*Quest Journals*
*Journal of Research in Business and Management*
*Volume 13 ~ Issue 11 (November 2025) pp: 139-167*
*ISSN(Online):2347-3002*
www.questjournals.org

**Research Paper**

# Financial Impact of Health Schemes in India

Ananya. P. Doshi
*Jalgaon, Maharashtra, India*

***ABSTRACT***
*This study explores how government health schemes and insurance programs have shaped the affordability and accessibility of healthcare in a multi-superspeciality hospital in a tier-two Indian city. The main question guiding the research is simple: Do these schemes actually make it easier for patients to receive and afford medical treatment? To answer this, data were gathered directly from the hospital's records, covering 57 government and private schemes. These were analysed using graphs and trend comparisons.*
*The study looks at how the hospital's income from these schemes has changed over time, the differences between cashless and reimbursement processes, how the prices of medical implants have shifted from 2012 to 2025, and how patients' attitudes evolved before and after the COVID-19 pandemic. The findings show that both government and private insurance schemes have indeed made healthcare more affordable and more accessible for many patients, while also helping ensure greater financial stability for the hospital.*
*However, a large portion of patients still rely on paying out-of-pocket, which highlights ongoing gaps in awareness, scheme coverage, and accessibility. Although health schemes have reduced personal medical expenses, they have not removed them entirely. A key limitation of this study is that it focuses on a single hospital and lacks detailed socioeconomic data. Overall, the research suggests that while health schemes have definitely improved healthcare access in tier-two cities, there is still a need to increase awareness, improve reimbursement systems, and strengthen financial protection for patients.*

*Received 12 Nov., 2025; Revised 22 Nov., 2025; Accepted 24 Nov., 2025* *© The author(s) 2025. Published with open access at* ***www.questjournas.org***

The Financial Impact of Government Health Schemes and Insurance on Accessibility and Affordability of Healthcare in a two tier city in India: A Case Study in a Multi super-Speciality Hospital
Access to affordable and quality healthcare is one of the most significant challenges faced by India's healthcare system. With rising medical costs and the growing burden of diseases, government health schemes and insurance programs have become vital in ensuring that healthcare services are both accessible and financially sustainable. In recent years, the Indian government has launched several initiatives, such as the Ayushman Bharat Yojana and the Central Government Health Scheme (CGHS), to reduce the out-of-pocket expenditure of citizens and promote equitable access to medical services across different regions. However, the extent to which these schemes and insurance mechanisms have improved healthcare affordability and accessibility varies across institutions and geographic areas.

This study focuses on examining the financial impact of government health schemes and insurance on the accessibility and affordability of healthcare in India, using a multi-superspeciality hospital in a tier-2 city as a case study. The research aims to explore how the utilization of different insurance schemes has changed over time, how these programs influence patient costs, and what role hospital systems such as the TPA desk and user management portals play in streamlining healthcare financing.

Research Question:

How do government health schemes and insurance programs influence the affordability and accessibility of healthcare services in a multi-superspeciality hospital in a tier-2 city in India?

The paper begins with an overview of the various government and private health insurance schemes available in the hospital. It then analyzes trends in the utilization of these schemes over the years, including comparative data on cashless and reimbursement models. Subsequent sections discuss the functions of the TPA desk, the role of digital initiatives such as the ABHA card and user management portal, and the financial implications of insurance on medical devices and implants. Finally, the paper evaluates the growing out-of-

pocket expenditure and changing public attitudes toward health insurance in India, concluding with insights on improving accessibility and financial protection in healthcare delivery.

## II. Literature Review

Existing research on the financial impact of government health schemes and insurance in India has largely focused on macro-level analyses of utilization, awareness, and financial risk protection. For instance, a systematic review by Someone (2021) addressed the question "Do publicly funded health insurance schemes in India reduce out-of-pocket expenditure and improve healthcare utilization?" Using data synthesis from multiple quantitative studies, the review found that while utilization of healthcare services increased under schemes like Rashtriya Swasthya Bima Yojana (RSBY) and Ayushman Bharat, there was no consistent reduction in out-of-pocket expenditure. Similarly, someone conducted a qualitative study in Tamil Nadu to explore why women's utilization of government health insurance remained low. Through in-depth interviews and focus groups, they found that gender norms, lack of awareness, and bureaucratic barriers limited participation despite scheme availability.

Bawa and Ruchita (2018), in a cross-sectional survey of urban poor in Delhi, asked how aware and willing low-income households are to use health insurance. Their findings revealed low awareness and trust issues, with most respondents depending on out-of-pocket payments. Furthermore, a state-level policy review by Chatterjee (2021) examined the sustainability and coverage of health insurance schemes launched by various states. Using comparative analysis, the study concluded that fragmented policies and poor financial management hindered long-term success. In my study, instead of a broader perspective, I am focusing on a single institution to study deeply the Impact on local people.

## III. METHODS

Research Design

This study follows a descriptive and qualitative research design aimed at analyzing and comparing various insurance and government schemes available to individuals and businesses within the multi-support sector. The focus is on understanding the objectives, coverage, target beneficiaries, and overall impact of these schemes. This design was chosen because it allows for in-depth exploration of real-world programs without manipulating any variables.

Data Collection Methods

The data was collected primarily through secondary sources. Information was

Obtained from: Official government websites such as IRDAI, Ministry of Finance, and NITI Aayog

Policy documents and annual reports of major insurance companies and reports of the hospital. Research papers, newspaper articles, and online journals related to financial inclusion and social protection schemes
All data was compiled systematically in tables and summaries to make comparison easier.
No surveys or interviews were conducted, as the study relied on publicly available, verified information. However, if another researcher wished to replicate this study, they would need to gather updated information from the same types of sources using the same keywords and selection criteria (for example: "health insurance schemes India," "government social security plans," etc.).
Data Analysis
The collected data was analyzed using content and comparative analysis. Each scheme was reviewed for:
Eligibility criteria
Type of coverage
Benefits offered
Limitations or exclusions
Target audience (urban/rural, individual/business, etc.)

The findings were then summarized into categories (e.g., health, life, accident, or social security) to identify trends, gaps, and overlaps. Tables and summaries were used for clarity.

Justification of Methodology
A qualitative, document-based method was chosen because the topic requires interpretation of existing policies rather than numerical measurement. This method also ensures accuracy since all data originates from official, reliable sources. Moreover, it allows the researcher to provide an unbiased overview of the available support mechanisms without influencing the outcome through participant responses or experimental procedures.
Procedure for Replication
If another researcher wished to replicate this study, they would need to:
Choose the same research focus — insurance and government schemes in the multi-support sector.
Use official and secondary data sources published within a similar timeframe.
Apply the same analytical framework (comparing benefits, eligibility, and impact).
Organize data into comparable categories and summarize findings using qualitative interpretation.

## IV. RESULTS

After my research, I understood all the government schemes and insurances available and then surveyed them to see their impact.

There are 57 of these policies available at Orchid Hospital.
As follows:
1. MPJAY – Mahatma Phule Jan Arogya Yojana (2012)
State government scheme providing cashless treatment for economically weaker families at empanelled hospitals. Covers major surgeries and hospitalization.
2. Private
Patients without insurance or government schemes pay the full bill directly to the hospital. They may later claim reimbursement if eligible.
3. Medi Assist India TPA Pvt. Ltd.
A Third Party Administrator (TPA) that manages cashless claims and reimbursement services for several insurance companies.
4. Central Railway Hospital, Bhusawal
Provides medical treatment for railway employees and dependents as per Indian Railways healthcare
5. Star Health and Allied Insurance Co. Ltd. (2006)
A private health insurer offering cashless and reimbursement treatment for individual and family health
6. MDIndia Health Insurance TPA Pvt. Ltd. (2000)
One of India's largest TPAs, handling cashless and reimbursement processes for various insurance
7. Paramount Health Services & Insurance TPA Pvt. Ltd. (1996)
TPA providing cashless claim approval and support between hospitals and insurance companies.
8. ECHS – Ex-Servicemen Contributory Health Scheme (2003)
Provides cashless treatment to ex-servicemen, pensioners, and dependents through ECHS polyclinics and empanelled hospitals.
9. COVID Care Centre (2020)
Category created during the COVID-19 pandemic for patients treated as COVID
positive, who paid directly
10. Orchid Cash
For patients whose cashless claim is rejected or denied; hospital recovers the full bill (room, ICU, doctor, surgery, etc.) directly from the patient.
11. FHPL – Family Health Plan Insurance TPA Ltd. (1995)
One of India's first licensed TPAs providing cashless and reimbursement claim services for various insurers.
12. Care Health Insurance (Formerly Religare, 2012)
A private health insurer offering cashless hospitalization and family health coverage across India.
13. ICICI Lombard General Insurance Co. Ltd. (2001)
Major general insurer providing health insurance policies with cashless hospitalization via TPAs.
14. Ordnance Factory Varangaon P
rovides cashless and reimbursement medical treatment to employees and dependents under the defence healthcare system.
15. Ordnance Factory, Bhusawal
Offers cashless and reimbursement medical facilities for factory employees and dependents as per central government health guidelines
16. Religare Health Insurance (Now Care Health)

Provides cashless hospitalization and reimbursement claim facilities for individuals and families.
17. Niva Bupa Health Insurance Co. Ltd. (Formerly Max Bupa, 2010)
Offers cashless and reimbursement health insurance services for individuals, families, and corporates.
18. Indus Health Plus
Provides preventive health check-up packages and tie-ups with hospitals for early diagnosis and wellness.
19. Bajaj Allianz General Insurance Co. Ltd. (2001)
Offers health insurance with both cashless and reimbursement claim facilities through empanelled
20. Unique Healthcare and Medical Services
Provides corporate health check-ups and cashless service management through hospital networks.
21. Tata AIG General Insurance Co. Ltd. (2001)
Joint venture of Tata Group and AIG; provides cashless hospitalization under Tata AIG Medicare and other
22. Oriental Insurance Co. Ltd. (1947)

A government-owned insurer offering cashless and reimbursement health insurance through TPAs.
23. Vipul Medcorp Insurance TPA Pvt. Ltd. (2002)
Provides cashless and reimbursement claim management for multiple insurance companies. 24. United Healthcare Parekh TPA Pvt. Ltd. (2002)
Licensed TPA offering cashless treatment approval and claim settlement services for health insurers.
25. SBI General Insurance Co. Ltd. (2010)
Provides health insurance coverage with cashless network hospitals and reimbursement claim options.
26. CGHS Pune – Central Government Health Scheme
Offers cashless medical services for central government employees, pensioners, and dependents through
27. Vidal Health Insurance TPA Pvt. Ltd. (2002)
TPA providing cashless claim services for several leading insurance companies in India.
28. Health India Insurance TPA Services Pvt. Ltd. (2002)
TPA managing cashless hospitalization approvals for both government and private insurance companies.
29. Max Bupa (Now Niva Bupa)
Health insurer offering cashless and reimbursement policies for individuals and families.

30. Health Insurance TPA of India Ltd. (2013)
A government-backed TPA handling cashless claims for PSU insurers like New India, United India, etc.
31. New India Assurance Co. Ltd. (1919)
A PSU insurer providing cashless and reimbursement health insurance services through TPAs.
32. MSRTC (S.T.)
Provides cashless and reimbursement medical benefits for employees of the Maharashtra State Transport
33. Ayushman Bharat – PMJAY (2018)
Central government scheme offering cashless treatment up to ₹5 lakh per family per year for eligible
34. Heritage Health Insurance TPA Pvt. Ltd. (1998)
TPA offering cashless hospitalization and claim processing services across India.
35. Future Generali India Insurance Co. Ltd. (2007)
Provides health insurance coverage with cashless network hospitals and reimbursement claim options.
36. Ericson TPA Healthcare Pvt. Ltd. (2003)
Handles cashless claims and reimbursements for various health insurance companies.
37. IFFCO Tokio General Insurance Co. Ltd. (2000)
Provides cashless treatment at network hospitals and reimbursement for others.
38. United India Insurance Co. Ltd. (1938)

Government-owned insurer offering cashless and reimbursement treatment facilities via TPAs.
39. Cholamandalam MS General Insurance Co. Ltd. (2001)
Offers cashless and reimbursement health policies for individuals, corporates, and families. 40. State Health Assurance (SHA)
State government program ensuring cashless treatment to eligible citizens under public health coverage.
41. Reliance General Insurance Co. Ltd. (2000)
Provides cashless hospitalization and reimbursement for various health insurance plans.
42. Universal Sompo General Insurance Co. Ltd. (2007)
Joint venture insurer offering cashless health insurance for individuals and corporates.
43. Apollo Munich (Now HDFC ERGO Health, 2007)
Provides cashless treatment and reimbursement under individual and family health plans. 44. MedSave Health Insurance TPA Ltd. (2002)

TPA offering cashless claim processing and support for insured patients across India.
45. HDFC ERGO General Insurance Co. Ltd. (2002)
Major insurer providing cashless hospitalization through a wide network of hospitals.
46. Acko General Insurance Co. Ltd. (2016)
Digital-first insurer offering cashless and paperless health insurance services.
47. Navi General Insurance Ltd. (2017)
Provides cashless and digital claim settlement for health insurance policies.
48. Aditya Birla Health Insurance Co. Ltd. (2015)
Offers cashless hospitalization with focus on wellness and reward-based health plans.
49. Royal Sundaram General Insurance Co. Ltd. (2000)
Provides cashless and reimbursement health policies for families and corporates.
50. National Insurance Co. Ltd. (1906)
India's oldest PSU insurer offering cashless health insurance through TPAs.
51. Cigna TTK (Now Manipal Cigna Health Insurance Co. Ltd., 2014)
Provides cashless treatment and reimbursement for individual and group health insurance. 52. Indira IVF
Provides fertility and IVF treatments, offering cashless or reimbursement options for insured patients.
53. National Insurance (Repeated)
Government-owned insurer offering cashless and reimbursement services through TPAs.
54. Magma HDI General Insurance Co. Ltd. (2009)
Provides cashless and reimbursement health insurance for individuals and corporates.
55. MPJAY OPD
Outpatient services under Mahatma Phule Jan Arogya Yojana, covering limited free or subsidized OPD
56. Manipal Cigna Health Insurance Co. Ltd. (2014)
Provides cashless hospitalization and reimbursement claims through network hospitals.

57. Ordnance Factory Advance
Employees availing advance payment facility for treatment under ordnance factory medical rules

Out of all these, the major **two schemes** which are widely used are:

1.Central Government Health Scheme (CGHS)
Launched: 1954
Purpose: Provides comprehensive healthcare services to Central Government employees, pensioners, and their dependents.
Coverage: Allopathic, homeopathic, and AYUSH treatment. Medicines, hospitalization, diagnostic tests, and specialist consultations.
Facilities: CGHS dispensaries in major cities. Empanelled private hospitals for treatment beyond dispensary capacity.
Eligibility: Central government employees, pensioners, family members, and certain other categories (e.g., ex-MPs, ex-MLAs in some states).
Key Features: Cashless treatment at empanelled hospitals. Regular health check-ups and preventive care. Focus on quality and standardized medical services.
Administered By: Ministry of Health and Family Welfare, Government of India.

2. Ex-Servicemen Contributory Health Scheme (ECHS)
Purpose: Provides comprehensive healthcare to retired armed forces personnel and their dependents.
Coverage: Outpatient treatment at ECHS polyclinics. Hospitalization, surgeries, and specialized treatments at empanelled military and civilian hospitals. Medicines, diagnostics, and preventive care.
Eligibility: Retired armed forces personnel, war widows, and dependent family members. Cost: Contributory scheme; beneficiaries pay a small nominal fee or contribute a monthly amount.
Key Features: Cashless treatment in empanelled hospitals. Priority healthcare for ex-servicemen and dependents. Integration with private empanelled hospitals for specialized care.
Administered By: Directorate of ECHS under the Ministry of Defence, Government of India.
There can be a **comparison** between these, like the following

| | | | | | |
|---|---|---|---|---|---|
| **Scheme / Insurance** | **Target Group** | **Coverage / Benefits** | **Cost to Beneficiary** | **Treatment Mode** | **Administered By / Provider** |
| **ECHS** | Ex-servicemen, war widows, and dependents | OPD, hospitalization, surgeries, diagnostics, medicines | Nominal contribution / small fees | Cashless in ECHS polyclinics & empanelled hospitals | Ministry of Defence |
| **CGHS** | Central Government employees & pensioners | Allopathic, AYUSH treatment, diagnostics, medicines | Free for employees and pensioners | Cashless in CGHS dispensaries & empanelled hospitals | Ministry of Health & Family Welfare |
| **PMJAY (Ayushman Bharat)** | Poor & vulnerable families across India | Secondary & tertiary care; ₹5 lakh per family per year | Free; government-funded | Cashless in empanelled public & private hospitals | Ministry of Health & Family Welfare |
| **ESIC** | Workers in organized sector & their families | Medical treatment, hospitalization, sickness, maternity, disability, dependent benefits | Contribution-based: Employer 4.75% + Employee 1.75% of wages | Cashless in ESIC dispensaries & empanelled hospitals | Ministry of Labour & Employment |
| **MPKAY** | Maharashtra Police personnel & their families | Basic healthcare including surgeries, diagnostics, medicines | Free; government-funded | Cashless in MPKAY empanelled hospitals | Maharashtra Police Department |
| **MJPJAY** | Maharashtra residents, especially ration card holders | ₹5 lakh per family per year; 2,399 procedures | Free; government-funded | Cashless in empanelled public & private hospitals | Maharashtra State Government |
| **Corporate Health Insurance** | Private & Government Employees (via employer) | Hospitalization, surgeries, OPD, maternity, critical illness; sum insured varies ₹1 lakh – ₹50 lakh+ | Paid by employer, employee contribution may apply | Cashless in network hospitals; reimbursement possible for out-of-network | Private insurers (ICICI Lombard, HDFC ERGO, Star Health, etc.) |

RESULT: Government Schemes (ECHS, CGHS, PMJAY, ESIC, MPKAY, MJPJAY): Primarily for specific populations like ex-servicemen, poor families, government employees, police personnel; mostly cashless and subsidized.

