

Dissertation Training

Ernst & Young LLP, Aerocity, New Delhi



(March 25th to 20th June, 2022)

A Study on Various Health Insurance policies in India, and Australia

A Report by

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Post-graduate Diploma in Hospital and Health

Management 2020-2022

International Institute of Health Management Research, New Delhi



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The certificate is awarded to

Dr. Aakanksha Tejrana

in recognition of having successfully completed her
Internship in the department of

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and has successfully completed her Project on

Study of Health Insurance in India & Australia

7th March 2022 - 31st May 2022

At

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She comes across as a committed, sincere & diligent person who
has a strong drive & zeal for learning.

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I wish him all success in all his future endeavors.

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Title of the Dissertation/Summer Assignment	STUDY OF VARIOUS HEALTHCARE INSURANCE POLICIES IN INDIA & AUSTRALIA		
Plagiarism detect software used	TURNITIN		
Similar contents acceptable (%)	Up to 15 Percent as per policy		
Total words and % of similar contents Identified	12%		
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ACKNOWLEDGEMENT

I am extremely thankful to every one of the experts at **Ernst & Young LLP** for sharing generously their valuable insight and precious time which motivated me to do my best during summer training.

My learning and data collection regarding Dissertation Internship report would not have been possible without in-depth discussions with **Mr. Satyam Shivam Sundaram & Mr. Amit Goyal**. I express my gratitude towards him for providing timely guidance, inspiration & unconditional support during my study.

Mentors in IIHMR

I am highly grateful to **Dr. Nishikant Bele** and **Mr. Sumesh Kumar** and all the faculty members and staff for giving me this opportunity to learn and to add to my phenomenal experience. Without their cooperation and guidance, it would not have been possible to conduct my study and complete my training successfully.

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Acronyms/Abbreviations

FI- Field Investigator

HE- Healthcare Establishment

HI- Health Insurance

CHI- Community HI

Section 1: Observational Learning

About Ernst & Young

Global Existence

With network offices all over the world, EY is a professional services company and a world leader in assurance, tax, transaction, and consulting services. Its offices are connected by a single operating structure and a shared culture of innovation and information sharing. Because of this innovative "One-Firm" strategy, the employees of EY are uniquely qualified to serve clients by combining any competencies that cut across organisational and geographical boundaries. To offer our clients a wide range of services, our employees all over the world strive for the highest standards of ethics, quality, and professionalism.

	Who are we	<p>People who demonstrate integrity, respect and teaming</p> <p>People with energy, enthusiasm and the courage to lead</p> <p>People who build relationships based on doing the right thing</p>
	What we stand for	<p>We are committed to building a better working world - one with increased trust and confidence in business, sustainable growth, development of talent in all its forms, and greater collaboration</p>
	EY - Global	<p>Brings together more than 300,000 people from 150+ countries; EY is organized into three Areas - Americas, Asia-Pacific and EMEIA - which are further divided into Regions, based on geography and client needs</p>

The four service lines that make up EY's marketing strategy are Consulting, Assurance, Tax, and Strategy & Transactions Services. Our team fluidly works and collaborates across service

M&A - Strategy and Transactions	Consulting	Tax	Assurance
Helping companies drive inclusive growth by focusing on their capital and transaction strategy through to execution to drive fast-track value creation:	Helping clients solve big, complex issues and capitalize on opportunities to grow, optimize and protect the business:	Helping clients develop/execute business strategies, blending local technical knowledge with regional and global tax insights:	Helping to support organizations in promoting investor confidence, managing regulatory responsibilities and supporting long-term, sustainable economic growth.
<ul style="list-style-type: none"> ▶ Strategy Services ▶ Corporate Finance ▶ Digital M&A Framework ▶ Infrastructure Advisory 	<ul style="list-style-type: none"> ▶ Big Data and Analytics ▶ Cybersecurity ▶ Performance Improvement ▶ Risk & Strategy 	<ul style="list-style-type: none"> ▶ Tax Planning ▶ Tax Compliance ▶ Managing Tax Controversy and Policy ▶ People and Workforce 	<ul style="list-style-type: none"> ▶ Audit ▶ EY Digital Audit ▶ Financial Accounting Advisory Services ▶ Forensic and Integrity Services

Strategy & Transactions	Corporate	Consulting	Tax
Ranked as #1 brand for Transaction Advisory Services in India for Global Brand Survey 2019 & 2017 (Ipsos), 2013 (TNS) and 2011 (TNS)	Among India's Best Companies To Work For 2020 by Great Place to Work	Ranked as #1 Brand for Advisory Services (including Risk Advisory and Business Consulting) in India for 2019 & 2017 (Ipsos)	Ranked as #1 brand for Tax Services in India in biennial Global Brand Survey 2019 & 2017 (Ipsos) 2015 (Kantar) 2013 (TNS), 2011 (TNS)

lines, sectors, and geographical boundaries thanks to our interdisciplinary company approach.

EY INDIA

EY India takes pride in the fact that it serves clients globally across all industries and sectors. EY has been involved in initiatives frequently supported by international donors like the World Bank, DFID, and Asian Development Bank, working on institutional development, capacity building, and policy advising to economies in transition. EY has provided guidance on the reform of the governance framework and structures for operations and development in a number of nations across various sectors.

Several government clients at the national, state, and municipal levels of government in India are actively working with EY India's dedicated Government Advisory Services team on health scheme implementation projects. The team has expertise in a range of public policy, PPP advice, and e-Governance advisory fields. EY has expertise working with numerous Ministries/Departments at the Central level, State and local governments, municipalities, public sector corporations, and not-for-profit organizations on large-scale health reform initiatives.

EY's (GPS) Sector

The Global Government and Public Sector (GPS) Center serves as the focal point for a network of highly skilled professionals from our assurance, tax, strategy, and transactions departments who are dedicated to supporting you in the government and public sector enterprises and organizations. The group with the highest level of industry expertise and language proficiency was selected from two groups of experts who speak worldwide about emerging trends. By the networking and knowledge exchange, we can:

