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

LOK SABHA
UNSTARRED QUESTION NO. 796
TO BE ANSWERED ON 07TH FEBRUARY, 2025

IMPLEMENTATION OF AB PM-JAY

796.   SHRI THARANIVENTHAN M S:

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

(a) the measures being taken to ensure effective implementation of the Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY) across the country;

(b) the number of beneficiaries enrolled under AB PM-JAY scheme since its inception along with the total claims made and settled to date;

(c) the steps taken/proposed to be taken by the Government to address any challenges or issues faced by beneficiaries in accessing healthcare services under the ABPM-JAY, especially in rural and underserved areas;

(d) whether the Government has any plans to expand the list of empanelled hospitals and healthcare services under the AB PM-JAY to include more comprehensive, care especially for non-communicable diseases within Tamil Nadu and if so, the details thereof; and

(e) the manner in which the Government is monitoring and evaluating the impact of the scheme for improving health outcomes for the targeted populations?

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

(a): Several activities have been undertaken to ensure the effective implementation of Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) like improved beneficiary identification, enhanced service uptake, increased awareness, and effective monitoring of the scheme.

To enhance beneficiary identification, the National Health Authority (NHA) has enriched databases, upgraded technology with Beneficiary Identification System 2.0 (BIS 2.0) for easier card generation, and implemented campaigns like "Aapke Dwar Ayushman" to mobilize millions. Further, a revamped BIS has improved the beneficiary identification system with features like access to village-wise data that helps in beneficiary mobilization at ground level, mobile

application based card creation, and engagement of Field Level Workers (FLWs) for door-to-door campaigns. The feature of self registration is also available in the mentioned application.

Service uptake is boosted through rationalization of Health Benefit Packages (HBP 2022), and introduction of beneficiary facilitation agencies. In order to improve the participation of hospitals NHA has revised HBP with increased number of procedures (1961). Further, rates have been increased for 350 packages and new packages have been added. Beneficiary empowerment efforts include engagement with FLWs, initiatives like Ayushman Mitra, and the issuance of Adhikar and Abhinandan Patras to inform and engage beneficiaries. Awareness campaigns leverage diverse media platforms to disseminate information.

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 State Health Agencies (SHAs) to assess scheme's implementation.

(b): As on 04.02.2025, more than 36.36 crore Ayushman Cards have been created under the scheme and approximately 7.39 crore claims have been submitted by the empanelled health care providers, out of this approx 6.22 crore claims have been settled under the scheme.

(c): Under AB-PMJAY, a three-tier grievance redressal system at District, State, and National level has been created to resolve the issues faced by beneficiaries in utilizing healthcare services, including rural and underserved areas. At each level, there is a dedicated nodal officer and Grievance Redressal Committees to address the grievances.

Beneficiaries can also file their grievance using different mediums including web-based portal Centralized Grievance Redressal Management System (CGRMS), Central & State call centers (14555), email, letter to SHAs etc. Based on the nature of grievance, necessary action, including providing support to the beneficiaries in availing treatment under the scheme, for resolution of grievances is taken.

Further, AB-PMJAY has a comprehensive media and outreach strategy to spread awareness and empower beneficiaries for their rights and entitlements, prominently in rural areas. This includes intensive advertisement over traditional media platforms including newspapers, community radio, street plays, digital displays, radio campaigns, mass messaging, telecast of beneficiary testimonials via Doordarshan, etc. Further, State Health Agencies have also engaged the wide network of frontline workers like ASHAs, AWWs and VLEs (Village Level Entrepreneurs), who have been pivotal in creating mass awareness at the grassroot level. Various other initiatives have been undertaken including deployment of Ayushman Mitra, toll free helpline "14555", mechanism for feedback etc. with the objective to foster wider societal engagement and empower beneficiaries for availing healthcare services under the scheme. Eligible beneficiaries are distributed PVC Ayushman cards as a token of empowerment under the scheme.

(d): National Health Authority (NHA) engages with State Health Agencies to increase the number of empaneled hospitals under the scheme in order to expand the available options for the beneficiaries to avail quality healthcare services. Currently over 30,072 hospitals are empanelled under the scheme out of which 13,173 are private hospitals. In order to improve the participation of hospitals, following actions have been taken:

i. NHA has released a revised HBP with increased number of procedures (1961) across 27 specialties Non-Communicable Diseases (NCD) and complications arising due to NCDs like Stroke Management, Coronary Angioplasty, Coronary Bypass, Accelerated Hypertension and Diabetic Foot etc. 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. NHA has launched an improved version of the Hospital Engagement Module (HEM 2.0) for enhancing the empanelment process of the hospitals.

iv. Virtual and physical capacity building of hospitals are undertaken.

v. A hospital-specific call center (14413) has been set-up to address the concerns of hospitals on a real-time basis.

vi. District Implementation Units (DIUs) have been set-up to regularly visit empanelled hospitals to understand the issues faced by beneficiaries and hospitals.

As public health is a State subject, the responsibility of empaneling hospitals under AB-PMJAY lies with the respective State/UT. Also, hospital empanelment is a continuous process and is undertaken based on the requirements and availability of healthcare providers (meeting AB-PMJAY criteria) within a given State / UT. The Government of India encourages States/UTs to empanel more hospitals under the scheme to ensure access to quality healthcare to all eligible beneficiaries.

(e): Government of India has implemented various measures for on-ground analysis of AB-PMJAY. A Monitoring and Research (M&R) division continuously tracks the scheme's real time progress. Further, the progress of the scheme is assessed and monitored continuously. A dashboard with various Key Performance Indicators (KPIs) has been designed to constantly monitor the scheme. The performance of the scheme is objectively evaluated in terms of cards issued, number of hospital admissions, quality of treatment provided, timely settlement of claims etc. Constant feedback is provided to the States/UTs with regards to the implementation of the scheme.

Further, a baseline study was commissioned by NHA in 2019-2020 to understand the impact of AB PM-JAY. The study inter-alia recommended strategies to increase awareness of the scheme, addressing barriers to access to healthcare services to ensure that all people in need of specialized care receive care, replicating experiences from other settings like dedicated staff to guide and assist beneficiaries, establishing communication and feedback channels to allow beneficiaries to voice their concerns.

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