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2.4 India: A Genealogy of Government-Sponsored Health Insurance Schemes; Notes; References; Chapter 3 Results and Cross-Cutting Issues; Population Coverage; 3.1 India: Population Coverage and Projected Growth, 2003-04, 2009-10, and 2015; Enrolment and Beneficiaries; 3.2 India: BPL Card Distribution and Economic Status, by Income Quintile, 2005; Benefits; 3.3 India: Number of Covered Treatment "Packages" and Maximum Benefit Coverage, 2009-10; 3.4 India: Packages Classified by Major Disease Group and by Surgical and Medical Treatment, 2010; Utilization
3.5 India: Hospital Utilization Rates Nationally and for Selected Schemes; Expenditures and Costs; 3.6 India: Estimated Expenditures on Health Insurance and Projected Growth, 2003-04, 2009-10, 2015; 3.7 India: Government Contributions to GSHISs and Public Delivery, 2008-09; 3.8 India: Average Central and State Government Spending per Beneficiary per Admission, 2009-10; Rate Setting and Provider Payment; 3.9 India: Average Hospital Charges by City Size, 2009; 3.10 India: Variation in Package Rates for Similar Procedures, 2009-10, Selected Schemes
Provider Networks, Quality, and Patient Satisfaction
3.11 India: Number of Scheme-Networked Public and Private Hospitals, 2010; 3.12 India: Minimum Number of Hospital Beds Required for Empanelment, by Scheme, 2010; The Role of Public Hospitals; 3.1 India: Alternative Organizational Arrangements of Public Hospitals; Financial Benefits and Burdens on Patients; 3.1 India: Households Falling below Poverty Line due to Inpatient and Outpatient Health Care Costs, Selected States, 2004; Cost Containment; 3.2 India: Constraints to Introducing Ambulatory Care Benefits in Health Insurance
3.13 India: Share of Top 20 Network Hospitals in Preauthorized Claims, Selected Schemes

Sommario/riassunto

This book presents research findings on India's major central and state government-sponsored health insurance schemes (GSHISs). The analysis centers on the GSHISs launched since 2007. These schemes targeted poor populations, aiming to provide financial protection against catastrophic health shocks, defined in terms of inpatient care. Focus is on two lines of inquiry. The first involves institutional and "operational" opportunities and challenges regarding schemes' design features, governance arrangements, financial flows, cost-containment mechanisms, underlying stakeholder incentives, informat
