

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 892
TO BE ANSWERED ON 11TH FEBRUARY, 2025**

INCREASE IN FINANCIAL COVERAGE UNDER AB-PMJAY FOR WOMEN

**892. DR. SASMIT PATRA:
SHRI NIRANJAN BISHI:
SMT. SULATA DEO:
SHRI MANAS RANJAN MANGARAJ:**

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

- (a) whether Government has any plan to increase the financial coverage under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) for women from ₹5 lakh to ₹10 lakh;
- (b) the expected number of women beneficiaries who will receive financial assistance under the AB-PMJAY in Odisha;
- (c) the steps taken to ensure the effective implementation of this Scheme for women, especially in rural and tribal areas of Odisha; and
- (d) whether as per various news reports, some hospitals are denying patients to give treatment under AB-PMJAY due to issues such as delay or no reimbursement by the State, if so, the details thereof and the steps Government has taken for hassle-free treatment of poor people?

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

(a): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) currently provides health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to the eligible families. This family cover is for every member of the family including women. Expansion in treatment is done by inclusion of new procedures, empanelment of new hospitals, inclusion of new beneficiaries and other improvements as per requirements from time to time.

(b): In the State of Odisha, 49 percent of the beneficiaries expected to be covered under the converged scheme PMJAY-GJAY (Pradhan Mantri Jan Arogya Yojana - Gopabandhu Jan Arogya Yojana) are female.

(c): AB-PMJAY provides cover for 1961 medical procedures across 27 different medical specialties. This includes several packages related to women like high-risk pregnancies, female specific cancers, etc. Further, Odisha provides additional cover of Rs. 5 lakh to the women members of the family over and above the family cover of Rs. 5 lakh.

AB-PMJAY has a comprehensive media and outreach strategy to spread awareness and empower beneficiaries for their rights and entitlements more prominently in rural, remote and tribal areas. Special card drives are being undertaken under Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyaan (PM- JANMAN), Viksit Bharat Sankalp Yatra (VBSY), Pradhan Mantri Janjatiya Unnat Gram Abhiyan (PM-JUGA) Dharti Aaba Janjatiya Gram Utkarsh Abhiyan etc.

Enrollment may be done through mobile phone application (Ayushman App), web portal (beneficiary.nha.gov.in) or at the nearby empanelled hospital or Common Service Centre. The feature of self registration is also available in the above mentioned application. In addition to this, beneficiaries may call National toll free helpline (14555) for any assistance/queries.

Further, public health being a State subject, the monitoring of empanelled hospitals under AB-PMJAY is carried out by the respective State/UT to ensure quality healthcare services are provided to beneficiaries.

In addition to this, State Health Agencies (SHAs) have also engaged the wide network of frontline workers like ASHAs, AWWs and VLEs (Village Level Entrepreneurs), who have been pivotal in creating mass awareness especially for women in rural and tribal areas. Moreover, about 37 lakh families of ASHA, AWWs and AWHs have been included under the scheme since March 2024.

(d): As per the terms and conditions of empanelment, hospitals are mandated to provide the services to eligible beneficiaries under AB-PMJAY. In case services under the scheme are not provided by the empanelled hospital, beneficiaries can lodge grievances.

Under AB-PMJAY, a three-tier grievance redressal system at District, State, and National level has been created to resolve the issues faced by beneficiaries in utilizing healthcare services, including rural and underserved areas. At each level, there is a dedicated nodal officer and Grievance Redressal Committees to address the grievances.

Beneficiaries can also file their grievance using different mediums including web-based portal Centralized Grievance Redressal Management System (CGRMS), Central & State call centers (14555), email, letter to SHAs etc. Based on the nature of grievance, necessary action, including

providing support to the beneficiaries in availing treatment under the scheme, for resolution of grievances is taken.

Under AB-PMJAY, claims are settled by respective SHAs. Timely settlement of claims is one of the key parameters against which the scheme performance is measured. Therefore, the status of claim settlement under the scheme is constantly monitored to ensure that claims are settled within defined turnaround time. Necessary action is taken by the National Health Authority wherever there is a delay in claim payment.
