



# HEALTH INSURANCE EXPENDITURES IN INDIA (2013-14)

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NATIONAL HEALTH ACCOUNTS TECHNICAL SECRETARIAT  
NATIONAL HEALTH SYSTEMS RESOURCE CENTRE  
MINISTRY OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF INDIA



# Health Insurance Expenditures in India (2013-14)

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National Health Accounts Technical Secretariat  
National Health Systems Resource Centre  
Ministry of Health and Family Welfare, Government of India

## **DETAILS RELATED TO PUBLICATION**

This report is one among three individual reports on health expenditure estimates developed by NHSRC. Overall health expenditures are presented in the National Health Accounts Estimates 2013-14 report. The estimates presented in this report are only a subset of all the financing schemes presented in the NHA 2013-14 report.

This report provides expenditures under different health insurance schemes in India based on System of Health Accounts 2011 (SHA 2011) and National Health Accounts Guidelines for India. The estimates presented here are based on currently available information. Improvements will be made as and when additional information is available.

Policy implications of health insurance estimates are not discussed in this report. This might be addressed in policy briefs. However commentators, researchers and policy makers can draw inferences from this report within the preview of NHA methodology described here, NHA Guidelines for India 2016 and System of Health Accounts 2011 (SHA 2011).

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## Preface

Global evidence shows financing care through prepayment and risk-pooling mechanisms, defined as 'health Insurance' has enabled healthcare to target population by providing access to care and reducing catastrophic health bills. In the last decade Indian health insurance market saw a rapid increase in the number of households purchasing health insurance policies. The Union and State governments expanded insurance coverage by financing premiums on behalf of the target population (unorganized sector workers and below poverty line households that traditionally were not included under the ambit of social health insurance). The government departments implementing these programs either partnered with insurance companies for risk pooling and purchasing care or them selves performed the role of active purchasers.

This report is based on National Health Accounts Estimates (2013-14) for health insurance expenditures. It is expected to facilitate systematic description of the prepayment and risk pooling schemes in India, comparable to global standard practice and to meet the increasing demand for such information by researchers and policy makers. It presents healthcare expenditures financed through insurance, their source of financing (government, households or employers), the type of healthcare providers and healthcare services purchased through these mechanisms.

National Health Systems Resource Centre (National Health Accounts Technical Secretariat) arrived at the estimates through several technical consultations. The estimates presented here adhere to NHA guidelines for India, 2016 and the System of Health Accounts 2011 (SHA 2011) definitions and methods. It is hoped that these estimates will be widely used by policy makers, administrators, program managers and researchers at the Union and State level in arriving at evidence based policies in financing and planning of health programs.

I congratulate Dr. Charu C Garg and Dr. K. Rahul S. Reddy and their team members for deriving these detailed estimates on health insurance and for completing the first of a series of Reports based on NHA data 2013-14. I would like to thank Shri. J. Rajesh Kumar, Director, MoHFW, for guiding this endeavour.

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**Healthy Village, Healthy Nation**



एड्स - जानकारी ही बचाव है  
Talking about AIDS Is taking care of each other



# MESSAGE

Health Insurance Expenditures (2013-14) is a detailed report capturing financing information on the rapidly growing health insurance market in India. This is expected to be a ready reckoner to those interested to understand the private and government health insurance schemes in India focused on who pays for health insurance? Which institutions pool and manage these funds? What services are being covered? And who are the beneficiaries?

These questions on health insurance are more important to be answered now than ever, as the last decade has seen governments in India using it as a policy tool to provide inpatient medical care for the poor and unorganized sector workers. There is an ongoing discussion on ways to improve these government-financed schemes so that they are equitable, bring in value for money spent and cover comprehensive healthcare services rather than confine to inpatient medical care.

This report and the policy briefs will shed light on these topics and allow policy makers, commentators, researchers and program managers to use this information to move towards developing a comprehensive health financing system that not only guarantees 'better financial outcomes' for households but also 'better health outcomes'.

I appreciate the efforts of National Health Accounts team at NHSRC led by Dr. Charu C. Garg.

**Dr. Sanjiv Kumar,**  
Executive Director, NHSRC,  
Member Secretary, Steering Committee-NHA



# ACKNOWLEDGEMENT

We are grateful to National Health Accounts Steering Committee and Expert Group, Dr. Sheela Prasad, Economic Advisor (MoHFW), Mr. J. Rajesh Kumar, Director Bureau of Planning (MoHFW) and Dr. Sanjiv Kumar, Executive Director, NHSRC for their guidance and encouraging us to publish this report.

We are thankful to the NHA team at NHSRC; Dr. Nishant Jain, GIZ and Dr. Somil Nagpal, the World Bank for inputs as the members of the subgroup on Health Insurance for NHA; Mr. K.S. Jagadeesha Reddy and his team at Insurance Information Bureau (IIB, IRDAI) for data on private health insurance; Keerthi Addala, Fellow, HCF team NHSRC for assistance.

We acknowledge the support and guidance we received from everyone we consulted to enrich the estimates in this report. All shortcomings are solely our responsibility and we hope to address these in our future work.

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# ABBREVIATIONS

CGA	Controller General of Accounts
CGHS	Central Government Health Scheme
CHIS	Comprehensive Health Insurance Scheme
CHSS	Contributory Health Service Scheme
CSMA	Central Services Medical Attendance
CHE	Current Health Expenditures
ECHS	Ex-Servicemen Contributory Health Scheme
ESIC	Employee State Insurance Corporation
FS	Financing Schemes
GoI	Government of India
GES	Government Employee Schemes
GVHI	Government Based Voluntary Health Insurance
HAPT	Health Accounts Production Tool
HC	Healthcare Functions
IIB	Insurance Information Bureau
IRDAI	Insurance Regulatory and Development Authority of India
MHIS	Megha Health Insurance Scheme
MoHFW	Ministry of Health and Family Welfare
NGO	Non- Governmental Organisation
NHA	National Health Accounts
NHATS	National Health Accounts Technical Secretariat
RELHS	Retired Employee Liberalized Health Scheme
RGJAY	Rajiv Gandhi Jeevandayee Aarogya Yojana
RSBY	Rashtriya Swasthya Bima Yojana
SHA	System of Health Accounts
SHI	Social Health Insurance
THE	Total Health Expenditure
TGHE	Total Government Health Expenditures



# EXECUTIVE SUMMARY

In the last decade Indian health insurance market experienced rapid growth. Union and state governments expanded insurance coverage by financing premiums on behalf of the target population (unorganized sector workers and below poverty line households who were traditionally not covered under ambit of social health insurance). Government departments implementing these programs either partnered with insurance companies for risk pooling and purchasing care or themselves performed the role of active purchasers.

This report on health insurance expenditures provides insights into the sources of financing health insurance, the type of providers and services provided under each type of insurance scheme. Insurance expenditures presented here are drawn from the National Health Accounts estimates 2013-14, produced based on the System of Health Accounts 2011 (SHA 2011) and NHA Guidelines for India, 2016. Hence the nomenclature has been kept consistent with NHA with only minor variation. All estimates presented here are current health expenditures and they do not include capital expenditures unless specified.

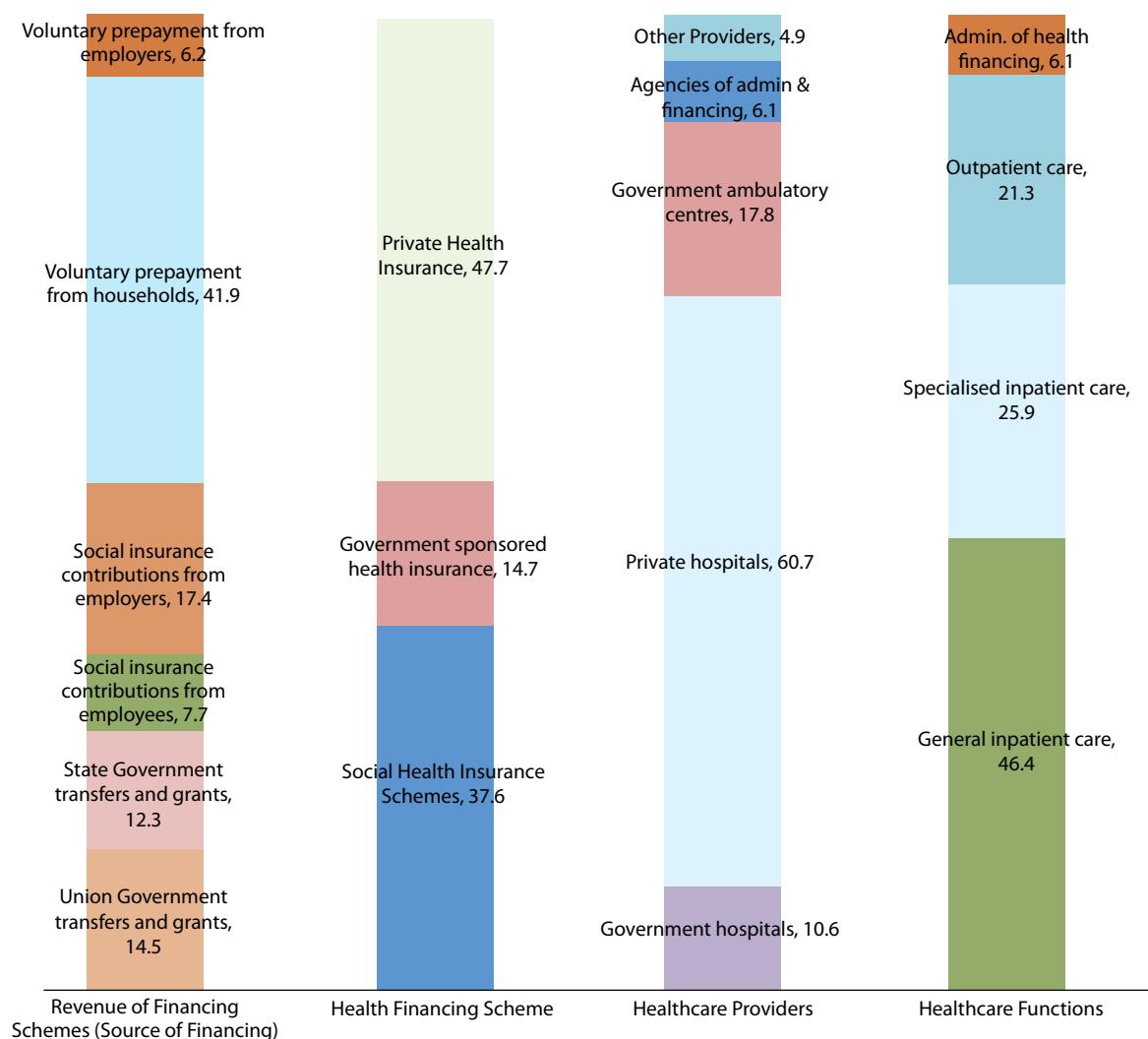
In 2013-14, current health insurance expenditures in India (government and private) are estimated at Rs.32,308 Crore which is 7.6 % of current health expenditure (CHE). If capital expenditures are included, the estimate is Rs.32,770 Crore which is 7.2% of total health expenditure (THE). There is a nine-fold increase in insurance expenditures since 2004-05 NHA estimates (Rs.3661 Cr). Government health Insurance expenditure (Social health insurance incl. capital expenditures and government financed insurance schemes) is estimated Rs. 17358 Crore, which is 3.8% of THE. If employee reimbursement expenditures under union and state government employee schemes (Rs.9743 Crore) is added to government health insurance expenditure the estimate is Rs.27101 Crore, which is 6 % of THE.

Health insurance premiums/contributions are sourced from households (49.5%), Government (27%) and employer (23.5%). Majority of the current health insurance expenditures (52%) are managed by the Government (Social health insurance accounts for 37% and government sponsored health insurance schemes account for 15%). Private health insurance (individual, group and community health insurance) accounts for 48% of the expenditures. Health insurance expenditures in India purchase mostly inpatient care (72%), of which 25% is for specialized inpatient care. Only social health insurance schemes provide out patient, preventive and primary care while some government sponsored insurance schemes cover for post hospitalization follow up services. Recently some private health insurance schemes have started to cover pre and post hospitalization services and it is expected such expenditures will be reflected in NHA in the coming years.

When insurance expenditures are disaggregated by type of providers, majority of expenditure (60% of total insurance expenditures) is accounted at private providers (including not for profit health facilities). While 100% of expenditures of private health insurance schemes are accounted at private providers, it is noteworthy that 16% of expenditures under social health insurance and 57% under government sponsored insurance schemes are accounted at the private providers.

