HEALTH INSURANCE IN MAHARASHTRA, INDIA: A QUALITATIVE STUDY

By- SIMRAN KHOBRAGADE

Roll No.1409

MBA Hospital and Health Management-26 HM Batch

INTRODUCTION

•Maharashtra's healthcare system is well-developed, comprising a wide range of public and private hospitals, clinics, and healthcare facilities accessible throughout the state.

•The cost of medical care can pose a significant financial burden for individuals and families, especially in cases of unexpected illnesses, accidents, or major surgeries.

•Both public and private insurance providers offer a variety of plans designed to meet the diverse requirements of individuals, families, and organizations.

•The Maharashtra government has taken steps to improve accessibility and awareness of health insurance.

•Public health schemes like Pradhan Mantri Jan Arogya Yojana (PMJAY) and Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) have been implemented to provide health insurance coverage to economically deprived groups in society.
•These programs aim to ensure that all citizens of Maharashtra can access and afford high-quality healthcare services.

Research Questions & Objectives

- **What are the health insurance schemes available in Maharashtra, India?**
- **What are the facilitating and hindering factors affecting utilization of the Health Insurance schemes?**
- *To review health insurance schemes - Pradhan Mantri Jan Arogya Yojana (PMJAY), Central Government Health Scheme (CGHS) as Central government, Employees State Insurance (ESI) and Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) as state government health, and other private schemes in Maharashtra, India.*
- *To study the process flow of the government health insurance schemes - Pradhan Mantri Jan Arogya Yojana (PMJAY) and Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY).*
- *To identify the facilitating and hindering factors affecting utilization of the government Health Insurance schemes.*

Review of Literature

SNo	Author Name (Year)	Study Location	Sample Size	Sampling Technique	Salient Features
1	S S V Prasad,Chandramani Singh, Bijaya N Naik, Sanjay Pandey and Rajath Rao, March 2023	Rural area of Patna in Bihar	802	Multistage sampling	The study determined the level of awareness of the AB-PMJAY, a community-based cross-sectional survey was carried out in which 802 families of the rural health training centre, Naubatpur, were chosen using a multistage sampling technique. PMJAY was known to two out of three rural residents and three out of every four eligible participants, but only 1.3% of them actually used it. As a result, regular training sessions for healthcare workers at the community level, such as accredited social health activists (ASHA) and Anganwadi workers (AWW), are necessary to strengthen ties within the neighbourhood and ensure that the PMJAY programme is used effectively.
2	Shankar Prinja, Maninder Pal Singh, Vipul Aggarwal, Kavitha Rajsekar, Praveen Gedam, Aarti Goyal, Pankaj Bahuguna, February 2023	India	NA	Multistage stratified sampling method for selection of state, stratified sampling for district hospitals, Random sampling for one district hospital of 3 tertiles	The study was conducted in four phase covering public and private hospitals The CHSI phase I and III covered 11 and 14 public tertiary hospitals of India respectively. Phase II covered 27 district hospitals from nine states of India Overall the public health insurance programmes in India have generally been assessed in terms of their effects on out-of-pocket expenses, equity, and in some cases, the general efficiency or health of the population. Several studies have determined the impact on households' net financial gains. A few assessments have looked at how insurance plans affect usage, particularly in the public sector, but none have looked at the financial or health-related effects of such publicly financed insurance plans on the public sector. The benefit packages and degree of population coverage of these programmes were very different from the PMJAY.

