

**Issue of smart cards under NHIS**

3419. SHRI HARNATH SINGH YADAV:

DR. AMEE VAJNİK:

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

(a) the number of such needy people in the country who have been issued smart cards under National Health Insurance Scheme (NHIS) so that they get help in treatment of diseases, district-wise and State-wise;

(b) when this scheme was implemented and what target was fixed to make it available to needy people;

(c) the funds provided by Government to needy people for treatment under this scheme so far, State-wise; and

(d) whether this scheme is far behind in achieving its fixed target? Price review of procedures

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) Rashtriya Swasthya Bima Yojana (RSBY) was launched in 2008 by Ministry of Labour and Employment and was transferred to Ministry of Health and Family Welfare with effect from 01.04.2015. With the launch of Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY) on 23.09.2018, RSBY has been subsumed in it.

RSBY was implemented to provide health insurance cover of ₹ 30,000/- per family (a unit of five) per year to BPL and 11 other categories of unorganised workers i.e. Building and other construction workers registered with the Welfare Boards, Licensed Railway Porters, Street Vendors, MNREGA workers who have worked for more than 15 days during the preceding financial year, Beedi Workers, Domestic Workers, Sanitation Workers, Mine Workers, Rickshaw pullers, Rag pickers and Auto/Taxi Driver.

The beneficiary families under RSBY were entitled for cashless health insurance coverage of ₹ 30,000/- per annum per family.

Under RSBY, the, respective State Governments identified beneficiary families & enrolled them as per the laid down criteria. Cards to the beneficiaries were being issued by Insurance Companies selected by the State Governments.. The Government of India

was releasing Central Share to State Governments per beneficiary family on the basis of Said down norms.

PMJAY is an entitlement based scheme and there is no provision to issue smart cards to its beneficiaries.

**Price review of procedure under Ayushman Bharat Yojana**

3420. SHRI T.G. VENKATESH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Flagship Programme of Government, Ayushman Bharat Yojana, is going for price review of over 1000 medical packages being offered to patients under the Yojana;

(b) if so, the details thereof;

(c) whether a committee was also formed to hold deliberations on the existing prices of the medical packages, the details thereof; and

(d) the remedial measures being taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) Under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), 1393 benefit packages along with rates have been put in place for usage of hospitals empanelled under the scheme for providing the treatment to the beneficiaries. The package rates are indicative in nature and States have the flexibility to decrease or increase up to 10% depending on their suitability. Further, States could retain their existing package rates, even if they are higher than the prescribed 10 % flexibility slab. The States also have the flexibility to change the package rates up to 10% for the aspirational districts and in the cases of NABH accredited Hospitals.

The package rates were decided as per the recommendations of a Committee headed by Director General Health Services, Government of India and peer reviewed by NITI Aayog. The recommendations of the committee were based on a series of consultations with various stakeholders including medical professionals, AIIMS, hospitals' associations, industry bodies etc. For specific packages, subgroups spread across different super specialties were formed. The subgroups had prominent experts from national institutions like AIIMS.