About 6% of insurance expenditures are accounted for governance, administration and supervision of the schemes. **Figure 1** shows the share of sources, schemes, providers and functions for total health expenditures. **Table 1** shows some key indicators from NHA 2013-14 and some key indicators for different types of insurance schemes.

**Figure 1: Broad Distribution of Current Health Insurance Expenditures (2013-14) According to Sources of Financing, Financing Schemes, Providers and Functions (Values in Percentage)**



**Note:**

1. State government transfers and grants includes transfers from foreign origin distributed through state (0.2%).
2. Private health insurance includes employer based insurance or group insurance (24.8%), individual insurance (22.7%) and community insurance (0.2%).
3. Other providers includes offices of general medical practitioners 0.2% and providers not classified elsewhere (4.7%).
4. Administration of financing under Healthcare Providers include Government health administration agencies (0.6%), Social health insurance agencies (3.2%), Private health insurance administration agencies (1.7%), other administration agencies (NGOs, Trusts, Societies) (0.6%).

**Table 1: Indicators: Health Insurance Expenditure Estimates (NHA 2013-14)**

Sl. no	Indicator	Ratio Indicator	Indicator Value		
			(%)	(In Rs. crores)	(In Rs. crores)
1	Total Health Expenditure (THE)	THE as % of GDP	4.02	453,106	11,272,764
2	Current Health Expenditure (CHE)	CHE as % GDP	3.74	421,194	11,272,764
3	Total Government Health expenditures (TGHE)	TGHE as % GDP	1.15	129,778	11,272,764
		TGHE as % THE	28.64	129,778	453,106
4	Out-of-Pocket Spending (OOPE)	OOPE as % THE	64.21	290,932	453,106
5	Household Prepayments (premiums/contributions)	Household prepayments as % THE	3.5	16,006	453,106
6	Current Health Insurance Expenditure	Current Health Insurance Expenditure as % CHE	7.67	32,308	421,194
7	Total Health Insurance Expenditure (Incl. Capital)	Total Health Insurance Expenditure as % THE	7.23	32,770	453,106
8	Health Insurance Exp. by Govt. (Incl. Capital)	Health Insurance Exp. by Govt. as % THE	3.83	17,358	453,106
9	Health Insurance Exp. by Govt. (incl. government employee schemes – GES)	Health Insurance Exp. by Govt. incl. GES % THE	5.99	27,101	453,106
10	Health Insurance Expenditure by Govt (incl. GES)	Health Insurance by Govt. incl. GES as % TGHE	20.88	27,101	129,778
11	Social Health Insurance Schemes (SHI)	SHI as % CHE	2.88	12,139	421,194
		SHI as % Current Health Insurance Expenditure	37.57	12,139	32,308
12	Social Health Insurance Schemes (SHI) (Incl. Capital)	SHI as % THE	2.78	12,601	453,106
		SHI as % Total Health Insurance Expenditure	38.45	12,601	32,770
13	Central Government Health Scheme (CGHS)	CGHS as % of SHI	19.71	2393	12,139
14	Employee State Insurance Scheme (ESIS)	ESIS as %SHI	65.66	7970	12,139
15	Ex-Servicemen Contributory Health Scheme (ECHS)	ECHS as % SHI	14.63	1776	12,139
16	Government based voluntary insurance –GVHI (Government Financed Health Insurance)	GVHI as % CHE	1.12	4,757	421,194
		GVHI as % TGHE	3.66	4,757	129,778
		GVHI as % Current Health Insurance Expenditure	14.7	4,757	32,308
17	Rashtriya Swasthya Bima Yojana (RSBY)	RSBY as % GVHI	23.4	1,112	4,757
		RSBY as % TGHE	0.85	1,112	129,778
18	State Specific GVHI	State Specific GVHI as % GVHI	76.6	3645	4,757
		State Specific GVHI as % TGHE	2.80	3645	129,778
19	Private Health Insurance Schemes (Employer based/ group, individual, community based)	Pvt. Health insurance % Current Health Insurance	47.7	15412	32,308
		Pvt. Health insurance % THE	3.40	15412	453,106



# Health Insurance in India

## 1. Introduction

Health insurance is defined as a health financing mechanism that involves distribution of financial risk associated with the variation of individual's health care expenditures by pooling costs over time (prepayment) and over people.<sup>1</sup> Health insurance serves as a means to protect households from the risk of medical expenses that can be large, relative to modest incomes.<sup>2</sup> The institution that performs this risk pooling function is an insurer. Insurer can be a private or government entity.<sup>3</sup> Private entity as an insurer entitles coverage through premium/contributions mainly from household payments or sometimes from the government on behalf of target population. Government health insurance is generally funded from payroll contributions, specific cess or general government revenues.

For the purpose of National Health Accounts, health Insurance in India encompasses health-financing schemes financed by contributions/premiums collected from individuals or governments and pooled to actively purchase services from healthcare providers either by government (health department or government governed corporation/trust/society) and/or insurance company. According to System of Heath Accounts 2011 (SHA 2011) and NHA India guidelines, expenditures of the following five types of *health financing schemes* are considered health insurance expenditures in India.

1. Social health Insurance
2. Government based voluntary insurance (Government Financed Health Insurance Schemes)
3. Employer based insurance - other than enterprises schemes (Private Group Health Insurance)
4. Other primary coverage schemes (Private Individual Health Insurance)
5. Community based health insurance

In 2013-14, 40.8 crore individuals were covered by health insurance in India (as defined above), about one-third of India's population.<sup>4</sup> Social health insurance<sup>5</sup> covered 8.8 crore individuals. Government health insurance associated with an insurance company covered 15.5 crore individuals; and government health

1 Tapay, N., and F. Colombo, eds. 2004. Private Health Insurance in OECD Countries. OECD: Paris.

2 Van Doorslaer, E. et al, 2007. Catastrophic payments for health care in Asia, *Health Economics* 16, pg.1159-1184.

3 Claxton, G. and J. Lundy. 2008. "How Private Health Coverage Works: A Primer 2008. Brunner G. et al 2012, *Private Voluntary Health Insurance Consumer Protection and Prudential Regulation*, The World Bank, Washington DC.

4 NHSC calculations from insurance scheme coverage data and the Insurance Regulatory Development Authority of India (IRDAI) Annual Report 2013-14.

5 CGHS - 0.36 crore individuals, ESIS - 7.58 crore individuals, ECHS - 0.40 crore individuals, RLEHS- 0.50 crore Individuals

insurance associated with government department/trusts/societies<sup>6</sup> covered 10.3 crore individuals. 6.09 Crore individuals were covered by private insurance policies (employer based/group, individual and community health insurance).

*It is important to note, insurance expenditures do not include (1) medical reimbursements to union government employees reported under Central Services Medical Attendance (CSMA), expenditures on healthcare services provided by Defence and Railways (2) state government reimbursement of medical bills to its employees (3) union and state government 'medical relief or medical emergency funds' released on specific individual requests to below poverty line and vulnerable population for secondary and tertiary care. As per SHA 2011 and NHA Guidelines for India<sup>7</sup>, expenditures under (1) & (2) are included under Union and State government employee schemes and expenditures under (3) are included under Union and State government non-employee schemes. The estimated expenditure towards union and state government employee schemes (1 & 2) is Rs.9743 Crores. The details of these are mentioned in report on government health expenditures.*

## 1.1 Social Health Insurance

Social health insurance schemes usually cover employees in the organized work force. These are financed by contributions of employees (household's prepayments), employers (enterprises) and union and state government premiums/contributions paid on behalf of their own employees. In India, SHI expenditures include expenditures of the Central Government Health Scheme (CGHS), Employee State Insurance Scheme (ESIS), Ex-servicemen Contributory Health Scheme (ECHS), Contributory Health Services Scheme (CHSS) of Department of Atomic Energy, and Retired Employees Liberalized Health Scheme (RELHS) of Ministry of Railways. Due to non-availability of disaggregated expenditures data for NHA estimates (2013-14), CHSS and RELHS expenditures are not included under SHI and are included under Union Government Employee Schemes.

## 1.2 Government Based Voluntary Insurance (Government Financed Health Insurance Schemes)

Government based voluntary insurance schemes cover the poor and unorganized sector workers and are being implemented in India since 2005. These are financed through budgetary transfers from union and state government (direct reimbursements or premium paid to private or public insurance company); transfers to State governments from foreign origin and household prepayments made to the scheme. The expenditures under all the 15 health insurance schemes implemented by the union and state governments in 2013-14 are included here. These schemes are Rashtriya Swasthya Bima Yojana (RSBY), Handloom Weavers and Artisans Health Insurance, Aarogyasri (United AP); Vajpayee Aarogyashree and Yeshasvini, Karnataka; Mukhyamantri Amrutmum Yojana, Gujarat; Chief Minister's Comprehensive Health Insurance, Tamil Nadu; Rajiv Gandhi Jeevandayee Arogya Yojana, Maharashtra; Comprehensive Health Insurance Scheme (CHIS and CHIS plus), Kerala; Megha Health Insurance (MHIS), Meghalaya; Mukhyamantri Swasthya Bima Yojana, Chhattisgarh; Goa Mediclaim Scheme; Sanjeevani Swasthya Bima Yojana, Dadra and Nagar Haveli; Chief Minister's health insurance, Arunachal Pradesh; Community health insurance, Puducherry.

6 Aarogyasri Sri (AP, Telangana) - 7 crore individuals, Vajpayee Aarogyashree Karnataka - 2 crore individuals, Yeshasvini Karnataka - 0.34 crore individuals, MA Yojana, Gujarat - 1 crore individuals, Community insurance is now highly localized and covers small population.

7 For details refer to NHA Estimates (2013-14) and NHA guidelines for India, 2016.

### 1.3 Employer Based Insurance - Other than Enterprises Schemes (Private Group Health Insurance)

Employer based insurance schemes include expenditures under the *group* health insurance (non-government) category sold by private and public insurance companies defined by the Insurance Regulatory and Development Authority of India (IRDAI). It excludes the micro health insurance policies with maximum annual coverage of Rs.30000 per annum (which are considered community-based insurance). These schemes are financed by the contributions from employees (households pre-payments), employers (enterprises) in the form of premiums paid to public or private insurance company.

### 1.4 Other Primary Coverage Schemes (Private Individual Health Insurance)

Other primary coverage schemes include expenditures under *individual* health insurance policies sold by private and public insurance companies, defined by IRDAI. These also exclude the micro health insurance policies as those are considered as community health insurance. These schemes are financed by household prepayments.

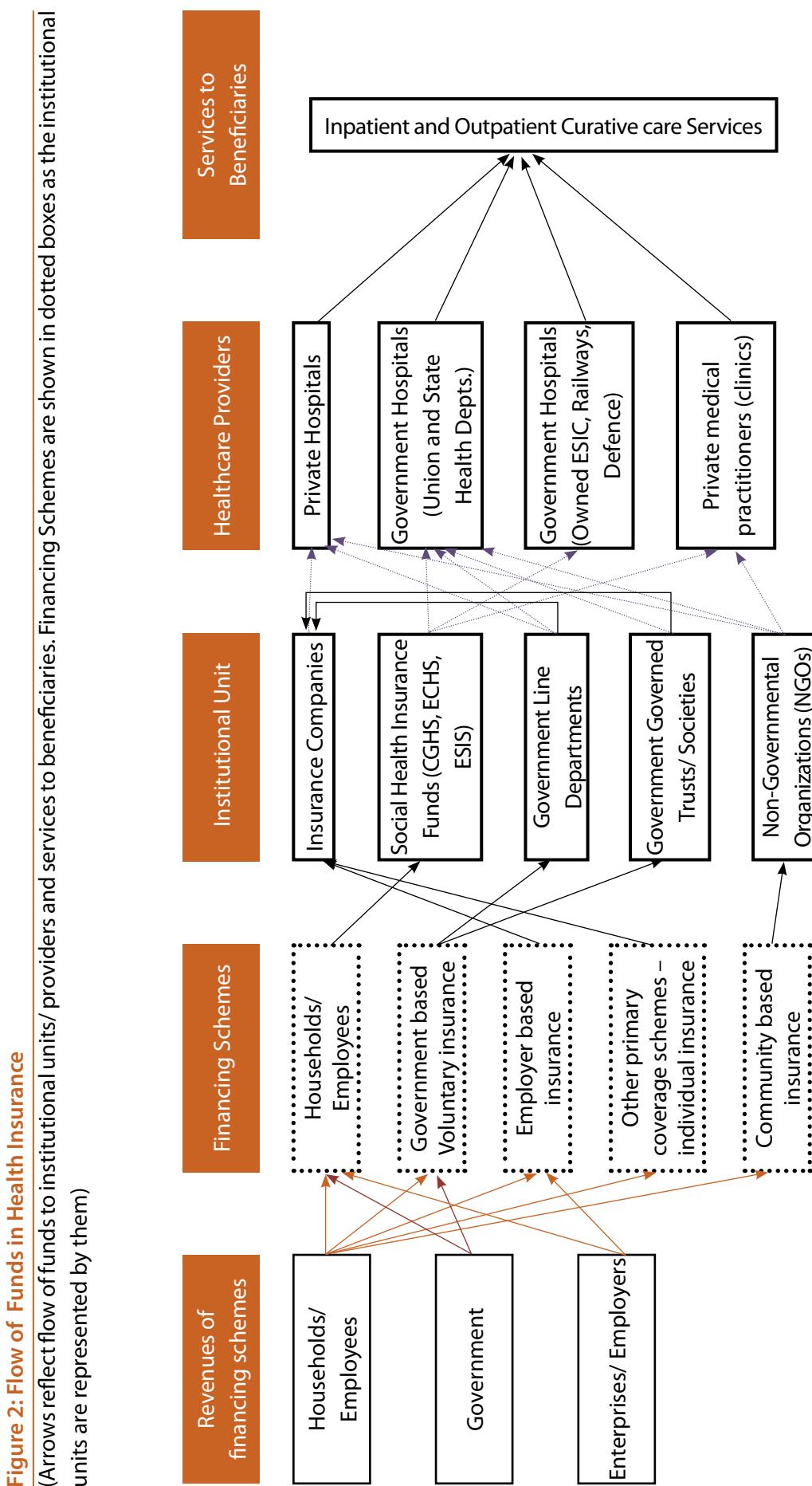
### 1.5 Community Based Health Insurance

Community based health insurance schemes are either operated/organized purely by communities' themselves/ NGOs/cooperative societies/ workers unions or/and those operated by these organizations using private/ public insurers for risk pooling. Products are registered as micro health insurance products under the IRDAI. Expenditures from both these categories are included. These are financed by household prepayments.