3	**Umashankar Gangadharaiah Kadaluru, Rukmini Jinnagara Naryanappa, 2021**	**India**	**Case studies**	**Purposive sampling**	**The study focused on schemes which suggested 12% of the population has access to the social health insurance programme in India, which includes ESI and CGHS. Benefits to women were substantially less. The use of these programmes is inadequate despite the fact that they offer a range of services significantly better than other forms of social insurance both inside and outside the country in terms of dental benefits. Additionally, neither of the programmes offered preventive dental services, and the distribution of dental personnel is uneven. Study suggested making changes to these insurance plans to encourage the best possible use of dental care services, keeping separate oral health data banks for each plan, and setting up a committee to review and formulate plans based only on information about oral health at regular intervals.**
4	Naveen R Gowda Abdul Hakim Gurpreet Singh Anant Gupta D.K. Sharma, October 13, 2022	AIIMS, New Delhi.	120	Convenience Sampling	The study was done to see how AB-PMJAY plan was implemented and how satisfied patients were with it. All beneficiaries who used the services at AIIMS, New Delhi. The participants' average age was 36.37 years; 45.83% of them were illiterate; and 69.17% of them lived in rural areas. 88% of patients were able to use the programme without any issues, whereas 18% of patients were told to buy their prescriptions elsewhere. Patients expressed great satisfaction with the benefits and simplicity of using the programme. The study suggested that government should investigate why some pharmaceuticals are being bought from other sources, and the hospital may be granted a contingency fund to discourage individuals from doing so.
5	Sujeet Kumar Sinha , Pritanjali Singh , Arkaprava Sinha MAY 1, 2023	Rural Places of India	NA	A Narrative review-Secondary data	It is a narrative review which focused on PMJAY. This scheme is economically beneficial to poor households in rural and urban areas. Its ability to free people from the stress of out-of-pocket expenses is one of its significant benefits. But even with all its advantages, PMJAY is not without issues. Major downsides include things like the insufficient supply of healthcare services, difficulties with implementation, and the lack to account for related indirect expenses. However, there are optimistic future possibilities, such as the possibility to provide equitable and cheap cancer care in India, making use of digitization, and eliminating the

6	**Dr. Rana Rohit Singh, Abhishek Singh**	**India**	**Articles, journals, books**	**Secondary data**	**The study indicated that there is large proportion of population still uncovered from the health insurance products. However, over a period of last years, this sector has witnessed a rapid expansion. Attracting from the potential growth in this sector, a good number of private health insurers with foreign collaborations have been able to create their market share.**
7	Ajay Dnyanoba Subhedar, Joti Pandit Bagul, Dhiraj B. Nikumbh, Shakuntala Limbaji Shelke, Dipak Kishor Shejwal, Dattatrya Achyutrao Kirde, 31-08-2021	North Maharashtra, Government Medical college, Dhule, Maharashtra	62	Convenient sampling technique	The Study focused on mucormycosis cases which suddenly increased due to COVID 19 pandemic. The reasons of this were multifaceted and included overuse of steroids, hospital acquired mucormycosis, and decompensation of underlying comorbidities. Diabetes and rhino-orbital cerebral mucormycosis require rigorous management. The cost of lyophilized Amphotericin B and the total cost of treating mucormycosis were out of the grasp of the average person. There were cases where these patients killed themselves as a result of this uncompensated financial strain. The management of Mucormycosis and the overall management of the COVID-19 pandemic both benefit greatly from the MJPJAY plan. The Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) emerged as a beacon of hope in the shadow of individual households' potential economic burden.

8	**K. Sonymol MSc, DHM , Ravi Shankar PhD, May 2022**	**India**	**150**	**Convenient sampling**	**The study assessed several healthcare-related direct and indirect expenditures. It assisted patients in choosing the best policies for their needs and various stakeholders in developing adequate health policies. Additionally, it helped fills the informational gap created by the lack of data on the relative significance of the various health cost components covered. In this study healthcare costs were shown to be less of a problem for patients insured by government health insurance policies than they were for those covered by private health insurance policies.**
9	Shyamkumar Sriram & M. Mahmud Khan, 07 September 2020	India	64,270	Secondary data from National survey	This study suggested that while poor persons who participate in health insurance programmes have increased hospitalisation rates, the length of hospital stays was unaffected by health insurance participation. Due to improved access to care and modifications in the utilisation patterns of both the insured and the healthcare providers, health insurance coverage often results in higher health care utilisation.
10.	Prof. Sushama Sathe, Ms. Neha Shetye , Ms. Rutuja Kulkarni , Prof. Dr. Sanjaykumar Gaikwad	Rajgurunagar, Pune, India.	191	Convenient sampling technique	This study is a work in the field of health insurance in rural population. Its objective was to examine the demographic information of respondents in rural areas. Informed consent was obtained in the primary healthcare facility before conducting face-to-face interviews. To gather data, a structured questionnaire was created. Data analysis was displayed using frequency tables and graphs. According to research, there were gaps in the execution of health insurance programmes and in public knowledge, which prevent many people from acquiring health insurance.

Methodology

Setting- Wardha Block of Wardha district, Maharashtra.

