A Comparative Analysis of Public and Private Health Insurance Companies in India: A Case Study of Agra City

A

Synopsis

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Submitted By

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1. Introduction

Health insurance is the protection that provides benefits for covered sickness or injury for an agreed price against the cost resulting from specific health risk. It provides against the risk of unplanned medical expense and the loss of income. The availability and affordability of adequate healthcare are of fundamental importance to the wellbeing of individuals and of the society at large. A quote attributed to Izaak Walton appeared in one of the research papers, 'Look to your health' and if you have it, praise God, and value it next to a good conscience; for health is the second blessing that we mortals are capable of a blessing that money cannot buy.' "Health is Wealth" and is an essential requirement for the enjoyment of every aspect of life. The government has recognised that sound, long-term development of social sectors, such as education and health is crucial for sustaining economic growth in an increasingly world economy. Human development is the ultimate goal of our development and is crucial for the long run success of economic reforms. The importance of health care is proved by the fact that expenditure on health care for member countries of the Organization for Economic Co-operation & Development (OECD) amounts to over 7% of GDP, the second largest social expenditure after pension.

In India, a number of previous studies on health financing and health care use showed that the poor and deprived households were driven to spend a much larger proportion of their major income on health care compared with socioeconomically better off households. For the poor and deprived, the burden of treatment, especially in patient care, was disproportionately heavy. Peters et al., (2002) came up with more startling observations: on average, the poorest quintile of Indians is 2.6 times more likely than the richest to forego medical treatment in the event of illness; more than 40 per cent of individuals who are hospitalized in India in a year borrow money or sell assets to cover the cost of health care and hospitalized Indians spend more than half of their total annual expenditure on health care. The recent past, health sector reform initiative in India. A strategic intervention to improve the performance of a health care system, which is comprised of a variety of actions such as financing, payment reform, regulation, and others, which operate on either or both sides of this demand-supply identity (Berman, 1998; Mills, 2000; Rangacharya, 2001). It follows, therefore, that successful intervention which achieves

some intended objectives will be more likely to the extent that the factors determining both consumer and provider behaviour are well understood and predictable.

The privatization of insurance and constitution IRDA envisage improving the performance of the state insurance sector in the country by increasing benefits from competition in terms of lowered costs and increased level of consumer satisfaction. However, the implications of the entry of private insurance companies in health sector are not very clear. The recent policy changes will have been far reaching and would have major implications for the growth and development of the health sector. There are several contentious issues pertaining to development in this sector and these need critical examination. These also highlight the critical need for policy formulation and assessment. Unless privatization and development of health insurance is managed well it may have negative impact of health care especially to a large segment of population in the country. If it is well managed then it can improve access to care and health status in the country very rapidly. Health insurance as it is different from other segments of insurance business is more complex because of serious conflicts arising out of adverse selection, moral hazard, and information gap problems. For example, experiences from other countries suggest that the entry of private firms into the health insurance sector, if not properly regulated, does have adverse consequences for the costs of care, equity, consumer satisfaction, fraud and ethical standards. The IRDA would have a significant role in the regulation of this sector and responsibility to minimise the unintended consequences of this change. Health insurance as it is different from other segments of insurance business is more complex because of serious conflicts arising out of adverse selection, moral hazard, and information gap problems. For example, experiences from other countries suggest that the entry of private firms into the health insurance sector, if not properly regulated, does have adverse consequences for the costs of care, equity, consumer satisfaction, fraud and ethical standards. The IRDA would have a significant role in the regulation of this sector and responsibility to minimise the unintended consequences of this change.

1.1 General Benefits Regarding Health Insurance

1- Certainty:-In case the insured person or policy holder faces any bodily injury due to an accident or any kind of illness due to disease. Then health insurance provides certainty of payment of expenses on hospitalization up to the amount as sum insured.

2- Risk Bearing:-As in common one cannot predict future and so as uncertain risk about health.

3- Financial Aid:-In health insurance a short amount is saved as a premium in company. In case there is no claim for regular 10 years then company provides bonus at specific rate and it provides financial aid.

4- Tax Relief:-As in life insurance policies tax relief is provided under section 80 D of income tax act 1961 as specified limits in income tax act.