## 1.6 Flow of Funds in Health Insurance

The main sources of finances in health insurance are the households/employees, government, and enterprises/employers. These entities pay premiums or contributions for health service coverage for the financing schemes described above. Such payments are risk pooled either by a health insurance company, social health insurance fund or government department/ government governed trust/society or a not for profit organization. Government voluntary insurance schemes need special mention as they have two institutional entities involved in scheme implementation. If an insurance company is involved in scheme implementation (e.g. RSBY or handlooms workers insurance) the respective line department acts as an entity through which premium is paid to the insurance company. The insurance company is the main risk pooling and purchasing institution. If the trust/society is involved in scheme implementation, the government department is the institution performing the risk pooling function and the trust/ society institution performing the purchasing function. At times both these institutions perform these functions in a single government voluntary insurance scheme (e.g. Rajiv Gandhi Jeevandayee Aarogya Yojana).

Healthcare providers participating in health insurance schemes are government health facilities including the health facilities of the social insurance funds (ESIS Dispensaries, ECHS polyclinics, railways and defence facilities etc.) and private health care providers (including those facilities operated by NGOs) that are empaneled by purchasing institutions or insurance companies. Providers that meet defined criteria based on business and quality standards are empaneled. These schemes commonly cover secondary and tertiary inpatient care services. Outpatient care in the form of health checkups, pre and post hospitalization/ follow up care have been introduced recently. Social health insurance schemes provide a comprehensive range of services covering even health promotion and primary care services. The final consumers or beneficiaries in these schemes are employees and their dependents or entitled households. Government voluntary insurance is targeted at below poverty line households and unorganized sector workers while other schemes cater to the organized sector workers. **Figure 2** shows the flow of funds under the health insurance schemes.



## 2. Data Sources

Data sources for health insurance expenditures are (1) union or state government demand for grants (budget books); (2) data on contributions and medical reimbursements/ treatment expenses of government employees obtained from the Controller General of Accounts (CGA); (3) annual report of the Insurance Regulatory and Development Authority of India (IRDAI); (4) annual report of the insurance Information Bureau (IIB) and specific disaggregated data obtained from IIB on components of claims reimbursed (medicines, nursing charges, investigation etc.) and claims data on micro insurance products; (5) annual reports of the government departments implementing insurance schemes or the social health insurance agencies (Central Government Health Scheme, Employee State Insurance Corporation; (6) annual reports and websites of the government voluntary insurance schemes and non-government organizations implementing the community based voluntary health insurance schemes. Data sources for each scheme are given in *Annexure 1 Table A1.1*.

## 3. Boundaries

Health insurance estimates reflect only current expenditures according to the guidelines. Any capital expenditure, cash benefits for sickness, maternity, disablement, and death due to employment injury to workers and dependents to cover for wage loss or other means are not included. Interest paid on revenues, dividends, reserves of the insurer (after claims are paid including administrative overheads) are also outside the health insurance expenditures boundary and are not accounted here. However, there are some capital expenditures under the SHI and have been reported separately in the indicators. For more details, see section on boundaries for health insurance expenditures in NHA guidelines for India, 2016.

## 4. Methodology

The methodology for estimation involves four steps. (1) Extracting expenditure line items related to insurance and respective expenditures from the data sources. (2) Mapping expenditure line items to the SHA 2011 classification and codes (FS, HF, HP, and HC) specified for India as presented in NHA Guidelines for India. (3) Distribute expenditures where a line item is mapped to multiple classification codes using allocation keys (*methodology for allocation and allocation keys for 2013-14 are in Annexure 2*). (4) Use Health Accounts Production Tool (HAPT) by uploading the excel sheet prepared with mapped line items and expenditures to obtain matrices according to System of Health Accounts (SHA) classifications. The excel sheet prepared with health insurance expenditure estimates (steps 1 to 3) is given in *Annexure 1 & 2* with relevant description. For details, refer section on estimation methodology for health insurance expenditures in NHA Guidelines for India, 2016.

# Health Insurance Estimates for India (2013-14)

Health insurance expenditure estimates for financial year 2013-14 are presented here. Section 5.1 presents total health insurance expenditure estimates and Sections 5.2 to 5.6 present health insurance expenditure estimates in detail according to type of health insurance scheme.

Annexure Table A1.2 presents mapping for SHA classification codes and Table A2.1 presents mapping and allocation keys for expenditure line items.

## 5.1 Health Insurance (All Schemes)

*In 2013-14, current health insurance expenditure (government and private) is estimated at Rs.32,308 Crore, which is 7.6% of current health expenditures (CHE). If capital expenditures under health insurance are included the estimated total health insurance expenditure is Rs.32770 Crore<sup>8</sup>, which is 7.2% of total health expenditure (THE) in India.*

*Government health Insurance expenditure (SHI, government financed insurance schemes including capital expenditures) is estimated Rs.17,358 Crore, which is 3.8% of THE. If expenditures under union and state government employee schemes (Rs.9,743 Crore) is added to government health insurance expenditure the estimate is Rs.27,101 Crore, which is 6 % of THE.*

**This report presents expenditure estimates related to current health insurance expenditures (Rs.32,308 Crores).** **Figure3** presents distribution of current health insurance expenditures according to revenues of health financing schemes (source of financing), health financing schemes, healthcare providers and health-care functions. Majority of current health expenditures are through social health insurance schemes 37.6% (Rs.12139Cr), followed by employer-based voluntary insurance (private group health insurance) 24.8% (Rs.8017 Cr) and other primary coverage (private individual health insurance) 22.7% (Rs.7330 Cr). Government-based voluntary insurance (Government Financed Health Insurance) accounts for 14.7% (Rs.4757 Cr) and Community-based insurance accounts to about 0.2% (Rs.66 Cr) of total expenditures under health insurance.

Major source of financing health insurance is voluntary prepayments from individuals/households 41.9% (Rs.13522 Cr), followed by social insurance contributions from employers 17.4% (Rs.5635 Cr), Union government transfers and grants 14.5% (Rs.4693 Cr), and state government transfers and grants 12.1% (Rs.3918 Cr). Social insurance contributions from employees (indirectly households) accounts to 7.7% (Rs.2485 Cr) and voluntary prepayment from employers accounts to 6.2% (Rs.2004 Cr). Vajpayee Aarogyashree - Karnataka is the only scheme reporting being financed from transfers distributed by state government from foreign origin 0.2% (Rs.52 Cr) of total health insurance expenditures.

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<sup>8</sup> The estimated capital expenditures under health insurance is Rs.462 Crores. Capital expenditures include major construction works, ICT technology, medical technology, research and development, education and training in medical/ paramedical/ allied sciences, etc. (as defined by SHA 2011) and were observed only under the social health insurance schemes (CGHS, ECHS, ESIS).

Health Insurance expenditures largely finance curative care.<sup>9</sup> Approximately 46.4% (Rs.15001 Cr) expenditure is on general inpatient curative care and 25.9% (Rs.8377 Cr) is on specialized inpatient curative care. Outpatient curative care accounts for about 22%, of which general outpatient curative care is 19.7% (Rs.6367 Cr) and specialized outpatient curative care is 1.6 % (Rs.525 Cr). About 6% expenditure (Rs.1959 Cr) is for administration of health financing and about 0.25% (Rs.80 Cr) are categorized as other health care services not elsewhere classified (n.e.c.).

Expenditures were largely incurred at private general hospitals 60.6 % (Rs.19607 Cr). Government general hospitals<sup>10</sup> accounted for 10.6% (Rs.3422 Cr) expenditures. All other ambulatory centers (Government)<sup>11</sup> account for 17.7 % (Rs.5736 Cr) of health insurance expenditures. Employee state insurance (ESI) has empaneled private doctors called the insurance medical practitioners (IMPs) and related expenditure is classified under offices of general medical practitioners accounting to 0.2% (Rs.63 Cr). About 6.1 % of the expenditure is through providers of health care system administration and financing. This is distributed across government health administration (directly implementing GVHI) 0.6% (Rs.188 Cr), social health insurance agencies account for 3.2% (Rs.1048Cr), private health insurance administration agencies 1.7% (Rs.537 Cr) and Other administration agencies 0.6% (Rs.186Cr). Other administration agencies include state government Trust/ Societies implementing GVHIs and NGOs implementing community based insurance schemes. *Due to unavailability of disaggregated expenditure data according to providers under some schemes, about 4.7 % (Rs.1520 Cr) of current health insurance expenditures are classified under other health care providers not elsewhere classified (n.e.c.)<sup>12</sup>*

*Expenditure on pharmaceuticals (HC.RI.1) as share of current health insurance expenditures is about 26.5% (Rs.8573 Cr). Expenditure on diagnostics (HC.RI.4) as share of current health insurance expenditures is 11.3% (Rs.3663 Cr). Expenditure on traditional complimentary alternative and medicine (TCAM) (HC.RI.2) is small (Rs.1.3 Cr), an underestimate due to non-availability of disaggregated expenditure data on this category. Ways to obtain disaggregate estimates for these or methods to arrive at estimates using allocation formulae will be explored in future.*

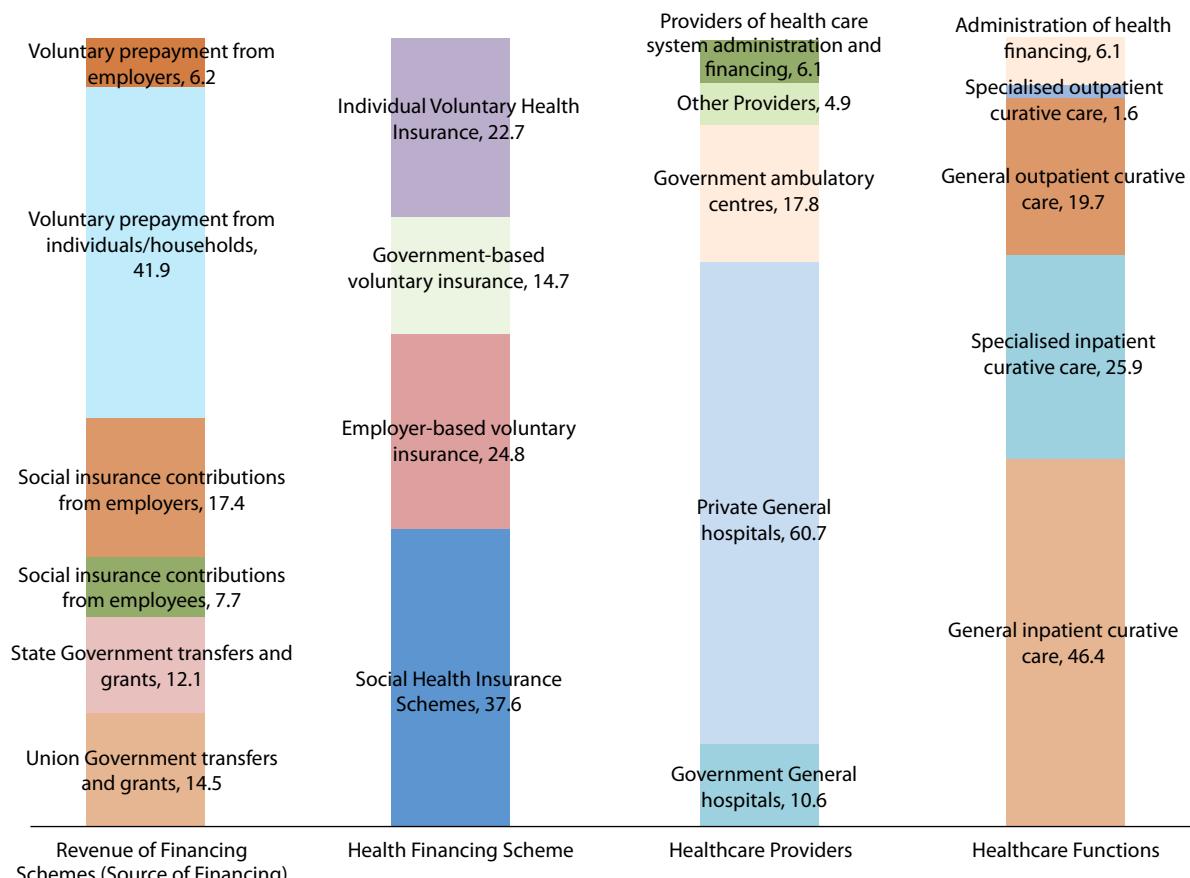
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9 Social health insurance schemes provide comprehensive healthcare services including primary and preventive care for their target population (including family planning services, immunization and counseling, IEC and screening for occupational deceases but due to non-availability of disaggregated expenditures and considering these occupy a minor proportion, these could not be particularly categorized for this year).

