MASTER OF PUBLIC HEALTH

Johns Hopkins Bloomberg School of Public Health & IIHMR University

PRACTICUM REPORT

By

Dr. Prerika

Cohort-6

2018 - 20

Under the Guidance of

Dr. Neetu Purohit

Designation (Associate Professor)

IIHMR University

Dr. Nishant Jain

Programme Director

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

TO WHOMSOEVER MAY CONCERN

This is to certify that Dr. Prerika**,** student of Master of Public Health Program offered by IIHMR University, Jaipur in cooperation with Johns Hopkins Bloomberg School of Public Health, Baltimore has undergone Practicum Training at Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Delhi, India from ***16th December 2019*** to ***27th January 2020***.

The Candidate has successfully carried out the study designated to her during practicum training and her approach to the study has been sincere, scientific and analytical.

The Practicum Training is in fulfillment of the course requirements.

I wish her success in all his future endeavors.

Sd-

Dr. Neetu Purohit
Practicum Advisor

CERTIFICATE BY SCHOLAR

This is to certify that the Practicum Project titled submitted by me, **Dr. Prerika** with Enrollment No. IIHMR-U/07/2018-2020/0036 under the supervision of ***Dr. Neetu Purohit*** for award of **Master of Public Health** carried out during the period ***16th December 2019 to 27th January 2020*** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Dr. Prerika
MPH Cohort 2018-20

Certificate from the organization

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To Whomsoever It May Concern

This is to certify that **Dr. Prerika**, student of Master of Public Health (MPH) offered by IIHMR University, Jaipur in cooperation with Johns Hopkins University, Baltimore has undergone a Practicum Training/Internship at GIZ, New Delhi with Indo-German Social Security Programme (IGSSP) from **16th December 2019 to 27th January 2020**.

As a part of her internship, she has been exposed to various activities and has been involved in preparing a brief on "Convergence between State sponsored health schemes and AB-PMJAY in India" under the IGSSP.

We found her to be an intelligent and hardworking professional with a good conduct. We wish her all the best in her future endeavours.

i.V.
Kind Regards,
Dr. Nishant Jain
Programme Director
Indo-German Social Security Programme

german cooperation
DEUTSCHE ZUSAMMENARBEIT

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About Organization

For over 60 years, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH has been working jointly with partners in India for sustainable economic, ecological, and social development. Currently 312 national and 25 international employees, and 12 integrated specialists are working in the country (as of 31.12.2018)

India is fast emerging as an economic and industrial power. It is a member of the 'Group of Twenty' (G20) as well as one of the five major emerging national economies, namely Brazil, Russia, India, China and South Africa (BRICS). Despite the country's rapidly growing economy, poverty and other socio-economic issues remain a challenge. The burgeoning population and accelerated urbanization in the country have resulted in an environment at risk and greenhouse gas emissions that continue to spiral upwards.

The thematic areas of GIZ in India are: Energy; Environment, Climate Change and Biodiversity; Sustainable Urban and Industrial Development; Sustainable Economic Development.

The Federal Ministry for Economic Cooperation and Development (BMZ), the Federal Ministry of the Environment, Nature Conservation and Nuclear Safety (BMU) as well as the Federal Ministry for Economic Affairs and Energy (BMWi) are the main commissioning parties of GIZ in India. Other clients include Indian public sector clients, the European Union and foundations.

The Government of India has launched numerous important initiatives to address the country's economic, environmental and social challenges, and GIZ is contributing to some of the most

significant ones. For example, it supports key initiatives such as Smart Cities, Clean India and Skill India. GIZ, in close cooperation with Indian partners, devises tailor-made, jointly developed solutions to meet local needs and achieve sustainable and inclusive development.

About project

The Indo-German Social Security Programme (IGSSP) provides policy advice, strengthens the capacities of ministries and other stakeholders, develops training materials, carries out evaluations, offers IT advice, and develops monitoring instruments and information campaigns for informal workers.

The programme has two main fields of activity. Firstly, a national health insurance scheme for the poor has been designed and introduced. In addition, it improves the coordination of different social security programmes and promotes closer cooperation.

The lead executing agency of the programme is the Indian Ministry of Health and Family Welfare (MoHFW). In the past, the programme has advised MoHFW on the implementation of Rashtriya Swasthya Bima Yojana (RSBY), a social health insurance scheme for India's poor, which was active until late 2018. Currently, the programme is supporting MoHFW and the newly established National Health Authority (NHA) in designing and implementing a new major health reform. This reform entails setting up a national health insurance scheme called Pradhan Mantri Jan Arogya Yojana (PM-JAY). The scheme aims to increase the number of insured persons substantially to 500 million and vastly improve the quality and scope of health services for the poor and vulnerable.

Practicum Objectives achieved

Policy Development/ Program Planning Skills

• Collected and prepared information to support policy development

• Monitored and evaluated implemented policy programs

Communication Skills

• Utilized learned skills to communicate effectively with a variety of stakeholders

During the internship at Indo-German Social Security Programme at GIZ, under the guidance of Dr. Nishant Jain, I gathered details about various state health insurance schemes in India.

Efforts were done to understand the differences between state health schemes, earlier federal health schemes and RSBY.

The data was collected for state health schemes on various aspect like coverage amount, beneficiaries covered, available benefit packages, empaneled hospitals, implementing body etc.

The information was accumulated through the state schemes implementing bodies through online or offline medium, via state health coordinators of GIZ wherever required and through other National Health Authority (NHA) members.

Information was utilized to prepare a report suggesting the level of convergence of state schemes with AB-PMJAY scheme. Most of the states partially converged with the PMJAY scheme, while few fully converged with PMJAY and other did not. Then there were states who did not have any state schemes of their own. The differences in performance of the converged states vs low convergence states schemes was evaluated through the available data.

An Overview on Convergence between PMJAY and State/UT Health Schemes in India

Introduction

“Ayushman Bharat” was launched by the Government of India in 2018 which has two pillars, the first being Health and Wellness Centres (HWCs) and second as the Pradhan Mantri Jan Arogya Yojana (PMJAY). “The objectives of the PM-JAY are to reduce catastrophic and out-of-pocket health (OOP) expenditure, improve access to quality health care and meet the unmet need of the population for hospitalisation care.” The vision of the scheme of reducing catastrophic and OOP expenditure on health care is foreseen to be achieved out of collaboration between public and private hospitals.

Health Insurance Schemes by the State/UT Government

- State/UT government in India have implemented health insurance schemes under their umbrella to provide health benefits to the residents of their respective states/UTs.
- The state/UT sponsored health schemes have target population according to the requirement of the state/UT and the available resources.
- The main objective of majority of these schemes is to reduce the catastrophic and OOP expenditure and are targeted towards the vulnerable population of the state/UT.
- With similar objectives as of PMJAY, convergence of the state/UT scheme with PMJAY has been considered by many states/UTs which enables the elements of both schemes to come together and allows the State/UT and Centre to join forces and enhance health service delivery.

Convergence in India

- In India, convergence of various government projects has come into effect in the past at strategic level as well as implementation level.
- The governments in India have merged various government projects and social benefit schemes, under same sector or under different sectors.

- For example, convergence of NREGS with different schemes and specific programmes viz. Indian Council of Agricultural Research, National Afforestation Programme and other schemes of the Ministry of Forest & Environment, Schemes of the Ministry of Water Resources, PMGSY (Department of Rural Development), SGSY (Department of Rural Development), Watershed Development Programmes (Department of Land Resources, Ministry of Rural Development). This convergence has been done through prepared guidelines according to the project components and desired results.
- Convergence can be a policy convergence, a resource-based convergence or a service-based convergence; and convergence can be done at different levels, for example, at household level, community, organization/institutional level, cluster level, agency level.

Purpose of Convergence

- The core purpose of convergence remains to ascertain synergy amid the several programmes in terms of planning and implementation to elevate the benefits.
- Depending on the level of convergence, if done with suitable strategy, it creates employment opportunities and improve livelihood of the people at project locations.
- Convergence aids in enriching the impact of project as it offers an additional resource support which augments with the current system and helps in attaining the desired objectives of the project.

Advantages and Disadvantages

In this report, we discuss about convergence of PMJAY and the state/UT health insurance schemes. This would require coalition of both schemes on several parameters which we discuss in the report. Both the state/UT governments and central government shall take up the initiative to converge the health schemes with a shared vision to further reduce the catastrophic and OOP expenditure on health and should work together for successful implementation of the

converged scheme. There are certain states/UTs which have already started the process and have achieved convergence on various parameters with PMJAY.

The convergence of state/UT schemes and PMJAY can help to expand the health service delivery to the targeted population and will contribute towards a range of advantages for the masses. Before going towards convergence, one should know the benefits of such convergence and its possible shortcomings. The effects of convergence can be broadly classified into the following categories:

1) Resource utilization:

   Convergence of PMJAY with the state/UT schemes can increase efficient use of the resources, as both schemes would use the same resources, eg. the IT system, for the service delivery under both schemes. On the contrary, this could also result in burdening of the resources and might decrease efficacy. Hence, it is important to maintain a balance between both and ensure optimal use of resources.

2) Health opportunities for target population:

   The population of the converged state/UT shall be able to avail a larger pool of allocated money for their health resulting in improvement in the utilization of healthcare services. On the other hand, this could also lead to overutilization of the health insurance.

3) Health Outcomes:

   Enhanced utilization of health services would result into improvement in health indices and better health outcomes for the community. Whereas, there is a possibility that it might result in better health outcomes only for community covered under the scheme and not for other communities. This could result in disparity across the communities in the society.

4) Ownership of the project:

   Convergence of the two schemes at state/UT and centre level, will result in increased cross ownership of the schemes. A higher ownership comes with increased interest in the scheme and increased efforts for successful implementation.

   The above-mentioned advantages and disadvantages are highly dependent on various factors related to convergence like the level of convergence, the parameters of convergence etc. For example, considering the parameter of population covered; PMJAY covers certain disadvantaged group of the population and identifies them according to the SECC list; while the state/UT scheme might or might not be using the same population for providing the benefits or might not use the same list for identifying the beneficiaries. The advantages and disadvantages of convergence of the two schemes would be dependent on several such factors.

Methodology

The level of convergence between both state/UT health scheme and PMJAY would depend on various converging parameters of the system which can be merged. For example, the “annual family coverage”, “IT system”, “List of empanelled hospitals” etc.