1.2 Health Insurance Sector in India

Health insurance can be defined in very narrow sense where individual or group purchases in advance health coverage by paying a fee called "premium". But it can be also defined broadly by including all financing arrangements where consumers can avoid or reduce their expenditures at time of use of services. The health insurance existing in India covers a very wide spectrum of arrangements and hence the latter- broader interpretation of health Insurance is more appropriate. Health insurance is very well established in many countries. But in India it is a new concept except for the organized sector employees. In India only about 2 percent of total health expenditure is funded by public/social health insurance while 18 percent is funded by government budget. In many other low and middle income countries contribution of social health insurance is much higher.

Table 1.1

Public Health Expenditure as Percent of GDP (2015-16)	
Indonesia	1.08
India	1.30
Argentina	2.65
China	3.1
Mexico	3.26
Saudi	3.49
Russia	3.69
Brazil	3.83
Turkey	4.17
South Africa	4.24
UK	7.58
USA	8.28

Source: IRDA Report (2015-16)

In Table 1.1 we seen that Health insurance policies holder in India is very less as compared to other countries, because people doesn't aware about term and condition regarding health insurance policies. In present health insurance is very important for us, because medical facilities were very costly and some time when we suffers from long term acute diseases than we can't afford the medical facilities.

There are different types of health insurance schemes:

Table 1.2

Different Types of Health Insurance Schemes	
Government Schemes	**Private Schemes**
Rashtiya Swasthiya Bima Yojana	Apollo Munich Optima Restore
Employment State Insurance Scheme	Star Family Health Optima
Central Government Health Scheme	Max Bupa Health Companion Individual
Aam Aadmi Bima Yojana	Universal Sompo Health Insurance
Janashree Bima Yojana	Cigna TTK Pro health Plus
Ayushman Bharat Yojana (Latest)	Royal Sundaram Life line Supreme

A private health insurance exchange is a health insurance exchange run by a private company.

A public health insurance exchange is a health insurance exchange run by a government (or

government-contracted) entity. Private Insurance takes care of each little aspect of your health related emergencies. Government Insurance on the other hand takes care of less costly expenses & the rest to be paid one's own expenses.

Ayushman Bharat

Ayushman Bharat is National Health Protection Scheme, started in India 25-sep-2018 will cover over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries) providing coverage up to 5 lakh rupees per family every year for secondary and tertiary care hospitalization. Ayushman Bharat National Health Protection Mission will subsume the on-going centrally sponsored schemes Rashtriya Swasthya Bima Yojana (RSBY) and the Senior Citizen Health Insurance Scheme (SCHIS) at the national level to manage, an Ayushman Bharat National Health Protection Mission Agency (AB-NHPMA) would be put in place. States/UTs would be advised to implement the scheme by a dedicated entity called State Health Agency (SHA).

1.3 Role of Third Party Administrator

A TPA is a service organisation under contract from an insurance company to administer its health insurance policies by providing a banquet of services to policyholders. A TPA performs the role of a services integrator- a triangle between the insurer, the insured and the healthcare provider. The range of TPA services include enrolment and benefits management, claims management, provide network management, medical management and customer service management for the health insurance policyholders of an insurance company. But pertinent issues relating to their operations as well as spread of health insurance has been thrown up with respect to insurer, health care providers and TPA's.

As per the regulations of IRDA (Insurance Regulatory & Development authority), TPA should have their own in-house medical doctor (registered with the medical council of India), hospital managers, legal experts, insurance consultants, information technology professionals and management consultants. The team of these professionals liaison with the customers for streamlining the claim process and ensure that there are no fake claims and also restrict unnecessary treatment, thus improving quality of services which ultimately leads to lower insurance premium. TPAs receive fees from the insurance provider

which is a percentage of the Premium and is typically 5.5% of the premium amount. Insurers and TPAs should comply with IRDA- specified standard clauses to be incorporated in all such agreements. The insurance company should endeavour to enter into agreements with adequate number of both public and private sector network providers across the geographical spread. The copy of agreement should be maintained by him for of at least five years from the date of expiry/termination of the agreement. The IRDA may specify certain standards, benchmarks & protocols for network provider from time to time. The insurers & TPAs should ensure that only those providers who meet with such standards, benchmarks & protocols are enrolled into the network.

