coordinator, MSHCS;
- iv. District Coordinator of the ISA who shall be a member of DGRC
- v. The DGRC may invite other experts for their inputs for specific cases, if necessity arises.

4.1.2 Functions of the DGRC

The DGRC shall perform all functions related to handling and resolution of grievances within their respective districts. In general, day to day redressal of complaints such as, issues related to the entitlement, or any other MUHCS related issue against the EHCP, its representatives or any functionary, should be done by DGNO. He/ She need not wait for the meeting of the DGRC to take place to initiate an enquiry or action, as expected in the case. He/ She should however keep his / her authorities informed about the inquiry. Regular operational issues should be handled by him / her so that beneficiaries / hospitals / stakeholders do not face any inconvenience or problem. Any serious complaints which warrant action against a person/institution, he / she should submit a report including his observations to DGRC for decision/action.

The specific functions of DGRC shall include:

- i. Track and redress all grievances referred to it, following the principles of natural justice
- ii. Call for additional information as and when required either directly from an aggrieved party or from the concerned agencies / individuals
- iii. Conduct grievance redressal proceedings as required
- iv. If required, call for hearings and representations from the parties concerned while determining the merits and demerits of the case
- v. Adjudicate and issue final orders on grievances
- vi. In case of grievances that need urgent redressal, develop internal mechanisms for redressing the grievances within the shortest possible time, which could include, but not be limited to, convening special meetings of the DGRC
- vii. Review grievance records
- viii. Monitor the grievances to ensure that all grievances are resolved within 30 days or earlier
- ix. DGRC shall be competent to seek report or assistance of any authority in the district to take suitable action as deemed appropriate
- x. Issue directions/take action like recommending de-empanelment of the hospitals, recommending suspension of license of the hospitals, etc. Principles of natural justice should be followed while taking such actions
- xi. In case the DGRC is unable to conduct the meeting in foreseeable future, the Chairman or an officer authorized by the Chairman in this regard may take any of the above actions. However, such actions should be placed in front of the Committee during the next meeting for ratification
- xii. Ensure compliance to the Grievance Redressal Guidelines of MUHCS

4.2 State Grievance Redressal Committee

The State Grievance Redressal Committee (SGRC) should be constituted by the MSHCS at the state level.

4.2.1 Constitution of the SGRC

- i. CEO of SHA / State Nodal Agency (SNA) shall be the Chairman of the SGRC.
- ii. Deputy Chief Executive Officer, MSHCS- Member
- iii. The State Grievance Nodal Officer (SGNO) of the SHA shall be the Convener of SGRC.
- iv. Medical Superintendent of the leading state level Government hospital or the Dean of the leading medical college in the State - Member
- v. Director of Finance/State Accounts Officer, MSHCS- Member
- vi. Representatives of the State Nodal Agency: Programme Manager, Officer in charge of claims and Officer in charge of service quality– Members
- vii. State Coordinator of Insurance Company (if applicable)- Member
- viii. Representative from ISA (Implementing Support Agency)/TPA (Third party Administrator)- Member
- ix. Other experts for specific cases as determined by the Chairperson or the Convener on behalf of the Chairperson.
- x. Representative from Federation of Mizoram Government Employee and Workers (FMGE&W) (as and when applicable)
- xi. Aggrieved party (as and when applicable)
- xii. Representative from hospital against which grievance is submitted by aggrieved party (as and when applicable).

4.2.2 Functions of the SGRC

The SGRC shall perform all functions related to handling and resolution of all grievances received either directly or escalated through the DGRC. When beneficiary is one of the parties, the decision of the SGRC shall be final. The specific functions shall include:

- i. Act as an Appellate Authority for appealing against the orders of the DGRC
- ii. Track and redress all grievances referred to it, following the principles of natural justice
- iii. Call for additional information as required either directly from an aggrieved party or from the concerned agencies / individuals
- iv. Conduct grievance redressal proceedings as required
- v. Nominate District Grievance Nodal Officer (DGNO) at each District
- vi. Oversee grievance redressal functions of the DGRC including but not limited to monitoring the turnaround time for grievance redressal
- vii. Perform all tasks necessary to decide on all such appeals within 30 days of receiving such appeal
- viii. Adjudicate and issue final orders on grievances
- ix. Ensure compliance to the Grievance Redressal Guidelines of MUHCS

4.2.3. For any appeal escalated to the SGRC, the SGRC at its sole discretion may assign the task of investigation of the grievance to the independent agency or any official as and when necessary.