Various converging factors considered and a list of 8 factors prepared to assess the convergence of the state/UT scheme with PMJAY. Each parameter assigned 1 point each, gained if parameter converged for state/UT scheme and PMJAY. An extra point has been assigned to the parameters “IT system” and “Hospitals empanelled list” to provide higher importance to them considering them as the Health system building blocks of the WHO Health Systems Framework. The parameters were considered after thorough literature review followed by expert view. The factors were finalized on obtaining consensus on the above 8 parameters

by experts from areas of health systems domain and experts involved in implementing RSBY in India. The parameters chosen and points assigned are:

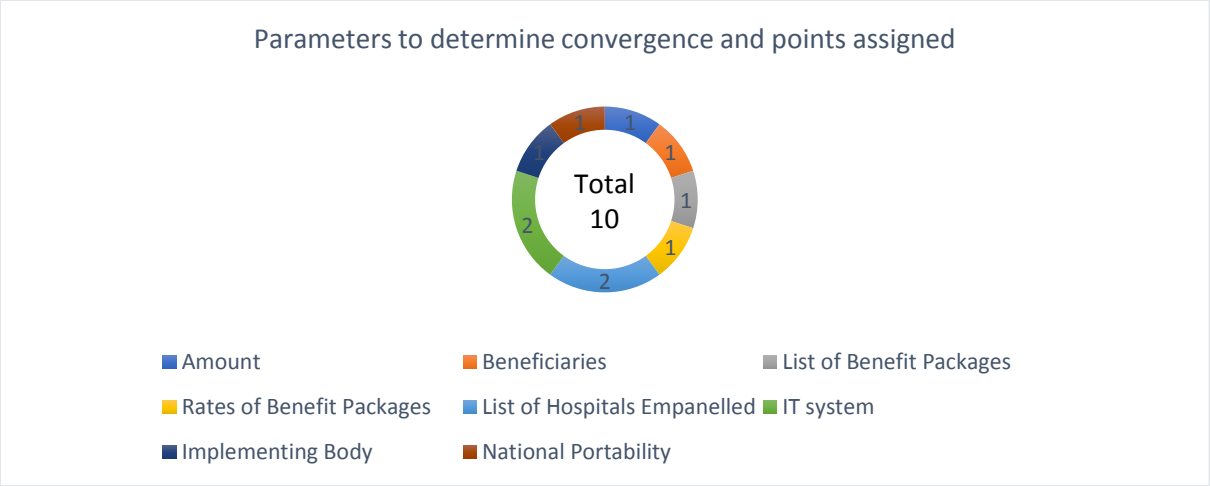

Fig. 1: Parameters and points assigned to determine convergence between State/UT health scheme and PMJAY

Assessment done on all the above parameters for each state/UT in India and points awarded based on the convergence of the parameter with PMJAY.

1) Annual Family coverage considered fully in convergence and awarded 2 points if the amount equivalent to INR 5 Lakhs as in PMJAY. And the beneficiaries are same as PMJAY or the families covered are overlapping in both schemes.
2) List of Benefit Packages considered fully in convergence and awarded 1 point if the state/UT scheme list is same as the PMJAY list.
3) Rates of Benefit Packages considered fully in convergence and awarded 1 point if the state/UT scheme has same package rates as PMJAY.
4) List of Hospitals Empanelled considered fully converged and awarded 2 points if the state/UT scheme had same hospitals empanelled as PMJAY.
5) IT system considered fully converged and awarded 2 points if the state/UT scheme utilized the same IT structure as PMJAY.
6) Implementing Body considered fully converged and awarded 1 point if the state/UT scheme is implemented by the State Health Authority (SHA) as PMJAY.

7) National Portability considered fully converged and awarded 1 point if the state/UT scheme has provision of portability with other states/UTs as in PMJAY.

The states/UTs receiving a complete 10 points considered in compete convergence with PMJAY. For other states/UTs, the report mentions the extent of convergence and reveals the parameters where convergence could be brought further.

Results & Discussion

One state/UT contains multiple health schemes, hence different health schemes compared with PMJAY on the above-mentioned parameters. The results show state/UT schemes in full convergence, partial convergence or least convergence with PMJAY.

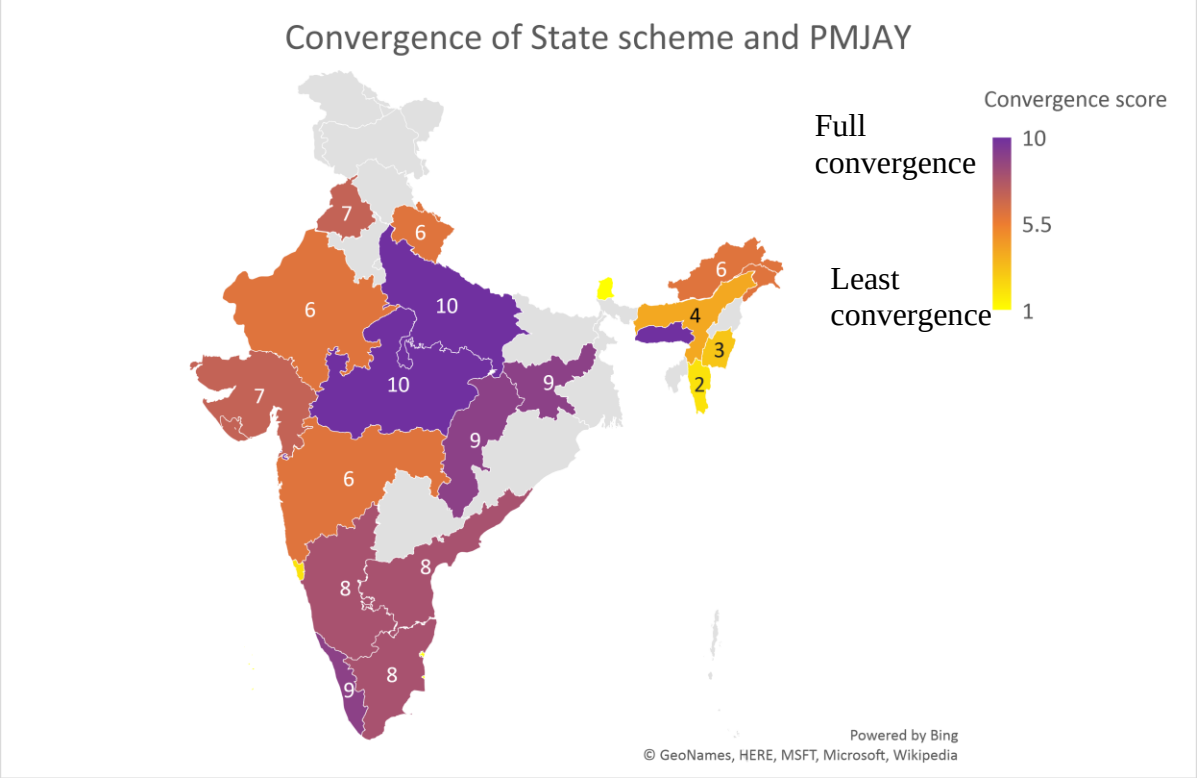

Fig. 2: Convergence score of different State/UT health insurance scheme with PMJAY

#(The score for Uttar Pradesh is based on only MMJAA and for Chhattisgarh only MSBY)

Full Convergence

The following state/UT schemes show complete convergence with PMJAY:

S. No.	Scheme	State/UT	Score
1	Sanjeevani Swasthya Bima Yojana	Dadra Nagar Haveli	10
2	Sanjeevani Swasthya Bima Yojana	Daman & Diu	10
3	Niramayam	Madhya Pradesh	10
4	Megha Health Insurance Scheme	Meghalaya	10
5	Mukhya Mantri Jan Arogya Yojana (MMJAA)	Uttar Pradesh	10

The above schemes in full convergence with PMJAY fulfil the parameters of convergence with providing coverage of same amount to the same beneficiaries with the same list of benefit packages and their rates; same list of empanelled hospitals, utilizing same IT system, presence of national portability and being implemented by the same body, SHA. *

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*Though the scheme in Madhya Pradesh did not cover the PMJAY population from SECC list exclusively, it is considered to be in full convergence as the population covered is considered overlapping PMJAY beneficiaries.

Least convergence

The state/UT schemes with least convergence with PMJAY:

S. No.	Scheme	State/UT	Score

1	Health insurance for the Priority Households (PHH)/ Antyodaya Yojana (AAY)	Lakshadweep	1
2	Serious Illness Assistance Fund	Puducherry	1
3	Contributory Medical Benefit Scheme for Retired Government Employee	Puducherry	1
4	Mukhya Mantri Jan Raksha Kosh	Sikkim	1

In these state/UT scheme, the only parameter for partial convergence is population coverage, which overlaps PMJAY beneficiaries, while all other parameters are different than PMJAY. The three states/UTs, Lakshadweep, Puducherry and Sikkim require to work on all the parameters to come in convergence with PMJAY.

Partial convergence

Chhattisgarh, Jharkhand, Kerala

Convergence Score: 9

The state scheme in Chhattisgarh and Jharkhand, Mukhyamantri Swasthya Bima Yojana (MSBY) shows convergence on all parameters except the coverage amount which is INR 50,000 annually per family.

While the state scheme of Kerala, Karunya Arogya Suraksha Paddhati (KASP) shows convergence with PMJAY on every parameter except for the rates of benefit packages.

Andhra Pradesh, Karnataka, Tamil Nadu

Convergence Score: 8

The state scheme of Andhra Pradesh, Dr. Y.S.R. Arogyasri along with the state scheme in Karnataka, Arogya Karnataka, and the state scheme in Tamil Nadu, Chief Minister’s

Comprehensive Health Insurance Scheme (CMCHIS) do not show convergence on the parameters of National Portability and has different rates of benefit packages than PMJAY.

Gujarat, Himachal Pradesh, Punjab

Convergence Score: 7

The Mukhyamantri Amrutam Yojana, Gujarat and the state scheme Himcare, Himachal Pradesh are not using the same IT system as PMJAY and do not have any provision of national portability.

While the list of empanelled hospitals is different than PMJAY along with non-availability of national portability contribute to non-convergence in the case of Bhagat Puran Singh Sehat Bima Yojana, Punjab.

Arunachal Pradesh, Maharashtra, Rajasthan, Uttarakhand

Convergence score: 6

The state scheme of Arunachal Pradesh, Chief Minister Arogya Arunachal Yojana (CMAAY) show non-convergence in the parameters of rates of benefit packages, list of empanelled hospitals and has no provision of national portability as in PMJAY.

Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY), Maharashtra and Mahatma Gandhi Rajasthan Swasthya Bima Yojana, Rajasthan show non-convergence in terms of the coverage amount, list and rates of benefit packages, and national portability. While MJPJAY covers an amount of up to INR 1,50,000, the Rajasthan scheme covers an amount of INR 3,30,000 per family.

While the coverage amount and list of empanelled hospitals is different than PMJAY along with non-availability of national portability which contributes to non-convergence in the case of Mukhyamantri Swasthya Bima Yojana (MSBY), Uttarakhand.

Assam

Convergence score: 4

Atal Amrit Abhiyan, the state health scheme in Assam utilizes the same IT system as PMJAY and SHA, the implementing body of PMJAY is responsible for implementing the state scheme. All other factors show non-convergence with PMJAY except that the population covered under the state scheme and PMJAY were overlapping. It covers an amount of up to INR 2,00,000 per family.