- Managing policyholder record
- Building hospital network
- Claim settlement
- Maintain customer service centre
- Additional services

2. Review of Literature

- Martin, Hartman, Washington and Catlin (2017) studied about various indicators of US health care spending. They found that as compared to 2014 & 2015 the nominal US health care spending increases by 5.8% reaching 3.2 trillion $, per capita health care spending as GDP% at 17.8% due to coverage expansion on account of the ACA (Association of Chartered Accountants) positively affecting total healthcare spending.
- Ferver, Oser and Pilot (2016) studied about the impact of globalisation on health care expenditure and whether the relationship varies between different types of healthcare systems.
- Sarvan Kumar (2015) studied about the state of health insurance in terms of its performance satisfaction and its prospects. He used number of policies issued by non- life insurers and gross direct premium income data from IRDA hand book and annual report.
- Shahi and Gill (2014) studied about the performance and penetration of Indian health insurance sector from 2007-08 to 2011-12 using t-test and compounded growth rate. They compared no. of claims, claims paid and average claims paid per male and female.

- Nagulapalli (2014) studied about the levels of OOP expenses for health in the state of AP after the implementation of the Rajeev Aarogyashree Scheme. He used 2004-05 NSSO health survey data and data from RBI and state finance department, analysed using mean, standard deviation and percentage.
- Gill and Kansara (2014) studied about the growth and trends of health insurance in India. They found that health insurance grew at a healthy role in India due to wide coverage options, increased medical costs, cashless option, less claims settlement time, RSBY etc.
- Shahi and Gill (2013) studied about the origin of health insurance in India and abroad; performance and progress of health insurance business; and growth pattern and trends of public and private health insurers. They used secondary data from 2002-03 to 2011-12 and found that changing market trend and penetration in the level of health insurance with increasing premium level and awareness.
- Herrera, Gaynor, Newman, Town and Parente (2013) studied about trends in health care spending for Americans younger than 65 enrolled in employer-sponsored health insurance. They used health insurance claims data to estimate per capita spending, utilisation and prices from 2007 to 2011. They found slowest growth rate in per capita spending on employer sponsored insurance at only 4.9%, prescription spending growth at 3.3%, medical spending growth at 5.3% and OOP medical spending growth at 8%.
- Smith, Newhouse and Freeland (2009) studied about the effect of technology expansion fuelled by rising incomes and more generous insurance coverage on the health spending growth. They found that medical technology explained 27.48% of health spending growth where in income playing critical role, while insurance contribution played slightly different role to health spending growth.
- Rao (2009) opines that the current statistics on health insurance indicate that out of 1 billion populations only about 2 million of population is covered by Mediclaim scheme. The reason for lack of popularity of this scheme could be several. It is also reported that in number of cases, the applicants of older ages have been refused to become member of mediclaim scheme due to unnecessary conservatism of the companies.

- Vedlamannati (2008) studied about the contribution of growth of insurance sector to economic development of India and also examined the economic growth effects of insurance sector reforms and the growth rate of insurance reforms. He found positive long term equilibrium relationship of contribution of insurance sector and economic development.
- Bloom, Kanjilal and Peters (2008) studied about the regulatory pathways taken by India and China using the examples of front-line health care providers and health insurance to illustrate how key institutions are trying to address the main regulatory concerns of the health sector in each country. They used available literature and data about both the countries and compared development of health care market front line providers, health insurance etc.
- Anita (2008) studied about health insurance scenario, various health insurance products, and various health ratios prevailing in India using secondary data from WHO, along with studying long term care models in other countries.
- Ray and Mukherjee (2007) studied about the route map for employing efficient e- governance for better utilisation of existing resources, infrastructure and tracking deficiencies for future planning. They carried out a detailed study and found out India's healthcare infrastructure and its standing in e-governance initiatives.
- Dror et al., (2007) provides evidence on Willingness to pay (WTP), gathered through an unidirectional (descending) bidding game among 3024 households (HH) in seven locations where MHI units were in operation in India. Insured persons reported slightly higher WTP values than the uninsured. About two-thirds of the sample agreed to pay at least 1%; about half the sample was willing to pay at least 1.35%; 30% was willing to pay about 2.0% of the annual households income as Health Insurance premium. Nominal WTP correlates.
- Gupta (2007) studied about several reports on Indian health care insurance to understand slow development of health insurance. She studied related published and grey literature on the present health care scenario in India and international field, did a global comparison of national incomes and health expenditure in public and private sector of selected Asian countries. She found that 79% of health expenditure in India is borne by private bodies. She suggested strengthening