10 ESI hospitals, CGHS/ ESI/ ECHS empaneled tertiary care government hospitals

11 ESI/CGHS dispensaries and ECHS polyclinics

12 The expenditure line items are CGHS Medical Reimbursement of employees of all union ministries (including MoHFW), medical care under Ex-servicemen contributory health scheme and Claims reimbursed under the Handloom Weavers and artisans Health Insurance scheme.

**Figure.3: Distribution of Health Insurance Expenditures, 2013-14 (percentage)****Note:**

1. Source of financing also includes transfers from foreign origin distributed through state (0.2%), not presented in figure.
2. Health Financing Schemes also includes community based health insurance (0.2%),not presented in figure.
3. Other Providers include Offices of general medical practitioners (0.2%)and providers not classified elsewhere (4.7%).
4. Administration of financing under Healthcare Providers include Government health administration agencies (0.6%), Social health insurance agencies (3.2%), Private health insurance administration agencies (1.7%), other administration agencies (NGOs, Trusts, Societies) (0.6%).

## 5.2 Social Health Insurance

Social health insurance schemes<sup>13</sup> have a financing arrangement that ensures access to health care based on a payment of a non-risk-related contribution by or on behalf of the eligible person. Contributions are mainly wage-related and are shared between employers and employees and/or by the government to cover deficits. The social health insurance scheme is established by a specific public law, defining, among others, the eligibility, benefit package and rules for the contribution payment.

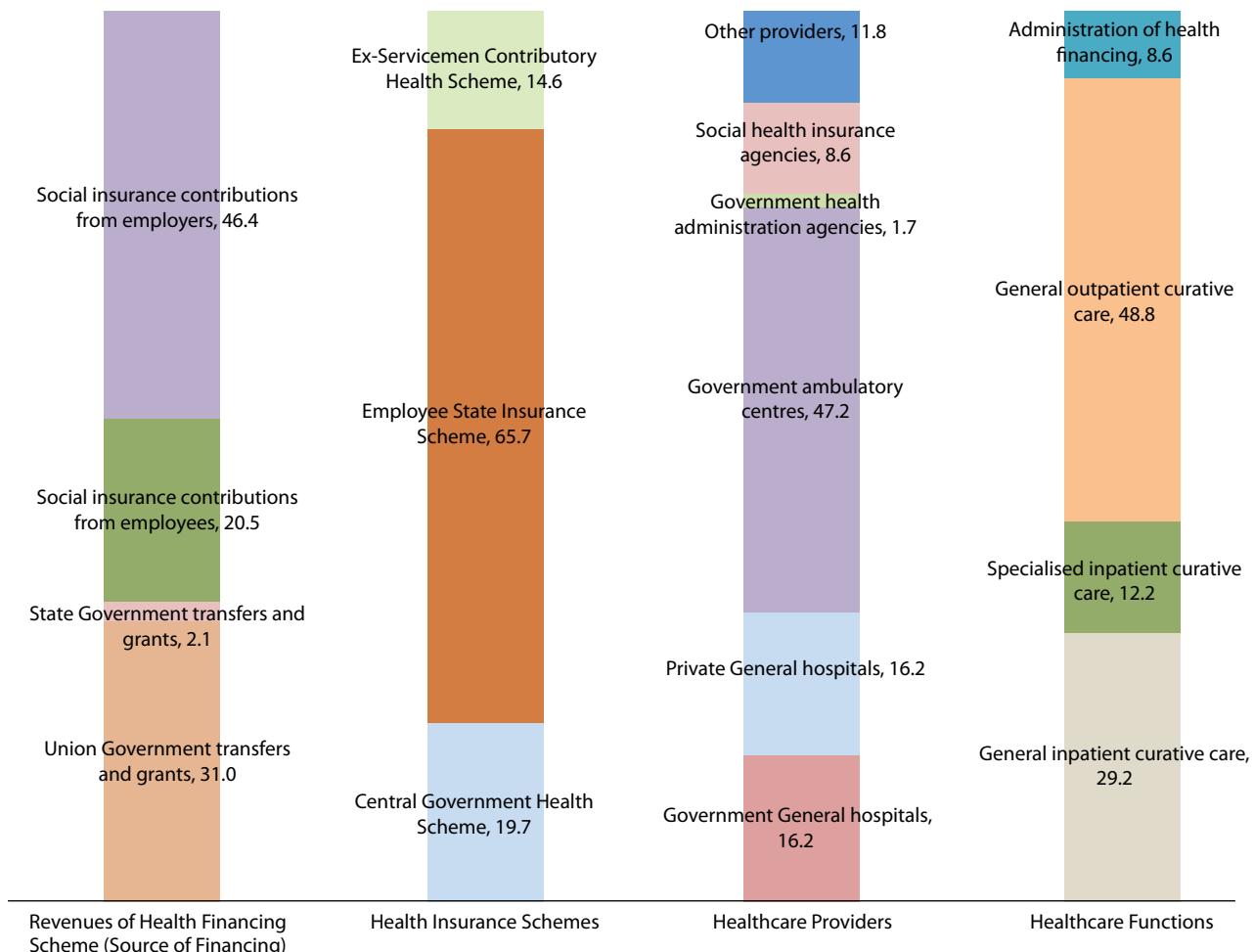
Social health insurance encompasses five individual schemes in India. Central government health scheme (CGHS), Employee State Insurance Scheme (ESIS), Ex-servicemen contributory health scheme (ECHS), Contributory health services scheme (CHSS) and Retired Employees Liberalized Health Scheme (RELHS). Estimates for CHSS and RELHS are not presented here as disaggregate expenditures for these are not available in 2013-14 and these are included in union government employee scheme expenditures mentioned under Department of Atomic Energy and Ministry of Railways respectively. **Figure 4** presents the aggregate estimates for the three social health insurance schemes according to revenues of health financing schemes (source of financing), health financing schemes, healthcare providers and healthcare functions.

Of the total Rs.12139 crore social health insurance expenditures, CGHS accounts for 19.7% expenditures (Rs.2393 Cr), ESIS accounts for 65.7% (Rs.7970 Cr) and ECHS accounts for 14.6% (Rs.1776 Cr). These schemes are financed through union government transfers and grants (31%, Rs.3765 Cr); state government transfers and grants (2.1%, Rs. 255 Cr); social insurance contributions by employees(20.5%, Rs.2485 Cr); social insurance contributions by employers (46.4%, Rs.5635 Cr).

Expenditures are largely towards general inpatient curative care services (29.2%, Rs.3539 Cr); specialized inpatient curative care(12.2%, Rs.1476 Cr), general outpatient curative care (48.8%, 5918 Cr); specialized outpatient curative care(0.6%, Rs.76 Cr); administration of health financing(8.6%, Rs.1050 Cr); Other health care services not elsewhere classified (n.e.c) (0.7%, 80 Cr). These expenditures are incurred at government general hospitals(16.2%, Rs.1961 Cr), private general hospitals(16.2%, Rs.1964 Cr), offices of general medical practitioners(0.5%, Rs.63 Cr), all other ambulatory centers (government) - ESI/CGHS dispensaries and ECHS polyclinics (47.2%, Rs.5736 Cr), government health administration agencies(1.7%, Rs.1.6 Cr), social health insurance agencies(8.6%, Rs.1048Cr) and other health care providers not elsewhere classified (n.e.c) (11.3%, 1366 Cr)- *this corresponds to expenditures that could not be allocated to any provider due to unavailability of the disaggregate level data regarding the providers.*

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<sup>13</sup> For detailed description of definition Refer SHA 2011 Page 169 -171 and NHA Guidelines for India, 2016

**Figure 4: Distribution of Social Health Insurance Expenditures (percentage), 2013-14****Note:**

1. Healthcare Functions also includes specialized outpatient curative care (0.6%) and Healthcare services not elsewhere classified (n.e.c) (0.7%), not presented in figure.
2. Other Providers includes Offices of general medical practitioners (0.5%) and providers not elsewhere classified (11.3%).

## 5.3 Government Based Voluntary Insurance<sup>14</sup> (Government Financed Health Insurance)

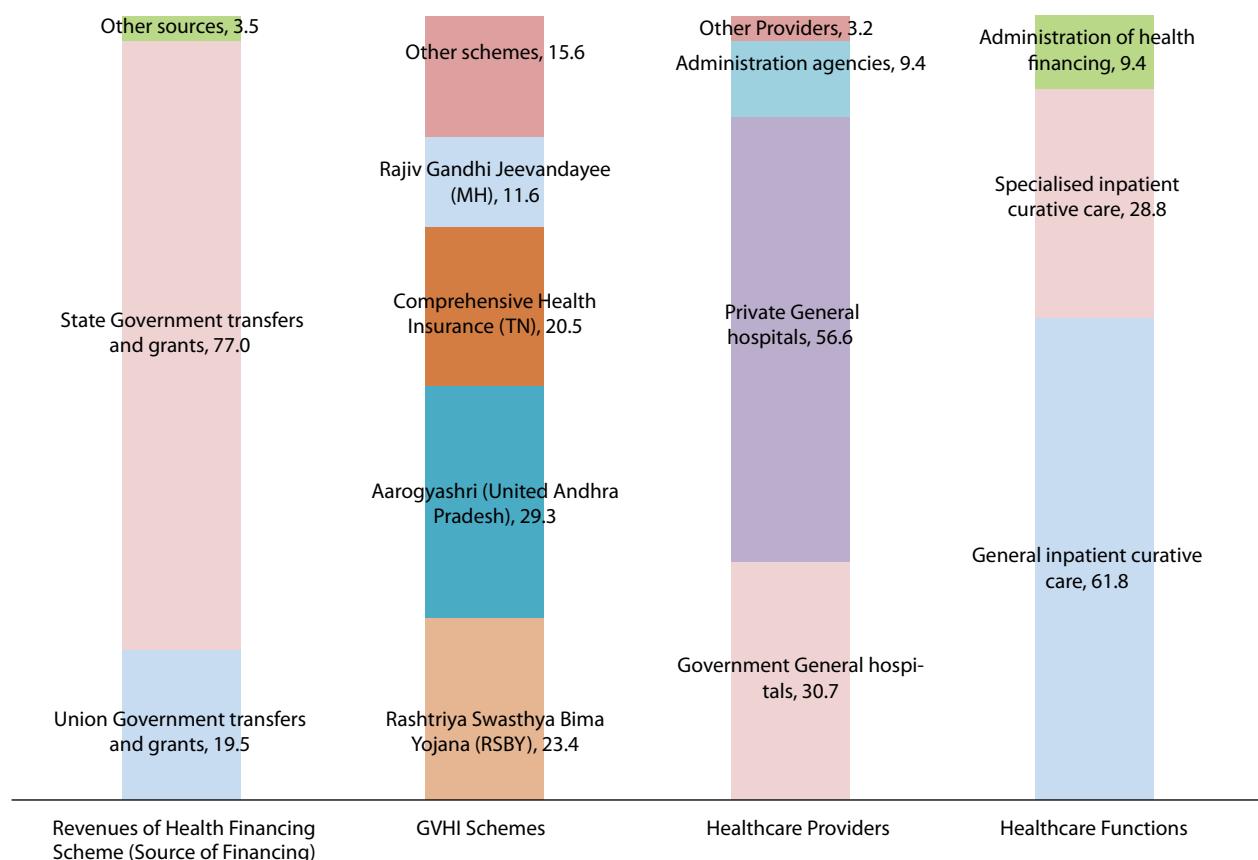
Insurance schemes financed and implemented by the union and state governments to provide cashless secondary and tertiary inpatient care services for specific groups of the population (below poverty line and unorganized sector workers) are categorized here. In all the schemes participation by the population is voluntary. These schemes are implemented either through a government department, parastatal body governed by the government (Trust/ Society) or an insurance company. When implementation is only through a parastatal body, the entity receives a budgetary transfer from government for the reimbursements to be made to healthcare providers. However when an insurance company is used for implementation, premium is paid on behalf of the enrolled by the government (contributions are not collected from the enrolled population). For example, RSBY, Chief Minister's Comprehensive health insurance scheme in Tamil Nadu and Rajiv Gandhi Jeevandayee scheme in Maharashtra use an insurance company for implementation. At times the enrolled population has to pay a minimal registration fee (in RSBY) or the enrolled population pays a part of /subsidized premium (the Handloom Weavers Scheme, Mizoram health Scheme for APL population, CHIS Kerala for APL population).

