



BUSINESS PLAN · INDIA

Health TPA / Claims-Administration Service

Cashless claims, adjudication, network & fraud control for health insurance

INSURANCE

AISEVAK.IN · BY ABL DIGITAL TECHNOLOGIES

August 2026

This document is confidential and prepared for planning purposes. All financial figures are illustrative model assumptions for an Indian MSME context and must be validated against live quotes, local rates and professional advice before any investment or borrowing decision.

1. Executive Summary

This plan sets out a **Health TPA / Claims-Administration Service** in India — a business that administers health-insurance claims and cashless services on behalf of insurers and self-funded employers: cashless pre-authorisation, hospital-network management, claims adjudication support, reimbursement processing, member helpdesk, and fraud/leakage control. A full Third Party Administrator (TPA) requires an IRDAI TPA licence; this plan supports both the licensed-TPA path and a claims-administration/BPO services model for insurers/TPAs/employers.

Health-insurance growth, rising claim volumes and the push for faster, cleaner cashless experiences drive strong demand for efficient claims administration. This is a technology- and process-driven, headcount-leveraged business with recurring per-member/per-claim revenue and high stickiness once integrated with insurers/employers.

The promoter — building a claims-administration operation (progressing toward or partnering for TPA licensing) — seeks total funding of **₹9.0 lakh** (₹4.0 lakh promoter + ₹5.0 lakh term loan for setup/opex; note IRDAI TPA licensing carries separate net-worth and infrastructure requirements to be met independently), targeting **₹40 lakh** revenue in Year 1 and **₹1.05 crore** by Year 3.

2. Business Description, Vision & Legal Structure

Concept: A claims-administration engine that makes health claims fast, fair and fraud-free — great cashless experiences for members and clean, controlled outgo for insurers/employers.

Vision: To be a trusted health-claims administration partner for insurers and employers.

Mission: Process every claim accurately and quickly, deliver seamless cashless service, and control leakage — with rigorous quality and compliance.

Legal structure

- **Private Limited** — required for an IRDAI TPA licence (with prescribed net worth/infrastructure); also suits a claims-administration BPO model.

Regulatory anchor: a licensed TPA requires IRDAI registration with minimum net worth, qualified personnel and infrastructure. Absent full licensing, the business can operate as a claims-administration/BPO service to insurers/TPAs/self-funded employers (support functions, not the regulated TPA role). Data security (health data) and compliance are central. This plan's funding covers setup/opex; TPA net-worth is separate.

3. Promoter & Ownership

Led by a promoter with health-insurance, claims or healthcare-operations experience, supported by medical/claims professionals and technology. Delivery uses claims processors, medical officers, network and helpdesk teams under quality leads. Year-one ownership rests with the founder(s)/company; ownership and profit-sharing are editable inputs, subject to IRDAI norms where licensed.

4. Market Analysis — India

Health insurance is among the fastest-growing insurance lines in India, with rising retail and group cover, government schemes, and claim volumes. Insurers and self-funded employers need efficient, fraud-aware claims administration and strong cashless networks. Technology (AI-assisted adjudication, fraud analytics) is reshaping the space, favouring

capable, tech-enabled administrators.

Demand drivers

- **Health-insurance growth:** retail, group and scheme-based cover expanding.
- **Cashless-experience push:** faster pre-auth and settlement demanded.
- **Claim volumes & leakage:** need for accurate adjudication and fraud control.
- **Self-funded employers** seeking managed claims administration.
- **Technology enablement** for speed and accuracy.

Market sizing (illustrative framing)

Layer	Definition	Indicative scale
TAM	Health-claims administration demand in India	Very large
SAM	Reachable insurers, TPAs & self-funded employers	Large
SOM (Yr 1-3)	Members/claims administered	Growing volume

Target segments

- Insurers needing claims-administration support/outsourcing.
- Self-funded / large employers with group health.
- Existing TPAs needing overflow/specialised processing.
- Hospital networks needing cashless coordination.

5. Competition & Competitive Advantage

Landscape: established TPAs, insurer in-house teams, and health-claims tech platforms. The firm competes on turnaround, adjudication accuracy, fraud control, member experience and technology.

The firm's edge

- **Fast, accurate adjudication** with medical review.
- **Fraud & leakage control** via analytics.
- **Seamless cashless experience** and network coordination.
- **Technology-enabled processing** for speed and scale.
- **Strong member helpdesk** and service.

