

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

**LOK SABHA
UNSTARRED QUESTION NO. 3141
TO BE ANSWERED ON 13TH DECEMBER, 2024**

BENEFICIARIES UNDER AB-PMJAY

3141. SHRI BABU SINGH KUSHWAHA:

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

- (a) whether Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is being implemented effectively across the country;
- (b) if so, the number of beneficiaries who have received health insurance benefits under the said Scheme, so far;
- (c) whether the Government has laid down any procedure for updating the list of BPL (below poverty line) families in rural and urban areas under the said Scheme;
- (d) if so, the details thereof and if not, the reasons therefor;
- (e) the criteria set for empanelment of Government/private hospitals under the said Scheme; and
- (f) the steps taken/proposed to be taken by the Government to make the said Scheme more effective and prevent from its possible misuse?

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

(a) to (d): Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) was launched on 23.09.2018 with an aim to provide health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to approximately 10.74 crore beneficiary families constituting the bottom 40% of India's population. AB-PMJAY is presently implemented in 33 States/UTs across the country except West Bengal, NCT of Delhi and Odisha.

Initially, 10.74 crore beneficiary families under AB-PMJAY were targeted on the basis of the Socio-economic Caste Census (SECC) of 2011 using select deprivation and occupational criteria across rural and urban areas respectively to identify the families. Further, in January 2022, on the

basis of decadal growth rate of 11.7%, Government of India revised the beneficiary base to 12 crore families and States/UTs have been given the flexibility to use other databases for verification of beneficiaries against such SECC beneficiaries who could not be identified and verified.

In March 2024, 37 lakh families of ASHA, Anganwadi Worker and Anganwadi Helpers were also included in the scheme. Further, on 29.10.2024, the Government of India expanded the scheme to provide free treatment benefits of up to ₹5 lakh per year on a family basis to all senior citizens aged 70 years and above, irrespective of their socio-economic status. Additionally, many States/UTs implementing the scheme have expanded the beneficiary base at their own cost.

As on 30.11.2024, approximately 36 crore Ayushman cards have been created across the country and a total of 29,929 hospitals are empaneled under the scheme including 13,222 private hospitals, to ensure delivery of quality healthcare services to the beneficiaries. Further, a total of 8.39 crore hospital admissions worth Rs. 1.16 lakh crore have been authorized under the scheme.

(e): State Health Agencies (SHAs) are mandated with the responsibility of empaneling hospitals under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). Intending private hospitals get empanelled after fulfilling the laid down criteria and are subject to the requirement of SHA within a given State/UT. States/UTs are also given flexibility to change hospital empanelment criteria based on the local requirement.

Hospitals are empanelled under two types of empanelment criteria which are as follows:

- 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. In order to offer a specialized clinical service, the hospital must have necessary specific infrastructure and HR in place as laid down in the special criteria developed under the scheme.

(f): The scheme is governed on a zero-tolerance approach to any kind of fraud and abuse and various steps are taken for prevention, detection and deterrence of different kinds of fraud that could occur in the scheme at different stages of its implementation. National Anti-Fraud Unit (NAFU) has been established at National Health Authority (NHA) and works in close coordination with State Anti-Fraud Units (SAFU) to investigate and take joint action against issues related to fraud and abuse. Appropriate actions including suspension, show cause notice, warning letter, de-empanelment of hospitals, de-activation of e-cards, levying penalty on errant hospitals and lodging of FIRs are taken against fraudulent entities.