Study Population: The healthcare providers who were engaged in promoting the schemes at various levels: block, village panchayat, village, empanelled hospital and the community members. **Data Collection Methods and Tools:**

Review of various health insurance schemes,

published data in public domain,

Guide for In-depth interview (roles and responsibilities related to health insurance, their perceptions about utilization of health insurance schemes, facilitating and hindering factors, suggestion for better utilization etc)

Guide for Focus group discussions with community members.

Duration of Study: Three months (Feb – May 2023)

Approach to Analysis

Stage	Description
Data Preparation	• Transcribe interviews and focus group discussions
	• Organize and manage transcripts for easy referencing and analysis
Familiarization	• Read and familiarize yourself with the transcripts
	• Take notes, and highlight key points, quotes, and recurring themes
Coding	• Develop a coding system based on identified themes and research questions
	• Assign codes to segments of the transcripts that correspond to themes and sub-themes
	• Create a coding framework outlining the main themes and their respective codes
Initial Coding	• Systematically assign relevant codes to segments of the transcripts
	• Identify patterns, commonalities, and differences within the data
Organization and Categorization	• Review coded data and identify overarching categories and sub-categories
	• Group similar codes together to form meaningful categories
	• Ensure categories capture the essence of the data and align with research questions and objectives
Data Analysis	• Analyse categorized data within each theme for key findings, trends, and patterns
	• Identify supporting quotes and examples from the data
	• Compare and contrast perspectives of different participants and groups
Interpretation and Synthesis	• Interpret findings in the context of research questions and objectives
	• Identify connections, relationships, and implications between themes
	• Explore contradictions or divergent viewpoints
	• Synthesize findings to develop a comprehensive understanding of the research topic
Reporting	• Summarize key findings for each theme with relevant quotes
	• Organize findings logically and coherently
	• Provide a clear interpretation of findings and highlight the significance and implications
	• Consider using data visualization techniques for enhanced presentation

RESULTS

About Various Health Insurance Schemes in Maharashtra

- Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) as State government scheme
- Pradhan Mantri Jan Arogya Yojana (PMJAY) as Central government scheme
- Central Government Health Scheme (CGHS) as Central government scheme
- Employees State Insurance (ESI) as State government scheme
- Other private schemes in Maharashtra, India

1. Mahatma Jyotirao Phule Jan Arogya Yojna (MJPJAY)

- Flagship health insurance scheme of Government of Maharashtra
- Plan offers comprehensive cashless care for identified diseases that have been diagnosed. Earlier referred to as the Rajiv Gandhi Jeevandayee Arogya Yojana, the programme began on July 2, 2012, in eight districts of Maharashtra. On November 21, 2013, it was expanded to 28 districts.

Sum Insured on Floater basis:

• The scheme provides coverage Up to Rs.1,50,000 /- per family every year which include all hospitalization-related costs for the beneficiary. This limit has been increased for renal transplants to 2,50,000 per family each policy year.

• The benefit is accessible to each member of the family on a floater basis, meaning that the policy year's maximum coverage of 1.5 lakh or 2.5 lakh can be used individually or jointly by all family members.

2. Pradhan Mantri Jan Arogya Yojana (PM-JAY)

On September 23, 2018, the Hon. Prime Minister of India, Shri Narendra Modi, launched this programme in Ranchi, Jharkhand.

The largest health assurance programme in the world, Ayushman Bharat PM-JAY, aims to cover secondary and tertiary care hospitalisation for over 10.74 crores vulnerable and poor families (about 50 crore beneficiarieswith a health benefit of Rs. 5 lakhs per family per year.

The households included are based on the socioeconomic caste census 2011's (SECC 2011) occupational and deprivation categories for rural and urban areas, respectively.

- PM-JAY offers the beneficiary cashless access to healthcare services. Up to 3 days of pre-hospitalization and 15 days of post-hospitalization costs, including medical tests and medications, are covered.
- The benefits of the scheme are transferable across the nation, meaning a beneficiary can visit any empanelled public or private hospital in India for the benefit of cashless treatment.
- There are no restrictions on the size of the family, age, or gender. All pre-existing ailments are covered from day one. Public hospitals get reimbursed for healthcare services on par with private hospitals. Services include approximately 1,393 procedures and cover all costs associated with treatment, including but not limited to drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, OT and ICU charges, etc.
- The SECC includes the families according to their socioeconomic condition.

