PERFORMANCE AUDIT OF AYUSHMAN BHARAT -PRADHAN MANTRI JAN AROGYA YOJANA - UNION GOVERNMENT (CIVIL)

MINISTRY OF HEALTH AND FAMILY WELFARE

PUBLIC ACCOUNTS COMMITTEE
(2023-24)

ONE HUNDRED AND FIFTY-FIRST REPORT

SEVENTEENTH LOK SABHA

LOK SABHA SECRETARIAT
NEW DELHI

PAC NO. 2381

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MINISTRY OF HEALTH AND FAMILY WELFARE

Presented to Hon'ble Speaker, Lok Sabha on: 29.04.2024

Presented to Lok Sabha on:

Laid in Rajya Sabha on:

LOK SABHA SECRETARIAT
NEW DELHI

April, 2024 /Vaisakha, 1946 (Saka)

CONTENTS

		PAGE
COMPOSITION OF THE PUBLIC ACCOUNTS COMMITTEE (2023-24)		(ii)
INTRODUCTION		(iii)

REPORT

PART I

I.	INTRODUCTORY	1
II	AYUSHMAN BHARAT-PRADHAN MANTRI JAN AROGYA YOJNA	1
III	BENEFICIARY IDENTIFICATION AND REGISTRATION	1
IV	HOSPITAL EMPANELMENT AND MANAGEMENT	11
V	SYSTEM OF SETTLEMENT OF CLAIMS OF EMPANELLED HEALTHCARE PROVIDERS (EHCP'S)	15
VI	FINANCIAL MANAGEMENT	18
VII	MONITORING AND GRIEVANCE REDRESSAL	30

PART II

Observations/Recommendations of the Committee 45-61

APPENDICES

I. Minutes of the sitting of the Public Accounts Committee (2023-24) held on 31st October, 2023.

II Minutes of the sitting of the Public Accounts Committee (2023-24) held on 17th January, 2024.

COMPOSITION OF THE PUBLIC ACCOUNTS COMMITTEE

(2023-24)

Shri Adhir Ranjan Chowdhury - Chairperson

MEMBERS

LOK SABHA

2. Shri Subhash Chandra Baheria
3. Shri ThalikkottaiRajuthevar Baalu
4. Shri Bhartruhari Mahtab
5. Shri Jagdambika Pal
6. Shri Pratap Chandra Sarangi
7. Shri Vishnu Dayal Ram
8. Shri Rahul Ramesh Shewale
9. Shri Gowdar Mallikarjunappa Siddeshwara
10. Dr. Satya Pal Singh
11. Shri Rajiv Ranjan Singh alias Lalan Singh
12. Shri Jayant Sinha
13. Shri Balashowry Vallabhaneni
14. Shri Ram Kripal Yadav
15. Vacant[1]

RAJYA SABHA

16. Shri Shaktisinh Gohil
17. Dr. K Laxman
18. Shri Derek O'Brien
19. ShriTiruchi Siva
20. Dr. M. Thambidurai
21. Shri Ghanshyam Tiwari
22. Vacant[2]

SECRETARIAT

1.	Dr. Sanjeev Sharma	-Joint Secretary
2.	Smt Bharti Sanjeev Tuteja[3]	-Director
3.	Shri Girdhari Lal	-Deputy Secretary
4.	Dr. Faiz Ahmad	-Under Secretary
5.	Shri. Prakhar Prakash Anand	-Assistant Committee Officer

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[1] Shri Brijendra Singh resigned w.e.f 12 March 2024

[2] Dr. Sudhanshu Trivedi retired from Rajya Sabha w.e.f. 2 April 2024

[3] Till 21.03.2024

INTRODUCTION

I, the Chairperson, Public Accounts Committee (2023-24) having been authorised by the Committee, do present this One Hundred and Fifty-first Report (Seventeenth Lok Sabha) on "Performance Audit of Ayushman Bharat -Pradhan Mantri Jan Arogya Yojana " based on C&AG Report No. 11 of 2023, relating to the Ministry of Health and Family Welfare.

2. The Report of the Comptroller and Auditor General of India was laid in the Parliament on 8th August, 2023.

3. The Public Accounts Committee (2023-2024), selected the aforesaid subject for detailed examination and took oral evidences of the representatives of the Ministry of Health and Family Welfare on the subject on 31st October, 2023 and 17th January, 2024. The Minutes of the sittings of the Committee are appended to the Report. The Committee considered and adopted the draft report on the subject *vide* digital circulation on 27th April 2024 and authorised the Chairperson to finalise the same and present it to the Hon'ble Speaker.

4. For facility of reference and convenience, the Observations and Recommendations of the Committee have been printed in **bold** and form Part-II of the Report.

5. The Committee would like to express their thanks to the representatives of the Ministry of Health and Family Welfare for tendering evidence before them and furnishing the requisite information to the Committee in connection with the examination of the subject.

6. The Committee also place on record their appreciation of the assistance rendered to them in the matter by the Committee Secretariat and the Office of the Comptroller and Auditor General of India.

NEW DELHI: **ADHIR RANJAN CHOWDHURY**

27 April, 2024 **Chairperson,**

07 Vaisakha, 1946 (*Saka*) **Public Accounts Committee**

PART - I

I. INTRODUCTION

1. This Report of the Committee is based on C&AG Report No. 11 of 2023 on the subject, "Performance Audit of Ayushman Bharat -Pradhan Mantri Jan Arogya Yojana - Union Government (Civil)". Public Accounts Committee (2023-24) selected the aforesaid C&AG Report for examination and report. The PAC (2023-24) considered the subject for detailed examination and took oral evidence of the representatives of the Ministry of Health and Family Welfare on 00.00.2023.

II. AYUSHMAN BHARAT-PRADHAN MANTRI JAN AROGYA YOJNA

2. The Committee have learnt that Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) was launched on 23 September 2018 and it aims to provide health cover of ₹ five lakh per family per year for secondary and tertiary care hospitalization to over 10.741 crore families from the poor and vulnerable section of the population, based on the deprivation and occupational criteria of the Socio Economic Caste Census (SECC), 2011. The objective is to improve affordability, accessibility, and quality of care for the poor and vulnerable section of the population. The Scheme was launched for achieving a significant reduction in out-of-pocket expenditure due to health care costs and achieving reduction in proportion of households experiencing catastrophic health expenditures and consequent impoverishment. The eligible beneficiaries are entitled under AB-PMJAY for cashless and paperless access to services at the empanelled hospitals. The Committee also noted that the PMJAY Scheme, an ambitious and well-intentioned programme to provide healthcare access to most vulnerable sections in the country, has had a strong positive impact on the economically weaker sections of the society who need healthcare facilities. However, the implementation of the Scheme needs improvement in the light of the findings made in the report. It is expected that the compliance to the observations and recommendations made in this Report will help in improving the implementation of the Scheme.

III. BENEFICIARY IDENTIFICATION AND REGISTRATION

A. A. Coverage of Beneficiaries under PM-JAY

AUDIT FINDINGS

3. Audit findings in C&AG Report No. 11 of 2023 brought out that as per NHA records, 7.87 crore beneficiary households were registered, constituting 73 per cent of the targeted households of 10.74 crore (November 2022). Out of this, 2.08 crore households had been identified from SECC-2011 database, as envisaged in the Scheme guidelines. NHA conveyed to the Audit that Government of India (GoI) has approved (January 2022) the expansion of the beneficiary base to cover 12 crore families based on NFSA data. In the absence of adequate validation controls, errors were noticed in beneficiary database i.e. invalid names, unrealistic date of birth, duplicate PMJAY IDs, unrealistic size of family members in a household etc. In 36

cases, two registrations were made against 18 Aadhaar numbers and in Tamil Nadu, 4761 registrations were made against seven Aadhaar numbers. Registration of multiple beneficiaries against same or invalid mobile number ranging from 11 to 7,49,820 beneficiaries were noted in the Beneficiary Identification System (BIS). In Jammu & Kashmir and Ladakh, during the period 2018 to 2021, 16865 and 335 ineligible beneficiaries respectively were identified by the SHA after cleaning the SECC data. In six States/UTs, ineligible households were found registered as PMJAY beneficiaries and had availed the benefits of the Scheme. The expenditure on these ineligible beneficiaries ranged from ₹0.12 lakh in Chandigarh, to ₹22.44 crore in Tamil Nadu. In nine States/UTs, there were delays in processing of rejection cases. The delay ranged from one to 404 days. In seven States/UTs, Information, Education and Communication (IEC) cell was formed. In 12 States/UTs, IEC Cell was not formed whereas no information was available in the remaining States. IEC plan was prepared only in four States, Chhattisgarh, Madhya Pradesh, Manipur and Rajasthan. In Maharashtra, although plan was prepared in 2020-21, it was not implemented. In 14 States/UTs, expenditure on IEC activities ranged from 0 to 20.24 per cent of the allotted budget against the prescribed benchmark of 25 per cent.

4. For the identification of beneficiaries, when the Committee asked the Ministry about the mechanism that has been opted for identifying State-wise beneficiaries under the scheme, the Ministry stated as under:

> "Initially, 10.74 Crore beneficiary families under AB PM-JAY were targeted on the basis of the Socio-economic Caste Census (SECC) of 2011 which used 6 deprivation and 11 occupational criteria across rural and urban areas respectively to identify the families. Further, in January 2022, the Cabinet of the Government of India, revised the beneficiary base to 12 Crore families and decided to give flexibility to use other databases for verification of beneficiaries under Ayushman Bharat PM-JAY against such SECC beneficiaries who couldn't be identified and verified. Consequent to this approval, National Health Authority has issued guidelines to States/UTs to use suitable Aadhaar seeded digitized databases of beneficiaries of similar socioeconomic profile as that of eligible SECC beneficiaries in place of unverified SECC beneficiaries and additional families. As on date, all States/UTs except Bihar have shared databases of beneficiaries and the same has been ingested in the Beneficiary Identification System of NHA. The list of databases used by States is enclosed at Annexure-1."