Chhattisgarh, Manipur

Convergence Score: 3

The state schemes in Chhattisgarh, Sanjeevani Sahayta Kosh Yojana, Chief Minister Child health Protection scheme and Mukhyamantri Bal Shrawan Yojana cover the same population as PMJAY exclusively with same list of benefit packages and SHA as the implementing body. The Sanjeevani Sahayta Kosh Yojana cover up to an amount of INR 3 Lakhs per family, Chief Minister Child health Protection scheme cover up to INR 1.8 Lakhs per family and Mukhyamantri Bal Shrawan Yojana provide an amount of INR 4-6 lakhs depending on family income.

Chief Ministergi Hakshel-gi Tengbang (CMHT), the scheme in Manipur covers the same population as PMJAY exclusively and utilizes the same list of empanelled hospitals for the services.

Goa, Mizoram, Uttar Pradesh

Convergence Score: 2

The Deen Dayal Swashtya Seva Yojana, Goa; Mirzoram State Health Care Scheme, Mizoram; Uttar Pradesh State Employees Group Insurance Scheme and Mukhymantri Kissan Sarvehit Bima Yojna, Uttar Pradesh, have SHA responsible for their implementation, and the population

they cover overlap with the population covered under PMJAY. All other factors are not in convergence with PMJAY.

Other States:

The states/UT of Bihar, Chandigarh, Haryana, Jammu & Kashmir, Nagaland, Tripura do not have any state/UT scheme and are implementing PMJAY for their residents.

Other states/UT of Delhi, West Bengal, Odisha, Telangana are not implementing the PMJAY scheme in their respective states

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**The state of Andaman & Nicobar is in the process of convergence and not scored in the report.

Other Findings

PMJAY was launched in September 2018 and the convergence of states/UTs scheme with PMJAY is varied as most states/UT fall under 'partial convergence' category. The relationship between the convergence score and utilization of PMJAY has been assessed using statistics for one month in the states/UT for both PMJAY and state/UT scheme beneficiaries. Fig. 3 shows the relation between number of claims submitted per thousand families in one month. It shows that states/UTs with higher convergence have more claims submitted per thousand families in one month, though the correlation is not strong. Fig. 4 shows the relation between the claim amount submitted per family in one month. It also shows that states/UTs with higher convergence have more claim amount submitted per family in one month, though the correlation is not very strong. Both the graphs suggest a higher utilization of health insurance in the states/UTs with higher convergence scores. Table 2 in Annexures shows the details of the number of claims and the claim amounts for each state/UT.

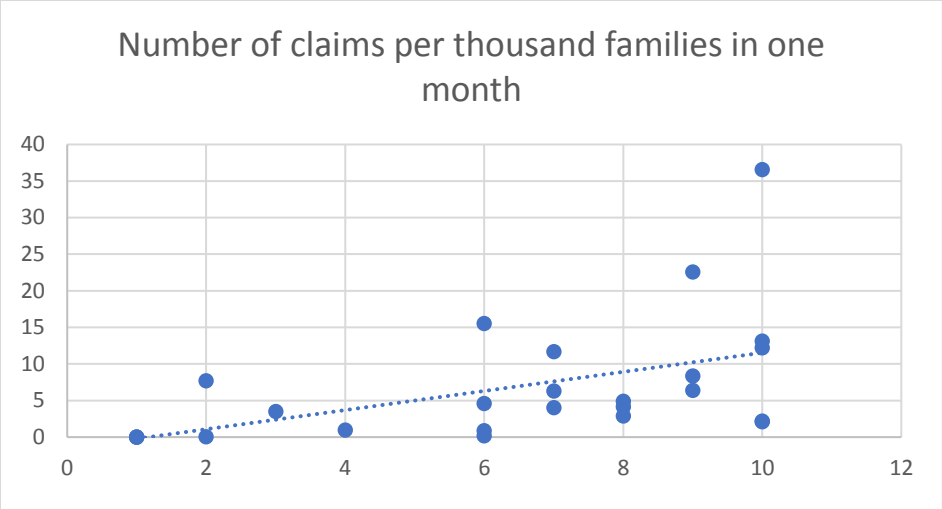


Fig. 3: Relationship between number of claims submitted per thousand families in one month and convergence score in respective states/UT

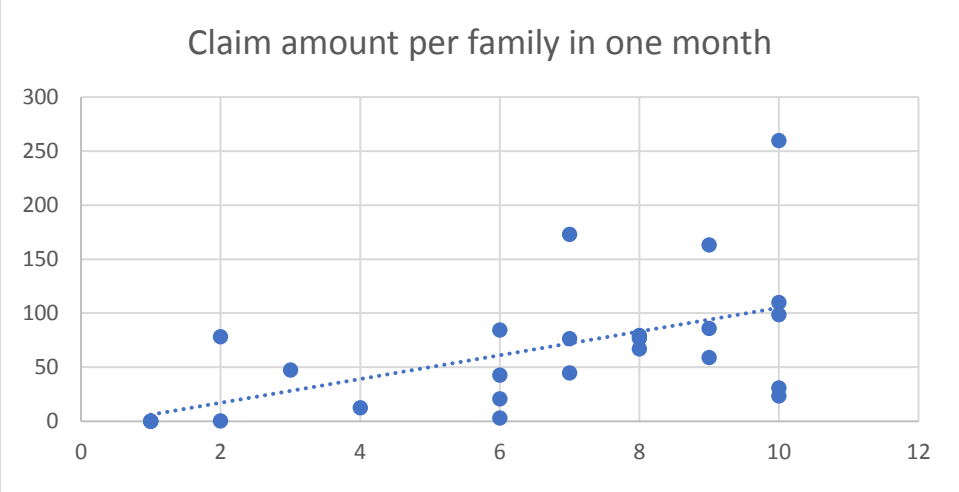
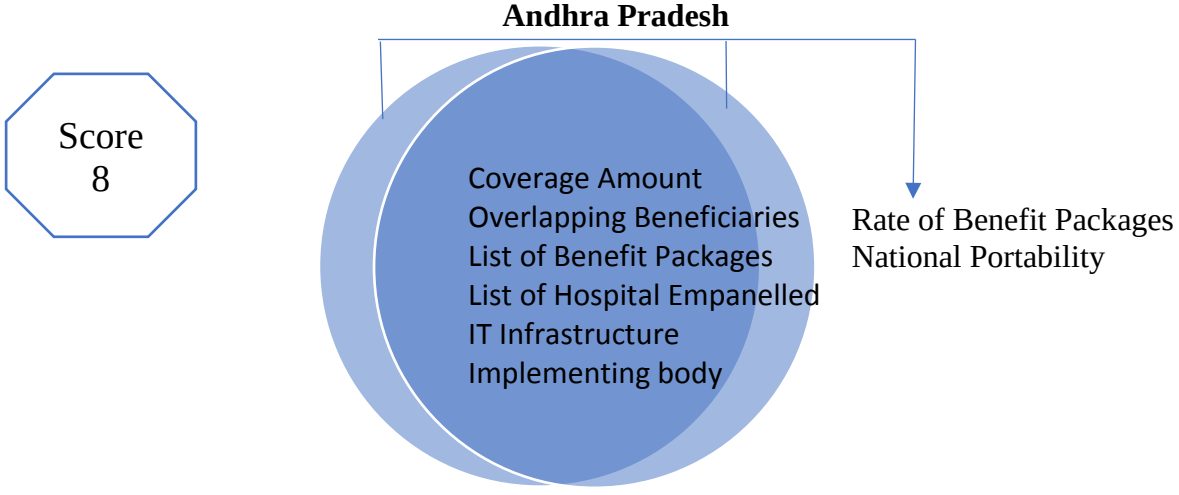


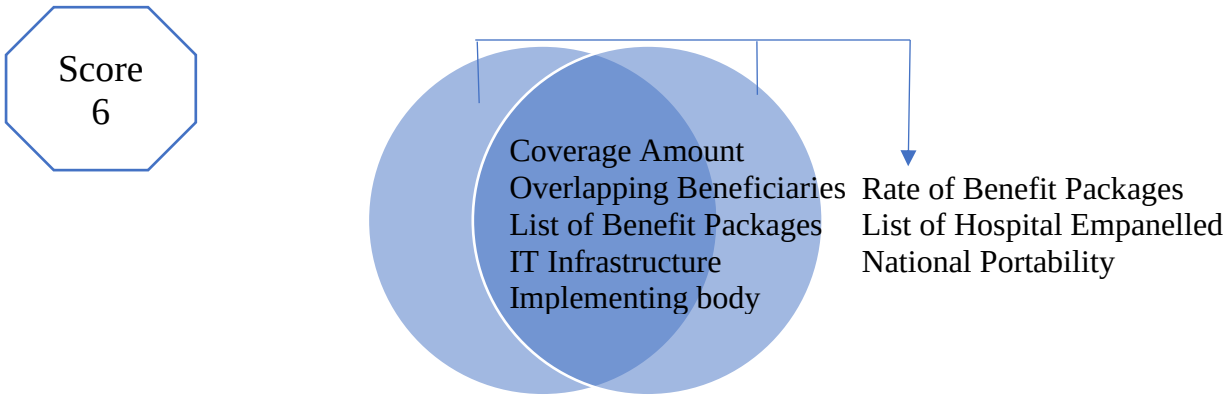
Fig. 4: Relationship between claims amount per family in one month and convergence score in respective states/UT

State/UT Wise Description



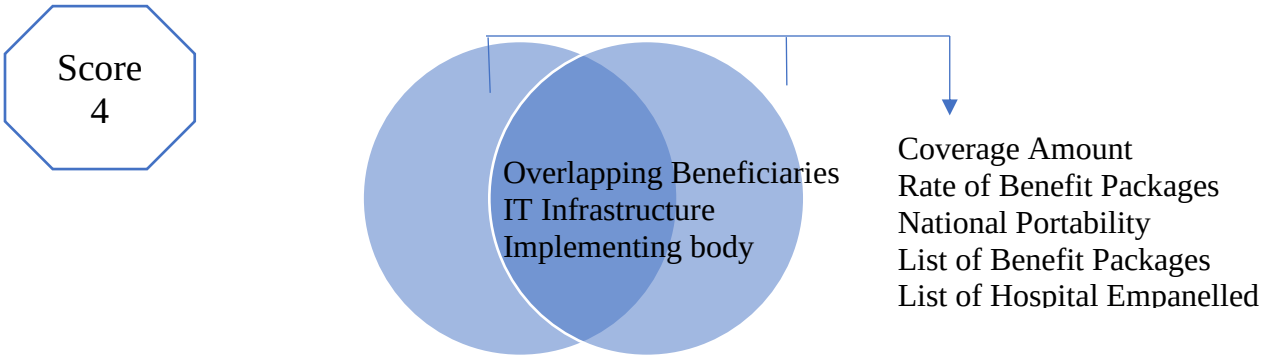
Name of the Scheme	Dr. YSR Arogyasri
Convergence Score	8
Launch Year	2007
Implementation Mode	**Trust**
Target Population	All the BPL families identified by BPL ration card issued by Civil Supplies Department are eligible. All the people whose photo and name appear on Health Card / BPL (White, Annapurna and Anthyodaya Anna Yojana, RAP and TAP) ration card
Population to be covered	129.44 lakh families
Covered Population	NA
Coverage	**up to INR.5 lakh per family per annum**
Premium (in Rs)/Average Expenditure per family (in Rs)	INR 35,767 per family (as per the online report 2019)
Total Expenditure	INR 141,61,77,572 (as per the online report 2019)
Type of Health care providers	Both Public (947 Hospitals) and Private (784 Hospitals)
Benefit Package	• End-to-end cashless service offered through a NWH from the time of reporting of a patient till ten days post discharge medication, including complications if any up to thirty (30) days post-discharge, for those patients who undergo a "listed therapy(ies). • Free OP evaluation of patients for listed therapies who may not undergo treatment for "listed therapies. • All the pre-existing cases under listed therapies are covered under the scheme. • Food and Transportation.
Number of Packages	1059 "Listed Therapies" for identified diseases in the 30 categories
IT System under the Scheme	
IT platform available	Yes, same as PMJAY
Whether any card is issued	Yes

