

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 2841
TO BE ANSWERED ON 17TH MARCH, 2026**

BENEFICIARIES AND CLAIMS SETTLED UNDER AB-PMJAY

2841. SHRI G.C. CHANDRASHEKHAR:

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

- (a) the beneficiaries covered and claims settled under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) during the last two years;
- (b) the number and value of fraud/irregularity cases detected and recovered; and
- (c) the steps taken to improve pre-authorisation and post-audit controls?

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) provides health coverage of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore families constituting bottom 40% of India's population. In March 2024, approximately 37 lakh families of Accredited Social Health Activists, Anganwadi Workers and Anganwadi Helpers were included under the scheme. The scheme was further expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their socio-economic status.

AB-PMJAY is governed on a zero-tolerance approach towards fraud. National Anti-Fraud Unit (NAFU) uses AI/ML-based automated triggers to flag unusual claim patterns such as duplicate entries, inflated procedures or misuse of patient identity etc.

NAFU works in close coordination with the State Anti-Fraud Units to investigate and take action against cases of fraud. Appropriate actions including suspension, warning letter, de-panelsment of hospitals, levying penalty lodging of FIRs are taken against fraudulent entities.

Pre-authorization is the first step to provide cashless treatment to eligible beneficiaries. The following steps have been taken to improve the pre-authorization:

- National Health Authority (NHA) has enabled retrospective pre-authorization - allowing public hospitals to raise pre-auth requests up to five days and private hospitals up to three days from the date of admission - thereby ensuring life-saving treatment is not denied due to procedural constraints.
- Further, NHA has enabled auto-approval of pre-authorization for 90 high utilisation packages and low-risk medical procedures. These procedures are approved automatically on pre-authorization submission. For other procedures, a maximum Turn-Around Time norm of six hours is followed.
- NHA has created separate, dedicated sections within each hospital's login to view incoming pre-authorization queries, respond to them, and process them - all in one place. This makes it easier to track pending cases, take action on time, and manage the overall pre-authorization process more effectively.
