**LOK SABHA
UNSTARRED QUESTION NO. 790
TO BE ANSWERED ON 07TH FEBRUARY, 2025**

AYUSHMAN VAY VANDANA CARDS FOR SENIOR CITIZENS

790.   SHRI P C MOHAN:

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

(a) whether the Government has taken any specific measures for the implementation and expansion of the Ayushman Vay Vandana Card Scheme to provide healthcare benefits to senior citizens aged 70 years and above in both urban and rural areas of the country;

(b) if so, the details thereof;

(c) whether the Government has taken any steps to collaborate with private health insurance providers to enhance the coverage and benefits offered under the Ayushman Vay Vandana Card;

(d) if so, the details thereof; and

(e) the mechanisms put in place to monitor and ensure efficient delivery of benefits to eligible senior citizens in the country?

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

(a) and (b): On 29.10.2024, the Government of India expanded Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to provide free health benefits of up to Rs. 5 lakh per year to all senior citizens aged 70 years and above, irrespective of their socio-economic status including urban and rural areas.

All eligible beneficiaries under AB-PMJAY can avail treatment through a network of 30,072 empanelled healthcare providers, including more than 13,352 private hospitals.

The enrollment of all eligible senior citizens aged 70 years and above is application based to ensure efficient delivery of benefits. Regarding this, different modes of application are available including mobile phone application (Ayushman App), and web portal (beneficiary.nha.gov.in). The feature of self-registration is also available in the above mentioned application. In addition to this, the Ayushman Vay Vandana Card beneficiaries may give a missed call to helpline number 1800-110-770 or call to 24x7 call centre (14555) for any assistance/queries.

Further, beneficiaries may visit the network of empanelled hospitals to avail the benefit under this scheme. Additionally, Pradhan Mantri Arogya Mitras (PMAMs) have been deployed at empanelled hospitals who are responsible for guiding the beneficiaries and providing information related to prompt treatment by interfacing with the treating doctors / caregivers. Uniform kiosks have also been deployed in these hospitals as the first point of contact for beneficiaries, offering awareness, assistance with card creation, and ensuring efficient delivery of benefits.

(c) and (d): The scheme is implemented across the country through a three-tier model - National Health Authority (NHA), State Health Agencies (SHAs), and District Implementation Units (DIUs) at National, State and District levels respectively for ensuring on-ground coordination between scheme stakeholders and smooth implementation.

Under the operational framework of AB-PMJAY, insurance companies are directly engaged by SHAs, and are responsible for reimbursing empanelled hospitals for treatment claims raised by them.

NHA releases central share of scheme related expenditure for the implementation of the scheme to SHAs. SHAs which operate under trust mode, directly reimburse the claims raised by AB-PMJAY empanelled hospitals within their respective jurisdictions. In case of insurance and mixed mode implementation, SHAs pay the premium to the insurance company, which subsequently reimburses the empanelled hospitals against claims raised.

(e): A dashboard with various Key Performance Indicators (KPIs) is designed to monitor the performance of the AB-PMJAY. The dashboard is used to objectively evaluate the scheme's performance in terms of metrics such as the number of cards issued, hospital admissions, quality of treatment provided, and timely settlement of claims. In addition to this, regular review meetings are organized with stakeholders including SHAs to assess scheme's implementation.

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