Penetration and Coverage of Government-funded Health Insurance Schemes in India

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*Shailender Kumar**

[***Abstract**: This paper presents the historical evolution, financing, depth and coverage, and implementation status of the currently promoted government-funded health insurance schemes across the socioeconomic stratum, districts, and states. The study uses official and large scale survey data, namely India Human Development Survey 2012, National Family and Health Survey 2016 and National Sample Survey 75th round on health 2019. The official data claim that around 109 million families are covered under existing government-funded insurance schemes by 2017–18, while estimates from survey data do not substantiate it. The actual coverage reported by the households in survey is found 68.2 per cent less than the claim made by the governments in official data. The size of coverage of government-funded insurance schemes, however, makes them world's largest pro-poor health insurance schemes. The coverage amount ranges from Rs 30,000/family under Rashtriya Swasthya Bima Yojana to as high as Rs 3,30,000/family under Bhamashah Swasthya Bima Yojana, Rajasthan, and Rs 5,00,000/family under Pradhan Mantri Jan Aarogya Yojana. The penetration of various schemes is recorded high among non-poor and urban as compared to their other counterparts with a wide variation across states/districts, posing serious challenge to ensuring equitable access to healthcare to the country's population. The contribution of insurance in financing total health expenditure is increasing, but its share is substantially low. It is the households' out-of-pocket expenditure that still constitutes the higher share in financing health expenditure.]*

***JEL Classification**:* H51, I13, I18, I38
***Keywords**:* PMJAY, Health Insurance, Depth and Coverage, Pro-Poor Scheme, Implementation Status, India

Introduction

For more than a decade, achieving universal health coverage (UHC)—a target set when adopting the Sustainable Development Goals (SDGs) in 2015—has been an increasingly accepted as a global objective. The emergence of UHC has brought healthcare financing

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mechanism centre-stage (Barnes *et al*., 2017), as it mandates that all people receive access to healthcare they need without espousing the user to financial hardship (WHO, 2013). Which type of health financing mechanism can provide efficient financial risk protection to all people against the costs of healthcare has been the paramount issue in policy circles around the world.

In general, two types of healthcare financing approaches are put forward for achieving UHC. First is the tax-funded financing system to finance health services that are usually provided through a network of public healthcare systems like in the UK, Cuba, and Sri Lanka. And second is the society's risk pooling mechanism where all individuals share the total cost of healthcare. This is termed as the Social Health Insurance (SHI) system, which argues for a country to develop a risk pooling mechanism for achieving UHC. The risk pooling mechanism is indicative of the development of SHI mechanism where the entire population ranging from workers, self-employed, enterprises to the government pays contributions for the social health insurance fund. In case of workers and enterprises, the workers can contribute from their salary and the employers/enterprises pay a matching premium, while the government may provide contributions on behalf of those who are not able to pay such as the unemployed, informal sector workers, and low income households. Thus, the SHI mechanism pools resources from public sources and from contributions made by employers and beneficiaries (GOI, 2011).

The risk pooling mechanism, however, is not uniform across the world. For instance, countries like the Philippines, Vietnam, and Colombia have sought to provide insurance cover to the poor and informal sector workers through fully subsidised insurance premiums. The non-poor in Vietnam and the Philippines have the option of voluntarily enrolling in the schemes, while in Colombia the non-poor workers and their families are compulsorily enrolled in these schemes. A broad based SHI programme is being prescribed as a key instrument of health financing strategy in Germany, France, and Mexico (GOI, 2011).

The global health policy suggests that health insurance could provide an important safety net to low income families by reducing the financial risk during health emergency (Kasirajan, 2012). Several studies have also indicated the benefits of health insurance vis-à-vis reducing financial burden, improving access to care, and better health outcomes (Kenney *et al*., 2014). In order to achieve such UHC outcomes, the national and state governments in India have launched several health insurance schemes in the past one decade. An important feature of Indian health insurance schemes is that they are almost entirely funded from government (tax) sources. Thus, the resource pooling mechanism of these government-funded health insurance schemes (GFHIs) in India is rather different from the funding nature of SHI of other countries. The GFHIs promise to cover below poverty line (BPL) families, and in some cases the informal community, under its preview with minimal/no contribution from beneficiaries. The financing of insurance-based system entirely from public sources will bring about an important shift in the fundamental nature of healthcare financing. Because, until recently, public investment in healthcare was

virtually used for financing public health system for service provisioning. Now, the same (tax) fund will be diverted towards financing the insurance-based system.

In this context, every penny spent on the currently promoted insurance-based system should help achieve the desired results. Since the launch of these schemes, several studies have been conducted to assess their impact with regards to achieving the goal of UHC. An extensive review of these issues reveals that health services utilisation increased with the introduction of such health insurance schemes (n=7). While one study observed a decline in mortality rate, a few others have reported a decline in out-of-pocket (OOP) expenditure among the enrolled households. Nevertheless, 70 per cent of the reviewed studies showed no impact of insurance in reduction of OOP expenditure (Prinja *et al*., 2017). Overall, this study concludes that while utilisation of healthcare did improve among those enrolled in the scheme, there is no clear evidence yet to suggest that these have resulted in reduced OOP expenditures or higher financial risk protection. Thus, enrolment is key to reap the desired benefits of insurance.

A few studies have highlighted that low level of awareness about the various attributes relating to health insurance schemes might be one of the reasons for not getting the desired results. The level of awareness about the various attributes (like the information on BPL, eligibility criteria, transport allowances and diseases/conditions coverage, free treatment, information on empanelment hospitals, amount of coverage, where and how to enrol under the scheme, etc.) ranges between as low as 13.6 per cent to as high as 90 per cent in different states across households of different socioeconomic backgrounds (cited by Prinja *et al*., 2017). The low level of awareness also results in poor enrolment/coverage (Thakur and Ghosh, 2013; Patel *et al*., 2013; and, Aiyar, 2013), leading to less than expected outcomes. Studies have reported that as time passes, with the increase in the level of awareness and enrolment, the utilisation of health services would further increase (Xia *et al*., 2007 & 2008) and one would expect a positive impact on financial protection indicators as well.

Thus, a study on the extent of enrolment among targeted families, depth of coverage, amount of cover, and types of benefits packages under the existing schemes would be of immense importance. This is because, it is expected that if the benefits packages and cover amount are less than adequate, then several high-cost illnesses might leave the family/individuals at risk of impoverishment. Further, if the depth of coverage is limited to hospitalisation, in such case even the enrolled households would continue to pay for outpatient care which would impact the overall OOP reduction target. A few studies have also been conducted on enrolment/coverage issues using government official data (GOI, 2011; Forgia and Nagpal, 2012) as well as state level official and primary survey data (Ghosh, 2014; Nandi *et al*., 2013; Rathi *et al*., 2012; Narayana, 2010; and, Sun, 2010).

Existing studies have used either of these data to assess the enrolment/coverage status in a particular region/state. A comprehensive analysis using all national level data sets is lacking. Considering the limitations of the existing evidence on enrolment/coverage across

states/regions/districts, this study first presents a historical evolution of GFHIs in India and then on the enrolment/coverage status of households/families, depth of benefit coverage, and the funding and financing mechanism of GFHIs using official and national level large scale survey data.

Data Source and Method

Use of official and survey data is important to assess the depth, coverage, and implementation status of GFHIs because systemic data on all GFHIs is not readily available from one source, and survey data may reflect a different picture than official data.

One of the world's largest schemes launched by Indian government at national level in 2008 is the Rashtriya Swasthya Bima Yojana (RSBY); its modified version was introduced a decade later in 2018, called Pradhan Mantri Jan Aarogya Yojana (PMJAY), under the ambit of Ayushman Bharat. In addition to the IRDA (Insurance Regulatory Development Authority) reports, the official website (www.rsby.gov.in) of RSBY provided detail information on the year of policy, premium, targeted families, enrolled families, empanelment public and private hospitals, number of hospitalisation, hospitalisation value, name of insurance company, etc. On the other side, the official source of PMJAY provides links to detailed information on most of the state level GFHIs on enrolment, coverage, year and name of the scheme, etc. This administrative data may not reflect the true picture of the implementation of the scheme at the ground level. This is simply because most of these schemes are meant only for the poor, but due to problem of identifying true BPL households, the above poverty line families may have got the insurance card. In order to capture such discrepancy, large scale survey data conducted by different agencies is used. So far, after the launch of GFHIs, three national level household survey data sets are available in the public domain, namely India Human Development Survey (IHDS, 2012), National Family Health Survey (NFHS, 2016) and National Sample Survey 75th round on Health conducted between July 2017 to June 2018. (NSS, 2019).

The IHDS, a multi-topic survey, captures information on health expenditure and access related variables. The NFHS is largely conducted to assess the reproductive health and the maternal and child health status in the country. The NSS round on health is an extensive survey for assessing morbidity pattern and inpatient and outpatient expenditure incurred by the households for taking treatment from public and private health facilities.

A common question posed in all these datasets is whether the households/members have health expenditure coverage support through schemes like RSBY or GFHI or any other type of insurance support. In IHDS and NFHS, a direct question is asked whether households/members possess or are covered under RSBY, whereas NSS asked whether households/members were covered under any state level GFHI, including RSBY.

It is important to note that in NSS 71st round (2014) on health, a question was posed whether households/members were covered under both government supported GFHIs

and employer supported CGHS and ESIS schemes. That being so, it became difficult to assess the coverage exclusively under GFHI or RSBY. Therefore, we have used 75th round of NSS which has a separate question on the coverage of GFHIs.

As regards sample size, the nationally representative survey NFHS-IV 2016 gathered information on 601,509 households from 20,059 rural and 8,397 urban Primary Sampling Units, IHDS-II 2012 covers 42,152 households from 1,420 villages and 1,042 urban areas, and NSS covers 1,13,823 households from 8,077 villages and 6,181 urban areas. Of these datasets, NSS data will reveal the population/household coverage under GFHIs, whereas IHDS and NFHS will exclusively cover population/household enrolled under RSBY.

Because of the exploratory nature of the study, results are presented in cross-tabulation, compositional share, and variation in enrolment/coverage across states/districts and socioeconomic stratum groups. The initial goal of RSBY was to cover the entire country by 2012–2013 (Reddy *et al*., 2011); hence, the data used in the study also provides an insight into the progress made towards the achievement of UHC.

Historical Evolution of Health Insurance

The history of health insurance programmes in India goes back to early 1950s when civil servants (Central Government Health Scheme or CGHS) and formal sector workers (Employees' State Insurance Scheme or ESIS) were enrolled into contributory but heavily subsidised health insurance programmes in 1954 and 1952 respectively (GOI, 2011). These schemes are generally called the social health insurance schemes. A mediclaim policy was introduced in 1986 to reimburse the hospitalisation expenses on the payment of premium. But due to high premium**,** its uptake remained very low. Further, as a part of privatisation, the health insurance sector was opened up for private sector participation in late 1999. But, given the low incomes of a significant proportion of the population, the willingness to take individual private insurance in the country remained low. These schemes are called commercial/voluntary health insurance (VHI) scheme. In the beginning of the 21st century, some experiments relating to community based health insurance (CBHI) were conducted on the poor and other communities working in the informal sector, wherein the coverage and uptake were observed to be very poor (GOI, 2011).

In the recent few years, India has witnessed a plethora of GFHI schemes floated by the central and the state governments for over a decade. The efforts towards launching such schemes are visible since 2003. Majority of these schemes are pro-poor in nature. At the national level, Government of India introduced the Universal Health Insurance Scheme (UHIS) in 2003 for providing financial risk protection to BPL people at a subsidised premium. This scheme was also extended to self-help groups in 2004. The uptake under these schemes remained negligible; only about 3.7 million people were covered by 2008–09 (Ahuja, 2004; Rao, 2004; and, Forgia and Nagpal, 2012). However, this scheme proved to be a valuable lesson as it helped shape several GFHIs launched thereafter in some states

and also in refining the design of the central government's health insurance scheme, the RSBY.

The state of Karnataka was the pioneer in launching the first GFHI scheme, called Yeshasvini Cooperative Farmers Health Care Insurance in 2003. Thereafter, in 2007 Andhra Pradesh launched a pro-poor health insurance scheme called the Rajiv Aarogyasri Scheme. This scheme was designed for the benefit of the poor families possessing BPL card, with the aim to provide free secondary and tertiary care services through a network of public and private empanelled hospitals. The scheme made a remarkable progress in covering the targeted families. By 2013, around 87 per cent targeted families were covered under the scheme (Yellaiah, 2013). Studies have reported that the scheme remained unsuccessful in providing free healthcare services, though it helped reduce the unprecedented high hospitalisation expenses (Wagstaff and Bergkvist, 2011). In 2008, Kerala launched the Comprehensive Health Insurance Scheme (CHIS) and CHIS Plus. Tamil Nadu government launched Kalaignar Insurance Scheme for life-saving treatment in 2009 (the scheme has been rechristened as Tamil Nadu Insurance Scheme for Life Saving Treatment under the new government in 2012).