5. As per Ministry's ATNs, NHA has issued guidelines to States/UTs to use suitable Aadhaar seeded digitized databases of beneficiaries of similar socio-economic profile as that of eligible SECC beneficiaries. On being asked to provide the details about the same, the Ministry responded as below:

> "In order to ensure that eligible beneficiaries get covered under the scheme and in compliance of the decision of the Cabinet of Govt of India, NHA has issued guidelines. for providing flexibility to States/UTs to use non-SECC beneficiary family database with similar socio-economic profiles to identify leftover (unverified) SECC families. Also, States/UTs were asked to provide beneficiary database for

additional families in line with the Cabinet decision for expansion of beneficiary base to 12 crore. The copy of the guidelines issued is at Annexure 2."

6. When the Committee desired to know from the Ministry about the multiple databases those are being used by them while ensuring verification of such SECC beneficiaries who couldn't be identified and verified under Ayushman Bharat Pradhan Mantri - Jan Arogya (PM-JAY), the Ministry replied as under:

"All States/UTs except Bihar have shared databases of beneficiaries and the same has been ingested in the Beneficiary Identification System of NHA.

States which have not been able to identify eligible beneficiaries as per SECC database, have chosen various digitized Aadhaar seeded databases such as Antyodaya Anna Yojna, Ration Cards, state specific scheme databases etc. The list of databases provided by States is at Annexure 1."

7. In light of multiple databases being used for verification, when the Ministry was asked as to how are they ensuring veracity of data in the Beneficiary Identification System of NHA, they stated as under:

"In order to ensure the veracity of the data in Beneficiary Identification System (BIS) NHA has adopted a 3-pronged strategy which is as follows:

1. National Health Authority has issued guidelines to States/UTs to use suitable Aadhaar seeded digitized databases of beneficiaries of similar socio-economic profile as that of eligible SECC beneficiaries.

2. Aadhaar based De-duplication of the beneficiary databases have been undertaken at the time of ingestion.

3. Aadhaar based e-KYC has been mandated for all beneficiaries."

8. Considering that PM-JAY envisaged (March 2018) coverage of about 10.74 Crore beneficiary households based on the deprivation and occupational criteria of the Socio-Economic Caste Census, 2011 (SECC) for rural and urban areas respectively, when the Committee asked about details, respectively of the deprivation and occupational criteria used therein for rural and urban areas to incorporate beneficiaries in the scheme, the Ministry stated as under:

"At the time of launching of the Ayushman Bharat PM-JAY, it was decided to cover a total of 10.52 crore families eligible as per 6 deprivation and 11 occupational criteria across rural and urban areas respectively. Further, 22 lakhs left over RSBY families were also included. Together, they constituted the bottom 40% of India's population as per 2011 census.

The detailed list of eligibility criteria used for SECC 2011 is enclosed at Annexure-3."

B. Process for Beneficiary Identification

9. As per Ministry's ATNs, information related to deprivation and occupational criteria was not required to be captured during beneficiary verification process for beneficiaries identified through non-SECC database. When asked to clarify about this position, the Ministry replied as below:

> "The responsibility of identifying beneficiaries lies with the States. It is to be noted that this exercise is only possible to be done by the State machinery. States have shared the beneficiary database after exercising due-diligence as per the guidelines (Annexure 2).
>
> As these databases now have Aadhaar, hence Aadhaar eKYC ensures that only entitled beneficiaries avail the services under the scheme."

10. When asked as to how would the Ministry ensure parity among the beneficiaries of the scheme in the absence of uniform criteria for deprivation and occupation, the Ministry stated as under:

> "In order to ensure that eligible beneficiaries get covered under the scheme and in line with the decision of the Cabinet of Govt of India, NHA has issued guidelines wherein flexibility has been provided to States/UTs to use non-SECC beneficiary family database with similar socio-economic profiles in place of leftover (unverified) SECC families. States/UTs were asked to provide beneficiary database for additional families in line with the Cabinet decision for revised beneficiary base of 12 crore families. Accordingly, all States/UTs except Bihar have shared databases of beneficiaries and the same has been ingested in the Beneficiary Identification System of NHA. States have shared the beneficiary database after due-diligence and consideration."

11. As per Ministry's ATNs, National Health Authority has issued guidelines to use suitable Aadhaar seeded digitized databases of beneficiaries of similar socio-economic profile as that of eligible SECC beneficiaries. When the Committee wanted to be provided with the details in this regard, the Ministry stated as below:

> "The guidelines issued by NHA are at Annexure 2 and the data bases provided by States is at Annexure 1."

12. When asked about the steps taken by the Ministry to ensure that the data remains error free and accessible to all states, the Ministry stated as below:

> "In order to ensure the veracity of the data in BIS, NHA has adopted a 3-pronged strategy. These are as follows:
> 1. National Health Authority has issued guidelines to States/UTs to use suitable Aadhaar seeded digitized databases of beneficiaries of similar socio-economic profile as that of eligible SECC beneficiaries.
> 2. Aadhaar based De-duplication of the beneficiary databases have been undertaken at the time of ingestion.

3. Aadhaar based e-KYC has been mandated for all beneficiaries. This ensures final level of deduplication of beneficiaries in the database.

The database ingested in the BIS is available for card creation through NHA's BIS platform for all stakeholders including beneficiaries themselves."

13. When enquired about the estimated timeline for enabling unified view of the scheme with the clear demarcation of State and PM-JAY beneficiaries, the Ministry mentioned in its reply that:

"NHA has launched Aapke Dwar Ayushman 3.0 to expedite Ayushman Card creation. Also, Ayushman Bhava campaign has been launched with the target to achieve saturation. Further, Ayushman Bharat PM-JAY is a flagship scheme under Viksit Bharat Sankalp Yatra. Ayushman card creation is an on-spot service under VBSY.
As a result of the concerted efforts, more than 30 cr Ayushman Cards have been created. NHA along with SHAs are striving to saturate Ayushman cards for all eligible beneficiaries. Post this card creation activities, demarcation of PM-JAY and State-scheme beneficiaries can be undertaken."

14. In regard to the measures being taken to ensure that beneficiaries can avail services seamlessly across India irrespective of their residential/migration status, the Ministry stated as under:

"All States/UTs except Bihar have shared databases of beneficiaries and the same has been ingested in the BIS of NHA. In case a beneficiary whose name is already in BIS database seeks to avail treatment in any empaneled hospital across India, he can avail services post Aadhaar eKYC."

C. Process of Registration

15. When the Committee asked what other criteria are used to establish the veracity of the beneficiaries' credentials in the absence of match score, the Ministry stated that:

"NHA has rolled-out new BIS across India with major improvements in the beneficiary identification process.

The beneficiary verification process is completely transparent and faceless. When an operator undertakes a beneficiary verification which includes Aadhaar e-KYC, the system pulls beneficiary details from Aadhaar database. The details pulled are then compared with beneficiary details available in the source database.

In order to ensure instant approval of Ayushman card request, auto-approval system has been enabled in the Beneficiary Identification system. System generates a match score based on matching details of Aadhaar data with those available in the source database.

Further, all such requests which are not auto-approved are examined and processed manually through a faceless system."

16. Apprising the Committee about the steps been taken to fine tune the match score mechanism and the related details thereof, the Ministry in reply mentioned as under:

> "NHA has rolled-out new BIS across India with major improvements in the beneficiary identification process. 2. Replacement of SECC database by Aadhaar seeded database has improved the system of beneficiary identification. The match score in the new Beneficiary Identification System has been uniformly implemented. Further, where the match score falls below a certain threshold, records are pushed for manual processing."

17. When asked as to what steps, if any, are being taken to accommodate migratory populations in the match score mechanism, the Ministry replied as under:

> "NHA has rolled-out new BIS across India with major improvements in the beneficiary identification process. Replacement of SECC database by Aadhaar seeded database has improved the system of beneficiary identification. The match score in the new Beneficiary Identification System has been uniformly implemented. Further, where the match score falls below a certain threshold, records are pushed for manual processing. The above process applies to all categories of beneficiaries including migrants."

D. <u>Registration under process for approval</u>

18. ATN provided by the Ministry mentioned that 30-minute TAT was prescribed for circumstances where cards were created by the PMAMs in the hospitals and the then existing contract with the ISAs for processing of requests for cards was limited to those created in the hospitals by the PMAMs. Therefore, the cards created through campaign were not processed during the defined TAT. When asked to give details of steps taken to process these cards created through campaigns, the Ministry stated that:

> "As on date more than 30 crore Ayushman Cards have been created. The ingestion of Aadhaar seeded digitized data has significantly improved the beneficiary identification process by enabling precise match in the beneficiary details with the Aadhaar e-KYC. In the new BIS, records are auto approved based on the match score thus significantly reducing the requirement of manual approval. In order to expedite Ayushman card creation process during the card drive, SHAs have been facilitated to onboard additional agencies. Further, the card pendency status with SHAs is being regularly monitored."

