

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

**LOK SABHA  
UNSTARRED QUESTION NO. 2044  
TO BE ANSWERED ON 30<sup>TH</sup> JULY, 2021**

**SURVEY ON IMPLEMENTATION OF AB-PMJAY**

**2044. SHRI SUNIL KUMAR PINTU:**

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

- (a) whether the Government has recently conducted any survey regarding implementation of Ayushman Bharat Yojana;
- (b) if so, the outcome thereof;
- (c) the number of such private hospitals in the country, location-wise particularly in Bihar which are refusing proper treatment to the cardholders under this scheme despite being empanelled under the Scheme; and
- (d) the details of measures taken/being taken for ensuring proper treatment of Ayushman cardholders along with the action taken against such erring hospitals?

**ANSWER**

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(DR. BHARATI PRAVIN PAWAR)**

a): Yes.

b): A summary of the findings from the survey is at **Annexure - I**.

c): The state-wise (including Bihar) number of such hospitals in the country, against whom allegations of denial of treatment under AB-PMJAY have been reported by beneficiaries despite being empanelled under the scheme is given at **Annexure - II**. The district wise number of hospitals in Bihar against whom allegations related to denial of treatment was reported under AB-PMJAY is given at **Annexure - III**.

d): To ensure that disputes and grievances related to denial of treatment or demanding of money by hospitals, and any other types of grievances involving beneficiaries, healthcare providers and other stakeholders under AB-PMJAY are resolved in an efficient, transparent and time-bound manner, National Health Authority has developed Grievance Redressal Guidelines and put in place a Central Grievance Redressal Management System (CGRMS).

Grievance Redressal under AB-PMJAY has a three-tier system at District, State, and National Level. At each level, there is a dedicated nodal officer viz. District Grievance Nodal Officer (DGNO), State Grievance Nodal Officer (SGNO) and National Grievance Nodal Officer (NGNO). Also, at each level, there is a committee formed viz. District Grievance Redressal Committee (DGRC) at district level, State Grievance Redressal Committee (SGRC) at state level and National Grievance Redressal Committee (NGRC) at national level to address the grievances.

An IT-enabled and web-based grievance redressal system has been developed which enables a person to register a grievance on the portal <https://grievance.pmjay.gov.in> or <https://cgrms.pmjay.gov.in>. Also, citizens can lodge grievance through national call centre 14555 or through mail, letter, fax etc., which will be acknowledged, recorded, escalated & resolved as per procedure laid down in grievance redressal guidelines. **Any grievance regarding denial of treatment by an empanelled hospital which is registered by beneficiaries at the time of admission and before discharge are considered as SOS grievances and Turn Around Time of 6 working hours has been defined to resolve these types of grievances.**

Complaints or grievances received through any medium are immediately assigned to respective Grievance Nodal Officer **designated at State and district level for necessary action**. The concerned officer will take necessary action to resolve the case either through direct channel or placing it before the committee.

The State & district level authority connect with the concerned hospital against which the grievance has been raised. They also connect with the beneficiary to understand the nature of the grievance. Based on the information collected from the beneficiary and the hospital, the issue is resolved. It is ensured that the treatment is provided to the beneficiary.

Many times, complaints filed by the beneficiary in this regard are found to be incorrect e.g. beneficiaries due to lack of information demand services related to such speciality for which the hospital is not empanelled under the scheme, or grievance is lodged against denial of services against hospitals which are either not empanelled, or have been suspended or de-empanelled. Such grievances are dropped.

Other grievances which are found to be genuine are resolved and it is ensured that beneficiary is provided treatment by the empanelled hospital. However, if the hospital denies providing the treatment as per the established procedure & protocol under Ayushman Bharat-PMJAY, necessary action including suspension and de-empanelment of hospital is undertaken by the respective State Health Agency.

As on 27<sup>th</sup> July 2021, 2107 grievances related to denial of services have been received from the launch of the scheme, of which 1995 grievances have been resolved.

## Gist of findings and recommendations from the valuation

Year of Evaluation	Details of Independent Evaluation	
	Major Findings	Recommendations
Year of Demand Side Evaluation: 2019 <b>(Household Survey)</b>	<ul style="list-style-type: none"> <li>• High levels of awareness in terms of knowing about PM-JAY but there are still possibilities to further improve knowledge about various aspects of the scheme.</li> <li>• There was high satisfaction with the entire verification process which was reported as part of registration experience.</li> <li>• Overall, a small proportion of the sample size of respondents reported hospitalization. Satisfaction with the services received was generally very high among all individuals.</li> <li>• Certain respondents did report incurring Out of Pocket Expenditure during hospitalization</li> </ul>	<ul style="list-style-type: none"> <li>a) Further strategies to increase awareness about the scheme features can become an enabler for ensuring even more effective access to healthcare.</li> <li>b) Additional efforts are required to be channelled towards understanding and addressing potential gaps in accessing healthcare services to ensure that all beneficiaries in need of specialized care receive adequate care.</li> <li>c) Replicating experiences from other settings, solutions are being actively sought to integrate insurance navigators, i.e. dedicated staff to guide and assist beneficiaries from verification of eligibility process to registration with the scheme to the hospitalization experience</li> <li>d) Detailed facility-based assessments may be carried out to investigate instances of OOPE and identify strategies to address them</li> <li>e) A seamless Complaints and Grievance system is to be put in place.</li> </ul>

