

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

**LOK SABHA  
UNSTARRED QUESTION NO. 4795  
TO BE ANSWERED ON 28<sup>TH</sup> MARCH, 2025**

**AYUSHMAN BHARAT YOJANA IN BIHAR**

**†4795. SHRI SUDHAKAR SINGH:**

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

- (a) the total amount of funds allocated/utilised under Ayushman Bharat Yojana to Bihar during the last five years, district-wise and year-wise;
- (b) the number of beneficiaries getting treatment under Ayushman Bharat Yojana in Bihar along with the ratio of urban and rural areas in it;
- (c) whether it is a fact that payments to many hospitals under the Ayushman Bharat Yojana are getting delayed and if so, the steps being taken by the Government to address the same;
- (d) the names of the districts of Bihar which have availed the least and the maximum benefits of the Ayushman Bharat Yojana and the corrective steps being taken/proposed to be taken by the Government in this regard; and
- (e) whether the Government is formulating any special scheme to expand the number of hospitals and health services under Ayushman Bharat Yojana in Bihar and if so, the details thereof?

**ANSWER**

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

(a): National Health Authority (NHA) releases funds for scheme implementation at the State level on the basis of the actual demand received from the State. The details of funds released to the State of Bihar under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) during the last five years is as follows:

(in crore of Rupees)

Financial Year	Fund released to Bihar as Grant-In-Aid
2019-20	82.49
2020-21	0.00
2021-22	59.77
2022-23	145.51
2023-24	172.5

(b): As on date, over 18.5 lakh hospital admissions worth Rs 2348.48 crore have been authorized for Bihar under the AB-PMJAY. Out of this 88% and 12% of hospital admissions are from rural and urban areas of Bihar respectively.

(c) to (e): Settlement of claims is an ongoing process. Under AB-PMJAY, claims are settled by respective State Health Agencies (SHA). NHA has laid down guidelines for payment of claim to hospitals within 15 days of claims submission for the intra-state hospitals (hospitals located within State) and within 30 days in case of portability claims (hospitals located outside State). Claims are required to be settled within the timeline specified under the scheme. Notable improvements have been recorded in the overall average Turnaround Time (TAT) for claim settlements year on year. Regular review meetings are organized to take stock of the progress with regards to the claims. Further, capacity building activities are organised for efficient claims settlement.

Regular updation such as expansion of beneficiary base, inclusion of new procedures, empanelment of new hospitals, and other improvements are done in the scheme as per requirements from time to time.

Further, in order to expand the number of hospitals, following actions have been taken:

- i. NHA has released a revised HBP with increased number of procedures (1961). Further, rates have been increased for 350 packages and new packages have been added.
- ii. Claim settlement is monitored at the highest level and it is ensured that claim is settled within defined turnaround time.
- iii. Virtual and physical capacity building of hospitals are undertaken.
- iv. A hospital-specific call center (14413) has been set-up to address their concern on a real-time basis.
- v. District Implementation Units (DIUs) have been set-up to regularly visit empaneled hospitals to understand the issues faced by beneficiaries and hospitals.

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