19. On being enquired whether the contract has since been modified to include cards created through campaign for processing within 30-minute TAT, the Ministry replied as under:

> "Ayushman card creation process has been streamlined as follows:
>
> a) The ingestion of Aadhaar seeded digitized data has significantly improved the beneficiary identification process by enabling precise match in the beneficiary details with the Aadhaar e-KYC.In the new BIS, records are auto approved based on the match score thus significantly reducing the requirement of manual approval. In order to expedite Ayushman card creation process during the card drive, SHAs

have been facilitated to onboard additional agencies. Further, the card pendency status with SHAs is being regularly monitored.

b) The TAT of 30 minutes for card approval applies to cards created in hospital by PMAMs only. For the campaign mode card creation TAT doesn't require to be modified in view of the aforementioned streamlined process."

20. Ministry in their ATN has mentioned that due to prolonged suspension of internet services in Jammu and Kashmir, the beneficiary records could not be processed for verification. When the Committee asked about the steps been taken by the Ministry to assist verification of cards in remote areas and areas with little penetration of internet services, the Ministry in reply, stated as under :

"NHA has developed a light mobile application viz. 'Ayushman App' for facilitating door-step Ayushman Card creation. Due to concerted efforts of NHA and SHAs, Ayushman card creation has significantly improved in remote areas such as UT of J&K, Ladakh and other hill States. State wise details of Ayushman cards created are attached at Annexure-4.

In order to ensure that no beneficiary is denied treatment due to non-availability of internet in remote location, NHA has allowed pre-authorization upto three days of hospital admission in private hospitals and five days in public hospitals."

21. In regard to the parameters being included to monitor Performance of card approval agencies, the Ministry, in reply, stated as follows:

"All the Ayushman Card request related processing undertaken by card approval agencies are monitored at both the State and National level. These card approval agencies are monitored through qualitative and quantitative servicelevel agreements (SLAs) related to card processing. Some of the SLAs are as follows:

• Ayushman card request processing within TAT
• Approval of incorrect beneficiary identification records
• Rejection of genuine beneficiary card request."

E. Quality of data in BIS database

22. When asked about the limitations faced by the Ministry in SECC database, the Ministry stated as under:

"The limitations with SECC database were as follows: Decade old data: The SECC was undertaken in 2011 and some revisions were done till 2014. Therefore, the data was 8-10 years old. The ground realities had changed during this period, and many families have moved in and out of the defined occupational and deprivation criteria. Further, a lot of people listed in database would have died since 2011 and the family structure would have also changed in case of many families.
Non-Aadhaar Database: One of the major limitations with SECC database is lack of Aadhaar seeding. Lack of Aadhaar seeding diminishes the certainty in beneficiary identity.

Missing details: Many crucial fields such as name, father's name, village etc. are missing in case of many individuals. This resulted in difficulty in locating the beneficiaries and thus Ayushman card creation couldn't gain momentum."

23. On being enquired as how is the Ministry ensuring uniqueness of beneficiary in cards that have already been registered, the Ministry replied as under:

"The uniqueness of the beneficiary in the BIS database is maintained by unique Aadhaar token associated with each beneficiary.

Before November 2022, to avail the treatment, the identifiers were State code followed by PM-JAY ID which ensured the uniqueness of each beneficiary in the system. However, to rule out any ambiguity, NHA has rolled out a new BIS, wherein every beneficiary is issued a unique PM-JAY ID at national level. Fresh PM-JAY IDs have been issued and communicated wherever beneficiaries from two different States had overlapping PM-JAY ID."

24. On being asked whether the Ministry have considered that adding members to family but not deleting the same due to death or marriage may lead to increased family sizes and whether steps been taken to remove the name of females from their maiden families for the purpose of Ayushman card verification, the Ministry stated that :

"AB PM-JAY is a scheme which is based on family floater system. There is no cap on the family size in terms of no. of family members. Ayushman Bharat is an entitlement-based scheme, and therefore, a person once included in the database remains eligible unless found ineligible otherwise. 4. Whenever State refreshes beneficiary database by mapping with any dynamic database, then modified family structure is captured and ingested into the system."

25. When asked as to what steps have been taken by the Ministry to assist verification of names of females post marriage, the Ministry, in reply, stated as below:

"NHA has rolled-out new BIS across India with major improvements in the beneficiary identification process. In addition, the flexibility to use Aadhaar-seeded digitized databases for verification of beneficiaries under Ayushman Bharat PM-JAY against such SECC beneficiaries who couldn't be identified and verified. has significantly improved the beneficiary identification process. In the new BIS, records are auto approved based on the match score thus significantly reducing the requirement of manual approval. Further, wherever a card creation request is not auto-approved due to mismatch in e-KYC details with the details in the source database, such records are examined and processed manually through a faceless system."

F. <u>Ineligible households possessing PM-JAY cards and availing treatment</u>

26. The Committee have found that as per Ministry's ATNs, currently, there are twelve States in the country who are providing free healthcare cover to all residents of the States. When asked about the steps taken by the Ministry to prevent inclusion of

ineligible beneficiaries in PM-JAY scheme from such states, the Ministry furnished their reply as under:

> "As on date, 11 States have adopted universal Health Coverage.
>
> NHA has issued guidelines to States/UTs to use suitable Aadhaar seeded digitized databases of beneficiaries of similar socio-economic profile as that of eligible SECC beneficiaries in place of unverified SECC beneficiaries and additional families.
>
> Accordingly, States/UTs (except Bihar) have after duediligence chosen various digitized Aadhaar seeded databases such as Antyodaya Anna Yojna, Ration Card, etc. and the same has been ingested in the BIS."

27. Also as per Ministry ATNs, NHA has written to all the states to provide Aadhaar seeded database of all its government employees and pensioners so that de-duplication exercise can be done with the database. When asked as to how is the Ministry monitoring the de-duplication exercise, the Ministry stated as under:

> "As on date, data de-duplication exercise has been undertaken across the country and it is being ensured that no duplicate records exist. The database provided by the States are Aadhaar seeded, thus enabling de-duplication exercise.
> Regarding removing Govt. employees and pensioners, NHA has written to States to either undertake de-duplication exercise themselves or share the database of employees and pensioners. This exercise is aimed to be completed at the earliest."

28. When asked about the estimated timeline of completion of de-duplication exercise in the states, the Ministry stated as below:

> "As on date, data de-duplication exercise has been undertaken across the country and it is being ensured that no duplicate records exist. The database provided by the States are Aadhaar seeded, thus enabling de-duplication exercise.
>
> Regarding removing Govt. employees and pensioners, NHA has written to States to either undertake de-duplication exercise themselves or share the database of employees and pensioners. This exercise is aimed to be completed at the earliest."

G. <u>Delay in processing of rejection of beneficiaries</u>

29. As per Ministry's ATN, a 24 hours TAT was prescribed for circumstances where cards were created by the PMAMs in the hospitals and since the cards created through campaign mode resulted in huge accumulation of such requests, there was non-adherence to standard turn-around time. When asked about the steps taken in advance by the Ministry to handle such huge number of requests, the Ministry stated as below:

"In January 2022, the Cabinet of Government of India decided to give flexibility to States/UTs to use non-SECC beneficiary family database with similar socio-economic profiles to identify leftover (unauthenticated) SECC families. The decision has significantly improved the beneficiary identification process.

In the new BIS, records are auto approved based on the match score thus significantly reducing the requirement of manual approval.

In order to expedite Ayushman card creation process during the card drive, SHAs have been facilitated to onboard additional agencies. Further, the card pendency status at SHAs is being regularly monitored.

As on date, more than 30 crore Ayushman cards have been created where 6-7 lakh Ayushman card requests (e-KYC) are received on daily basis."

30. When asked about the roles and function that they were entrusted with and whether they were also onboarded for verification and If so, what are the reasons for accumulation of huge number of requests, the Ministry stated in their reply that:

"To expedite Ayuhsman card creation, NHA empanelled 6 card creation agencies. The card creation agencies were entrusted with the task of searching for the beneficiary in the database, undertake eKYC and card printing and delivery. As these agencies undertake the beneficiary authentication process, the responsibility for Ayushman card processing can't be given to these agencies. Considering the increase in card creation request, NHA empaneled card approval agencies and the States were asked to engage them as per their requirement. This was done to ensure timely processing of card creation requests. 8. The card processing agencies kept increasing the number of resources engaged in the processing of records based on the requirement."

H. <u>Creating awareness about PM-JAY (non-implementation of IEC plan) & Printing of booklets/pamphlets</u>

31. In regard to the steps taken by the Ministry to promote the scheme through local languages and through media such as radio, television and skits/nukkad nataks, the Ministry stated as under:

"AB PM-JAY has a comprehensive media and outreach strategy to spread awareness and empower beneficiaries for their rights and entitlements more prominently in rural areas. This includes intensive advertisement over traditional media platforms. NHA has shared model IEC materials including leaflets, flyers, pamphlets, banners etc with the States/UTs. States/UTs customize these contents with respect to their regional language. NHA has been telecasting PM-JAY related information on Doordarshan, DD News, Sansad TV, private news channels etc. Further, radio campaigns have been launched on AIR and private FM channels. Regular print advertisements are published. Other media channels like auto-branding, announcements at railway stations, mass-messaging, outdoor branding, etc. have been undertaken. In radio, TVC and print-advertisement content in the local languages are used. Further, NHA has shared branding materials with SHA for use in local languages. Nukkad Nataks have been organised during events and fairs like IITF. States have organised many local events like run for Ayushman

Bharat, painting and slogan writing competition etc. Further, many Ayushman Samvads have been organised with different stakeholders for reaching out to them."