In 2013-14, union and state governments implemented 15 such insurance schemes. These are Rashtriya Swasthya Bima Yojana (all 24 states it was being implemented), Handloom Weavers and Artisans Health Insurance, Aarogyasri (United AP); Vajpayee Aarogyashree and Yeshasvini, Karnataka; Mukhyamantri Amrutam (MA) Yojana, Gujarat; Chief Minister's Comprehensive Health Insurance, Tamil Nadu; Rajiv Gandhi Jeevandayee, Maharashtra; Comprehensive Health Insurance (CHIS and CHIS plus), Kerala; Megha Health Insurance (MHIS), Meghalaya; Mukhyamantri Swasthya Bima Yojana, Chhattisgarh; Goa Mediclaim Scheme; Sanjeevani Swasthya Bima Yojana, Dadar and Nagar Haveli; Chief Minister's health insurance, Arunachal Pradesh; Community health insurance, Puducherry.

The expenditure under these schemes in 2013-14 was Rs.4757 Cr. **Figure5** presents the aggregate estimates for these schemes according to revenues of health financing schemes (source of financing), health financing schemes, healthcare providers and healthcare functions. About 96.5% of the finances are sourced from state government transfers and grants (77%, Rs. 3663 Cr) and union government transfers and grants(19.5%, Rs. 928 Cr). Transfers distributed by state government from foreign origin (1.1%, Rs.52 Cr) partly finance the Vajpayee Aarogyashree scheme in Karnataka. Prepayments from households/individuals (2.4%, Rs.114 Cr) are collected as part premiums under the weavers/handloom workers insurance and towards registration/enrollment fee under the RSBY.

Of the expenditures under these schemes, Rs.2941 Cr (61.8%) is accounted for general inpatient curative care, Rs.1369 Cr (28.8 %,) for specialized inpatient curative care and Rs.447 Cr( 9.4%) for administration of health financing. Distribution of expenditures according to providers is government general hospitals(30.7%, Rs.1462 Cr), private general hospitals (56.6%, Rs.2694 Cr), government health administration agencies (3.9%, Rs.186 Cr), private health insurance administration agencies (1.6%, Rs.76 Cr), other administration agencies-Trusts/Societies governed by the state governments (3.9%, Rs.185 Cr). About 3.2% (Rs.154 Cr) is classified as other health care providers (n.e.c) due unavailability of disaggregate provider data for handloom /weavers scheme.

14 Refer SHA 2011 Page 169 -174 and NHA Guidelines for India for further details

**Figure 5: Distribution of Government Based Voluntary Insurance Expenditure 2013-14 (percentage)****Note:**

1. Other Sources of Financing includes Transfers distributed by State Government from foreign origin (1.1%) Voluntary Prepayments from households (2.4%).
2. Other Providers is expenditures under healthcare providers not classified elsewhere.
3. Administrative agencies in Healthcare Provides also includes Government health administration agencies (3.9%), Private health insurance administration agencies (1.6%), other administration agencies (NGOs, Trusts, Societies) (3.9%)

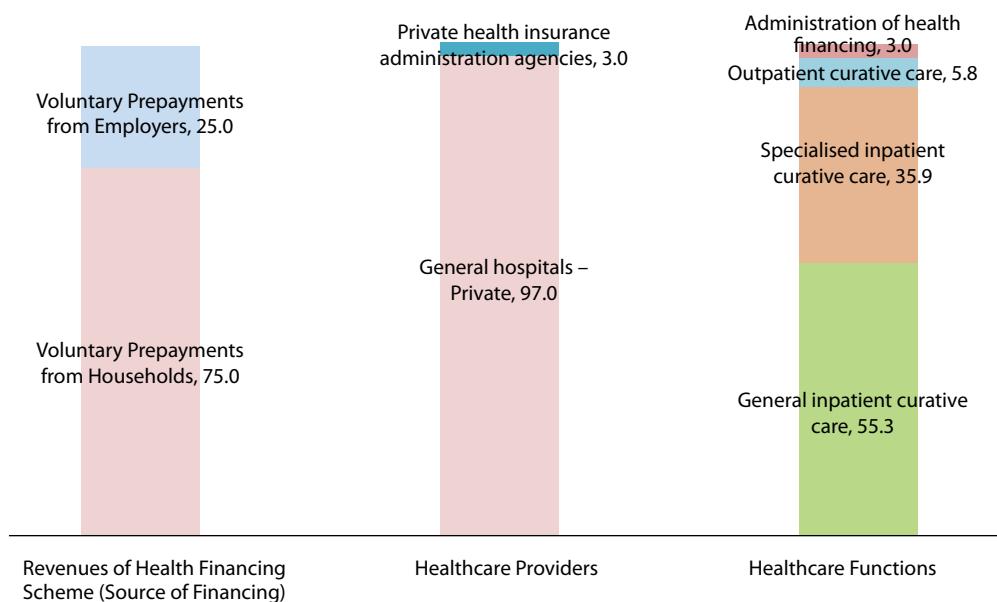
## 5.4 Employer Based Insurance-other than Enterprises Schemes<sup>15</sup> (Private Group Health Insurance)

Employer based insurance includes expenditures of group health insurance (Non-Government) category defined by the Insurance Regulatory and Development Authority of India (IRDAI) excluding the micro health insurance (schemes with maximum annual coverage of Rs.30000 per annum, which are considered as community based insurance). The reinsurance policies are purchased by employers for the employees through a contract between the employer (the enterprise) and the insurance company. The premium is shared between the employer and the employee. The premium paid by the employer is usually risk-related at the group level, but premiums paid by the individuals are usually not risk-related. Comprehensive inpatient care services are provided with some policies covering health checkups annually and pre-hospitalization expenses.

<sup>15</sup> Refer SHA 2011 Page 173 - 174 and NHA Guidelines for India for further details.

The total expenditure under these schemes in 2013-14 is Rs.8016.8 Cr. **Figure 6** presents the aggregate estimates for this scheme according to revenues of health financing schemes (source of financing), health financing schemes, healthcare providers and healthcare functions. Rs.6013 Cr, (75% of expenditure) is financed by prepayments from households/Individuals and Rs.2004 Cr(25%) by prepayments from employers. Expenditures at private general hospitals are Rs.7776 Cr (97%) and private health insurance administration agencies are 240.5 Cr (3%). Expenditures for general inpatient curative care are (55.3%, Rs.4432 Cr), specialized inpatient curative care(35.9%, Rs.2877 Cr), general outpatient curative care (2.9%, Rs.233 Cr), specialized outpatient curative care(2.9%, Rs.233 Cr) and administration of health financing (3%, Rs.240.5 Cr).

**Figure 6: Distribution of Employer Based/ Private Group Insurance Expenditures (percentage)**



## 5.5 Other Primary Coverage Schemes<sup>16</sup> (Private Individual Health Insurance)

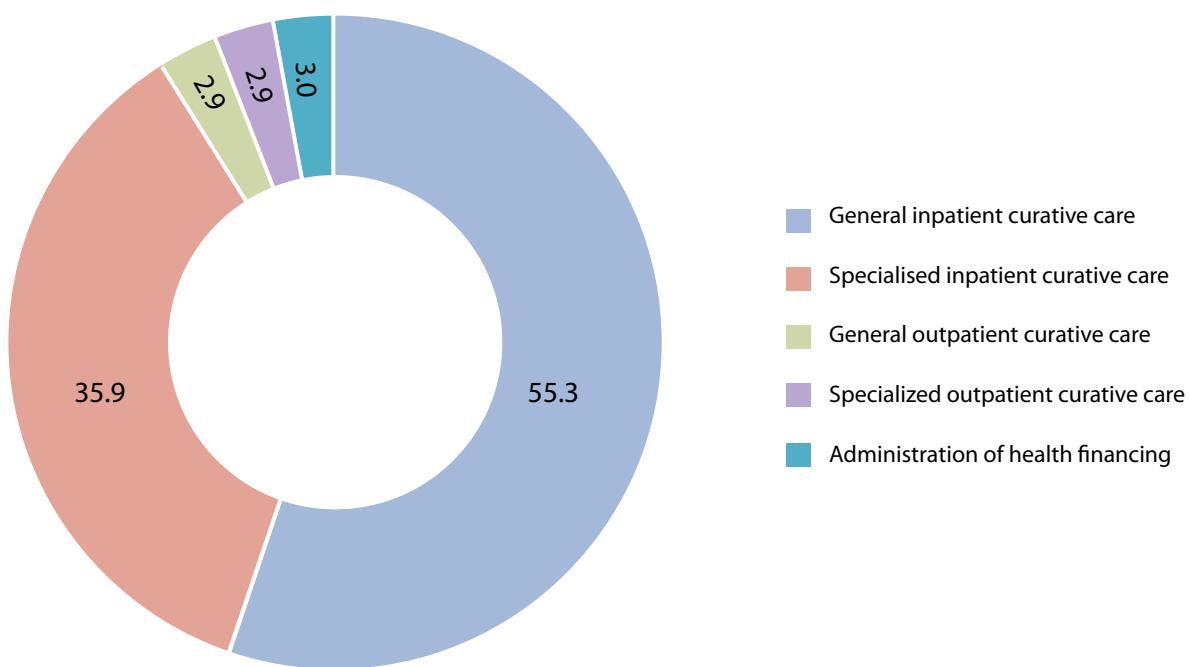
Other primary coverage schemes include expenditures under individual insurance category defined by the Insurance Regulatory and Development Authority of India (IRDAI) excluding the micro health insurance under this category (with maximum annual coverage of Rs.30000 per annum, which are considered as community based insurance). These are financed by household prepayments. The contribution or premium is risk related and the contract is between the insurance company and the individual/ household.

The scheme is completely financed by voluntary prepayments from households/individuals (Rs.7330 Cr). Expenditures are incurred at private general hospitals (97%, Rs.7110 Cr) and private health insurance administration agencies (3%, Rs.220 Cr) for general inpatient curative care (55.29%, Rs.4053 Cr), specialized inpatient curative care (35.9 %, Rs.2631 Cr), general outpatient curative care (2.91%, Rs.213 Cr), specialized outpatient curative care (2.9%, Rs.213 Cr) and administration of health financing (3%, Rs.220 Cr).

**Figure 7** shows the distribution of Primary coverage / Private individual health insurance expenditures by functions.

<sup>16</sup> Refer SHA 2011 Page 173 - 174 and NHA India Guidelines, 2016 for further details

**Figure 7: Distribution of Private Individual Health Insurance Expenditures among Healthcare Functions (percentage)**



## 5.6 Community Based Insurance<sup>17</sup>

Community based insurance schemes include insurance schemes operated/organized purely by communities themselves/NGOs/cooperative societies/workers unions etc. and those that use private/public insurers for risk pooling (these products are registered as Micro health Insurance Products under the IRDAI). Community schemes since 2006 provide micro health insurance products insured by private and public insurance companies offering smaller premiums and a maximum coverage amounts up to Rs.30000 especially for the rural population or specific population groups. Local non-governmental organizations and self-help groups act as intermediaries to market the products and collect premiums. Expenditures from both these categories are included here. Some examples of these schemes in India are Ashwini, Vimo SEWA, Aarogya Suraksha, Uplift, pilot projects by Micro Insurance Academy (MIA). A list of community based health insurance schemes/micro insurance schemes in India can be found at Centre for Health Market Innovations website and micro insurance initiative of the International Labor Organization website.

