

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

**LOK SABHA
UNSTARRED QUESTION NO. 4691
TO BE ANSWERED ON 20TH MARCH, 2026**

DENIAL OF TREATMENT TO AYUSHMAN CARD HOLDERS

†4691. SHRI RAKESH RATHOR:

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

(a) whether the Government is aware of the investigation reports published in January-February 2026, which revealed cases of outright denial of treatment to Ayushman cardholders by listed private hospitals in Delhi, Uttar Pradesh and Punjab;

(b) if so, the details thereof;

(c) whether it is a fact that many private hospitals are dropping out of the scheme due to inordinate delays in reimbursement and unreasonable package rates, if so, the details thereof and the reasons therefor;

(d) the actual admission rate in private hospitals compared to the millions of Ayushman cards issued;

(e) the punitive action taken by the Government against hospitals that demand cash from eligible beneficiaries or refuse emergency treatment; and

(f) the Government's action plan for expeditious settlement of pending claims?

ANSWER

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

(a) to (f): As per the empanelment guidelines under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), empanelled hospitals cannot deny treatment to eligible beneficiaries.

In cases of any irregularities in availing treatment or 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. Under AB-PMJAY, 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.

Under AB-PMJAY, hospital empanelment is a continuous process and is undertaken by the implementing State/UT based on the requirements and availability of healthcare providers meeting the criteria as per empanelment guidelines of National Health Authority. The empanelment of private hospitals under the scheme is entirely voluntary.

As on 28.02.2026, the empanelment of hospitals under the scheme has increased from 6,917 hospitals in FY 2018–19, comprising 3,013 public and 3,904 private hospitals, to 36,229 hospitals, comprising 19,483 public and 16,746 private hospitals. All eligible beneficiaries under the scheme can avail treatment through a network of these 36,229 empanelled hospitals across the country.

As on 28.02.2026, a total of 11.69 crore hospital admissions have been authorized under the scheme, including 6.74 crore admissions in private hospitals.

Under the scheme, 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. For timely settlement of claims, the permissible turnaround time is within 15 days of claim submission for intra-state hospitals (hospitals located within the State) and within 30 days of claim submission in case of portability claims (hospitals located outside the State). Under the scheme, claims submitted by empanelled hospitals are scrutinized based on the clinical documents, investigation reports and other supporting records, in accordance with the prescribed standard treatment guidelines.