Integrated Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) and Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)

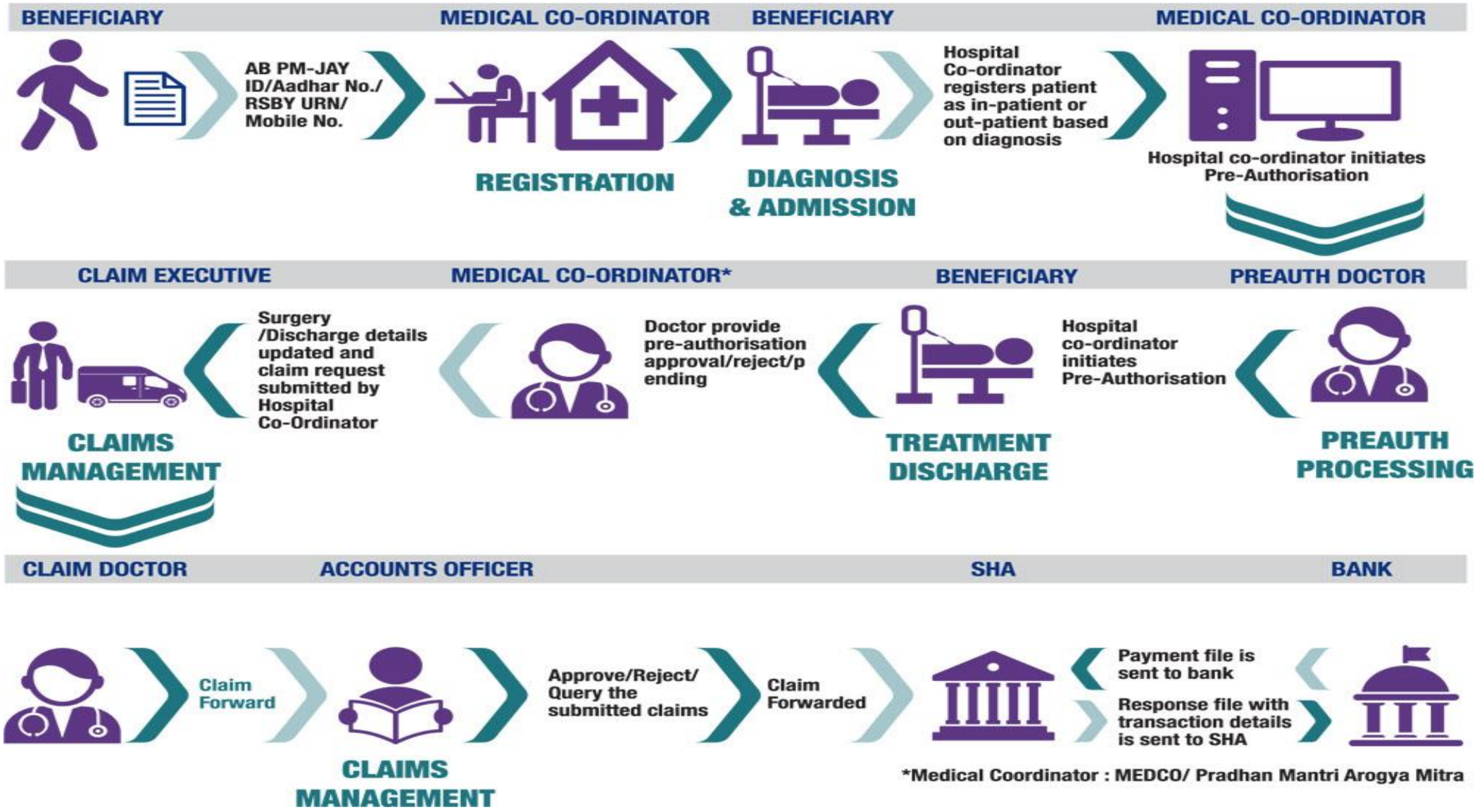
- Integrated Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) and Ayushman Bharat-Pradhan Mantri (ABPM) began on April 1st, 2020, and are managed by United India Insurance Company, a Public Sector Undertaking Company. From July 2, 2012, through March 31, 2020, the scheme was administered by National Insurance Company, a public sector undertaking.
- MJPJAY, formerly known as Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY), was a state-level health insurance programme implemented in Maharashtra.
- Beneficiaries are provided with health insurance coverage by State Health Assurance Society and United India Insurance Company Limited (public sector undertaking companies), respectively, under the insurance and assurance modes. On behalf of eligible beneficiary families, State Health Assurance Society makes quarterly premium payments to the insurance company in the amount of 797 per family every year.