Arunachal Pradesh



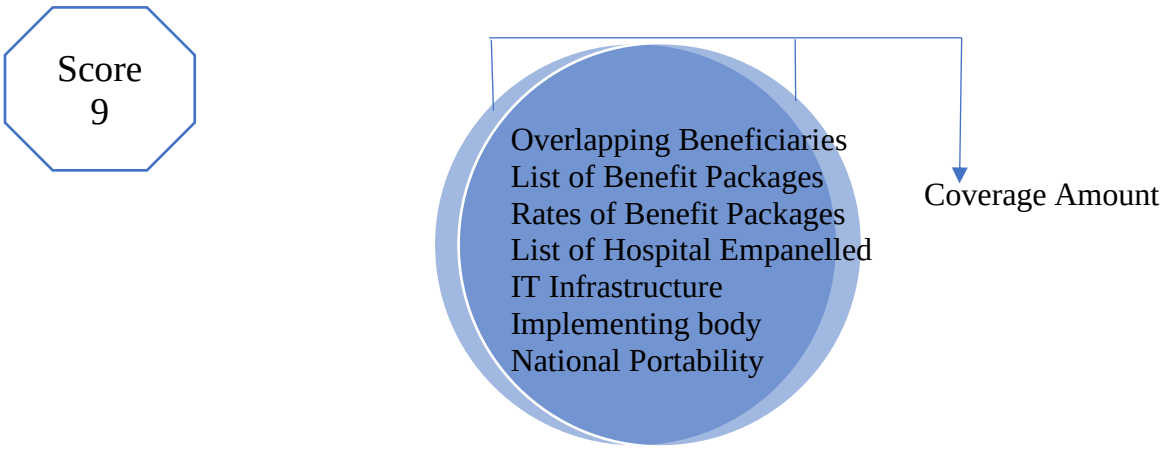
Name of the Scheme	Chief Minister Arogya Arunachal Yojana (CMAAY)
Convergence Score	6
Launch Year	2014
Implementation Mode	**Insurance company**
Target Population	Beneficiaries covered are: 1. Arunachal Pradesh Scheduled Tribe (APST) members 2. Non-APST residents of Changlang, Lohit, Namsai possessing Resident Certificate (RC) who are people with permanent land holding documents 3. State Govt. Employees and their dependents
Population to be covered	NA
Covered Population	NA
Coverage	**up to INR 5 lakh per family per annum**
Premium (in Rs)/Average Expenditure per family	NA
Total Expenditure	NA
Type of Health care providers	Both Public and Private Hospitals)
Benefit Package	Secondary and tertiary care, Medical and Surgical Procedures Cashless transaction to the Beneficiary right from his/her reporting & up to 10 days after discharge.
Number of Packages	861 secondary care procedures within 28 categories 479 tertiary care procedures within 17 categories Approved list of procedures in the 23 specialties
IT System under the Scheme	
IT platform available	Yes, same as PMJAY
Whether any card is issued	Yes

Assam



Name of the Scheme	Atal Amrit Abhiyan
Convergence Score	4
Launch Year	
Implementation Mode	**Insurance company**
Target Population	All individuals from BPL **(up to an annual family income of Rs 1.2 lakhs)** and APL families **(with annual income between Rs. 1.2 and Rs. 5 lakhs)** are eligible to enrol and avail the benefits under this Scheme.
Population to be covered	92 percent of the State population: 2.84 Cr
Covered Population	>1.5 crore
Coverage	Up to INR 2 Lakhs annually per family
Premium (in Rs)/Average Expenditure per family (in Rs)	INR 51288 per person (FY16-17-18) https://hfw.assam.gov.in/portlet-innerpage/atal-amrit-abhiyan
Total Expenditure	**INR 31,24,98,148 (FY 16-17-18)**
Type of Health care providers	75 Public and Private Hospitals
Benefit Package	Medical and Surgical Procedures
Number of Packages	**472 selected and approved procedures** only within 6 specialties are covered
IT System under the Scheme	
IT platform available	Yes, same as PMJAY
Whether any card is issued	Yes

Chhattisgarh



Name of the Scheme	Mukhyamantri Swasthya Bima Yojana (MSBY)
Convergence Score	9
Launch Year	2012
Implementation Mode	**Insurance company**
Target Population	All the uncovered families of the state
Population to be covered	Residents of Chhattisgarh
Covered Population	55,81,433
Coverage	Up to INR 50000 annually per family
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	1291 Public and Private Hospitals
Benefit Package	Medical and Surgical Procedures
Number of Packages	2148 procedures under 24 specialities
IT System under the Scheme	
IT platform available	Yes, same as PMJAY
Whether any card is issued	Yes

Name of the Scheme	Sanjeevani Sahayata Kosh Yojana
Convergence Score	3
Launch Year	2001
Implementation Mode	**Insurance company**
Target Population	Families under BPL category and under the Mukhyamantri Khadyaan Sahayata Yojana
Population to be covered	
Covered Population	NA
Coverage	Up to INR 3 lakhs per family annually
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	
Benefit Package	NA
Number of Packages	NA
IT System under the Scheme	
IT platform available	No
Whether any card is issued	No

Name of the Scheme	ChiefMinister Child health Protection scheme
Convergence Score	3
Launch Year	
Implementation Mode	
Target Population	NA
Population to be covered	NA
Covered Population	NA
Coverage	Up to INR 1,80,000
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	
Benefit Package	NA
Number of Packages	NA
IT System under the Scheme	
IT platform available	No
Whether any card is issued	No

Name of the Scheme	Mukhyamantri Bal Shrawan Yojana
Convergence Score	3
Launch Year	
Implementation Mode	
Target Population	NA
Population to be covered	
Covered Population	
Coverage	Up to INR 6,00,000 (for BPL) & INR 4,00,000 (for APL)
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	NA
Benefit Package	NA
Number of Packages	NA
IT System under the Scheme	
IT platform available	No
Whether any card is issued	No

Score 10

Dadra Nagar Haveli

Name of the Scheme	Sanjeevani Swasthya BeemaYojana
Convergence Score	10
Launch Year	2013
Implementation Mode	**Insurance**
Target Population	1. Absolute Poor Family – BPL as per Government Census 2. Domicile Families whose family income below 1 lakh – per annum 3. Domicile Families whose family income is between 1-2 lakh – per annum. 4. Beneficiaries of Saraswati Vidya Yojana. 5. Any other resident families
Population to be covered	All Residents of the state/UT
Covered Population	72298 (including Daman and Diu
Coverage	Up to INR 5,00,000 p.a. per family **Up to INR 3,00,000 p.a. per family** http://www.vbch.dnh.nic.in/sanjivani.aspx
Premium (in Rs)/Average Expenditure per family (in Rs)	Premium INR 1105 to 1151 p.a. Renewal INR 1082 to 1128 p.a. Family income between 1 lakh to 2 lakh –per annum 50% of the premium would be borne by the UT Administration and rest 50% of the premiums have to bear by their own. However, other resident families (APL families) have to bear the premium on their own.
Total Expenditure	NA
Type of Health care providers	19 private hospitals
Benefit Package	Hospitalization for medical and surgical procedures Pre and post hospitalization plus food allowance
Number of Packages	NA
IT System under the Scheme	
IT platform available	Yes, same as PMJAY
Whether any card is issued	Yes