Government of India implemented RSBY, a nationally representative pro-poor health insurance scheme on April 1, 2008. It was implemented by the Ministry of Labour and Employment. Initially, the scheme was designed to target only the BPL households, but it was expanded further to cover other defined categories of unorganised workers like building and other construction workers, street vendors, MGNREGA workers (those who worked for more than 15 days), *beedi* workers, domestic workers, railways porters, sanitation workers, rickshaw drivers/pullers, mine workers, rag pickers, auto/taxi drivers, and weavers and textile workers.

While many states introduced the RSBY scheme, some others launched their own version of the scheme with different names and/or an upgraded version of RSBY. India has witnessed the practice of around 33 GFHI schemes in various states. These include the Megha Health Insurance Scheme, Meghalaya; Mukhyamantri Amrutum Yojana and Mukhyamantri Amrutum Vatsalya Yojana, Gujarat; Mukhyamantri Swasthya Bima Yojana, Chhattisgarh; Rajiv Gandhi Jeevandayee Arogya Yojana, Maharashatra; Biju Krushak Kalyan Yojana, Orissa; Sanjeevani Swasthya Bima Yojana, Dadra and Nagar Haveli; Sanjeevani Swasthya BimaYojana, Daman and Diu; Chief Minister's Arogya Arunachal Yojana; Andaman and Nicobar Islands Scheme for Health Insurance; Bhagat Puran Singh Sehat Bima Yojana and Bhai Ghanhya Sehat Sewa Scheme, Punjab; Bhamashah Swasthya Bima Yojana, Rajasthan; Dr NTR Vaidya Seva, Andhra Pradesh; Atal Amrit Abhiyan, Assam; Din Dayal Swasthya SevaYojana, Goa; Mukhya Mantri State Health Care Scheme (MMSHC), Himachal Pradesh; Mukhyamantri Swasthya Bima Yojana (MSBY), Uttarakhand; Himachal Pradesh Universal Health Protection Scheme (HPUHPS); Mukhyamantri Swasthya Bima Yojana, Jharkhand; and, Swasthya Sathi, West Bengal (Table 1). All these schemes were launched before the year 2017 in different states and were largely meant for poor families and to some extent for the informal sector workers.

Table 1: Historical Evolution of Health Insurance Schemes in India

Year	*Schemes*	*Year*	*Schemes*
1952	ESIS	2012	Mukhyamantri Swasthya Bima Yojana, Chhattisgarh
1954	CGHS	2012	Rajiv Gandhi Jeevandayee Arogya Yojana, Maharashatra
1986	Mediclaim (voluntary health insurance)	2013	Biju Krushak KalyanYojana, Orissa
1999	Private health insurance	2013	Sanjeevani Swasthya BimaYojana, Dadra & Nagar Haveli
2003	Pondicherry Medical Relief Society	2013	Sanjeevani Swasthya Bima Yojana, Daman & Diu
2003	Yeshavini health insurance Karnataka	2014	Mukhyamantri Amrutum Vatsalya Yojana, Gujarat
2007	Aarogyasri, Telangana & AP	2014	The Arunachal Pradesh Chief Minister's Universal Health Insurance Scheme
2007	Rajiv Aarogyasri Scheme AP	2015	Andaman and Nicobar Islands Scheme for Health Insurance
2008	Comprehensive Health Insurance Scheme (CHIS), CHIS Plus Kerala	2015	Bhagat Puran Singh Sehat Bima Yojana, and Bhai Ghanhya Sehat Sewa Scheme, Punjab
2008	Mizoram State Health Care Scheme	2015	Bhamashah Health Insurance Scheme, Rajasthan
2008	Rashtriya Swasthya Bima Yojana-RSBY by Centre Government	2015	Dr NTR Vaidya Seva, Andhra Pradesh
2008	RSBY+, Delhi	2016	Atal Amrit Abhiyan, Assam
2009	Kalaignar, Tamil Nadu	2016	Din Dayal Swasthya Seva Yojana, Goa
2009	Vajpayee Arogyashri, Karnataka	2016	MMSHC, Himachal Pradesh
2010	RSBY Plus, Himachal Pradesh	2016	Mukhyamantri Swasthya Bima Yojana, Uttarakhand
2010	Vajpayee Arogyasri Scheme, Karnataka	2017	HP Universal Health Protection Scheme (HPUHPS), HP
2012	Chief Minister's Comprehensive Health Insurance Scheme, Tamil Nadu	2017	Mukhyamantri Swasthya Bima Yojana, Jharkhand
2012	Megha Health Insurance Scheme, Meghalaya	2017	Swasthya Sathi, West Bengal
2012	Mukhyamantri AmrutumYojana, Gujarat	2018	PMJAY, Central Government

In September 2018, the Central Government launched a centrally sponsored scheme called Pradhan Mantri Jan Aarogya Yojana (PMJAY) under the ambit of Ayushman Bharat. This scheme covers 40 per cent of the Indian poor and vulnerable population. The scheme subsumed the existing RSBY scheme, launched in 2008. Under RSBY, a list of targeted families is prepared based on the poverty line criteria after which they are enrolled in the scheme through an insurance company. But, under PMJAY, a list of households is

prepared based on the deprivation and occupational criteria using Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively.

It is important to note that the coverage benefit under PMJAY is also extended to families that were earlier covered under RSBY but were not present in the SECC 2011 database. The PMJAY scheme is completely funded by the central government, and the cost of implementation is shared between central and state governments.

Thus, the current health insurance system in India can be classified as employer-mandated SHI, commercial/voluntary health insurance (VHI), community based health insurance, and target oriented government-funded health insurance (GFHI). These schemes independently facilitate healthcare treatment for different sets of population, though the level of care differs. They also vary considerably in terms of nature and coverage.

Depth of Coverage under GFHI Schemes

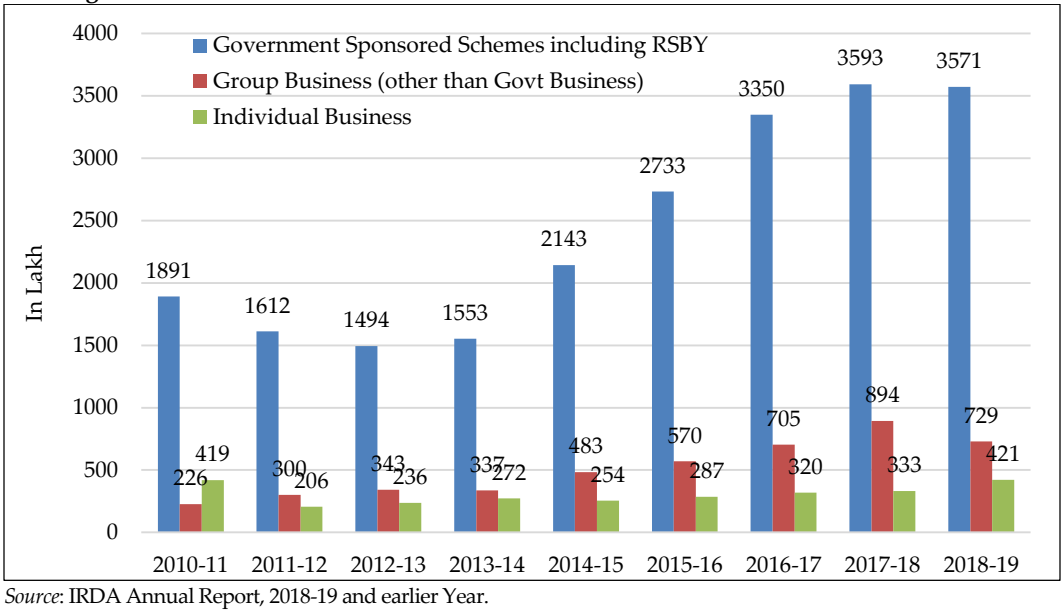
The analysis shows that there is huge difference in the cover and coverage of government and employer supported SHI and GFHI schemes. The SHI generally serve the better-off population, as they are exclusively meant for civil servants and workers working in the formal organised sector. An important feature of SHI is that it comprehensively covers both inpatient and outpatient treatment expenses. On the other side, the GFHI schemes are explicitly pro-poor financing strategies and are limited only to hospitalisation/inpatient care. Outpatient care is not covered in most GFHIs even though most of these are cashless schemes.

The inpatient care coverage amount under SHI is unlimited, whereas the amount of coverage under GFHI is limited, though it varies considerably across state and centre supported schemes. For instance, the amount of coverage ranges from Rs 30,000 under centrally sponsored RSBY to as high as Rs 2,00,000 under Karnataka's Yeshasvini scheme and Rs 3,00,000 over and above the RSBY under Bhamashah Swasthya Bima Yojana in Rajasthan, making it Rs 3,30,000 per annum per family. The coverage limit under the recently launched PMJAY has been raised to Rs 5,00,000 per annum per family.

The idea behind raising the coverage limit under PMJAY is to bring uniformity in coverage across states. An important feature of PMJAY is that all pre-existing conditions are covered under the scheme and the benefits of the scheme are portable across the country. At the time of its launch, approximately 1,393 procedures covering all the costs related to treatment, including but not limited to drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, and OT and ICU charges, covered up to 3 days of pre-hospitalisation and 15 days post-hospitalisation expenses such as diagnostics and medicines on the receipt of services from empanelled public or private hospitals. Details of the depth and coverage of state-level schemes like the launch year, targeted population, and number of families covered is provided in Appendix 1.

Data analysis of the report of the Insurance Regulatory and Development Authority (IRDA) on government supported and sponsored SHI and GFHIs at aggregate level reflects that during 2018–19, the general and health insurance companies issued around 2.07 crore health insurance policies (excluding policies issued under Personal Accident & Travel Insurance), covering a total of 47.20 crore people. In terms of the number of persons covered, three-fourths were covered under government sponsored health insurance schemes and the remaining one-fourth were covered by group and individual policies issued by general and health insurers (IRDA, 2018–19).

Figure 1: Penetration of Health Insurance Scheme in India: Number of Persons Covered



Source: IRDA Annual Report, 2018-19 and earlier Year.

Our analysis of the official data (from web portal of RSBY as well as individual state level schemes) reveals that as of March 2016, the RSBY scheme could cover about 41.33 million families (a family of five members) – roughly 206 million people. The RSBY, however, had the target to cover 70 million BPL families by the end of the Twelfth Five Year Plan (2012–17). This shows that around 41 per cent of the targeted families, across many states, could not be covered under the scheme within the stipulated time period. This analysis reveals that the actual coverage under the scheme significantly falls short of the targeted families.

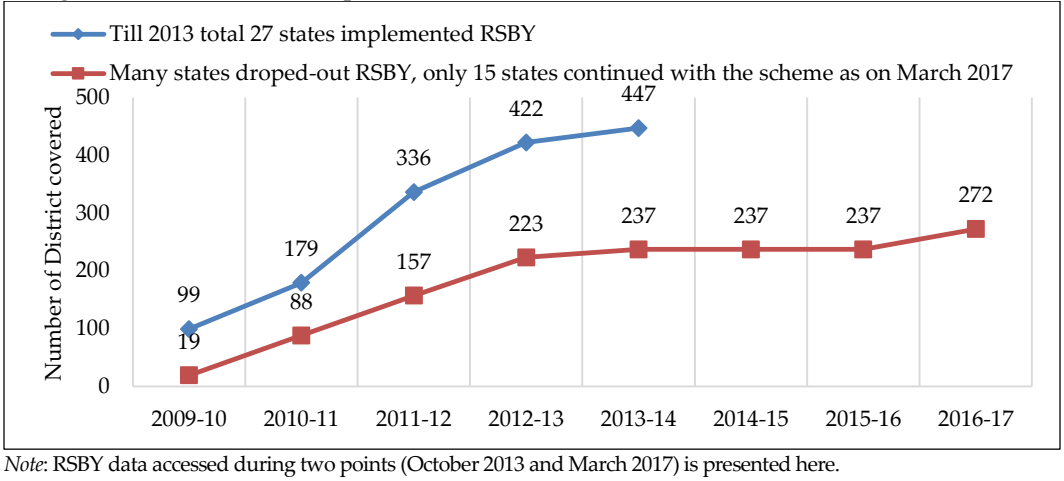
The scheme level information worked out for 27 states from their web portals reveals that till 2017–18, around 109.0 million families were covered under GFHIs, though the number of target families covered under the schemes was high (Appendix 1).

