

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

**LOK SABHA
UNSTARRED QUESTION NO. 5535
TO BE ANSWERED ON 27TH MARCH, 2026**

RECOMMENDATION ON REVIEW OF AB-PMJAY

**5535. ADV GOWAAL KAGADA PADAVI:
DR. BACHHAV SHOBHA DINESH:
MS. PRANITI SUSHILKUMAR SHINDE:
SHRI VISHALDADA PRAKASHBAPU PATIL:**

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

- (a) whether the Department-related Parliamentary standing committee on Health and Family Welfare (2023) in its review of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, recommended the inclusion of population above the poverty line, time-bound payments to empanelled hospitals, free essential medicines particularly for cancer treatment, creation of a dedicated corpus for high-cost surgeries, and revision of Health benefit package rates in line with market rates;
- (b) if so, the details thereof along with the response of the Government thereto, recommendation-wise;
- (c) the status of implementation of each recommendation, the timelines indicated and reasons for delay or non-implementation;
- (d) whether delays in payments and inadequate package rates have led to refusal of treatment or increased out-of-pocket expenditure, if so, the details thereof, State-wise since 2014; and
- (e) the number of grievances received and the time-bound corrective steps taken or proposed to be taken by the Government in this regard?

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

(a) to (e): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health coverage of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore families constituting bottom 40% of India's population. Additionally, in March 2024, approximately 37 lakh families of Accredited Social Health Activists, Anganwadi Workers and Anganwadi Helpers were included under the scheme. In October 2024, the scheme was further expanded to cover 6 crore senior citizens of age 70 years and above, belonging to 4.5 crore families, irrespective of their socio-economic status.

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). The 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.

Further, since the launch of the scheme in September 2018, the health benefit packages have been revised from time to time. Initially, the scheme included 1391 packages, but the latest Health Benefit Package (HBP) 2022, now comprises 1,961 packages across 27 specialties. These packages cover treatments for chronic diseases such as cancer, heart diseases etc. as well as high-end procedures like bone marrow transplant, cardiac surgeries, kidney transplantation, breast conserving surgeries, etc.

The Health Benefit Package 2022 provides comprehensive bundled packages covering the entire treatment cycle. This includes pre-hospitalization expenses for up to 3 days (covering diagnostics, premedication and consultation), complete hospitalization including medical, surgical treatment, anesthesia and implants (where applicable), and post-hospitalization care up to 15 days including drug expenses and follow-up care, thereby ensuring cashless, standardized and quality treatment under the scheme. Further, cancer related treatment is provided under more than 500 procedures of Medical Oncology, Surgical Oncology, Radiation Oncology and Palliative Medicine in the national Health Benefit Package master.

As per the empanelment guidelines under 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. 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.

As on 28.02.2026, a total of 11.69 crore hospital admissions amounting to Rs. 1.73 lakh crore have been authorized under the scheme. The significant utilization of the scheme indicates that eligible beneficiaries are able to access healthcare services and thereby reduce their out-of-pocket expenditure.
