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

RAJYA SABHA
UNSTARRED QUESTION NO. 443
TO BE ANSWERED ON 06TH FEBRUARY, 2024

CAPF BENEFICIARIES UNDER AB-PMJAY

443. SHRI SANDEEP KUMAR PATHAK:

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

(a) whether beneficiaries under CAPF Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) are allowed to claim reimbursement against healthcare services availed in non empaneled hospitals in case of emergency, the reasons as to why general beneficiaries under AB-PMJAY are not allowed to claim the reimbursement; and

(b) the details of the insurance companies which have been involved in the schemes in the last five years along with the amount of premium paid to them by the Central Government and State Governments, total claim they received and total payment done to the hospitalsby these insurance schemes, the details thereof State-wise and year-wise?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(PROF. S. P. SINGH BAGHEL)

(a) and (b): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is completely cashless and paperless in nature, therefore, there is no concept of reimbursement under the scheme. Beneficiaries can avail treatment in any of the empanelled hospitals across the country. The Empanelled Healthcare Providers (EHCPs) are paid based on specified Health Benefit Packages (HBPs) with standardised rates. The cost of HBP covers all the costs related to treatment, including but not limited to drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, OT and ICU charges, etc. As on 15.01.2024, 27,742 hospitals are empanelled under the scheme to ensure access to cashless healthcare benefits under the scheme. The demography of beneficiary population catered under AB-PMJAY necessitates delivery of healthcare services in cashless and paperless manner. Further, scale of scheme also requires it to be paperless and faceless for effective implementation.

Ayushman CAPF scheme is being implemented by Ministry of Home Affairs (MHA) in collaboration with National Health Authority for 40 lakh Ayushman CAPF serving personnel and

their dependents. The benefits and entitlements under Ayushman CAPF are decided by MHA. Ayushman CAPF beneficiaries can claim reimbursement against healthcare services availed in non -empanelled hospitals only in case of emergency.

Under AB-PMJAY, States/UTs have been provided with the flexibility to implement the scheme through trust, insurance or hybrid mode. Under the insurance/hybrid mode of implementation, insurance companies are on-boarded by the respective State Health Agencies (SHAs) implementing the scheme. SHAs pay premium to these insurance companies based on the discovered price during the tender process. The policy year-wise details of the Insurance companies engaged, effective payment made, claims submitted and settled by the States/UTs over the last 5 years are at **Annexure**.

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Annexure

Policy year wise details of the Insurance companies engaged over the last 5 years

State/UT	Insurance Company (Contract period)	Effective payment made to Insurance Company after adjusting refunds and additional payment (In crore of Rupees)	Total number of claims submitted by hospital	Total number of claims settled
Jharkhand	National Insurance Company (23.09.2018 - 10.02.2024)	2,345.80	18.06 lakh	17.49 lakh
Meghalaya	Reliance General Insurance Company Ltd. (01.02.2019-31.08.2022)	130.70	2.87 lakh	2.83 lakh
	National Insurance Company (01.09.2022 - 31.08.2023)	36.47	1.17 lakh	1.10 lakh
	Reliance General Insurance Company Ltd. (01.09.2023-31.08.2024)	18.25	38,353	30,238
Nagaland	Apollo Munich Health Insurance (23.09.2018-22.12.2019)	8.85	6,947	6,774
	Oriental Insurance Company Limited (23.12.2019-30.09.2023)	71.43	43,261	42,910
Kerala	Reliance General Insurance Company Ltd. (01.04.2019-31.03.2020)	619.60	9.69 lakh	8.85 lakh
	Reliance General Insurance Company Ltd. (01.04.2020-30.06.2020)	155.84	2.06 lakh	1.99 lakh
Jammu & Kashmir	Bajaj Allianz GIC (26.12.2020-25.12.2021)	180.90	3.62 lakh	3.51 lakh
	IFFCO Tokio GIC (15.03.2022-14.03.2024)	946.58	7.24 lakh	6.91 lakh
Punjab	IFFCO TOKIO (20.08.2019 - 19.08.2021)	701.58	7.91 lakh	7.84 lakh
	SBI GIC Insurance Co. Ltd (20.08.2021 - 29.12.2021)	141.97	2.28 lakh	2.27 lakh
Maharashtra	National Insurance Company (23.09.2018 - 31.03.2020)	826.78	8.39 lakh	8.37 lakh
	United India Insurance Company (01.04.2020 - 31.03.2024)	2622.59	27.01 lakh	25.26 lakh

Gujarat	Oriental Insurance Company Limited (23.09.2018-30.06.2021)	368.47	2.66 lakh	2 lakh
	Oriental Insurance Company & Bajaj Insurance (01.07.2021-10.07.2022)	1672.97	6.67 lakh	6.50 lakh
	Oriental Insurance Company Limited (11.07.2022-10.07.2023)	1359.29	10.09 lakh	8.08 lakh
	Bajaj Insurance (11.07.2023-10.07.2024)	1200	6 lakh	4.61 lakh
Tamil Nadu	United India Insurance Company (2018 - 2024)	10703.36	96.48 lakh	94.96 lakh
Chhattisgarh	Religare Health Insurance Company (16.09.2018 - 15.11.2019)	NA	9.06 lakh	8.44 lakh
	Oriental Insurance Company Limited (23.09.2018-31.12.2023)	68.48	1.20 lakh	1.13 lakh
	Universal Sompo General Insurance Company Ltd (01.02.2024 - 31.01.2025)	4.47	NA	NA
Lakshadweep	ITGI (29.07.2021 - 02.08.2024)	2.71	837	791
Ladakh	Bajaj Allianz GIC (01.03.2020-25.01.2022)	2.94	2382	2132
Puducherry	M/s Star Health and Allied Insurance Co.Ltd (29.07.2019 - 28.07-2020)	2.01	3188	3051
Mizoram	Bajaj Allianz GIC (23.09.2018-22.09.2019)	27.12	7026	6934
Rajasthan	New India Assurance Company (30.01.2021-29.01.2025)	4325.76	73.08 lakh	69.32 lakh

Note:

1. Data as provided by States/UTs have been presented. In many States/UTs, scheme is being implemented in hybrid mode, therefore, many claims have to settled by both State Health Agency (SHA) and insurance company.
2. Claims refund is calculated at the end of contract period, which is generally 3 years. Thus, in many States/UTs, final settlement with insurance company has yet not been done.