<sup>17</sup> Refer Page 175 in SHA 2011 and NHA Guidelines for India, 2016 for further details.



## Health Insurance Estimates 2004-05 and 2013-14<sup>18</sup>

In 2013-14 current health insurance expenditures in India (government and private) are estimated at 32,308 Cr which is 7.6 % of current health expenditure (CHE). The estimate is Rs.32770 Crore including capital expenditures which is 7.2% of total health expenditure (THE). There is a nine-fold increase in insurance expenditures since 2004-05 NHA estimates (Rs.3661 Cr). Comparison of estimates between the two NHAs is given below, specifying the differences in some nomenclature and definitions.

1. NHA (2013-14) includes all types of insurance schemes that were included in NHA (2004-05); only addition is the ex-servicemen contributory health scheme (ECHS) and government based voluntary insurance (GVHI).
2. NHA estimate (2013-14) focuses on current health insurance expenditures (Rs.32308 Cr) which excludes expenditures related to capital formation due to new definition according to SHA 2011. The total health insurance estimates in 2004-05 was inclusive of capital expenditures. Including capital expenditures the total health insurance expenditure estimate is (Rs.32770 Cr).
3. NHA estimate (2013-14) excludes in any cash/maternity/sickness benefits for wage loss under the employee state insurance scheme (ESIS). These were included in NHA (2004-05).
4. NHA (2013-14) reports private voluntary insurance separately as employer based, individual and community based while NHA (2004-05) presented it as expenditures by public insurance companies (General Insurance Corporation/Companies) and private insurance companies.

**Table 2: Health Insurance Estimates (incl. Capital Exp.) in NHA 2013-14 and NHA 2004 - 05**

S.no	Indicator	NHA 2013-14 Rs. Crores in ()	NHA 2004-05 Rs. Crores in ()
	Total Health Expenditures (THE)	(453,106)	(133,776)
1	Total health insurance expenditures as % (THE)	7.2%(32,770)	2.7%(3661)
2	Government health insurance as % THE	3.8% (17358)	1.12% (1507)
3	Private health insurance as % THE	3.4% (15412)	1.63% (2154)
4	Government health insurance expenditure as % of total health insurance expenditure (Social health insurance and government financed insurance schemes)	52% (17358)	42.2% (1507)
4a	CGHS as % total health insurance expenditures	7.3% (2403)	6.8% (249)
4b	ESIS as % total health insurance expenditures	25.6% (8408)	34.4% (1258)
5	Private health insurance as % total health insurance expenditures (employer based/ Group, Individual and community based)	48% (15412)	58.8% (2154)

18 For further details refer to NHA 2004-05 report, MoHFW, GoI and NHA 2013-14 report, MoHFW, GoI



# ANNEXURE - 1

**Table A1.1: Data Sources for Scheme wise Health Insurance Expenditures**

Scheme	Data Source
<b>Central Government Health Scheme (CGHS)</b>	<ol style="list-style-type: none"> <li>CGHS website (<a href="http://msotransparent.nic.in/cghsnew/index1.asp?linkid=4&amp;langid=1">http://msotransparent.nic.in/cghsnew/index1.asp?linkid=4&amp;langid=1</a>) The section on frequently answered questions.</li> <li>The annual report of MoHFW-chapter on medical relief and supplies for CGHS utilization and expenditure related information.</li> <li>The non-tax revenue receipt of the union budget under the head social services – major head 0210 medical and public health for the details of household contribution towards CGHS.</li> <li>Demand for grants of every department of the union ministry for details of CGHS reimbursements made to active employees. These are recorded as 'medical treatment' and include reimbursements also made under the CS (MA) scheme. CS (MA) reimbursements should be excluded from CGHS calculations.</li> <li>The expenditure budget of DoHFW- MoHFW (demand for grant no.48) for detailed expenditure line items on operating the CGHS dispensaries, reimbursements to empaneled health facilities for cashless treatments. The specific category of expenditures and the relevant budget codes, are: Setting up of CGHS Dispensaries (operations): 2210.01001.08, AYUSH Expansion in CGHS: 2210.01103.24, Medical Treatment of CGHS pensioners: 4210.01.103.04, CGHS Medical Reimbursement of employees from MoHFW: 2071.01.01118.01.010006, CGHS administration – Directorate General of CGHS.</li> <li>Medical Treatment Detail Head (06) under all Demand for grants of all Union Ministries should be captured specifically from the respective expenditure budgets. The details of medical treatment reimbursement are available with Controller General of Accounts (CGA) available on special request for the purpose of NHA.</li> </ol>
<b>Employee State Insurance Scheme (ESIS)</b>	<ol style="list-style-type: none"> <li>ESIC website (<a href="http://esic.nic.in/index.php">http://esic.nic.in/index.php</a>).</li> <li>ESIC annual report gives details of medical expenditures by state government and ESIC.</li> <li>Demand for grants of state department of health and family welfare or the state department of Labour welfare provides state government contribution towards medical care. ESI features under major head 2210 and sub minor head 102 in these documents. It is necessary to use value of state contributions/ expenditures towards ESIS from any one data source – ESIC report or the state budget books. ESIC annual report's Financial Statement for the particular year is the source used here for our calculations.</li> <li>ESIC Annual report for year 2013-14 - Appendix-H, Appendix- III-1 - The detailed tables on total hospital beds, cost of care per hospital bed in each of the hospitals of ESIS across states, state wise expenditures on ESIS for the year 2013-14</li> </ol>

Scheme	Data Source
<b>Ex-Servicemen Contributory Health Scheme (ECHS)</b>	<ol style="list-style-type: none"> <li>1. ECHS website (<a href="http://www.echs.gov.in">http://www.echs.gov.in</a>).</li> <li>2. ECHS handbook, and annual report of ministry of defence (2014-15).</li> <li>3. Details of revised estimate expenditures for 2013-14 available in demand for grants.23 Defence services - army major head 2076 Minor Head 107 - E medical treatment, Minor Head 107 – C Stores, Minor Head 107 – A, B, D, F, G; demand no.28 capital outlay defence services under major head 4076.</li> </ol>
<b>Contributory Health Services Scheme (CHSS)</b>	<ol style="list-style-type: none"> <li>1. Department of Atomic Energy website with regular up to date office memorandums published at the web link (<a href="http://www.dae.nic.in/writereaddata/aaag2015.pdf">http://www.dae.nic.in/writereaddata/aaag2015.pdf</a>). Other useful links to secure information on the scheme <a href="http://www.dae.nic.in/">http://www.dae.nic.in/</a>, <a href="http://nfc.gov.in/BARC%20chss_rules.pdf">http://nfc.gov.in/BARC%20chss_rules.pdf</a></li> <li>2. Department of Atomic Energy Budget Book by the Union Government or the annual accounts at glance.</li> </ol>
<b>Retired Employees' liberalized health scheme (RELHS)</b>	<ol style="list-style-type: none"> <li>1. The website of the Railways. <a href="http://www.indianrailways.gov.in/railwayboard/">http://www.indianrailways.gov.in/railwayboard/</a>.</li> <li>2. Budget of Railways for specific year. Currently the scheme is not disaggregated in the budget book and thus aggregate spending is part of the Railways Health Budget for Indian Railway Medical Services (IRMS)</li> <li>3. The Annual Report of the Ministry of Railways mentions the scheme and the information on the scheme can be thus procured from these.</li> </ol>
<b>Government Based Voluntary Health Insurance</b>	<ol style="list-style-type: none"> <li>1. The union or state government budget book expenditures presented under line ministry/ department.</li> <li>2. The scheme websites and annual reports are also source of expenditures.</li> <li>3. Literature published on evaluations of these schemes or the scheme new letters especially for RSBY.</li> <li>4. Official communication with the Scheme/Trust/ Society/the line department.</li> </ol>
<b>Aarogyasri - Andhra Pradesh and Telangana</b>	<ol style="list-style-type: none"> <li>1. The scheme website for both the respective states.</li> <li>2. Annual report is available on the website and is informative on expenditures on reimbursement.</li> <li>3. The state budget book for the respective states, details of the scheme allocations are given in the budget of the department of health and family welfare under Medical and Public Health- Head 2210.01.789.09; 2210.01.796.09; 2210.01.001.09</li> <li>4. The demand for grant for department of planning for the share of fund received from Chief Minister's relief Fund (CMRF).</li> <li>5. Official communication with the Trust.</li> </ol>
<b>Vajpayee Aarogyashree – Karnataka</b>	<ol style="list-style-type: none"> <li>1. Scheme website and the website of SuvarnaAaroga Suraksha Trust. <a href="http://www.sast.gov.in/home/">http://www.sast.gov.in/home/</a></li> <li>2. Annual report is also available on the website and is informative on expenditures on reimbursement. Another major source is the state budget book for the state; details of the scheme allocations are given in the budget of the department of health and family welfare under Medical and Public Health. Head 2210.80.001.01; 2210.80.001.03; 2210.80.800.15.The scheme has a source of finance from the World Bank in 2013-14 through the state government featuring under the head KHSRP-Health Financing (WORLD BANK): 2210-06-112-0-03.</li> <li>3. Official communication with the Trust.</li> </ol>
<b>Mukhyamantri Amrutam Yojana - Gujarat</b>	<ol style="list-style-type: none"> <li>1. Scheme website. <a href="http://www.magujarat.com">http://www.magujarat.com</a></li> <li>2. Another major source is the state budget book for the state; details of the scheme allocations are given in the budget of the department of health and family welfare under Medical and Public Health. Head 2211.103.6; 2211.796.5 (Aarogya Suraksha Yojana)</li> <li>3. Official communication with the Scheme, Department of Health</li> </ol>

Scheme	Data Source
<b>Chief Minister's Comprehensive Health Insurance Scheme – Tamil Nadu</b>	<ol style="list-style-type: none"> <li>1. Scheme website. <a href="http://www.cmchistn.com">http://www.cmchistn.com</a></li> <li>2. State budget book for the state; details of the scheme allocations are given in the budget of the department of health and family welfare under Medical and Public Health. Head 2210.80.789.JA; 2210.80.789.JB; 2210.80.789.JC; 2210.80.796.JA; 2210.80.796.JB; 2210.80.800.JB; 2210.80.800.JJ; 2210.80.800.JL; 2075.800.HG</li> <li>3. Performance Budget health and family welfare department 2014-15 on Page 99 available from <a href="http://cms.tn.gov.in/sites/default/files/documents/hfw_e_pb_2015_16.pdf">http://cms.tn.gov.in/sites/default/files/documents/hfw_e_pb_2015_16.pdf</a>) and communication from the scheme management.</li> <li>4. Official communication with the scheme line department.</li> </ol>
<b>Rajiv Gandhi Jeevandayee Aarogya Yojana - Maharashtra</b>	<ol style="list-style-type: none"> <li>1. Scheme website. <a href="https://www.jeevandayee.gov.in">https://www.jeevandayee.gov.in</a></li> <li>2. State budget book for the state; details of the scheme allocations are given in the budget of the department of health and family welfare under Medical and Public Health. Head 2210.1.1.10; 2210.1.110.624; 2210.1.110.269; 2210.1.110.230; 2210.1.110.231; 2210.3.796.1-3; 2210.6.796.1-17;</li> </ol>
<b>Comprehensive Health Insurance Scheme, Kerala</b>	<ol style="list-style-type: none"> <li>1. Demand for grant for the department of Labour, Labour Welfare and Welfare of Non-Residents Head 2230.01.103.30</li> </ol>
<b>Megha Health Insurance Scheme, Meghalaya</b>	<ol style="list-style-type: none"> <li>1. The actual expenditure 2013-14 under demand for grants 26 Head 2210 Medical and public Health - 80-General -800-other expenditure -(10) miscellaneous 36 -Grants in Aid General (Non Salary)-General Areas-Plan verified against the actual expenditures received from MHIS itself</li> <li>2. Official communication with the scheme and line department.</li> </ol>
<b>Mukhyamantri Swasthya Bima Yojana, Chhattisgarh</b>	<ol style="list-style-type: none"> <li>1. Demand for grant public health and family welfare heads plan 2210.6.800.8645, 2210.6.800.8960.</li> </ol>
<b>Goa Mediclaim Scheme, Goa</b>	<ol style="list-style-type: none"> <li>1. Demand for grant public health and family welfare heads plan 2210.80.800.4</li> <li>2. Mediclaim, 2210.6.800.24 SwarnajayantiAarogyaBimaYojana</li> <li>3. Scheme related information from website: <a href="http://www.dhsgoa.gov.in/gms.htm">http://www.dhsgoa.gov.in/gms.htm</a></li> </ol>
<b>Sanjeevani Swasthya Bima Yojana, Dadar and Nagar Haveli</b>	<ol style="list-style-type: none"> <li>1. Demand for grant for the directorate of health and medical service under head plan 2210.6.800.21other expenditure other schemes</li> <li>2. Scheme related information from website: <a href="http://vbch.dnh.nic.in/sanjivani.aspx">http://vbch.dnh.nic.in/sanjivani.aspx</a></li> </ol>
<b>Chief Ministers health insurance scheme Arunachal Pradesh</b>	<ol style="list-style-type: none"> <li>1. Demand for grant public health and family welfare heads plan 2210.01.800.03.</li> <li>2. Official Communication from the scheme.</li> </ol>
<b>Community health insurance scheme Puducherry</b>	<ol style="list-style-type: none"> <li>1. Demand for grant for the directorate of health and medical service under head plan 2210.80.800.2(2), 2210.80.800.2(3), 2210.80.800.2(4)</li> </ol>
<b>Rashtriya Swasthya Bima Yojana (RSBY) and similar schemes</b>	<ol style="list-style-type: none"> <li>1. Scheme website (<a href="http://rsby.gov.in/">http://rsby.gov.in/</a>).</li> <li>2. Union and state budget books, details are given in the budget of Union Ministry of Labour and Employment and in the coming years in the budget of Union Ministry of Health and Family Welfare.</li> <li>3. Another source of Union Government allocations to the scheme is the annual report of Union Ministry of Labour and Employment.</li> <li>4. The state share is given in the state budget book under the line department implementing the scheme in the respective states.</li> <li>5. Literature published on evaluations of these schemes and the scheme new letters.</li> </ol>