An in-depth analysis shows that all pre-existing GFHIs, including RSBY, lag behind in covering the targeted families within the given time frame. The central government sponsored scheme PMJAY (earlier known as National Health Protection Scheme or NHPS) was launched in September 2018, and aimed to cover 107.4 million Indian families. The

information provided on the PMJAY web portal (assessed on January 4, 2020) claims that around 71.1 million families were issued PMJAY e-cards. If one considers 46.8 million state level cards issued in some states, the total coverage strength comes around 117.9 million e-card (pmjay.gov.in). If there is no discrepancy in the official claim and the actual receiving of insurance card by households then one can say that PMJAY has been most successful in issuing cards to the identified beneficiaries within a short span of time. Details of the official claim and actual enrolment are provided in the next section. By and large, the total coverage under GFHIs in India, according to any global standard, makes them the world's largest running pro-poor health insurance schemes in the country.

The nationally representative RSBY was one of the largest pro-poor GFHI in India before the launch of PMJAY. If one assesses the progress of RSBY implementation from official records, the data shows that the scheme was found to be operational only in 99 districts in the first year of its launch in 2009–10 (Figure 2).

Figure 2: Trends in RSBY Implementation Status: Number of Districts covered 2013 and 2017

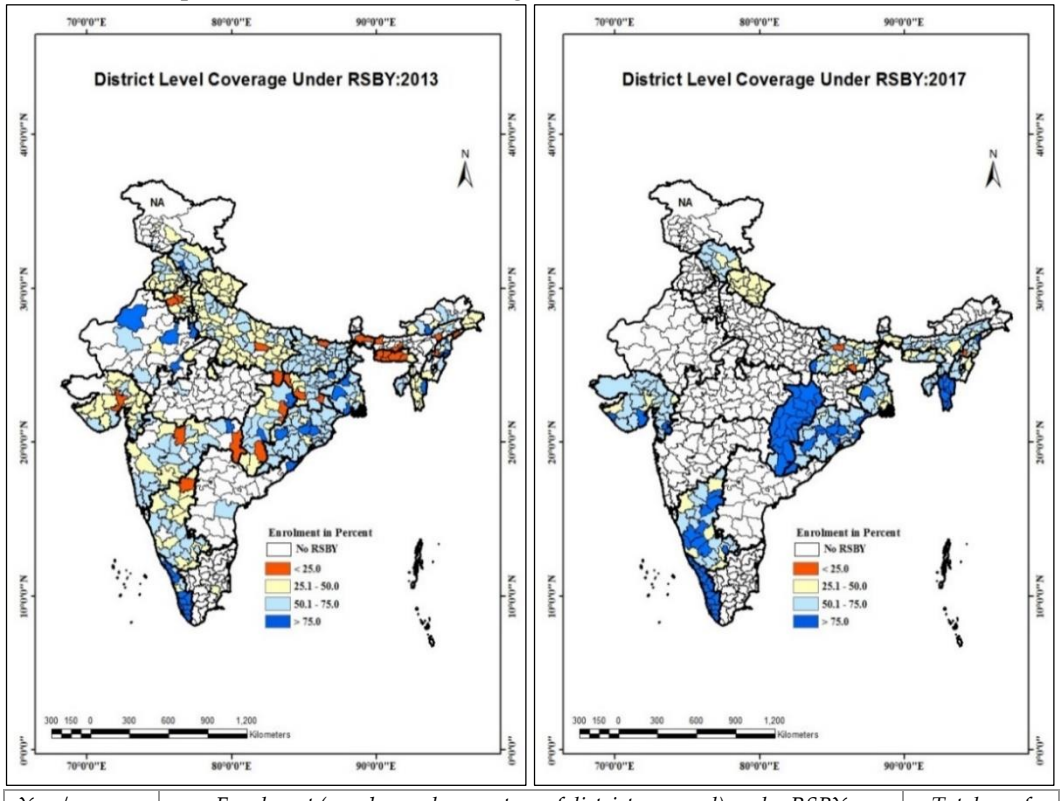


Note: RSBY data accessed during two points (October 2013 and March 2017) is presented here.
Source: www.rsby.gov.in

The spread of RSBY was noticed at pan India level, except for a few states where their own versions of the scheme were in operation or where the states opted not to implement RSBY. By October 2013, the scheme was operational in 27 states, covering 447 districts (Figure 2). In terms of coverage, the progress made under the scheme within the first five years of its launch is appreciable. Thereafter the scheme saw a drastic decline as it was scaled down in many states. As of March 2017, only 15 states continued with the scheme, covering 272 districts (Figure 2).

Official data accessed in October 2013 reflects that the enrolment ratio (share of enrolled families as percentage of targeted families) under the scheme varies between 25–50 per cent in 29 per cent of the districts and 50–75 per cent in another 30 per cent of the districts (see Table accompanying Map 1).

Map 1: District-wise RSBY Coverage/Enrolment Status for 2013 and 2017



Year/ enrolment range	*Enrolment (number and percentage of districts covered) under RSBY*					*Total no of districts*
	No	*<25*	*25.1 to 50*	*50.1 to 75*	*>75*	
2013	198(31.8)	25 (4.0)	179 (28.8)	187 (30.1)	33 (5.3)	622
2017	365 (58.7)	3(0.5)	61 (9.8)	127 (20.4)	66 (10.6)	622

Note: Figures in parenthesis are in percentage.
Source: www.rsby.gov.in

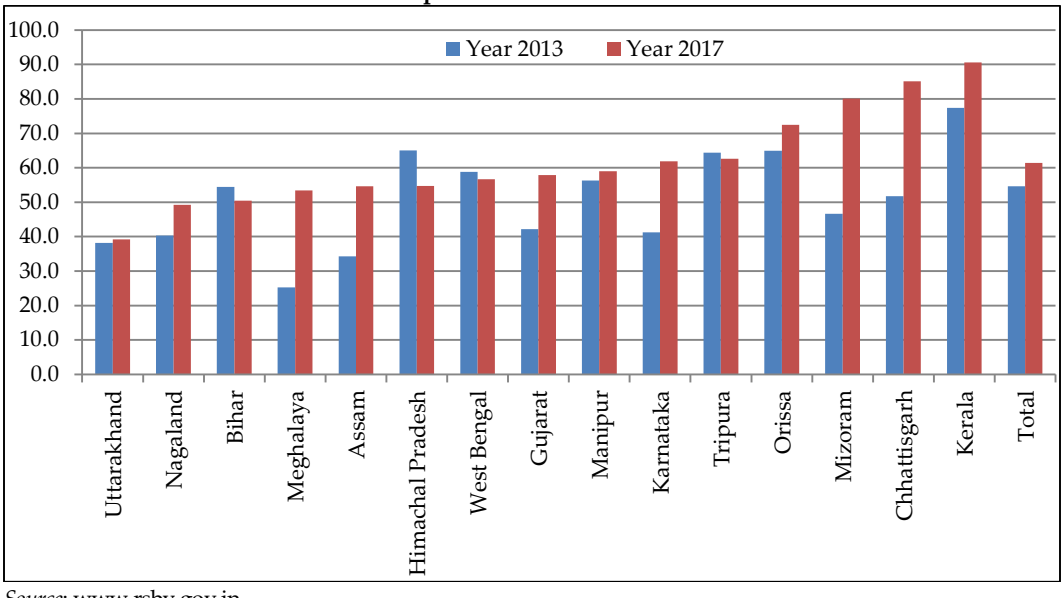
A few districts had high enrolment ratio, indicating that in spite of rolling out the scheme in many states/districts the number of enrolled families remained low. By March 2017, about 59 per cent of the districts in which the scheme was rolled out recorded "no enrolment" (Map 1).

In order to show the progress and variation in district level coverage/enrolment ratio, a district level map is prepared using two data points, 2013 and 2017. A closer examination of the data reflects wide variation in enrolment across states and districts within a state (Map 1). This also shows that by the year 2017, majority of the districts came under the "no RSBY" category.

If one compares the enrolment ratio for states where the scheme ran during both points of time, the mission to enrol more families gained pace, indicating that these states were serious about providing financial risk protection through insurance. In states like

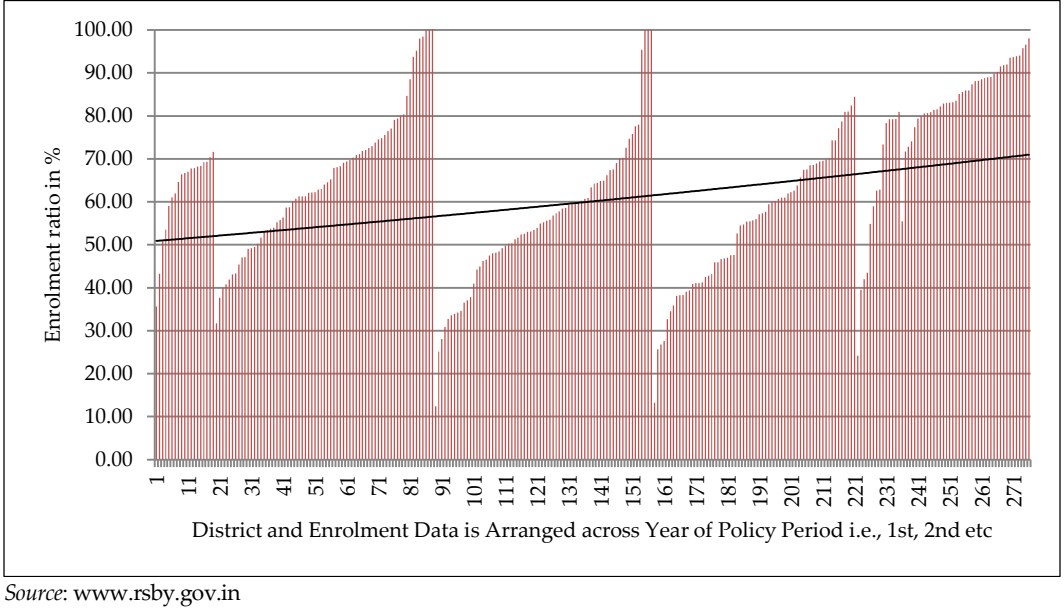
Himachal Pradesh, Bihar, West Bengal, and Tripura, a dip in enrolment is observed (Figure 3). The analysis by year of policy (e.g., first, second, and third) period reveals a marginal increase in enrolment ratio across the year of implementation of the policy (Figure 4).

Figure 3: Progress in enrolment Ratio under RSBY across States: A Comparison of Two Points Data



Source: www.rsby.gov.in

Figure 4: Policy Year Wise Progress in Enrolment under RSBY across Districts: 2017



Source: www.rsby.gov.in

Implementation Status of RSBY and State Level GFHIs: Analysis from Survey Data

In order to assess the implementation status of GFHI schemes at ground level, this section analyses survey data, namely IHDS-2012, NFHS-2016, and NSSO-2019. The IHDS data allows us to assess the possession of RSBY card (with overlap of other schemes as well as exclusive of RSBY) and households that are eligible (those possessing BPL card) but are not enrolled under the scheme. Analysis of IHDS data shows that out of the total estimated (25.5 crore) households, a large number (around 78.26 per cent) were not covered under any insurance scheme (public, private or RSBY/GFHIs) in the year 2012 (Table 2). The net coverage under different schemes was 21.74 per cent of the total estimated households. Around 10.38 per cent households were enrolled exclusively under RSBY. The percentage of households having RSBY card with overlapping of other insurance (public and/or private) was 17.77 per cent. The percentage of households enrolled exclusively with government (2.91 per cent) and exclusively with private (0.94%) insurance was very marginal. The population level estimates also reflect the same trends (Table 2).

Since the RSBY was a pro-poor health insurance programme, therefore the analysis by level of income and rural-urban regions provide a better understanding of the implementation of the scheme. Table 2 shows that 11.6 per cent of the estimated households were enrolled exclusively under RSBY in the first poorest income quintile. Up to fourth income quintile group households, the coverage exclusively under RSBY was found to be almost similar, indicating that middle and high income households are also able to manage enrolment under RSBY. Data analysis also shows that a large percentage of BPL households (around 26.87 per cent) eligible for RSBY were found to be uninsured. Interestingly, around 33.8 per cent of the poorest households possessing BPL cards were found to be not enrolled under the scheme. On the other side, middle/richer households are able to enrol under the scheme. This may be because of illegal possession of BPL cards by the richer households. Figure 5 reflects the problem of identification of the poor. More than half of the APL category households possess an RSBY card. This affects the effectiveness of health insurance while enrolling the needy population.