4.2.4. Complaints/grievances/appeals received against the orders of SGRC shall be filed directly to State Appellate Authority.

4.2.5. Complaints/grievances received against any of the officials of the SNA shall be referred to the State Appellate Authority.

4.3 State Appellate Authority (SAA)

Principal Secretary/Commissioner & Secretary (H&FW) shall function as the State Appellate Authority (SAA) for implementation of MUHCS.

4.3.1 Functions of SAA

The SAA shall perform all functions related to handling and resolution of all grievances received or escalated through the SGRC. The specific functions shall include:

- i. Act as an Appellate Authority for appeal against the orders of the SGRC
- ii. Redressal of all grievances referred to it, following the principles of natural justice
- iii. Call for additional information as required either directly from an aggrieved party or from the concerned agencies / individuals
- iv. Oversee grievance redressal functions of the SGRC including but not limited to monitoring the turnaround time for grievance redressal
- v. Perform all tasks necessary to decide on all appeals received within 30 days
- vi. Adjudicate and issue final orders on grievances
- vii. For any appeal escalated to the SAA, the SAA may at its sole discretion assign the task of investigation of the grievance to the independent agency or any official as and when necessary.
- viii. The decision of SAA shall be final and binding wherein SNA and Insurance/ISA are the aggrieved parties.

4.4 Grievance Officer

4.4.1. District Grievance Nodal Officer (DGNO)

DGNO is a person who is nominated by SGRC to resolve the grievances under MUHCS at the district level. The roles and responsibilities of DGNO shall be as listed below:

- i. Addressing grievances of stakeholders directly or through DGRC within the defined time frame.
- ii. Ratifying the actions taken against the grievances by placing in the DGRC from time to time.
- iii. Enter the particulars of the grievance which are received directly, telephonically, through letter, email or social media on the CGRMS portal.
- iv. Initiating enquiries whenever felt necessary with the approval of Convener, DGRC or any other official nominated.
- v. Referring grievances to convener of DGRC
- vi. Forwarding grievances to concerned SGNO/SGRC in case the grievance doesn't fall under his/her jurisdiction
- vii. Submitting reports and records

4.4.2. State Grievance Nodal Officer (SGNO)

SGNO is a person who is nominated by the MSHCS to address the grievances at state level under MUHCS. The roles and responsibilities of the SGNO shall be as listed below:

- i. Addressing grievances of stakeholders directly or through SGRC within the defined time frame.
- ii. Giving priority to the grievances that are of emergent nature

- iii. Ratifying the actions taken against the grievances by placing them in the SGRC from time to time
- iv. Forwarding the grievances which are received at state level to the concerned DGNO for further action.
- v. Referring grievances to Chairman of SGRC
- vi. Monitoring and ensuring grievances are resolved within the time frame at State & District Level
- vii. Submitting reports and records

5. Meeting Schedule of Committees

The DGRC & SGRC meeting should be conducted Quarterly or as required, on a specific day on regular basis. State can decide a particular date /day based on the convenience and availability of the members of the committee.

SAA meetings shall be convened within one week of receiving the grievances by SAA.

6. Lodging and Registration of Grievances

6.1 Any grievance under MUHCS may be raised through following means:

- i. **Online Mode:** Through online grievance redressal portal.
- ii. **Offline Mode:** MUHCS Call Centre helpline, letter/ telephone/ e-mail/ helpdesk etc. to the official address of MSHCS, directly with the DGNO of the district where such stakeholder is located or where such grievance has arisen.

6.2 A complainant may lodge a complaint in the following manner:

- i. Directly with the DGNO of the district where such stakeholder is located or where such complaint has arisen and if the stakeholder is located outside the Service Area, then with any DGNO located in the Service Area; or
- ii. With the State Nodal Agency: If a complaint has been lodged with the State Nodal Agency, they shall forward such complaint to the concerned DGNO.

Upon a complaint being received by the DGNO, the DGNO shall decide whether the substance of the complaint is a matter that can be addressed by the stakeholder against whom the complaint is lodged or whether such matter requires to be dealt with under the grievance redressal mechanism.

If the DGNO decides that the complaint must be dealt with the grievance Redressal mechanism, the DGNO shall refer such complaint to the convener of the relevant Grievance Redressal Committee depending on the nature of the complaint. (Annexure 1)

6.3 For all grievances received by the call centre, call centre executives shall register the details of the grievance in the CGRMS portal as per defined format. The grievance will appear in the login of concerned Grievance Nodal Officer.

