

1	2	3	4	5
33. Daman and Diu		12	5	7
34. Delhi		0	0	0
35. Lakshadweep		14	14	0
36. Puducherry		18	18	0
All India/Total <sup>2</sup>		17321	17019	2510

# Sanctioned data for year 2015 used

NA: Not Available

2 For calculating the overall percentages of vacancy, the States/UTs for which manpower position is not available, are excluded.

### Implementation of National Health Protection Scheme

1849. SHRI VIVEK K. TANKHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the manner in which Government expects States that are already in a fiscal noose, to be ready to dole out the amount of nearly 40 per cent of the contribution amounting to approximately ₹ 4000 crore for National Health Protection Scheme (NHPS) as proposed by the Ayushman Bharat Scheme, as per the estimates of NITI Aayog; and

(b) since many States are currently implementing their own health insurance schemes, whether Government expects them to give preference to NHPS over their own schemes and if so, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a centrally sponsored scheme. The ratio of contribution towards premium between Centre and State is 60:40 in all States except North Eastern States and the three Himalayan States, where the ratio is 90:10. In the case of Union Territories, the Central contribution of premium is 100% for UTs without legislature, while the ratio of contribution is 60:40 for those with legislature. Therefore, Government is already providing financial support to the States which need additional resources to implement the scheme.

At the time of launch of AB-PMJAY, many states were implementing the centrally sponsored health insurance scheme Rashtriya Swasthya Bima Yojana while some of the states had their own health insurance/assurance schemes from their own resources. ABPMJAY aims to build synergies with the existing health insurance/assurance

schemes of the States. In other words, both the schemes can run concurrently and leveraging each others' strengths. AB-PMJAY has been designed in such a manner that it is aspirational, entitlement-based, and portable while ensuring the spirit of Cooperative federalism. States will significantly benefit through the following features of AB-PMJAY:—

- (i) National portability
- (ii) Additional Resources
- (iii) State-of-the-art IT Platform
- (iv) Data and Fraud/Abuse Analytics

States will also learn from the experience of other States in implementation of similar schemes.

#### **CGHS empanelled hospitals**

1850. SHRI OSCAR FERNANDES: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that the CGHS empanelled hospitals deny/discourage treatment to CGHS patients on some pretext or the other;

(b) if so, how many such cases have come to the notice of Government and what action Government has taken on such complaints;

(c) whether Government has a mechanism to ensure that the CGHS beneficiaries are allotted wards/rooms according to their CGHS entitlement; and

(d) what mechanism Government proposes to introduce so that the CGHS empanelled hospitals become duty bound to treat the CGHS beneficiaries and cannot afford to refuse them treatment?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) Government have received 19 such complaints. As and when such complaints are received, Show Cause Notice is issued to erring hospital and in case of unsatisfactory explanation from the hospital, suitable action is taken as per the terms and conditions of empanelment which includes penalty of 15% of Performance Bank Guarantee or even suspension of empanelment. As per the terms and conditions of empanelment the empanelled hospitals are required to provide treatment facilities to CGHS beneficiaries as per their ward entitlement.