Table 2: Estimated Households Covered under RSBY and other Schemes by Socioeconomic Status – 2012

	% of Estimated Households Covered under Different Health Insurance Schemes					*% of Household Not Covered under Any Insurance Schemes*		*Total HH (in crore)*
	Exclusively RSBY	*RSBY with overlap*	*Govt. with overlap*	*Private with overlap*	*Total covered*	*Eligible BPL, not covered*	*Total uncovered*	
Poorest	11.6	21.5	11.8	0.8	**24.1**	33.8	**75.9**	5.31
Poorer	11.7	19.3	9.8	0.5	**21.9**	32.3	**78.1**	5.14
Middle	11.7	18.5	8.9	0.9	**21.3**	29.9	**78.7**	4.91

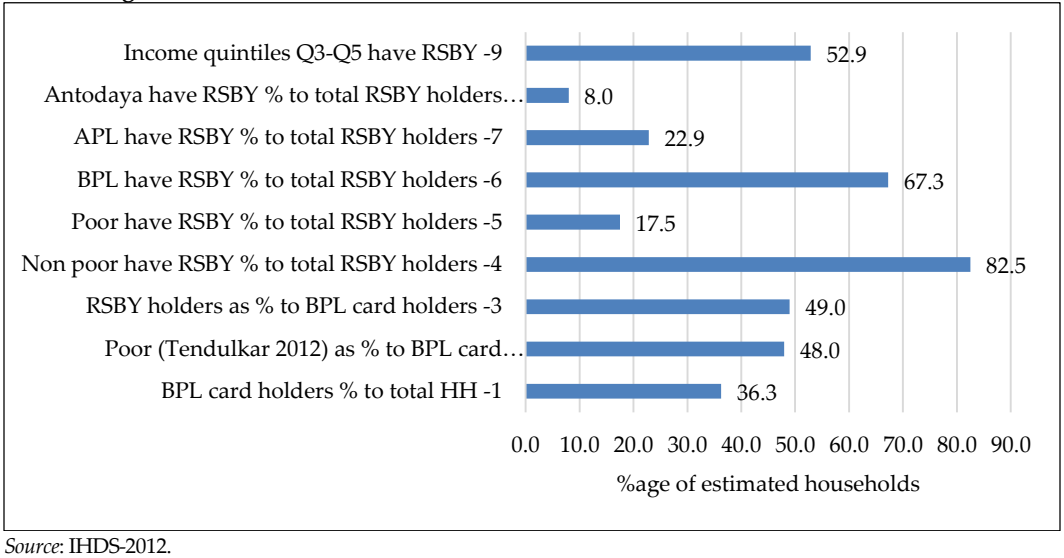
	% of Estimated Households Covered under Different Health Insurance Schemes					*% of Household Not Covered under Any Insurance Schemes*		*Total HH (in crore)*
	Exclusively RSBY	*RSBY with overlap*	*Govt. with overlap*	*Private with overlap*	*Total covered*	*Eligible BPL, not covered*	*Total uncovered*	
Richer	10.9	17	8.2	1.6	**20.3**	24.8	**79.7**	5.02
Richest	6.1	12.4	11.3	4.4	**21**	13.4	**79**	5.14
Metro urban	10.2	13.8	6.5	4.5	**20.9**	12.4	**79.1**	1.93
Other urban	7.5	14	10.7	2.4	**20**	20.5	**80**	6.22
More dev vill	16.9	24.7	10.1	1.6	**28.2**	27.8	**71.8**	7.42
Less dev vill	7.3	15.7	10.2	0.7	**18.2**	33	**81.8**	9.96
Brahmin	3.7	10.05	9.74	3.16	16.34	14.51	83.66	1.24
Forward caste	8.4	13.71	7.4	3.4	18.58	17.38	81.42	3.95
OBCs	11.88	20.29	11.71	1.45	24.68	25.59	75.32	9.12
Dalit	12.8	21.14	10.9	1.02	24.49	34.03	75.51	5.63
Adivasi	7.5	12.47	6.72	0.84	15	45.25	85	2.11
Muslim	9.62	16.22	8.03	0.68	18.17	24.62	81.83	2.89
Christian, Sikh, Jain	5.76	16.96	15.78	4.28	24.61	12.82	75.39	0.55
Total	10.39	17.78	10.02	1.66	21.74	26.88	78.26	25.50
Cultivation	9.22	16.36	8.94	1.06	19.07	26.76	80.93	6.14
Allied activ.	9.98	19.17	15.07	0.94	24.79	28.35	75.21	0.24
Agri wage labour	21.52	29.89	10.34	0.72	32.35	40.39	67.65	2.89
wage labour	10.34	19.24	10.94	0.78	21.8	34.07	78.2	5.99
Artisan/Indept	22.13	25.55	8.97	1.62	32.17	22.56	67.83	0.45
Petty shop	7.6	13.36	7.66	1.8	16.77	22.52	83.23	2.72
Organised Business	7.55	11.32	7.82	6.28	20.62	8.9	79.38	0.30
Salaried	7.72	14.36	11.01	3.7	21.88	14.88	78.12	4.54
Profession	4.05	12.94	14.56	3.29	21.19	13.08	78.81	0.13
Pension/Rent etc.	7.13	12.47	10.14	2.82	19.34	18.01	80.66	1.27
Others	5.23	15.12	11.71	0.86	17.26	32.75	82.74	0.84
Total HH (%)	**10.38**	**17.77**	**10.02**	**1.67**	**21.74**	**26.87**	**78.26**	
Total HH (crore)	**2.65**	**4.53**	**2.56**	**0.43**	**5.5**	**6.86**	**20**	**25.52**
Total Pop. (%)	**2.8**	**17.9**	**10.5**	**1.7**	**21.7**	**26.9**	**78.3**	

	% of Estimated Households Covered under Different Health Insurance Schemes					% of Household Not Covered under Any Insurance Schemes		Total HH (in crore)
	Exclusively RSBY	*RSBY with overlap*	*Govt. with overlap*	*Private with overlap*	*Total covered*	*Eligible BPL, not covered*	*Total uncovered*	
Total Pop.(crore)	**3.39**	**21.67**	**12.76**	**2.1**	**26.34**	**32.59**	**94.89**	**121.2**

Source: IHDS-2012.

The regional level analysis of the coverage under RSBY reflects that around 10.2 per cent of the households in metro urban areas were enrolled exclusively under the RSBY. The share of coverage was low (about 7.5 per cent) in the other urban areas. People living in developed villages had high coverage (about 16.9 per cent). The enrolment under RSBY in least developed villages was about 7.3 per cent, which is less than half of the enrolment of developed villages (Table 2). This indicates that people living in tier-II and tier-III cities and in less developed villages have low/little access to the pro-poor insurance scheme. This also throws light on the ineffective implementation of the scheme. As per scheme design, the insurance companies were responsible for ensuring equal and high level of enrolment across regions, while states have failed to implement the scheme effectively.

Figure 5: Identification of Poor and BPL, and their Enrolment Status under RSBY



Source: IHDS-2012.

Analysis of insurance schemes held other than RSBY/GHFIs is not a part of this study. An overview of their enrolment, however, shows that the percentage of population/households enrolled under private insurance schemes increase with the level

of income, with a higher percentage in metro urban areas and more developed villages as compared to the other urban areas and less developed villages (Table 2).

The coverage of RSBY across social and occupational statuses reveals that around 22 per cent of the informal workers working as artisans and agricultural wage labourers were found to be possessing RSBY card (Table 2). This is a positive indication that informal workers and low social stratum households hold an RSBY card. But, 45 per cent of the poor Advasis did not have RSBY card in spite of being eligible. Here insurance company seems inefficient in enrolling them under the scheme (Table 2).

Household coverage under RSBY is reported to be the highest in Andhra Pradesh at 71.01 per cent, followed by Mizoram (26.29 per cent), Uttarakhand (12.28 per cent), Meghalaya (12.13 per cent), Sikkim (11.13 per cent), West Bengal (8.60 per cent), Bihar (8.44 per cent), Kerala (6.45 per cent), and Jharkhand (6.09 per cent). The coverage of households under the scheme in other states is noticed to be very low (Appendix 2).

The analysis from NFHS-2016 data shows that around 28.7 per cent of the sample households were covered under health insurance schemes, of which about 9.32 per cent households were covered under RSBY. There is considerable variation across states, across rural-urban residents, and across wealth index quintile households (Appendix 3). Analysis shows that with the increase in wealth index, the coverage under RSBY has declined. Around 13.16 per cent of the sample households from the poorest wealth quintile were found to be covered under RSBY, whereas only 3.84 per cent of the richest wealth quintile households were covered under the scheme. This is a positive indication that the poorest households have more coverage under the scheme. The percentage of BPL card holders is found to be more (16.04 per cent) than that of the non-BPL card holders (5.13 per cent). Similarly, coverage among scheduled castes/scheduled tribes, rural and less educated households is recorded more than the upper social category, urban and highly educated households. The RSBY coverage is reported to be highest in Tripura (57.2 per cent), followed by Chhattisgarh (40.67 per cent), Mizoram (38.0 per cent), and Kerala (36.31 per cent). If one looks at the state level scheme (GFHI), then household coverage is found to be high in Andhra Pradesh (70.19%), followed by Telangana (59.5 per cent), Arunachal Pradesh (53.7 per cent), and Tamil Nadu (53.2 per cent). The coverage of households under the scheme in other states is noticed to be very low (Appendix 3).

The analysis from NSS-2019 data reflects that 82 per cent of the households are not covered under any insurance scheme relating to health expenditure support. Of the total, 13.3 per cent (34.8 million) of the households were covered under centre/state level GFHI scheme (Table 3).

Analysis by MPCE (monthly per capita consumption expenditure, a proxy of household income) quintiles reflects that around 10.4 per cent of the poorest households were covered under GFHI whereas around 16.2 per cent of the richer quintiles were covered under the same (Table 3). With high coverage of richer households under GFHI as compared to the poorer/poorest households—reflecting the increase in economic status—the GFHIs have

become more accessible, which is not a healthy sign for the effective implementation of the scheme especially when schemes are meant for poor households only. The scheduled tribe households, however, have high coverage (around 21 per cent) under GFHI, which is significantly higher than upper caste households. The coverage under GFHI of rural, female, less educated, and among casual wage labourers is found to be higher than of their counterparts (Table 3).

Table 3: Estimated Households Covered Under Different Health Insurance Schemes by Socioeconomic Status – 2019

	Estimated hh have GFHI (in 00)	*% age of households having insurance out of total estimated households*						*Total estimated HH (in '00)*
		GFHI	*CGHS*	*ESIS*	*Private insurance*	*Other insurance*	*Not insured*	
Poorest	48686	10.4	0.4	0.3	0.2	0.0	88.7	466957
Poorer	53138	10.9	0.6	0.5	0.2	0.1	87.8	488926
Middle	75612	14.4	1.0	0.7	0.5	0.1	83.4	526890
Richer	87631	16.2	1.8	1.2	1.2	0.3	79.3	539598
Richest	83204	13.9	4.3	4.4	4.7	0.3	72.4	598435
STs	49772	21.0	1.0	0.3	0.5	0.4	76.8	236680
SCs	63505	12.6	1.5	0.8	0.3	0.1	84.7	503830
OBCs	172728	14.8	1.2	1.7	0.8	0.1	81.3	1166444
Others	62266	8.7	3.0	2.2	3.7	0.2	82.1	713851
Rural	264386	15.0	0.7	0.3	0.3	0.2	83.5	1762009
Urban	83884	9.8	3.7	4.1	4.0	0.2	78.2	858796
Male	294003	12.8	1.8	1.3	1.6	0.2	82.4	2301294
Female	54268	17.0	1.3	3.0	1.0	0.2	77.4	319320
Below primary	168495	17.1	0.5	0.2	0.1	0.1	81.9	982888
Primary/middle	99828	13.5	0.7	0.7	0.5	0.2	84.4	740134
Secondary/Higher secondary	58463	10.1	2.3	2.6	1.6	0.1	83.3	581288
Diploma/degree, above	21484	6.8	6.7	5.7	7.9	0.3	72.6	316495
Own account worker	139649	13.2	0.3	0.2	1.2	0.1	84.9	1054937
Self employed	6027	10.8	0.1	0.5	6.3	0.2	82.1	55596
Unpaid family worker	1214	10.2	0.1	0.0	0.5	0.3	88.8	11917
Regular salary/wage	35405	8.4	7.1	8.0	3.7	0.3	72.5	423881
Casual wage labour	106636	16.3	0.2	0.1	0.1	0.1	83.2	652382
Total	348271	13.3	1.7	1.5	1.5	0.2	81.8	2620805

Source: NSS 75th round of Health, 2019.

A detailed analysis of households by their industry and occupation classification using National Classification of Occupation (NCO) and National Industry Classification (NIC) reflects that the coverage under GFHIs is registered to be higher among workers engaged in informal sectors such as agriculture, fishery, forestry, craft and related trades, plant and machinery operators and assemblers, and worker engaged in elementary occupation (Appendix 4). The workers engaged in industry/economic activities like households own

account activity, water supply, sewerage, waste management, wholesale and retail trade, repair of motor vehicles and motorcycles, finance and insurance activities, education, arts, and entertainment and recreation activities have high coverage under GFHI schemes (Appendix 4).

The share of household coverage (out of the total households in the state) under GFHIs is recorded to be high in Andhra Pradesh, Chhattisgarh, Mizoram, and Telangana where 71.36 per cent, 63.73 per cent, 61.85 per cent, and 58.74 per cent households respectively were registered under the scheme in 2017–18. The coverage of households under GFHIs, however, is found to be marginal in most of the remaining states (Appendix 5). The analysis by MPCE quintiles across states reflects high coverage among poorest quintile households in Andhra Pradesh (71.03 per cent), Mizoram (71.26 per cent), and Chhattisgarh (69.67 per cent). The coverage among all the quintiles in Rajasthan, Mizoram, Meghalaya, Chhattisgarh, Kerala, and Telangana is recorded to be high (Appendix 6).