6. Services & Pricing

Service	Model	Basis
Cashless pre-authorisation	Per member / per claim	PMPM / per-case
Claims adjudication & processing	Per claim / FTE	Volume / managed
Reimbursement processing	Per claim	Volume
Network management	Retainer	Managed
Member helpdesk	Per member / retainer	PMPM

Fraud analytics & leakage control	Project / savings-share	Value-based
-----------------------------------	-------------------------	-------------

Per-member-per-month (PMPM) and per-claim models provide recurring, volume-scaling revenue; fraud/leakage control adds value-based upside.

7. Go-to-Market — Marketing & Sales

- **Insurer & employer outreach** for administration mandates.
- **Broker & consultant partnerships** for group-health clients.
- **Hospital-network relationships** for cashless coordination.
- **Proof-of-value pilots** on turnaround, accuracy and fraud savings.
- **Technology & SLA credentials** as differentiators.

Sales approach

Pilot/overflow processing → SLA & accuracy proof → managed administration contract. Land-and-expand across lines; build recurring PMPM books.

8. Operations Plan

- **Location:** a secure processing centre with controlled access and BCP.
- **Process:** intake → pre-auth/medical review → adjudication → settlement/reimbursement → member communication → MIS & fraud analytics.
- **Technology:** a claims-administration platform, adjudication rules/AI assist, fraud analytics, and secure data infrastructure.
- **Quality & security:** medical review, QA, SLA management, ISO 27001-style controls, and health-data protection.
- **Capacity:** scales with trained claims/medical staff and technology; quality leads maintain accuracy.

Core administration functions

Function	Purpose	Metric
Pre-authorisation	Cashless approval	TAT
Adjudication	Claim decision	Accuracy
Settlement	Payment	TAT
Network mgmt	Hospital tie-ups	Coverage
Fraud control	Leakage reduction	Savings

9. Regulatory, Licences & Compliance (India)

- **TPA licence (if licensed):** IRDAI registration with prescribed net worth, personnel and infrastructure; otherwise operate as claims-administration/BPO support to licensed entities/employers.
- **Company incorporation:** PAN/TAN; GST; professional tax and Shops & Establishments as applicable.
- **Data & conduct:** health-data protection, ISO 27001-style security, member confidentiality, SLA and grievance handling.

- **DPDP Act** alignment for sensitive personal/health data.

10. Organisation & Manpower Plan

Role	Yr 1	Yr 2	Yr 3
Founder / Operations Head	1	1	1
Medical Officer / Adjudication Lead	1	2	3
Claims Processor / Helpdesk	4	10	16
Tech / QA / Admin	2	3	4
Total	8	16	24

11. Implementation Timeline & Milestones

Phase	Timeline	Milestone
Setup	Month 0-3	Entity, platform, secure centre, first team, security posture
Launch	Month 3-6	First administration/overflow contracts; SLA proven
Traction	Month 6-12	Managed contracts; break-even nears
Scale	Year 2	Volume growth; fraud-analytics line; (TPA licence if pursued)
Growth	Year 3	Large PMPM book; multi-client operations

12. Financial Plan (Illustrative)

All figures are illustrative model assumptions for an Indian context, shown so the promoter can replace them with live rates. TPA net-worth (if licensed) is separate. They are not projections of guaranteed results.

12.1 Project cost & means of finance (setup/opex)

Capital requirement	₹
Secure processing centre & fit-out	2,00,000
Computers & secure IT (8)	2,60,000
Claims platform & security tools	1,40,000
Branding, website & BD	60,000
Deposits & pre-operative	90,000
Working-capital buffer	1,50,000
Total setup cost	9,00,000
Promoter contribution	4,00,000
Term loan (setup/opex)	5,00,000

12.2 Projected Profit & Loss (3 years)

Particulars	Year 1	Year 2	Year 3
PMPM / managed-administration fees	26,00,000	50,00,000	68,00,000
Per-claim & reimbursement processing	10,00,000	20,00,000	28,00,000
Fraud-analytics & value-based	4,00,000	8,00,000	9,00,000
Total revenue	40,00,000	78,00,000	1,05,00,000
Salaries & delivery team	22,00,000	41,00,000	55,00,000
Rent & utilities	2,80,000	3,40,000	4,20,000
Platform, security & IT	3,00,000	4,20,000	5,20,000
Marketing & BD	2,20,000	3,20,000	4,00,000
Admin, travel & misc	2,80,000	4,20,000	5,60,000
Interest on term loan	55,000	40,000	22,000
Total expenses	33,35,000	56,40,000	74,42,000
Net profit (before tax)	6,65,000	21,60,000	30,58,000
Net margin	16.6%	27.7%	29.1%

12.3 Unit economics & break-even

- **PMPM & per-claim:** billed above fully-loaded processing cost at good volume/utilisation.
- **Scale & automation:** margins improve with volume and AI-assisted processing.
- **Break-even:** a base of managed contracts plus per-claim volume — reached around month 10-12.

