

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

**LOK SABHA
UNSTARRED QUESTION NO. 3028
TO BE ANSWERED ON 13.12.2024**

FINANCIAL ASSISTANCE UNDER RASHTRIYA AROGYA NIDHI

3028. SHRI M K RAGHAVAN:

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

- (a) whether there is any provision for financial assistance under Rashtriya Arogya Nidhi for patients undergoing treatment in private hospitals, if so, the details thereof; and
- (b) the details of the eligibility criteria fixed for applying financial assistance from the Rashtriya Arogya Nidhi, including the application process and mode of submission?

ANSWER

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

(a) Under the Umbrella Scheme of Rashtriya Arogya Nidhi (RAN), patients are provided financial assistance for treatment at Government hospitals having super specialty facilities. Those undergoing treatment in private hospitals are not eligible for financial assistance under the scheme.

(b) Currently, there are two modes for applying for financial assistance under the Umbrella Scheme of RAN as elaborated below:

(1) Offline mode - Application in prescribed proforma duly signed by the treating doctor and countersigned by Medical Superintendent of the Government hospital along with Income Certificate and Ration Card of the family is required to be submitted for seeking financial assistance under RAN. The process of cases under RAN involves various stages of action i.e. scrutiny of application, placing the matter before Technical Committee, administrative and financial approvals. This process is followed for patients belonging to those States/UTs, the National Food Security Act (NFSA) data of which, is not integrated on National Health Authority (NHA)'s IT platform. These States/UTs are as below:

- (i) Andaman and Nicobar Islands
- (ii) Andhra Pradesh
- (iii) Arunachal Pradesh
- (iv) Delhi
- (v) Himachal Pradesh
- (vi) Karnataka

- (vii) Ladakh
- (viii) Odisha
- (ix) Tamil Nadu
- (x) Telangana
- (xi) West Bengal

The general eligibility criteria under the Umbrella Scheme of RAN for offline mode is as under:

- (i) Financial assistance is provided to poor patients living below State/UT-wise threshold poverty line notified from time to time [Available at Annexure-I of RAN guidelines (https://mohfw.gov.in/sites/default/files/RAN_Guideline_2019_0.pdf)].
 - (ii) Financial assistance is admissible for treatment of diseases covered under the Umbrella Scheme of RAN [Available at Annexure-II of RAN guidelines (https://mohfw.gov.in/sites/default/files/RAN_Guideline_2019_0.pdf)].
 - (iii) Patients are provided financial assistance for their treatment at Government hospitals having super specialty facilities.
 - (iv) The financial assistance to eligible patients is in the form of 'one-time grant'.
 - (v) Government servants and their families are not eligible.
 - (vi) There is no reimbursement of expenditure already incurred.
 - (vii) Financial assistance is provided to Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) beneficiaries if, as per medical advice, the suggested treatment is not covered under any of the approved listed packages of AB PM-JAY.
- (2) Online mode - For the States/UTs, NFSA data of which, is integrated on NHA's IT platform, AB PM-JAY beneficiaries based on Socio Economic and Caste Census (SECC) database (for treatment not included in AB PM-JAY) and Antyodaya beneficiaries (from NFSA database) are eligible for the Umbrella Scheme of RAN. Eligible beneficiaries have to first generate their RAN ID on the Beneficiary Identification System (BIS) at empanelled hospitals after submitting their application form and consent for RAN along with AB PM-JAY ID / Ration card and Aadhaar card number for one-time e-KYC verification. Post verification, the designated Nodal officer of the hospital issues RAN scheme card to beneficiary which contains RAN ID. This is a one time process. Subsequently, the eligible beneficiaries can approach the hospital where the Nodal officer of the hospital registers the beneficiary on Transaction Management System (TMS) using his/her RAN ID, adds prescribed package of treatment and uploads mandatory documents as per the package requirements. This application request is submitted to the technical committee of the hospital and is scrutinized on case to case basis at three levels (Technical committee, The Medical Superintendent / Director / Deputy Director (Admin) of the hospital and finally concurrence by the Financial Advisor (FA) of the hospital) before providing final approval. On final FA's concurrence, confirmation is sent to the bank for reserving the fund for the patient and treatment commences.