The overall analysis from different survey data reveals high diversity in coverage across quintiles, rural-urban, and less/highly educated. For instance, the NFHS data reveals that with the increase in economic/wealth status of the households, the coverage under RSBY decreased, whereas IHDS and NSS results are in the reverse direction. One consistency that we have observed is that the coverage in some states like Andhra Pradesh, Chhattisgarh, Telangana, Tamil Nadu, Mizoram, and Kerala are noticed to be high during different surveys. In IHDS-2012, around 2.65 crore (10.38 per cent) households were found to possess RSBY cards, while NSS-2019 reflects that 3.48 crore (13.3 per cent) households have GFHI cards.

Learning from RSBY/GFHI: Lessons for PMJAY

As reported earlier, several states had either implemented the modified version of RSBY or their own version of the scheme. The government web portal data on coverage status enquired in 2017–18 is matched with actual reporting of households in the 75th health round of NSS 2017–18 data. Since, we were able to trace the official data of only 27 states (presented in Table 4), they are matched with the actual reporting of households in the NSS. As per official record, till 2017–18, around 109.0 million families were covered under GFHIs in 27 states. The estimates from NSS 2017–18 data show that only 34.6 million families were reportedly covered under such schemes. That is, the actual coverage reported by the households falls short by around 68.2 per cent than the government claimed coverage, indicating that only 32 per cent of the households are covered. The share of actual coverage of households falling less than the official claim ranges from 31 per cent in Andhra Pradesh to as high as 99 per cent in some major states like Uttar Pradesh and Bihar. This share is more than 90 per cent in many other states as well (Table 4). Actual reporting of coverage in Chhattisgarh and Tamil Nadu, however, is found to be higher than the official reporting. Given the differences in enrolment figures of officially claimed

data and household reporting in national level survey data, the PMJAY must focus on effective implementation of the scheme.

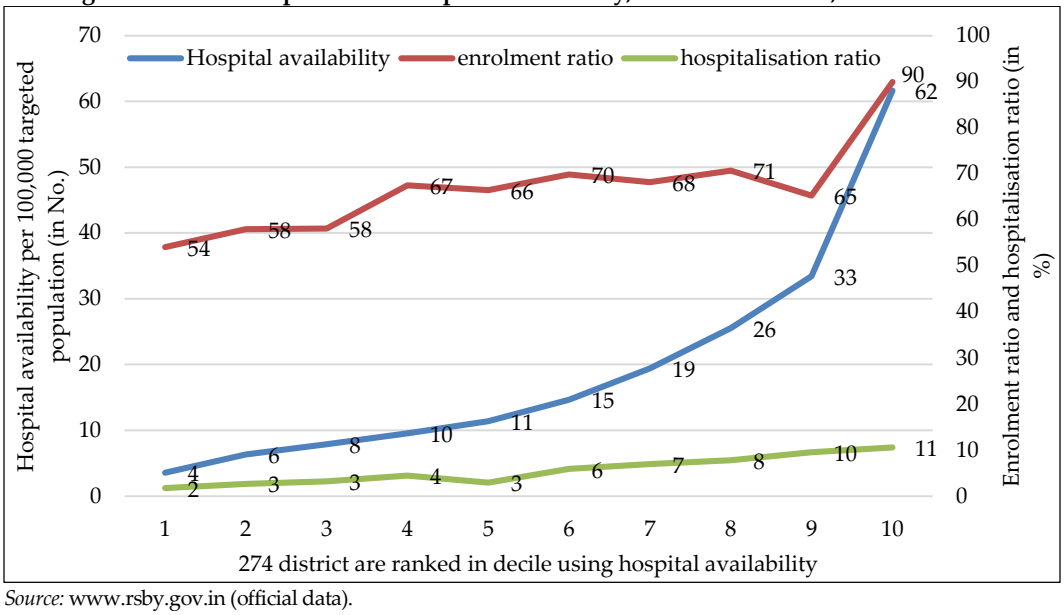
Table 4: Claim Vs Reality of Coverage Under GFHI Schemes at State Level: Comparison between Official and Household Survey Data

State	*Official Claim on the number of families covered till 2017–18 (as per RSBY &state level scheme record)*	*Actual number of families covered till 2017–18 (estimates from NSS 75th round)*	*Government Official Claim Vs Actual number of families covered (difference in No.)*	*Actual reporting of coverage less than official claim (families not covered, in minus, in %)*
Andhra Pradesh	14200000	9844848	-4355152	-30.7
Arunachal Pradesh	280000	9520	-270480	-96.6
Assam	3300000	182723	-3117277	-94.5
Bihar	7424052	45731	-7378321	-99.4
Chhattisgarh	1320000	3600815	2280815	172.8
Delhi	95597	28223	-67374	-70.5
Gujarat	6063000	972286	-5090714	-84.0
Haryana	450627	27755	-422872	-93.8
Himachal Pradesh	588000	65816	-522184	-88.8
Jammu & Kashmir	35521	7758	-27763	-78.2
Karnataka	10300000	302638	-9997362	-97.1
Kerala	4914000	2720999	-2193001	-44.6
Madhya Pradesh	116315	14288	-102027	-87.7
Maharashtra	22800000	71206	-22728794	-99.7
Manipur	62664	1695	-60969	-97.3
Meghalaya	440000	215040	-224960	-51.1
Mizoram	140000	130027	-9973	-7.1
Nagaland	140802	1368	-139434	-99.0
Orissa	5761000	1449433	-4311567	-74.8
Punjab	2896000	141377	-2754623	-95.1
Rajasthan	8765000	4393928	-4371072	-49.9
Tamil Nadu	157000	2267250	2110250	1344.1
Telangana	7719000	6108168	-1610832	-20.9
Tripura	506341	140006	-366335	-72.3
Uttar Pradesh	5353752	40673	-5313079	-99.2
Uttarakhand	1072000	27672	-1044328	-97.4
West Bengal	4120000	1837407	-2282593	-55.4
Total (above All)	109020671	34648650	-74372021	-68.2

Source: State level Scheme-wise data and unit level records of NSS 75th round on Health.

The RSBY data reveals that with the increase in availability of hospitals in the proximity, the hospitalisation ratio increases manifold (Figure 6), indicating that insured people tend to access more care once the facility is made available in the vicinity. Therefore, proximity of hospital network is key to access healthcare even if one has an insurance card.

Figure 6: Relationship between Hospital Availability, Healthcare Access, and Enrolment



Source: www.rsby.gov.in (official data).

The hospital network facilitates easy access to the facility. In case of non/low availability of hospital facility in the vicinity, people either postpone or avoid receiving treatment. The idea of strategic purchasing of healthcare services, which was floated in the National Health Policy (NHP) 2017, needs to be implemented effectively in order to garner the positive effects of schemes like the PMJAY. The NHP 2017 strongly reflects the need to promote strategic purchasing of health services from private providers in healthcare deficit areas. The policy document indicates that strategic purchasing would play a stewardship role in directing private investment towards those areas and services for which currently there are either no providers or only few providers.

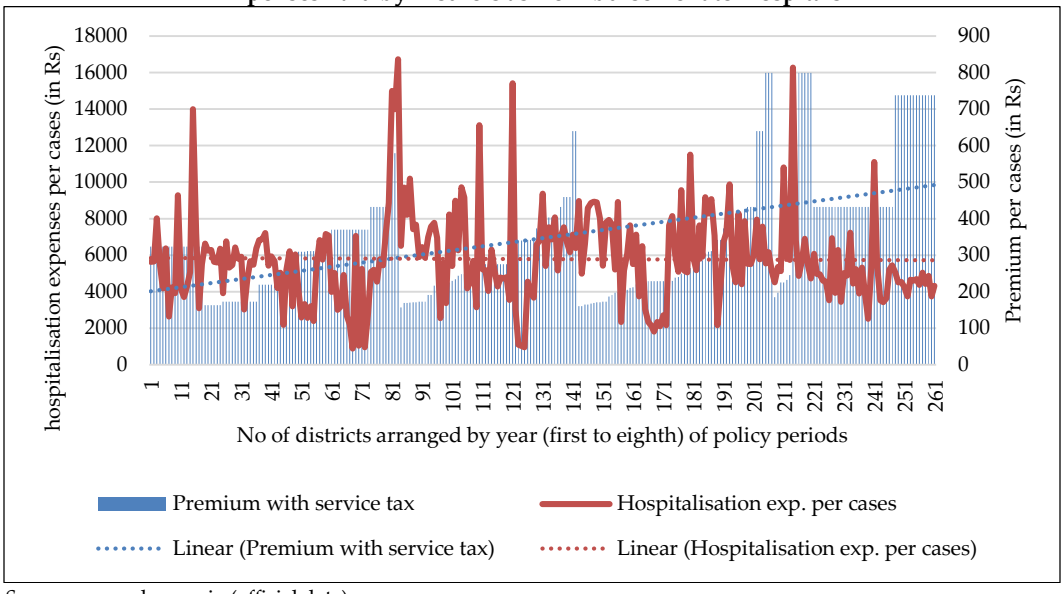
The analysis of available data on private hospitals/facilities from RSBY, state level scheme, and even the currently launched PMJAY (list of 18,236 PMJAY empanelled hospitals) reflects that two-thirds of the corporate and over half of the large/empanelled hospitals under various schemes are located in five million-plus cities and urban areas of some districts (largely in state capital) of some states. This concentration of hospitals has not only put serious limitations on strategic purchasing and making service accessible to all at their door step, but also is responsible for unequal use of insurance benefit across regions. Besides, it has also affected the access to care and the medical care cost. For instance, the experience from RSBY reveals that access to hospital care (measured as hospitalisation

ratio) was almost 6 times low in districts where empanelment hospitals network (per targeted population) was low (Figure 6). The medical care cost incurred is reported to be as low as Rs 9,766 when received by patients from their district of residence. If they are compelled to visit a facility outside their district/state, the OOP payment for medical care increases manifold. In 2017, the cost is recorded to be Rs 15938 and Rs 22403 per hospitalisation case for receipt of care from outside the district and state respectively (Hooda**,** 2019).

The RSBY experience also reflects that the enrolment ratio (enrolled to targeted family ratio) under the scheme also increased to 90 per cent from 54 per cent with an increase in the availability of hospitals in the proximity/district (Figure 6). We have noticed that in last one decade, the central/state insurance has done little to encourage or/and redirect private investment towards critical gap filling areas which has resulted in adverse implications for access to hospital care in a vast number of areas with no/few providers. The PMJAY must address this issue effectively and carefully.

It is also evident that per case medical payment made by the insurer also decreases with the increase in hospital availability. This is possible if because of high availability of hospitals owing to competition, the prices of the services are lowered. But, since the package rates are fixed, the profit motive of the insurers may trigger lower medical reimbursement payment to hospitals. Whether insurance companies are running on a profit motive has been analysed using RSBY data. As per scheme design, the beneficiary family has to pay Rs 30 as registration fee while the central and state governments pay the premium to the insurer selected by the state on the basis of competitive bidding. This allows one to calculate the total revenue (premium and registration fee collection) of the insurer. On the expenditure side, the insurer is responsible for reimbursing the medical bill of hospitalised patients holding RSBY card. A detailed analysis of RSBY data on the reimbursements made and the premium and registration fee collection shows that the profit of the insurers per enrolled family increased with the increase in year of policy period, i.e. from Rs 210 per case in first year of policy to Rs 510 per case in the eighth year of policy (Figure 7). During this policy period, the premium rate paid by the central and state governments to the insurance company increased from Rs 336 per family in the first year of the policy to Rs 536 per family in the eighth year of policy, while hospitalisaiton value paid by insurers decreased to Rs 4818 in the same period from Rs 5687 per case. The district level analysis also shows an increasing trend in premium and declining trend in payment made by the insurer to hospital as reimbursement during the policy period (Figure 7). This may be one of the reasons for earning high profit over time. Hence, this must be addressed adequately in the current PMJAY.

Figure 7: Relationship between Year of Policy, Premium Paid by Government, and Medical Expenses Paid by Insurers as Reimbursement to Hospitals



Source: www.rsby.gov.in (official data).

Financing Health Insurance

India's National Health Accounts (NHA, 2015–16) reflects that the share of insurance in financing the total health expenditure (THE) has increased substantially in the last decade. The contribution of health insurance (consisting of government, social, and private health insurance schemes) in financing health expenditure increased to Rs 42966 crore in 2015–16 from Rs 3661 crore in 2004–05 (Figure 8), almost a twelvefold increase. Its share in THE increased to 8.13 per cent in 2015–16 from 2.7 per cent in 2004–05 (Figure 8). It is important to note that in 2015–16, financing health expenditure through insurance was around three-fourths of the total budget of the Union government that was allocated to health sector in that particular year. Out of the total health insurance contributions, over half (51 per cent) of the expenditure/financing is accounted for by the private health insurance providers. Social health insurance constituted around 37 per cent share in the total health insurance, while government health insurance constituted around 12 per cent share (Appendix 7).