IRDA's role to develop health insurance sector and need for recognising health insurance as a separate line of business.

- U. Jawaharlal (2006) points out, how health insurance in the Indian market has made considerable progress in the post-liberation era. However, considering the vast potential that is available in the country, it is still far from where it should be.
- Venkatesh Mysore,(2006)believes that life and non-life companies should be allowed to enter the health space within the purview of the existing companies, as they did in pensions. He further points out that the companies should sufficiently be capitalized to take on additional risks in the health and pension areas.
- Dr. Frenk (2005) said the key arm of the index was that "by providing a comparative guide to what works and what doesn't work, we can help countries to learn from each other and improve the performance of their health system. The WHO finds that health ministries must look at the overall impact of the private as well as public sector.
- Jagendra Kumar (2004) commented that for insurance sky is the limit today. With the entry of private insurers both life and general sector the companies are growing like anything.
- Raju Satya R. (2004) found that the insurance agents, development officers, employees and executives at different levels should work together to achieve the objectives and mission and also to face the present and future competition as a challenge. The insurance products and services should be designed and offered as per the customer requirements.
- Dalip Verma(2003) thinks that no one individual player has applied exclusively for health insurance business alone. For health insurance needs, one to be able to attract specialized health player in the market, who are exclusively into health insurance in the global market
- Using the Egyptian Household Health Utilization and Expenditure Survey (1995), Winnie Yip and Peter Berman (2001) had shown that the School Health Insurance Program (SHIP) of Egypt significantly improved access by increasing visiting rates and reducing financial burden of use (out of pocket expenditure).
- Rao Tripti, D., (2000) stated that privatization of insurance industry is based on the view that competition would enhance efficiency through increased resource utilization. It would spill over

as benefits to the consumers in terms of reduction in premium costs, with proper pricing policy and wider choice. Liberalisation may also increase the scope of operation of insurance business from limited area to untapped areas like health, crop and unemployment.

- Thomasson (2000) studied about examining the initial effects of the tax subsidy on the demand for health insurance using previously examined data from 1953 to 1958. She found that the tax subsidy increased the growth of group insurance among union members and employed persons. She also found that by increasing access to group insurance, the tax subsidy fostered an increase in purchase of group health insurance.
- Cameron and Trivedi (1991) within the framework of inter-temporal (two-period) utility maximization under uncertainty pointed out that in Australia, in the initial periods. Individuals (or family groups) choose the health insurance plan, without knowledge of the health status, which will determine their demand for services during the period to follow.
- Burton (1991) studies the relationship between utilisation of outpatient health care and Health Insurance in Argentina, His results are similar to the Chilean study. For working people without mandatory insurance he finds higher utilisation among the insured (45% above average utilization) using an OLS regression.

3. Need of The Study

Medical expense insurance is the major form of health insurance sold in India. Health insurance in India has seen a very slow growth and is still in the infancy stage. It has been the non-life insurance companies who have been selling health insurance in India though the Life Insurance Corporation and the new private players in die life sector also market a few add on products. Among the Health Insurance products available in India the "Mediclaim" insurance scheme is the most popular and has the widest coverage in terms of the number of individuals covered. The coverage as compared to the assumed potential is very low. In recent years it has been observed that group health insurance has grown in premium volume and the number of persons covered. This is because of employers covering their employees under group policies, benefits given to credit card holders at concessional rates, etc.