Scheme	Data Source
<b>Handloom Weavers Health Insurance Scheme</b>	<ol style="list-style-type: none"> <li>1. The annual report 2014-15 of union ministry of textiles available on their website (<a href="http://texmin.nic.in/annualrep/ar_14_15_english.pdf">http://texmin.nic.in/annualrep/ar_14_15_english.pdf</a>; <a href="http://handlooms.nic.in/writereaddata/1237.pdf">http://handlooms.nic.in/writereaddata/1237.pdf</a>;</li> <li>2. <a href="http://www.nipfp.org.in/media/medialibrary/2013/08/insurance_report_final.pdf">http://www.nipfp.org.in/media/medialibrary/2013/08/insurance_report_final.pdf</a></li> <li>3. Detailed demand for grants of the union ministry of textiles (2015-16) under the statement showing Grants-in-aid exceeding Rs.5 lakh (Recurring) or Rs.10 lakh (non-recurring sanctioned/released under Marketing &amp; Export Promotion Scheme to private institutions/ organizations/ individuals during the year 2013-14. Grants/ Funds is presented against the head CICI Lombard General Endurance Company Ltd for Enrolment of handloom weavers under Health Insurance Scheme. The link for the same is (<a href="http://texmin.nic.in/budget/demand_for_grant/DDG_15_16_budget.pdf">http://texmin.nic.in/budget/demand_for_grant/DDG_15_16_budget.pdf</a>)</li> <li>4. Another data source is the Insurance Regulatory Development Authority of India (IRDAI) or the Insurance Information Bureau for the information on the scheme's premium, coverage and claims paid out by the respective insurance company covering the scheme.</li> </ol>
<b>Employer Based Health Insurance and Individual (Other primary coverage schemes)</b>	<ol style="list-style-type: none"> <li>1. Information on voluntary health insurance sourced from the Insurance Regulatory Development Authority of India (IRDAI) annual reports and the annual report of the Insurance Information Bureau (IIB). These have detailed information on premium, coverage and claims paid out by insurance companies.</li> </ol>
<b>Community Based Health Insurance Schemes</b>	<ol style="list-style-type: none"> <li>1. Respective websites and also website for health market innovations and micro insurance products. SEWA and ASHWINI have the information on the website.</li> <li>2. IRDAI annual report that gives a list of micro insurance products in the country. The information available with Insurance Information Bureau on schemes below Rs.30000 maximum coverage can also be a source. However the community based insurance schemes data has to be clearly disaggregated from RSBY coverage data.</li> </ol>

**Table A1.2: Mapping Health Insurance Schemes to India NHA Framework Classifications and Codes**

Health Insurance Schemes	Health financing Scheme (HF)	Revenue of financing scheme (FS)	SHA 2011 classification and code		Healthcare Functions (HC)
			Healthcare Providers (HP)	Healthcare Functions (HC)	
Social Health Insurance Schemes	HF.1.2.1 Social health insurance schemes	FS.1.1.1 Internal Transfers and Grants - Union Government FS.1.1.2 Internal Transfers and Grants - State Government FS.3.1 Social insurance contributions from employees FS.3.2 Social insurance contributions from employers	HP.1.1.1 General Hospitals -Government HP.1.1.2 General Hospitals - Private HP.1.3.1 Specialized hospitals (Other than mental health hospitals) - Government HP.1.3.2 Specialized hospitals (Other than mental health hospitals) -Private HP 3.1.1 Offices of general medical practitioners (Private) HP3.4.9 All other ambulatory centers (Government) HP7.2 Social health insurance agencies	HC.1.1.1 General Inpatient curative care HC.1.1.2 Specialized Inpatient curative care HC.1.3.1 General Outpatient curative care HC.1.3.3 Specialized Outpatient curative care HC.7.2 Administration of health financing HC.RI.1 Total pharmaceutical expenditure HC.RI.2 Traditional, Complementary and Alternative Medicines (TCAM) HC.RI.4 Total Diagnostics Expenditure	
Government Based Voluntary Insurance schemes	HF.2.1.1.2 Government-based voluntary insurance	FS.1.1.1 Internal Transfers and Grants - Union Government FS.1.1.2 Internal Transfers and Grants - State Government FS.5.1 Voluntary prepayment from individuals/households	HP.1.1.1 General Hospitals - Government HP.1.1.2 General Hospitals - Private HP.1.3.1 Specialized hospitals (Other than mental health hospitals) Government HP.1.3.2 Specialized hospitals (Other than mental health hospitals) Private HP.7.1 Government health administration agencies HP.7.3 Private health insurance administration agencies HP.7.9 Other health administration agencies	HC.1.1.1 General Inpatient curative care HC.1.1.2 Specialized Inpatient curative care HC.7.2 Administration of health financing HC.RI.1 Total pharmaceutical expenditure HC.RI.4 Total Diagnostics Expenditure	

Health Insurance Schemes	Health financing Scheme (HF)	Revenue of financing scheme (FS)	SHA 2011 classification and code	
			Healthcare Providers (HP)	Healthcare Functions (HC)
Employer-based insurance (other than enterprises schemes)	HF.2.1.1.1 Employer-based insurance (other than enterprises schemes)	FS.5.1 Voluntary prepayment from individuals/households FS.5.2 Voluntary prepayment from employers	HP.1.1.1 General Hospitals - Government HP.1.1.2 General Hospitals - Private HP.1.3.1 Specialized hospitals (Other than mental health hospitals) Government HP.1.3.2 Specialized hospitals (Other than mental health hospitals) Private HP.7.3 Private health insurance administration agencies	HC.1.1.1 General Inpatient curative care HC.1.1.2 Specialized Inpatient curative care HC.7.2 Administration of health financing HC.RI.1 Total pharmaceutical expenditure HCRI.4 Total Diagnostics Expenditure
Other primary coverage schemes (Individual voluntary health insurance)	HF.2.1.1.3 Other primary coverage schemes (Individual voluntary health insurance)	FS.5.1 Voluntary prepayment from individuals/households	HP.1.1.1 General Hospitals - Government HP.1.1.2 General Hospitals - Private HP.1.3.1 Specialized hospitals (Other than mental health hospitals) Government HP.1.3.2 Specialized hospitals (Other than mental health hospitals) Private HP.7.3 Private health insurance administration agencies	HC.1.1.1 General Inpatient curative care HC.1.1.2 Specialized Inpatient curative care HC.7.2 Administration of health financing HC.RI.1 Total pharmaceutical expenditure HCRI.4 Total Diagnostics Expenditure
Community Based Insurance schemes	HF.2.1.2.1 Community-based insurance schemes	FS.5.1 Voluntary prepayment from individuals/households	HP.1.1.1 General Hospitals - Government HP.1.1.2 General Hospitals - Private HP.1.3.1 Specialized hospitals (Other than mental health hospitals) Government HP.1.3.2 Specialized hospitals (Other than mental health hospitals) Private HP.7.3 Private health insurance administration agencies HP.7.9 Other administration agencies – CBHI agencies	HC.1.1.1 General Inpatient curative care HC.1.1.2 Specialized Inpatient curative care HC.7.2 Administration of health financing HC.RI.1 Total pharmaceutical expenditure HCRI.4 Total Diagnostics Expenditure

# ANNEXURE - 2

## **A2.1 Allocation for Multiple Sources of Financing (FS), Providers (HP) or Functions (HC)**

**A2.1.1 Allocation formula for FS** if there are multiple codes of FS for a particular expenditure line item is the share of finance contributed by each FS code to the total expenditure of the scheme. For example, every line item under CGHS is to be split for FS codes FS.1.1.1 (Union Government transfers and grants) and FS.3.1 (Social insurance contributions by employees), based on their contribution to the total scheme expenditures. Of the total CGHS expenditures (Rs.2392.68 Cr), if employee contribution towards CGHS is Rs.344.79 Cr and union government transfers is Rs.2047.89 Cr. The allocation formula is share of each source to total CGHS expenditures which is 14.16% for FS.3.1 and 85.84% FS.1.1.1, indicating the expenditure in the line item is allocated to both FS codes in this proportion.

**A2.1.2 The allocation formula for HP or HC** for a particular expenditure line item is the share of expenditure contributed by each HP or HC code to the total expenditure against the line item respectively. For example, if expenditure of Rs.12.99 Cr against line item Megha Health Insurance Scheme (MHIS) has to be split for General Government Hospitals (HP1.1.1), General Private Hospitals (HP1.1.2) and Administration agencies (HP.7.1), then expenditure estimated at each of these providers as a share of total expenditure (12.99 Cr) is calculated which is 3.05 Cr at HP1.1.1 (25%) 6.27 Cr at HP1.1.2 (52%) and 2.76 Cr at HP.7.1, accounting to 25%, 52% and 23% respectively to each code.

## **A2.2 Total Pharmaceutical Expenditures (HCRI.1) and Total Diagnostics Expenditures (HCRI.4)**

Allocation formula for expenditure line items related to drugs or diagnostics expenditures is the share of the expenditure on drugs or diagnostics to the total expenditure against the particular line item. For example, allocation for HC.RI.1 for the line item, claims reimbursed under the employer based voluntary health insurance/private group health insurance (Rs.8016.76 Cr), is the share of pharmaceuticals expenditure under total voluntary group insurance as reported by Insurance Information Bureau, which is 28%. Thus 28% of Rs.8016.76 Cr is allocated to HCRI.1.

## **A2.3 Allocating Administrative Expenditures of Voluntary Health Insurance Schemes**

Administrative expenses of the insurance companies is Total premium + Supplements - Claims paid out. The premiums and claims paid out are given in the IRDAI annual report. The share of total claims paid out to total premiums for all three categories combined (government health insurance, individual health insurance and group health insurance) is taken into account. For 2013-14, the total claim paid out as a proportion of total premium accounts to 97%. If claims paid out are more than premiums the deficit is filled in and called as 'supplement'. Here supplement is considered '0' as such adjustments were not made. Thus 3% is accounted as administrative expense of insurance companies.