The CGRMS shall automatically generate a Unique Grievance Number (UGN), categorize the nature of the grievance and auto SMS will be sent to the stakeholder.

6.4 Special powers of the authorities: The MSHCS, shall have the authority to initiate Suo moto proceedings and file a grievance on behalf of itself and / or beneficiaries under the scheme. They can also take cognizance of reports in social media and other public forums for further investigation and redressal.

7. Grievance Redressal Mechanism

Upon receipt of a grievance, the DGNO/SGNO shall try to resolve the same directly through his/her own efforts and coordination with concerned parties. However, if he/she is unable to resolve the grievance at his/her level, the same may be put up before the concerned Grievance Redressal Committee.

Each grievance irrespective of the mode of receipt shall be first registered on the CGRMS portal with a unique grievance number for tracking till closure. Following process shall be followed:

7.1 Process for Redressal directly by DGNO/SGNO - While redressing the grievances

- i. The DGNO/SGNO should analyze the case and seek explanation from the stakeholder against whom the grievance is being lodged by sending an email or letter.
- ii. The stakeholder against whom a grievance has been lodged must send his/ her comments/responses to the aggrieved party with copy to the DGNO/SGNO within 7 days of receiving an email or letter from the DGNO or SGNO. If the grievance is not addressed within such 7 days period, the DGNO/SGNO shall send a reminder for redressal.
- iii. The DGNO/SGNO shall try to resolve the grievance by forwarding the same to DGRC/SGRC. If the grievance is not resolved or comments are not received from the stakeholder within 15 days, then the matter may be referred to relevant Grievance Redressal Committee.
- iv. If the DGNO/SGNO is satisfied with the comments/ response received from the stakeholders, then the DGNO/SGNO shall communicate this to the aggrieved party by letter/e-mail/SMS/telephone and update the status on the CGRMS portal.
- v. If the DGNO/SGNO is not satisfied with the comments/ response received or if no comment/ response is received from the stakeholder despite a reminder, then the DGNO/SGNO shall refer such grievance to the Convener/Chairman of the relevant Grievance Redressal Committee.

7.2 Process of Redressal through the Relevant Grievance Committee

All cases which are appealed against the orders of DGNO/SGNO must be placed before the concerned grievance redressal committee.

- i. The Convener of the relevant Grievance Redressal Committee shall place the grievance before the Grievance Redressal Committee for its decision at the next meeting.
- ii. Each grievance shall be addressed and arrive at a logical decision by the relevant Grievance Redressal Committee within a period of 30 days of the receipt of the grievance filed inside the state and within 45 days of the receipt of the grievance filed outside the state. Depending on the urgency of the case, the Grievance Redressal Committee may conduct a meeting at the earliest possible for a speedier resolution of the grievance.
- iii. All such decisions shall be based on the principles of natural justice (including giving the parties a reasonable opportunity to be heard) and be taken by majority vote of its members present.
- iv. If the aggrieved party is not satisfied with the decision of the relevant Grievance Redressal Committee, it may appeal against the decision within 30 days to the higher Grievance Redressal Committee.

- v. If an appeal is not filed within 30-days period, the aggrieved party shall lose its right to appeal, and the decision already made by the relevant Grievance Redressal Committee shall be final and binding.
- vi. A Grievance Redressal Committee or any other authority having powers of appeal shall dispose an appeal within 30 days of receipt of the appeal. Such decision shall be given after following the principles of natural justice, including giving the parties a reasonable opportunity to be heard. The decision of the Grievance Redressal Committee or other authority having powers of appeal shall be final and binding.

8. Compliance with orders of Grievance Redressal Committee

- 8.1 Parties against whom an order has been issued by any Grievance Redressal Committee, shall ensure that all orders are fully complied and executed within not more than 30 calendar days from the issuance of order or unless such order has been stayed due to appeal.
- 8.2 If the party against whom such orders have been issued, fails to comply with the order within 30 days period or a time period set forth in the order issued by the Grievance Redressal committee, the defaulting party shall be liable to pay penalty as described under the contract between the parties.
- 8.3 The defaulting party shall be liable to pay such penalty to MSHCS within 15 days of receiving a written notice from MSHCS. All such payments must be made by the defaulting party in the manner specified by the MSHCS in the notice.
- 8.4 On failure to pay penalty, the defaulting party shall be liable to pay a penal interest as per the contract between the parties.
- 8.5 For delays in compliance to the order beyond three months of the date of its issue, the MSHCS shall have the right to seek recourse to available legal remedies all costs of which shall be borne by the defaulting party.