The number of persons covered under the individual mediclaim has not grown in the same proportion as in the case of group mediclaim, though it is the most comprehensive health insurance cover available in India and also enjoys the benefits of Income Tax rebate for the insured. The other health insurance products in the market have a very 14 negligible coverage. Our health care system is mainly dominated by Government Policies & Programmes which are insufficient to cope up need of present population. At present our healthcare system is bogged down by a number of draw backs such as; lack of sufficient infrastructure, high medical cost, etc. There are various studies have been conducted on the health care, micro health insurance and health insurance in India and abroad. But these studies cover different fields such as; the role of TPAs, provider's Perception, costumer's satisfaction, delivery system, cost management, etc. At present these researches highlighted that the health insurance is necessary to fulfil gap. Hence, there is urgent need to rectify the drawbacks, opportunities and performance of our health insurance system.

There are various reasons of selecting this research topic as follows:

1. Insuring one's health is need of the hour. Health insurance is the fastest growing non-life insurance segment & it is estimated to grow at a CAGR of 40% the next four to five years. Moreover, in case of unforeseen health problem, the policy saves a lot of money.
2. India's health care sector is in crisis. Though government programmes have controlled some infectious diseases, the country's performance on many health metrics is poor. India has 62 million diabetics and 18.1 million cancers suffer, the majority of whom will not be diagnosed, much less treated. Less than five percent of the 2.5 million Indians annually who need heart surgery get it. Although India has 10, 41, 395 doctors & 1.1 million nurses, practitioner density is about one-fourth that of America and less than half that China.
3. Despite its growing economic competency, India ranks among the bottom five countries globally with the lowest public health spending accounting for 21 percent of global disease burden. As per a study of NCAER in association with Max New York Life Insurance Company, the average medical expenses of an Indian households is 6.5% of the annual income & it increases sharply to around 37.4% in case of major ailments. According to a study "India

knowledge @ Wharton report" around 65 % of people remains in debt for life due to their expenditure on major health problems.

4. The current healthcare infrastructure in India is inadequate. The overall number of beds, physicians and nurses is low compared to other developing countries and international averages. The situation is worse in the case of tertiary beds and specialist physicians. Health insurance has become a necessity in today's world. A close look to these data makes it clear that Indian health infrastructure needs reforms.
5. A WHO study has revealed that 70% Indians are spending their out of pocket income on medicines and healthcare services in comparison to 30-40 % in as Shri-Lanka. In fact most of the money goes into buying medicines.
6. In India, public funded healthcare is available only to a miniscule section of BPL (Below Poverty Line) groups. Low-income groups and to government employees. The Indian Government has formulated Employee State Insurance Scheme (ESIS) that focuses on the public healthcare policy for low-income groups. The government employees can avail Central Government Health Scheme (CGHS) that offers medical treatment at a subsidized cost. With the opening up of insurance sector for private participation, numerous players have entered the healthcare segment, but in spite of the entry of private sector, penetration of insurance coverage in India is abysmally low.
7. Less than 15% of population is covered through prepaid insurance scheme this is very low. Medical Claim schemes has less than 3.5 million members, 3.4% Population is covered through ESI Scheme, 5 % Population is covered by Employer Schemes, 5% Population is covered through Community Insurance Schemes, 85% Population pays out of pocket, known as private spending, Slow entry of Health Insurance companies, due to regulatory issues and market dynamics In the last two years growth of insurance cover is 100 %.
8. The private sector has emerged as a vibrant force in India's healthcare industry, lending it both national and international repute. Private sector's share in healthcare delivery is expected to increase from 66% in 2005 to 81% by 2015. Private sector's share in hospitals and hospital beds is estimated at 74% and 40% respectively.

9. India's public spending on health as a proportion of GDP is among the lowest in the world While Sri Lanka spends 1.8% of GDP, figures in China and Thailand are 2.3% and 3.3 % respectively. The corresponding figure for the US is in excess of 7% while European nations like the UK, Spain. Germany and Italy spend 6.5-8% of their GDP on healthcare. While the Indian government spends $43 per head, counterparts in Sri Lanka invest double that amount at $87, China over three times at $155 and Thailand over six times at $261.
10. Health insurance is the ticket to healthcare and the best mechanism to finance healthcare to protect one's savings, avoid debts and miseries. There is no doubt that health insurance is going to be an important portfolio for all the insurers looking to grab the huge potential of the Indian market which is largely unexploited. Rising medical costs and increased awareness have resulted in a surge for health insurance products.

