

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

**RAJYA SABHA  
UNSTARRED QUESTION NO. 2041  
TO BE ANSWERED ON 18<sup>TH</sup> MARCH, 2025**

**PENDING DUES UNDER AB-PMJAY SCHEME**

**2041. SMT. PRIYANKA CHATURVEDI:**

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

- (a) the amount pending to hospitals under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) services, for both private and Government hospitals, State-wise;
- (b) whether the Ministry has any timeline for State Governments to repay pending dues to hospitals under the AB-PMJAY scheme and whether its implementation is being monitored;
- (c) if so, the details thereof, and if not, the reasons therefor; and
- (d) the number of hospitals that have opted out of the scheme, State-wise and year-wise since 2019 and with reasons, including due to pending dues?

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

(a) to (c): Settlement of claims is an ongoing process. Under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), claims are settled by respective State Health Agencies (SHA). NHA has laid down guidelines for payment of claim to hospitals within 15 days of claims submission for the intra-state hospitals (hospitals located within State) and within 30 days in case of portability claims (hospitals located outside State). Claims are required to be settled within the timeline specified under the scheme. Notable improvements have been recorded in the overall average Turnaround Time (TAT) for claim settlements year on year. Regular review meetings are organized to take stock of the progress with regards to the claims. Further, capacity building activities are organised for efficient claims settlement.

(d): Under AB-PMJAY, the empanelment of private hospitals is entirely voluntary. The State/UT-wise and year-wise details of number of hospitals that have opted out of the scheme since 2019 are at **Annexure**. The reasons for which hospitals have voluntarily opted out of the scheme include empanelment only for the COVID period, hospitals were closed or non-functional,

changes in hospital entity, hospital relocated, ongoing reconstruction or renovation in the hospital, shortage of supporting or nursing staff, unavailability of specialist doctors, voluntary withdrawal from the scheme, package rates, opting out due to certain treatment packages reserved for public hospitals only (Chhattisgarh & Gujarat), and no referral from public hospitals (Karnataka).

**Annexure**

State/UT-wise and year-wise details of number of hospitals that have opted out of the scheme since 2019

<b>State/UT</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>	<b>2024-25</b>
Andhra Pradesh	3	1	-	1	-	-
Assam	-	-	-	-	10	2
Chandigarh	-	-	-	1	1	-
Chhattisgarh	3	7	2	11	3	5
Gujarat	61	-	93	-	57	22
Haryana	-	-	-	-	-	2
Jammu and Kashmir	-	-	-	1	-	-
Karnataka	-	1	3	5	9	-
Kerala	-	-	-	58	88	-
Maharashtra	12	15	37	17	1	1
Manipur	-	-	-	-	-	1
Puducherry	-	-	-	1	-	1
Punjab	-	8	10	16	2	4
Rajasthan	4	-	-	2	1	-
Tripura	-	-	-	-	-	2
Uttar Pradesh	-	10	6	5	2	1

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