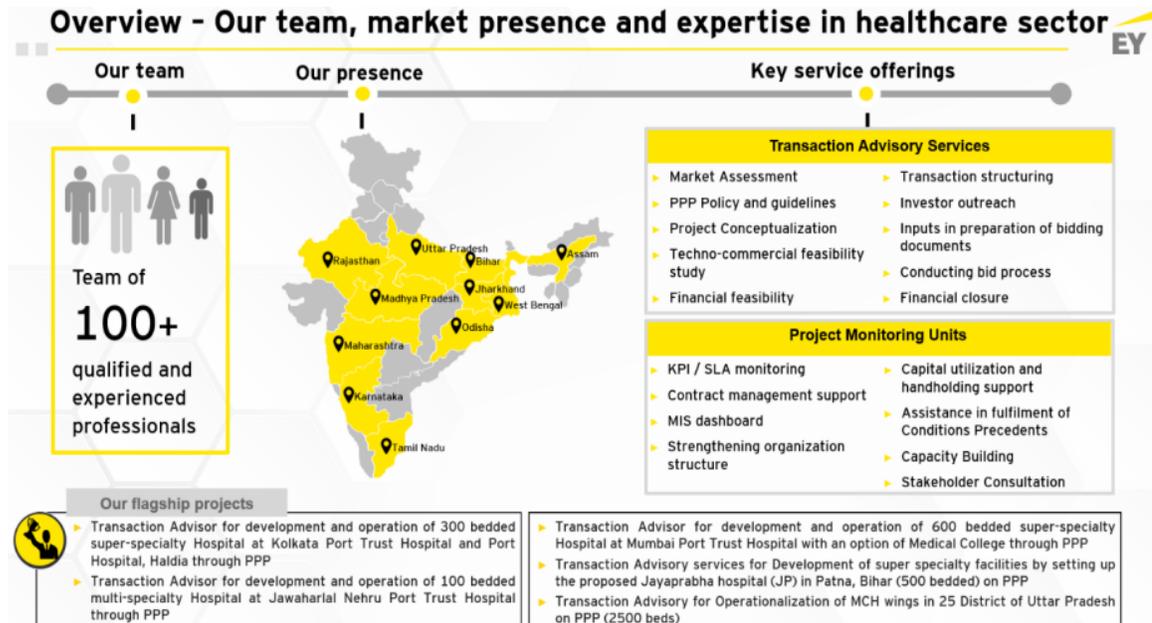


Together with local expertise and understanding, we offer our clients global experience and insight. We also offer sustainable solutions that get things done rather than just diagnosing issues.

- Deliver in both established and developing areas with a can-do attitude.
- Develop solutions that are specialized for use by the general population. We are aware of what has been successful in the past and can adapt these strategies to your problems.
- We have a thorough awareness of your problems and can provide timely insights on the most important topics facing the public sector.
- Provide you with a solid team of seasoned experts.
- Keep our promise to provide dependable, high-quality service.

EY or major international donor organization's including The World Bank Group, Asian Development Bank, etc., EY has contributed to some of the largest and most complicated engagements. Our primary goal is to provide clients with consulting services in the fields of institutional strengthening, strategy development, organizational restructuring, solution design, program management, and project risk management. We offer thorough advice services to clients in the public sector at all levels of government, including legislative bodies, local

governments, nodal organizations, special-purpose vehicles, and public sector businesses. We regularly collaborate with government clients and have been executing the public-private partnership between the corporate sector and governmental entities to improve efficient development.



Advisory to various Central and State Governments, IFIs and autonomous bodies.

EY acknowledges that investing in the health sector helps the nation's economy flourish and averts economic loss brought on by disease. Our main goal is to offer development sector organizations professional services with value-added. premature and se death. The firm's Our primary objective is to provide development sector organizations with value-added professional services Our main goal was to offer development sector organizations professional services with value-added. Our main goal is always beings to offer development sector organization's professional services with value-added.

General findings on learning

- The authorization letters need to be amended, particularly in terms of the time duration.
- The FI should approach a HE with confidence and good grooming.
- Before starting the data collecting procedure, the introduction phase should be methodical and follow a predetermined structure that includes introducing oneself, explaining the reason for the visit, outlining the project, and getting the respondent's verbal assent.
- It is important to use interpersonal abilities carefully and on an individual basis, such as soft skills, persuasion skills, communication skills, social intelligence, and emotional intelligence.
- The FI shall conduct the data collection after obtaining the respondent's informed consent and should do so while upholding the dignity of his position.
- Following data collection,

Conclusive Learning

It aids in developing interpersonal skills while exposing one to the situation's actual truth. Working as a FI enables one to interact directly with others, providing first-hand knowledge of challenges in data collecting, management tasks, and constructively addressing rejection.

Limitations

1. Data gathering is the extent of learning.
2. In terms of address and name, the list of HEs to be covered

Suggestions

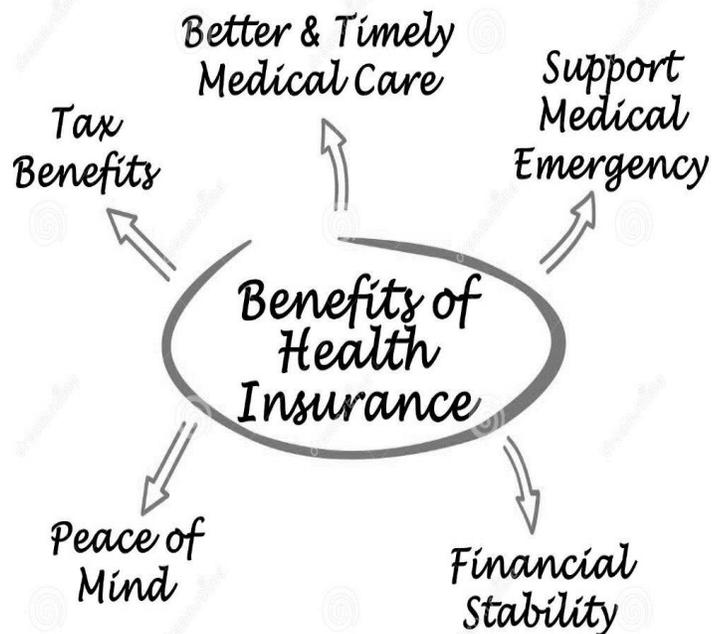
1. Exposure to data analysis should be offered as well.
2. Travel expenses should be paid promptly.
3. The list of HEs to be covered should be thoroughly maintained with relation to each individual's name, address, and current status of pending requests.
4. A review board should be established to examine all the work completed by the FIs and the issues they encountered.

Section 2- Project Report

Introduction

In the event of catastrophic medical costs, health insurance acts as a conduit between the insured and the insurance provider to analyse the financial impact. Health insurance coverage are necessary to cover medical expenses brought on by mishaps, disease, and damage. By paying monthly or yearly premiums, a person can purchase a policy for a certain time period.

During this time, the insurance provider is required to cover the cost of the treatment in the event that a protected person is injured or is diagnosed with a serious illness. During this time, the insurance provider will cover the cost of treatment if a person who has insurance is involved in an accident or has a serious illness. Health insurance is a part of the Indian economy that is spending now. The relevance of health insurance in the Indian financial year is rising. India's has the healthcare bandwidth is the large in the world, with a total beneficiary population of almost 1.3 billion people. The healthcare industry in India has quickly risen to the top of the list in terms of income and job generation. Of India's 500 million residents, 100 million did not have accessibility to health in 2018. 3.9% of India's GDP in 2011 went on health-related finances. According to the World Health Organization, this country's GDP is among the lowest among the BRICS (Brazil, Russia, India, China, and South Africa) economies (WHO). There are many insurances that offer protection for both individuals and families. Health insurance costs account for between 5 and 10% of this 3.9%, while enterprises spend approximately 9% and individuals spend an astounding 82%. Based on its 71st round of surveys, the NSSO published the study "Key Indicators of Social Consumption at India: Health" in 2016. Evidently, a 2014 survey discovered.



Kinds of health insurance policy prevailing in India

1. Individual Health Insurance

The health insurance, as the name suggests, provides coverage for a single person's medical costs. You, parents, spouse, and kids can all get this coverage. Under this plan, each family member receives a unique covered sum. Each family member may spend up to Rs. 10 lakhs of the plan total insured during the policy period, for instance, if it is Rs. 10 lakhs. So, if you get a single policy for three persons, the total amount insured would be Rs. It means that because to the large sum, if something were to happen to all your family members at once or to more than one of them, this health insurance would be enough to cover them all

2. Family Floater Health Insurance

Each participant in such schemes is protected by a single insured sum under a single policy. If the entire sum is disbursed for one patient's care, subsequent claims for the same medical emergency will not be covered. Senior citizens are not eligible for family floater insurance due to their more complex medical benefits.

