

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

**LOK SABHA
UNSTARRED QUESTION NO. 3320
TO BE ANSWERED ON 05TH AUGUST, 2022**

AYUSHMAN BHARAT YOJANA

**3320. SHRI SANJAY JADHAV:
SHRI RAMSHIROMANI VERMA:
SHRI VINAYAK RAUT:
SHRIMATI BHAVANA PUNDALIKRAO
GAWALI:
SHRI OMPRAKASH BHUPALSINH alias
PAWAN RAJENIMBALKAR:
SHRI KRUPAL BALAJI TUMANE:**

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

- (a) the details of eligibility criteria and procedure prescribed to provide benefits of medical facilities to the patients under AB-PMJAY;
- (b) whether the Government has empanelled sufficient number of hospitals under the Yojana and if so, the details thereof, State/UT-wise;
- (c) the criteria for empanelment of more Government/ private hospitals under the Yojana along with the details of hospitals proposed to be empanelled, State/UT-wise including Maharashtra;
- (d) the steps taken by the Government for effective implementation, creating awareness and to make the Yojana user friendly;
- (e) the appropriate steps taken by the Government to make the said Yojana more welfare oriented and people friendly; and
- (f) whether the Government has received any suggestion/complaint from general public or State Governments regarding the said Yojana and if so, corrective measures taken/proposed to be taken by the Government in this regard, State/UT-wise?

ANSWER

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

(a) to (f): Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is an entitlement-based scheme. Eligible beneficiaries can directly visit any empanelled public or private hospital to avail cashless treatment. The details of eligibility criteria for availing medical facilities by the beneficiaries under the scheme are at Annexure-I. State/UT-wise

details of empanelled hospitals are at Annexure-II. All Government hospitals of and above the level of Community Health Centre (CHC) are deemed empanelled under the scheme. Details of criteria for empanelment of private hospitals are as under:

- General criteria - For hospitals that provide non-specialised general medical and surgical care with or without ICU and emergency services.
- Special criteria (for clinical specialties) - For each specialty, a specific set of criteria is identified. A hospital is not allowed to apply for selected specialties and must agree to offer all specialties to scheme beneficiaries. In order to offer a specialised clinical service, the hospital must have necessary infrastructure and HR in place.

Empanelment of private hospitals is voluntary on their part. Intending private hospitals apply for empanelment and get empanelled subject to fulfilment of laid down criteria.

Details of steps taken for effective implementation, creating awareness and to make the Yojana user-friendly are at Annexure-III. Feedback received from various stakeholders is duly incorporated in the steps taken to improve implementation of the scheme.

1. Ayushman Bharat, a flagship scheme of Government of India, was launched as recommended by the National Health Policy 2017, to achieve the vision of Universal Health Coverage (UHC). This initiative has been designed to meet Sustainable Development Goals (SDGs) and its underlining commitment, which is to "leave no one behind."
2. AB-PMJAY is the world's largest Government funded health assurance scheme.
3. AB-PMJAY provides health assurance of up to Rs.5 Lakh per family per year for secondary and tertiary healthcare hospitalizations.
4. AB-PMJAY is a completely cashless and paperless scheme.
5. The benefits under AB-PMJAY are portable across the country.
6. There is no cap on family size, or age or gender.
7. The beneficiary families under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) have been identified from the Socio-Economic Caste Census (SECC) of 2011 on the basis of select deprivation and occupational criteria across rural and urban areas. Details are as below:

Detailed list of criteria for eligibility under AB-PMJAY as per SECC 2011

Automatically included:

1. Households without shelter
2. Destitute/ living on alms
3. Manual scavenger families
4. Primitive tribal groups
5. Legally released bonded labour

Deprivation criteria in rural area:

- D1: Only one room with kutcha walls and kutcha roof
 D2: No adult member between age 16 to 59
 D3: Female headed households with no adult male member between age 16 to 59
 D4: Disabled member and no able-bodied adult member
 D5: SC/ST households
 D7: Landless households deriving major part of their income from manual casual labour

Occupational criteria in urban area:

- 1) Rag picker
- 2) Beggar
- 3) Domestic worker
- 4) Street vendor/ Cobbler/hawker / Other service provider working on streets
- 5) Construction worker/ Plumber/ Mason/ Labour/ Painter/ Welder/ Security guard/ Coolie and other head-load worker
- 6) Sweeper/ Sanitation worker / Mali
- 7) Home-based worker/ Artisan/ Handicrafts worker / Tailor
- 8) Transport worker/ Driver/ Conductor/ Helper to drivers and conductors/ Cart puller/ Rickshaw puller
- 9) Shop worker/ Assistant/ Peon in small establishment/ Helper/ Delivery assistant / Attendant/ Waiter
- 10) Electrician/ Mechanic/ Assembler/ Repair worker/Washer-man/ Chowkidar

8. The number of eligible beneficiaries under SECC 2011 is 10.74 crore (50 crore people). 33 States/UTs implementing AB-PMJAY have further expanded the coverage of the scheme to include 14.75 crore families (72 crore people).
9. AB-PMJAY is implemented in all States and UTs barring West Bengal, NCT of Delhi and Odisha.
10. The scheme is implemented across the country through a three-tier model. National Health Authority, an attached office of the Ministry of Health and Family Welfare with full functional autonomy, is the apex body implementing AB-PMJAY across the country. For effective implementation of AB-PMJAY at States/UTs level, State Health Agencies (SHAs) have been established. District Implementation Units (DIUs) have been set up for ensuring on-ground coordination between scheme stakeholders and for smooth implementation.
11. AB-PMJAY is completely funded by the Government and costs are shared between Central and State Governments in the ratio as per the extant directives issued by Ministry of Finance.