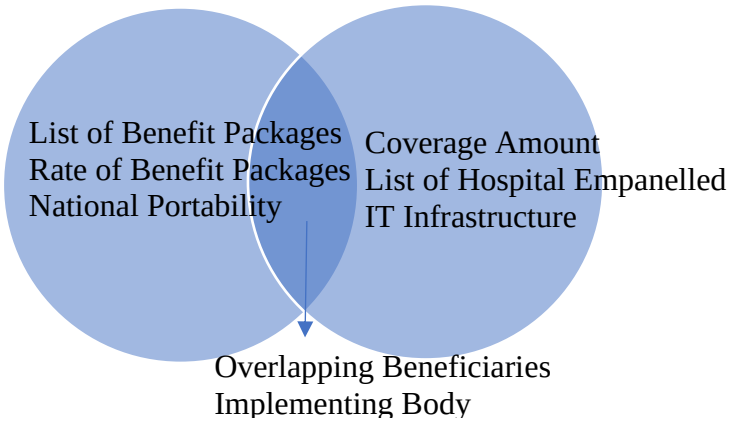
Score
10

Daman and Diu

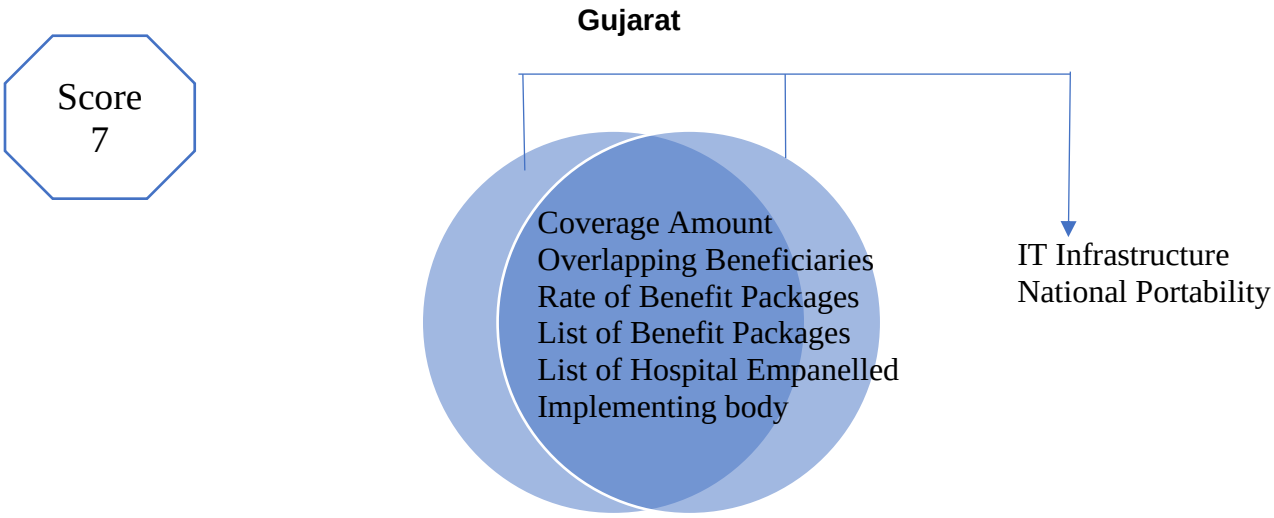
Name of the Scheme	Sanjeevani Swasthya BeemaYojana
Convergence Score	10
Launch Year	2013
Implementation Mode	**Insurance**
Target Population	1. Absolute Poor Family – BPL as per Government Census 2. Domicile Families whose family income below 1 lakh – per annum 3. Domicile Families whose family income is between 1-2 lakh – per annum. 4. Beneficiaries of Saraswati Vidya Yojana. 5. Any other resident families
Population to be covered	All residents of the state/UT
Covered Population	72298 (including Dadar and Nagar Haveli
Coverage	Up to INR 5,00,000 p.a. per family **Up to INR 3,00,000 p.a. per family** http://www.vbch.dnh.nic.in/sanjivani.aspx
Premium (in Rs)/Average Expenditure per family (in Rs)	Premium INR 1105 to 1151 p.a. Renewal INR 1082 to 1128 p.a. Family income between 1 lakh to 2 lakh –per annum 50% of the premium would be borne by the UT Administration and rest 50% of the premiums have to bear by their own. However, other resident families (APL families) have to bear the premium on their own.
Total Expenditure	NA
Type of Health care providers	19 private hospitals
Benefit Package	Hospitalization for medical and surgical procedures Pre and post hospitalization plus food allowance
Number of Packages	NA
IT System under the Scheme	
IT platform available	Yes, same as PMJAY
Whether any card is issued	Yes

Goa

Score 2

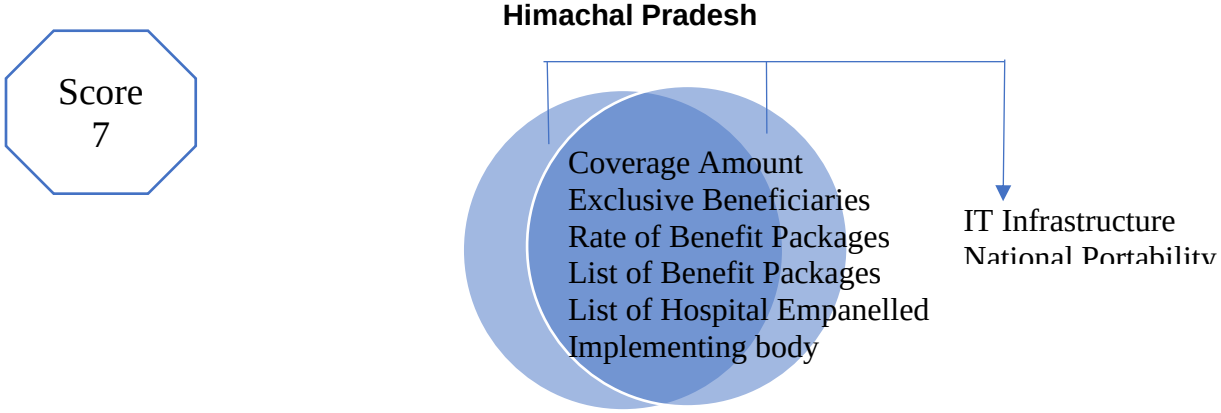


Name of the Scheme	Din Dayal Swasthya Seva Yojana
Convergence Score	2
Launch Year	2016
Implementation Mode	**Insurance**
Target Population	Any person residing in the State of Goa for five years or more is declared eligible person under DDSSY.
Population to be covered	NA
Covered Population	NA
Coverage	i) Up to INR 2.5 lakhs per annum for a family of three or less members and up to; ii) Up to INR 4 Lakhs for a family of four and more members.
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	50 public and private hospitals
Benefit Package	Comprehensive, various medical and surgical packages
Number of Packages	36 packages with 452 procedures
IT System under the Scheme	
IT platform available	Yes
Whether any card is issued	Yes



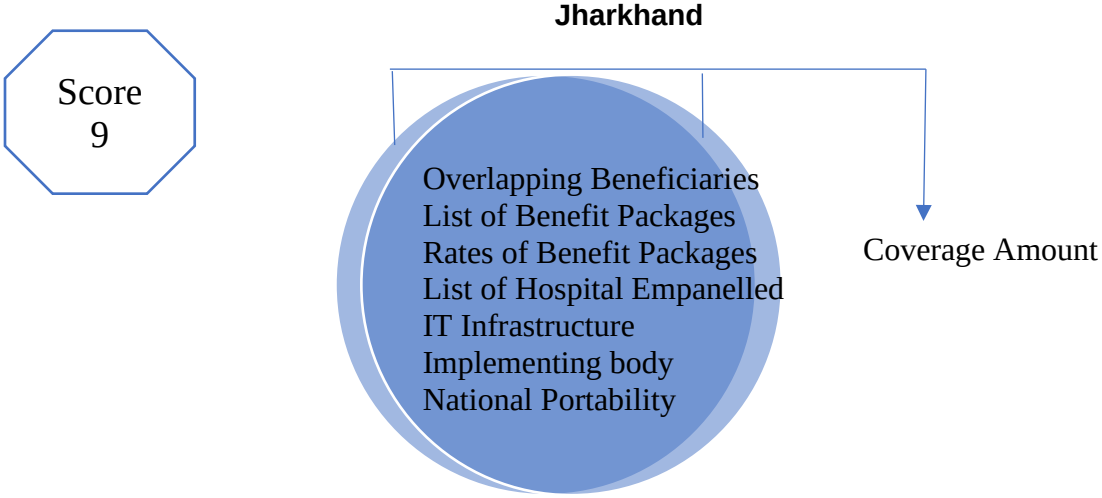
Name of the Scheme	Mukhyamantri Amrutam Yojana
Convergence Score	7
Launch Year	2012
Implementation Mode	**Trust**
Target Population	BPL Families
Population to be covered	NA
Covered Population	7633579
Coverage	**Up to INR 5 lakhs per family**
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	1804 public and 756 private hospitals
Benefit Package	Medical and surgical packages
Number of Packages	24 packages with 1763 procedures
IT System under the Scheme	
IT platform available	Yes
Whether any card is issued	Yes

Himachal Pradesh



Name of the Scheme	Himcare
Convergence Score	7
Launch Year	2016
Implementation Mode	**Trust**
Target Population	Category 1: BPL Families, Registered Street Vendors, MNREGA worker worked for min 50 days in current or previous year Category 2: Ekal Naaris, Disabled >40%, Sr. Citizens above 70 years of age, Anganwari Workers, Anganwari Helpers, ASHA workers, Mid-Day meal workers, Daily Wage Workers, Part Time Workers, Contractual Employees, Outsource Employees Category 3: Beneficiaries not covered under category-I and category-II or who are not Govt. servants/pensioners or their dependent family members.
Population to be covered	All residents of the state/UT
Covered Population	NA
Coverage	**Up to INR 5 lakhs per family p.a.**
Premium (in Rs)/Average Expenditure per family (in Rs)	Zero for Category 1 INR 365 for Category 2 INR 1000 for category 3
Total Expenditure	NA
Type of Health care providers	198 public and private hospitals
Benefit Package	Medical and surgical packages
Number of Packages	24 packages with 1763 procedures
IT System under the Scheme	
IT platform available	Yes
Whether any card is issued	Yes

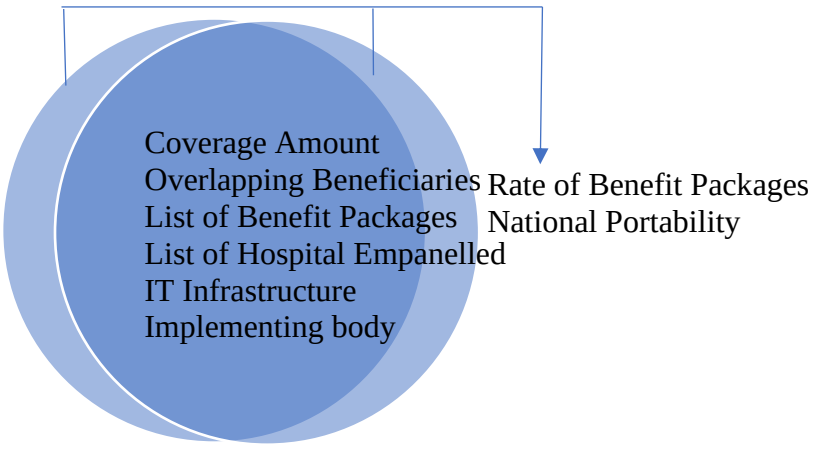
Jharkhand



Name of the Scheme	Mukhyamantri Swasthya Bima Yojana
Convergence Score	9
Launch Year	2017
Implementation Mode	**Insurance company**
Target Population	BPL Families, NREGS Beneficiaries, Building and Construction Workers, Railway Porters, Domestic Workers, Street Vendors, Beedi Workers, Taxi Drivers, Rickshaw Pullers, Rag Pickers, Mine Workers, Sanitation Workers
Population to be covered	NA
Covered Population	NA
Coverage	**Up to INR 50000 per family p.a.**
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	NA
Benefit Package	Medical and surgical packages
Number of Packages	NA
IT System under the Scheme	
IT platform available	Yes
Whether any card is issued	Yes

Score
8

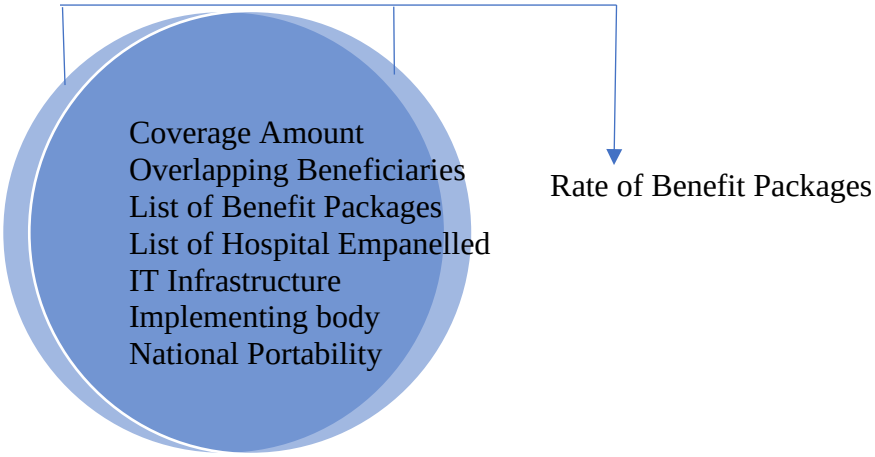
Karnataka



Name of the Scheme	Arogya Karnataka
Convergence Score	8
Launch Year	2013
Implementation Mode	**Trust**
Target Population	Residents of the state
Population to be covered	NA
Covered Population	NA
Coverage	**Up to INR 5 lakhs per family p.a.**
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	286 public and private hospitals
Benefit Package	Medical and surgical packages
Number of Packages	NA
IT System under the Scheme	
IT platform available	Yes, same as PMJAY
Whether any card is issued	Yes