32. When asked whether any systematic plan been formulated by the Ministry to include Rally, ASHA, PMC Health Care workers etc or the IEC plan has been entrusted to states, the Ministry stated that:

> "NHA and SHAs are extensively engaging ASHAs and other FLWs including Jeevika Didi, Panchayati Raj assistants, Gram Rozgar employees etc for reaching out to last mile. They have been engaged since the start of the scheme implementation.
>
> ASHAs and other FLWs have been extensively engaged in the Ayushman Card creation process. It may be noted that these ASHAs/FLWs are being incentivized by paying Rs 5 for each successful e-KYC related to Ayushman card creation.
>
> NHA has issued IEC guideline (Copy attached at Annexure5). NHA website also hosts different IEC materials like Pamphlets, Hoardings, Banners etc which are customized and used by the States."

33. On a query as to whether the ministry tried to replicate successful IEC campaigns of states where positive impact of IEC activities has been observed, the Ministry in reply mentioned as under:

> "Based on the experience of the States, NHA has compiled a best practices booklet wherein various initiatives including IEC campaigns which have shown remarkable success have been included. This has been further shared with all States/UTs as well as other stakeholders for possible replication. The recent best practices booklet is attached at Annexure-6."

34. On being asked whether the flyers/pamphlets been published in local languages, the Ministry replied as under:

> "NHA has shared model IEC materials including leaflets, flyers, pamphlets, banners etc with the States/UTs. States/UTs customize these contents as per local requirement including changes in the language."

II. HOSPITAL EMPANELMENT AND MANAGEMENT

A. <u>Criteria regarding support system and infrastructure</u>

35. Ministry in their ATN has stated that each state has its own clinical establishment act which governs the registration and operation of healthcare services in that state therefore the requirement and eligibility of registration also differs from state to state. When asked about all the empanelled hospitals meeting criteria established by their respective states and how is the Ministry ensuring the same, the Ministry, in reply, stated that:

> "NHA has developed guidelines for empanelment of hospitals under AB PM-JAY. However, as public health is a State subject, SHAs have been provided flexibility

regarding the empanelment criteria due to varying situation of demand and supply, and unique geographical situations in different States.

It is submitted that public hospitals with inpatient services are deemed empanelled. Moreover, many hospitals already running under State schemes were subsumed under AB PM-JAY. Hence, Hospitals under those schemes were empanelled on an "as is" basis.

SHAs are also expected to ensure that there are enough hospitals empanelled under the scheme so that eligible beneficiaries are provided free treatment without hassle. SHAs have been entrusted with the responsibility of managing engagement with the hospitals. The empanelment details are uploaded on the Hospital Empanelment Module (HEM) either by the hospitals themselves or through backend. NHA is going to shortly launch an improved version of HEM which would mandate periodical visit of hospitals by SHA and District Implementation Unit (DIU) officials and uploading the visit report. Further, hospitals will also be required to upload a periodic self-certification in this regard. NHA also sends a joint-inspection team to the field to inspect the empaneled hospitals. Further, in 2022, NHA decided to set-up uniform DIUs across States. Accordingly, NHA issued guidelines to States for establishment and strengthening of uniform DIUs across all the districts. These DIUs have been entrusted with the task of inspecting the hospitals and ensure quality in service delivery."

36. As per the Ministry's ATN, the data cleansing activity with regard to availability of healthcare services in public hospital has been initiated. When asked about the status of this exercise and state-wise details of the same, the Ministry in reply, stated as under:

"NHA has issued guidelines to set up and operationalise District Implementation Unit (DIU). The officials engaged under DIU are entrusted with the task of periodically visiting empanelled hospitals for quality inspection. Based on the report of DIU officials, hospitals are directed to take remedial action and failing to do so, they are de-empaneled. As on date, DIUs have been setup in 666 districts across the country. The state-wise details are enclosed at Annexure7. All concerned SHAs have been directed to ensure data verification and cleansing subsequently.

NHA is going to shortly launch an improved version of HEM which would mandate periodical visit of hospitals by SHA and District Implementation Unit (DIU) officials and upload the visit report. Further, hospitals will also be required to upload a periodic self-certification in this regard."

B. Awareness Generation and Facilitation for Empanelment of EHCP

37. When asked whether reasons have been ascertained for low availability of EHCPs, the Ministry, in reply, stated as follows:

"As on 31st December 2023, a total of 27,209 hospitals including 11,865 private hospitals have been empanelled across the country in order to provide healthcare services to the scheme beneficiaries. However, in order to further improve access to healthcare service especially in deficit regions, continuous efforts are being made by NHA and SHAs. SHAs are entrusted with the responsibility of hospital

empanelment, who evaluate the need of empaneling more hospitals based on demand and supply of services in the region. Further, prospective hospitals also need to fulfill the certain minimum criteria for empanelment. NHA has been continuously rationalizing the health benefit package cost and monitoring timely settlement of claims to encourage other hospitals to get empaneled under the scheme."

38. Ministry in their ATN has mentioned that a team of 60 resources from NHA - visited 224 hospitals across States to understand challenge in empanelment and participation. When asked to share the details, the Ministry stated as under:

"60 officials from NHA visited 224 hospitals in 30 districts across 10 States viz. Assam, Bihar, Gujarat, Haryana, Karnataka, Madhya Pradesh, Maharashtra, Punjab, Rajasthan and Uttar Pradesh.

The visit was undertaken to identify the key issues at the service provider level and to take corrective measures. Both public hospitals and private hospitals including in-active hospitals and recently empanelled hospitals were covered during the visit.

During the visit, the officials evaluated the hospitals on basis of multiple parameters such as hospital infrastructure, display of IEC materials including deployment of hospital kiosk, seamless delivery of quality healthcare services beneficiaries, presence of dedicated PMAMs in the hospitals, feedback from hospital on NHA's IT system (BIS, TMS & HEM), etc."

39. When asked to provide state-wise challenges faced by hospitals which are resulting in low availability EHCPs and whether all states represented in the 224 hospitals visited Please, the Ministry replied as under:

"60 officials from NHA visited 30 districts across 10 States viz. Assam, Bihar, Gujarat, Haryana, Karnataka, Madhya Pradesh, Maharashtra, Punjab, Rajasthan and Uttar Pradesh. Key actionables identified during the visit are as follows:

- Training on IT platform
- Adoption of latest Health Benefit Package (HBP 2022) in some States
- Timely settlement of claims

Further, the State-wise key suggestions/observations is as follows:

Gujarat:

- Timely settlement of claims
- Issues in claim settlement of portability cases.
- Incentive distribution to motivate health staff in public hospitals

Maharashtra:

- Training on IT platform for portability.
- Incentive distribution to motivate health staff in public hospitals

Rajasthan:

- Issues in implementation of portability services

Karnataka:

- Training on IT platform."

C. Physical verification not conducted by District Empanelment Committee

40. On the query as to why physical verification was not made mandatory for empanelment of hospitals, the Ministry replied that :

> "Under AB PM-JAY, public hospitals are deemed empanelled under the scheme. Therefore, empanelment of public hospital does not require any physical verification.
>
> Regarding private hospitals, requirement of field visit was relaxed by the SHAs during Covid 19 pandemic. During this period, many public hospitals were designated as "covid only" facilities and therefore there was an urgent requirement of private hospitals for providing non-covid treatment. This facility to empanel private hospitals was available only for that period. Otherwise, it is mandatory for DEC to undertake mandatory field visit before empanelling any private hospitals and States are complying with this protocol. Moreover, many hospitals already running under State schemes were subsumed under AB PMJAY. Hence, Hospitals empanelled under these schemes were empanelled under PM-JAY on an "as is" basis. NHA has issued guidelines to setup and operationalise District Implementation Unit (DIU). The officials engaged under DIU are entrusted with the task to periodically visit empanelled hospitals for quality inspection. Based on the report of DIU personnel, hospitals are directed to take remedial action and failing to do so, they can be de-empanelled. Further, NHA is going to shortly launch an improved version of HEM which would mandate periodical visit of hospitals by SHA and District Implementation Unit (DIU) officials and uploading the visit report. Hospitals will also be required to upload a periodic self-certification in this regard."

41. Asked about the composition of District Empanelment Committee and how often are they expected to visit Hospitals for physical verification for their empanelment, the Ministry, in reply, stated as below:

> "The recommended structure of DEC, as per Hospital Empanelment Guideline of NHA is as follows:
> 1. Chief Medical Officer of the district.
> 2. District Program Coordinator - SHA.
> 3. In case of Insurance model, Insurance company representative.
>
> SHA may require the Insurance Company to provide a medical representative to assist the DEC in its activities. DEC is required to undertake physical verification of private facilities at the time of empanelment. The district team engages with the hospitals on a day to day basis and provides necessary support so that free and quality treatment to eligible beneficiaries may be provided. Also, the District team is entrusted with the task of capacity building, quality inspection, beneficiary facilitation etc."

III. SYSTEM OF SETTLEMENT OF CLAIMS OF EMPANELLED HEALTHCARE PROVIDERS (EHCP'S)

42. When asked as to what reasons have been proffered by the States and UTs that have not shared database of beneficiaries of state specific schemes for ingestion into the Beneficiary Identification System of NHA, the Ministry furnished their reply as under:

> "All States except Bihar have shared Aadhaar-seeded digitized data for ingestion into the beneficiary identification system (BIS) of NHA and the same has been ingested into the system."

43. On being enquired whether there has been any case of overlapping of beneficiaries of PM-JAY with State specific schemes and If so, what measures have been taken by the Ministry to resolve the issue, the Ministry furnished their reply as under:

> "All States except Bihar have shared Aadhaar-seeded digitized data for ingestion into the beneficiary identification system (BIS) of NHA and the same has been ingested into the system. NHA has launched Aapke Dwar Ayushman 3.0 to expedite Ayushman Card creation. Also, Ayushman Bhava campaign has been launched with the target to achieve saturation. Further, Ayushman Bharat PM-JAY is a flagship scheme under Viksit Bharat Sankalp Yatra. Ayushman card creation is an on-spot service under VBSY. As a result of the concerted efforts, more than 30 cr Ayushman Cards have been created. NHA along with SHAs are striving to saturate Ayushman card for all eligible beneficiaries. Post this card creation activities, demarcation of PM-JAY and State-scheme beneficiaries can be undertaken."