The Maharashtra state government has provided total funding for the Mahatma Jyotirao Phule Jan Arogya Yojana. In a 60:40 ratio, the governments of India and Maharashtra jointly fund the Pradhan Mantri Jan Arogya Yojana.

Benefit Coverage:

This is a comprehensive medical insurance programme that will pay for hospitalisation for the following 34 specified specialties' medical and surgical procedures through cashless care. Beneficiaries of the MJPJAY receive benefits for 996 medical and surgical treatments with 121 follow-up procedures, whereas beneficiaries of the PMJAY receive benefits for 1209 medical and surgical procedures (plus an additional 213 medical and surgical procedures) with 183 follow-up procedures. Out of the 996 MJPJAY processes, there are 131 government reserved procedures. There are an additional 37 government reserved procedures for the 1209 PMJAY procedures.

Process Flow of Integrated MJPJAY- PMJAY



Documents required for various schemes-

INTEGRATED MJPJAY - PMJAY	CGHS	ESIC
• Aadhaar Card / Aadhaar Registration Slip with photo of the beneficiary, Pan Card, Voter Id, Driving License, School/College Id, Passport • Freedom Fighter ID card • Health Card of RGJAY / MJPJAY • Golden card – Ayushman card • Handicap Certificate • Nationalized Bank Passbook with Photo • Senior citizen card issued by Central Government or State Government • Defence ex-servicemen card issued by Sainik Board • Marine Fishery Identity card (Issued by Ministry of Agriculture / Fisheries Department Government of Maharashtra). • Any photo ID proof issued by Government of Maharashtra/ Government of India	• Application Form • Proof of Identity: Aadhaar card, PAN card, voter ID card, passport • Proof of Residence: Documents like Aadhaar card, driving license, utility bills, or bank statement • Passport-sized Photographs • Service Certificate (For Employees) • Pension Payment Order • Relationship Proof: marriage certificate, birth certificate, or dependency certificate beneficiary and primary CGHS member. • Bank Account Details • CGHS Card (Renewal)	• Employee's Identity • Employee's Address Proof • Employee's ESIC Insurance Card • Employee's Bank Account Details: Bank account details, including account number and IFSC code, are typically required for claim processing and reimbursement purposes. • Employee's Photograph • Employment-related Documents: employment contracts, appointment letters, or any other documents that establish the employee's relationship with the employer and eligibility for ESIC coverage.

Demographic characteristics (Health Care Providers), n=40

Demographic Variable	Number of Respondents	Percentage
Age in Years		
18-24	11	27.5
25-34	10	25
35-44	12	30
45 and above	07	17.5
Gender		
Male	22	55
Female	18	45
Educational Background		
High school diploma or equivalent	04	10
Associate degree	08	20
Bachelor's degree	18	45
Master's degree or higher	10	25
Designation/Job Title		
Nurse	08	20
Physician	06	15
Medical Assistant	12	30
Allied health professional (e.g., physical therapist, pharmacist)	6	15
Administrator/Manager	7	17.5
Support staff (e.g., receptionist, janitorial staff)	1	2.5

Demographic characteristics (Community Members), n=40 (10 in each FGD)

Demographic Variable	Number of Participants	Percentage (%)
Age in Years		
18-24	15	37.5
25-34	16	40
35-44	05	12.5
45 and Above	04	10
Gender		
Male	22	55
Female	18	45
Socioeconomical Status		
Low Income	19	47.5
Middle Income	12	30
High Income	01	2.5
Unemployed	08	20
Place of Residence		
Urban	18	45
Rural	22	55

Theme 1:Understanding of Health Insurance Schemes

	PMJAY	MJPJAY
BLO	• Improved healthcare access • Affordable	• State specific benefits • Financial protection
Empaneled hospital staff	• Positive impact • Delivery of appropriate medical care	• Broader Coverage • Cashless treatment • Financial protection
Village level	• Lessen financial burden	• follow up treatments
Community level	• Better health outcomes	• Transportation cost • Post hospitalization care

Theme 2: Process Flow of Government Health Insurance Schemes

	Enrolment Procedures and Eligibility criteria	Claim submission and reimbursement processes	Empanelled hospitals and healthcare provider networks
BLO	• Simple • Easy to navigate • Guided at different level of process • Eligibile to economically vulnerable population	• Simplified claim process	• Focus on expanding network of empaneled hospital
Empaneled hospital staff	• Assistance provided by staff • Clear communication	• Efficient and easy process	• Require more empaneled hospitals
Village level	• Accessible information is given	• Require Support from staff	-
Community level	• Support to patients who are financial weak	• Reduce administrative burden	-