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	Major Findings	Recommendations
<p>Year of Demand Side Evaluation: 2019 <b>(Hospitals' Survey)</b></p>	<ul style="list-style-type: none"> <li>• Nearly all empanelled and non-empanelled hospitals fulfilled criteria of 24x7 availability of at least 1 doctor, 1 nurse, pharmacy, and obstetric and new-born care providers</li> <li>• Majority of hospitals reported increase in patient load</li> <li>• Many respondents opined that the increased awareness and increased health seeking behaviour among beneficiaries were important achievements, coupled with greater access to proper medical treatment especially for poor patients. This was especially highlighted in the states of Bihar, Chhattisgarh, Kerala, and Uttar Pradesh.</li> <li>• Other achievements pertinent for beneficiaries include better beneficiary satisfaction, better outcomes due to better equipped hospitals and the portability of services across states.</li> </ul>	<ul style="list-style-type: none"> <li>a) Empanelment of accredited hospitals and/or strategies designed to encourage hospitals to undergo accreditation as a means of ensuring adherence to higher quality standards</li> <li>b) Cost structures are investigated to ensure the adequacy of the current treatment packages and related case-based rates, and apply changes if required</li> <li>c) An in-depth exploration of the reasons for Out Of Pocket Expenditure in patients utilizing services under PMJAY may be conducted, including before and during hospitalization</li> <li>d) Increased awareness generation and promotional activities are carried out among beneficiaries, so that they are aware of their entitlements, understand and comply to PMJAY specific documentation, verification and hospitalization requirements and are empowered to utilize services through PMJAY.</li> </ul>

**Annexure- II****State-wise details of hospitals where allegations related to denial of treatment were reported under AB-PMJAY**

<b>State</b>	<b>Grievance Related To Denial Treatment</b>
Andhra Pradesh	1
Assam	13
Bihar	214
Chandigarh	9
Chhattisgarh	38
Daman And Diu	1
Gujarat	60
Haryana	266
Himachal Pradesh	3
Jammu And Kashmir	61
Jharkhand	253
Karnataka	48
Kerala	21
Madhya Pradesh	274
Maharashtra	51
Manipur	11
Meghalaya	1
Nagaland	2
NCT Of Delhi	6
NHCP*	25
Punjab	35
Rajasthan	6
Sikkim	2
Tamil Nadu	24
Tripura	1
Uttar Pradesh	593
Uttarakhand	87
West Bengal	1

\*Nationally Empanelled Healthcare Providers includes those Govt. hospitals which are empanelled directly by NHA under AB-PMJAY

**Annexure-III****District wise number of hospitals in Bihar against whom allegations related to denial of treatment was reported under AB PM-JAY**

Out of the 214 grievances received in Bihar, 170 grievances were against denial of treatment in Private Hospitals. Out of the 170 grievances, 159 were resolved, 2 grievances were withdrawn and 9 are being resolved.

<b>District Name</b>	<b>No. of complaints</b>	<b>Resolved/Closed</b>	<b>Withdrawn</b>	<b>In process</b>
Aurangabad	1	1	0	0
Begusarai	6	5	0	1
Bhagalpur	9	9	0	0
Bhojpur	7	6	0	1
Darbhanga	36	35	0	1
Gaya	1	1	0	0
Jamui	2	2	0	0
Jehanabad	1	1	0	0
Katihar	6	6	0	0
Korba	1	1	0	0
Madhepura	1	1	0	0
Madhubani	4	4	0	0
Muzaffarpur	16	16	0	0
Nalanda	8	6	0	2
Nawada	1	1	0	0
Palamu	2	1	0	1
Patna	37	33	2	2
Purnia	15	15	0	0
Ranchi	1	1	0	0
Rohtas	1	1	0	0
Saharsa	1	0	0	1
Saran	5	5	0	0
Sitamarhi	5	5	0	0
Siwan	1	1	0	0
Vaishali	2	2	0	0
<b>Total</b>	<b>170</b>	<b>159</b>	<b>2</b>	<b>9</b>