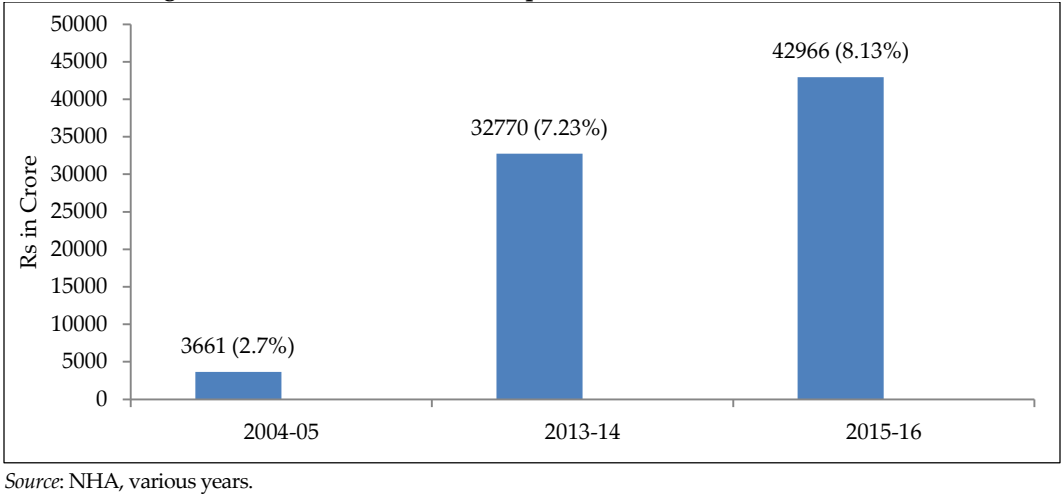
No doubt the amount and share of health insurance contribution in total health expenditure has grown over the period, yet its share in total healthcare financing is low. It is the household OOP expenditure that constitutes the highest share (around 64.7 per cent), followed by state government spending (11.2 per cent), and central government spending (8.6 per cent). The share of government health insurance was around 4.2 per cent and of private health insurance around 4.4 per cent in 2015–16 (NHA, 2015–16).

Among the government financed health insurance schemes at state level, the contribution of Chief Minister's Comprehensive Health Insurance, Tamil Nadu (Rs 953 crore); Mahatma

Jyotiba Phule Jan Arogya Yojana, Maharashtra (Rs 868 crore); Dr NTR Vaidya Seva, Andhra Pradesh (Rs 620 crore); Aarogyasri Health Insurance, Telangana (Rs 437 crore**);** Yeshasvini Health Insurance, Karnataka (Rs 285 crore); Suvarna Arogya Suraksha Trust, Karnataka (Rs 178 crore); Comprehensive Health Insurance Scheme, Kerala (Rs 154 crore); Mukhyamantri Amrutum Yojana, Gujarat (Rs 118 crore); and, Biju Krushak Kalyan Yojana, Odisha (Rs 100 crore) constitute the high share. The amount spent in other states is low and in double digits only (Appendix 7).

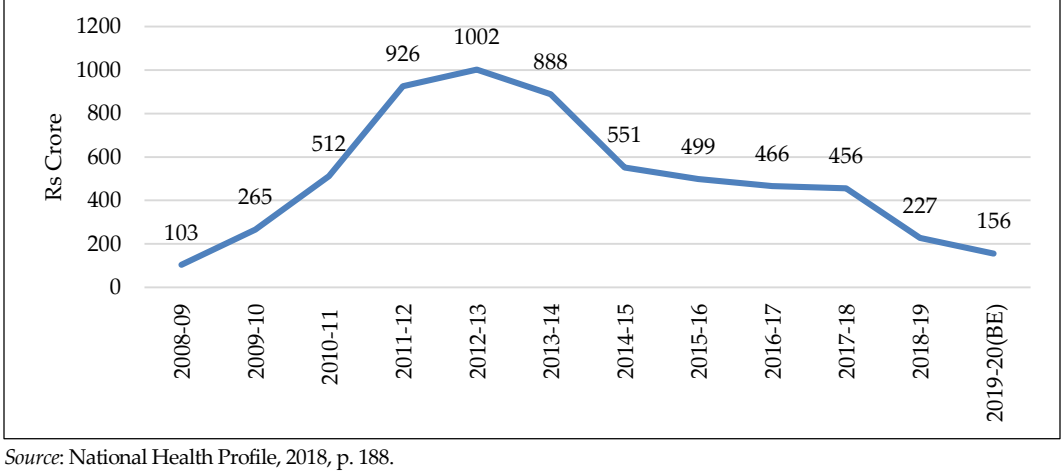
The central government budgetary allocation towards RSBY increased to Rs 1002 crore in 2012–13 from Rs 103 crore in 2008–09, though it declined substantially to around Rs 156 crore in 2019–20 (Figure 9). It is interesting to note that payment from households constitutes the highest share (about 42 per cent) in terms of financing insurance. The employer contributes around 17.4 per cent and the employee 7.7 per cent (Figure 10).

Figure 8: Total Health Insurance Expenditure in Rs Crore and % to THE



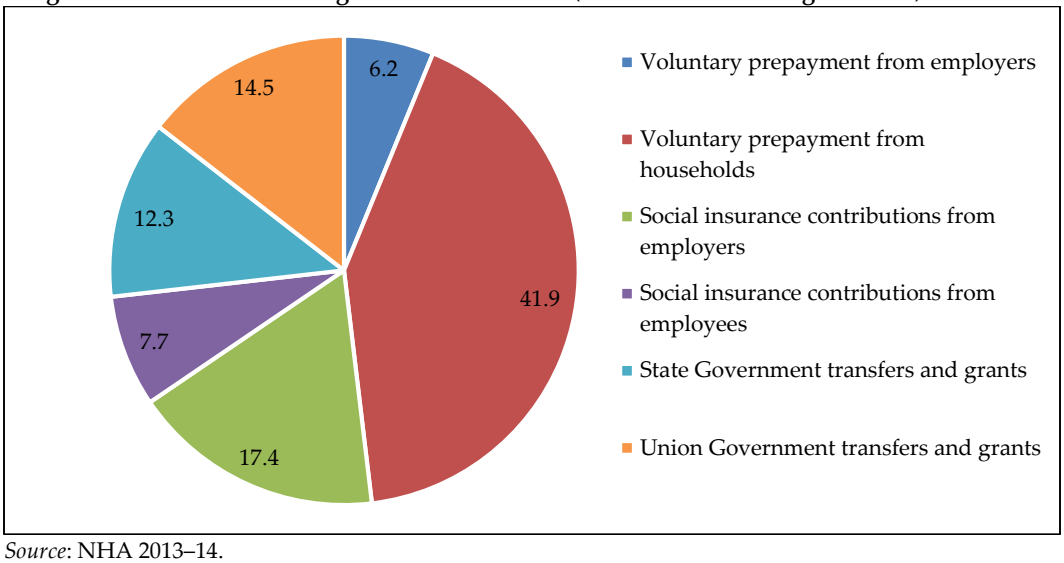
Source: NHA, various years.

Figure 9: Trends in Central Government Budgetary Allocation/Expenditure on RSBY



Source: National Health Profile, 2018, p. 188.

Figure 10: Source of Financing of Health Insurance (Revenue of Financing Schemes) in 2013–14



Source: NHA 2013–14.

Conclusion

The purpose of most of the currently promoted government-funded health insurance (GFHI) schemes is to provide financial protection against catastrophic health expenditure by reducing OOP expenditure of the households for hospitalisation, and to improve access to quality healthcare. However, the precondition for making such schemes successful is the achievement of the stated targets. It is important to understand how these schemes have evolved historically, and what is the status of implementation/coverage across households of various socioeconomic strata, districts, and states of India. The study uses official data and large scale survey data, namely IHDS 2012, NFHS 2016, and NSS 75th round on health 2019. The official data claims that around 109 million families were covered under existing GFHIs by the year 2017–18; however, estimates from survey data do not substantiate it. The actual coverage reported by the households in survey data is found to be 68.2 per cent less than the claim made by the government in official data. The size of coverage of GFHIs, however, makes them world's largest pro-poor health insurance schemes. The coverage amount ranges from Rs 30,000/family under Rashtriya Swasthya Bima Yojana to as high as Rs 3,30,000/family under Bhamashah Swasthya Bima Yojana (Rajasthan) and even Rs 5,00,000/family under Pradhan Mantri Jan Aarogya Yojana. The penetration of various schemes is recorded to be high among the non-poor and the urban as compared to their counterparts with wide variation across states/districts, posing serious challenges for ensuring equitable access to healthcare to the country population. Health service delivery through insurance model is still emerging in our country, but the contribution of insurance in financing total health expenditure is substantially low. It is the OOP that still constitutes the higher share in financing health expenditure.

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Appendices

Appendix 1: State-wise Depth and Coverage under GFHI Schemes: 2017–18

State	*Scheme Name*	*Year launch*	*No. of Families Covered*	*Targeted population*
Andaman & Nicobar Islands	Andaman and Nicobar Islands Scheme for Health Insurance	2015		All BPL families, Government pensioners plus permanent residents with income below 3 lakhs
Andhra Pradesh	Dr NTR Vaidya Seva	2015	14200000	BPL families
Arunachal Pradesh	The Arunachal Pradesh Chief Minister's Universal Health Insurance Scheme	2014	280000	Entire population including state government employees
Assam	Atal Amrit Abhiyan	2016	3300000	BPL (upto an Annual Family Income of Rs 1.2 lakhs) and APL (with annual income between Rs 1.2 lakhs to Rs 5 lakh)
Bihar	RSBY (up to 9.1.2013)	2008–09	7424052	BPL families 13644464
Chandigarh	RSBY (up to 9.1.2013)	2008–09		BPL families
Chhattisgarh	Mukhyamantri Swasthya Bima Yojana	2012	1320000	Left out families not covered under RSBY (16 lakh)
Dadra & Nagar Haveli	Sanjeevani Swasthya Bima Yojana	2013		All BPL and poor families with income up to Rs 1 lakh per year + APL (voluntary contribution of premium)
Daman & Diu	Sanjeevani Swasthya Bima Yojana	2013		All BPL and poor families with income upto Rs 1 lakh per year + APL (voluntary contribution of premium)
Delhi	RSBY (up to 9.1.2013)	2008–09	95597	BPL families 987824
Goa	Din Dayal Swasthya Seva Yojana	2016		All resident families of Goa staying for more than 5 years, excluding families of government employees
Gujarat	Mukhyamantri Amrutum (MA) Yojana, MA Vatsalya (MAV)	2012 (MA), 2014 (MAV)	6063000	BPL families (MA), Annual income up to Rs 3,00,000 (MAV)
Haryana	RSBY (up to 9.1.2013)	2008	450627	BPL families 1263813
Himachal Pradesh	RSBY plus, Mukhya Mantri State Health Care Scheme (MMSHC), HP Universal Health Protection Scheme (HPUHPS)	2010, 2016, 2017 respectively	588000	All RSBY & MMSHC families (RSBY plus), State identified 9 categories including Senior Citizens above 80 years, persons >= 70% disability and Single Women amongst others (MMSHC) All Remaining APL families
J & K	RSBY (up to 9.1.2013)	2008–09	35521	BPL families 66005
Jharkhand	Mukhyamantri Swasthya Bima Yojana	2017		All Families with annual income below Rs 72,000 which includes BPL + All categories of workers covered under RSBY and families covered under National Food Security Act.
Karnataka	Vajpayee Arogyashri	2009–10	10300000	BPL families

State	*Scheme Name*	*Year launch*	*No. of Families Covered*	*Targeted population*
Kerala	Comprehensive Health Insurance Scheme (CHIS), CHIS Plus	2008	4914000	Families belonging to the State BPL & identified APL families (on payment basis) (CHIS) All RSBY + CHIS families (CHIS Plus)
Lakshadweep	RSBY (up to 9.1.2013)	2008–09		BPL families
Madhya Pradesh	RSBY (up to 9.1.2013)	2008–09	116315	BPL families 293937
Maharashtra	Rajiv Gandhi Jeevandayee Arogya Yojana	2012	22800000	BPL families + APL families (income up to one Lakh)
Manipur	RSBY (up to 9.1.2013)	2008–09	62664	BPL families 111262
Meghalaya	Megha Health Insurance Scheme	2012	440000	All the citizens of the state of Meghalaya are entitled excluding State and Central Government employees.
Mizoram	Mizoram State Health Care Scheme	2008	140000	General Population not eligible for Medical Reimbursement under State/ Central Government employee schemes
Nagaland	RSBY (up to 9.1.2013)	2008–09	140802	BPL families 348895
Orissa	Biju Krushak Kalyan Yojana	2013	5761000	All farmer families of the State (60 lakhs families)
Puducherry	Puducherry Medical Relief Society	2003		BPL Families
Punjab	Bhagat Puran Singh Sehat Bima Yojana (BPSSBY), & Bhai Ghanhya Sehat Sewa Scheme (BGSSS)	2015	2896000	BPL & other poor families identified by the State (BPSSBY), Cooperative members (BGSSS)
Rajasthan	Bhamashah Health Insurance Scheme	2015	8765000	Families which are covered under National Food Security Scheme and Rashtriya Swasthya Bima Yojana (RSBY). Voluntary Inclusion is also permitted upto Rs 1 Lakh sum insured.
Sikkim	RSBY (up to 9.1.2013)	2008–09		BPL families
Tamil Nadu	Chief Minister's Comprehensive Health Insurance Scheme	2012	157000	Families with annual income below Rs 72,000; members of 26 welfare boards
Telangana	Aarogyasri	2007	7719000	BPL families
Tripura	RSBY (up to 9.1.2013)	2008–09	506341	BPL families 786913
Uttar Pradesh	RSBY (up to 9.1.2013)	2008–09	5353752	BPL families 9105854
Uttarakhand	Mukhyamantri Swasthya Bima Yojana	2016	1072000	All the citizens of the state are entitled excluding State and Central Government employees.
West Bengal	Swasthya Sathi	2017	4120000	Families of Workers / volunteers like the Members of Self Help Groups, Civic Police Volunteers, Green Police Volunteers, Civil Defence Volunteers, Village Police Volunteers at Gram Panchayat, Disaster Management workers, Home Guard / NVF, ASHA workers, ICDS workers and other Contractual / Casual / Daily rated workers.