3. Senior Citizen Health Insurance

Only people over 60 can purchase these policies, which are designed expressly to cover all medical expenses for seniors. Extended comprehensive covering for a range of ailments that may develop as people age.

4. Group Health Insurance

Businesses provide their employees with such programs. There are provisions in employer-paid premiums that ensure the renewal of the insured amount. These reasonably priced group health insurance policies are made available to workers as a retention tactic. But bear in mind that you may only utilize this insurance plan as long as you are an officially employed person by the organization. You are not permitted to make use of the benefits of the cover if you are fired from your job or quit the organization.

5. Health Insurance with Maternity Insurance

All prenatal and postnatal care expenses incurred during pregnancy are covered by maternity insurance. The first three months' worth of medical costs for a new born are also included. This insurance, however, have a two-year waiting period.

6. Critical Illness

As significant medical costs are incurred to treat life-threatening illnesses effectively. An insurance policy for critical illnesses provides coverage against these specific situations, providing a patient with the financial assurance they require for the optimal treatment and recovery. However, you should keep in mind that this coverage's specified sum insured can only be used if the covered person lives for 30 days after diagnosis. A 25% Additional Sum Insured for Hospitalization for Critical Illness is available from Digit Health Insurance.

7. Top-Up Health Insurance

8. Even if your covered amount keeps the same over time, the costs of medical care may increase from what you initially anticipated when you bought health insurance. In these situations, you have the choice of extending your current coverage rather than purchasing a new one. This top-up policy allows for the emergency usage of the entire covered amount. However, you must choose a deductible amount before you may use the top-up. Let's say you decide on a top-up plan with a Rs. 50,000 deductible and a Rs. 3 lakhs in coverage. When filing your claim, you

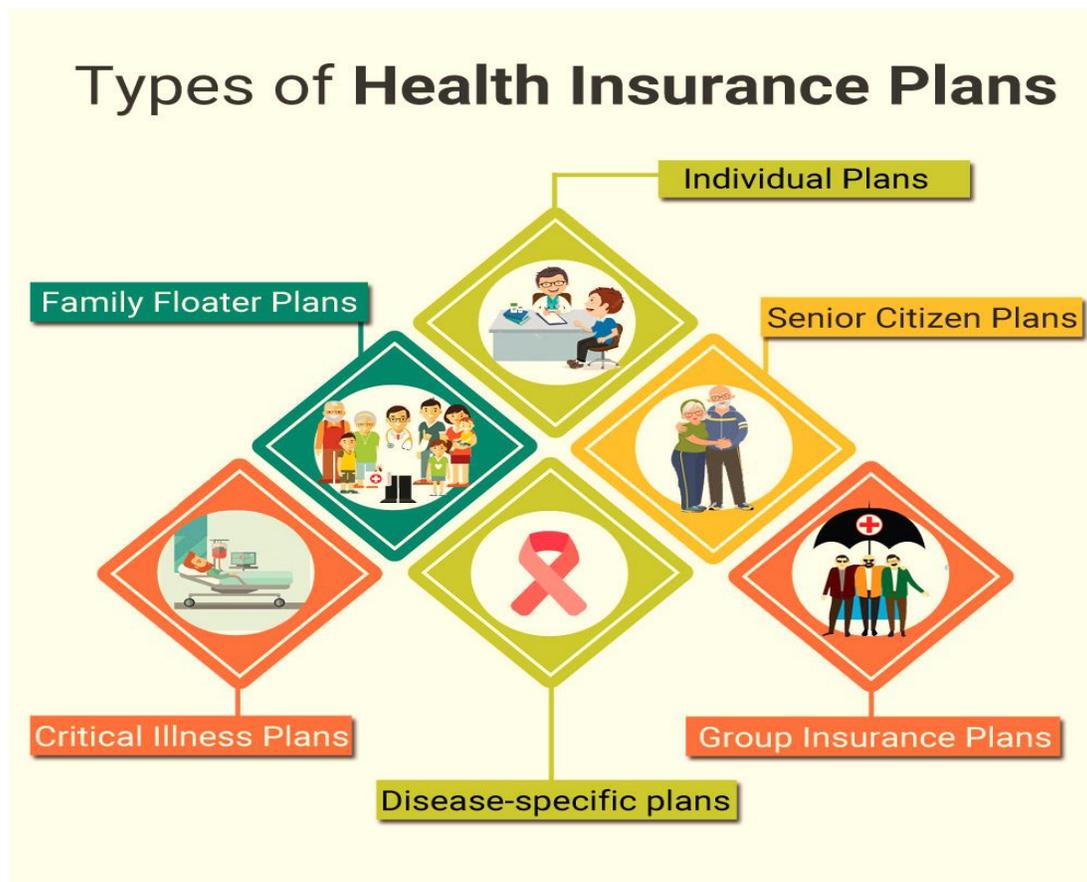
will then be required to pay this amount of Rs. 50,000 out of pocket. Once the deductible amount has been paid, the insurance company will become involved.

WHY DO WE NEED HEALTH INSURANCE????

In 2016, women had a life expectancy at birth of 70.2 years, while males had one of 68.7 years. Around the world, people are 70 and 75 years old on average.

India, non-communicable diseases were responsible for almost 61% of all fatalities in 2017.

In India, 73 million people have type 2 diabetes, which can result in several medical issues, while 224 million people have hypertension as of 2017. By 2025, this figure is anticipated to climb by an astounding 134 million.





Key Highlights of Healthcare Insurance Policy

1. Cashless Treatment: It is common for medical coverage organisations to collaborate with healthcare organisations to give high-quality medical services. The benefit of these is that patients who are admitted to these facilities don't have to pay out of pocket. There will be an insurance company representative there to handle it.

2. Pre and Post Hospitalization: Depending on the agreement purchased, it includes pre and post hospitalisation costs for a period of 30 to 60 days.

1. **Medical check-up:** Free examinations are provided by a few insurance companies as a precaution against illness or as follow-up checks for an existing condition.
2. **Tax Benefits:** In accordance with the tax laws of India, a person may be qualified for tax benefits under Section 80D of the Income Tax Act if they pay a particular premium amount.
3. **Co-payment:** Under this component, the insurance company may increase the premium amount if the insurance policy already specifies the number of deductibles that the insured must pay as co-payments. As a result, if a treatment occurs, the individual will pay a portion while the insurance company would cover the balance.

Formerly, health care financing in India has been geared at bolstering the system's infrastructure and human capital. Since the National Rural Health Mission (NRHM) was founded in 2005 as a vehicle to improve the supply-side of human services finance, more competition has entered the market. 2005–2012 (Ministry of Health and Family Welfare) (Ministry of Health and Family Welfare) To keep the Indian people out of the "debt trap," however, we want a healthcare funding model that emphasises the demand side.