44. About the present status of settlement of pending claims, the Ministry stated as under:

> "On a daily basis 45,000-50,000 claims are submitted across 33 States/UTs implementing AB PM-JAY. As a result of rigorous monitoring of claims pending in the States, the number of pending claims has reduced to 37.5 lakh claims (as of 31st December 2023) from about 47 lakhs in April 2023.
>
> Claim Settlement within TAT is being monitored at highest priority."

45. On being asked about the average time taken for settlement of both intra State claims and portability claims, the Ministry stated as below:

> "NHA has prescribed for a turn-around-time (TAT) of 15 days for claims settlement. Timely settlement of claims under PMJAY depends on 2 factors viz. availability of funds and trained human resources. Therefore, the average claim payment TAT varies from State to State."

46. Enquired about the rationale behind keeping the turnaround time for settlement of 30 days for portability claims and whether the Ministry and NHA have explored the possibility of reducing the turnaround time to 15 days for portability claims as well, the Ministry stated as below:

"With the launch of new Transaction Management System (TMS), the turnaround time (TAT) for both intra-state and portability claims will be 15 days."

47. On being asked about the steps taken by the Ministry and NHA to achieve complete bank integration and digitize all claim transactions to ensure prompt settlement of claims, the Ministry replied as under:

> "The Transaction Management System (TMS) used for claims settlement has provision for bank-integration. All States barring few have successfully integrated with bank payment gateway. In the new version of TMS, bank payment gateway integration will be mandatory. The new version of TMS has been launched in Chandigarh."

48. Data analysis revealed that 39.57 lakh claims (in both API and TMS tables) took more than the specified 12 hours for approval of preauthorization. When asked about the steps taken to ensure timely approval of pre-authorization, the Ministry stated as under:

> "To expedite pre- authorization approval process, the following initiatives have been undertaken:
>
> 1. In the latest Health Benefit packages i.e., HBP 2022, in case of 645 procedures out of total 1,949 procedures which are primarily emergency and lifesaving procedures, auto-approval of pre-auth request have been enabled.
>
> 2. In handling emergency cases, preauthorization may not be required for lifesaving or limb-saving operative procedures, but formal intimation must be provided within 24 hours of admission, and in case of technical delays, preauthorization codes can be obtained over the phone from the Insurance Company/Trust. Emergency cases are given priority for review, and there is a provision for raising the request for pre-auth within 3 days for private and 5 days for public hospitals in cases of technical system issues for treatment.
>
> 3. For approval of pre-auth, the working hour is defined based on case load. It has been seen that majority pre-authorisations are requested during this time period. The current working hours are defined in the system as 11:00 AM to 06:00 PM. The approval is automatically triggered if the pre-authorisation request has not been responded to within six hours as per the approved calculation of period.
>
> 4. NHA is working on increase in the number of procedures for machine-based pre-authorisation by introducing AI/ML in the system
>
> 5. The new TMS launched has been designed to ensure TAT of 6 hrs for each pre-auth request."

Treatment of a beneficiary shown as 'died' during earlier claim/treatment

49. In regard to a query whether any comprehensive investigation been initiated as to how preauthorization initiation, claim submission and final claim approval by ISA/SHA for beneficiaries already shown as died during treatment earlier, was done and how is the Ministry ensuring that such occurrences do not recur, the Ministry stated that:

> "NHA has submitted in the action taken report to C&AG that claims have been raised by the hospital with respect to treatment provided before the death of the patient. Further, following points are submitted:
>
> 1. Under AB PM-JAY, hospitals are allowed to initiate requests for pre-authorization upto three days post the date of admission in case of private hospitals and 5 days post the date of admission in case of public hospitals. This feature is enabled to avoid denial of treatment in case of limited connectivity, emergency situations, etc. Thus, date of death can be earlier than date of pre-auth but should not be later than date of admission. Out of 3,903 cases, in 3,567 cases treatment recorded on TMS was provided to the beneficiary during the course of hospitalisation, however, Pre-auth was initiated later i.e., date of admission is earlier than date of death. Hence, it is can be said that treatment was not provided after the death of beneficiary.
> 2. 2,031 cases out of 3,903 cases highlighted by audit (More than 50% cases reported by audit), pertains to public hospitals, which don't have any incentive to book cases fraudulently.
> 3. The status of leftover 336 cases out of 3,903, where date of admission is later than date of death, following explanation is given, based on the analysis of data:
>   a. 226 cases had reported death of neonate who were taking treatment on Mother's card. Thus, the original card holder who is mother can still take treatment on the same card. Under AB PM-JAY, children up to 5 years of age avail treatment on the Ayushman Card of their parents. Accordingly, Ayushman Card can simultaneously be used for children and either of parents in two different hospitals.
>   b. There are 92 cases where claim was submitted post treatment given before death with all document and hence processed after due diligence and the same is recorded on the system.
>   c. In 8 cases, death of one of the twin neonates was reported whereas both were taking treatment on Parents card.
>   d. 5 cases where PPE kit for covid cases were booked after the death of patient.
>   e. 3 cases where death of a parent took place while the neonate continued taking treatment against the parent's card no.
>   f. 1 case where no death was recorded on the beneficiary card.
>   g. 1 case of dialysis of Rs. 2200 is suspected to be fraudulent. Recovery has been made in that case. Details of Claims are attached at Annexure – 8
>
> As an important check in the system, NHA has mandated Mortality report to be filled and submitted by the hospital on claim submission for death cases.
>
> NHA has deployed the new version of TMS in Chandigarh and soon it will be launched across the country. While designing TMS 2.0 it has been ensured that all validations are in place. Further, where pre-auth is being requested related to a patient who has died during treatment reasons thereof will have to be recorded."

IV. FINANCIAL MANAGEMENT

50. PMJAY is completely funded by the Government and costs are shared between Central and State Governments. The ratio for all States, except North-Eastern States and the three Himalayan States and Union Territories with legislature, is 60:40, with the Centre's share being 60 per cent and the State's, 40 per cent. For North-Eastern States and the three Himalayan States/UT (viz. Jammu & Kashmir, Himachal Pradesh and Uttarakhand), the ratio is 90:10, with the Centre's share being 90 per cent and the State's, 10 per cent. For Union Territories without legislatures, the Central Government may provide up to 100 per cent on a case-to case basis.

A. Release and Utilization of Grants

Grants released to Chhattisgarh in three different bank accounts:

51. Audit noted that NHA released grants of ₹ 280.20 crore, ₹ 217.60 crore and ₹ 112.62 crore in three different bank accounts to Chhattisgarh during 2018-21, in contravention of the guidelines which stipulate opening of two separate designated 'Escrow Accounts' by the SHA, for receiving Scheme implementation grant and administrative grant. On being asked about the reasons were attributed by the state of Chhattisgarh in this regard and what safeguards in the guidelines were incorporated to avoid convergence of the state scheme with the national scheme and what action has been taken by NHA to ensure uniform compliance of the guidelines across the country, the Ministry stated as under:

"Reply regarding funds released in three bank accounts of Chhattisgarh:

The scheme guideline allows for two bank accounts at a time, one for implementation purpose and one for administration purpose and the State has opened different sets of accounts at different times.

Chhattisgarh State was first implementing AB PM-JAY in hybrid mode. At that time, State scheme was not converged with AB PM-JAY. Subsequently, State has migrated to trust mode. Further, it has converged the State scheme DKBSSY. Therefore, it had opened multiple bank account at different period of scheme implementation. Currently, after migration to Trust Mode, there is single escrow account operated from 01-08-2021 for AB PM-JAY, which is integrated with TMS.

In case of PM-JAY, funds are released to the hospitals directly through online integration between TMS and the bank account. Sometimes, some banks fail to complete the bank integration. In few other cases, the services provided by the banks are not satisfactory and therefore, SHAs change bank account.

These bank accounts have been changed post approval from the Competent Authority at State level. The changes in the bank account are as per the existing guideline in this regard. Funds are released to bank accounts only after successful integration with PFMS.

Replying regarding convergence of State scheme with PM-JAY:

Currently, Ayushman Bharat PM-JAY is being implemented across the country in convergence with State schemes. The Cabinet of the Govt. of India allowed the implementation of PM-JAY in convergence with the State schemes in such States where already a similar health assurance scheme was existing.

Further, the Cabinet also allowed such States to use their respective beneficiary databases subject to mapping of those databases with SECC database. The underlying understanding behind this decision was that the beneficiary database used by the States will be subsuming all the eligible beneficiaries as per the SECC database. Thus, by design, it was assumed that there will be an overlap between database of PM-JAY with State specific schemes beneficiary database and the same shall be addressed by mapping of beneficiaries.

Previously, the mapping of the beneficiaries from the States specific database with the SECC database couldn't be undertaken as there was no common identifier between these databases. However, in January 2022, the Cabinet of Government of India decided to give flexibility to use other databases for verification of beneficiaries under Ayushman Bharat PM-JAY against such SECC beneficiaries who couldn't be identified and verified.

In light of the Cabinet approval for use of non-SECC databases for beneficiary verification, National Health Authority issued guidelines to States/UTs to use suitable Aadhaar seeded digitized databases of beneficiaries of similar socio-economic profile as that of eligible SECC beneficiaries. Accordingly, all States/UTs except Bihar have shared databases of beneficiaries and the same has been ingested in the Beneficiary Identification System of NHA.

