

**Subject:** Contextual Note on CMHIS and the CIPS Award

A recent article published in *The Morung Express* and *Eastern Mirror* has raised concerns regarding the Chief Minister Health Insurance Scheme (CMHIS) and its recognition by the Centre for Innovations in Public Systems (CIPS). The issues highlighted reflect genuine anxieties about healthcare delivery in Nagaland and deserve careful consideration.

Nagaland has long struggled with deep systemic gaps in healthcare. The state has one of the lowest doctor-to-population ratios in India, at 1:1331<sup>1</sup>, compared to the World Health Organization (WHO) norm of 1:1000 (0.75 doctors per 1,000 persons in Nagaland). It has historically spent crores of rupees each year referring patients outside the state for advanced care. Specialist availability is even more limited, with the Indian average standing at 27.55 per 100,000 people, while Nagaland has only 8.85 per 100,000<sup>2</sup>. These shortages, particularly of specialists, continue to be a major challenge, leaving patients with little choice but to seek care outside the state at significant financial and emotional cost. It may however be noted that under the PM-JAY and CMHIS converged Schemes, out of the total 319 Cr. Paid out to hospitals, 87% (277 Cr) of claims paid has been to hospitals within the state, while claims paid to hospitals outside the state is only 13%(42 Cr. ).

Facility readiness is another constraint. As of 31 July 2025, Nagaland had 1 hospital with NABH entry-level certification, no hospital with full NABH certification<sup>3</sup>, and 11 facilities certified under NQAS<sup>4</sup>. The limited number of quality-assured hospitals underscores systemic gaps in patient safety and compliance with basic regulations such as Fire NOC, biomedical waste management, and adherence to standard treatment protocols. CMHIS empanelment criteria now require hospitals to align with these standards, creating positive pressure that is gradually strengthening patient safety and quality of care.

Utilization of health services also lags behind other states. In the NITI Aayog Health Index (2019–20)<sup>5</sup>, Nagaland ranked last among the eight smaller states in terms of overall health system performance.

Before CMHIS and PM-JAY, health insurance penetration in Nagaland was minimal. NFHS-5 (2019–21)<sup>6</sup> data shows that only 21% of households had any form of health insurance. Families often incurred debt or sold property to cover healthcare costs.

These realities form the backdrop against which CMHIS was introduced.

CMHIS provides financial protection of up to ₹20 lakh for employees and pensioners and ₹5 lakh for the general population, aiming to reduce catastrophic out-of-pocket expenditure. Recognising the absence of tertiary care facilities within the state, the scheme empanelled both in-state and out-of-state hospitals, thereby ensuring access to specialised care from anywhere in the country.

For the first time, patients in both government and private hospitals within Nagaland, as well as empanelled institutions outside, can access treatment without having to make

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<sup>1</sup> <https://nmc.nagaland.gov.in/> : 1503 registered doctors

<sup>2</sup> <https://openjicareport.jica.go.jp/pdf/1000052679.pdf>

<sup>3</sup> <https://nabh.co/find-a-healthcare-organisation/>

<sup>4</sup> <https://qps.nhsrindia.org/nqas-map-report>

<sup>5</sup> [https://www.niti.gov.in/sites/default/files/2021-12/NITI-WB\\_Health\\_Index\\_Report\\_24-12-21.pdf](https://www.niti.gov.in/sites/default/files/2021-12/NITI-WB_Health_Index_Report_24-12-21.pdf)

<sup>6</sup> <https://www.nfhsiips.in/nfhsuser/nfhs5.php>

immediate cash payments. This has introduced an important cultural change: moving from viewing healthcare as a private, debt-inducing burden to a shared, insured protection.

In order to provide transparency to all interested stakeholders, a snapshot of the Claim utilization under both PM-JAY and CMHIS and status of payments made to hospitals is given in the enclosed Annexure. It may be noted that Claims are paid after adjudication and necessary deductions/rejections.

For the policy period FY2024–25, the then insurance company failed to fulfil its contractual obligations, leaving approximately ₹26 crore in claims unpaid. The matter is sub-judice and has been escalated to the National Health Authority (NHA), Ministry of Health and Family Welfare (MoHFW), Insurance Regulatory and Development Authority of India (IRDAI), and the Department of Financial Services (DFS), Ministry of Finance.

The frustrations highlighted in the media cannot be ignored. Concerns around delayed payments, viability of private hospitals, and patient–provider trust are real and pressing. At the same time, CMHIS was designed with the aim of alleviating financial hardships people in our state faced in availing quality healthcare, and with the understanding that until tertiary facilities are built locally, portability and empanelment of out-of-state hospitals remain necessary. Most of the referrals outside Nagaland are for cancer treatment, neurosurgery, and cardiothoracic and vascular surgery, specialties with limited or no in-state availability.

CMHIS has laid the foundation for a cultural shift from a cash-based, debt-inducing health system to one based on pooled risk and insured protection. **The CIPS award should be seen not as a final verdict but as recognition of a reform in progress.** The future of CMHIS lies in co-creation with doctors, hospitals, civil society, and the public actively shaping improvements. Constructive criticism, transparent data, and collaborative problem-solving will ensure that CMHIS evolves into a reliable and inclusive health protection scheme for the people of Nagaland.