9. Mode of Communication

The decision made by the DGNO/SGNO, or the relevant Grievance Committee must be communicated to all the parties as soon as possible.

9.1. In case of beneficiary - the beneficiary should be informed through any of the following means:

- i. Letter
- ii. E-mail
- iii. SMS- About the status
- iv. Outbound call from call centre (Should be recorded and saved)

9.2. In case of Hospitals/ISA

- i. Letter
- ii. E-mail (in addition to letter if possible)

System generated SMS shall be automatically sent to aggrieved party through CGRMS portal about the status of the grievance.

10. Auto-Escalation of Grievances

The grievances which are not resolved within the prescribed TAT or if no action is taken by the concerned officer, then such cases shall be automatically escalated to the higher authority. E.g., if DGNO has not taken any action within the stipulated time frame, the case will be escalated to the SGNO.

11. Reporting

- 11.1 CGRMS portal generates various reports like total grievance count, age wise pendency, closure report, SOS Grievances
- 11.2 Such reports may be utilized by grievance redressal officials in planning and decision making

12. Monitoring

- 12.1 The MSHCS shall be responsible for monitoring the functioning of the CGRMS portal and MSHCS portal within the state
- 12.2 Some of the key indicators for tracking the efficiency of Grievance Redressal System shall be as below:

a. Resolution turn-around time ratio

Indicator	Resolution turn-around time ratio
Description	Grievances that are resolved within the prescribed time frame
Numerator (N)	Number of grievances resolved within the prescribed time frame
Denominator (D)	Total number of grievances registered
Calculation	$(N / D) * 100$
Frequency of measurement	Quarterly
Acceptable Threshold (benchmark)	98% or more

Table 1 Turn Around Ratio

b. Escalation ratio

Indicator	Escalation ratio
Description	Grievances that needed escalation
Numerator (N)	Number of GRC orders that were appealed against
Denominator (D)	Total number of GRC orders issued
Calculation	$(N / D) * 100$
Frequency of measurement	Quarterly
Acceptable Threshold (benchmark)	10 % or less

Table 2 Escalation Ratio

- 12.3 Monitoring of time series grievance data may also provide insights into the overall performance of the MUHCS. Some of these indicators may be:
 - i. Percentage of grievances resolved through **Direct Channel**
 - ii. Percentage of grievances related to **out-of-pocket payments**
 - iii. Percentage of grievances related to **quality of services**
 - iv. Percentage of grievances related to **denial of services**
 - v. Percentage of beneficiary grievances related to **delays in receiving services**
 - vi. Percentage of grievances from empaneled providers related to **delays in receiving claims payment**
 - vii. Number of grievances related to **portability benefits**
 - viii. Percentage of provider grievances related to **portability claims**

Annexure 1: Grievance Redressal Matrix

Sl. No	Aggrieved party	Grievance against	Indicative nature of grievances	Approach authority	Turn- around time	Grievance escalated to Committees (if either party is not satisfied)
1	Beneficiary	Empaneled Healthcare providers	<p>Grievances registered during the course of hospitalization or after discharge of the patient</p> <ul style="list-style-type: none"> • Money sought for treatment, despite sum insured under MUHCS cover being available • MUHCS- card retained by Empaneled Health Care Provider • Poor Quality of Treatment • Poor facilities 	DGNO	15 days of receipt of grievance	<ul style="list-style-type: none"> • If not resolved within 15 days by DGNO, case shall be referred to DGRC • If either party is not satisfied with DGRC decision, they can appeal to SGRC within 30 days • SGRC shall have 30 days to resolve the grievance. • SGRC decision shall be final and binding.
3	Beneficiary	Common Service Centre (CSC)	<ul style="list-style-type: none"> • Demanding money for issuing MUHCS card • Card issued to another family • Card not provided to beneficiary • Poor Quality of Service 	DGNO	15 days of receipt of grievance	<ul style="list-style-type: none"> • If either party is not satisfied with DGNO decision, then they can appeal to DGRC within 30 days • DGRC shall have 30 days to resolve the grievance.
					30 days of receipt of grievance for DGRC	<ul style="list-style-type: none"> • If either party is not satisfied with DGRC decision, then they can appeal to SGRC within 30 days • SGRC shall have 30 days to resolve the grievance. • SGRC decision shall be final and binding