One tactic for mitigating poverty is to enlist people under a protection umbrella. As a result, medical insurance funded by employers has a long history in India. The Employees' State Insurance Scheme, or ESIS, was established in 1948 and provides health, disability, and unemployment benefits to workers in factories and other production facilities. The Central Government Health Scheme (CGHS), which was established in 1954, provides medical expense coverage to central government employees, pensioners, and their family. The majority of indigenous people and agricultural laborer's lack access to healthcare because only 7% of India's workforce, who are all employed by organized labor, are covered by the country's extensive health insurance schemes.

In response to this requirement, the Indian government established several insurance schemes, the largest of which is the Pradhan Mantri Jan Arogya Yojana (PMJAY), which was established in 2018 to give financial security to the population of the poor and vulnerable.

The list of top companies providing health insurance in India are follows:

- Akko General
- Aditya Birla Capital
- Bajaj Allianz General Insurance Company
- Bharti AXA
- ICICI Lombard

Insurance Health Policy in Australia

Australia has the world's finest and most sophisticated healthcare system. It consists of both public and private elements. In Australia, primary care should be the first option for anyone in need of medical attention. This can be done by a doctor, general practitioner (GP), nurse, pharmacist, or dentist. Additionally, there are a variety of medical specialists in Australia. They might offer services in certain medical specialties like gastroenterology or cardiology.

Some facts about Australia Healthcare:

- There are private options available under Australia's universal public and private healthcare system.
- The general system is available to everyone who is a permanent resident, although half the population also obtains extra private insurance.
- Under the public program, doctor and emergency room visits are free.
- There are more than 5,000 pharmacies.
- Around 1,300 hospitals are present (700 public and 600 private).
- An additional 25,000 physicians and perhaps 24,000 specialists.
- General healthcare programs are offered to select groups, including veterans and many Australians.
- The Medicare Benefits Scheme and the Pharmaceutical Benefits Scheme, two national health insurance programs.

All elements of the public health system should be included, particularly government hospitals, community-based services, and government-owned healthcare facilities. It can be put into effect at all levels of government, including federal, state, territorial, and local.

Every citizen and permanent resident of Australia, including those who are applying for permanent status, has access to Medicare, which is the country's system for assuring universal access to healthcare. Since 1984, Medicare has been pretty standard and is accessible in every state.

Due to the Integrated Health Care Agreement with Australia, Medicare is also accessible to foreign nationals from eleven other countries. These nations are:

- Belgium
- Finland
- Italy
- Malta
- Netherlands
- New Zealand

- Norway
- Ireland
- Slovenia
- Sweden
- United Kingdom

Medicare at Australia Country offers the following:

75% of the fee is charged for some doctor treatments at hospitals if you are a private patient; the price of care received by public patients at public hospitals, including the price of medical services and other expenses;

Individuals (17% for products and services that aren't fully covered), non-government organizations (6%), state and territory governments (27%), private health insurers (9%), and the Australian government (41%).

Drug subsidies and medical care funding are the responsibility of the Australian government. A further 5.5 billion AUD (more than 3.8 billion USD) was spent on medical research between 2016 and 2017.

The majority of financing for community health programs comes from state and local governments.

The expense of public hospital services is shared by the federal government of Australia, the governments of the states, and the governments of the territories. hence lessen the strain on the public system. More private health insurance is purchased by 50% of Australians. This is done to cover costs like ambulance transportation that are not public expenses.

You are not required to get health insurance, but if you don't enroll by July 1 after turning 31 and only have hospital coverage, you will be assessed a Lifetime Health Cover premium for each hospital visit. An official campaign to promote buying private insurance was launched in 2000.

Hospital cover, "extras" cover, and ambulance cover are the three primary categories under which private health insurance in Australia is divided.

Hospital Services

You are able to choose the hospital and doctor of your choice if you have hospital insurance. You can seek medical attention as either a public or private patient in a public or private hospital. Before choosing a private hospital, you should think about the protracted wait periods in the public sector. If you opt for private treatment in a hospital, Medicare will pay for 75% of your medical costs (private or public). Your personal insurance plan may cover all or part of the remaining 25%; otherwise, it should be billed to you. This might be employed for

- a stay in a hospital;
- intensive care;
- operating room costs;
- medications,
- supplies, and consumables;
- surgically implanted prosthesis;
- diagnostic testing;
- any additional physician expenses;
- prescription drugs;

Extras Facilities

- A few examples of extras that are involved in general care are: dental examination and treatment; physiotherapy, occupational therapy, eye therapy, speech therapy, chiropractic services, podiatry, and psychiatric services;
- acupuncture; all forms of vision treatment (contact lenses and spectacles); hearing aids; and speech therapy
- Home healthcare
- Insurance policies that typically only provide coverage up to a certain annual maximum. Before selecting a supplier, be sure to clarify this with them and ask questions about it.

Services of Ambulance Facility

Rides in ambulances should be covered by Medicare. Thus, this is one of the main justifications for choosing private insurance. Most health insurance companies pay for combo packages that include these services.

Make cautious to find out exactly what is covered by your insurance company; some only cover specific types of travel.

The average cost of health insurance in Australia per month in 2018 was 166 AUD (115 USD). Hospital insurance typically cost roughly 2,000 AUD (1,382 USD) per year, and extra policies

cost about 850 AUD (587 USD). The following table provides the average monthly cost for basic medical care and hospital insurance for 2019 per level of coverage.

Elementary 200 AUD 140 USD 205 USD, 300 AUD, and 210 USD at the top

A new hospital insurance tiering system with four levels—basic, bronze, silver, and gold—could be implemented by the Australian government in April 2019. The average monthly expense for all of Sydney's funds, according to a single policy, was as follows:

Basic items cost AUD 80, USD 55, AUD 60, AUD 90, and AUD 120 for gold, AUD 170, AUD 120.

How to get insurance plan (Health) Offer in Australia?

You should get in touch with your chosen company to get health insurance once you have evaluated plans and determined which one is ideal for you and your family. When you sign up, there will be a waiting time before you can use any of your benefits or receive a certain kind of therapy. You could have to wait up to a year if you have a pre-existing condition or are pregnant. The major companies that provide health insurance in Australia are listed below.

- ACA Health Benefits Funds,
- ahm health insurance Plans,
- AIA Health Insurance Pvt Ltd,
- Australian Unity Health Limited,
- Bupa HI Ptv Ltd,
- CBHS Corporate Health Ptv Ltd,
- CBHS Health Fund Limited,
- CDH Benefits Fund,
- CUA Health Ptv Ltd, and Defence Health Limited

Rationale

India spends 4.2% of its GDP on health, but just 33% of that money comes from government budgetary allocation, a much lower amount than in the majority of wealthy countries today (WHO, 2012). More consumers are resorting to private health service providers as a result of the subpar quality of services offered by public health facilities as a result of such low financing. Because private health facilities are so expensive, they become expensive, unaffordable, and impoverishing for the third of Indians who still reside in rural areas.

A study titled "Key Indicators of Social Consumption in India: Health" was published in 2014 based on the 71st round of the NSSO survey. According to that survey, less than 20% of Indians have insurance, which is still a very young industry in India. Of these, 14% belonged to the rural population and 13% had access to government-funded health insurance programmes. Of the remaining 18%, 12% of urban residents and 13% of rural residents, respectively, were covered by some form of medical insurance. 2017 Shankar Prana

Gross premiums written in India reached Rs 5.53 trillion in 2018, according to a recent analysis titled "Indian Insurance Industry Overview & Market Development Analysis," with life insurance premiums accounting for Rs 4.58 trillion and non-life insurance premiums accounting for Rs 1.51 trillion. 2019 (Foundation). Government efforts to cover the uninsured resulted in a proliferation of health insurance plans, which steadily raised the prevalence of insurance in India.