NHA has launched Aapke Dwar Ayushman 3.0 to expedite Ayushman Card creation. Also, Ayushman Bhava campaign has been launched with the target to achieve saturation. Further, Ayushman Bharat PM-JAY is a flagship scheme under Viksit Bharat Sankalp Yatra. Ayushman card creation is an on-spot service under the above .

As a result of the concerted efforts, more than 30 cr Ayushman Cards have been created. NHA along with SHAs are striving to saturate Ayushman card for all eligible beneficiaries. Post this card creation activities, demarcation of PM-JAY and State-scheme beneficiaries can be undertaken."

B. <u>Non-maintenance of separate escrow account for PM-JAY</u>

52. Despite the fact that PMJAY guidelines prescribe designated escrow account for operation of the scheme, when the Ministry were enquired as to why separate escrow account for PMJAY and State sponsored scheme were not maintained and what corrective measure has since been taken to ensure that specific accounts be maintained, they responded as below:

"Many States, including States referred by Audit are implementing AB PM-JAY in convergence with State schemes with a larger beneficiary base. At the time of

launch of scheme, the Cabinet note allowed such States to continue with their beneficiary base, however, it was expected that such States will map their beneficiary base with SECC. In absence of any common identifier between SECC database and State scheme beneficiary database, the mapping exercise could never be undertaken. States were released funds on a prorata basis as actual utilization related to eligible SECC beneficiaries couldn't be ascertained. Therefore, a common bank account was maintained.

In light of the Cabinet approval for use of non-SECC databases for beneficiary verification, National Health Authority has issued guidelines to States/UTs to use suitable Aadhaar seeded digitized databases of beneficiaries of similar socio-economic profile as that of eligible SECC beneficiaries. Accordingly, all States except Bihar have shared databases of beneficiaries and the same has been ingested in the Beneficiary Identification System of NHA.

NHA has launched Aapke Dwar Ayushman 3.0 to expedite Ayushman Card creation. Also, Ayushman Bhava campaign has been launched with the target to achieve saturation. Further, Ayushman Bharat PM-JAY is a flagship scheme under Viksit Bharat Sankalp Yatra. Ayushman card creation is an on-spot service under VBSY.

As a result of the concerted efforts, more than 30 cr Ayushman Cards have been created. NHA along with SHAs are striving to saturate Ayushman card for all eligible beneficiaries. Post this card creation activities, demarcation of PM-JAY and State-scheme beneficiaries can be undertaken. Subsequent to which separate bank accounts for PM-JAY and State schemes will be operated. Currently, claims of converged scheme are settled through a common bank account."

C. <u>Release of grant without ensuring release of upfront share by SHAs</u>

53. In view of the NHA reply that in the initial year of the scheme, funds were released upfront to ensure early implementation of the scheme, when asked what specific actions were taken by the authority to adjust the funds in the future instalments, the Ministry responded as below:

"In the first year of scheme implementation, funds were released to States to ensure that scheme implementation is started. Setting up SHA, creating budget head and getting the funds released from State Finance department would have taken time. Scheme implementation couldn't have been withheld. This one-time exemption was provided only to ensure that scheme implementation is started on time and beneficiaries are provided treatment under the scheme. Therefore, the funds were released to the States without upfront release by SHAs. However, in subsequent releases State share was duly adjusted against all such funds released."

D. Excess release of grant by NHA

54. On being enquired about the reasons for excess release of grant of 10.86 crore to Mizoram, the Ministry replied as mentioned below:

> "There was neither any excess release nor violation of any guideline. The fund release for Mizoram for FY 2018-19 can be explained as follows:
> State was implementing scheme in insurance mode. The discovered premium was Rs. 1,396. NHA's liability was limited to 90% of Rs 1052 i.e., Rs 946.8/- In the State, 1,94,859 beneficiaries were supported by NHA. Thus, central contribution for 1,94,859 beneficiaries @ Rs. 946.8/- per family would be Rs. 18,44,92,501/-. For NHA to release Rs. 18,44,92,501, State should have released Rs. 2,04,99,167. However, State released Rs. 2,72,01,898. The corresponding central share would have been Rs. 24,48,17,082. NHA released Rs 18,44,92,501 to the State in three tranches of 45:45:10. 4. Any additional liability over and above Rs 1052 was borne by the State."

E. Excess release of Rs. 8.37 crore to Andhra Pradesh

55. When asked to clarify whether the release of excess grant to Andhra Pradesh was in contravention of the provisions of the guidelines, the Ministry replied that as under:

> "The audit observation is limited to the fact that Rs. 8.37 crore was paid as part of first tranche though it should have been paid in next tranche as per NHA's fund release guideline. It is not a case of excess release beyond the budgetary allocation. The total funds released to the State is as per the allocated budget for that FY.
>
> The release was calculated based on the claims submission trend. Rs. 182.92 Cr was decided based on 50% of expected claims. The guideline was made by NHA and CEO, NHA was the competent authority to make exception. The release was duly approved by CEO, NHA and reason was recorded on the file. Further, there was no violation of GFR."

F. Blockage of fund under RSBY – Rs. 96.63 crore

56. When the Ministry was asked to explain whether NHA approached MoHFW for necessary action including adjustment of funds as RSBY related affair, the Ministry responded as below:

> "MoHFW is the custodian of RSBY related matters And NHA has intimated MoHFW in this regard. Further, MoHFW has written to the State of Jharkhand vide letter no. S.12012/64/2015-RSBY dated 08.01.2024."

G. Injudicious release of Rs. 3.76 crore to Puducherry and Punjab

57. PMJAY Guidelines provide that State/UT shall release its share upfront, depending upon category of State/UT along with its administrative expense share into the separate designated escrow account of SHA opened by the States/UTs for implementation of the Scheme. The Central Government shall then release its share of grant-in-aid into the designated Escrow Accounts of the SHA of respective State/UT.

Audit noted that:

i. NHA released grants amounting to ₹ 1.52 crore (₹ 0.31 crore in October 2018 and ₹ 1.21 crore in March 2019) to SHA Puducherry before the commencement of the Scheme in the UT of Puducherry i.e. July 2019.

ii. Similarly, NHA released ₹ 2.24 crore to SHA Punjab in March 2019 before the commencement of the Scheme in the State i.e. August 2019.

The above resulted in avoidable parking of grants in the two State/UT for a period ranging from five months to nine months. NHA accepted the audit observation and stated (August 2022 and September 2022) that in the initial year, funds were released to States/UTs on urgent basis to kick start the Scheme implementation. However, in the subsequent years, funds have been released only after following the due process.

58. When enquired to provide comments on the aforesaid audit observation and Whether the grants released by the Central Government before the commencement of the Scheme in the States have since been adjusted in the subsequent grants-in-aid, the Ministry illustrated as below:

> "With regards to audit observation regarding release of Rs. 3.76 cr to Puducherry and Punjab, following points are submitted:
> The funds were released to States only after signing MoU. States required this fund to set-up offices, hire contractual resources, undertake IEC activity, engage with other stakeholders etc.
> The time gap between on-boarding of State and launch of scheme in the State can be explained from the fact that launch of scheme requires many activities to be undertaken like on boarding of insurance company, engaging ISA, empanelling hospitals etc. Therefore, funds released to States were part of scheme implementation.
> Immediately after the launch of PM-JAY, these funds were adjusted against the overall central share payable to the State/UT."

H. Diversion of grant by SHAs

59. PMJAY guidelines for release for administrative expenses stipulate that grant released for administrative expenses is to be utilized by SHA only for the specific purpose of incurring administrative expenses towards implementation of PMJAY. Audit noted that seven SHAs, Dadra Nagar Haveli and Daman Diu, Himachal Pradesh, Jharkhand, Nagaland, Rajasthan, Tamil Nadu and Uttarakhand diverted the grant of ₹ 50.61 crore from one head to another head i.e. administrative grant to implementation and vice-versa and to State health scheme. NHA, while admitting the facts, replied

(August 2022) that due to insufficient amount of grant and delay in receipt of grants by SHAs the grants were diverted from one head to another.

60. Upon being enquired to specify whether diversion of grant by SHAs from one head to another head i.e. administrative grant to implementation and viceversa was permissible as per the guidelines, the Ministry offered their reply as mentioned below:

> “Diversion of funds across the heads is not permissible. States have been clearly asked to avoid this. However, initially few states/UTs out of necessity and ignorance about the processes have undertaken this activity. However, when this was highlighted to the State, the funds were transferred back into the intended account. The State specific input received is put up as follows:
>
> Himachal Pradesh: The SHA had intimated NHA vide letter dated 28.09.2020 regarding utilization of funds for administrative purpose out of Implementation GIA from previous grants while submitting the request for next GIA. The copy of which has already been shared with audit.
>
> Nagaland: This amount has been replenished after the release of corresponding State share on 13/06/2019 (Annexure 5- Bank statement and Sanction letter). This was used for payment of premium to Insurance company in order to initiate payment of claims under PM-JAY.
>
> Uttarakhand: At the initiation of the scheme no grant was received in Administration A/c for administrative expenditure. Due to this, the urgent administrative expenditure was incurred from Implementation Escrow A/c. The amount which was used from Implementation A/c towards administrative expenditure was transferred back to the Implementation Escrow A/c.
>
> Tamil Nadu: Initially fund for both premium cost of Rs.293.32 crores and administrative cost of Rs.11.66 crores totalling Rs.304.98 crores had been released to the SB account no 500101011996448, City Union Bank, Teynampet, Chennai of TNHSP. Separate escrow accounts had been opened subsequently. Out of this amount, a sum of Rs.261.80 crores (including interest) have been remitted to Tamil Nadu Government account as per Govt. Letter No.165/BG-II/2019, Finance (BG-II) Department, dated 05.06.2019. This fund was used for implementation of the scheme.
>
> Gujarat: The transferred amount has been deposited back to PM-JAY account in that year only.”