Sl. No	Aggrieved party	Grievance against	Indicative nature of grievances	Approach authority	Turn- around time	Grievance escalated to Committees (if either party is not satisfied)
4	Beneficiary	District authorities	<ul style="list-style-type: none"> Grievance not addressed by the concerned officer 	SGNO	15 days of receipt of grievance 30 days of receipt of grievance for SGRC	<ul style="list-style-type: none"> If either party is not satisfied with SGNO order, they shall approach the SGRC Decision of SGRC on such cases shall be final and binding.
5	Health Care Provider	Beneficiary	<ul style="list-style-type: none"> Misconduct or harassment by the beneficiary Any others 	DGNO	15 days of receipt of grievance for DGNO 30 days of receipt of grievance for DGRC	<ul style="list-style-type: none"> If grievance is not resolved by DGNO within 15 days, case shall be referred to DGRC. If either party is not satisfied with DGNO's decision, they can appeal to DGRC within 30 days of the DGNO order DGRC shall have 30 days to resolve the grievance. If either party is not satisfied with DGRC decision, they can appeal to SGRC within 30 days SGRC shall have 30 days to resolve the grievance Decision of the SGRC shall be final and binding.

Sl. No	Aggrieved party	Grievance against	Indicative nature of grievances	Approach authority	Turn- around time	Grievance escalated to Committees (if either party is not satisfied)
6	Health Care Provider	ISA/MSHCS	<ul style="list-style-type: none"> • Claims rejected by MSHCS in full or partial payment of claims • Demanding money for claim settlement • Misconduct by ISA/TPA/ MSHCS Representatives • Non-cooperation by ISA/TPA/MSHCS 	DGNO / SGNO	<p>15 days of receipt of grievance for DGNO / SGNO</p> <p>30 days of receipt of grievance for DGRC</p> <p>30 days of receipt of grievance for SGRC</p>	<ul style="list-style-type: none"> • If either party is not satisfied with DGNO's decision, they can appeal to DGRC within 30 days of the DGNO order • DGRC shall have 30 days to resolve the grievance. • If either party is not satisfied with DGRC decision, they can appeal to SGRC within 30 days • SGRC shall have 30 days to resolve the grievance • If either party is not satisfied with SGRC order, they shall approach the SAA within 30 days of the SGRC order. • The decision of SAA shall be final and binding.
8	Health Care Provider	State Empanelment Committee	<ul style="list-style-type: none"> • Empanelment/ Suspension/ De-empanelment 	SGRC	30 days of receipt of grievance	<ul style="list-style-type: none"> • SGRC shall have 30days to resolve the grievance • If either party is not satisfied with the SGRC order, they shall approach the SAA within 30 days of the SGRC order. • Decision of the SAA shall be final and binding.

Sl. No	Aggrieved party	Grievance against	Indicative nature of grievances	Approach authority	Turn- around time	Grievance escalated to Committees (if either party is not satisfied)
9	Insurance Company /ISA / TPA	MSHCS/SNA	<ul style="list-style-type: none"> Premium not received within time as per service agreement Fees for Service not paid as per the MOU MUHCS Beneficiary Database not updated 	SGRC	30 days of receipt of grievance	<ul style="list-style-type: none"> If either party is not satisfied with SGRC order, they shall approach the SAA within 30 days of the SGRC order. Decision of the SAA shall be final and binding.
10	Common Service Centre-VLE	TPA/ISA/MSHCS	<ul style="list-style-type: none"> Non-Approval of Beneficiary Registration despite all records provided Not Providing Technical Support Demanding Money for approval of MUHCS card 	SGNO	15 days of receipt of grievance for SGNO 30 days of receipt of grievance for SGRC	<ul style="list-style-type: none"> SGRC shall have 30 days to resolve the grievance If either party is not satisfied with SGRC order, they shall approach SAA within 30 days of the SGRC order. Decision of the SAA shall be final and binding.

Annexure 2: Definitions

MUHCS Beneficiary refers to all beneficiaries entitled to receive benefits under MUHCS

Appellate Authority shall mean the State Grievance redressal Committee (SGRC) or State Appellate Authority (SAA) that has the authority to accept, hear and adjudicate on appeals against the relevant Grievance Redressal Committees (GRC) orders

Central Grievance Redressal Management System or the **CGRMS** refers to system for registering, processing, managing, and monitoring redressing all grievances under the MUHCS

Direct Channel refers to the mode of grievance redressal where the concerned District Grievance Nodal Officer (DGNO) or the State Grievance Nodal Officer (SGNO) redresses the grievance by directly getting in touch with the concerned stakeholders and / or the ActionTaking Authority (ATA) without having to route the matter through one of the Grievance Redressal Committees (GRC)

Empaneled Health Care Provider refers to all public or private health care providers that have been empaneled by MSHCS for providing cashless benefits under the MUHCS

Grievance: A Grievance/complaint refers to any communication that expresses dissatisfaction about an action or lack of action, about unfair/wrongful treatment, about the standard of service / deficiency of service that may violate any norms, provisions or guidelines laid down for MUHCS or asks for remedial action.