Score
9

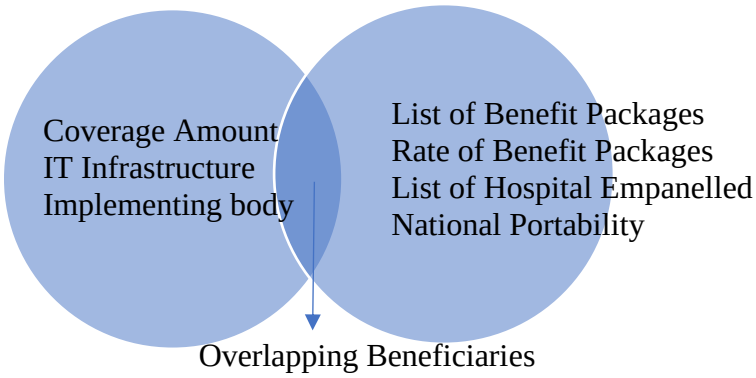
Kerala



Name of the Scheme	Karunya Arogya Suraksha Paddhati
Convergence Score	9
Launch Year	2008? (Merged schemes in 2019)
Implementation Mode	**Trust**
Target Population	BPL families
Population to be covered	NA
Covered Population	4096461
Coverage	**Up to INR 5 lakhs per family p.a.**
Premium (in Rs)/Average Expenditure per family (in Rs)	INR 920 per family (2017-18)
Total Expenditure	NA
Type of Health care providers	281 public and 298 private hospitals (2018)
Benefit Package	Medical and surgical packages
Number of Packages	25 specialities with 1971 procedures
IT System under the Scheme	
IT platform available	Yes, same as PMJAY
Whether any card is issued	Yes

Lakshadweep

Score 1



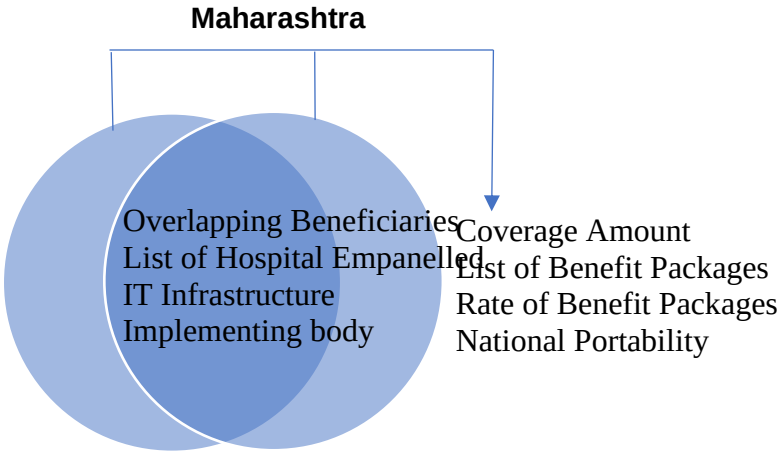
Name of the Scheme	Universal Health Insurance for Lakshadweep residents
Convergence Score	1
Launch Year	2018/19
Implementation Mode	**Trust**
Target Population	AAY/PHH/BPL and APL below annual income of 5 LPA
Population to be covered	13747
Covered Population	NA
Coverage	**INR 2 lakh for ordinary illness and INR 3 lakh for critical illness**
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Benefit Package	In patient services, Accident and emergency treatment, Cost of medicines, Diagnostic services, Maternity coverage restricted for two children only
Type of Health care providers	NA
Number of Packages	228 specialities with 1004 procedures
IT System under the Scheme	
IT platform available	NA
Whether any card is issued	Yes

Madhya Pradesh

Score
10

Name of the Scheme	Niramaya
Convergence Score	10
Launch Year	2015
Implementation Mode	**Insurance Company**
Target Population	Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities
Population to be covered	NA
Covered Population	NA
Coverage	**Up to INR 5 lakhs p.a. per family**
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	Both Public and private hospitals
Benefit Package	OPD plus IPD
Number of Packages	Same as PMJAY
IT System under the Scheme	
IT platform available	Yes
Whether any card is issued	Yes

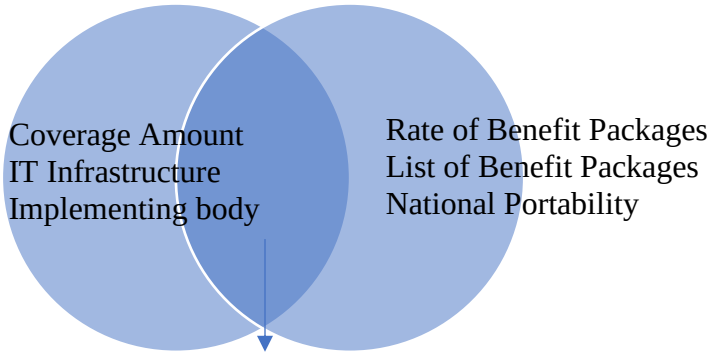
Score
6



Name of the Scheme	MJPJAY (Mahatma Jyotiba Phule Jan Arogya Yojana)
Convergence Score	6
Launch Year	2012
Implementation Mode	**Trust**
Target Population	Families holding Yellow Ration Card, Antyodaya Anna Yojana Card (AAY), Annapurna Card and Orange Ration Card along with Farmers from 14 agriculturally distressed districts of Maharashtra
Population to be covered	NA
Covered Population	NA
Coverage	**Up to INR 5 lakhs p.a. per family**
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	495 private and public hospitals
Benefit Package	Medical and Surgical hospitalization
Number of Packages	971 surgeries/therapies/procedures along with 121 follow up packages in following 30 identified specialized categories
IT System under the Scheme	
IT platform available	Yes, same as PMJAY
Whether any card is issued	Yes

Score
3

Manipur



Name of the Scheme	Chief Ministergi Hakshel-gi Tengbang (CMHT)
Convergence Score	3
Launch Year	2018
Implementation Mode	**Insurance Company**
Target Population	Bonafide citizen of Manipur who belongs to any of the category, that is AAY, Widow, Disabled are eligible to avail the scheme benefits. Bonafide citizen of Manipur who claim to be poor and needy but does not include in any of the above-mentioned category may apply for eligibility of the scheme for the DC verification process
Population to be covered	NA
Covered Population	NA
Coverage	**Up to INR 2 lakhs p.a. per family**
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	6 private and 9 public hospitals
Benefit Package	Medical and Surgical hospitalization
Number of Packages	1844 procedures covered in 43 packages
IT System under the Scheme	
IT platform available	Yes
Whether any card is issued	Yes

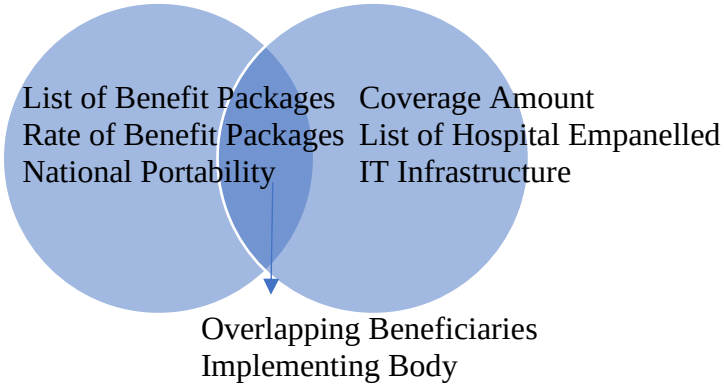
Meghalaya

Score
10

Name of the Scheme	Megha Health Insurance Scheme (MHIS)
Convergence Score	10
Launch Year	2012
Implementation Mode	**Insurance Company**
Target Population	All the citizens of the state of Meghalaya (BPL and APL Category) are entitled, excluding State and Central Government employees who are entitles to the State/Central re-imbursement policy.
Population to be covered	NA
Covered Population	1550827
Coverage	**Up to INR 5 lakhs p.a. per family**
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	INR 682624564 on claims
Type of Health care providers	167 public and private hospitals
Benefit Package	Medical and Surgical hospitalization
Number of Packages	630 packages in 21 specialities
IT System under the Scheme	
IT platform available	Yes, same as PMJAY
Whether any card is issued	Yes

Mizoram

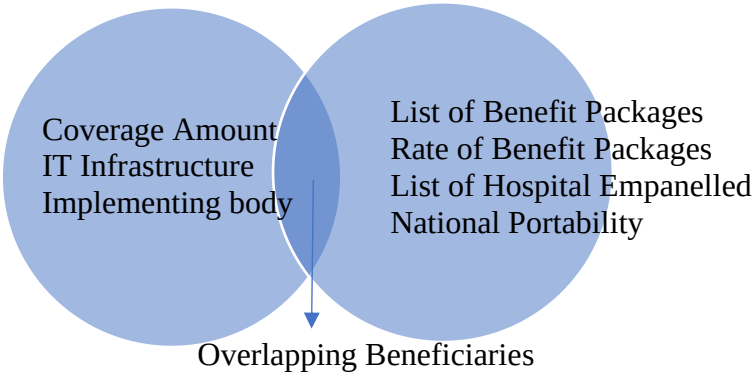
Score 2



Name of the Scheme	MIZORAM STATE HEALTH CARE SCHEME
Convergence Score	2
Launch Year	2008
Implementation Mode	**Trust**
Target Population	RSBY BPL and APL card holder
Population to be covered	32763 families
Covered Population	NA
Coverage	**Up to INR 2 lakhs p.a. per family**
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	NA
Benefit Package	NA
Number of Packages	NA
IT System under the Scheme	
IT platform available	Yes
Whether any card is issued	Yes