Corporate Health Insurance: Covers employees in private and government sectors with flexible coverage, higher sum insured, and additional benefits like OPD, maternity, and wellness programs

The next step was to understand the **difference** between **cashless and reimbursement**

| Aspect | Cashless Claim | Reimbursement Claim |
|---|---|---|
| **Process** | Direct settlement between hospital and insurer/TPA | Patient pays bills first, then claims reimbursement from insurer |
| **Payment** | Insurer/TPA pays hospital directly | Patient pays hospital, insurer reimburses later |
| **Financial Burden** | No upfront payment (except non-covered items) | Patient bears full cost initially |
| **Convenience** | High — no need to arrange funds | Moderate — involves paperwork and waiting |
| **Hospital Choice** | Only in network (empanelled) hospitals | Any hospital (network or non-network) |
| **Approval Requirement** | Pre-authorization required before/during treatment | Post-treatment claim submission |
| **Settlement Time** | Faster, mostly during hospitalization | Slower, after verification of documents |
| **Documentation** | Minimal, handled by hospital and TPA | Detailed — patient must submit bills, reports, discharge summary etc. |

The main motive behind my research was to see **how over the years there is a reduction in out of pocket expenditure** (OOPE) i.e Average Medical bill before Vs.
after scheme coverage.
This is how in Orchid hospital. Reduction has been noticed.
Price Reductions in Medical Implants and Devices (2012–2025)

1. Coronary Stents
2012: The average price of coronary stents ranged from ₹45,000 to ₹1,21,000.
2017: The National Pharmaceutical Pricing Authority (NPPA) capped the prices: Bare-metal stents: ₹7,260 Drug-eluting stents: ₹29,600 This resulted in a price reduction of up to 85%. 2025: Prices have remained stable post-cap, with occasional adjustments.

2. Pacemakers
2012: Pacemaker prices were approximately ₹1.5 lakh to ₹2.5 lakh.
2023: The average export price was around $1,300 (~₹1 lakh), indicating a significant reduction.
2025: Continued affordability, with prices varying based on type and brand.

3. Knee Implants
2012: Knee implant costs ranged from ₹3 lakh to ₹6 lakh.
2017: The NPPA imposed price caps: Primary knee replacement: ₹51,563 Revision

knee replacement: ₹83,547 This led to a price reduction of up to 69%
2025: Prices have remained within the capped limits, ensuring continued affordability. In earlier years, access to multi-super speciality hospitals in India was largely restricted to the affluent, as the cost of advanced treatments, specialized doctors, and state-of-the-art facilities placed them beyond the reach of most middle- and lower-income patients. However, the introduction and expansion of various health insurance plans and government schemes have played a transformative role in improving healthcare accessibility. Initiatives such as Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PMJAY), state-specific insurance programs, and private health insurance options have significantly reduced the financial barriers associated with tertiary care. As a result, patients who were previously unable to afford specialized treatments can now seek care in reputed multi-superspeciality hospitals without the fear of catastrophic health expenses. Nevertheless, awareness of these schemes remains uneven. While urban populations tend to have greater exposure to information about available insurance benefits, a substantial portion of rural and economically weaker groups remain unaware or uncertain about how to avail these services. This gap in awareness highlights the need for more effective outreach and education initiatives to ensure that the benefits of these schemes reach all sections of society. A step taken by the hospital to make this process easier for the patients is the creation of TPA desks in hospital. The TPA (Third Party Administrator) Desk in a hospital acts as a link between the hospital, patient, and health insurance company. It handles all cashless claim procedures, including verification of patient's insurance details, submission of documents, pre-authorization requests, and coordination with insurance companies/TPAs. The TPA desk ensures smooth processing of claims so that patients can get treatment without paying large amounts upfront. Key Functions of TPA Desk: Verifies patient's insurance coverage. Submits pre-authorization requests to insurer/TPA. Coordinates with doctors and insurance for approvals. Maintains claim-related documents and updates. Facilitates cashless hospitalization
One more initiative taken by the government includes the ABHA card.
Full Form: Ayushman Bharat Health Account (ABHA)
Purpose: To create a digital health ID for every Indian, which stores personal health records securely. Key Features: Digital Health ID: Unique ID for each individual to access and manage health records. Health Record Storage: Stores medical history, prescriptions, lab reports, and discharge summaries. Secure Access: Patients control who can access their health data. Interoperability: Can be used across hospitals and labs nationwide. Integration: Works with Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) and other health schemes.
Benefits: Reduces paperwork and duplicate tests. Improves continuity of care across hospitals. Enables quick verification for health insurance claims. Facilitates telemedicine consultations.
How to Get ABHA Card: Online registration via ABHA Portal or through participating hospitals. Requires mobile number or Aadhaar for verification. Free for all Indian citizens
As a result of all of this and also the impact on medical industry after covid, the attitude of people in India has also changed.

## Comparison of People's Attitude Towards Health Insurance in India

| Aspect | Before COVID-19 | After COVID-19 |
|---|---|---|
| **Awareness** | Low to moderate, mainly urban population | Significantly increased; more people aware of need for health coverage |
| **Perception of Risk** | Health considered low-risk; insurance often ignored | High-risk perception; COVID-19 highlighted vulnerability and importance of insurance |
| **Purchase Motivation** | Mainly due to employer benefits or compliance | Driven by fear of medical emergencies and high treatment costs |
| **Type of Policy Preferred** | Basic coverage, limited sum insured | Higher sum insured, comprehensive policies, family floater plans |
| **Claim Importance** | Less focus on claim process, mostly formalities | High importance on quick cashless claim and TPA efficiency |
| **Adoption Rate** | Moderate; low penetration in rural areas | Increased penetration in urban and semi-urban areas; rural awareness growing |
| **Payment Willingness** | Premium sensitivity high; low willingness to spend | Willing to pay higher premiums for better coverage and protection |
| **Health Consciousness** | Limited preventive focus | Increased preventive focus: screenings, wellness add-ons, and pandemic coverage |

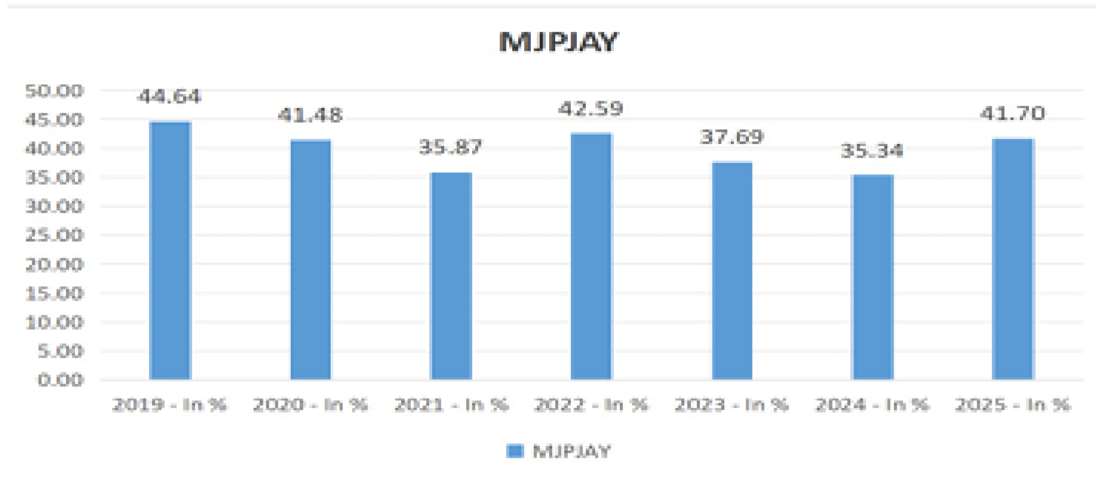
With increase in technology, and awareness of people, Insurance and scheme penetration has been growing over the years. This results as change in hospital revenue. All the data from 2019 has been explained below

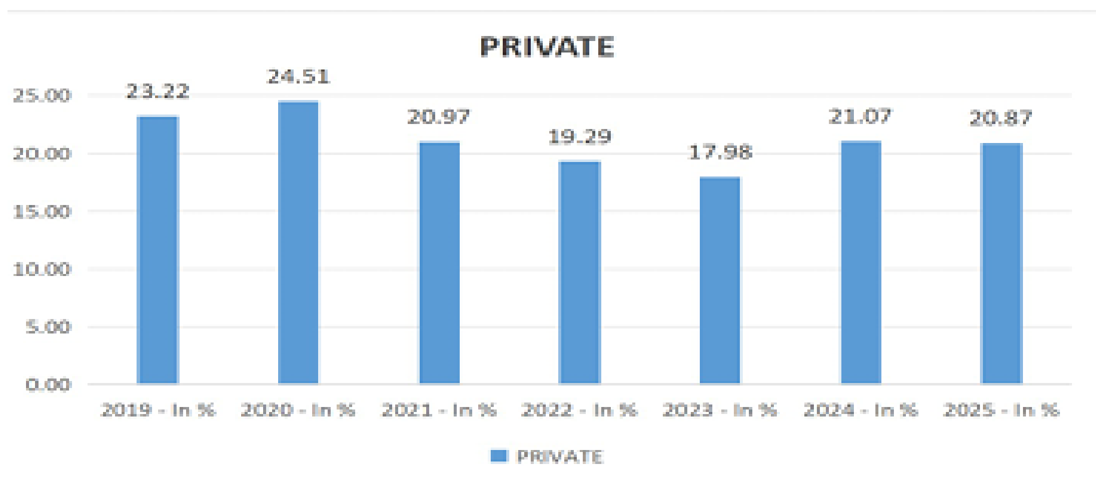
**Orchid Multi Superspeciality Hospital**

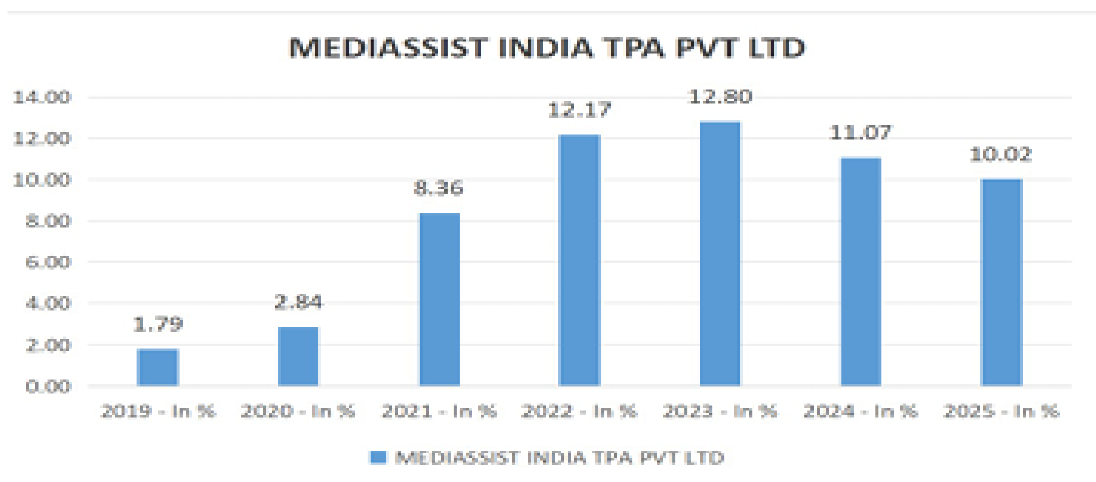
**Revenue Analysis By Category and Year-wise in Percentage**

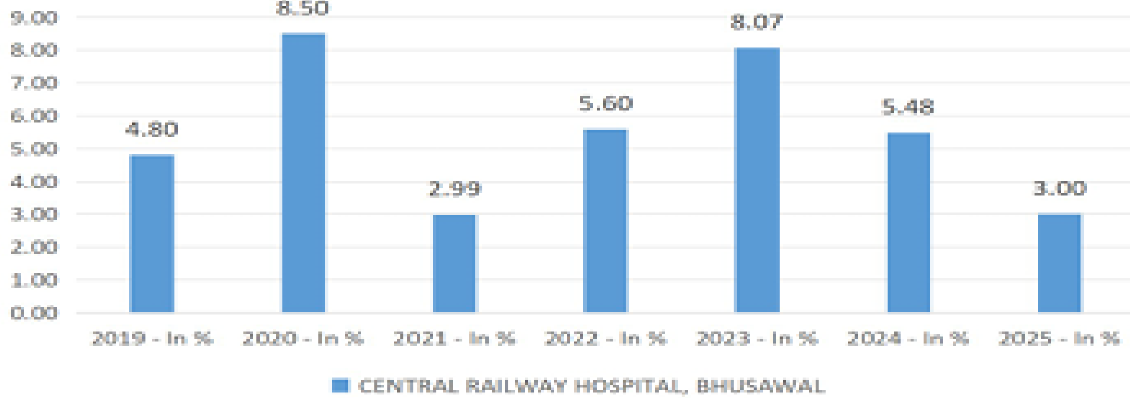
**From 1st Jan 2019 to 2nd Oct 2025**

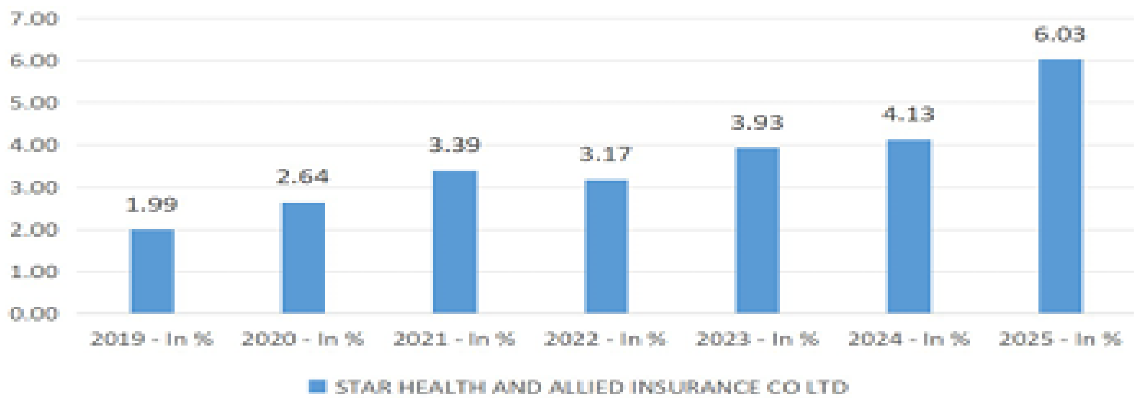
| Sr. No. | Category | 2019 - In % | 2020 - In % | 2021 - In % | 2022 - In % | 2023 - In % | 2024 - In % | 2025 - In % |
|---|---|---|---|---|---|---|---|---|
| 1 | MJPJAY | 44.64 | 41.48 | 35.87 | 42.59 | 37.69 | 35.34 | 41.70 |
| 2 | PRIVATE | 23.22 | 24.51 | 20.97 | 19.29 | 17.98 | 21.07 | 20.87 |
| 3 | MEDIASSIST INDIA TPA PVT LTD | 1.79 | 2.84 | 8.36 | 12.17 | 12.80 | 11.07 | 10.02 |
| 4 | CENTRAL RAILWAY HOSPITAL, BHUSAWAL | 4.80 | 8.50 | 2.99 | 5.60 | 8.07 | 5.48 | 3.00 |
| 5 | STAR HEALTH AND ALLIED INSURANCE CO LTD | 1.99 | 2.64 | 3.39 | 3.17 | 3.93 | 4.13 | 6.03 |
| 6 | M D INDIA HEALTHCARE TPA CO LTD | 8.56 | 6.11 | 3.41 | 1.78 | 1.50 | 1.24 | 1.21 |
| 7 | PARAMOUNT TPA | 0.90 | 2.77 | 2.27 | 2.07 | 3.14 | 2.52 | 1.50 |
| 8 | ECHS | 4.17 | 2.16 | 0.41 | 1.81 | 1.29 | 3.33 | 4.36 |
| 9 | COVID CARE CENTRE | 0.00 | 0.00 | 13.33 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | ORCHID CASH | 1.93 | 1.38 | 1.13 | 1.69 | 2.38 | 1.97 | 1.88 |
| 11 | FAMILYHEALTH PLAN (FHPL) | 1.10 | 0.71 | 1.31 | 1.43 | 1.16 | 1.59 | 1.44 |
| 12 | CARE HEALTH INSURANCE | 0.00 | 0.00 | 0.00 | 1.75 | 1.92 | 2.02 | 0.65 |
| 13 | ICICI LOMBARD | 0.36 | 0.40 | 0.80 | 1.01 | 1.26 | 1.04 | 1.59 |
| 14 | ORDANCE FACTORY VARANGAON | 0.72 | 1.23 | 0.50 | 0.64 | 0.64 | 1.22 | 0.64 |
| 15 | ORDNANCE FACTORY, BHUSAWAL | 1.06 | 0.71 | 0.52 | 0.17 | 0.70 | 0.49 | 0.64 |
| 16 | RELIGARE HEALTH INSURANCE | 0.32 | 0.90 | 1.58 | 0.17 | 0.00 | 0.03 | 0.09 |
| 17 | NIVA BUPA | 0.00 | 0.00 | 0.00 | 0.34 | 1.20 | 0.52 | 0.00 |
| 18 | INDUS HEALTHCARE PLUS | 0.31 | 0.42 | 0.40 | 0.43 | 0.30 | 0.36 | 0.05 |
| 19 | BAJAJ ALLIANZ GENERAL INSURENCE CO. | 0.00 | 0.00 | 0.00 | 0.00 | 0.69 | 0.61 | 0.68 |
| 20 | UNIQUE HEALTHCARE AND MEDICAL SERVICES | 0.94 | 0.25 | 0.20 | 0.56 | 0.41 | 0.00 | 0.00 |
| 21 | TATA AIG | 0.00 | 0.00 | 0.22 | 0.15 | 0.50 | 0.54 | 0.37 |
| 22 | ORIENTAL INSURANCE LTD | 0.00 | 0.10 | 0.02 | 0.22 | 0.05 | 0.69 | 0.28 |
| 23 | VIPUL MEDCROP | 0.19 | 0.32 | 0.40 | 0.53 | 0.05 | 0.00 | 0.00 |
| 24 | UNITED HEALTH CARE PAREKH TPA | 0.09 | 0.39 | 0.23 | 0.51 | 0.00 | 0.00 | 0.20 |
| 25 | SBI GENERAL INSURENCE CO. LTD. | 0.00 | 0.00 | 0.00 | 0.00 | 0.51 | 0.32 | 0.20 |
| 26 | CGHS PUNE | 0.51 | 0.56 | 0.04 | 0.17 | 0.01 | 0.02 | 0.22 |
| 27 | VIDAL HEALTH | 0.00 | 0.00 | 0.00 | 0.07 | 0.23 | 0.38 | 0.39 |
| 28 | HEALTH INDIA | 0.00 | 0.02 | 0.00 | 0.00 | 0.44 | 0.15 | 0.43 |
| 29 | MAX BUPA | 0.02 | 0.38 | 0.41 | 0.30 | 0.00 | 0.00 | 0.00 |
| 30 | Health Insurance TPA of India Ltd | 0.00 | 0.00 | 0.00 | 0.00 | 0.06 | 0.76 | 0.12 |
| 31 | NEW INDIA INSURANCE LTD | 0.00 | 0.06 | 0.00 | 0.21 | 0.00 | 0.65 | 0.00 |
| 32 | MSRTC(S.T) | 0.30 | 0.32 | 0.10 | 0.12 | 0.08 | 0.26 | 0.00 |
| 33 | AYUSHMAN BHARAT | 0.84 | 0.16 | 0.01 | 0.14 | 0.07 | 0.22 | 0.00 |
| 34 | HERITAGE HEALTH | 0.00 | 0.00 | 0.08 | 0.22 | 0.16 | 0.33 | 0.03 |
| 35 | FUTURE GENERALI | 0.00 | 0.15 | 0.33 | 0.29 | 0.05 | 0.07 | 0.00 |
| 36 | ERICSON TPA HEALTHCARE PVT. LTD. | 0.00 | 0.06 | 0.04 | 0.10 | 0.18 | 0.17 | 0.36 |
| 37 | IFFCO TOKIO INSURANCE | 0.11 | 0.08 | 0.18 | 0.13 | 0.10 | 0.12 | 0.16 |
| 38 | UNITED INDIA INSURANCE INDIA LTD | 0.00 | 0.04 | 0.00 | 0.01 | 0.00 | 0.49 | 0.22 |
| 39 | CHOLA MS | 0.01 | 0.00 | 0.35 | 0.05 | 0.06 | 0.03 | 0.16 |
| 40 | State Health Assurence | 0.00 | 0.00 | 0.00 | 0.04 | 0.12 | 0.34 | 0.00 |
| 41 | RELIANCE GENERAL INSURANCE | 0.00 | 0.00 | 0.00 | 0.06 | 0.13 | 0.19 | 0.10 |
| 42 | UNIVERSAL SOMPO | 0.02 | 0.04 | 0.10 | 0.02 | 0.07 | 0.04 | 0.07 |
| 43 | APOLLO MUNICH | 0.56 | 0.03 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 44 | MED SAVE | 0.32 | 0.04 | 0.03 | 0.01 | 0.00 | 0.00 | 0.00 |
| 45 | HDFC ERGO | 0.07 | 0.20 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 46 | Acko General Insurence Co. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.07 | 0.14 |
| 47 | NAVI GENERAL INSURANCE LIMITED | 0.00 | 0.00 | 0.00 | 0.00 | 0.07 | 0.02 | 0.00 |
| 48 | Aditya Birla Insurence Co. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.13 |
| 49 | Royal Sundaram Health Insurence Co. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.04 | 0.07 |
| 50 | NATIONAL INSUARANCE COMP. LTD | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.06 | 0.00 |
| 51 | CIGNA TTK | 0.10 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 52 | INDIRA IVF | 0.00 | 0.04 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 53 | NATIONAL INSURANCE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.02 | 0.00 |
| 54 | Megma HDI General Insurence Co. Ltd. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.02 |
| 55 | MJPJAY OPD | 0.03 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 56 | Manipalsinga Health Care Insurence co. | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 |
| 57 | ORDNANCE FACTORY ADVANCE | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | **Total** | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 |

