



**National Social Protection Agency**  
Male'  
Republic of Maldives

## **Unofficial Translation**

### **Regulation on submission of grievances and processing of appeal for payment of services provided under Aasandha Scheme in Maldives and abroad**

#### **Introduction**

1. This regulation is formulated pursuant to Article 37 (haa) of the National Social Health Insurance Act (Act no. 15/2011) and provide for the procedures for lodging and processing of grievances and appeals related to claims processing and payment disputes by service providers empanelled under Aasandha Scheme

This regulation is formulated under the authority granted to the Scheme Management Board pursuant to Article 40 of the National Social Health Insurance Act (Act no. 15/2011).

#### **Title**

2. This regulation shall be cited as “Regulation on submission of grievances and processing of appeals for payment of services provided under Aasandha Scheme in Maldives and abroad”

#### **Purpose and objectives**

3. The purpose of this regulation is to achieve the following:
  - a) To prescribe guidelines for processing appeals related to claims processing and payments, appeals relating to payments for services provided under the Aasandha Scheme locally and abroad, and to set forth administrative procedures with regard to the same.
  - b) To ensure that claims processing and payment of invoices are carried out in a transparent manner and to foster trust in the Scheme by service providers and ascertain sustainable and good quality of service for the general public.
  - c) To encourage service providers to lodge complaints, disputes and grievances with regard to claims processing and payments, and paving the way for providing solutions for the same.
  - d) To facilitate lodging of complaints and appeals with regard to claims processing and payments in a convenient manner.

- Implementation** 4. This regulation is applicable to Scheme Administrators and the Service Providers empaneled under the Scheme in the Maldives and abroad.
- Claimants** 5. All Service Providers empaneled under the Scheme in the Maldives and abroad are eligible to appeal with regard to claims and payments, and submit appeals regarding decisions made with regard to the same.
- Conditions for appeals** 6. Service providers may submit appeals with regard to claims processing decisions in the following instances.
- a) Incomplete or missing documentation
  - b) Discrepancies in pricing
  - c) Issues involving blocking of transactions via Portal
  - d) Other issues faced with regards to claims processing
- Submission of appeals** 7. Appeals under this regulation must be submitted via the designated application form. This form is available from the Agency's counters, and downloadable via the Agency's website. Forms shall be submitted to the Agency or any other institution designated by the Agency.
- Period for submission of appeals** 8. a) Appeals with regard to claims processing or payment of invoices shall be submitted within 45 (Forty-five) days from the date of the decision with regard to the same.
- b) Appeals with regard to rejected claims shall be submitted within 45 (forty-five) days from the date of claim rejection notification by the Company
  - c) The Agency reserves the right to accept appeals submitted later than the duration specified in sections (a) and (b) of this Article due to reasonable grounds.
  - d) Durations stipulated in this Article shall be computed pursuant to the dates in the documentation issued by the Company
- Response to applications** 9. a) Response to all applications shall be provided to the applicant via email within 60 (sixty) days from the date of receipt to the Agency.
- b) In cases where it maybe anticipated that the duration to review the case or obtain additional evidence shall exceed the

designated timeframe, the Agency shall inform the applicant of the estimated additional duration via SMS or email.

- c) Durations stipulated in sections (a) and (b) of this Article are inapplicable to the duration for processing of payment for service providers under any other relevant regulations or policies.

**Processing of the appeals**

- 10. a) Agency shall acknowledge receipt of the application via email or SMS to the applicant within 1 (one) day from the date of receipt.

- b) Applications shall be accepted only if all relevant documents are included with the application.

Agency shall inform via SMS or email to the applicant within 5 (five) days from the date of submission of the application, whether the it has been accepted, or to submit the missing information or documentation where required.

- c) The Agency shall request the Company for remarks on the appeal, within 7 (seven) days from the date of submission of the application The Company shall provide the requested response within 15 (fifteen) days of receipt

- d) Upon receipt of all required documentation and information, the Agency then shall present the application to the Board for a decision within 10 (ten) days.

- e) The Board may take any of the following measures upon deliberating on the matter.

- (i) Accept the appeal and allow re-submission of missing/additional documents or updating of incomplete information required for claims processing

- (ii) Uphold the decision taken by the Company and reject the appeal

- (iii) Request the Company and/or the Service Provider to supply additional documentation/information for further review on the matter.

- (iv) Pass a decision after analysing the matter, taking into consideration the type, aspects and details encompassing the appeal

	f)	Within 7 (seven) days of the Board’s Decision, the outcome shall be informed to the applicant via email. The email must contain comprehensive explanation of the Board’s decision.
<b>Resubmission for claims processing</b>	11.	Service Providers shall act in the following manner in cases where the Board passes a decision in accordance with Article 10, section (e) subsection (i) of this regulation <ul style="list-style-type: none"> <li>a) Resubmission for claims processing with additional documentation and additional information to the Company within 30 (thirty) days from the date of notification of decision.</li> <li>b) In such instances the Service Provider shall bear the claims processing fee settled by the Agency to the Company., The Company shall be paid 5% (five percent) fee of the total amount of all invoices submitted for processing.</li> <li>c) Such claims must be processed and forwarded to the Agency by the Company within 90 (ninety) days.</li> </ul>
<b>Amendment of regulation</b>	12.	This regulation shall be reviewed once in every 2 (two) years based on the feedback by service providers, changes brought to administrative policies, circulars released, measures taken by relevant authorities, and amendments made to relevant laws and regulations.
<b>Commencement</b>	13.	This regulation shall come into force from the date of publication in the Gazette of the Government of Maldives.
<b>Execution and Amendment of the Regulation</b>	14. a)	The Agency is responsible for the execution of this Regulation. The Agency holds the discretion to delegate any duties to any other party with regard to execution and related tasks entailing this regulation, given the Agency bears accountability for the same.
	b)	The power and discretion to bring about any amendments to this regulation rests with the Scheme Management Board.
<b>Computation of duration</b>	15.	All durations provided in this regulation shall be computed with the exclusion of public holidays.
<b>Interpretation</b>	16.	Unless stated otherwise, the following phrases shall be interpreted as stated below. Singular phrases in this regulation shall entail their plural meaning and the plural phrases shall entail their singular meaning. <ul style="list-style-type: none"> <li>a) “Service Provider” refers to those who are registered under the Scheme and providing services in Maldives and abroad.</li> </ul>

- b) “Scheme” refers to the Scheme established under National Social Health Insurance Act (Act no. 15/2011)
- c) “Claims” refers to invoices sent to the Company by the Service Providers for processing of payments.
- d) “Scheme Administrators” refers to Agency and the Company defined in sections (f) and (g) of this Article respectively.
- e) “Portal” refers to the online portal designated by Aasandha Company Ltd to provide Scheme services.
- f) “Agency” refers to the Office established as “National Social Protection Agency” pursuant to National Social Health Insurance Act (Act no. 15/2011)
- g) “Company” refers to the administrator of the Scheme, Aasandha Company Limited
- h) “Grievances” and/or “Appeals” refer to complaints lodged in accordance with this regulation regarding claims and payments processing.
- i) “Reasonable grounds” refers to circumstances caused by natural disaster or other force majeure confronted by Service Providers, the Agency and the Company
- j) “Board” or “Scheme Management Board” refers to the Scheme Management Board referenced in the National Social Health Insurance Act 15/2011