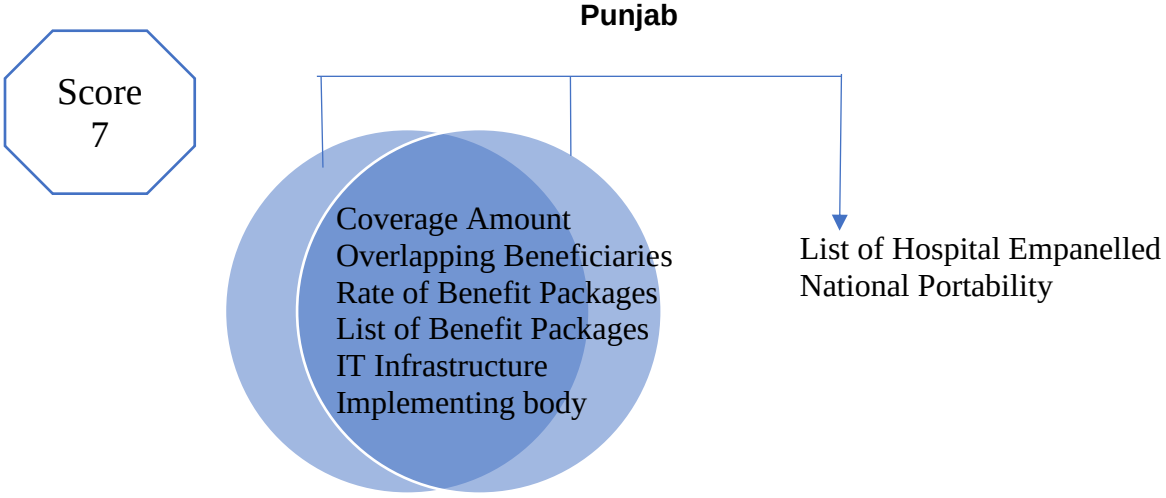
Puducherry

Score 1



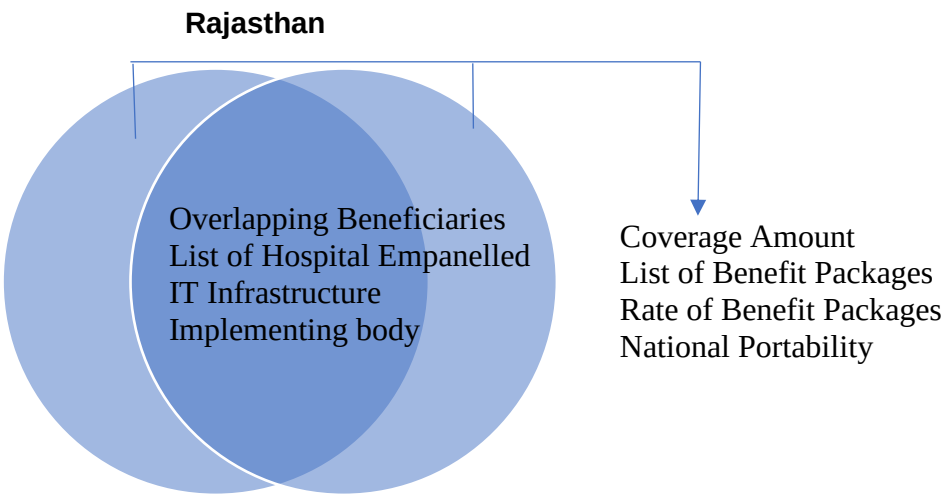
Name of the Scheme	Contributory Medical Benefit Scheme for Retired Government Employee
Convergence Score	1
Launch Year	2018
Implementation Mode	**Insurance company**
Target Population	Contributory Medical Benefit Scheme for Retired Government Employee
Population to be covered	NA
Covered Population	NA
Coverage	**Up to INR 3.5 lakhs p.a. per family**
Premium (in Rs)/Average Expenditure per family (in Rs)	INR 4248 p.a. for the first year, subject to increase of 7.5 percent of the premium with GST for subsequent years
Total Expenditure	NA
Type of Health care providers	NA
Benefit Package	NA
Number of Packages	NA
IT System under the Scheme	
IT platform available	NA
Whether any card is issued	NA

Punjab



Name of the Scheme	Bhagat Puran Singh Sehat Bima Yojana
Convergence Score	7
Launch Year	2015
Implementation Mode	**Insurance company**
Target Population	Families under the Atta Dal Scheme of Govt. of Punjab: blue card holders, farmers, traders, employees and pensioners
Population to be covered	Around 15.4 lakhs families
Covered Population	307378 smart card issued
Coverage	**Up to INR 5 lakhs p.a. per family**
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	87 private and 107 public hospitals
Benefit Package	NA
Number of Packages	NA
IT System under the Scheme	
IT platform available	Yes, same as PMJAY
Whether any card is issued	Yes

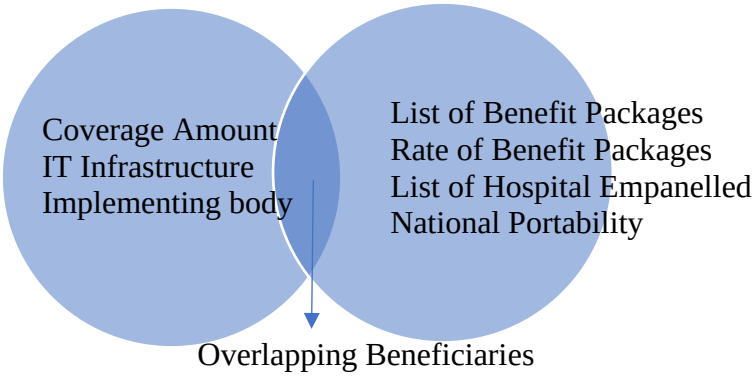
Score
6



Name of the Scheme	Mahatma Gandhi Rajasthan Swasthya Bima Yojana
Convergence Score	6
Launch Year	2015
Implementation Mode	**Insurance company**
Target Population	Identified families covered under National Food Security Act (NFSA)
Population to be covered	NA
Covered Population	NA
Coverage	**Up to INR 3,30,000 p.a. per family (5 lakhs) ??**
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	519 public hospitals and 1055 private hospitals
Benefit Package	Medical and surgical hospitalization
Number of Packages	1401 disease packages under 21 specialities
IT System under the Scheme	
IT platform available	Yes, same as PMJAY
Whether any card is issued	Yes

Sikkim

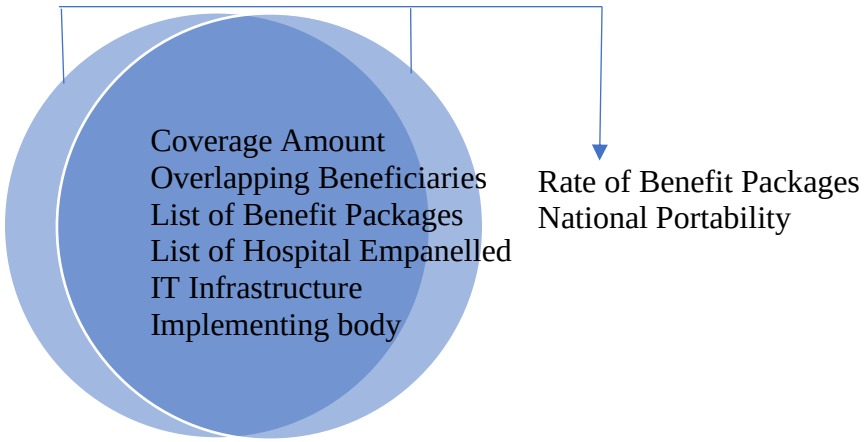
Score
1



Name of the Scheme	Mukhya Mantri Jan Raksha Kosh
Convergence Score	1
Launch Year	2016
Implementation Mode	**NA**
Target Population	Deprived rural families and identified occupational categories of urban workers' families as per the latest socio- economic caste census data.
Population to be covered	40000 families
Covered Population	NA
Coverage	**Up to INR 2 lakhs p.a. per family (5 lakhs)**
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	NA
Benefit Package	NA
Number of Packages	NA
IT System under the Scheme	
IT platform available	NA
Whether any card is issued	NA

Score
8

Tamil Nadu



Name of the Scheme	Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS)
Convergence Score	8
Launch Year	2012
Implementation Mode	**Insurance Company**
Target Population	Resident of Tamil Nadu by the presence of his/her name in the Family card and whose annual income is less than Rs.72, 000/ per annum
Population to be covered	NA
Covered Population	15724432
Coverage	**Up to INR 5 lakhs p.a. per family**
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	NA
Benefit Package	Medical and surgical hospitalization
Number of Packages	1016 procedure under 36 specialties
IT System under the Scheme	
IT platform available	Yes, same as PMJAY
Whether any card is issued	Yes

Uttar Pradesh

Score
10

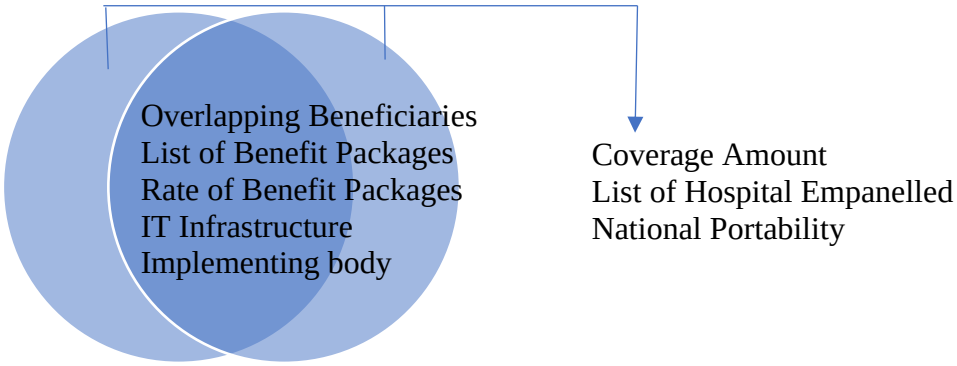
Name of the Scheme	UP Mukhya Mantri Jan Arogya Abhiyan (MMJAA)
Convergence Score	10
Launch Year	2019
Implementation Mode	**Insurance Company**
Target Population	Poor and disadvantages who could not be covered under PMJAY
Population to be covered	5.6 million
Covered Population	NA
Coverage	**Up to INR 5 lakhs p.a. per family**
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	NA
Benefit Package	Medical and surgical hospitalization
Number of Packages	NA
IT System under the Scheme	
IT platform available	Yes, same as PMJAY
Whether any card is issued	Yes

Name of the Scheme	Uttar Pradesh State Employees Group Insurance Scheme
Convergence Score	2
Launch Year	1980
Implementation Mode	**NA**
Target Population	NA
Population to be covered	NA
Covered Population	NA
Coverage	INR 100000- 400000 **p.a. per family**
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	NA
Benefit Package	NA
Number of Packages	NA
IT System under the Scheme	
IT platform available	NA
Whether any card is issued	NA

Name of the Scheme	Mukhymantri Kissan Sarvehit Bima Yojna
Convergence Score	2
Launch Year	NA
Implementation Mode	**NA**
Target Population	NA
Population to be covered	NA
Covered Population	NA
Coverage	INR 250000+100000 **p.a. per family**
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	NA
Benefit Package	NA
Number of Packages	NA
IT System under the Scheme	
IT platform available	NA
Whether any card is issued	NA

Score
6

Uttarakhand



Name of the Scheme	Mukhyamantri Swasthya Bima Yojana
Convergence Score	6
Launch Year	2015
Implementation Mode	**Insurance Company**
Target Population	All residents except Pensioners, Govt. Servants, Income Tax payers
Population to be covered	13.06 lakhs
Covered Population	NA
Coverage	Up to INR 50000 **p.a. per family**
Premium (in Rs)/Average Expenditure per family (in Rs)	NA
Total Expenditure	NA
Type of Health care providers	88 public hospitals and 72 private hospitals
Benefit Package	Medical and Surgical
Number of Packages	1516 procedures in 18 specialities
IT System under the Scheme	
IT platform available	Yes, same as PMJAY
Whether any card is issued	Yes

Conclusion

The states/UTs have been implementing various health insurance scheme for their residents which contribute in reducing the OOPE and catastrophic expenses on health. These schemes have different features according to policies differing from state to state. With PMJAY, a national health insurance scheme being implemented across the states/UTS, there is an opportunity to converge the state/UT scheme with PMJAY which will allow the states/UTs to achieve better health outcomes, optimal utilization of resources and improved opportunities for the population. It will also help the National bodies as convergence will increase the ownership PMJAY within the states/UTs.