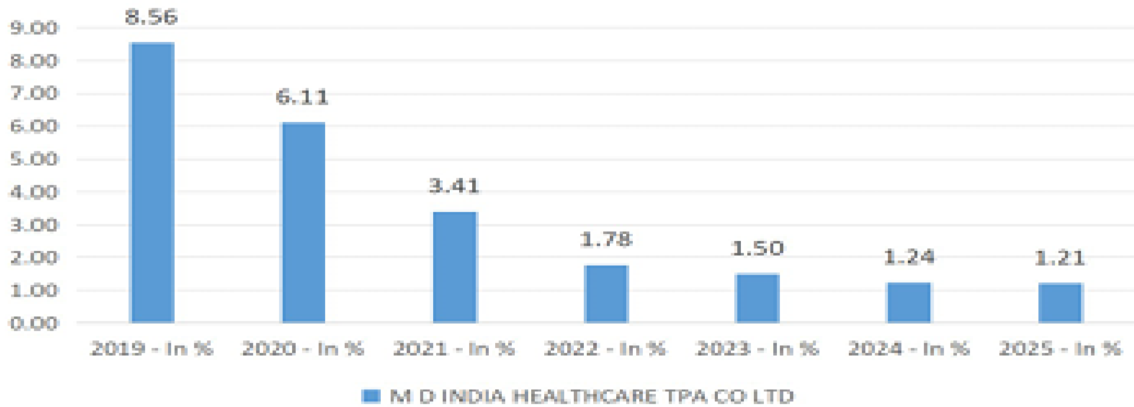

MJPJAY
50.00
45.00
40.00
35.00
30.00
25.00
20.00
15.00
10.00
5.00
0.00
44.64
41.48
35.87
42.59
37.69
35.34
41.70
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
MJPJAY

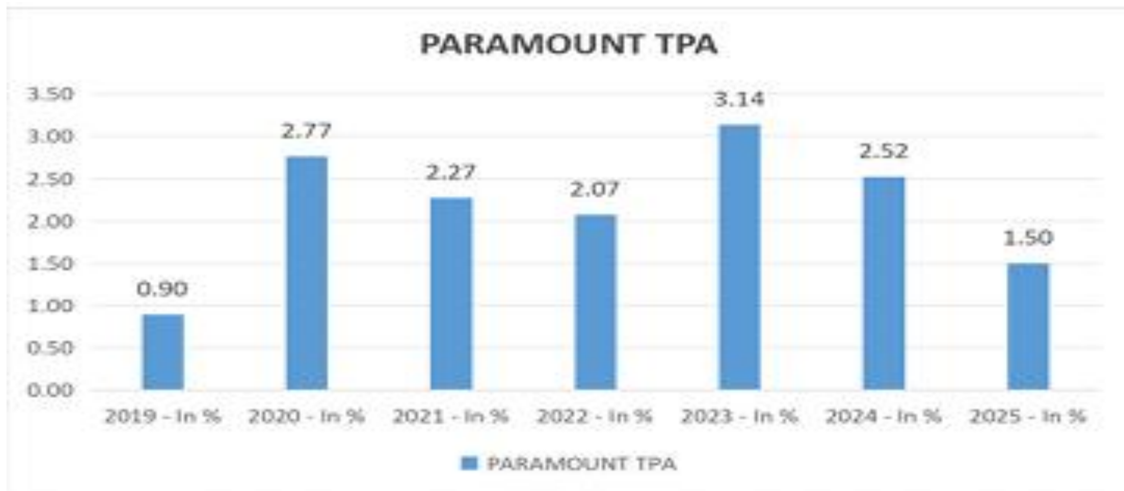

PRIVATE
25.00
20.00
15.00
10.00
5.00
0.00
23.22
24.51
20.97
19.29
17.98
21.07
20.87
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
PRIVATE

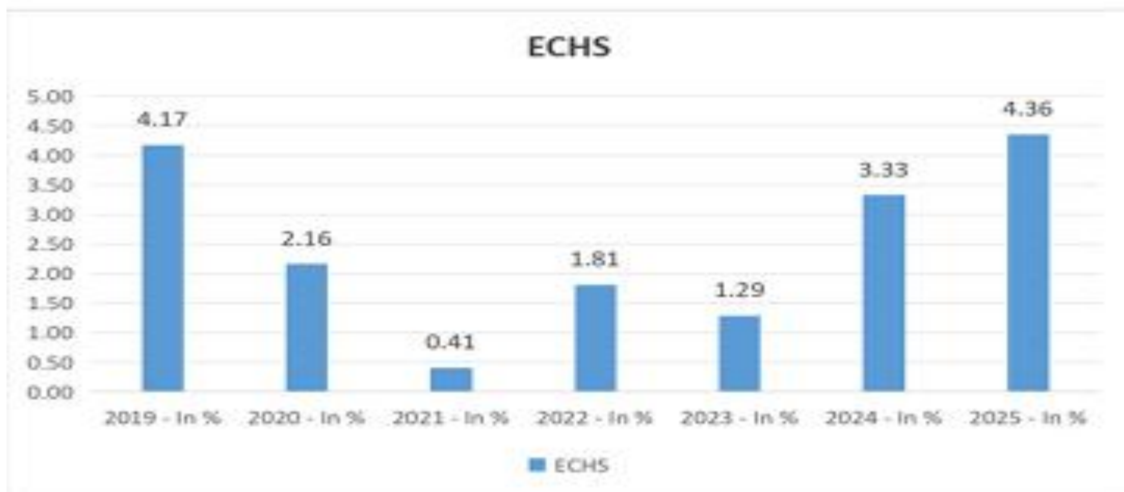

MEDIASSIST INDIA TPA PVT LTD
14.00
12.00
10.00
8.00
6.00
4.00
2.00
0.00
1.79
2.84
8.36
12.17
12.80
11.07
10.02
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
MEDIASSIST INDIA TPA PVT LTD

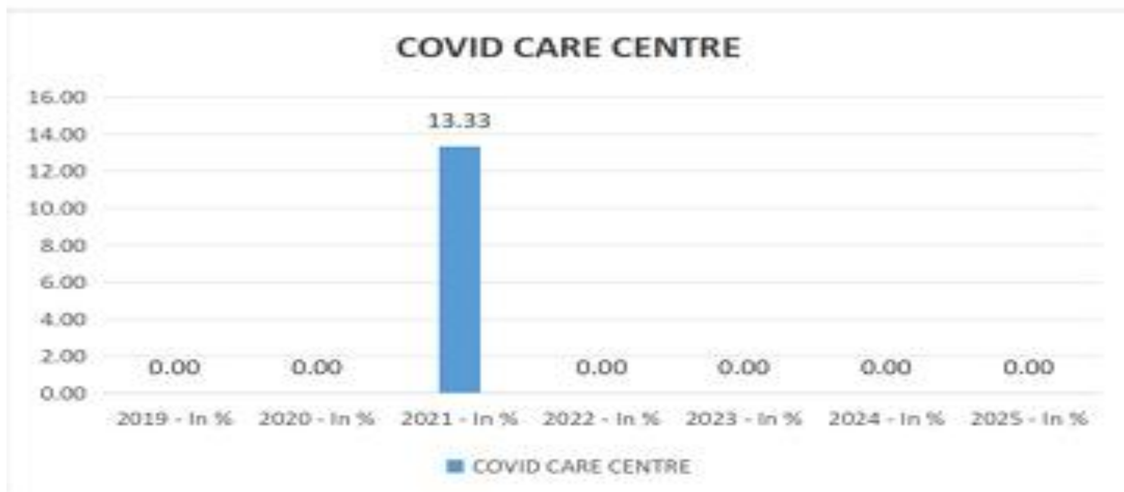

CENTRAL RAILWAY HOSPITAL, BHUSAWAL
9.00
8.00
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
4.80
8.50
2.99
5.60
8.07
5.48
3.00
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
CENTRAL RAILWAY HOSPITAL, BHUSAWAL

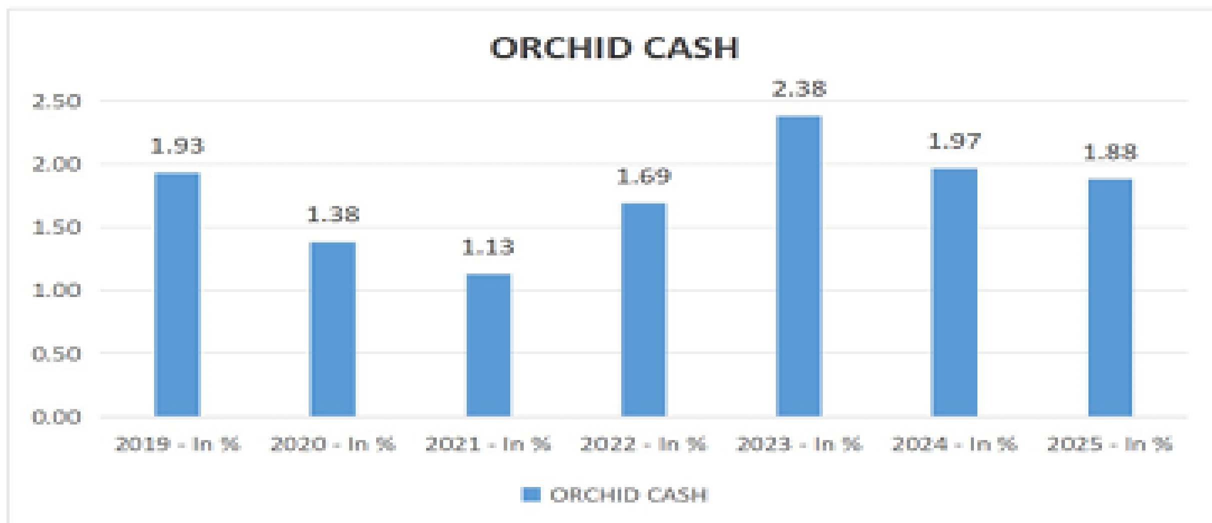

STAR HEALTH AND ALLIED INSURANCE CO LTD
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
1.99
2.64
3.39
3.17
3.93
4.13
6.03
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
STAR HEALTH AND ALLIED INSURANCE CO LTD

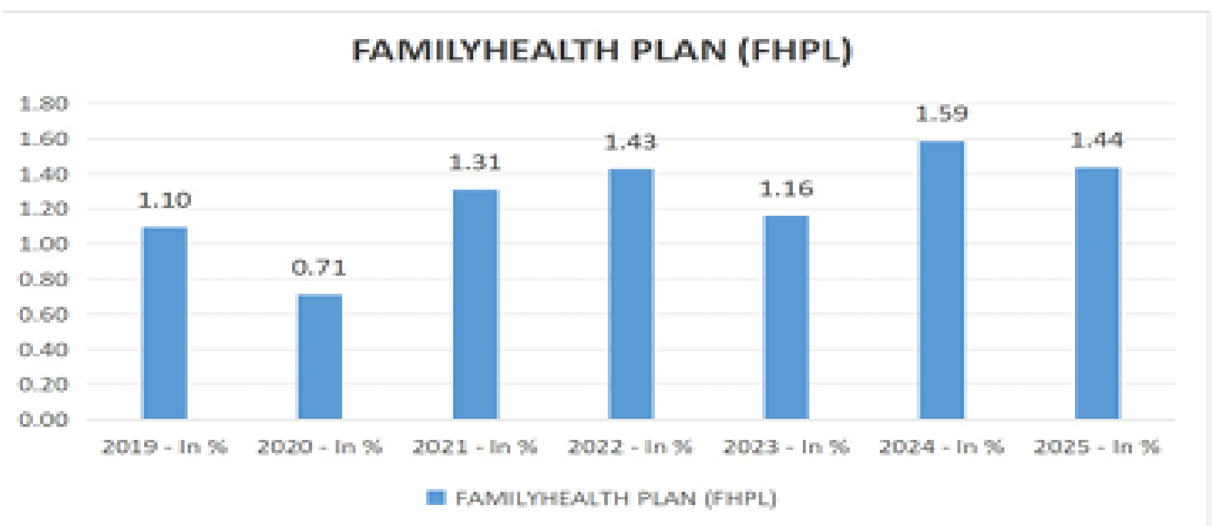

M D INDIA HEALTHCARE TPA CO LTD
9.00
8.00
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
8.56
6.11
3.41
1.78
1.50
1.24
1.21
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
M D INDIA HEALTHCARE TPA CO LTD

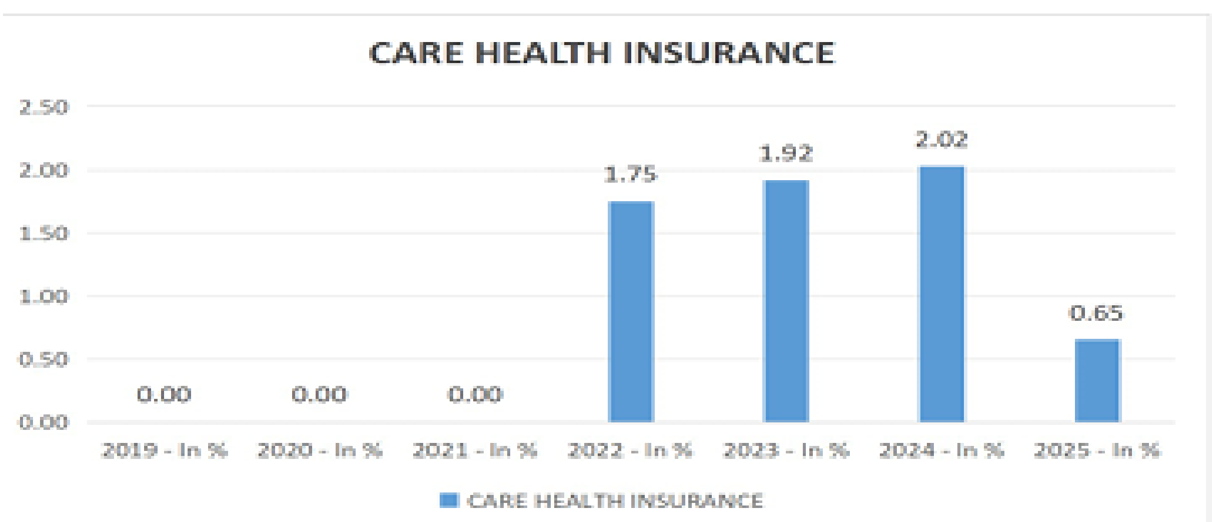

PARAMOUNT TPA
3.50
3.00
2.50
2.00
1.50
1.00
0.50
0.00
0.90
2.77
2.27
2.07
3.14
2.52
1.50
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
PARAMOUNT TPA