61. On being further asked as to what led to delay in receipt of grants by SHAs, they replied as below:

> "Under AB PM-JAY, central share is released to States/UTs based on actual utilization subject to 60%/ 90%/ 100% of the ceiling amount which is currently Rs. 1052 per family per year. Any additional expenditure over and above the defined central ceiling amount has to be borne by the respective State Government. Further, the central share is released based on the upfront release of State share. Sometimes there is delay in receipt of State share due to various administrative reasons in the State"

I. Grants lying unspent with SHAs

62. PMJAY guidelines on utilization of Grant-in-Aid for administrative expenses provide that under no circumstances should the Grant-in-Aid be left unspent. Audit noted unspent balances amounting to ₹ 98.98 crore, ₹ 128.13 crore and ₹ 139.67 crore at the close of 2018-19, 2019-20 and 2020-21 respectively ranging from 16 to 100 per cent lying with 20 SHAs40, thereby resulting in underutilization of administrative grants. NHA, while admitting the facts, replied (August 2022) that in the absence of any estimation and plan, release of grants at the fag end of the financial year and outbreak of COVID, the administrative grants could not be utilised. In this context, audit is of the view that the scheme is in its fourth year of implementation. However, the administrative grants have persistently remained unspent since inception of the scheme. NHA is to ensure that administrative grants should not remain unspent.

63. In the line of further enquiry, when the Ministry was asked whether there is a mechanism devised by SHAs to estimate the requirement of administrative grants and to ensure full utilization of the same within a given period and what action has been taken by NHA to ensure that administrative grants should not remain unspent by SHAs, they replied as below:

> "In the initial year of scheme implementation, since there was no estimation available regarding the utilization of funds in different States/UTs, sometimes extra (with respect to utilization capacity of the States) funds got released to the State. In subsequent years, funds were released based on the last year trend, topped up with expected year on year increase. Further, funds are released in tranches to ensure that States utilize the funds released in previous tranche before seeking additional funds."

J. Non-remittance of Interest

64. PMJAY guidelines stipulate that in case any interest is earned due to funds lying unspent in the account designated for receiving the Grant-In-Aid for administrative expenses, the Central Government shall have the first right of claim on such interest earned and the interest shall be transferred back to the NHA. Ten SHAs in Andaman and Nicobar Island, Bihar, Chandigarh, Jammu & Kashmir, Jharkhand, Madhya Pradesh, Puducherry, Rajasthan, Tamil Nadu and Uttarakhand did not remit interest of ₹ 22.17 crore earned by them on unspent grants to NHA. NHA, while accepting the facts, stated (August 2022) that it has issued instructions to all States to deposit the

interest earned on central share provided. Those States who have not complied with, will be asked to strictly comply this within the given time period. Those States/UTs who have spent the interest earned will be asked to return the amount.

65. When the Committee enquired whether the interest earned by Ten SHAs on unspent grants with them have since been remitted to NHA and furnish details in this regard indicating inter alia the timeline, if any fixed for remittance of interest, the Ministry responded as under:

> "A&N Island, Bihar, Madhya Pradesh, J&K have deposited back the interest amount as per GFR. Currently, funds are not released to States/UTs unless they give a certificate that interest if any earned has been deposited in the CFI. The details of interest remitted back are as follows:
> 1. A&N Island: Deposited Rs 1,26 Lakh
> 2. Bihar: Deposited Rs 9.88 Cr
> 3. Chandigarh: Will be deposited by end of month
> 4. Jammu and Kashmir: Deposited Rs 11 Lakh
> 5. Jharkhand: No Interest has been earned in the GIAimplementation account as the account is a current account. However, State will be remitting interest earned in GIA-admin account post calculation
> 6. Madhya Pradesh: Deposited Rs 4,35 Cr
> 7. Puducherry: Deposited Rs 6,42 Lakh
> 8. Rajasthan: Deposited Rs 2,99 Cr
> 9. Tamil Nadu: Deposited Rs 5.52 Crore
> 10. Uttarakhand: No Interest has been earned as the account is a current account.
>
> Further, funds are not released to the States without submission of audited financial statement"

K. Non-refund of premium by Insurance Companies

66. PMJAY Guidelines provide that the Insurer will be required to refund premium if they fail to reach the claim ratio specified in comparison with the premium paid (excluding GST & Other taxes/Duties) in the full period of the insurance policy. Audit noted that refund of premium of ₹ 700.10 crore was recoverable from the insurance companies in six States/UTs viz. Gujarat, Jammu and Kashmir, Ladakh, Maharashtra, Meghalaya and Tamil Nadu. Out of this, partial recovery of only ₹ 241.91 crore in three States/UTs, Jammu and Kashmir (₹ 16.85 crore), Maharashtra (₹ 193.55 crore) and Meghalaya (₹ 31.51 crore) had been made and remaining amount of ₹ 458.19 crore for the period from 2018-19 till June 2022 was still recoverable from Insurance Companies (ICs) in all six States/UTs. NHA replied (August 2022) that it will seek final settlement statement from all States/UTs, implementing the Scheme in insurance/mixed mode.

67. Further, when the Committee asked the Ministry as to what is the current status with regard to receipt of final settlement statement from all States/UTs, implementing the Scheme in Insurance/mixed mode and asked to state whether the remaining

amount of Rs. 458.19 crore for the period from 2018-19 till June 2022 has since been recovered from Insurance Companies (ICs) of all six States/UTs, the Ministry replied as below:

> “Refund has been received by Ladakh, J&K, Gujarat, Maharashtra, Meghalaya and Tamil Nadu with respect to that period. The refunded amount has been adjusted suitably against subsequent fund release.
>
> States where refund has been realized by the State after final settlement with the insurance company, same has been intimated to NHA and is being adjusted against the funds released.
>
> Refund is received as per the contractual provisions between SHA and insurance company. Generally, such settlement takes place at the end of total contract period i.e., if the insurance company has entered into a contract with the SHA for three years, in that case, refund will be calculated at the end of three years.
>
> Most of the contract signed by insurance company is for three years. Further, such settlement is done after all genuine claims are settled by the insurance company. The audit was done for the period ending on 31st March 2021, by then three years had not completed for most of the States/UTs implementing the scheme using insurance mode.
>
> NHA is taking steps to ensure that SHAs reconcile all releases to insurance companies in a time bound manner. State specific replies received from the States are as follows:
>
> Meghalaya : The non-refund of premium by Insurance Company, was caused on account of one time adjusted of the cost of additional kits for registration during registration drive in 2019 as a one-time claim amount. This measure has impacted the claim ratio which resulted in an increase in the administrative expenses by ₹ 3,85,45,718/- (Rupees Three Crores Eighty-Five Lakhs Forty-Five Thousand Seven Hundred Eighteen Only) and therefore led to partial recovery of refund of premium. Necessary corrective actions have been undertaken, through letter no: DHS/MHIS/CAGFin/32/2023/1307 dated 02.11.2023 that was sent to the Insurance Company and email of refund confirmation and the refund was received by the State Nodal Agency, Megha Health Insurance Scheme.
>
> Jammu and Kashmir: SHA Jammu and Kashmir has recovered all the amount of premium paid in excess of the due and there is no amount pending on this account.
>
> Gujarat : The claim reconciliation is completed and the Insurance company has refunded a premium of Rs. 9,16,66,413/- and Rs.54,46,25,915/- during the policy 1 & 2 (2018-19 and 2019-20).

Total refunded amount is 63,62,92,328/-

Ladakh: Refund has been received by Bajaj Alliance and same funds have been utilized.

Maharashtra: SHAS office received total amount of Rs.264,40,48,324/ - from United India Insurance Company Ltd (UIICH) for policy period 01/04/2020 to 31/03/2021. (Rs. 193,55,95,228/- received on 04/02/2022 and Rs. 70,84,53,096/ - received on 04/08/2022). According to the National Health Authority GoI, O.M. dated 04/03/2021 this office calculated the refund on premium for beneficiary 8363664 amount of Rs. 59,74,16,520/- was paid vide challan TRN no. 1803230011010 on 27.03.2023 towards interest vid challan TRN no. 2903230033876 on 27.03.2023."

L. Non-refund of Rs. 31.28 crore by West Bengal due to non-implementation of PMJAY

68. A Memorandum of Understanding (MoU) was signed (July 2018) between NHA and Government of West Bengal for the implementation of the PMJAY. NHA released (17 September 2018) central share of ₹ 193.34 crore (₹ 176.56 crore and ₹ 16.78 crore on account of grant-in-aid and administrative expenses respectively). Government of West Bengal communicated (January 2019) to the NHA its decision to withdraw from the Scheme. NHA asked (February 2019) the State Government to refund the grant-in-aid amount along with any interest amount earned by them.

69. When the Ministry was asked by the Committee as to why was the remaining amount of Rs. 31.28 crore not refunded by the State Government of West Bengal and whether the same has since been recovered, they explained as under:

"The State Government has implemented the scheme till Jan 2019. During this period, hospitalizations worth Rs. 17.09 Cr was authorized. Further, SHA engaged ISA for settlement of the claims. Further, State Govt. set up SHA and other paraphernalia for running the scheme. After adjusting all this amount SHA refunded all the amount but Rs. 31.28 Cr. Therefore, the account has been duly settled. A communication has been issued to the State of West Bengal to submit information in this regard. Their reply is awaited."