12.4 Projected Cash Flow — Year 1 (quarterly, illustrative)

Particulars (₹)	Q1	Q2	Q3	Q4
Opening balance	1,50,000	90,000	1,20,000	2,45,000
Collections	6,00,000	9,00,000	11,80,000	13,20,000
Operating outflows	6,15,000	8,30,000	10,25,000	11,50,000
Loan EMI	45,000	40,000	30,000	30,000
Closing balance	90,000	1,20,000	2,45,000	3,85,000

Cash builds as managed contracts and per-claim volume ramp; the buffer covers the initial team-loading and pre-contract period.

12.5 Key Performance Indicators to Monitor

- **Volume:** members/claims administered; managed contracts.
- **Quality:** pre-auth/settlement TAT; adjudication accuracy; SLA adherence.
- **Value:** fraud/leakage savings; cost per claim.

- **Security:** incidents (zero); certification status.

13. Funding Requirement & Bankability

Setup ask: **₹5.0 lakh term loan** against ₹4.0 lakh promoter contribution — eligible under **PMMY (Mudra)** and coverable under **CGTMSE**. Year-1 net profit ~₹6.65 lakh against annual debt service of ~₹1.7 lakh gives a **DSCR above 3.0**. Note: IRDAI TPA net-worth (if licensed) is separate promoter/company capital.

13.1 Funding utilisation (setup/opex)

Use of funds	₹	% of total
IT, claims platform & security	4,00,000	44%
Secure centre setup & deposits	2,90,000	32%
Branding & business development	60,000	7%
Working-capital buffer	1,50,000	17%
Total	9,00,000	100%

14. Risk Analysis & Mitigation

Risk	Mitigation
Health-data breach	ISO 27001-style controls; access management; DPDP alignment; audits
Adjudication errors	Medical review; QA; AI-assist with human oversight
Licensing (if TPA)	Meet IRDAI net-worth/infra; or operate as BPO/support model
Client concentration	Multiple insurers/employers; land-and-expand
SLA / TAT pressure	Capacity planning; automation; QA metrics

15. SWOT Analysis

Strengths Recurring PMPM revenue; scalable, tech-enabled; growing health-insurance market; sticky contracts.	Weaknesses Licensing/net-worth (if TPA); data-security burden; utilisation-dependent margins.
Opportunities Health-insurance & scheme growth; cashless push; fraud analytics; self-funded employers.	Threats Established TPAs; insurer in-housing; automation commoditising basics.

16. Recommended AiSevak Tools for This Business

This business would use AiSevak's Insurance vertical tools in delivery:

- **Claims & service:** claims-processing, coverage-adequacy and grievance tools; TAT/SLA trackers.

- **Analytics:** fraud/leakage and loss-ratio tools.
- **Practice:** Business Plan, Break-even and Unit-Economics tools to model the operation.

17. Key Assumptions & Notes

- Operates as claims-administration/BPO to insurers/TPAs/employers, or as a licensed TPA (net-worth separate).
- PMPM/per-claim billing above fully-loaded processing cost at target volumes — adjust to contracts.
- Term-loan interest ~11% p.a., 5-year tenure; figures exclude GST where applicable.
- Health-data security and DPDP compliance are foundational, not optional.

► Use these tools now — free on AiSevak

Every tool referenced in this plan is available on aisevak.in. Open the [Insurance toolkit](https://aisevak.in/verticals/insurance) to browse and use them all at <https://aisevak.in/verticals/insurance> — or go straight to any specific tool at <https://aisevak.in/service/<tool-name>>. No signup needed to explore; each tool guides you step by step.

Prepared by AiSevak.in — a product of ABL Digital Technologies. AI-powered business services for India. This is AI-assisted guidance; figures are illustrative and not a guarantee of results. Verify all numbers, licences and regulatory requirements with a qualified professional before relying on this plan for binding decisions. © 2026 ABL Digital Technologies Private Limited.