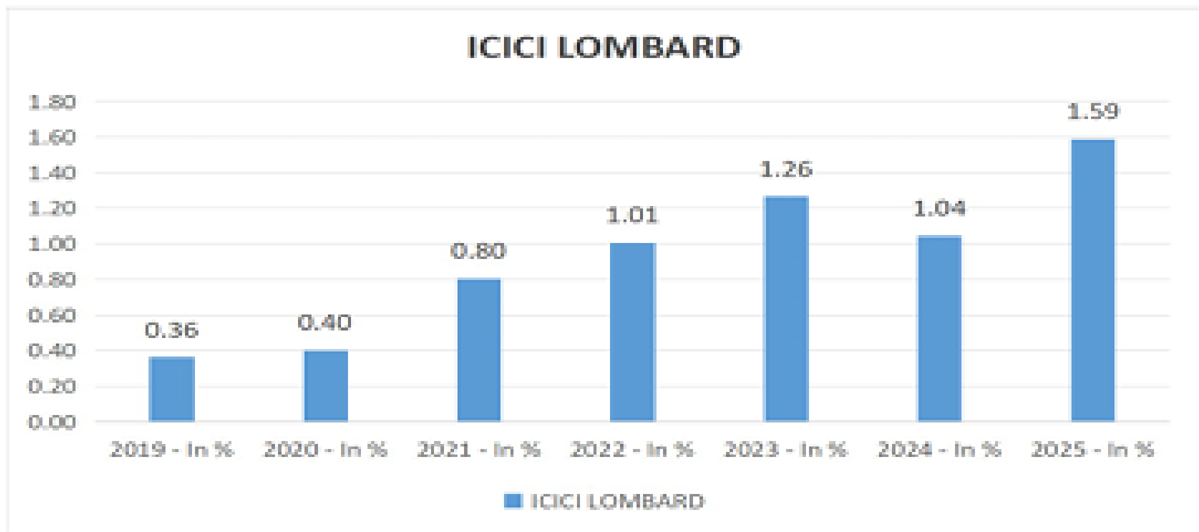

ECHS
5.00
4.50
4.00
3.50
3.00
2.50
2.00
1.50
1.00
0.50
0.00
4.17
2.16
0.41
1.81
1.29
3.33
4.36
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
ECHS

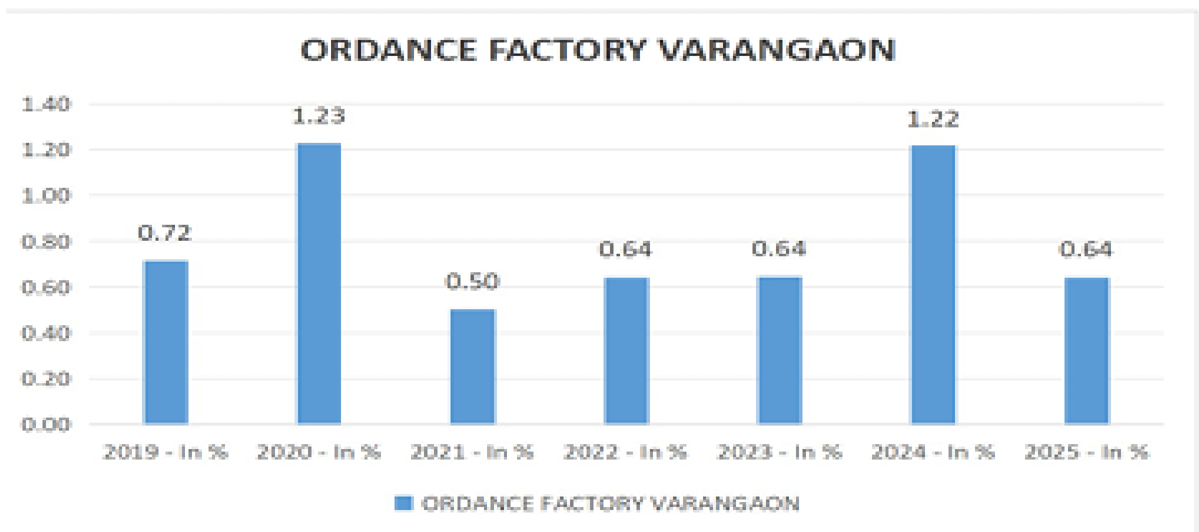

COVID CARE CENTRE
16.00
14.00
12.00
10.00
8.00
6.00
4.00
2.00
0.00
0.00
0.00
13.33
0.00
0.00
0.00
0.00
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
COVID CARE CENTRE

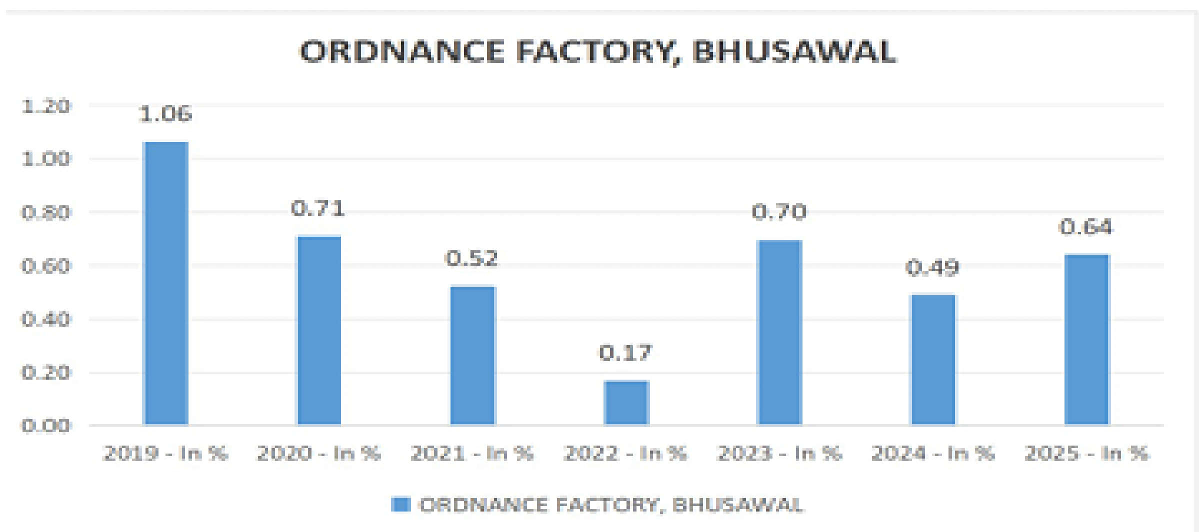

ORCHID CASH
2.50
2.00
1.50
1.00
0.50
0.00
1.93
1.38
1.13
1.69
2.38
1.97
1.88
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
ORCHID CASH

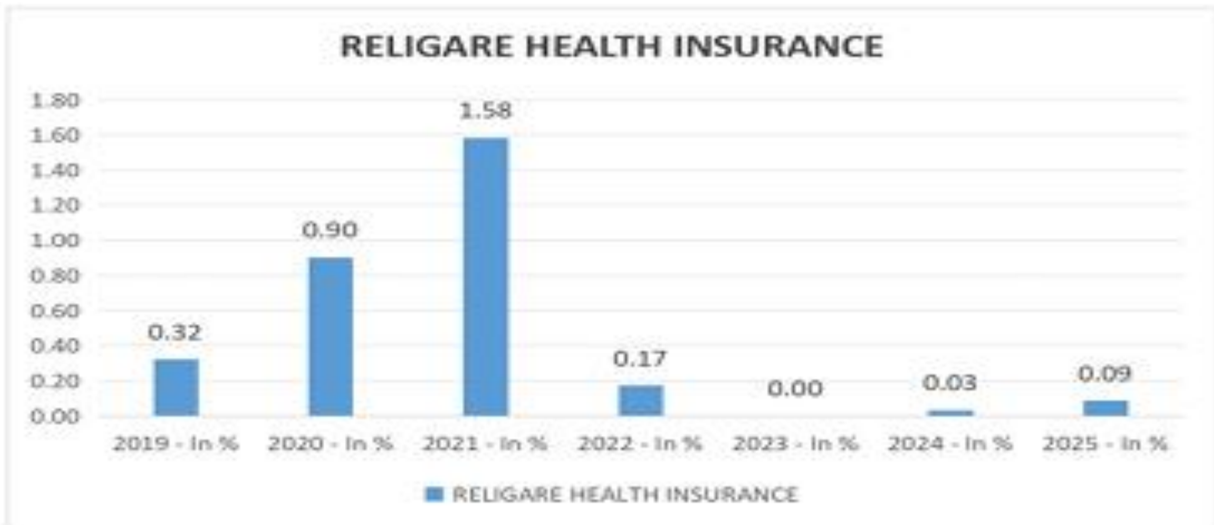

FAMILYHEALTH PLAN (FHPL)
1.80
1.60
1.40
1.20
1.00
0.80
0.60
0.40
0.20
0.00
1.10
0.71
1.31
1.43
1.16
1.59
1.44
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
FAMILYHEALTH PLAN (FHPL)

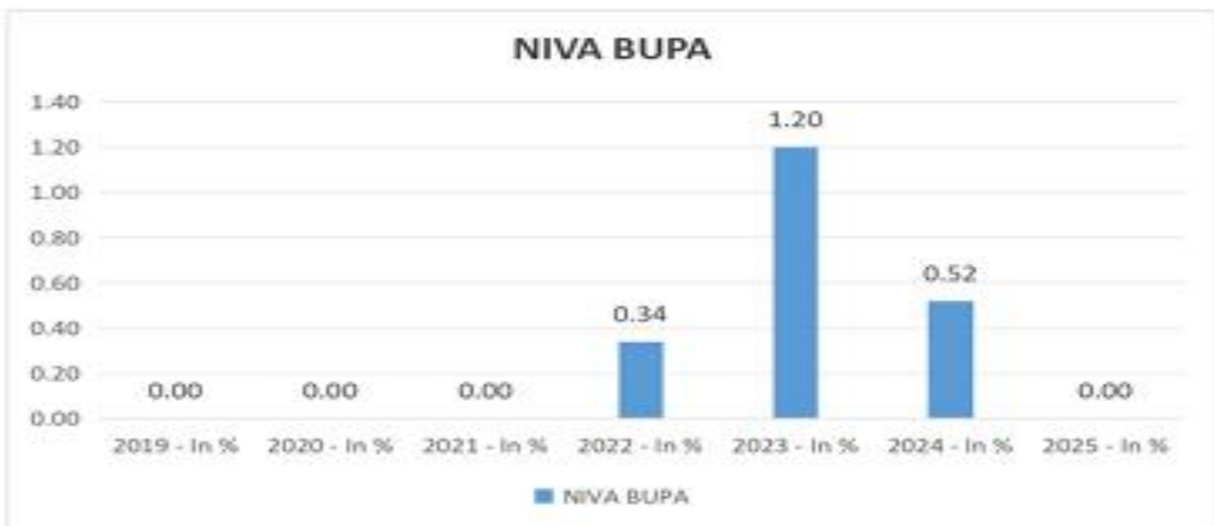

CARE HEALTH INSURANCE
2.50
2.00
1.50
1.00
0.50
0.00
0.00
0.00
0.00
1.75
1.92
2.02
0.65
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
CARE HEALTH INSURANCE

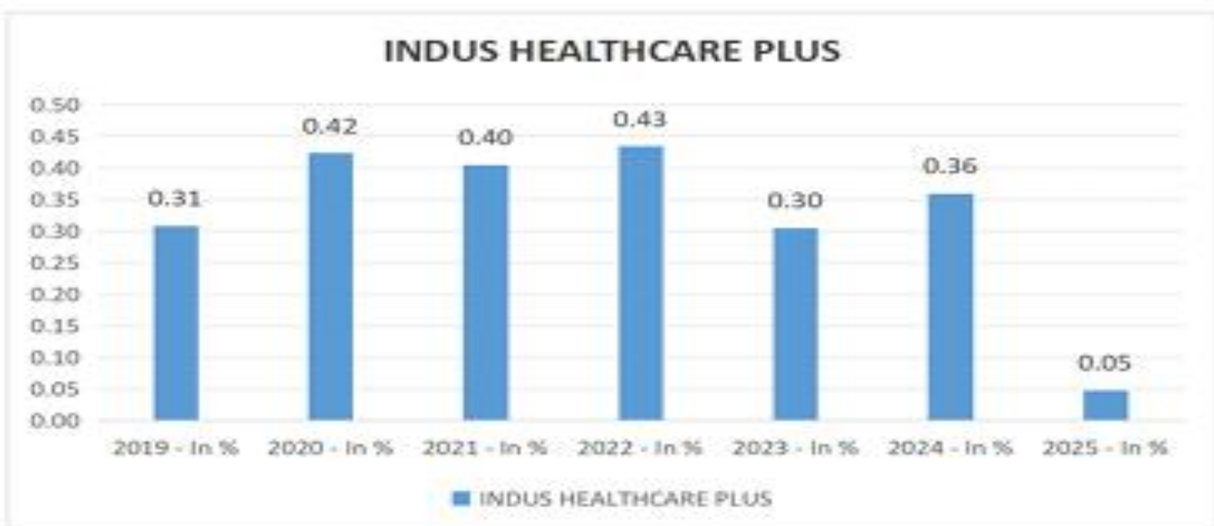

ICICI LOMBARD
1.80
1.60
1.40
1.20
1.00
0.80
0.60
0.40
0.20
0.00
0.36
0.40
0.80
1.01
1.26
1.04
1.59
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
ICICI LOMBARD


ORDANCE FACTORY VARANGAON
1.40
1.20
1.00
0.80
0.60
0.40
0.20
0.00
0.72
1.23
0.50
0.64
0.64
1.22
0.64
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
ORDANCE FACTORY VARANGAON

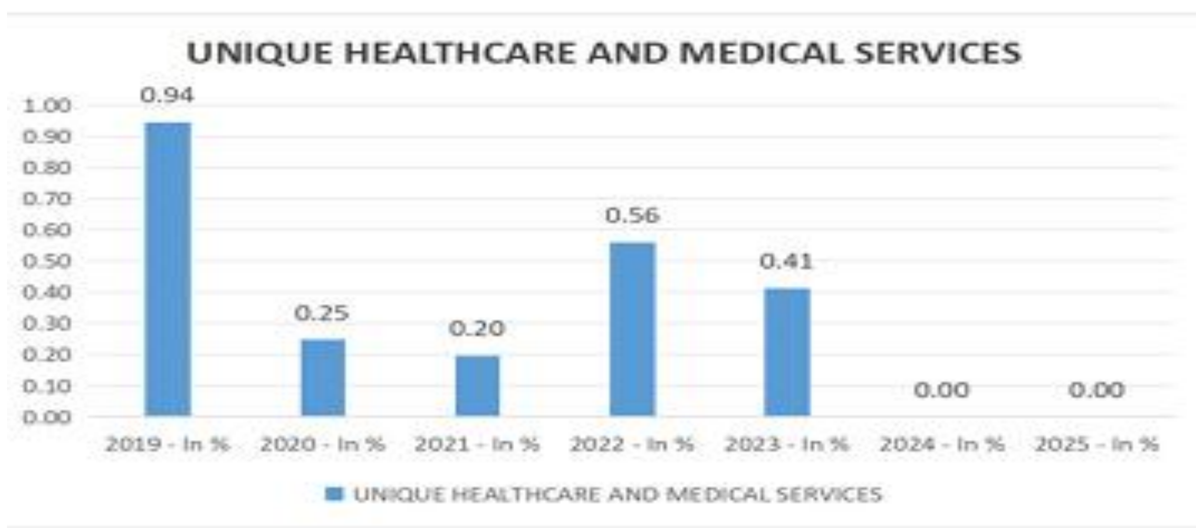

ORDNANCE FACTORY, BHUSAWAL
1.20
1.00
0.80
0.60
0.40
0.20
0.00
1.06
0.71
0.52
0.17
0.70
0.49
0.64
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
ORDNANCE FACTORY, BHUSAWAL

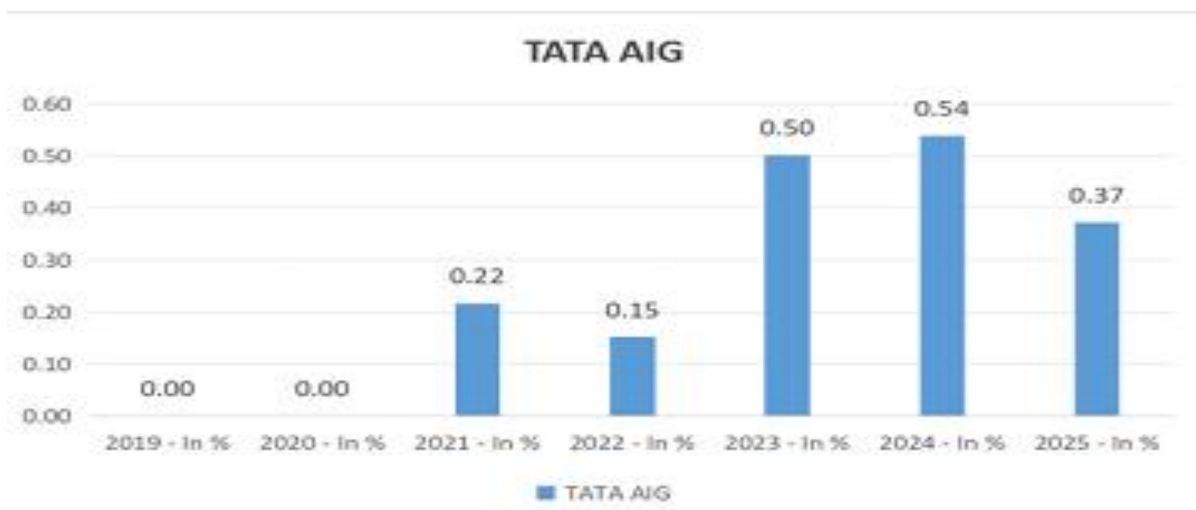

RELIGARE HEALTH INSURANCE
1.80
1.60
1.40
1.20
1.00
0.80
0.60
0.40
0.20
0.00
0.32
0.90
1.58
0.17
0.00
0.03
0.09
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
RELIGARE HEALTH INSURANCE


NIVA BUPA
1.40
1.20
1.00
0.80
0.60
0.40
0.20
0.00
0.00
0.00
0.00
0.34
1.20
0.52
0.00
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
NIVA BUPA