States/UTs of Dadra Nagar Haveli, Daman & Diu, Madhya Pradesh & Meghalaya have managed to completely converge their state/UT health scheme with PMJAY. While Uttar Pradesh has also done a complete convergence but only for one state/UT scheme each while they have multiple state/UT schemes. Other states/UTs such as Lakshadweep, Puducherry and Sikkim do not show convergence with PMJAY on any parameters and could work upon the parameters to their advantage.

References

Government of India. Press Information Bureau. Ayushman Bharat for New India – 2022. New Delhi: Government of India; c2019. Available from: http://pib.nic.in/newsite/PrintRelease.aspx?relid=176049

Government of India. Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana. New Delhi: Government of India; c2019. Available from: https://www.pmjay.gov.in/

Keshri VR, Gupta SS. Ayushman bharat and road to universal health coverage in India. J Mahatma Gandhi Inst Med Sci [serial online] 2019 [cited 2019 Dec 27];24:65-7. Available from: http://www.jmgims.co.in/text.asp?2019/24/2/65/267010

State Factsheets, PMJAY

https://www.pmjay.gov.in/states

World Health Organization (WHO). Everybody's business - strengthening health systems to improve health outcomes: WHO's framework for action. WHO; Geneva:2007 Available from: http://www.who.int/healthsystems/strategy/everybodys_business.pdf

Report on Convergence Initiatives in India – An Overview, UNDP in India.

https://www.in.undp.org/content/india/en/home/library/poverty/report_on_convergenceinitiativesinindia-anoverview1.html

Orissa Poverty Reduction Mission Project TRIPTI, Guidelines for Convergence, CTRAN Consulting

https://aajeevika.gov.in/sites/default/files/nrlp_repository/11TRIPTI-CONVERGENCE%20GUIDELINES%20FINAL.pdf

Annexure

Convergence Scoring of the State Schemes

Table 1

S No.	Name of Scheme	Reporting State/ UT	Annual family coverage (2)		List of Benefit Packages (1)	Rates of Benefit Packages (1)	List of Hospitals Empanelled (2)	IT Infrastructure (2)	Implementing Body (1)	National Portability (1)	TOTAL (10)
			Amount (1)	**Beneficiaries (1)**							
1	ANISHI	Andaman & Nicobar	-	-	-	-	-	-	-	-	In process
2	PMJAY-Dr. YSR Arogyasri	Andhra Pradesh	500000	Overlapping	Yes	No	Yes	Yes	Yes	No	
			1	1	1	0	2	2	1	0	8
3	Chief Minister Arogya Arunachal Yojana (CMAAY)	Arunachal Pradesh	500000	Overlapping	Yes	No	No	Yes	Yes	No	
			1	1	1	0	0	2	1	0	6
4	Atal Amrit	Assam	200000 per person	Overlapping	No	No	No	Yes	Yes	Only Empanelled	

	Abhiyan									Hospitals	
			0	1	0	0	0	2	1	0	4
5	Mukhyamantri Swasthya Bima Yojana (MSBY)	Chhattisgarh	50000	Overlapping	Yes	Yes	Yes	Yes	Yes	Yes	
			0	1	1	1	2	2	1	1	9
6	Sanjeevani Sahayta Kosh Yojana	Chhattisgarh	300000	Exclusive	Yes	No	No	No	Yes	No	
			0	1	1	0	0	0	1	0	3
7	ChiefMinister Child health Protection scheme	Chhattisgarh	180000	Exclusive	Yes	No	No	No	Yes	No	
			0	1	1	0	0	0	1	0	3
8	Mukhyamantri Bal Shrawan Yojana	Chhattisgarh	6,00,000 (for BPL) & 4,00,000 (for APL)	Exclusive	Yes	No	No	No	Yes	No	
			0	1	1	0	0	0	1	0	3
9	Sanjeevani Swasthya Bima Yojana	Dadra Nagar Haveli	500000	Exclusive	Yes	Yes	Yes	Yes	Yes	Yes	
			1	1	1	1	2	2	1	1	10

10	Sanjeevani Swasthya Bima Yojana	Daman & Diu	500000	Exclusive	Yes	Yes	Yes	Yes	Yes	Yes	
			1	1	1	1	2	2	1	1	10
11	Deen Dayal Swashtya Seva Yojana	Goa	250000 to 400000	Overlapping	No	No	No	No	Yes	No	
			0	1	0	0	0	0	1	0	2
12	Mukhyamantri Amrutam Yojana	Gujarat	500000	Overlapping	Yes	Yes	Yes	No	Yes	No	
			1	1	1	1	2	0	1	0	7
13	Himcare	Himachal Pradesh	500000	Exclusive	Yes	Yes	Yes	No	Yes	No	
			1	1	1	1	2	0	1	0	7
14	Mukhyamantri Swasthya Bima Yojana	Jharkhand	500000	Overlapping	Yes	Yes	Yes	Yes	Yes	Yes	
			0	1	1	1	2	2	1	1	9
15	AB-ArK	Karnataka	500000	Overlapping	Yes	No	Yes	Yes	Yes	No	
			1	1	1	0	2	2	1	0	8
16	PMJAY-KASP	Kerala	500000	Overlapping	Yes	No	Yes	Yes	Yes	Yes	
			1	1	1	0	2	2	1	1	9

17	Health insurance for the AAY/PHH, residence of lakshadweep	Lakshadweep	2 lakh ruppeess for ordinary illness and 3 lakh for critical illness	Overlapping	No	No	No	No	No	No	
			0	1	0	0	0	0	0	0	1
18	Niramayam	Madhya Pradesh	500000	Overlapping	Yes	Yes	Yes	Yes	Yes	Yes	
			1	1	1	1	2	2	1	1	10
19	MJPJAY (Mahatma Jyotiba Phule Jan Arogya Yojana)	Maharashtra	150000	Overlapping	No	No	Yes	Yes	Yes	No	
			0	1	0	0	2	2	1	0	6
20	Chief Ministergi Hakshel-gi Tengbang (CMHT)	Manipur	200000	Exclusive	No	No	Yes	No	No	No	
			0	1	0	0	2	0	0	0	3
21	Megha Health Insurance Scheme and Pradha	Meghalaya	500000	Exclusive	Yes	Yes	Yes	Yes	Yes	Yes	
			1	1	1	1	2	2	1	1	10

	n Mantri Jan Arogya Yojana										
22	Mirzoram State Health Care Scheme	Mizoram	200000	Overlapping	No	No	No	No	Yes	No	
			0	1	0	0	0	0	1	0	2
23	Serious Illness Assistance Fund	Puducherry	2.5 Lakhs per case	Overlapping	No	No	No	No	No	No	
			0	1	0	0	0	0	0	0	1
24	Contributory Medical Benefit Scheme for Retired Government Employee	Puducherry	3.5 Lakhs per case	Overlapping	No	No	No	No	No	No	
			0	1	0	0	0	0	0	0	1
25	Bhagat Puran Singh Sehat Bima Yojana	Punjab	500000	Overlapping	Yes	Yes	No	Yes	Yes	No	
			1	1	1	1	0	2	1	0	7
26	Mahatma Gandhi	Rajasthan	330000	Overlapping	No	No	Yes	Yes	Yes	No	

	Rajasthan Swasthya Bima Yojana		0	1	0	0	2	2	1	0	6
27	Mukhya Mantri Jan Raksha Kosh	Sikkim	200000	Overlapping	No	No	No	No	No (The TOS Cell) Treatment outside Sikkim Cell handless MMJRK	Empannelled Hospitals	
			0	1	0	0	0	0	0	0	1
28	PMJAY_CMCHIS	Tamil Nadu	500000	Overlapping	Yes	No	Yes	Yes	Yes	No	
			1	1	1	0	2	2	1	0	8
29	Mukhya Mantri Jan Arogya Yojana (MMJAA)	Uttar Pradesh	500000	Exclusive	Yes	Yes	Yes	Yes	Yes	Yes	
			1	1	1	1	2	2	1	1	10
30	Uttar Pradesh State Employees Group	Uttar Pradesh	100000 - 400000	Exclusive	No	No	No	No	Yes	No	
			0	1	0	0	0	0	1	0	2

	Insurance Scheme										
31	Mukhymantri Kissan Sarvehit Bima Yojna	Uttar Pradesh	2500000+100000	Overlapping	No	No	No	No	Yes	No	
			0	1	0	0	0	0	1	0	2
32	MSBY, U Health schemeas per CGHS & RSBY	Uttarakhand	500000	Overlapping	Yes	Yes	No	Yes	Yes	No	
			0	1	1	1	0	2	1	0	6
33	No State Scheme	Bihar									
34	No State Scheme	Chandigarh									
35	No State Scheme	Haryana									
36	No State Scheme	Jammu & Kashmir									
37	No State Scheme	Nagaland									
38	No State	Tripura									

	Schem e										

Claim amount per family in one month and Number of claims per thousand family in one month

Table 2

State	Convergence score	Claim amount per family in one month	Number of claims per month per thousand family
Madhya Pradesh	10	31	2
Daman and Diu	10	110	13
Dadra and Nagar Haveli	10	260	37
Meghalaya	10	99	12
Uttar Pradesh	10	23	2
Chhattisgarh	9	86	8
Jharkhand	9	59	6
Kerala	9	163	23
Andhra Pradesh	8	77	3
Karnataka	8	67	5
Tamil Nadu	8	79	4
Gujarat	7	173	12
Himachal Pradesh	7	45	4
Punjab	7	76	6
Maharashtra	6	21	1
Arunachal Pradesh	6	3	0
Uttarakhand	6	43	5
Rajasthan	6	85	16
Assam	4	13	1
Manipur	3	47	3
Goa	2	0	0
Mizoram	2	78	8
Lakshadweep	1	0	0
Puducherry	1	0	0
Sikkim	1	0	0