

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

**LOK SABHA  
STARRED QUESTION NO. 303\*  
TO BE ANSWERED ON THE 13<sup>TH</sup> MARCH, 2026**

**DELAY IN REIMBURSEMENT OF CLAIMS UNDER AB-PMJAY**

**\*303. SHRI SANJAY DINA PATIL:**

Will the **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has reviewed the persistent delays in reimbursement of claims to hospitals empanelled under Ayushman Bharat–PMJAY in Mumbai, which are reportedly disrupting services in major public and private hospitals and leading to denial or deferment of treatment to beneficiaries;
- (b) if so, the details of pending reimbursement claims in Mumbai and across Maharashtra, along with the number of affected hospitals and patients;
- (c) the total number of reimbursement claims pending in Maharashtra during each of the last three years;
- (d) the total amount of funds pending for reimbursement to empanelled hospitals in the State, particularly in Mumbai, the average time taken for settlement and the number of hospitals empanelled under PMJAY in Maharashtra and particularly in Mumbai;
- (e) the reasons for such delays despite digital claim processing mechanisms; and
- (f) the corrective measures proposed by the Government to ensure timely reimbursements and prevent service denial to PMJAY beneficiaries in Mumbai and the State of Maharashtra?

**ANSWER  
THE MINISTER OF HEALTH AND FAMILY WELFARE  
(SHRI JAGAT PRAKASH NADDA)**

- (a) to (f) A Statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA  
STARRED QUESTION NO. 303\* FOR 13<sup>TH</sup> MARCH, 2026**

(a) to (f): Under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), settlement of claims is a regular and uninterrupted process and claims are settled by respective State Health Agencies as per claim adjudication guidelines issued by National Health Authority. As per the guideline, the permissible turnaround time for settlement of claim to hospitals is within 15 days of claim submission for intra-state hospitals (hospitals located within the State) and within 30 days in case of portability claims (hospitals located outside the State).

Under the scheme, the entire claim management process is carried out on the IT platform which follows the FIFO (First-In-First-Out) principle, subject to necessary medical and administrative checks. Further, the claims submitted by empanelled hospitals are scrutinized by States based on the clinical documents, investigation reports and other supporting records, in accordance with the prescribed standard treatment guidelines.

As per the empanelment guidelines under AB-PMJAY, empanelled hospitals cannot deny treatment to eligible beneficiaries. In cases of denial of treatment by an empanelled hospital, beneficiaries can register their grievances through the Centralized Grievance Redressal Management System (CGRMS) or the 24×7 toll-free helpline number 14555. Such grievances are monitored through a three-tier grievance redressal mechanism at the District, State and National level. At each level, designated nodal officers and Grievance Redressal Committees are in place to examine and resolve the grievances.

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