**Table A2.1: Mapping and Allocation keys for Expenditure Lines under Health Insurance (2013-14)**

<b>Code</b>	<b>Expenditure Line</b>	<b>Expenditure (Rs. Crore)</b>	<b>FS</b>	<b>HF</b>	<b>HP</b>	<b>HC</b>
A001	CGHS Dispensaries	836.65	Allocated as FS.3.1 (14.16%) and FS.1.1.1 (85.84%)	HF.1.2.1	HP.3.4.9	HC.1.3.1, HC.RI.1 (30%) and HC.RI.4 (13%)
A002	AYUSH Expansion in CGHS	1.33	FS.1.1.1, FS.3.1 allocated as above.	HF.1.2.1	HP.3.4.9	HC.1.3.1, HC.RI.2
A003	Medical Treatment of CGHS pensioners	990.50	FS.1.1.1, FS.3.1 allocated as above	HF.1.2.1	HP.1.1.1 (5%) and HP.1.1.2 (95%)	HP.1.1.1 allocated as HC.1.1.1 (67%), HC.1.1.2 (27%), HC.1.3.1 (3%) and HC.1.3.3 (3%); HP.1.1.2 allocated as HC.1.1.1 (67%), HC.1.1.2 (27%), HC.1.3.1 (3%) and HC.1.3.3 (3%), HC.RI.1 (28%) and HC.RI.4 (12%)
A004	CGHS medical reimbursement of employees of all Union Ministries (including MoHFW)	562.55	FS.1.1.1, FS.3.1 allocated as above	HF.1.2.1	HP.10	HP.10 allocated as HC.9 HC.RI.1 and HC.RI.4 as above
A005	Directorate General of CGHS	1.65	FS.1.1.1, FS.3.1 allocated as above	HF.1.2.1	HP.7.1	HC.7.2
<b>CGHS Total</b>		<b>2392.68</b>	Does not include Rs.10.14 Cr Capital Expenditure			
B001	ESIS Medical care	7053.13	Allocated as FS.1.1.2 (3.2%), FS.3.1 (26.1%) and FS.3.2 (70.7%).	HF.1.2.1	Allocated as HP.1.1.1 (27.1%) HP.1.1.2 (14.5%), HP.3.4.9 (57.5%), HP.3.1.1 (0.9%)	HP.1.1.1 allocated as HC.1.1.1 (97%) and HC.1.3.1 (3%); HP.1.1.2 is allocated HC.1.1.2 (97%) and HC.1.3.3 (3%).
B002	ESIS Administration	916.78	FS.1.1.2, FS.3.1, FS.3.2 allocated as above	HF.1.2.1	HP.7.2	HP.3.4.9 is HC.1.3.1; HP.3.1.1 is HC.RI.1 (28%) and HC.RI.4 (12%)
<b>ESIS Total</b>		<b>796.91</b>	Does not include the capital expenses 437.63 Cr			
C001	ECHS Medical care	1235.71	Allocated as FS.3.1 (3.7%) and FS.1.1.1 (96.3%)	HF.1.2.1	HP.10, HP.3.4.9 allocated as HP.10 (65%) and HP.3.4.9 (35%)	HP.10 allocated to HC.1.1.1 (67%), HC.1.1.2 (27%), HC.1.3.1 (3%) and HC.1.3.3 (3%); HP.3.4.9 allocated to HC.1.3.1 HC.RI.1 (28%) and HC.RI.4 (12%)

<b>Code</b>	<b>Expenditure Line</b>	<b>Expenditure (Rs. Crore)</b>	<b>FS</b>	<b>HF</b>	<b>HP</b>	<b>HC</b>
C002	ECHS Medicine	409.50	FS.1.1.1, FS.3.1 Same as above.	HF.1.2.1	HP.3.4.9	HC.1.3.1, HC.RI.1
C003	ECHS Administration	131.25	FS.1.1.1, FS.3.1 Same as above.	HF.1.2.1	HP.7.2	HC.7.2
<b>ECHS Total</b>	<b>1776.46</b>	Does not include the capital expenses of Rs.14 Cr				
D001	RSBY Expenditures (all states)	1112.41	Allocated as FS.1.1.1 (72%), FS.1.1.2 (24) and FS.5.1 (4%)	HF.2.1.1.2 HP.7.3 (3%)	Allocated as HP.1.1.1 (24%) HP.1.1.2 (73%) HP.7.3 (3%)	HP.1.1.1, HP.1.1.2, allocated to HC.1.1.1; HP.7.3 allocated to HC.7.2; HC.RI.1 (28%) and HC.RI.4 (12%)
E001	Handloom Weavers and artisans Health Insurance Scheme expenditures	159.21	FS.1.1.1 (80%) and FS.5.1(20%)	HF.2.1.1.2 HP.7.3 (3%)	Allocated as HP.10 (97%) HP.7.3 (3%)	HP.10 allocated to HC.1.1.1; HP.7.3 allocated to HC.7.2; HC.RI.1 and HC.RI.4 same as above
F001	Aarogyasri Scheme, Andhra Pradesh/Telangana expenditures	1395	FS.1.1.2	HF.2.1.1.2	Allocated as HP.1.1.1 (21%), HP.1.1.2 (74%), HP.7.9 (5%) HP.7.9 all allocated to HP.7.2;	HP.1.1.1 allocated to HC.1.1.1 (80%), HC.1.1.2 (20%); HP.1.1.2 allocated to HC.1.1.1 (40%), HC.1.1.2 (60%); HC.RI.1 and HC.RI.4 same as above
G001	Vajpayee Aarogyashree Karnataka expenditures	172.59	Allocated as FS.1.1.2 (70%) FS.2.2 (30%)	HF.2.1.1.2	Allocated as HP.1.1.1 (14%), HP.1.1.2 (79%), HP.7.9 (7%) HP.7.9 all allocated to HC.7.2	HC.1.1.2, HC.7.2, HC.RI.1 HC.1.1.1, HP.1.1.2 allocated to HC.1.1.2 HC.RI.1 and HC.RI.4 same as above
H001	Yeshasvini Cooperative Farmers Health Insurance expenditures	62.33	Allocated as FS.1.1.2 (40%) and FS.5.1(60%)	HF.2.1.1.2	Allocated as HP.1.1.1 (20%), HP.1.1.2 (74%), HP.7.9 (6%) HP.7.9 all allocated to HP.7.2	HP.1.1.1 allocated to HC.1.1.1 (80%), HC.1.1.2 (20%); HP.1.1.2 allocated to HC.1.1.1 (40%), HC.1.1.2 (60%); HC.RI.1 and HC.RI.4 same as above

<b>Code</b>	<b>Expenditure Line</b>	<b>Expenditure (Rs. Crore)</b>	<b>FS</b>	<b>HF</b>	<b>HP</b>	<b>HC</b>
I001	Mukhyamantri Amrutam Yojana Gujarat expenditures	58.43	FS.1.1.2	HF2.1.1.2 Allocated to HP1.1.1 (20.5%), HP1.1.2 (79%), HP7.1 (0.5%)	HP1.1.1, HP1.1.2 allocated to HC.1.1.2 HP7.1 allocated to HP7.2	HP1.1.1, HP1.1.2 allocated to HC.1.1.2 HP7.1 allocated to HP7.2
J001	Comprehensive Health Insurance Scheme Tamil Nadu expenditures	974.92	FS.1.1.2	HF2.1.1.2 Allocated to HP1.1.1 (52%), HP1.1.2 (28%), HP7.1 (18%), HP7.3 (2%)	HP1.1.1 allocated to HC.1.1.1 (80%), HC.1.1.2 (20%); HP1.1.2 allocated to HC.1.1.1 (40%), HC.1.1.2 (60%) HP7.1 and HP7.3 allocated to HC.7.2	HC.RI.1 and HC.RI.4 same as above
K001	Rajiv Gandhi Jeevandayee Aarogya Yojana Maharashtra expenditures	551.84	FS.1.1.2	HF2.1.1.2 Allocated as HP1.1.1 (52%), HP1.1.2 (28%), HP7.9 (18%), HP7.3 (2%)	HP1.1.1 allocated to HC.1.1.1 (80%), HC.1.1.2 (20%), HP1.1.2 allocated to HC.1.1.1 (40%), HC.1.1.2 (60%); HP7.9 and HP7.3 allocated to HP7.2; HC.RI.1 and HC.RI.4 same as above	HC.RI.1 and HC.RI.4 same as above
L001	Comprehensive Health Insurance Scheme (CHIS and CHIS Plus) expenditures	167	FS.1.1.2	HF2.1.1.2 Allocated as HP1.1.1 (24%), HP1.1.2 (73%), HP7.3 (3%)	HP1.1.1, HP1.1.2, allocated to HC.1.1.1 HP7.3 allocated to HC.7.2	HP1.1.1, HP1.1.2, allocated to HC.1.1.1 HP7.3 allocated to HC.7.2
M001	Megha Health Insurance Scheme expenditures	12.99	FS.1.1.2	HF2.1.1.2 Allocated as HP1.1.1 (25%), HP1.1.2 (52%), HP7.1 (23%)	HP1.1.1, HP1.1.2 allocated to HC.7.2; HC.RI.1 and HC.RI.4 same as above	HP1.1.1, HP1.1.2 allocated to HC.7.2; HC.RI.1 and HC.RI.4 same as above
N001	Mukhyamantri Swasthya Bima Yojana, Chhattisgarh expenditures	62.72	FS.1.1.2	HF2.1.1.2 Allocated as HP1.1.1 (24%) HP1.1.2 (73%) HP7.3 (3%)	HP1.1.1, HP1.1.2, allocated to HC.1.1.1 HP7.3 allocated to HC.7.2	HP1.1.1, HP1.1.2, allocated to HC.1.1.1 HP7.3 allocated to HC.7.2
O001	Goa Mediclaim Scheme expenditures	18.07	FS.1.1.2	HF2.1.1.2 Allocated as HP1.1.2 (80%), HP7.1 (20%)	HP1.1.2 allocated to HC.1.1.2 HP7.1 allocated to HC.7.2	HP1.1.2 allocated to HC.1.1.2 HP7.1 allocated to HC.7.2

<b>Code</b>	<b>Expenditure Line</b>	<b>Expenditure (Rs. Crore)</b>	<b>FS</b>	<b>HF</b>	<b>HP</b>	<b>HC</b>
P001	Sanjeevani Swasthya Bima Yojana, Dadar and Nagar Haveli expenditures	3.06	FS.1.1.2	HF2.1.1.2 Allocated as HP.1.1.1 (24%), HP.1.1.2 (73%), HP.7.3 (3%)	HP.1.1.1, HP.1.1.2, allocated to HC.1.1.1 HP.7.3 allocated to HC.7.2 HC.RI.1 and HC.RI.4 same as above	HP.1.1.1, HP.1.1.2, allocated to HC.1.1.1 HP.7.3 allocated to HC.7.2 HC.RI.1 and HC.RI.4 same as above
Q001	Chief Ministers health insurance scheme Arunachal Pradesh expenditures	3	FS.1.1.2	HF2.1.1.2 Allocated as HP.7.19	HP.7.2	HP.7.2
R001	Community health insurance scheme Puducherry expenditures	2.97	FS.1.1.2	HF2.1.1.2 Allocated as HP.7.1 (20%)	HP.1.1.2 allocated to HC.1.1.2 HP.7.1 allocated to HC.7.2 HC.RI.1 and HC.RI.4 same as above	HP.1.1.2 allocated to HC.1.1.2 HP.7.1 allocated to HC.7.2 HC.RI.1 and HC.RI.4 same as above
<b>Total GVHI</b>		<b>4756.54</b>				
S001	Claims reimbursed under employer based VHI	8016.76 Allocated as FS.5.1 (75%), FS.5.2(25%)	HF2.1.1.1 Allocated as HP.7.3 (3%)	HP.1.1.2 (97%), HP.7.3 (3%)	HP.1.1.2 allocated to HC.1.1.1 (57%), HC.1.1.2 (37%), HC.1.3.1 (3%) and HC.1.3.3 (3%); HP.7.3 allocated to HC.7.2; HC.RI.1 (28%) and HC.RI.4 (12%)	HP.1.1.2 allocated to HC.1.1.1 (57%), HC.1.1.2 (37%), HC.1.3.1 (3%) and HC.1.3.3 (3%); HP.7.3 allocated to HC.7.2; HC.RI.1 (28%) and HC.RI.4 (12%)
T001	Claims reimbursed under Individual VHI	7329.57	FS.5.1	HF2.1.1.3 Allocated as HP.7.3 (3%)	HP.1.1.2 (97%), HP.7.3 (3%)	HP.1.1.2 allocated to HC.1.1.1 (57%), HC.1.1.2 (37%), HC.1.3.1 (3%) and HC.1.3.3 (3%); HP.7.3 allocated to HC.7.2; HC.RI.1 (28%) and HC.RI.4 (12%)
U001	Claims reimbursed under community based VHI	65.81	FS.5.1	HF2.1.2.1 Allocated as HP.7.3 (2%), HP.7.92 (1%)	HP.1.1.2 (97%), HP.7.3 (2%)	HP.1.1.2 allocated to HC.1.1.1 (57%), HC.1.1.2 (37%), HC.1.3.1 (3%) and HC.1.3.3 (3%); HP.7.3 and HP.7.9 allocated to HC.7.2 HC.RI.1 (28%) and HC.RI.4 (12%)

19 The scheme was launched in 2013-14 from implementation started from 2014 September. The 3 Cr were allocated in budget for administrative purposes and thus classified here. The premium of Rs.15.54 Cr was paid in year FY 2014-15 to the insurance company and does not feature here, accounted in NHA 14-15 estimates.







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