

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

**LOK SABHA
UNSTARRED QUESTION NO. 961
TO BE ANSWERED ON 25TH JULY, 2025**

AB-PMJAY BENEFICIARIES IN MAHARASHTRA

**961. SHRI MOHITE PATIL DHAIRYASHEEL RAJSINH:
SHRI BHASKAR MURLIDHAR BHAGARE:
SHRI NILESH DNYANDEV LANKE:
SHRI SANJAY DINA PATIL:
DR. AMOL RAMSING KOLHE:
SMT. SUPRIYA SULE:
SHRI BAJRANG MANOHAR SONWANE:
PROF. VARSHA EKNATH GAIKWAD:**

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

- (a) the total number of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PM-JAY) beneficiaries in the State of Maharashtra till date;
- (b) whether all eligible households have been issued Ayushman cards and if not, the reasons for the delay and the steps taken to expedite the process;
- (c) whether the Government is aware of any issues in Maharashtra related to denial of treatment, rejection of Ayushman cards by hospitals or delay in claim settlement under PM-JAY;
- (d) if so, the number of such complaints received during the last two years and the action taken thereon;
- (e) the number of private and Government hospitals empanelled under PM-JAY in the said State;
- (f) whether the Government has identified gaps in PM-JAY implementation in rural, tribal and backward districts of Maharashtra;
- (g) if so, the steps taken/proposed to be taken by the Government to improve awareness, infrastructure and availability of empanelled hospitals in such areas;
- (h) whether any hospitals have been blacklisted for non-compliance, fraud or refusal to treat patients under the scheme and if so, the details thereof; and

(i) whether the Government is planning to strengthen grievance redressal and fraud monitoring mechanisms in the said State under the PM-JAY framework and if so, the status of implementation of such systems?

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

(a) and (b): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a flagship scheme of the Government of India that provides health coverage of Rs. 5 lakhs per eligible beneficiary family per year for secondary and tertiary care hospitalization to 12 crore families, covering the bottom 40% of India's population.

As on date, more than 3.17 crore Ayushman cards have been generated for beneficiaries in the State of Maharashtra. In this regard, continuous coordination is maintained with State Health Authority (SHA). The most recent beneficiary data received from the Food and Civil Supplies Department, Maharashtra, is shared with NIC Delhi and successfully ingested into the BIS portal on 09.07.2025. Following this update, the beneficiary database is refreshed for further use. e-KYC performance reports of Field Level Workers (FLWs) is shared with District Health Officers and Civil Surgeons on regular basis, to monitor progress and ensure active participation on regular basis.

(c) and (d): As per the terms and conditions of empanelment, hospitals cannot deny treatment to eligible beneficiaries of the scheme. In case of denial of treatment by the empaneled hospital, beneficiaries can lodge grievances. 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. At each level, there is a dedicated nodal officer and Grievance Redressal Committees to address the grievances.

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

(e): As on date, a total of 1,698 hospitals have been empanelled under the scheme across the state of Maharashtra, out of which 1,176 are private hospitals.

(f) and (g): AB-PMJAY has a comprehensive media and outreach strategy to spread awareness and empower beneficiaries for their rights and entitlements more prominently in rural and backward areas. This includes advertisement over traditional media platforms including newspapers, community radio, street plays, digital displays, radio campaigns, mass messaging, and telecast of beneficiary testimonials via Doordarshan etc. In addition to this,

State Health Agencies have also engaged the wide network of frontline workers i.e., ASHAs, AWWs and VLEs (Village Level Entrepreneurs) who are pivotal in creating mass awareness at the grassroot level.

Further, the government has issued directions to the states to undertake extensive IEC activities to raise the awareness about the scheme. Additionally, 355 talukas in Maharashtra have at least 1 hospital empanelled under the scheme.

(h): Same as (c) and (d) above.

(i): National Health Authority's (NHA) IT platform, includes built-in anti-fraud features. These tools enable real-time monitoring and detection of fraudulent activities, thereby enhancing transparency and accountability. NHA provides all States and Union Territories with access to robust real time dashboard monitoring.