Although there is a lack of information on the health insurance penetration in India, the author has attempted to evaluate the causes of this low penetration as well as the major factors that have an impact on the overall operation of the health insurance scheme from the viewpoint of end users, or the general public, in this paper.

Australia spends more than \$150 billion AUD annually, or 9% of its GDP, on healthcare while having a comparatively young population. The proportion of people 65 and older is predicted to reach 22.4% by 2054. Growing geriatric populations result in higher health care expenses and tighter budgets. over 45 have ongoing health issues, and one in five people have one or more chronic illnesses.

It considerably burdens the Australian government and raises concerns about the efficacy of the present healthcare system. Australia ranks fourth among all countries in terms of life expectancy and has the lowest infant mortality rate. As the population ages and costs for medical care and related services climb significantly, it becomes more difficult to maintain the same efficiency.

Major budgetary issues have been raised as a result of the States', Territories', and Commonwealth's rapidly increasing public health care spending. To maintain the current level of healthcare and increase its effectiveness, private health insurance is encouraged. In Australia, private health insurance was introduced more than 150 years ago in anticipation of the expansion of the medical industry and prospective expenses of treatments and follow-up

care (Private Health Care Australia, 2017-2018).

In Australia, the industry is supervised by the Private Health Insurance Administrative Council, a permitted institution under the National Health Act of 1953 and the National Insurance Act of 1973. Private health insurance is strongly favoured by the Australian government. As of June 30, 2004, six prestigious health insurance corporations had almost 76% of the shares in private health insurance. Private health insurance funds are carefully monitored and handled without giving the policy holder or service providers any special consideration.

Nobody gets turned away from a health insurance policy because the premium and coverage are still valid in accordance with the terms and conditions of the policy. Private health insurance is strongly encouraged in Australia. The government promotes the purchase of private health insurance by providing a variety of benefits to its residents. Refund of taxes is merely one among them. When the fiscal year comes to a conclusion, they can apply this to their lower health insurance premiums or submit a claim to the Australian Taxation Office (ATO).

Literature Review

With Employees State Insurance covering 8%, the Central Government Health Scheme covering 1.4%, and Rashtriya Swasthya Bima Yojana (RSBY) covering 9.4% of the eligible households, it was determined that only 19% of poor and disadvantaged groups in Delhi's slum areas were aware of and used health protection programmes. Only 18% had any health insurance. When necessary, 95% of CGHS, 71% of ESIS, and 9.5% of RSBY beneficiaries used the programme for episodic and chronic illnesses.

As a corollary, "education" and an emphasis on "premium setting" are crucial for HI penetration in India, according to a 2013 study by Ankit Jain that aimed to establish the extent of community health insurance coverage in rural India.

100% of CGHS, 86% of ESIS, and 54% of RSBY used the corresponding being services (Kaanapali S. Kusuma, 2018, December).

In another study to assess the effects of RSBY on OOP by the use of secondary data from "consumer expenditure survey" in three waves, 1999–2000, 2004–5 and 2011–12, should found that RSBY does not provide financial protection to poor people as bulk of OOPE is on outpatient expenditures which are covered and hence remain unaffected. Withn the utilization of services, it was found that outpatient care utilization rate remains same or may have increased while the inpatient care utilization rate remains low under RSBY (Anup Karan, 2017 May).

In another study conducted in Kerala should be patients of acute myocardial infarction to assess the impact of health insurance, it was found uninsured people have 24% higher risk of catastrophic health expenditure ,approximately \$400 higher cost othe cardiovascular healthcare services that too out of pocket expenses. (Mohan PP, 2019 May 3).

Relatively low coverage of diseases and services provided and exclusion of healthcare expenditure on drugs, outpatient visits, and investigations, which forms a major component of health expenditure, are the main reason for the limited impact of existing HI scheme in India as per a study conducted by (Vikram Patel, 2015).

Even though some businesses are offering coverage for OPD situations, it will be some time before they offer OPD coverage as a full-fledged solution. According to a study conducted to evaluate the OPD coverage by Private Health Insurance companies, the reason is that patient care, which involves a single hospitalisation leading to a single claim settlement and payment, is provided through frequent visits to physicians, which makes it difficult to settle claims and make payments (Ramandeep S. Gambhir, 2019, March).

HI coverage was found to be 20% which are highest among urban residents, higher illness rates among those enrolled under public HI schemes in comparison with those who were enrolled under private HI companies, similarly public sector facilities for Hospitalization was selected for those who had public HI and for hospitalization, private facilities were used by those who had private HI, Mean OOP were oughty to be on higher sides among insured in comparison with uninsured, that too with higher among those who were enrolled under Private HI in comparison with public HI (wrt OOP for Hospitalization) (Shankar Prinja P. B., 2019 Feb 5).

Conforming to the 2013 Global Burden of Disease Study, Australia has the third-highest life expectancy in the world. For women and males, respectively, the anticipated life expectancy (at birth) in 2015 was 84.74 and 79.7 years. The average lifespan of an Australian baby born in 2018 was 82.9 years, up from 69.3 years since 1950 if current mortality patterns remained the same. There were 1.83 births overall in 2018, compared to 13.3 crude births per 1,000 people in 2015. A crude death rate of 6.7 per 1,000 persons was recorded in 2018. For every 1,000 live births, there were 3 infant deaths. In the years 2002 to 2004, less than 2.5% of the population was undernourished. Australia has a long life expectancy.

"Indexation of the MBS and the private schedules have not kept pace with the expenses of providing medical care," the AMA declared in 2017. Therefore, patients might be responsible for paying out-of-pocket for medical care. The MBS and private schedules are lower than the AMA List since it was indexed annually at a rate that accounts for the expense of providing medical services. Members of the AMA List establish their rates through cyclical indexation.

To allow them to participate in the Medicare programme, Medicare supplies each qualifying health practitioner with a special Medicare provider number. Bills, prescriptions, and service requests (referrals) from practitioners that qualify for a Medicare benefit must include the provider number. If a doctor practises in more than one place, for instance, they might have more than one number.

In 1975, the Whitlam administration introduced the "Medibank" initiative. Beginning in 1976, it underwent significant changes during the Fraser Government, eventually being eliminated in late 1981. Under the name "Medicare," the Hawke Administration redesigned universal healthcare in 1984. Medibank remained a government-owned private health insurance firm up until the Abbott Government privatised it in 2014.

The Hawke administration restored the old Medibank model on February 1st, but changed its name to Medicare to set it apart from Medibank Private, which was still in operation.

The indexation of the Medicare Benefits Schedule was frozen by the Labour party in the 2013–14 federal budget with the goal of maintaining an alignment between the Medicare benefit level and the actual expenses of the service. The Abbott government, which was recently elected, extended the freeze until 2014–15 even though it was only supposed to

continue for a year until July 2014.