Annexure 1A-Claims Utilization: Hospitals within Nagaland VS Hospitals outside Nagaland

HOSPITALS WITHIN NAGALAND							HOSPITALS OUTSIDE NAGALAND				
Sub-Scheme	Financial Year	Individuals Benefited	Total Claim Amount Submitted (₹ in Cr.)	Total Claim Paid (₹ in Cr.)	Total Claim Rejected	Avg No. of Days for Claim Settlement	Individuals Benefited	Total Claim Amount Submitted (₹ in Cr.)	Total Claim Paid (₹ in Cr.)	Total Claim Rejected (₹ in Cr.)	Avg No. of Days for Claim Settlement
CMHIS (EP)	FY2022-23	303	1.85	1.55	0.01	23					
	FY2023-24	7,138	39.04	34.77	0.14	20	241	4.95	4.14	0.07	51
	<b>FY2024-25</b>	<b>11,305</b>	<b>79.21</b>	<b>50.19</b>	<b>8.20</b>	<b>57</b>	<b>993</b>	<b>24.90</b>	<b>19.30</b>	<b>0.90</b>	<b>45</b>
	FY2025-26	3,943	19.35	10.81	0.06	29	590	11.68	5.97	0.03	33
	<b>Total</b>	<b>22,689</b>	<b>139</b>	<b>97</b>	<b>8</b>	<b>32</b>	<b>1,824</b>	<b>42</b>	<b>29</b>	<b>1</b>	<b>43</b>
PM-JAY/ CMHIS (GEN)	FY2018-19	228	0.34	0.32	0.00	29					
	FY2019-20	5,500	13.19	11.85	0.28	15	136	0.56	0.37	0.08	21
	FY2020-21	3,362	10.29	9.78	0.07	77	92	0.43	0.42	0.01	72
	FY2021-22	2,641	10.46	10.09	0.01	5	171	0.78	0.76	0.01	6
	FY2022-23	6,601	25.01	24.12	0.01	28	340	1.81	1.79	0.00	27
	FY2023-24	20,433	61.16	56.82	0.10	17	653	4.24	4.04	0.01	17
	<b>FY2024-25</b>	<b>23,131</b>	<b>73.07</b>	<b>52.45</b>	<b>3.60</b>	<b>68</b>	<b>720</b>	<b>4.88</b>	<b>4.29</b>	<b>0.08</b>	<b>63</b>
	FY2025-26(till date)	8,852	22.25	14.54	0.86	33	309	2.14	1.03	0.09	37
	<b>Total</b>	<b>70,748</b>	<b>216</b>	<b>180</b>	<b>5</b>	<b>34</b>	<b>2,421</b>	<b>15</b>	<b>13</b>	<b>0</b>	<b>35</b>
<b>Grand Total</b>		<b>1,64,185</b>	<b>93,437</b>	<b>355</b>	<b>277</b>	<b>13</b>	<b>33</b>	<b>4,245</b>	<b>56</b>	<b>42</b>	<b>1</b>

Annexure 1B-Claims Utilization: Public Hospitals VS Private Hospitals

PUBLIC HOSPITAL							PRIVATE HOSPITAL				
Sub-Scheme	Financial Year	Individuals Benefited	Total Claim Amount Submitted (₹ in Cr.)	Total Claim Paid (₹ in Cr.)	Total Claim Rejected (₹ in Cr.)	Avg No. of Days for Claim Settlement	Individuals Benefited	Total Claim Amount Submitted (₹ in Cr.)	Total Claim Paid (₹ in Cr.)	Total Claim Rejected (₹ in Cr.)	Avg No. of Days for Claim Settlement
CMHIS(EP)	FY2022-23	107	0.73	0.63	0.00	22	198	1.12	0.92	0.01	24
	FY2023-24	2,372	8.16	7.59	0.02	18	5,154	35.83	31.31	0.18	22
	<b>FY2024-25</b>	<b>3,807</b>	<b>17.47</b>	<b>11.61</b>	<b>1.17</b>	<b>62</b>	<b>8,698</b>	<b>86.64</b>	<b>57.88</b>	<b>7.93</b>	<b>54</b>
	FY2025-26	2,298	9.91	5.07	0.02	30	2,296	21.12	11.71	0.07	28
	<b>Total</b>	<b>8,584</b>	<b>36.27</b>	<b>24.91</b>	<b>1.22</b>	<b>33</b>	<b>16,346</b>	<b>145</b>	<b>102</b>	<b>8</b>	<b>32</b>
PM-JAY/ CMHIS (GEN)	FY2018-19	162	0.18	0.18	0.00	33	67	0.15	0.15	0.00	22
	FY2019-20	3,729	6.56	5.57	0.21	15	2,002	7.19	6.64	0.15	20
	FY2020-21	1,521	2.13	2.01	0.03	75	2,013	8.59	8.18	0.05	78
	FY2021-22	1,366	2.82	2.72	0.01	13	1,505	8.39	8.11	0.01	6
	FY2022-23	3,707	8.69	8.29	0.00	28	3,390	18.04	17.53	0.00	29
	FY2023-24	11,033	23.17	21.26	0.07	17	10,596	42.60	39.94	0.05	19
	<b>FY2024-25</b>	<b>13,467</b>	<b>43.54</b>	<b>40.02</b>	<b>0.32</b>	<b>68</b>	<b>11,147</b>	<b>45.77</b>	<b>35.39</b>	<b>1.85</b>	<b>58</b>
	FY2025-26(till date)	7,007	15.28	9.13	0.67	34	2,334	9.12	6.45	0.28	31
	<b>Total</b>	<b>41,992</b>	<b>102.36</b>	<b>89.17</b>	<b>1.32</b>	<b>35.38</b>	<b>33,054</b>	<b>139.85</b>	<b>122.39</b>	<b>2.39</b>	<b>33</b>
<b>Grand Total</b>		<b>92,568</b>	<b>50,576</b>	<b>138.63</b>	<b>114.08</b>	<b>2.53</b>	<b>34.19</b>	<b>82,454</b>	<b>424.40</b>	<b>346.59</b>	<b>12.97</b>

Issued by

Nagaland Health Protection Society, Kohima