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

LOK SABHA UNSTARRED QUESTION NO. 2207 TO BE ANSWERED ON 15TH DECEMBER, 2023

DIAGNOSTIC TESTS UNDER AYUSHMAN BHARAT YOJANA

2207. SHRI NALIN KUMAR KATEEL:

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

(a) whether diagnostic tests and doctor consultation expenses are covered under Ayushman Bharat Yojana to facilitate the beneficiaries and if so, the details thereof;

(b) whether the Government has taken note of the complaints regarding beneficiaries of the Yojana required to undergo diagnostic tests are either being denied such tests or made to wait for weeks and months to get diagnosed;

(c) if so, the details thereof along with the response of the Government thereto; and

(d) the details of the measures taken/being taken to ensure that the beneficiaries get facilities of diagnostic tests and doctor's consultation free of costs without any delay?

ANSWER THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (PROF. S. P. SINGH BAGHEL)

(a) to (d): Under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), hospitals are paid based on specified Health Benefit Packages (HBPs) with standardised rates. The cost of HBP covers all the costs related to treatment, including drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, OT and ICU charges, etc.

Hospitals empanelled under AB-PMJAY are bound to offer cashless treatment to eligible beneficiaries for the specialties for which they have been empanelled. Failure to do so may result in action, including de-empanelment. In case beneficiaries are denied treatment, grievance can be lodged online or at national call centre 14555 or through mail, letter, fax etc. which is acknowledged, recorded, escalated & resolved as per well-defined process. All grievances of scheme beneficiaries

are resolved in an efficient, transparent and time bound manner through a three-tier grievance redressal structure.

At the time of empanelment, prospective hospitals have to compulsorily declare that either they have in-house diagnostic services or they have tied-up with a neighbouring lab. Further, use of e-RUPI, a digital solution developed by National Payments Corporation of India (NPCI), has empowered the beneficiaries to seek cashless diagnostic services under the scheme.

Feedback calls are made to the beneficiaries on the second day of the discharge from the hospital to enquire about the different aspect of treatment provided, including if the beneficiary has met any out-of-pocket-expenditure for the services, which are otherwise free under the scheme.