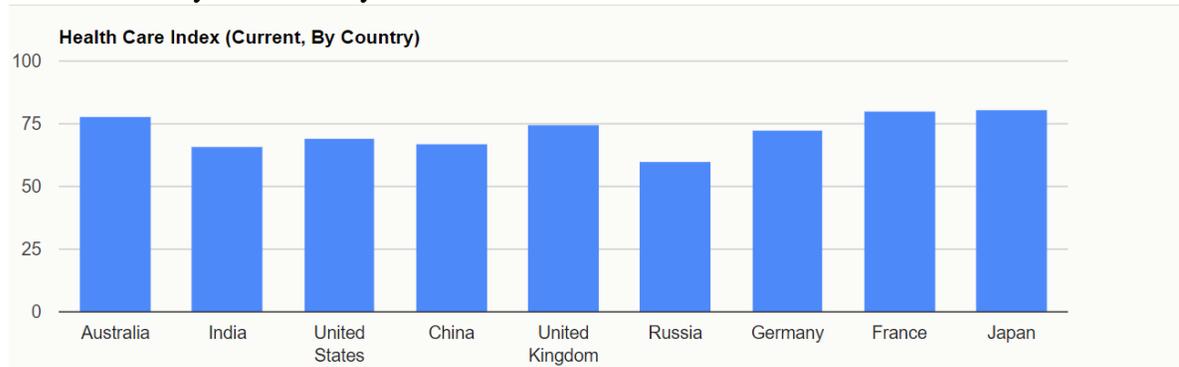


Figure 1 Healthcare Comparative Results -Numbeo

A developing state such as India requires medical insurance because the cost of healthcare has changed significantly and it now covers pre- and post-hospitalization costs. The 68.8% of people who reside in rural areas don't know about the

Ambulance coverage, childcare surgery coverage, health check-up and vaccine costs are all advantages of having health insurance, and this feeds the loop of being unable to live sustainably. While the health care system is a generalized, open, and free-flowing one in a developed country like Australia,

Explicit Objectives

- To measure the health insurance coverage of India & Australia
- To find out the challenges In Indian Health Insurance system

Methodology

- This study, which compares the coverage of health insurance policies and their systems in India and Australia, is based on secondary data that was gathered from articles and online research in order to draw conclusions
- paint a complete picture of the situation that exists in both nations with regard to health insurance coverage.

Results and Discussion

The inferences of this study have been divided into three sections corroborating the three objectives of this paper

- Section 1: To study the available system of health Insurance policies in India, and Australia

- Section 2: To compare between the no. of population having health policies in India, and Australia.
- Section 3: To find the challenges In the Indian Health Insurance System

Section 1: To identify available health Insurance system Of India and Australia

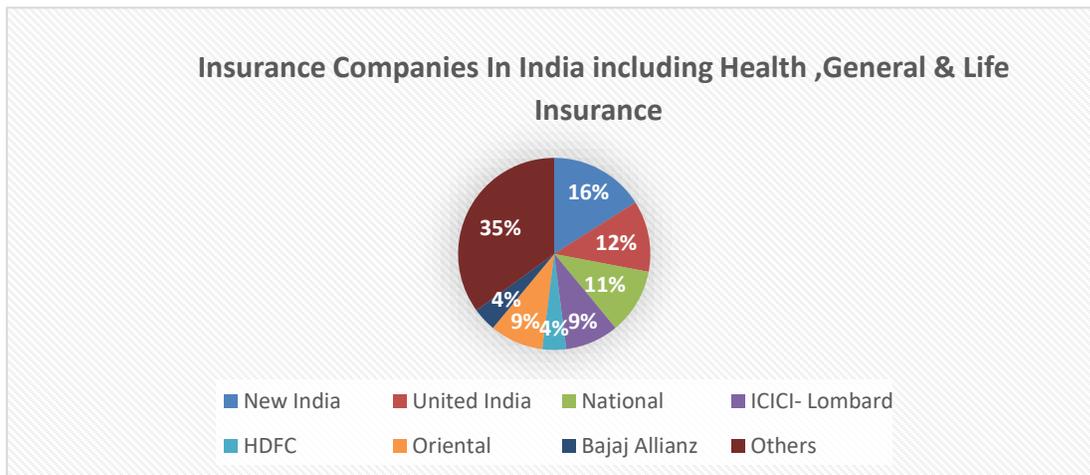


Figure 2 Health insurance companies In India

The graphs at the top illustrate how many health insurance providers there are in relation to Australia and India, along with their respective market shares in percentage terms.

Health insurance policies for individual and everyone that are available in India from businesses like ACKO and HDFC vary from person to person.

Health expenditure per person

Among the BRICS and other newly industrialised nations, India spends the least on health per capita.

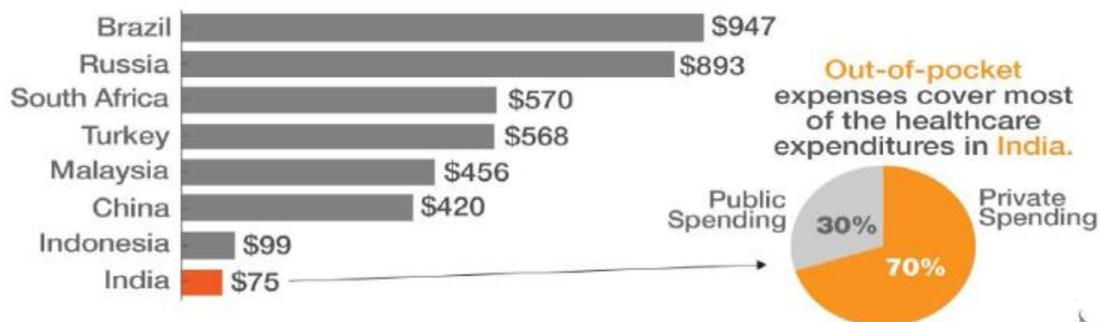


Figure 3 source- World Health Organisation

According to the World Bank, in 2015, 3.89% of GDP was spent whole on human services. Out

of 3.89%, administrative healthcare expenditures as a percentage of GDP are just 1%, and in-pocket expenditure as a percentage of current healthcare expenditures was 65.06% in 2015.

Health Insurance in India Private v/s Public

Although there are still pressing needs in India, the market for medical insurance is underdeveloped.

Although there are still pressing needs in India, the market for medical insurance is underdeveloped. This industry has great potential. This interest is not satisfied by the companies that offer medical insurance. In India, where there were 1.237 billion people, just 15% had access to health insurance (World Bank, 2014).

