

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 931
TO BE ANSWERED ON 30TH JULY, 2024**

**REFUSAL OF TREATMENT BY PRIVATE HOSPITALS THROUGH AYUSHMAN
CARD**

931. SHRI SANDEEP KUMAR PATHAK:

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

- (a) the names of private hospitals which have refused to provide treatment through Ayushman card during the last three years, the details thereof, State-wise and if not, the reasons therefor;
- (b) the way Government gets the information about the refusal by private hospital to treat patients with Ayushman card, the details of the process thereof; and
- (c) the reasons for not making the provision of reimbursement after treatment under the Ayushman Yojana for the common man as applicable for the staff of paramilitary forces and by when it will be implemented, the details thereof?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)**

(a) and (b): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is the world's largest publicly funded health assurance scheme which provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to approximately 55 crore beneficiaries corresponding to 12.34 crore families, constituting the bottom 40% of India's population. As on 20.07.2024, a total number of 7.37 crore hospital admissions worth over Rupees One lakh crore have been authorized under the scheme.

Under the scheme, a three-tier grievance redressal system at District, State and National level has been created to resolve the issues faced by beneficiaries in utilizing healthcare services under the scheme. Scheme related grievances are received at District, State and National level. Beneficiaries can file their grievance using different mediums including web-based portal Centralized Grievance Redressal Management System (CGRMS), Central & State call centers, email, letter to State Health Agencies etc. Based on the nature of grievance, necessary action including providing of support to the beneficiaries in availing treatment under the scheme, is

taken. Grievances related to delay or denial of treatment are assigned highest priority. The district team examines the grievance and ensures that beneficiaries do not face any challenge in availing treatment. The status of the grievances filed and their resolution, is monitored by State government. Further, based on the findings of District Implementation Units, State Health Agencies (SHAs) take penal action against erring hospitals including de-empanelment in case of repeat offenders. The list of hospitals of which the complaints regarding denial of treatment have been confirmed post enquiry by SHAs is as under:

S. No	State/UT	Name of the Hospital	Action Taken
1	Tamil Nadu	Krishna Super Speciality Hospital	De-empanelled
2	Tamil Nadu	Mint Hospitals, Chennai TN.	De-empanelled
3	Tamil Nadu	Visaalam Hospital, Namakkal TN.	De-empanelled
4	Uttar Pradesh	Kailash Hospital and Heart Institute	De-empanelled

Note: As per information received from States/UTs

(c): AB-PMJAY is completely cashless and paperless in nature and there is no concept of reimbursement for the services availed under the scheme. Beneficiaries can avail free healthcare services under the scheme in any of the empanelled hospitals across the country. The Empanelled Healthcare Providers (EHCPs) are paid based on specified Health Benefit Packages with standardized rates.