State/UT-wise hospitals empanelled under AB-PMJAY

State/UT	Government	Private
Andaman & Nicobar Islands	3	-
Andhra Pradesh	1,250	723
Arunachal Pradesh	58	2
Assam	215	183
Bihar	606	340
Chandigarh	7	26
Chhattisgarh	1,040	533
DNH and DD	7	-
Delhi	34	74
Goa	22	14
Gujarat	1,912	834
Haryana	176	480
Himachal Pradesh	147	115
Jammu And Kashmir	194	84
Jharkhand	278	573
Karnataka	2,924	580
Kerala	199	534
Ladakh	10	-
Lakshadweep	6	-
Madhya Pradesh	475	508
Maharashtra	312	757
Manipur	69	17
Meghalaya	165	18
Mizoram	90	13
Nagaland	87	14
Odisha	26	2
Puducherry	12	19
Punjab	245	682
Rajasthan	892	206
Sikkim	16	1
Tamil Nadu	796	937
Telangana	399	337
Tripura	141	3
Uttar Pradesh	1,108	1,985
Uttarakhand	123	126
West Bengal	60	10

Note:

Hospitals are empanelled in non-implementing States/UT of Delhi, Odisha & West Bengal to facilitate beneficiaries avail treatment under the portability feature of the scheme.

Details of steps taken for effective implementation, creating awareness and to make AB-PMJAY user-friendly:

Demand Side Interventions

- i. NHA signed Memorandums of Understanding (MoUs) with leading solutions providers such as CSC E-Governance Services India Limited (CSC) and UTI Infrastructure Technology and Services Limited (UTIITSL) to issue Ayushman cards free of cost to SECC 2011 beneficiary undergoing verification for the first time. State/UTs were encouraged to adopt such MoUs for non-SECC beneficiaries in their States.
- ii. “Aapke Dwar Ayushman” (ADA) is a key initiative of NHA that is implemented in mission mode across 10 State/UTs, including focus States such as Bihar, Chhattisgarh, Madhya Pradesh, and Uttar Pradesh. The campaign leveraged a grassroots network of healthcare workers, frontline workers, Panchayati Raj institutions, village level agents from CSC and UTIITSL to mobilize and verify nearly 4.2 crore beneficiaries.
- iii. NHA has reached out to Central Government ministries implementing welfare schemes (Ujjwala Yojana, Awas Yojana) using SECC 2011 database. This was done to use the updated databases of such welfare schemes for better targeting of potential AB-PMJAY beneficiaries.
- iv. NHA has taken steps to increase avenues for Ayushman card generation by onboarding additional agencies for card generation and card approval.
- v. Integration of pan-India Information, Education and Communication (IEC) campaigns of AB-PMJAY with other national flagship schemes.
- vi. NHA has launched the concept of Ayushman Mitra – a rewards and recognition program to transform PMJAY into a Jan Andolan by creating avenues for societal stakeholders to come forward and assist the scheme beneficiaries.
- vii. The beneficiary in the case of medical emergency may use the following channels to check his/her eligibility under PMJAY:
 - 1) NHA has a 24x7 call centre 14555, which has widely been published.
 - 2) Beneficiary can reach out to any government hospital (CHC and above) for beneficiary verification. After verification at the Government hospital the beneficiary can be provided necessary treatment or can be directed to nearby other public or empanelled private hospital.
 - 3) Beneficiaries can check his/her eligibility and also search for the nearest empanelled hospital through PMJAY Mobile App.
 - 4) The beneficiary can visit mera.PMJAY.gov.in to check his/her eligibility under AB-PMJAY.
 - 5) All empanelled hospital (Public Hospital – deemed empanelled & Private hospitals) have Pradhan Mantri Arogya Mitra who facilitate the beneficiary with all the necessary steps required to avail medical benefits.

Supply Side Interventions

- i. NHA has developed the concept of a beneficiary facilitation agency to increase the participation of empanelled public hospitals.

- ii. A dedicated “Hospital Operations” unit has been formed at NHA to engage with healthcare providers and increase their participation under the scheme.
- iii. A focused approach is followed for empanelling majority of 100-bedded hospitals and top corporate hospitals under AB-PMJAY.
- iv. Settlement of claims is one of the key drivers to encourage participation of empanelled hospitals and thereby improve service delivery to beneficiaries. In this regard, NHA has taken several measures to expedite claims adjudication.