The protection area has expanded over the last 10 years since the protection division was privatized in 1999

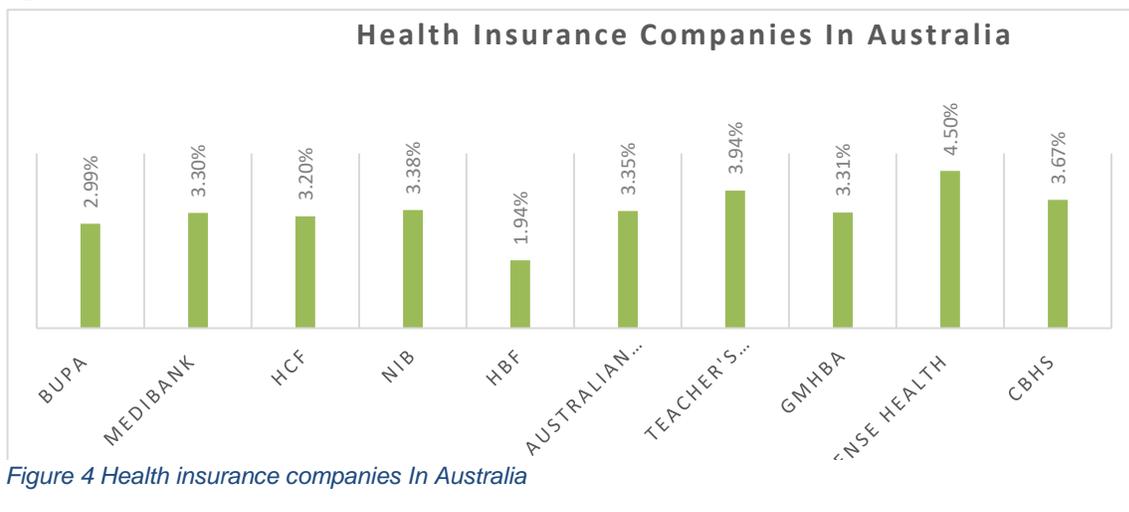


Figure 4 Health insurance companies In Australia

Even while Medicare gives Australian citizens and permanent residents in the nation—including those who are applying for permanent status—free or affordable access to the public health system, there are still some businesses that offer health insurance to the general public.

Australia's healthcare system is partially financed by public assistance and partially by private health insurance. The Medicare programme provides government funding, which also specifies

A private patient is someone whose treatment was funded by a health store without a Medicare commitment, as opposed to an open patient, whose treatment was covered by Medicare. Being a public patient in an open emergency clinic has several network disadvantages, such as the payoff of choosing specialists or caregivers, lengthy wait times for records, etc. Many people who purchase medical insurance do so in order to receive treatment as a private patient in either an open clinic or a private clinic.

A private patient has the right to the specialist of their choice in an open medical clinic, as well as payment for housing and operating room expenses. A person without protection must pay the

price on their own or register as an open patient at an open emergency facility.

- Extras spread: Medicare or basic health insurance do not cover certain non-therapeutic or group health services, such as dentistry and restoration care.

and optional prescriptions, gadgets. A person may decide to take "additional stuff" disseminated for such medications in addition to or as an optional step. Between reserves, there are variations in the services obtained, the sum reimbursed, and the tops that apply.

Health reserves are not permitted to discriminate against individuals while setting premiums.

Health Insurance in Australia Private v/s Public

Therefore, certain emergency room-related expenses for Australian citizens are covered by the government's Medicare programme; however, many choose to purchase supplementary insurance to give them access to treatment in the private medical services sector.

Australians lean toward the possibility of becoming patients at private emergency clinics because they might have more freedom in selecting their primary care physician and might be able to lessen their faith in elective medical treatments by opting to be treated in a private medical clinic.

Various health conditions can also be covered by private medical insurance.

Section 2: To compare between the no. of population having Health Insurance in India, and Australia

Health Insurance Coverage in India Only 14% of people in rural areas have health insurance, compared to only 18% of urban residents who have health coverage provided by all the corporations combined. With more and more private health insurers entering the market to offer high-quality healthcare to a wider segment of the population with individualised healthcare coverage, India is seeing a stronger rise in the private health insurance business. Indians are increasingly selecting private hospitals over public ones because of their superior quality and cutting-edge medical care. This paved the path for more extensive health insurance by encouraging private insurers to enter the market.

Massive capital inflows, extensive foreign direct investment (FDI), whose share has lately increased from 26% to 49%, and foreign investments encourage more private insurance businesses to enter India's health insurance market.