It is clear from the above mentioned facts, that there is an urgent need to re-evaluate & examine the process of health insurance in the country. Hence, "**A Comparative Analysis of Public and Private Health Insurance Companies in India: A Case Study of Agra City"** is taken for the present study.

3.1 Scope of the Research

Agra will be selected for the study, because there are various increasing numbers of super specialty and multi-specialty hospitals day by day and it is growing city in terms of business development, industrial and population growth. Agra has turned as hub of health care growth. In fact, it has been described as a tourist-city but it also creates various opportunities in health care sector. While the number of public hospitals in the state other than Agra is very less and confined to a few places, but the private hospitals in this city are going up day by day. Therefore, in view of these positive factors, the leading hospitals of the private sector in Agra are chosen for the study to get the required information and obtain necessary insights.

4. Objective of The Study

The main purpose of the present study is to appraise the health insurance industry, in the context of opportunities and challenges of health insurance in Agra. With the view to achieve the aim of the present, the researcher has made following objectives.

- To study the present status of Health Insurance Industry in India.
- To identify the various products and services offered by the public and private Health Insurance Companies.
- To analyse consumer awareness about various channels of distribution in public as Well as private Health Insurance Sector.
- To study the various Health Insurance Schemes launched by Central govt. & State govt.
- To study the role of TPAs in the emerging Health Insurance Industry in India.
- To carry out SWOT analysis of Health Insurance Industry and suggest a future action plan to improve the performance of Health Insurance particularly in Agra.

In addition to these objectives some specific objective would be deigned during the course of study to make the findings more realistic and valid.

5. Hypothesis

On the basis of objectives mentioned above, the researcher would like to test the following null hypothesis.

H01 There is no significant impact of health insurance on changing structure of health status in India.

H02 There is no significant effect about consumer awareness in various channels of distribution in public as well as private Health Insurance Sector

H03 There is no significant impact of TPA on Health Insurance.

In addition to the above hypothesis, the researcher would like to frame some more hypotheses during the course of the study.

6. Research Methodology

1. The study is based on the primary as well as secondary data. For the analysis of changing structure of Health Insurance, a **Primary Survey** will be conducted using self-structured questionnaire and face to face discussion. The types of question to be asked will be both pen-ended and closed-ended. To test the validity and veracity of the structure of questionnaire and to find out whether the purpose will be fulfilled a pilot study will be conducted with a sample of 20-30 questions.
2. To ascertain the trends and development of Health Insurance Industry in India and to analyse the Global scenario in the context of Health Insurance Industry the **Secondary data** will be collected from reliable and authentic secondary sources such as annual reports of IRDA: Magazines, Business Today, Business India, Economic & Political Weekly. Yojana, The Insurance Times, The Banking Magazines Periodicals, Thesis & News Papers etc., comprising the information related to development in the changing structure of Health Insurance Industry.
3. For this the researcher would like to visit and survey various Health Insurance Companies, seminars, workshops, institutions, hospitals and libraries etc. In addition prominent economists and scholars, relevant reports of the government of India will be consulted.
4. The universe of the present study will be confined to Agra District of U. P., which is signed out as the most populous District and it is also a hub of hospitals in North India. The District has been selected purposively on the criteria, that there is not a single, comprehensive and comparative study conducted previously to investigate the Changing structure of Health Insurance and its other dimensions.

6.1 Sample Selection

In this study 08 health insurance companies will be selected which are registered in insurance companies and approved with Insurance Regulatory and Development Authority and the selection will be made on the basis of their total market share in health insurance industry. Two health insurance companies taken from public sector companies and six health insurance companies will be taken from private sector companies. 296 policy holders (from year 2018) and 5 TPAs will be selected for the study.

Random sampling will be used when we meet with non- policy holder while we go for survey & find out the suitable reason why he/she doesn't take any type of Health Insurance. The survey of non-policy holder helps me to find out the suitable reason & will give suggestion for Health Insurance industry.

