

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

**LOK SABHA
UNSTARRED QUESTION NO. 880
TO BE ANSWERED ON 14TH DECEMBER, 2018**

AYUSHMAN BHARAT NATIONAL HEALTH PROTECTION MISSION (AB-NHPM)

- 880. PROF. RAVINDRA VISHWANATH GAIKWAD:
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SHRI KONAKALLA NARAYANA RAO:
SHRI PRALHAD JOSHI:
SHRI M.B. RAJESH:
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SHRI A.P. JITHENDER REDDY:
SHRI SUNIL KUMAR SINGH:
SHRI MULLAPPALLY RAMACHANDRAN:
SHRI R. PARTHIPAN:
SHRI CHANDRAKANT KHAIRE:
SHRI TEJ PRATAP SINGH YADAV:
SHRI SHRIRANG APPA BARNE:
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SHRI SUSHIL KUMAR SINGH:
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SHRI S.R. VIJAYAKUMAR:
SHRI DHARMENDRA YADAV:
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SHRI ADHALRAO PATIL SHIVAJIRAO:
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SHRI VENKATESH BABU T.G.:
SHRI S. RAJENDRAN:
SHRI J.J.T. NATTERJEE:
SHRI DUSHYANT CHAUTALA:
SHRI RAVNEET SINGH:
SHRI ASHOK SHANKARRAO CHAVAN:
SHRI VINAYAK BHAURAO RAUT:
KUNWAR HARIBANSH SINGH:
SHRI KAUSHALENDRA KUMAR:
SHRI R. DHRUVA NARAYANA:**

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

- (a) the details and salient features of the Ayushman Bharat-National Health Protection Mission (AB-NHPM) along with the funds allocated/released and the number of persons benefitted under the Mission so far; State/UT/year-wise;
- (b) whether the Government plans to rope in private hospitals and Ayushman Mitras for providing quality healthcare under the Scheme, if so, the details thereof including the safeguards adopted to prevent profiteering by private hospitals/agencies;
- (c) whether some private hospitals have requested to revise package rates offered under the Mission, if so, the details thereof and steps taken in this regard;
- (d) the details of State/UTs that have signed MoUs with the Government for implementation of the Scheme;
- (e) whether the health cover under the scheme is not available to AYUSH System of medicine, if so, the details and reasons therefor; and
- (f) whether the Government has also taken note of fake websites and mobile applications spreading false information about the Mission, if so, the corrective steps taken in this regard?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SMT. ANUPRIYA PATEL)

(a): Pradhan Mantri Jan Arogya Yojana (PMJAY), earlier known as Ayushman Bharat National Health Protection Mission, provides benefit coverage of upto Rs. 5 lakh per annum per family to the identified poor and vulnerable families for secondary and tertiary care hospitalisation. Salient features of PMJAY are annexed as Annexure-I.

PMJAY was launched on 23.09.2018 and for the current Financial Year, at the Budget Estimate stage, Rs. 2000/- crore were allocated for it. As on 10.12.2018, Rs. 817.73 crore have been released to States/UTs. The details are attached as Annexure-II. As on 11.12.2018, the total number of hospital admissions were 4,92,073.

(b): As PMJAY is implemented by the respective State Governments, the responsibility of empanelment of hospitals rests with them. Private hospitals are empanelled under PMJAY based on defined criteria and hospital empanelment guidelines.

For the hospitalization services rendered, empanelled hospitals can charge only as per the pre-defined package rates.

Under PMJAY, there is a provision of having Pradhan Mantri Arogya Mitras at the empanelled health care providers. Guidelines have been issued in this regard.

(c): Some private health care providers have requested to increase the package rates. States have the flexibility to decrease the rates, or increase up to 10%, or adopt rates as per the existing State Scheme depending on their suitability.

(d): 33 States/UTs have signed MoUs except Odisha, Telangana & UT of Delhi.