Grievance Redressal means the mechanism for receiving, registering, and addressing grievances received from any of the aggrieved stakeholder.

Grievance Redressal Committee (GRC) refers to committees set up by the MSHCS for redressing all stakeholder grievances under the MUHCS.

Annexure 3: List of Documents required for Quality Grievance Redressal

Sl. No	Aggrieved party	Grievance against	Nature of grievances	Approach authority	Document Attached to resolve the Grievance
2	Beneficiary	Health Care Provider	Denial of treatment	DGNO / DGRC	If treatment is facilitated <ul style="list-style-type: none"> If treatment is facilitated, document proof/ TMS ID Action Taken Report (ATR)
					If treatment is not facilitated <ul style="list-style-type: none"> Response/Justification from hospital Scan copy of warning letter/Show cause notice issued If the charge has been proved, then action taken/ penalty against hospital. Any other document from provider as a proof for complete resolution
3	Beneficiary	Health Care Provider	Out of pocket expenditure in Public hospitals	DGNO / DGRC	If money is reimbursed <ul style="list-style-type: none"> If money is reimbursed to beneficiary, proof of reimbursement (document or audio or video or photo or acknowledgement from beneficiary) Action Taken Report
					If Money is not reimbursed <ul style="list-style-type: none"> Response/Justification from hospital Scan copy of warning letter/ Show cause notice issued If the charge has been proved, then action taken/ penalty against hospital. Any other document from provider as a proof for complete resolution
4	Beneficiary	Health Care Provider	E-card not returned by hospital	DGNO / DGRC	<ul style="list-style-type: none"> Proof that E-card is returned to patient (Photo with card/Letter from complainant) Proof that E-card is not returned to patient (Photo with card/Letter from complainant) Action taken against hospital
5	Beneficiary	PMAM	Misconduct / Not providing correct information / Demanding Money for treatment	DGNO / DGRC	<ul style="list-style-type: none"> Proof of action taken against PMAM, if the grievance is genuine Proof of reimbursement of money in case money is collected Copy of explanation provided by PMAM

Sl. No	Aggrieved party	Grievance against	Nature of grievances	Approach authority	Document Attached to resolve the Grievance
6	Beneficiary	CSC	MUHCS- Ayushman card not provided	DGNO / DGRC	<p>If the Grievance is genuine</p> <ul style="list-style-type: none"> Action taken against CSC <p>If the Grievance is not genuine</p> <ul style="list-style-type: none"> Proof that E-card provided to beneficiary (Photo with card/Letter from complainant)
7	Beneficiary	CSC	Additional money, beyond the defined cost laid by MSHCS, demanded from beneficiary	DGNO / DGRC	<p>If the grievance is genuine</p> <ul style="list-style-type: none"> Proof of money reimbursement to beneficiary copy of Show-cause notice issued to CSC Explanation provided by CSC <p>If the grievance is not genuine</p> <ul style="list-style-type: none"> Explanation provided by CSC
8	Health Care Provider	MSHCS / ISA / TPA	Claims rejected by MSHCS, or full Claim amount not paid	DGNO/ SGNO	<p>If claim is paid (fully or partially)- proof of</p> <ul style="list-style-type: none"> Document to proof the payment made and justification for partial payment by MSHCS/ISA/TPA <p>If claims not paid</p> <ul style="list-style-type: none"> Response from MSHCS/ISA/TPA as per the grievance if not eligible to pay
9	Health Care Provider	MSHCS	Suspension or de-empanelment of Empanelled Health Care Provider	DGRC/ SGRC	<ul style="list-style-type: none"> Detailed investigation report Decision made/Action taken Justification provided by IC/ISA If re-empanelled, proof of re-empanelment If case is escalated to committee, MoM of committee
10	Insurance Company / ISA / TPA	MSHCS / District Authorities	Premium not received as per service agreement	SGRC	<ul style="list-style-type: none"> Proof of premium paid by MSHCS MoM of the committee