

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA
UNSTARRED QUESTION NO. 2525
TO BE ANSWERED ON 17TH DECEMBER, 2024**

CAG REPORT ON AB-PMJAY

2525. SHRI VIVEK K. TANKHA:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether, in light of the Comptroller and Auditor General of India (CAG)'s report on Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), Government is considering to adopt NHS-style monitoring practices, such as requiring a General Practitioner (GP) recommendation before beneficiaries access hospital services, to enhance accountability;
- (b) whether AB-PMJAY could adopt a system where Government directly pays healthcare providers, inspired by the NHS model, thereby eliminating financial interactions for beneficiaries and simplifying access to services; and
- (c) whether Government will implement regular independent audits and performance reviews, incorporating best practices from the NHS, to improve transparency, resource utilization and service delivery within the AB-PMJAY?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)**

(a) to (c): Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a flagship scheme of the Government which provides health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to approximately 55 crore beneficiaries corresponding to 12.37 crore families constituting economically vulnerable bottom 40% of India's population.

Under AB-PMJAY, a network of over 29,929 hospitals have been empaneled for providing healthcare services to the scheme beneficiaries. This includes 13,222 private hospitals.

All eligible beneficiaries are entitled to free healthcare services where they can visit any empanelled hospital to avail healthcare services across the country.

Under AB-PMJAY, the empaneled hospitals raise pre-authorization and claims requests to their respective State Health Agencies regarding the treatment given to the scheme beneficiaries. Further, depending on the mode of implementation adopted by the State/UT, the State Health Agencies (SHAs) and / or insurance companies (engaged by respective SHAs) subsequently settle the claims raised by the empaneled hospitals for the treatments availed by the scheme beneficiaries.

The performance audit regarding the implementation of AB PM-JAY for the period September-2018 to March-2021 was conducted by CAG on the request of the National Health Authority (NHA).

A baseline study was commissioned by the Government of India in 2019-2020 to understand the impact of AB-PMJAY across the States of Bihar, Chhattisgarh, Gujarat, Kerala, Meghalaya, Tamil Nadu and Uttar Pradesh covering a sample of 72,636 individuals.