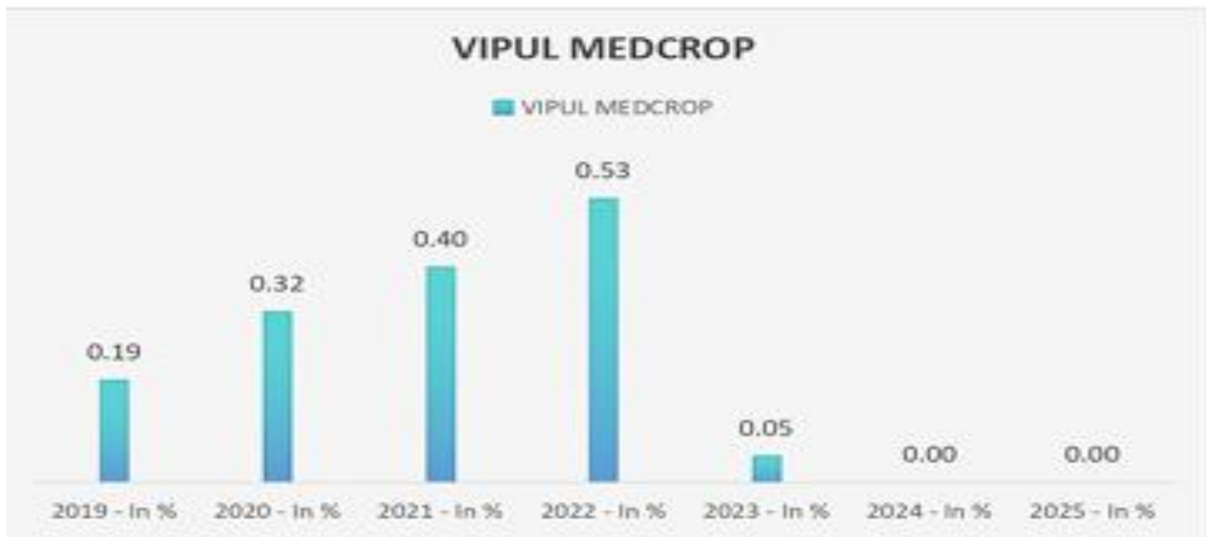

INDUS HEALTHCARE PLUS
0.50
0.45
0.40
0.35
0.30
0.25
0.20
0.15
0.10
0.05
0.00
0.31
0.42
0.40
0.43
0.30
0.36
0.05
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
INDUS HEALTHCARE PLUS

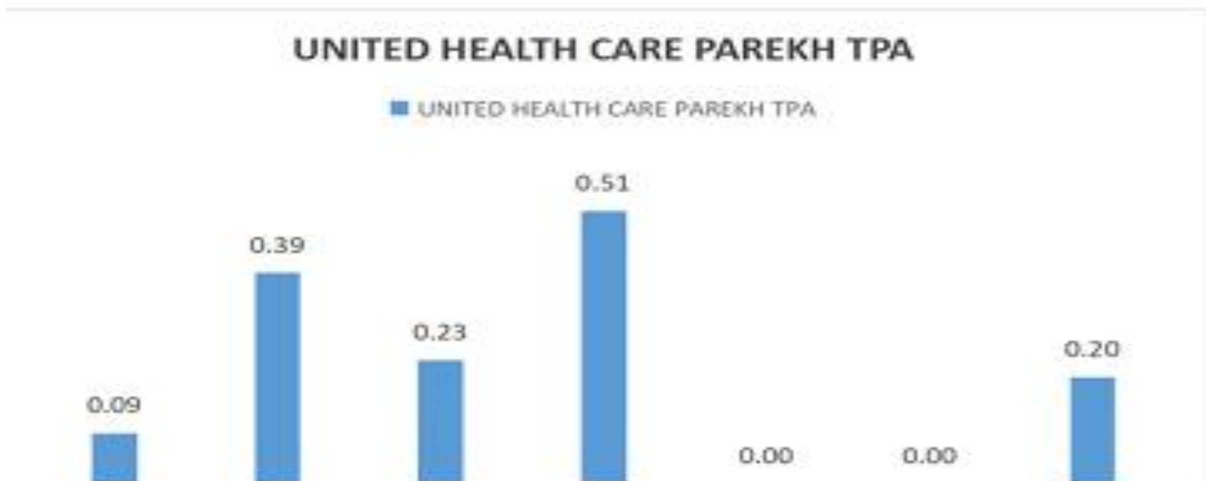
BAJAJ ALLIANZ GENERAL INSURENCE CO.
Axis Title
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
0.69
0.61
0.68
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
BAJAJ ALLIANZ GENERAL INSURENCE CO. 0.00 0.00 0.00 0.00 0.69 0.61 0.68
BAJAJ ALLIANZ GENERAL INSURENCE CO.

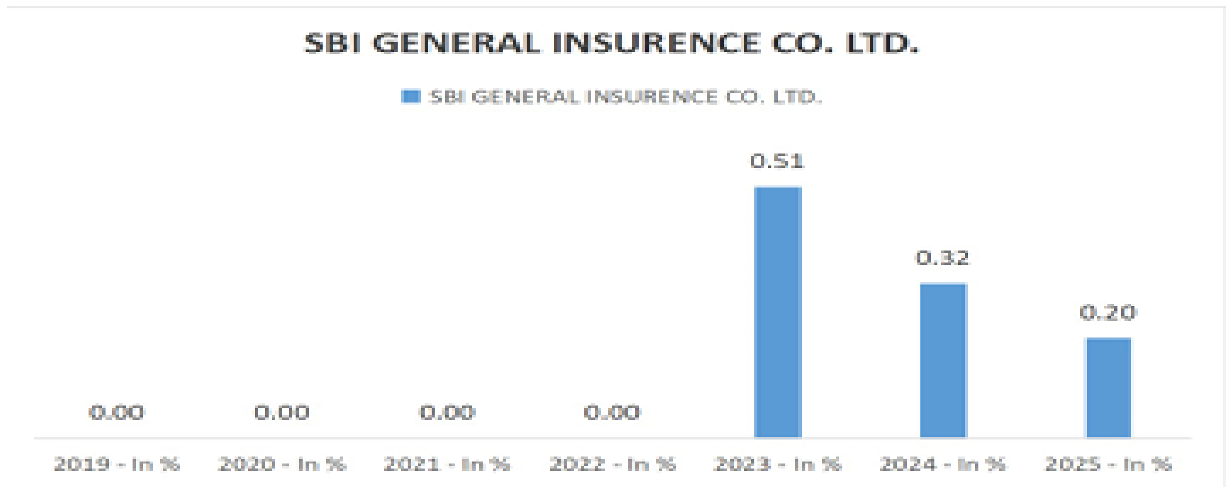

UNIQUE HEALTHCARE AND MEDICAL SERVICES
1.00
0.90
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
0.94
0.25
0.20
0.56
0.41
0.00
0.00
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
UNIQUE HEALTHCARE AND MEDICAL SERVICES

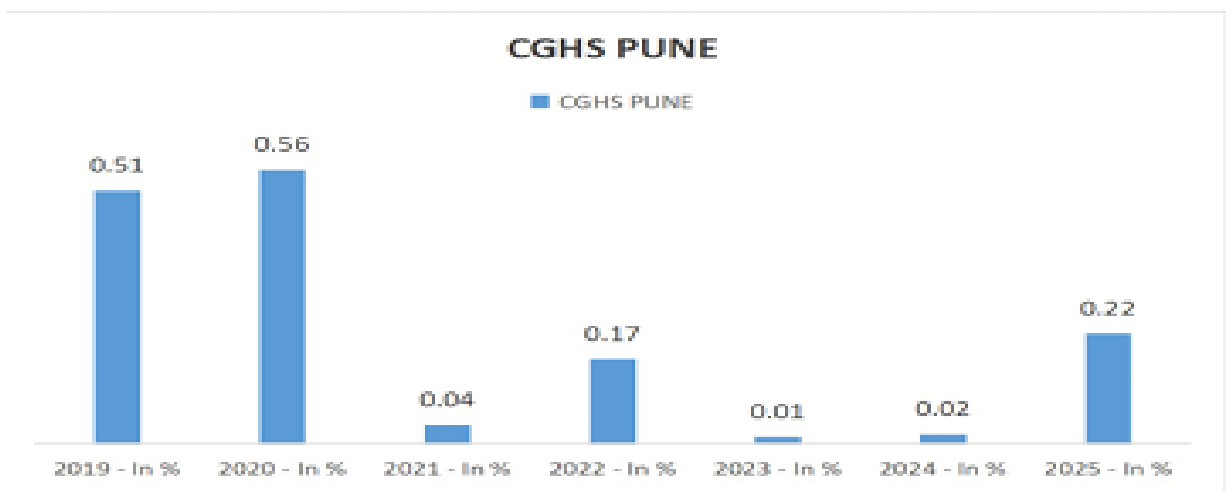

TATA AIG
0.60
0.50
0.40
0.30
0.20
0.10
0.00
0.00
0.00
0.22
0.15
0.50
0.54
0.37
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
TATA AIG

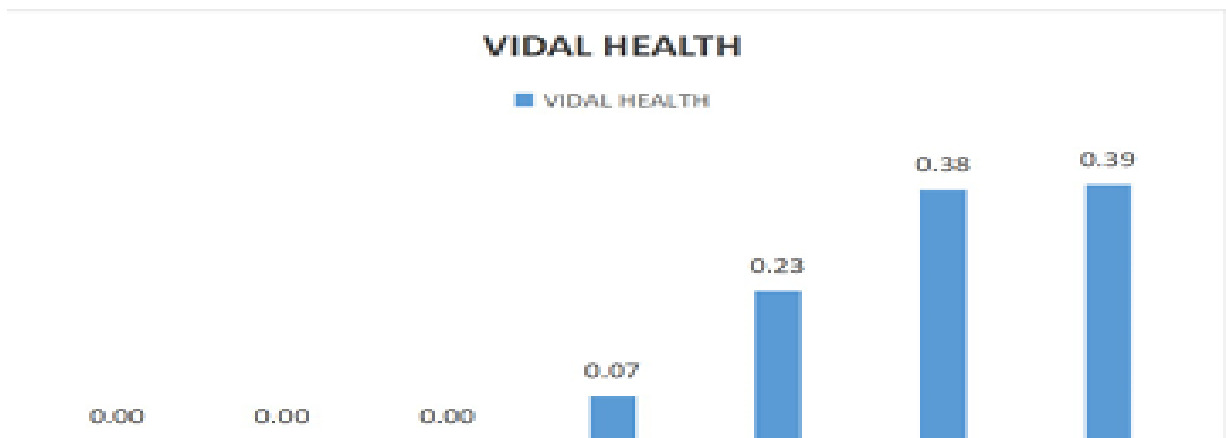
ORIENTAL INSURANCE LTD
Axis Title
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
0.00
0.10
0.02
0.22
0.05
0.69
0.28
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
ORIENTAL INSURANCE LTD 0.00 0.10 0.02 0.22 0.05 0.69 0.28
ORIENTAL INSURANCE LTD

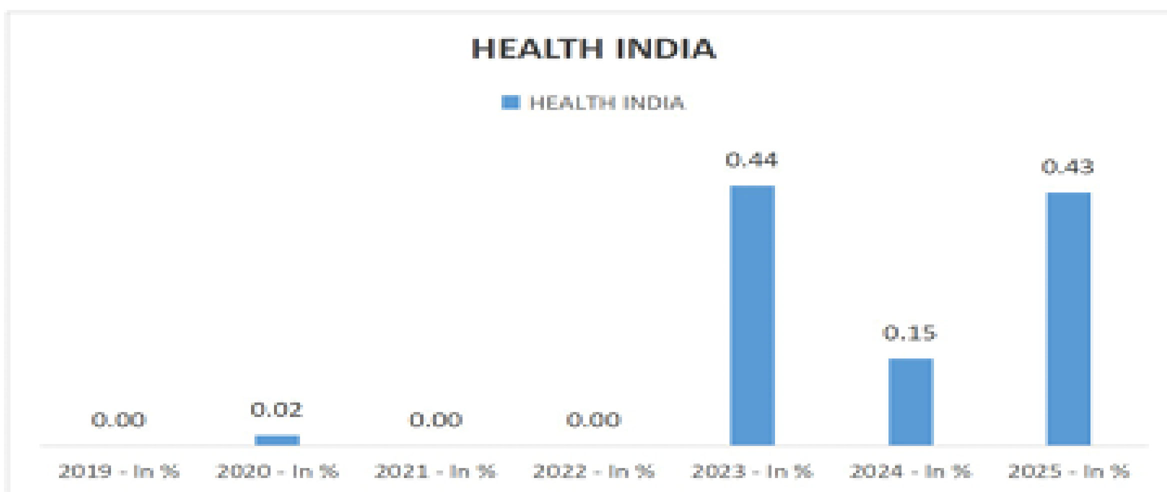

VIPUL MEDCROP
VIPUL MEDCROP
0.19
0.32
0.40
0.53
0.05
0.00
0.00
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %

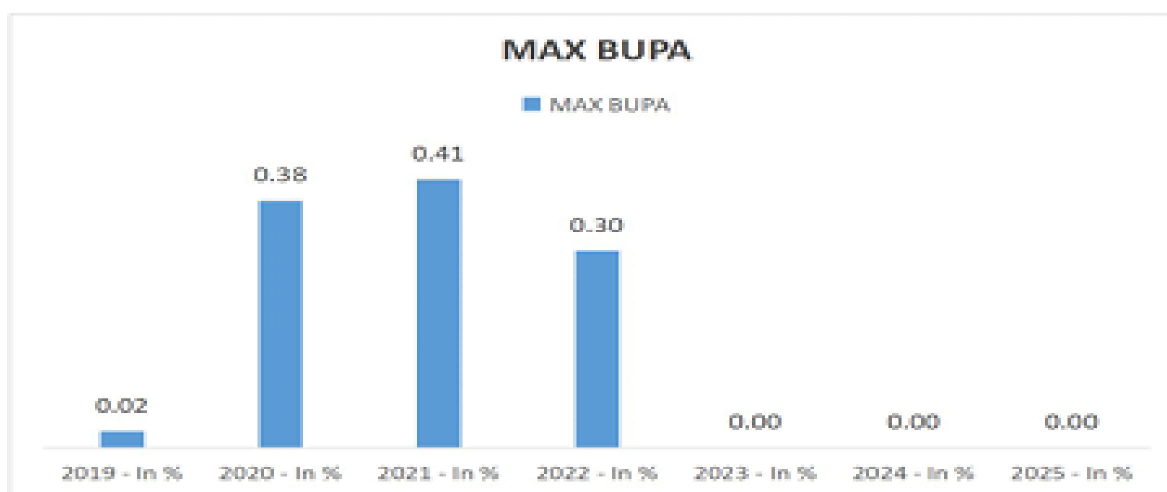

UNITED HEALTH CARE PAREKH TPA
UNITED HEALTH CARE PAREKH TPA
0.09
0.39
0.23
0.51
0.00
0.00
0.20

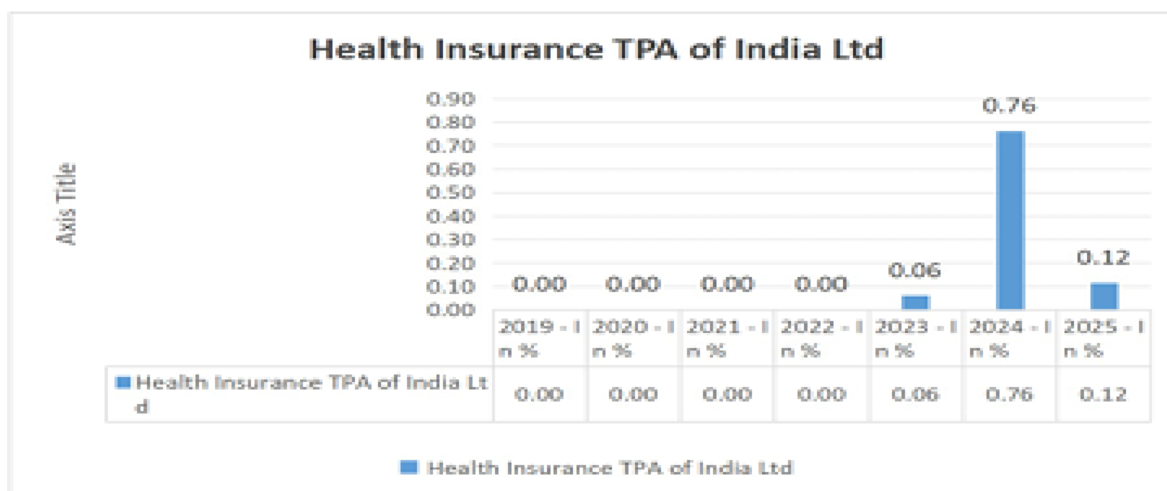

SBI GENERAL INSURENCE CO. LTD.
SBI GENERAL INSURENCE CO. LTD.
0.00
0.00
0.00
0.00
0.51
0.32
0.20
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %

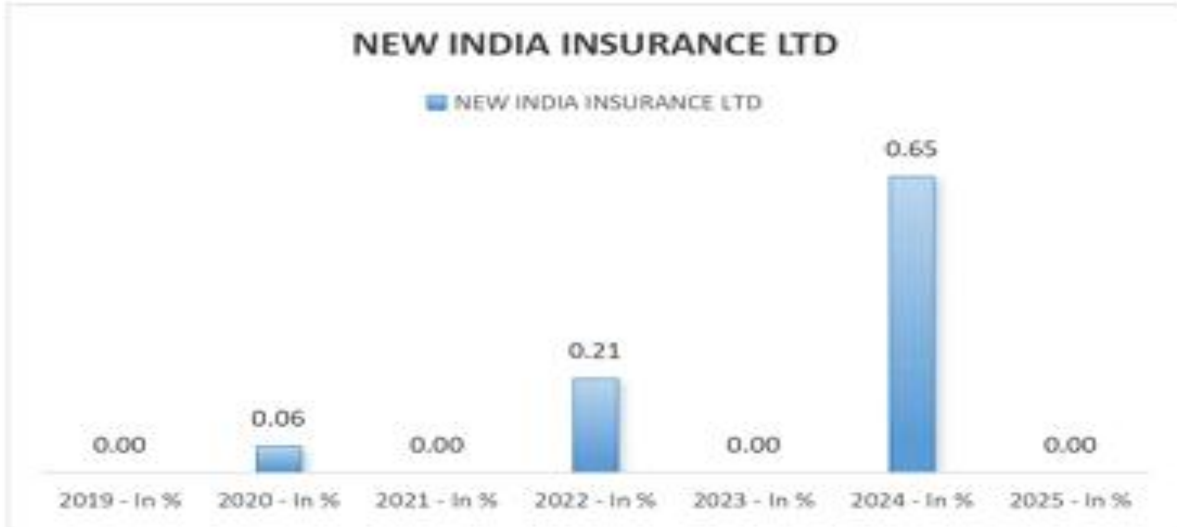

CGHS PUNE
CGHS PUNE
0.51
0.56
0.04
0.17
0.01
0.02
0.22
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %

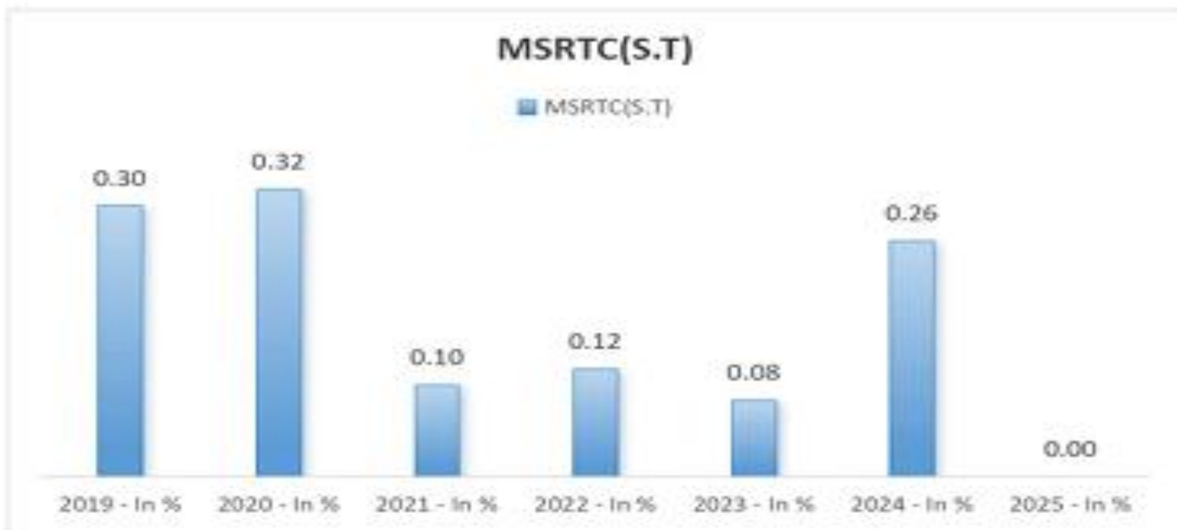

VIDAL HEALTH
VIDAL HEALTH
0.00
0.00
0.00
0.07
0.23
0.38
0.39


HEALTH INDIA
HEALTH INDIA
0.00
0.02
0.00
0.00
0.44
0.15
0.43
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %


MAX BUPA
MAX BUPA
0.02
0.38
0.41
0.30
0.00
0.00
0.00
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %


Health Insurance TPA of India Ltd
Axis Title
0.90
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
0.00
0.00
0.00
0.00
0.06
0.76
0.12
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %
Health Insurance TPA of India Ltd
0.00
0.00
0.00
0.00
0.06
0.76
0.12
Health Insurance TPA of India Ltd


NEW INDIA INSURANCE LTD
NEW INDIA INSURANCE LTD
0.00
0.06
0.00
0.21
0.00
0.65
0.00
2019 - In %
2020 - In %
2021 - In %
2022 - In %
2023 - In %
2024 - In %
2025 - In %


MSRTC(S.T)
MSRTC(S.T)
0.30
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2019 - In %
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AYUSHMAN BHARAT
Axis Title
0.90
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2019 - In %
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AYUSHMAN BHARAT
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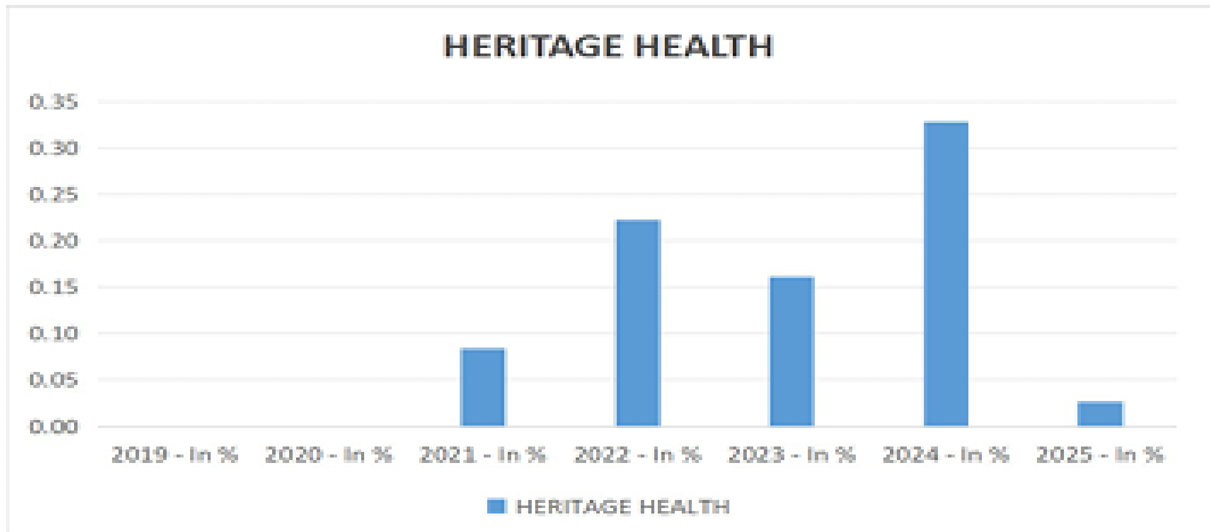
AYUSHMAN BHARAT


HERITAGE HEALTH
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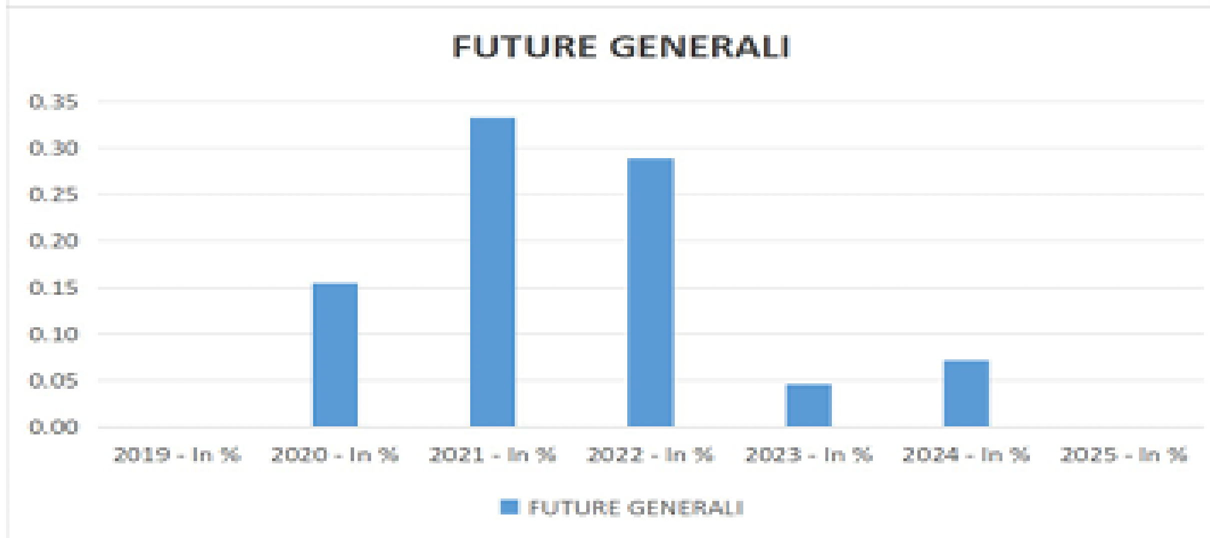
HERITAGE HEALTH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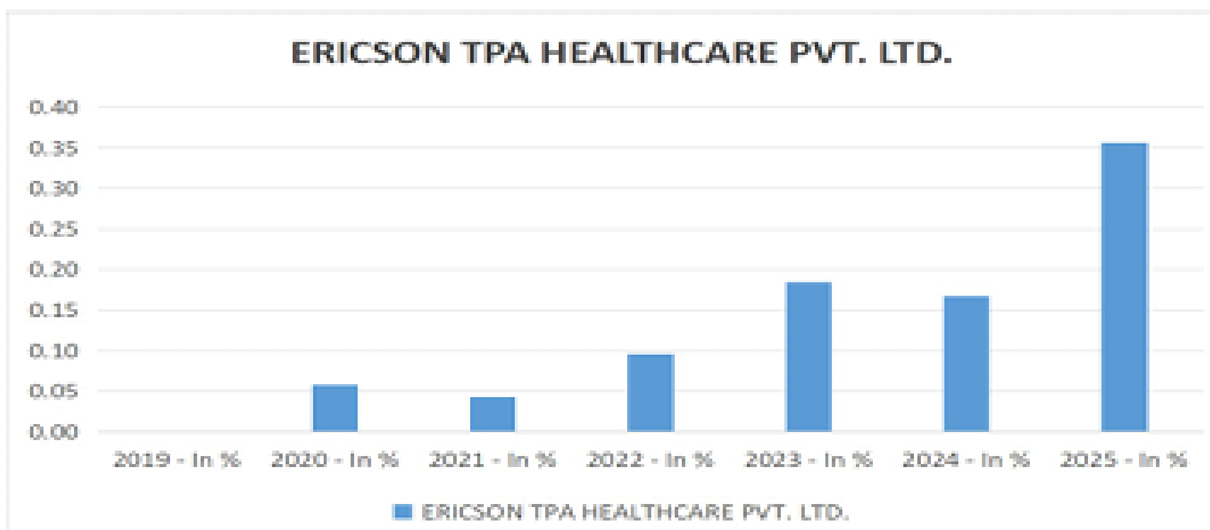
FUTURE GENERALI


ERICSON TPA HEALTHCARE PVT. LTD.
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2019 - In %
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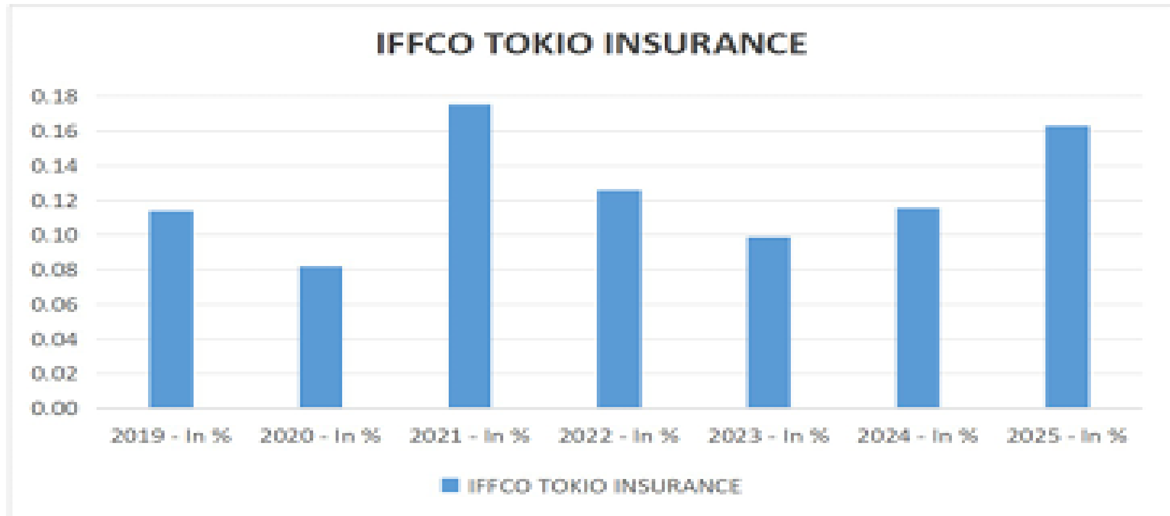
2024 - In %
2025 - In %
ERICSON TPA HEALTHCARE PVT. LTD.


IFFCO TOKIO INSURANCE
0.18
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2019 - In %
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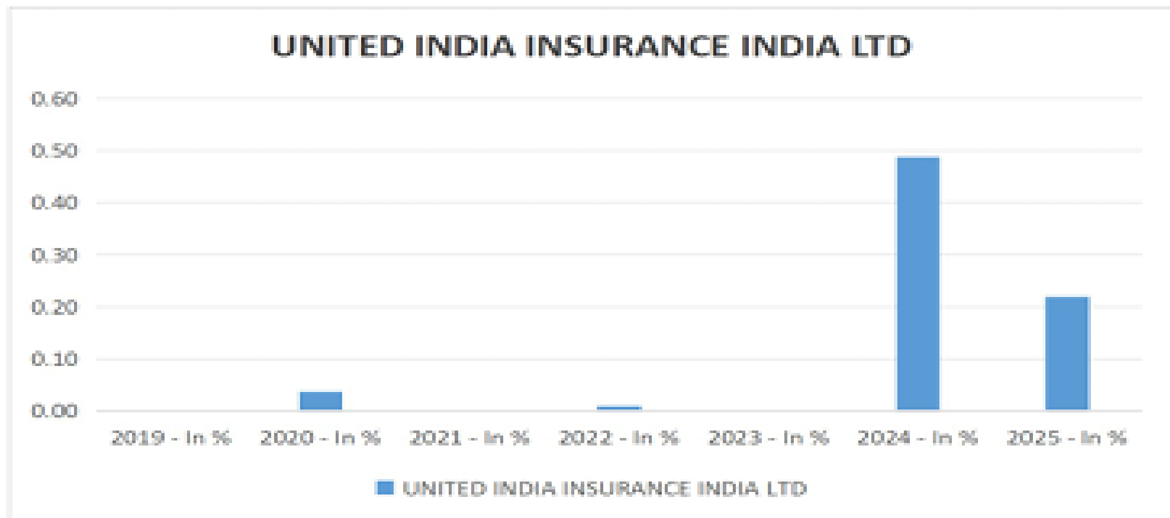
IFFCO TOKIO INSURANCE


UNITED INDIA INSURANCE INDIA LTD
0.60
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2019 - In %
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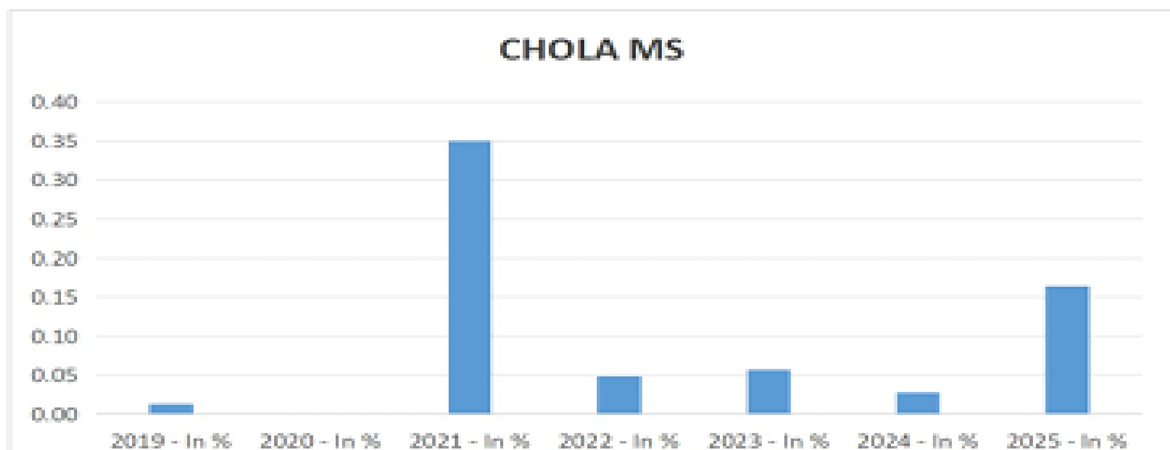
UNITED INDIA INSURANCE INDIA LTD


CHOLA MS
0.40
0.35
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2019 - In %
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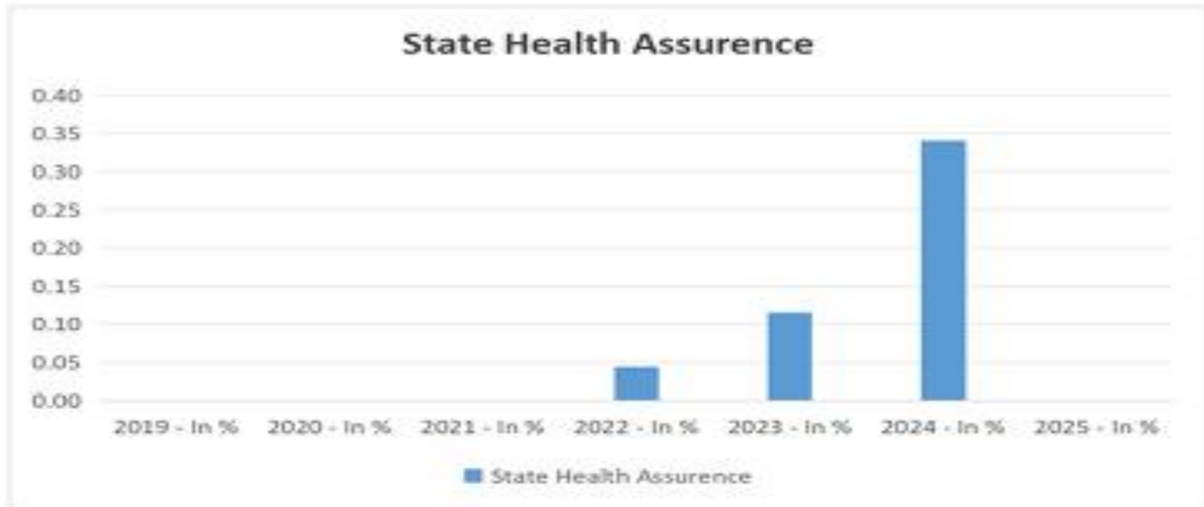
State Health Assurence
0.40
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2019 - In %
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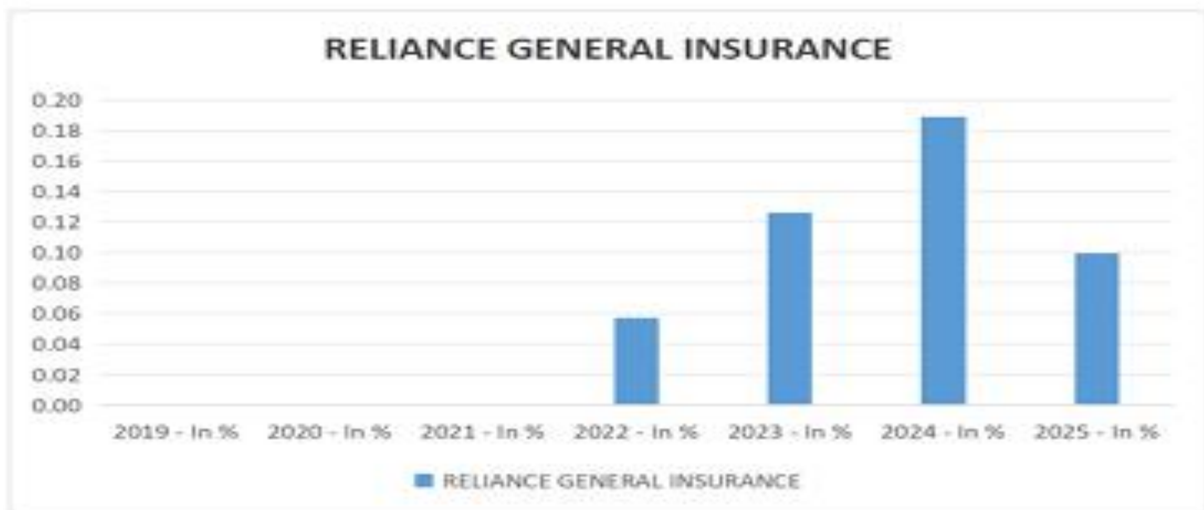
State Health Assurence


