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

RAJYA SABHA
UNSTARRED QUESTION NO. 1897
TO BE ANSWERED ON 04TH AUGUST, 2026

DENIAL OF TREATMENT UNDER AB-PMJAY

1897. # SMT. MAHUA MAJI:

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

(a) whether Government has assessed complaints regarding card-holding beneficiaries being denied treatment, hospitals refusing to accept cards, and pending claims under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) across various States of the country;

(b) if so, the details regarding complaints received from the States, the action taken thereon, and the hospital-wise details thereof during the last five years; and

(c) whether Government is considering developing an effective monitoring and accountability mechanism to ensure timely and prompt treatment for eligible beneficiaries?

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

(a) and (b): National Health Authority (NHA) regularly reviews the implementation of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) through periodic review meetings with States/UTs to assess the progress of scheme implementation, beneficiary coverage, hospital empanelment, scheme utilisation and challenges.

As per the empanelment guidelines under AB-PMJAY, the empanelled hospitals cannot deny treatment to eligible beneficiaries of the scheme. In case of denial of treatment by an empanelled hospital, beneficiaries may register their grievances through the Centralized Grievance Redressal Management System or the 24*7 toll-free helpline number 14555, Ayushman App, and Ayushman Sarathi (Whatsapp chatbot). 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. At each level, there are designated nodal officers and Grievance Redressal Committees to address 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.

(c): AB-PMJAY is implemented through a robust end-to-end digital system to ensure transparency, accountability, and efficient delivery of healthcare services. The digital system provides for role-based authorised access, standardized Health Benefit Packages, standard treatment guidelines, defined turnaround timelines (TAT), paperless and cashless pre-authorisation & claims processing, technology-enabled anti-fraud mechanisms, and a comprehensive grievance redressal mechanism.

To facilitate timely treatment, there is a defined TAT for preauthorization approval. Further, in case of emergency cases, empanelled hospitals are permitted to start treatment without a preauthorization which can be raised subsequently. As per the scheme guidelines, the preauthorization request can be submitted within 5 days of admission by public hospitals and within 3 days in case of private hospitals.

Further, to ensure transparency, accountability, and seamless delivery of cashless healthcare services to eligible beneficiaries across the country, NHA regularly reviews the implementation of AB-PMJAY through periodic review meetings with State Health Agencies to monitor key performance indicators, including pre-authorisation TAT, claims processing, hospital performance and grievance redressal to address implementation challenges.

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