Theme 3: Facilitating Factors Affecting Utilization of Health Insurance schemes

	Awareness about the schemes	Broader range of medical procedures and treatments.	Affordability	Cashless procedure	Private and Government Hospitals engaged in scheme
BLO	• Awareness campaigns conducted • Targeted educational campaigns	• Enhanced treatment option broad range of procedures covered • Beneficial to patients	• Access to quality healthcare • Financial relief	• Patient satisfaction • Transparency • Reduce administrative task	• Balancing costs and reimbursement • Quality care
Empaneled hospital staff	• Continuous awareness efforts – Organising seminars, workshops conferences	• Affordable • Easily treated • Positive response from patients	• Reduction in out- of- pocket expenses • Prevent delay in treatment	• More focus on treatment • Streamlines medical services	• Availability of specialized services • Private hospitals have better infrastructure and facilities
Village level	• Programs related to documentation requirements, claim process,enrolling process	• Effective • Improved patient outcomes	• Encouraging preventive care • High demand of treatment	• Enhanced access to healthcare • Trust in healthcare	• Enhanced healthcare facilities
Community level	• Creating IEC material • Collaborating with insurance agencies	• Patient satisfaction • Comprehensive healthcare	• Promote better health outcomes • Patient satisfaction	• Timeless and seamless care • Reduce financial burden	• Better utilization of resources • accessible

Theme 4: Hindering Factors Affecting Utilization of Health Insurance Schemes

	Lack of procedural awareness and information gaps	**Inadequate Infrastructure and healthcare workforce**
BLO	• Inadequate information • Lack of education • Communication gap	• Resource constraints • Insufficient facilities
Empaneled hospital staff	• Missed treatment opportunities • Limited utilization of services	• Shortage of skilled workers
Village level	• Incomplete documentation and procedure	-
Community level	• Lack of understanding • Lack of proper awareness	-

Theme 5: Effect of Health Insurance Schemes on Healthcare Access and Outcomes

	Improved access to healthcare services	Financial protection and reduced out-of-pocket expenses	Patient Satisfaction and healthcare quality indicators
BLO	• Early detection and prevention • Reduced financial burden	• Improved healthcare utilization • Increased treatment adherence	• Improved health outcomes • Patient centred care
Empaneled hospital staff	• Patient satisfaction • Strengthened primary health care	• Benefit the poor • Manageable finances for the health issues	• Trust of patient • Feedback from patients
Village level	• Patient satisfaction • Lessen financial burden	• Patient satisfaction	• Quality improvement
Community level	• Affordability • Accessibility	• Positive impact on people • Less mental stress	• Continuity of care

Theme 6: Healthcare Workers' Perspectives on Challenges in Implementing Health Insurance Schemes

	Administrative and logistical challenges	Information and communication gaps, if any	Capacity and resource constraints	Coordination and collaboration among stakeholders
BLO	• time consuming process • Managing data collection process and reporting requirements to the authorities,	• Inadequate communication	• Limited availability of facility can cause strain in delivery services • Impact timely access to care	• Ensuring seamless communication between insurance agencies , hospitals
Empaneled hospital staff	• Regulatory and compliance burden	• Lack of knowledge and awareness	• Insufficient equipment • Insufficient physical space	• Documentation and procedures requires dedicated resources and training
Village level	• Training to adapt new technology	• Regular training sessions	• -	• -
Community level	• -	• Degrade the quality care to patient		• Degrade patient care

CONCLUSION

- Understanding of the health insurance landscape in Maharashtra/ Wardha context, in terms of schemes, prerequisite for each one, eligibility, benefits offered by different health insurance options available to individuals and organizations.
- Process flow of PMJAY and MJPJAY
- Facilitating factors included awareness (heard of), accessibility – government, and empaneled private hospitals, affordability, cashless procedure, and satisfaction in general
- Hindering factors included lack of procedural awareness and information gaps.

- *Research is lacking in government health systemin general, therefore, the findings can guide district/ block healthcare providers, and other stakeholders to optimize MJPJAY and PMJAY schemes*

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Thank You!