RELIANCE GENERAL INSURANCE
0.20
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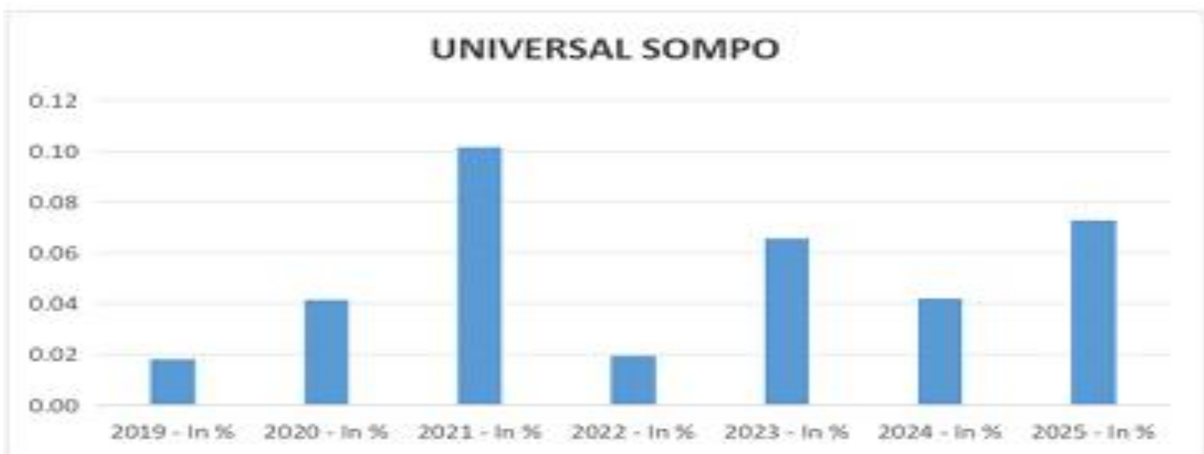
RELIANCE GENERAL INSURANCE


UNIVERSAL SOMPO
0.12
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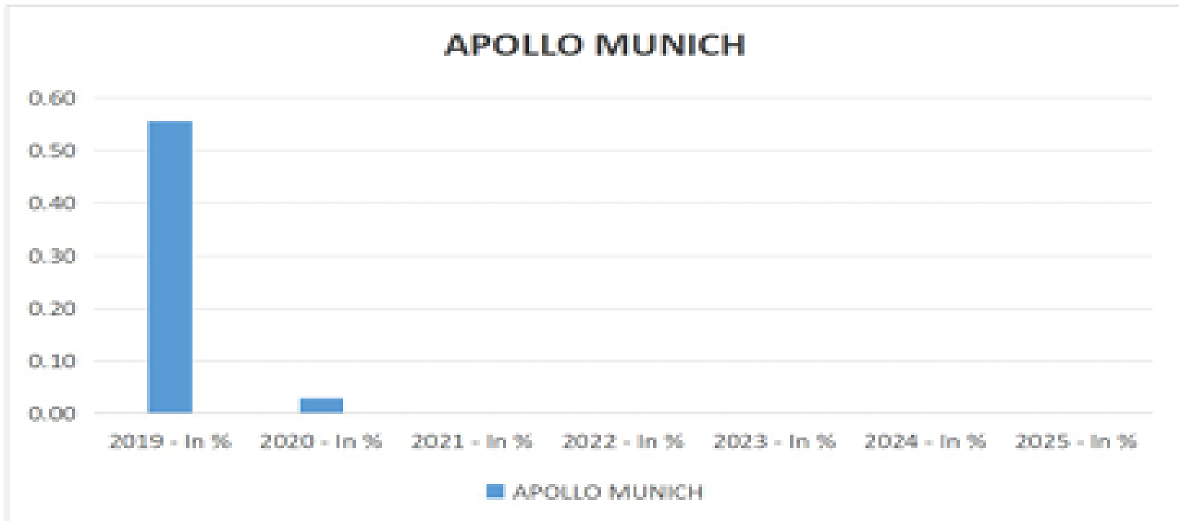
APOLLO MUNICH
0.60
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2019 - In %
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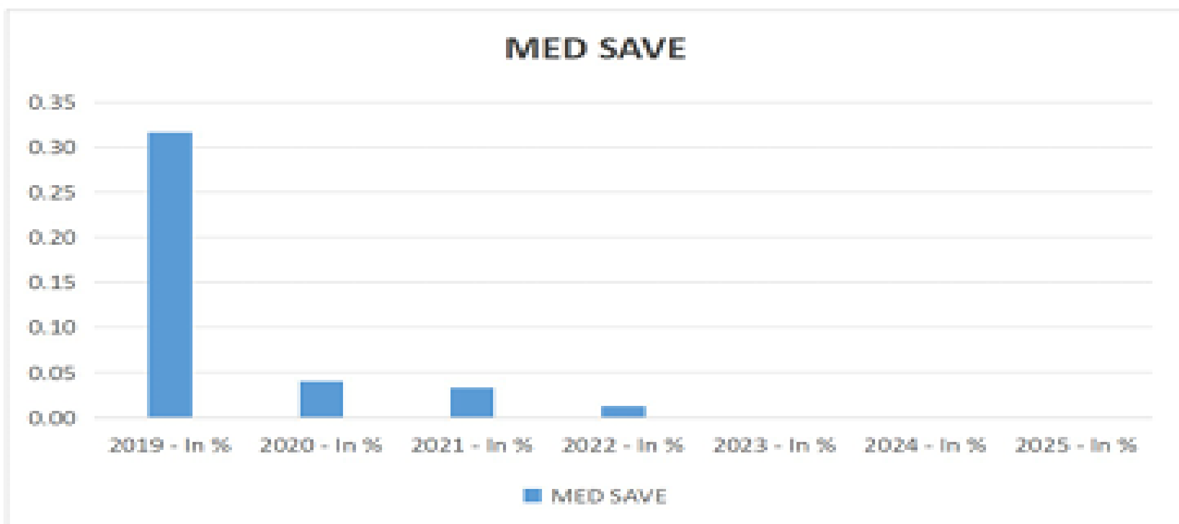
APOLLO MUNICH


MED SAVE
0.35
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2019 - In %
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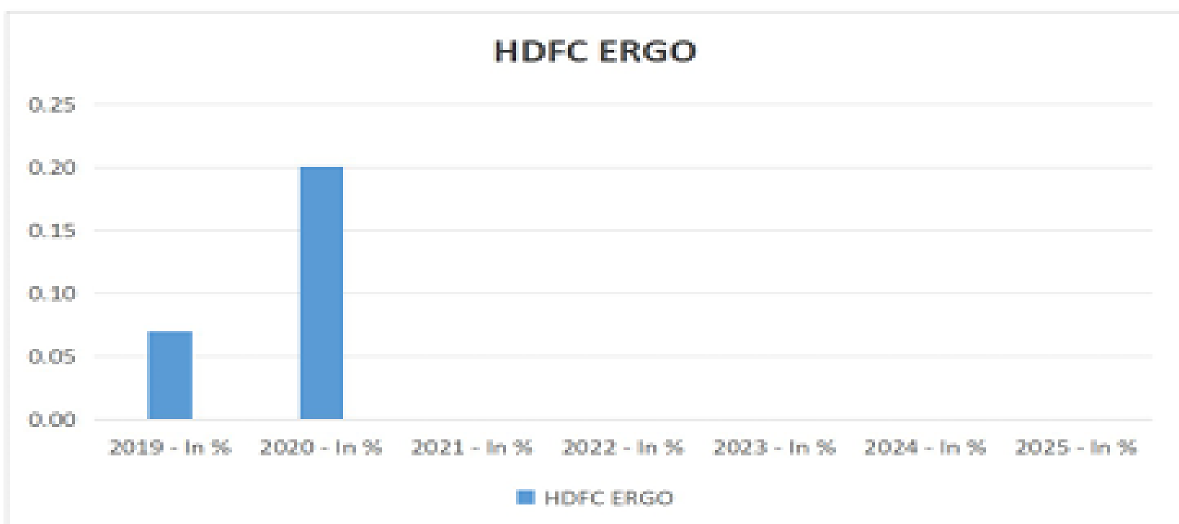
MED SAVE


HDFC ERGO
0.25
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2019 - In %
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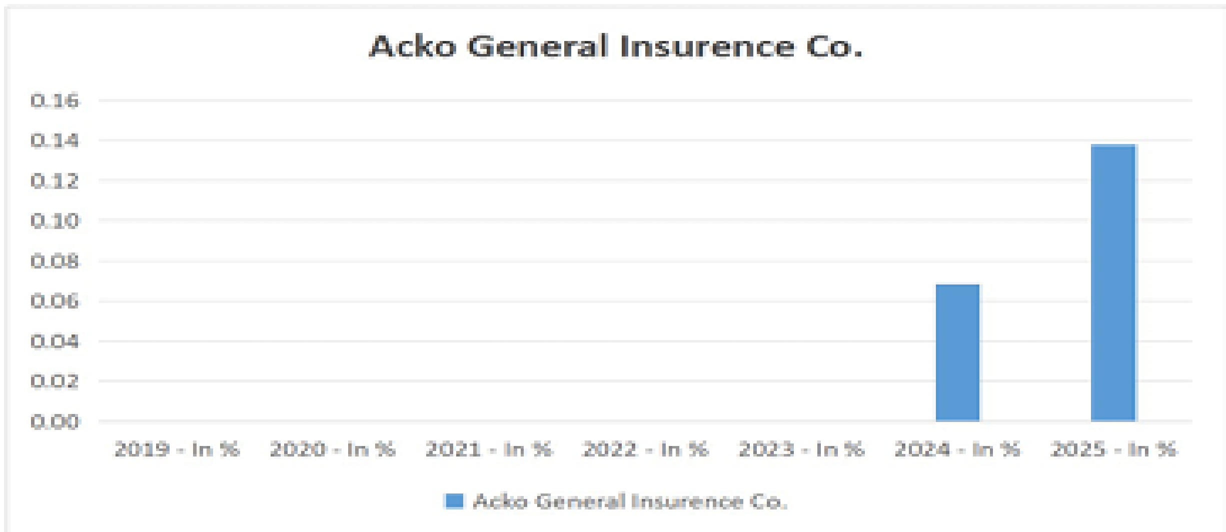
HDFC ERGO


Acko General Insurence Co.
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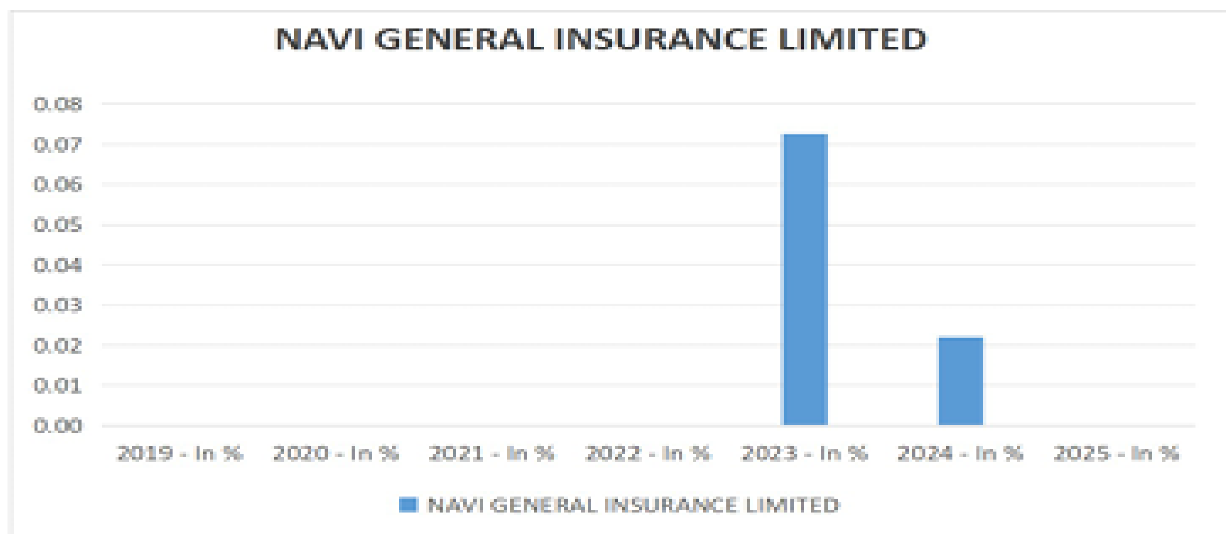
Acko General Insurence Co.


NAVI GENERAL INSURANCE LIMITED
0.08
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2019 - In %
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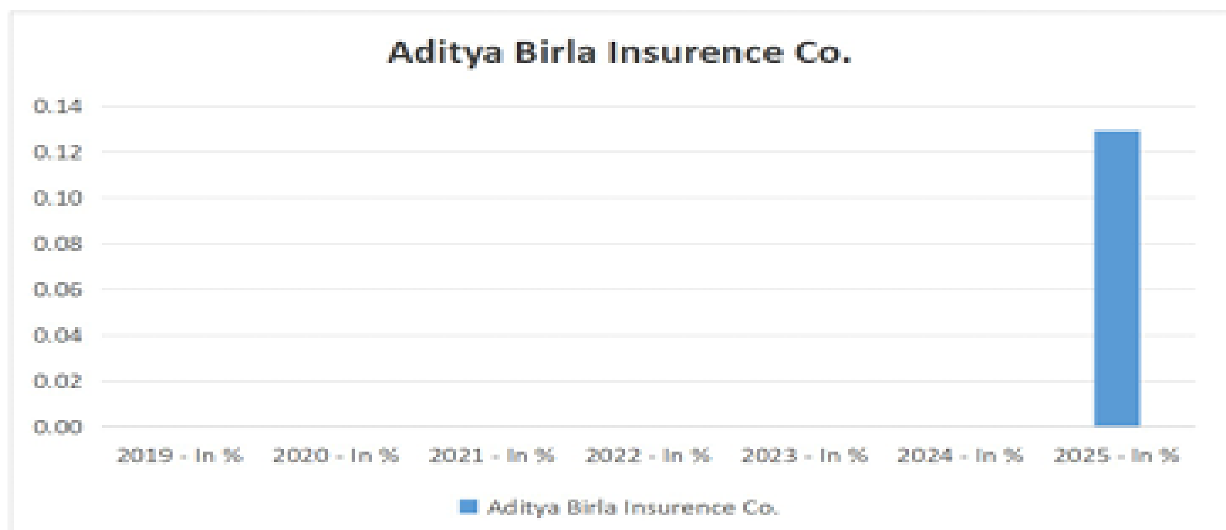
NAVI GENERAL INSURANCE LIMITED


Aditya Birla Insurence Co.
0.14
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2019 - In %
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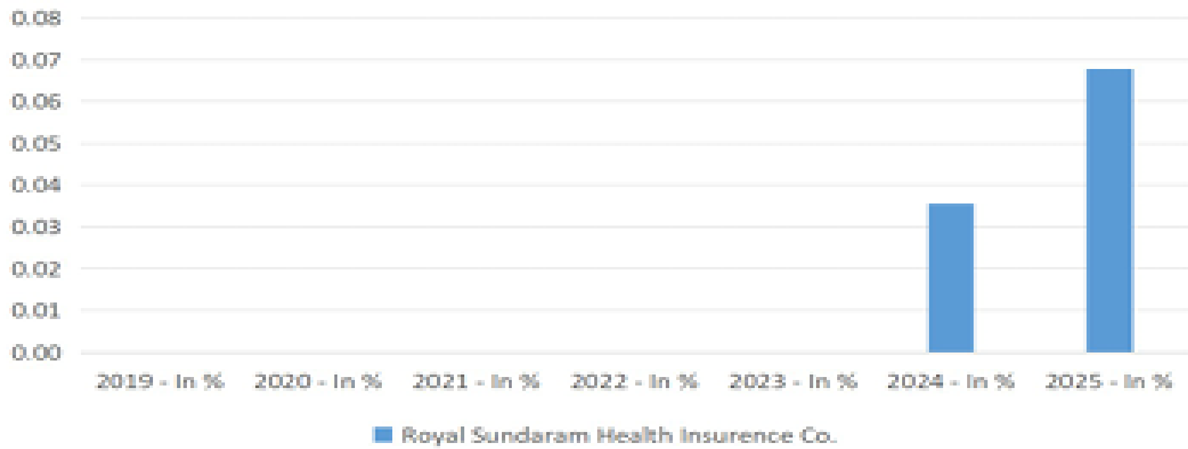
Aditya Birla Insurence Co.


Royal Sundaram Health Insurence Co.
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2019 - In %
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Royal Sundaram Health Insurence Co.