Health insurance coverage 2017-18

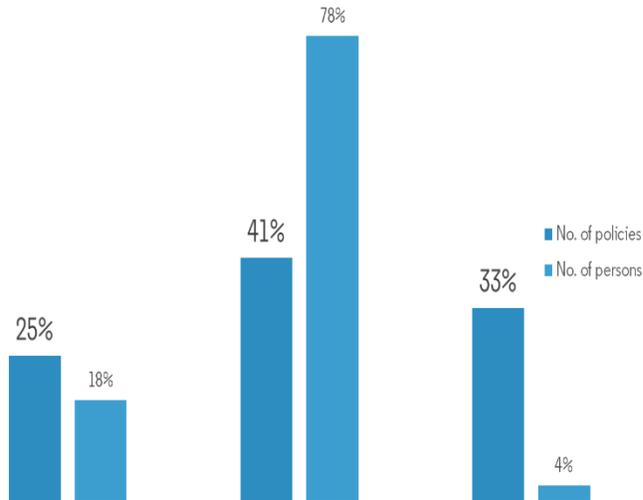


Figure 5 Source: Mordor Intelligence

Source: Mordor Intelligence



Figure 6 source: Fran Baum of Flinders University

Health Insurance Coverage

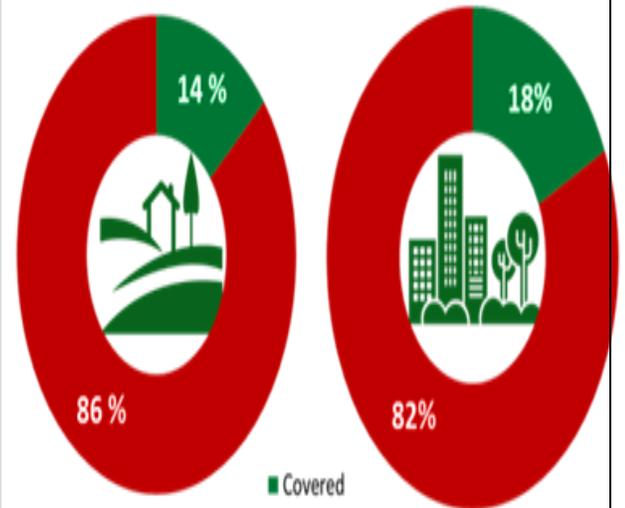


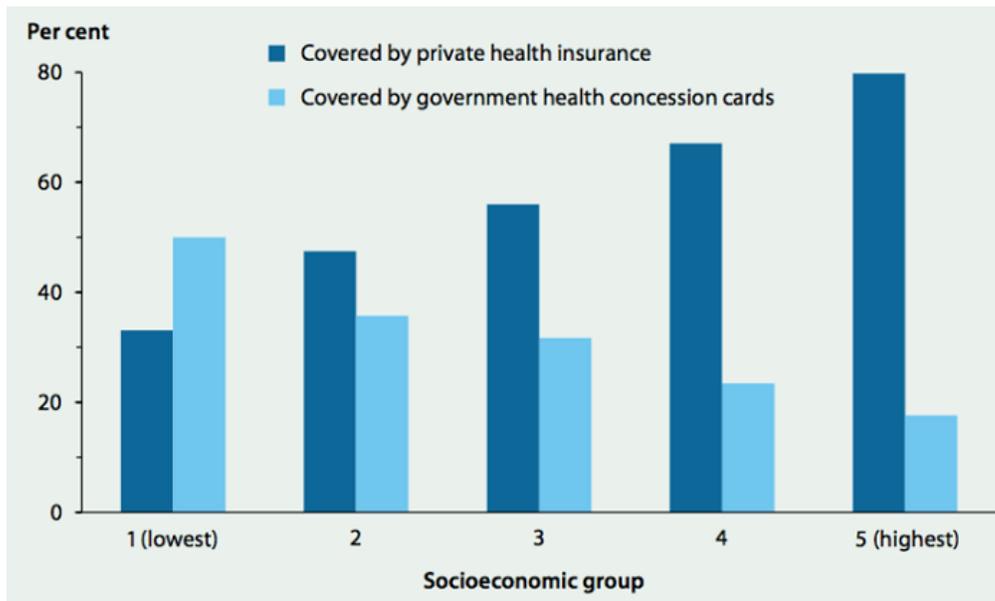
Figure 5 Source: WHO

Millions of people's lives are still at jeopardy because of a lack of health and life insurance. All other countries use the US under Obamacare and the Scandinavian countries as models, but adequate communication, training, and guidance are still absent. The severity of this problem is most extreme in rural areas, slum areas, and low-income households. The disparity is astonishing because, on the one hand, the Indian healthcare system has consistently raised its value while keeping up with the rest of the world, at least in the private sector. However, healthcare costs are at an all-time high and are probably going to keep rising. Despite being the sixth-richest country in the world, India has not yet advanced.

service rendered by the public health industry. According to a 2012 assessment by the Planning Commission, 200 million of India's 250 million inhabitants live in rural areas and are below the poverty line. Given the enormous challenges our country can solve and despite the Prime Minister's ambitious Medicare strategy, the lack of awareness of health insurance is perplexing.

In Australia, fewer than 20% of people have complete insurance. As of April 2020, there are three healthcare tiers in Australia: Gold, Silver, Bronze, or Basic. In Australia, only 41% of people have gold-level insurance, which covers hip replacements, pregnancy and delivery,

and pain management (these conditions are only covered at gold level).



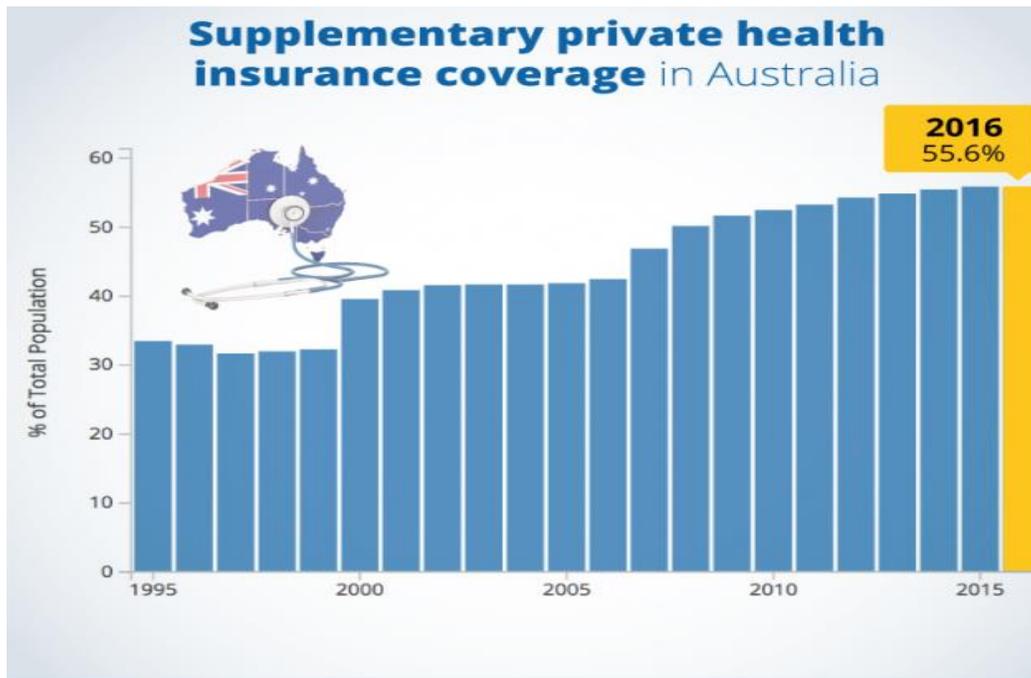


Figure 7 source: Organisation for economic development & Cooperation

Australia, for instance, that is supplementary private coverage for 55% of citizens, a high coverage rate that rose exponentially across the past 10 years.

Section 3: To find out the challenges In the Indian Health Insurance policies.

- For health insurance, the statistical system was a lifeline. For the planning and management of health insurance policies, India lacks the necessary data and information systems.
- High claim-paid out ratios by insurers, particularly public insurers, are the principal barrier to the growth of the health insurance business since they force insurers to bear heavy losses and cause them to lose interest in it.
- The State Health System, the Indian Medical Association, and the Third Parties Administrators (TPAs) are examples of organization's that are not attempting to professionally regulate health insurance in India.
- The Insurance Regulatory and Development Authority (IRDA), which focuses on the accessibility, quality, and affordability aspects of the health insurance business, is not more efficient.
- There are no alluring health insurance plans or programmes for the underprivileged and the informal economy (BPL).
- Another issue was the unfavourable selection of health insurance plans among policyholders.
- One of the primary issues with the development of health insurance is the lack of sufficient

knowledge about health insurance policies and insurers.

- Health insurance has a vital relationship to the distributive philosophy of social justice. Another obstacle to the development of the Indian health insurance industry is the absence of Public and Private Partnerships (PPP).
- Rural communities are not given enough consideration for the establishment of health insurance.
- The insurance firms' continued underpayment of premiums to policyholders

Conclusion

India is without a doubt developing quickly in terms of its financial system. We have a long way to go before we achieve our healthcare objectives. The healthcare system in our area is at a turning point right now. This strategy makes it crucial for the legislature to send out specific medical insurance laws to protect India's sizable populace. Despite extremely insufficient resource allocation in the area that should matter the most, India has the highest out-of-pocket expenditure rates on social insurance in the world and just 20% of people have access to medical coverage. Medical insurance in the interim of the organisation.

An ageing population, rising medical innovation costs, the open-private mix of healthcare consumption, issues involving basic medical research, value considerations across groups, and rapid urbanisation are just a few of the significant planning challenges Australia, like other nations, will face over the next ten years. A democratically sponsored healthcare system with institutional support and a "all-inclusive access" rule are both present in Australia (such as Medicare).

These sponsors residents of Australia enlighten them with medical care from professionals (such as specialists, therapeutic experts, and so forth.) and access to free medical care in publicly funded clinics. Strangely, Australians have the option to obtain private medical coverage (which includes private emergency rooms, dental offices, specialists.

Limitations

- The study is based on the available secondary data only
- Limited data could be found in relevance to the year 2022
- The study is restricted to the general health insurance policies and trends in India, & Australia

Recommendations

- India should make universal coverage its primary objective, and when formulating policy, the difficulties should be taken into consideration.
-
- The Indian government should use Australia's position at the top of the ranking as an example and emulate what they have done to achieve universal coverage.
- Families with low monthly incomes must make an effort to be covered by health insurance.
- The emphasis needs to be moved to providing programmes with some return on investment and simple claim resolution in a customer-oriented services environment.
- Public awareness-building efforts about health insurance and its advantages must be made.
- As there is still a lot of distrust among Indians, the government needs to encourage private insurance companies

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Annexure