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

RAJYA SABHA
STARRED QUESTION NO. 245*
TO BE ANSWERED ON THE 11th AUGUST, 2026

AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA

***245 SHRI KAPIL SIBAL:**

Will the **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:

(a) the number of claims received, approved, rejected and pending under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) as of mid-2026, along with the major reasons for claim rejections;

(b) the current status of hospital empanelment under the scheme, particularly in rural and semi-urban areas and reports of denial of treatment or additional charges being levied on eligible beneficiaries; and

(c) the steps taken to address delays in claim settlement and to reduce out-of-pocket expenditure for scheme beneficiaries in light of grievances received from States and patients?

ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)

(a) to (c) A Statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO RAJYA SABHA
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(a) to (c) Under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), claim settlement is a regular process, and claims are settled by the respective State Health Agencies as per claim adjudication guidelines issued by the National Health Authority (NHA). Further, for timely settlement of claims, the permissible turnaround time is within 15 days of claim submission for intra-state hospitals (hospitals located within the State) and within 30 days of claim submission in case of portability claims (hospitals located outside the State).

Under the scheme, all claims submitted by empanelled hospitals are adjudicated in accordance with Standard Treatment Guidelines, Health Benefit Package protocols, and the prescribed claims adjudication manual. Claims found to be inconsistent with the prescribed provisions are dealt with as per the applicable guidelines, including rejection, wherever applicable.

Under the scheme, claim adjudication is continuously monitored by NHA through a robust IT-enabled Transaction Management System. Regular analysis of claim processing trends, including rejected claims, is undertaken to identify operational issues, improve claim adjudication quality, and facilitate corrective measures in coordination with the States/UTs.

To ensure that eligible claims are not rejected without adequate scrutiny, a structured multi-level claim adjudication and review process is followed under AB-PMJAY. Before a claim is finally rejected, it is examined at multiple levels by designated medical and administrative authorities in accordance with the prescribed claim adjudication processes. In addition, a dedicated review committee has been established wherein empanelled hospitals may submit requests for review of rejected or partially paid claims within 15 days from the date of communication of the decision. Such requests are examined by a designated committee before arriving at a final decision.

Further, NHA uses Artificial Intelligence and Machine Learning - based automated triggers to flag unusual claim patterns such as unauthorized billing, duplicate entries, inflated procedures, or misuse of patient identity, etc.

All fraud detection triggers are executed within 24 hours of claim submission, and claims flagged suspicious through these triggers are examined before payment. Such claims confirmed as fraud after examination are rejected before payment. This has strengthened pre-payment scrutiny of claims and resulted in savings of Rs 676.14 crore as on 31st July 2026.

NHA has developed an end-to-end IT-enabled digital platform under AB-PMJAY to ensure timely, transparent and efficient processing of claims. The system has defined Turnaround Timelines (TATs). The IT platform facilitates real-time tracking of claims, automated validations, and monitoring of pendency to minimize delays.

Further, NHA regularly reviews claim settlement performance with the State Health Agencies through review meetings, dashboards and periodic monitoring. States are advised to adhere to the prescribed TATs, clear pending claims in a time-bound manner and strengthen claim processing mechanisms.

As on 31st July 2026, a total of 38,374 hospitals have been empanelled under the scheme, of which 18,019 are private, and 20,355 are public hospitals. The details of the empanelled hospitals can be accessed at https://hem.nha.gov.in/search.

As per the empanelment guidelines under the AB-PMJAY, empanelled hospitals cannot deny treatment to eligible beneficiaries. In case of any irregularity in availing treatment or denial of treatment by an empanelled hospital under AB-PMJAY, beneficiaries may register their grievances through the Centralized Grievance Redressal Management System, the 24×7 toll-free helpline (14555), Ayushman App, and Ayushman Sarathi (WhatsApp chatbot).

The grievances are monitored through a three-tier grievance redressal mechanism at the District, State, and National level. Further, designated nodal officers are in place at the National, State, and District levels to regularly review, monitor, and ensure the timely resolution of grievances, thereby strengthening accountability and facilitating effective implementation of the Scheme. Grievance Redressal Committees have been constituted at the State and District levels to periodically review the grievances.

Further, appropriate action is taken by the respective State/UT, wherever warranted, against hospitals found to have violated the scheme guidelines, including denial of treatment to eligible beneficiaries. Such actions include de-empanelment, suspension, imposition of financial penalties, lodging of FIRs, etc.

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