NATIONAL INSUARANCE COMP. LTD
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2019 - In %
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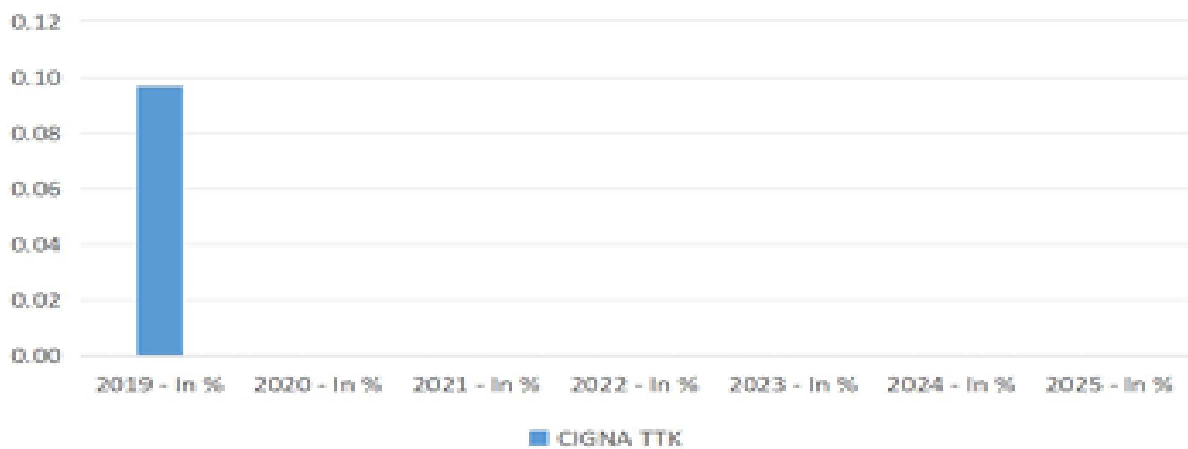
NATIONAL INSUARANCE COMP. LTD


CIGNA TTK
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2019 - In %
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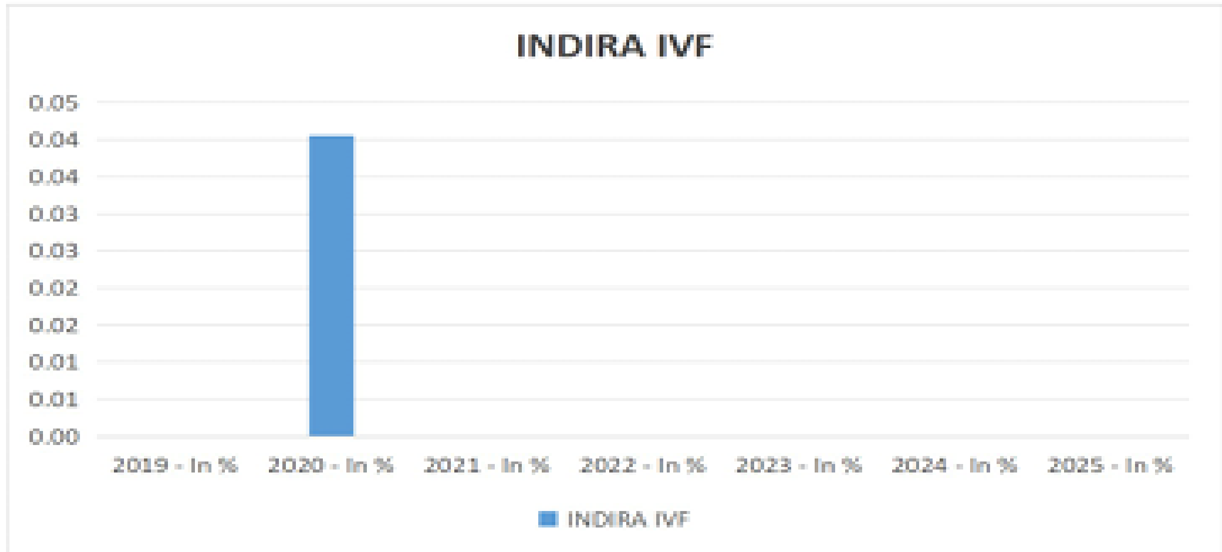
CIGNA TTK


INDIRA IVF
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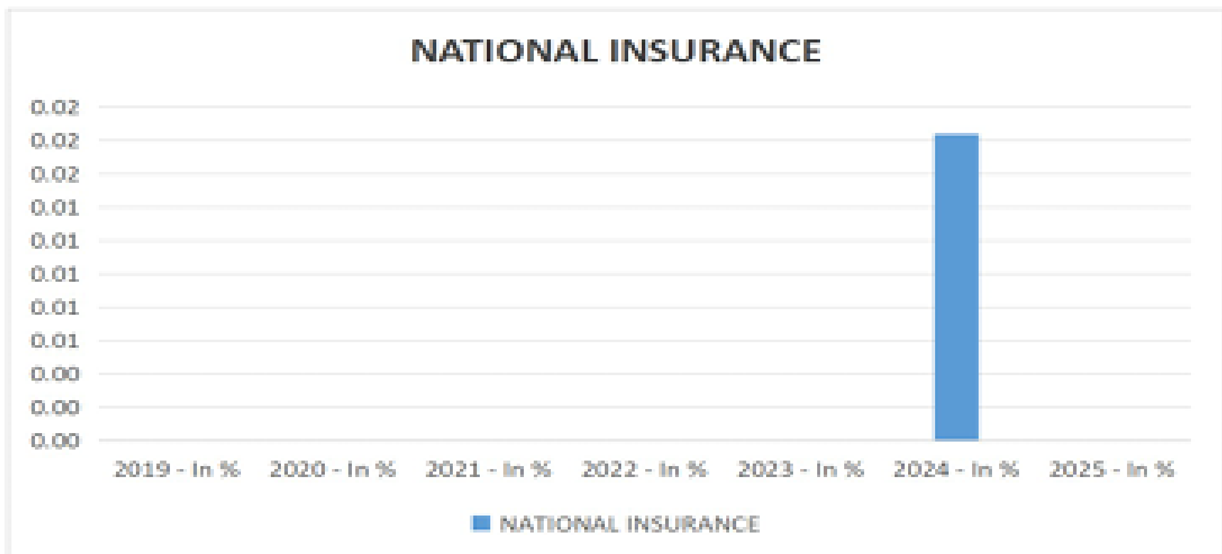
INDIRA IVF


NATIONAL INSURANCE
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2019 - In %
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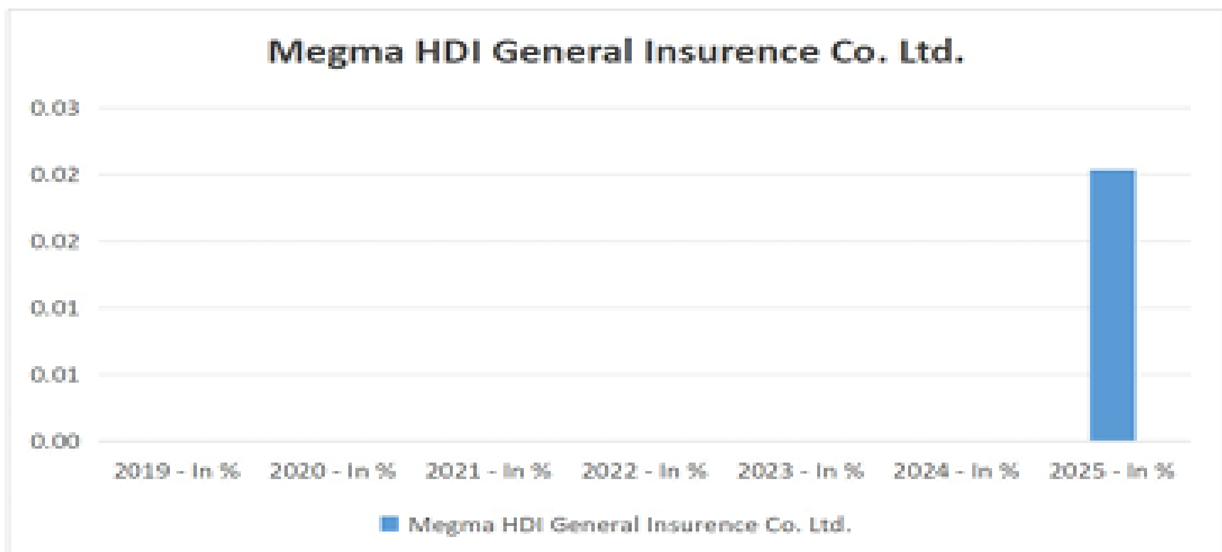
NATIONAL INSURANCE


Megma HDI General Insurence Co. Ltd.
0.03
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2019 - In %
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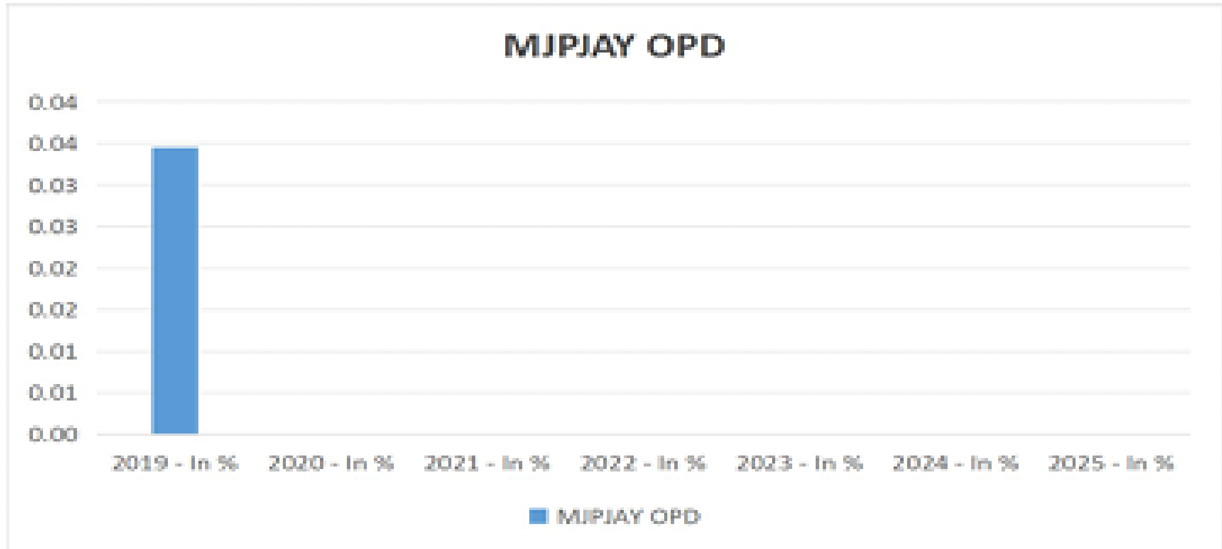
Megma HDI General Insurence Co. Ltd.


MJPJAY OPD
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2019 - In %
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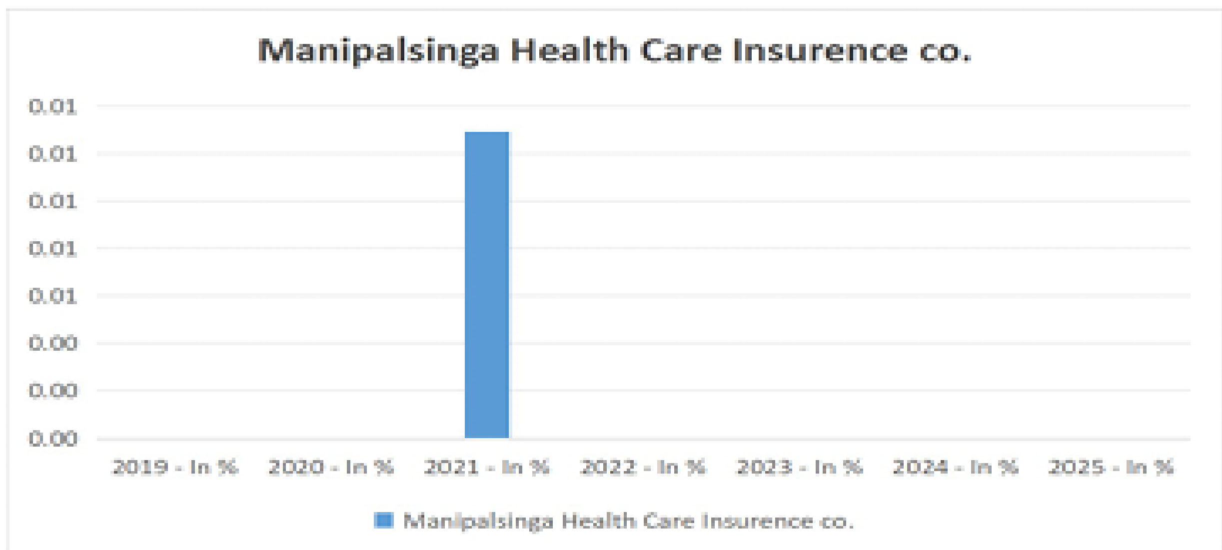
MJPJAY OPD


Manipalsinga Health Care Insurence co.
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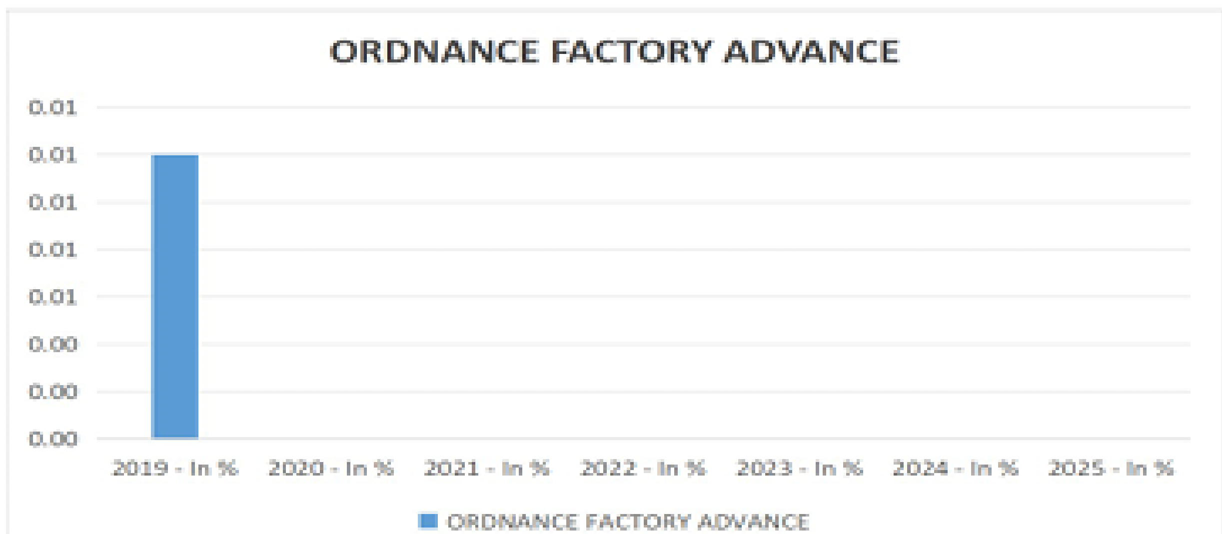
Manipalsinga Health Care Insurence co.


ORDNANCE FACTORY ADVANCE
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2019 - In %
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ORDNANCE FACTORY ADVANCE

Comparison between INSURANCE and GOVERNMENT SCHEMES available, and also self cash paid which is the amount paid not including either of them can be as follows:

| Aspect | Government Schemes | Private Health Insurance | Self Cash Paid |
|---|---|---|---|
| **Cost/Premium** | Free or very low | Regular premium payment | No premium, but pay full expenses |
| **Coverage** | Limited & basic | Wide, customizable, higher sum insured | No coverage, depends on personal funds |
| **Hospital Network** | Mostly govt. & some empanelled private hospitals | Large private & govt. hospital network | Any hospital, but need cash |
| **Financial Burden** | Low, but capped | Balanced (premium vs. protection) | High, entire cost borne by patient |
| **Quality of Care** | Basic, limited facilities | Better choice & faster services | Depends on ability to pay |
| **Convenience** | May involve waiting & approvals | Cashless/reimbursement available | Immediate, but needs funds |
| **Best For** | Poor/vulnerable groups | Middle & upper-class families | Wealthy or those without insurance |

There is also a impact of these schemes on the hospital.

| Aspect | Effect on Private Practitioners / Clinics |
|---|---|
| **Patient Flow** | Many low-income patients prefer government schemes (PMJAY, MJPJAY, RSBY) for cashless treatment, reducing walk-in patients paying out-of-pocket. |
| **Revenue Impact** | Reduced revenue from patients who previously paid directly, as schemes reimburse hospitals at **fixed rates**, often lower than private market rates. |
| **Billing & Paperwork** | Increased administrative burden due to claim processing, documentation, and TPA coordination. |
| **Competition** | Empanelled hospitals under schemes often get more patients, creating **competition** for smaller private clinics. |
| **Opportunities** | Some private practitioners **benefit by empanelling** under government schemes, gaining access to a larger patient base, though at lower margins. |
| **Treatment Limitations** | Reimbursement caps sometimes make it **less profitable** to perform certain high-cost procedures. |
| **Overall Effect** | Mixed impact: small standalone clinics may see a **decline in direct-paying patients**, whereas medium/large hospitals benefit by participating in schemes. |

## DISCUSSION

The data collected from the multi-superspeciality hospital offer several important insights into how government health schemes and insurance programs are influencing healthcare affordability and accessibility in a tier-two Indian city. Over the years, more and more patients have begun using both government and private insurance schemes, showing a steady rise in awareness and trust in these financial support options. The hospital's income from these schemes has also grown, which suggests that such mechanisms are gradually reducing patients' dependence on out-of-pocket payments. At the same time, the findings show that a large number of people still prefer—or are forced—to pay for treatment themselves. This continued reliance on self-payment points to gaps in awareness, eligibility, or confidence in insurance and government schemes. In other words, while progress is evident, there is still a long way to go before financial protection becomes universal and equally accessible to all.
A clear distinction emerged between government schemes and private insurance programs.

While government schemes contributed to expanding access among lower-income groups, private insurance played a larger role in providing comprehensive coverage and higher-quality services. The introduction of cashless and reimbursement systems has further streamlined access, though reimbursement delays continue to burden both patients and hospital administration. The observed reduction in the cost of medical implants and devices from 2012 to 2025 has positively influenced affordability, but these benefits are unevenly distributed across different income segments.The COVID-19 pandemic also marked a turning point in public perception. Before the pandemic, many patients viewed insurance schemes as unnecessary or complex. Afterward,

awareness and enrollment increased significantly, indicating that health crises can accelerate behavioral change and highlight the importance of financial risk protection in healthcare.Based on this study, it is clear that government health schemes and insurance programs have played an important role in making healthcare more affordable and accessible in tier-two cities. However, the financial protection they offer is still only partial, not universal. While hospitals do gain from these schemes through higher patient inflow and improved financial stability, they also face ongoing challenges such as complex claim processes, heavy administrative work, and frequent delays in reimbursements. In short, the system is moving in the right direction, but there is still significant room for improvement.Despite these findings, the study has certain limitations. The data were collected from a single hospital in one tier-two city, which may not represent the national trend. The analysis primarily relies on hospital records, which might exclude informal payments or unreported cases. Moreover, patient-level socioeconomic data were limited,

Restricting a deeper understanding of how income or education influences scheme utilization. This study raises new questions for future research.
For instance, how do patient satisfaction and quality of care differ between those using government schemes and private insurance?
What measures can be implemented to reduce reimbursement delays and enhance scheme efficiency? Further comparative studies across multiple hospitals and cities could provide a more 44 comprehensive understanding of the nationwide financial impact.

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