(e): PMJAY is still in its implementation stage and at present its benefit packages do not cover AYUSH System of Medicine.

(f): Yes. Fake entities, (Websites, Mobile Applications, Videos) trying to spread misinformation about PMJAY, are being proactively monitored. So far a list of 68 fake mobile applications and 54 websites on internet spreading false news about PMJAY has been compiled and following steps have been taken:

- i. Issue of Public Advisory on the official website to inform citizens about such fake entities.
- ii. Sharing the list with the concerned authorities including Chief Information Security Officer of India, Ministry of Home Affairs and Ministry of Electronics and Information Technology, requesting them to take the necessary action against these entities.
- iii. Filed an FIR against such entities.

Consequently, 62 out of 68 Fake Mobile Applications have been closed and 23 out of 54 fake websites have been either blocked or shut down.

Annexure-I

Salient features of PMJAY launched on 23.09.2018 for families belonging to poor, vulnerable and disadvantage sections of populations are as under:

1. Cashless and paperless access to services for the beneficiary at the point of service in any (both public and private) empanelled hospitals across India.
2. The benefit coverage of PMJAY is Rs. 5,00,000/- covering over 10 Crore beneficiary families (identified through SECC database). This cover of Rs. 5.00 lakh is able to take care of almost all secondary care and most of tertiary care procedures.
3. No family size, ensuring all members of designated families specifically girl child and senior citizens get coverage. It is suggested to preferably make woman as the head of family.
4. This Scheme is on entitlement basis. Every family figuring in defined SECC Database will be entitled to claim benefit under the scheme. The beneficiaries are encouraged to bring Aadhaar for the purpose of identification. However, no person is denied benefits under the scheme in the absence of Aadhaar.
5. Implementation Arrangement –States have the option to use an existing Trust/ Society/ Not for Profit Company [SNA] or set up a new Trust/ Society/ Not for Profit Company [State Health Protection Mission Agency] to implement the scheme. With respect to implementation, the States are free to choose the modalities for implementation. They can implement the scheme through insurance company or directly through the Trust/ Society or mixed model.
6. A well-defined Complaint and Public Grievance Redressal Mechanism, actively utilising electronic, mobile platform, internet as well as social media, has been put in place through which complaints/ grievances are registered, acknowledged, escalated for relevant action, resolved and monitored.
7. While ensuring user convenience, robust safeguards have been created to prevent misuse/ fraud/ abuse by providers and users. Pre-Authorisation has been made mandatory for all tertiary care and selected secondary care packages.

Annexure-II

Budget allcoated		3125 crore	
Statement of Release of Grant (As on 10.12.2018)			
Sr. No.	Name of State/UT	No. of Beneficiary	Amount released to States/UTs (In Crore)
1	Chhattisgarh	3729027	114.44
2	Uttar Pradesh	11804647	32.71
3	Himachal Pradesh	277005	7018
4	Manipur	277016	7.18
5	Tripura	494397	12.81
6	Mizoram	194859	5.05
7	Bihar	10895176	188.27
8	Jharkhand	2805753	48.48
9	Gujarat	4485227	77.50
10	West Bengal	11189146	193.35
11	Haryana	1551731	26.81
12	Madhya Pradesh	8381782	27.57
13	Dadra & Nagar Haveli	32614	0.94
14	Daman & Diu	10191	0.29
15	Tamil Nadu	7770928	11.66
16	Sikkim	39791	1.03
17	Maharashtra	8363664	12.55
18	Nagaland	233328	4.72
19	Assam	2701763	21.08
20	Jammu and Kashmir	613648	20.64
21	Arunachal Pradesh	88928	2.31
22	Lakshadweep	1465	0.00
23	Chandigarh	71278	0.18
24	Puducherry	103433	0.16
25	Goa	36974	0.64
26	Andaman Nicobar Islands	21399	0.05
27	Uttarakhand	142640	0.12
Grand Total			817.73