Source: State level scheme documents and National Health Authority.

Appendix 2: Estimated Households Covered under Different Health Insurance Schemes across States, 2012

	% of Estimated Households Covered under Different Health Insurance Schemes					*% of Household Not Covered under Any Insurance Schemes*		*Total HH (in crore)*
	Exclusively RSBY	*RSBY with overlap*	*Govt. with overlap*	*Private with overlap*	*Total covered*	*Poor eligible for RSBY*	*Total uncovered*	
J&K	0.27	3.99	2.87	5.39	8.24	27.44	91.76	0.27
Himachal Pradesh	4.66	16.03	16.59	1.06	22.07	24.12	77.93	0.16
Punjab	0.69	2.94	3.43	1.73	5.71	27.98	94.29	0.55
Chandigarh	1.18	7.06	9.41	4.71	15.29	9.41	84.71	0.03
Uttarakhand	12.28	29.64	19.29	1.53	32.3	19.94	67.7	0.40
Haryana	5.78	10.1	3.6	3.2	12.44	21.42	87.56	0.44
Delhi	5.68	13.63	14.33	3.47	23.03	18.11	76.97	0.39
Rajasthan	5.57	7.43	2.14	1.12	8.77	20.57	91.23	1.33
Uttar Pradesh	2.75	14.35	14.66	0.67	17.94	20.23	82.06	3.44
Bihar	8.44	28.83	21.19	0.73	29.81	31.15	70.19	1.66
Sikkim	11.13	11.13	0	0	11.13	45.19	88.87	0.01
Arunachal Pradesh	3.96	5.48	4.58	0	8.54	53.4	91.46	0.03
Nagaland	1.35	1.78	1.4	2.09	4.05	33.16	95.95	0.05
Manipur	0	0	8.77	9.57	9.57	37.33	90.43	0.05
Mizoram	26.29	56.28	40.21	3.92	69.5	0.92	30.5	0.02
Tripura	1.48	2.36	3.13	0	4.61	24.98	95.39	0.09
Meghalaya	12.13	12.13	0	0	12.13	32.07	87.87	0.06
Assam	3.38	3.75	1.22	0.55	5.15	38.19	94.85	0.65
West Bengal	8.6	9.95	2.98	0.5	12.05	26.61	87.95	2.13
Jharkhand	6.09	10.61	5.38	2.06	12.95	34.8	87.05	0.96
Orissa	5.53	6.68	2.99	0.78	9.23	47.33	90.77	0.88
Chhattisgarh	5	27.1	28.04	2	34.76	30.36	65.24	0.74
Madhya Pradesh	4.2	13.61	12.63	1.16	17.87	27.93	82.13	1.32
Gujarat	3.2	6.42	7.17	1.92	11.49	25.95	88.51	1.23
Daman & Diu	0	0	0	2.11	2.11	23.28	97.89	0.00
Dadra & Nagar Haveli	0.31	0.31	0	0	0.31	13.97	99.69	0.02
Maharashtra	5.77	8.17	5.71	2.31	13.67	23.16	86.33	2.33
Andhra Pradesh	71.01	80.65	9.65	2.01	82.03	9.26	17.97	2.13
Karnataka	3.21	4.92	4.32	5.11	12.56	54.7	87.44	1.36
Goa	0	0	6.72	0	4.33	7.63	95.67	0.09
Kerala	6.45	38.05	35.82	4.53	44.53	11.06	55.47	0.79
Tamil Nadu	1.42	1.58	6.94	0.54	8.73	38.13	91.27	1.83
Pondicherry	0	0	45.93	3.44	49.37	1.03	50.63	0.05
Total	**10.39**	**17.77**	**10.02**	**1.67**	**21.74**	**26.87**	**78.26**	**25.52**

Source: IHDS-2012

Appendix 3: Percentage of Sample Households Covered Under Different Health Insurance Scheme by Socioeconomic Status and State, 2016

	RSBY	*ESIS*	*CGHS*	*State health insurance scheme GFHI*	*Community Health Insurance Programme*	*other health insurance through employer*	*Medical reimbursement from employer*	*other privately purchased comm health insurance*	*other*	*Total Covered*
Poorest	13.16	0.15	0.39	7.13	0.06	0.04	0.03	0.09	0.53	21.6
Poorer	12.97	0.25	0.60	13.26	0.13	0.09	0.08	0.21	0.89	28.5
Middle	9.50	0.66	0.89	19.40	0.16	0.21	0.09	0.42	1.03	32.4
Richer	7.36	1.69	1.39	17.31	0.21	0.50	0.27	0.93	0.99	30.6
Richest	3.84	3.88	3.41	10.36	0.31	1.54	1.70	3.93	1.56	30.5
Possess BPL card – No	5.13	1.77	1.71	9.15	0.16	0.69	0.65	1.55	1.03	21.8
Possess BPL card – Yes	16.04	0.66	0.76	20.23	0.19	0.15	0.11	0.46	0.95	39.6
Scheduled caste	10.90	1.07	1.21	15.86	0.13	0.31	0.22	0.54	0.86	31.1
Scheduled tribe	15.06	0.52	0.84	12.61	0.10	0.15	0.16	0.35	1.03	30.8
Other Backward Class	7.88	1.36	1.27	17.08	0.19	0.50	0.37	0.91	0.95	30.5
Other castes	7.51	1.94	1.84	6.94	0.20	0.78	0.87	2.37	1.28	23.7
No education, preschool	10.58	0.38	0.64	15.89	0.12	0.13	0.09	0.25	0.69	28.8
Primary	12.70	0.64	0.93	13.96	0.13	0.23	0.11	0.55	0.96	30.2
Secondary	8.43	1.50	1.52	12.30	0.19	0.54	0.45	1.26	1.10	27.3
Higher	3.39	4.79	3.46	10.04	0.34	1.74	2.01	4.23	1.60	31.6
Urban	5.23	2.85	2.14	12.34	0.24	1.03	1.01	2.29	1.11	28.2
Rural	11.54	0.54	0.92	14.02	0.14	0.19	0.14	0.51	0.95	28.9
A and N Islands	0.00	0.46	0.93	0.46	0.00	0.00	2.78	0.93	0.00	5.6
Andhra Pradesh	0.80	2.06	0.55	70.19	0.05	0.14	0.29	0.42	0.06	74.6
Arunachal Pradesh	1.05	1.22	1.57	53.74	0.00	0.17	0.00	0.17	0.35	58.3
Assam	5.75	0.66	0.95	0.72	0.23	0.41	0.47	1.01	0.18	10.4
Bihar	9.36	0.28	0.83	1.19	0.08	0.08	0.08	0.24	0.13	12.3
Chandigarh	0.57	4.97	5.35	6.11	0.00	0.76	1.34	2.10	0.00	21.2
Chhattisgarh	40.67	0.57	0.56	25.41	0.04	0.41	0.16	0.63	0.07	68.5
Dadra & Nagar Haveli	5.16	1.29	7.10	3.23	0.65	0.00	1.94	3.23	8.39	31.0
Daman & Diu	3.45	1.73	3.45	0.86	0.00	0.86	0.86	5.18	0.86	17.3
Goa	0.59	5.04	1.76	2.82	0.23	0.70	1.29	3.17	0.35	16.0
Gujarat	7.97	0.84	0.98	6.97	0.22	0.52	1.32	3.55	0.77	23.1
Haryana	1.97	2.01	1.81	1.17	0.12	0.31	0.66	1.49	2.62	12.2
Himachal Pradesh	16.87	1.38	3.30	0.95	0.03	0.23	1.89	0.29	0.80	25.7
Jammu and Kashmir	0.11	1.06	1.15	1.09	0.02	0.15	0.08	0.47	0.09	4.2
Jharkhand	10.01	1.08	0.71	0.35	0.08	0.40	0.32	0.20	0.16	13.3
Karnataka	17.94	2.21	0.67	2.68	0.71	0.52	0.46	0.81	2.14	28.1
Kerala	36.31	1.81	1.61	1.06	0.29	0.62	0.46	5.27	0.25	47.7
Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.3
Madhya Pradesh	3.19	0.86	1.31	10.64	0.20	0.39	0.22	0.57	0.35	17.7
Maharashtra	2.64	0.83	2.04	1.97	0.19	0.89	0.86	1.94	3.59	15.0
Manipur	1.25	0.29	0.48	0.10	0.00	0.00	0.67	0.58	0.19	3.6

	RSBY	*ESIS*	*CGHS*	*State health insurance scheme GFHI*	*Community Health Insurance Programme*	*other health insurance through employer*	*Medical reimbursement from employer*	*other privately purchased comm health insurance*	*other*	*Total Covered*
Meghalaya	20.12	0.39	0.47	12.65	0.00	0.08	0.08	0.24	0.63	34.7
Mizoram	38.03	0.57	1.33	3.99	0.00	0.19	1.14	0.38	0.19	45.8
Nagaland	4.30	0.13	0.51	0.38	0.13	0.13	0.00	0.13	0.38	6.1
Delhi	0.58	3.16	3.69	0.94	0.03	0.81	0.96	4.76	0.73	15.7
Odisha	25.84	0.52	0.85	16.52	0.07	0.23	0.03	0.43	3.19	47.7
Puducherry	0.00	9.24	2.53	15.94	0.15	1.94	0.60	1.64	0.74	32.8
Punjab	1.24	1.95	3.24	13.04	0.13	0.16	0.24	1.15	0.04	21.2
Rajasthan	2.49	0.98	1.14	10.87	0.06	0.20	0.32	0.54	2.13	18.7
Sikkim	0.00	1.58	1.27	21.21	0.00	0.32	3.48	2.53	0.00	30.4
Tamil Nadu	0.08	3.37	2.87	53.20	0.29	1.62	0.54	1.19	0.88	64.0
Tripura	57.21	0.05	0.10	0.20	0.05	0.10	0.00	0.15	0.25	58.1
Uttar Pradesh	3.30	0.58	0.87	0.28	0.07	0.17	0.25	0.31	0.26	6.1
Uttarakhand	8.04	1.70	2.74	4.95	0.18	0.25	0.31	0.76	0.51	19.5
West Bengal	27.77	1.62	1.23	0.52	0.19	0.55	0.44	0.92	0.19	33.4
Telangana	0.86	2.94	0.97	59.50	0.21	0.40	0.38	0.85	0.25	66.4
India	9.32	1.35	1.35	13.43	0.17	0.49	0.44	1.14	1.00	**28.7**

Source: NFHS-4: 2016.

