

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

**LOK SABHA
UNSTARRED QUESTION NO. 1089
TO BE ANSWERED ON 03RD DECEMBER 2021**

IMPLEMENTATION OF AYUSHMAN BHARAT YOJANA IN KERALA

1089. SHRI N.K. PREMACHANDRAN:

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

- (a) whether the Government proposes to continue the Ayushman Bharat Yojana;
- (b) if so, the details thereof;
- (c) whether it comes to the notice of the Government that the insurance card under Ayushman Bharat Yojana is not being issued in Kerala;
- (d) if so, the reasons for stopping opportunity to join in Ayushman Bharat Yojana;
- (e) whether the Government proposes to rectify the issue and cover people in Kerala under Ayushman Bharat Yojana and if so, necessary steps taken in this regard;
- (f) whether the Government proposes to revise the charges fixed for various treatment under Ayushman Bharat Yojana, if so the details thereof; and
- (g) whether the empanelled hospitals are not able to provide the treatment as per the scheme due to the low rate fixed for various treatments and if so, the necessary corrective steps taken in this regard?

ANSWER

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

(a) & (b): The Ayushman Bharat –Pradhan Mantri Jan Arogya Yojana is implemented in the current financial year 2021-22.

(c) to (e): AB-PMJAY is an entitlement-based scheme, all the eligible beneficiary families are covered from day one of the implementation of the scheme in the State/UT. AB-PMJAY does not require registration, however, beneficiary verification process is being undertaken to verify the genuineness of the beneficiary. Ayushman cards are issued to all eligible beneficiaries as part of this process.

The State of Kerala has already issued Ayushman cards to 41.7 Lakh families ensuring that at least one member of the eligible family possesses it.

(f) & (g): The rationalization of Health Benefit Package rates under AB-PMJAY is a continuous process. In November 2021, HBP 2.2 has been launched. Under HBP 2.2, rates for over 400 treatment procedures have been revised upwards.

Empanelled Health Care Providers (EHCPs) under AB-PMJAY are mandated to ensure that the scheme's beneficiaries are not denied treatment. NHA has developed Grievance Redressal Guidelines and has put in place a Central Grievance Redressal Management System (CGRMS) to ensure that the grievances related to denial of treatment or demanding of money by EHCPs and any other type of grievances involving beneficiaries, EHCPs and other stakeholders under AB-PMJAY are resolved in an efficient, transparent and time-bound manner through a publicly accessible IT platform.