Table 1.3 Sample Selection

	Total	**Sample**	**In Percentage**
Public Health Insurance Companies	04	02	50%
Private Health Insurance Companies	24	06	25%
TPAs	20	10	50 %
Policy Holders	1480	296	20% Family members (Male & Female) both are included and related to any type of policy holders such as: Individual family and group plan.
Hospitals(Multispecialty)	20	05	25%

6.2 Data Collection

The first-hand information will be collected by administering self-structure questionnaire and conducting structural interviews of the concerned respondents. Personal contacts and mail also utilized for the fulfillment of the research objectives. For administering the questionnaire, the following three categories of sampling units will be included in the study, which will conveniently selected on the basis of their availability and research:

(1) Policy holders of Health Insurance

(2) Healthcare providers

(3) Insurance companies

(4) Schedule for TPAs

(a) Primary Data: Primary data will be collected through a self-structured questionnaire, interview, informal meetings and discussions.

In this study four self-made questionnaires will be used to critical appraisal of health insurance in respective of Health Insurance Companies as follows:

1) A Questionnaire related to companies (Public & Private health insurance companies Respondents)

2) A Questionnaire related to health Insurance policy holders.

3) A Questionnaire related to TPAs

4) A Questionnaire related to Multi-Specialty hospitals.

A performance schedule enlisted the activities or respective health insurance company which are helping and promoting the health insurance.

(b) Secondary Data: The secondary data will be collected from: magazines, newspapers, journals, reports, etc.

6.3 Statistical Tools Used

For analyzing the findings and to draw inferences, the appropriate statistical and mathematical tools will be used as ratio, averages, test of significance etc. T test and 5 point Likert Scale will be used.

Table: 1.4 Research Design

Geographical Area of Research:	Agra City [as concerned with the Health insurance Companies] Uttar Pradesh.
Research Type:	Descriptive & Analytical Research
Sampling	Random Sampling
Population	28 Health Insurance Companies
Sample	02 Public + 06 Private Total= 08 Health Insurance Companies
Respondent	296 Policy Holders
Data Collection:	Data collection will comprise of all eight Health Insurance Companies in Agra City of U.P. ❖ Interviews with executive/ managers of companies ❖ Questionnaires from the employees of the companies, agents working under the concerned Agra of the companies and the policy holders of the companies both individual policy holder's & family insurance holders of companies. ❖ Published work in journals, books, newspaper, periodicals & different business magazines.[relevant for the research] ❖ Relevant publications by IRDA.
(c) Statistical tools & methods:	❖ Likert scale, Averages, regression model, econometric tool, test of significance and other appropriate statistical tools as per the requirement of the study.

7. CHAPTERIZATION

The study will be organized as following chapters:

Chapter I Introduction

- Meaning, Evolution and Growth of Health Insurance Industry
- Need of the Study
- Objectives of the Study
- Hypothesis
- Research Methodology

Chapter II Review of Literature

Chapter III Present Status of Health Insurance Industry in India

Chapter IV Role of Public and Private Health Insurance Companies in India

Chapter V Role of TPAs in Development of the Health Insurance in India

Chapter VI Various Health Insurance Scheme Launched by Central Government & State Governments

Chapter VII Analysis and Interpretation of Data

Chapter VIII Conclusion & Recommendation

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Annexure

Table: 1

S.No.	Multi-Speciality Hospital
1	Lotus Super Speciality Hospital
2	Shri Vinayak Hospital & Research Centre
3	Pushpanjali Hospital & Research Centre
4	Rainbow Hospitals
5	Dr Kamlesh Tandon Multi Speciality Hospital
6	Asopa Hospital & Research Centre
7	Pareek Hospital & Research Centre
8	Upadhyay Hospital & Metro Heart Institute
9	Goyal Hospital & Research Centre
10	Heritage Hospital Agra
11	IIMT Hospital & Research Centre
12	Mahajan Hospital & Research Centre
13	Jeevan Jyoti Hospital & Research Center Pvt. Ltd.
14	Shree Ram Hospital
15	Amit Jaggi Memorial Hospital
16	Synergy Plus Hospital
17	Sapphire Hospital
18	Fortis Escorts Hospital
19	Moolchand Hospital
20	Nayati Hospital - Trauma & Acute Care Centre