1	2	3
5.	Construction worker/Plumber/Mason/Labor/ Painter/Welder/Security guard/Coolie and other head-load worker	1,02,35,435
6.	Sweeper/Sanitation worker/Mali	6,06,446
7.	Home-based worker/Artisan/Handicrafts worker/Tailor	27,58,194
8.	Transport worker/Driver/Conductor/Helper to drivers and conductors/Cart puller/Rickshaw puller	27,73,310
9.	Shop worker/Assistant/Peon in small establishment/Helper/Delivery assistant/ Attendant/Waiter	36,93,042
10.	Electrician/Mechanic/Assembler/Repair worker	11,99,262
11.	Washer-man/Chowkidar	4,60,433
	TOTAL TARGETED URBAN HOUSEHOLDS	2.33 crore

III. Total number of entitled beneficiary families -

Sl. No.	Categories	Households (number in crore)
1.	(i) Rural (based on deprivation criteria)	8.03
	(ii) Rural (automatically included)	0.16
2.	Urban	2.33
3.	Such number of families that were enrolled in the erstwhile Rashtriya Swasthya Bima Yojana but not in targeted SECC data	0.22
	TOTAL	10.74

Fraudulent activities by hospitals under
Ayushman Bharat Scheme

280. DR. PRABHAKAR KORE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that in spite of robust IT infrastructure to locate suspicious transactions., many empanelled private hospitals in the country are involved in fraudulent activities and registration of fake cases under Ayushman Bharat Scheme;

(b)   if so, details of fake cases and hospitals identified for involvement in such fraudulent activities across the country, State-wise; and

(c)   the steps and action taken by Government to prevent fraudulent activities by empanelled private hospitals and the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) 18,681 cases, which were triggered as suspect in the IT system of Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), have been shared with States for due diligence and further necessary action.

In addition, National Health Authority has conducted Joint medical Audit of 136 hospitals with the respective State Health Agencies and findings have been shared with States for taking disciplinary actions. Based on the action taken by the SHA on suspect cases, 205 hospitals have been de-empanelled. The details of these de-empanelled hospital is available at *https://www.pmiay.gov.in/de-empanelled.*

(c)   AB-PMJAY IT system has been designed with checks and balances along with defined roles and responsibilities, role-based logins and audit trails for all processes - beneficiary identification, transaction management system, funds flow, claims payment etc. Further, all pre-authorization and claims transactions are carried out online ensuring efficiency and complete transparency. The process of pre-authorization has been designed such as to ensure maximum efficiency while avoiding abuse and fraud. Minimum requirements for claims investigation and medical audit have been laid down.

National Anti-Fraud Unit (NAFU) has been created at National level for overall monitoring and implementation of anti-fraud framework supported by State Anti-Fraud Units (SAFU) at State level.

Some of the key steps taken for prevention, detection, and deterrence of different kinds of fraud under AB-PMJAY are given in the Statement.

Statement

Key steps taken for prevention, detection, and deterrence of different kinds of fraud under AB-PMJAY

I.   Strong Policy Framework:

(a) All packages prone to fraud are reserved for public hospitals or need mandatory pre-authorization and require detailed documentation before claims are paid.

(b) National Anti-Fraud Unit (NAFU) has been created and is supported by State Anti-Fraud Units (SAFU).

II. Beneficiary Empowerment:

(a) Beneficiary empowerment is done by system generated messages to each beneficiary at the time of - e-card creation, hospitalization and discharge.

(b) Feedback is collected through outbound calls and letter after treatment

III. Regular monitoring of empanelled hospitals:

(a) Utilization data is analysed on different triggers and results are shared with States for carrying out due diligence

(b) Capacity building of the states is done on medical audits and Joint medical audits of hospitals are done to identify any wrong doing.

IV. Fraud Control IT enhancements:

(a) Bio-authorization has been made mandatory at the time of admission and discharge. Pilot of the same is done in 20 States and full implementation is done in 10 States.

(b) Investigation app has been made functional in 16 States for prompt medical audits.

(c) Standard treatment Guidelines have been created for 30 abuse prone packages.

V. Use of Artificial Intelligence:

(a) NHA has partnered with top global analytics companies to develop algorithms that can use big data to identify suspect transactions and entities. This would go through Rule engines, Artificial Intelligence and Machine Learning techniques.

(b) NHA has now selected SAS as a partner to develop a comprehensive Fraud Analytics and Forensics solution to detect fraud proactively.

VI.   Action against fraudulent hospitals/entities:

(a)   More than 440 hospitals have been served Show Cause Notice/suspended/ de-empanelled in different States.

(b)   Out of these, as on date, 205 have been de-empanelled.

(c)   FIRs have been lodged against 6 hospitals in Uttarakhand and Jharkhand.

(d)   Amount of penalties levied is more than INR 4.6 crores in 9 states.

Programme to prevent impairment in vision in diabetics

281.   SHRI VAIKO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a)   whether Government is aware that one in seven diabetics is visually impaired, which is 10 times higher than the global average;

(b)   if so, whether any programmes prepared for the mass awareness among the public, especially among diabetics to prevent impairment in vision;

(c)   if so, the details thereof; and

(d)   the budget amount spent for the treatment of diabetics in the country in the last three years, year-wise and in the current year, as on 31 October, 2019 and the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) to (d) As per the National Blindness and Visual Impairment Survey (2015-18), Diabetic Retinopathy is responsible for 0.8% of visual impairment in the surveyed population in India. Globally, diabetic retinopathy is estimated to be responsible for 1.3% of visual impairment in the year 2015.

Under the National Programme for Control of Blindness and Visual Impairment (NPCBVI), Diabetic Retinopathy is a priority disease. Screening for Diabetic Retinopathy has also started in some States of the country.

Information, Education and Communication (IEC) through print, electronic and digital media is an on-going activity under NPCBVI to create mass awareness among