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

LOK SABHA
UNSTARRED QUESTION NO. 1100
TO BE ANSWERED ON 24TH JULY, 2026

MEDICAL FACILITIES UNDER AYUSHMAN BHARAT SCHEME

†1100. SHRI ARUN GOVIL:

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

(a) the total number of people who have been provided medical facilities under the Ayushman Bharat Scheme so far along with the number of hospitals where these facilities are available;

(b) whether the Government has any plan to provide this facility only to families with fewer than six members;

(c) whether this facility is being provided to families having six or more members despite violate the Government's family planning policy, if so, the reasons therefor;

(d) if so, the timeline by which such a provision is likely to be implemented;

(e) the action taken by the Government against hospitals that misuse this scheme by generating fake bills to claim reimbursement;

(f) the total number of cases reported to the Government during the last three years where the reimbursement of expenses incurred under the Ayushman Bharat Scheme took more than a month; and

(g) the total number of hospitals registered for medical treatment under the Ayushman Bharat Scheme in Meerut Parliamentary Constituency?

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

(a): As on 30.06.2026, a total of 12.69 crore hospital admissions amounting to Rs. 1.92 lakh crore, have been authorized under the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), through the network of 37,413 empanelled hospitals across the country.

(b) to (d): AB-PMJAY provides health coverage of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore economically vulnerable families, constituting the bottom 40% of India's population. In March 2024, the scheme was expanded to include approximately 37 lakh families of Accredited Social Health Activists, Anganwadi Workers, and Anganwadi Helpers.

For above beneficiary categories, there is no cap on family size, age, or gender. All eligible members of a beneficiary family are entitled to health coverage under the scheme, irrespective of their age or gender.

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.

(e): AB-PMJAY is governed on a zero-tolerance approach towards the frauds. National Anti-Fraud Unit under National Health Authority uses Artificial Intelligence/Machine Learning-based automated triggers to flag unusual claim patterns such as duplicate entries, inflated procedures, or misuse of patient identity etc.

Appropriate actions including suspension, de-empanelment, levying penalty, lodging of FIRs, etc. are taken against hospitals found to be involved in violations of the scheme guidelines.

(f): 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. Further, 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).

(g): The constituency-wise data is not captured under AB-PMJAY, however, the details of hospitals empanelled under AB-PMJAY in the districts covered under the Meerut Lok Sabha Constituency are as under:

District	No. of Hospitals Empanelled (As on 20.07.2026)
Meerut	177
Hapur	59

*****