Appendix 4: Estimated Households Covered under Different Health Insurance Schemes by NCO and NIC Classification, 2019

NCO 1 digit classification	*Estimated hh have GFHI (in 00)*	*%age distribution of households having insurance out of total estimated households*						*Total estimated HH (in '00)*
		GFHI	*CGHS*	*ESIS*	*Private insurance*	*Other insurance*	*Not insured*	
Managers	19297	8.2	1.5	1.9	6.5	0.4	81.6	234696
Professionals	7058	7.0	6.6	6.6	6.6	0.4	72.9	100820
Technician & associate professional	5623	7.3	8.8	3.7	6.3	0.1	73.8	77362
Clerk & support staff	5434	10.4	13.4	7.8	2.2	0.2	66.0	52430
Service & sale worker	21796	11.2	3.0	1.2	1.8	0.3	82.4	193879
Agri, fishery, forestry worker	97347	14.2	0.2	0.0	0.2	0.1	85.2	686595
Craft & related trade	43472	15.4	1.4	1.5	0.5	0.3	80.9	283097
Plant machinery operator/ assemblers	20187	14.4	1.2	7.9	0.9	0.0	75.5	139812
Elementary occupation	95248	15.1	0.4	0.5	0.1	0.1	83.9	630552
others	32808	14.8	2.4	0.7	1.4	0.2	80.5	221561
NIC 2 digit classification								
Households own activities	157907	15.3	0.2	0.1	0.2	0.1	84.1	1031383
Agriculture, forestry and fishing	1464	11.3	18.0	2.6	0.9	1.6	65.6	12898

NCO 1 digit classification	*Estimated hh have GFHI (in 00)*	*%age distribution of households having insurance out of total estimated households*						*Total estimated HH (in '00)*
		GFHI	*CGHS*	*ESIS*	*Private insurance*	*Other insurance*	*Not insured*	
Mining and quarrying	25169	10.2	1.1	6.8	2.3	0.1	79.3	245704
Manufacturing	1021	10.7	27.1	7.0	1.4	0.2	53.7	9586
Electricity, gas, steam and air conditioning supply	297	5.9	7.6	4.1	0.2	0.2	82.1	5052
Water supply; sewerage, waste management and remediation activities	47393	14.8	0.4	0.3	0.4	0.1	83.9	320756
Construction	30139	10.3	0.5	0.7	3.1	0.2	85.3	293829
Wholesale and retail trade; repair of motor vehicles and motorcycles	18941	14.5	3.7	1.1	0.9	0.3	79.5	130297
Transportation and storage	4381	10.7	0.6	1.4	2.1	0.2	85.1	41045
Accommodation and Food service activities	1479	5.1	3.2	19.5	11.3	0.6	60.2	29080
Information and communication	1651	6.3	11.6	10.0	14.8	0.4	56.9	26197
Financial and insurance activities	806	14.3	1.0	0.9	8.9	0.4	74.5	5622
Real estate activities	1416	8.4	4.0	2.5	13.0	0.1	72.1	16873
Professional, scientific and technical activities	825	4.0	3.2	2.9	0.7	0.0	89.2	20428
Administrative and support service activities	3722	7.9	21.8	2.3	2.8	0.6	64.6	46939
Public administration and defence; compulsory social security	7230	9.0	6.7	2.6	3.0	0.2	78.5	79950
Education	3826	15.6	3.8	5.8	4.7	1.6	68.5	24514
Human health and social work activities	311	8.8	0.5	0.1	2.0	0.0	88.5	3535
Arts, entertainment and recreation	6560	13.9	0.2	0.7	2.2	0.0	83.0	47256
Other service activities	925	11.1	0.0	0.0	1.0	0.0	87.9	8362
Activities of extraterritorial organisations and bodies	32808	14.8	2.4	0.7	1.4	0.2	80.5	221498
Total	348271	13.3	1.7	1.5	1.5	0.2	81.8	2620805

Source: NSS 75th Round on Health, 2019.

Appendix 5: Estimated Households Covered under Different Health Insurance Schemes across States, 2019

	Only having GFHI		*%age distribution of households having insurance out of total estimated households*						*Total estimated HH (in '00)*
	Estimate person (in '00)	*Estimated HH (in '00)*	*GFHI*	*CGHS*	*ESIS*	*Private insurance*	*Other insurance*	*Not insured*	
J & K	333	78	0.4	2.2	0.4	0.2	0.00	96.8	21037
Himachal Pradesh	2676	658	3.9	8.3	1.8	0.6	0.11	85.4	17026
Punjab	6151	1414	2.4	2.0	2.6	0.8	0.24	91.9	58271
Chandigarh	277	96	4.0	16.8	4.3	10.8	0.05	64.0	2377
Uttarakhand	1035	277	1.4	5.0	0.8	0.7	0.13	92.0	19553
Haryana	1020	278	0.5	2.6	3.1	2.9	0.01	90.8	53567
Delhi	883	282	0.7	8.1	1.7	8.4	0.55	80.5	39739
Rajasthan	225618	43939	32.6	2.4	0.5	0.5	0.01	64.1	134885
Uttar Pradesh	2389	407	0.1	0.7	0.5	0.4	0.08	98.2	371798
Bihar	2989	457	0.2	0.2	0.0	0.2	0.00	99.4	187032
Sikkim	1.8	0.6	0.0	1.3	0.0	1.4	0.08	97.2	1525
Arunachal Pra.	426	95	3.5	3.2	0.1	0.9	1.25	91.1	2702
Nagaland	55	14	0.4	5.0	0.5	0.0	0.12	94.0	3428
Manipur	102	17	0.3	1.4	0.0	0.0	0.00	98.3	6008
Mizoram	5604	1300	61.9	14.7	0.4	2.7	0.73	19.6	2102
Tripura	5684	1400	15.4	0.0	0.0	0.3	0.00	84.3	9089
Meghalaya	10661	2150	35.0	5.7	0.1	0.7	13.99	44.5	6152
Assam	8707	1827	2.8	1.1	0.9	1.0	0.03	94.1	65429
West Bengal	72323	18374	8.3	2.7	1.8	1.7	0.18	85.3	220708
Jharkhand	38	9.2	0.0	0.3	0.2	0.3	0.05	99.2	63247
Odisha	63166	14494	14.4	0.6	0.3	0.1	0.04	84.5	100404
Chhattisgarh	167725	36008	63.7	1.0	0.3	0.3	0.00	34.6	56504
M P	1009	143	0.1	0.7	0.5	0.7	0.02	98.0	146102
Gujarat	49067	9723	8.4	1.2	1.0	3.7	0.02	85.7	116324
Daman & Diu	7.2	2.0	0.3	6.4	5.9	1.0	0.02	86.3	710
Dadra & Nagar Haveli	2231	447	49.0	0.3	6.1	0.0	0.00	44.6	912
Maharashtra	3767	712	0.3	2.6	1.7	3.7	0.26	91.5	244518
Andhra Pra.	365361	98448	71.4	2.2	0.8	0.4	0.02	25.2	137956
Karnataka	12998	3026	2.2	1.0	3.4	2.1	0.70	90.6	138332
Goa	5154	1181	37.4	0.9	2.3	1.0	6.18	52.2	3160
Lakshadweep	39	9.0	7.6	13.8	0.0	0.0	0.00	78.6	119
Kerala	109276	27210	34.1	1.0	1.8	3.8	0.33	59.0	79782
Tamil Nadu	89037	22673	11.2	2.4	6.0	1.4	0.06	78.9	202474
Puducherry	173	39	1.3	1.2	2.9	0.1	0.84	93.6	2884
A & N Islands	6.8	0.9	0.1	12.2	2.3	0.7	0.14	84.6	964
Telangana	206245	61082	58.7	1.8	2.3	1.4	0.08	35.7	103988
India	**1422236**	**348271**	**13.3**	**1.7**	**1.5**	**1.5**	**0.17**	**81.8**	**2620805**

Source: NSS-2014.

Appendix 6: Percentage of Estimated Households Covered Under GFHIs out of Total Households by MPCE Quintiles: 2019

	Poorest	*Poorer*	*Middle*	*Richer*	*Richest*	*Total*
Jammu & Kashmir	0.04	0.31	0.42	0.41	0.42	0.37
Himachal Pradesh	0.12	3.49	2.66	3.56	4.61	3.87
Punjab	0.83	0.24	1.97	3.65	2.47	2.43
Chandigarh	0.00	0.00	0.00	0.00	6.42	4.02
Uttarakhand	0.06	2.76	3.41	0.29	0.71	1.42
Haryana	0.00	0.63	0.03	0.11	1.01	0.52
Delhi	0.05	0.00	0.28	0.13	1.38	0.71
Rajasthan	36.24	34.93	42.53	29.51	23.75	32.58
Uttar Pradesh	0.07	0.12	0.15	0.04	0.16	0.11
Bihar	0.48	0.01	0.26	0.01	0.55	0.24
Sikkim	0.00	0.00	0.00	0.00	0.08	0.04
Arunachal Pradesh	3.94	4.66	5.80	1.47	2.12	3.52
Nagaland	0.00	0.00	0.08	0.74	0.74	0.40
Manipur	0.01	0.66	0.00	0.56	0.00	0.28
Mizoram	71.26	65.01	74.22	71.64	53.32	61.85
Tripura	10.83	16.06	14.32	18.60	13.67	15.40
Meghalaya	31.48	38.33	45.71	33.05	27.42	34.96
Assam	1.41	2.53	2.82	5.10	2.21	2.79
West Bengal	12.27	7.27	7.91	9.83	5.29	8.33
Jharkhand	0.01	0.00	0.04	0.02	0.00	0.01
Odisha	18.25	11.57	13.31	10.77	2.10	14.44
Chhattisgarh	69.67	63.37	59.50	42.90	33.17	63.73
Madhya Pradesh	0.01	0.18	0.20	0.04	0.05	0.10
Gujarat	1.16	12.70	7.86	9.77	6.40	8.36
Daman & Diu	0.00	0.00	0.24	0.00	0.55	0.28
Dadra & Nagar Haveli	94.69	68.79	69.15	35.45	35.92	49.03
Maharashtra	0.07	0.39	0.80	0.15	0.08	0.29
Andhra Pradesh	71.03	76.31	77.73	68.13	66.97	71.36
Karnataka	0.32	1.46	3.72	2.48	1.96	2.19
Goa	19.24	32.21	37.12	42.69	36.95	37.38
Lakshadweep	0.00	6.87	8.61	2.95	11.80	7.56
Kerala	35.54	36.71	39.98	35.75	30.88	34.11
Tamil Nadu	2.95	8.69	13.10	17.00	8.40	11.20
Puducherry	14.20	6.65	0.00	0.16	0.07	1.34
A & N Islands	0.00	0.00	1.50	0.00	0.04	0.10
Telangana	49.28	69.88	73.37	63.76	47.14	58.74
India	**10.43**	**10.87**	**14.34**	**16.24**	**13.90**	**13.29**

Source: NSS-75th round on Health, 2019.

Appendix 7: Health Insurance Contribution/Expenditure (2015–16) under Different Schemes

Health Insurance Scheme	*Rs Crore*
1 Social Health Insurance Schemes	15889
1.1 Central Government Health Scheme (CGHS) (Incl. Capital Expenditure of Rs 28 Cr)	2913
1.2 Employee State Insurance Scheme (ESIS) (Incl. Capital Exp. of Rs 114.56 Cr)	10413
1.3 Ex-Serviceman Contributory Health Scheme Incl. Capital Expenditure of Rs 5 Cr)	2563
2 Government Financed Health Insurance	5064
2.1 Rashtriya Swasthya Bima Yojana (RSBY) (All States Not Specified Elsewhere)	1171
2.2 Comprehensive Health Insurance, Arunachal Pradesh	17
2.3 Yeshasvini Health Insurance, Karnataka	285
2.4 Aarogyasri Health Insurance, Telangana	437
2.5 Handloom Weaver Health Insurance	20
2.6 Insurance for Information and Broadcasting Workers, West Bengal	2
2.7 Dr NTR Vaidya Seva, Andhra Pradesh	620
2.8 Chief Minister's Health Insurance Scheme, Chhattisgarh	38
2.9 Goa Mediclaim and Swarnjayanti Aarogya Bima Yojna, Goa	10
2.10 Mukhyamantri AmrutamYojna, Gujarat	118
2.11 Mukhya Mantri Health Insurance, Himachal Pradesh	2
2.12 Suvarna Arogya Suraksha Trust, Karnataka	178
2.13 Mahatama Jyotiba Phule Jan Arogya Yojana, Maharashtra	868
2.14 Megha Health Insurance, Meghalaya (Incl.RSBY)	25
2.15 Public Health Insurance, Mizoram	9
2.16 Bhagat Puran Singh Health Insurance Punjab	18
2.17 Chief Minister's Health Insurance, Tamil Nadu	953
2.18 Chief Minister Swasthya Bima Yojna, Uttarakhand	24.5
2.19 Pradhan Mantri Swasthya Suraksha Yojna, Puducherry (including assistance for the poor through medical relief society)	8.5
2.20 Biju Krushak Yojana, Odisha	100
2.21 Comprehensive Health Insurance Scheme, Kerala	154
2.22 Other Government Financed Health Insurance	5
3 Private Health Insurance	22013
3.1 Employer-based insurance (Other than enterprises schemes)	11621
3.2 Other primary coverage schemes	10353
3.3 Community-based insurance	39

Source: Table 8: Health Insurance Expenditure (2015–16) under Different Schemes, NHA, 2015–16.

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