M. Release of grants to SHAs without obtaining audited statements of accounts

70. As per sanction letter issued to SHAs while releasing the grants, SHAs are required to furnish to the NHA an annual Utilization Certificate along with audited

Statement of Accounts in respect of Grants-in-aid received during various quarters in Form 12-C, as per GFR 2017 which shall furnish that the Grants-in-aid has been utilized for the purpose for which it was sanctioned to the SHA by NHA. The utilization certificate shall be signed by CEO, SHA along with Head of Accounts/Finance Department. By accepting UCs without audited Statements of Accounts and UCs without signature of the competent authority, it wasn't clear as to how NHA ensured that grant was utilized for the purpose it was released. NHA, while accepting the audit observation, stated (August 2022) that it has been constantly pursuing with the States/UTs to share the audited Financial Statement. Audit also noted that six SHAs, Himachal Pradesh, Jammu & Kashmir, Madhya Pradesh, Rajasthan, Tamil Nadu and Uttarakhand furnished inflated UCs amounting to ₹ 38.24 crore to NHA. NHA replied that SHAs furnished UCs as per the actual expenses incurred during the year and not as per financial year. NHA's reply is to be read with Rule 238 (2) of GFR which provides that subsequent grant shall be released only after Utilization Certificate in respect of grants of preceding financial year is submitted to the Ministry/Department concerned.

71. Further when asked to specify whether NHA ascertained the veracity of the Utilization Certificates furnished by SHAs before release of subsequent grants, the Ministry replied that:

> "States have been asked to furnish audited financial statement along with UC for release of the funds. All the pending UCs are being requisitioned whenever funds are being released to State/UT.
>
> State specific inputs as received from respective SHA is put up as below:
>
> Himachal Pradesh: SHA, HP has provided UCs as per actual utilization, the details are given below: During the financial year 2018-19 & 2019-20, the UCs were not demanded as per financial year, hence, it has been submitted as per expenditure done in the mid of 2019 not as on 31.03.2018 & 31.03.2019. The SHA has submitted correct UCs as per amount spent for the purpose. It is also intimated that NHA is in receipt of audited statement from State.
>
> Uttarakhand: The Utilization certificates for the F.Y. 2020-21 are sent to NHA as per Form 12-C duly signed by the CEO. The amount utilized shown in the certificate is as per the actual expenses incurred during the year.
>
> Tamil Nadu: Utilization certificate sent vide ref. no. 3624/TNHSP/INS/2019 dated 21.07.2020 (2018-19, 2019-20), 22.07.2021(2020-21), 14.06.2022(2021-22).
>
> Jammu and Kashmir: Books of accounts are being maintained as per by-laws of State Health Agency, UT of Jammu and Kashmir. Regarding the conduct of audit by Chartered Accountant/ Any other Qualified Person/ Agency, it is intimated that the matter regarding hiring of Chartered Accountant was figured at Agenda No 7 in the fourth governing council meeting held on 08-11- 2021 under the chairmanship of Chief Secretary J&K, at Civil Secretariat Srinagar/ Jammu wherein the proposal

for hiring of Charted Accountant was approved and it was directed that all Accounts shall be audited in a time bound manner. Further as per Rule 238 (2) of GFR,2017 in respect of recurring Grants, Ministry or Department concerned should release any amount sanctioned for the subsequent financial year only after Utilization Certificate in respect of Grants of preceding financial year is submitted. Release of Grants-in-aid in excess of seventy-five per cent of the total amount sanctioned for the subsequent financial year shall be done only after utilization certificate and the annual audited statement relating to Grants-in-aid released in the preceding year are submitted to the satisfaction of the Ministry/Department concerned. Reports submitted by the internal Audit parties of the Ministry or Department and Inspection Reports received from Indian Audit and Accounts Department and the performance reports if any received for the third and fourth quarter in the year should also be looked into while sanctioning further Grants. As appointment of Auditor is concerned, the Institution or Organization shall get its accounts audited from Chartered Accountants of its own as per Rule 236 (3) of GFR, 2017. Hiring of C.A. is under process. The Audited Book of Account will be shown to the next Audit party.

Madhya Pradesh: SHA in the financial year has sent UC to NHA having an excess amount to the tune of 1.08 crores, this is only a clerical error, wherein the amount had been miscalculated & written in UC. The demand raised by SHA to NHA are based on funds received from State Government, i.e., 150% of the amount received from State Government is asked from NHA, to which the UC is formed just as part of annexure. Moreover, as on date there is a huge amount pending from NHA, hence it can be concluded that even if the amount of GOI balance has been computed incorrect because of clerical error, yet SHA is in no possession of excess funds from NHA."

N. Non-implementation of PFMS

72. Expenditure reforms implemented by the Government include introduction of sunset clauses in all public expenditure programmes so that unproductive legacy expenditures can be brought to an end; introduction of Public Financial Management System (PFMS) for tracking expenditure flows to its objectives; reorganisation of development schemes leading to rationalisation, and merger and dropping of schemes so as to ensure efficient management of public expenditure. Both NHA and SHAs are registered on PFMS for receiving grants-in-aid from Ministry and NHA respectively, whereas hospitals (sub level implementing agency) were not registered on PFMS. In the absence of PFMS, NHA has been accepting manual UCs furnished by SHAs, which are based on amounts released by SHAs to hospitals and implementing agencies. NHA replied (August 2022) that it releases Central share of funds using PFMS to the SHA's account. However, funds to the hospitals are released to hospital against the claims submitted by them through TMS which is integrated with the bank for smooth and paperless transfer of funds. For every transaction, a unique UTR no. is generated which ensures money released to hospitals are duly accounted for. Every amount released to States using TMS can be duly tracked and monitored. However, NHA's reply is silent

about accepting manual UCs from SHAs despite the latter being registered on PFMS. NHA is to ensure receipt of UCs from SHAs through PFMS. Further, due to lack of clear mapping of PMJAY beneficiaries and beneficiaries of state specific schemes, there was no clarity on how states segregated these claims into state specific schemes and PMJAY for submission of UCs.

73. Upon being enquired as to why has NHA been accepting manual UCs furnished by SHAs despite the latter being registered on PFMS and what action has been taken by NHA to ensure receipt of UCs from SHAs through PFMS, the Ministry responded as below:

> "Both NHA and SHAs are registered on PFMS for receiving grants-in-aid from Ministry and NHA respectively, whereas hospitals (sub level implementing agency) were not registered on PFMS. In the absence of PFMS, NHA has been accepting manual UCs furnished by SHAs, which are based on amounts released by SHAs to hospitals and implementing agencies through TMS.
>
> The Cabinet of Government of India has mandated the release of funds under PM-JAY through escrow account. Accordingly, implementation of AB PM-JAY has been exempted from SNA account.
>
> Funds are released to the hospitals using TMS bank integration. There is 4 stage process of fund release to hospital against the claims submitted by them. The TMS is integrated with the bank for smooth and paperless transfer of funds. For every transaction, a unique UTR no. is generated which ensures monies released to hospitals are duly accounted for. Every amount released by States using TMS can be duly tracked and monitored."

V. <u>MONITORING AND GRIEVANCE REDRESSAL</u>

Non-Formation of District Implementating Units (DIUS):

74. The Audit noted that non-formation of the DIUs in some states poses constraints in the proper implementation of PMJAY. On being asked about the reasons for non-formation of District Implementing Units (DIUs) in contravention of PMJAY Capacity Building Guidelines which stipulate the constitution of District Implementation Units (DIUs) in each District for functional coordination of Scheme activities at the District level, the Ministry in their written reply stated as under:

> "In the beginning years of the scheme, the focus of States was to establish a functional SHA, as it was a completely new set-up. However, as on date, most of the States have functional DIUs. Smaller States or UTs find it more convenient to have a strong centralised team rather than a spread out district level team.
>
> Further, it may be noted that in the recent guidelines issued by NHA regarding DIU formation, exemption has been provided to States/UTs with less than 1 lakh

beneficiary base. This is expected to streamline the formation of DIUs in the States/UTs. Currently, DIUs have been formed in 666 districts across the 33 States/UTs."

75. On being asked to explain the non-constitution of DIUs and whether Guidelines specify monitoring of the Scheme implementation by any other authority, the Ministry in their written reply stated as under:

"Smaller States/UTs have been exempted from the DIUs formation and the guidelines provide for district nodal person to carry out the roles and responsibilities of DIUs."

Shortfall of Human Resources in SHAs and DIUs:

76. The Audit found that there was shortfall of human resources deployed in SHA in various states. When asked to furnish the details of the four agencies empanelled by NHA which can be used by the States for hiring of human resources and also to give the response of the States thereto, the Ministry in their written reply stated as under:

"The details of the 4 agencies are as follows:
1. M/S BVG India Ltd
2. M/s D G Nakrani
3. M/s M J Solanki
4. M/s Service Master Clean Ltd.

States have increased the deployment of human-resources at SHA and district level. Many States have engaged human resources through implementation support agencies (ISAs)."

Formation of State Grievance Redressal Committee (SGRC) and District Grievance Redressal Committee (DGRS)

77. The Audit revealed that the non-formation of SGRC and DGRC, at SHA and DIU level may result in ineffective grievance redressal. On being enquired about the guidelines regarding constitution and composition of State Grievance Redressal Committees (SGRC) and whether all the States have since constituted the SGRCs with required representation of members and manpower, the Ministry in their written reply stated as under:

"As per the present guideline for grievance redressal issued by NHA (enclosed at Annexure -9), the SGRC meeting should be conducted every month on a specific day on regular basis. The State can decide a particular date/day based on the convenience and availability of the members of the committee'. However, this guideline is indicative in nature and States have the flexibility to conduct SGRC meetings as and when required. Further, it is submitted that many States couldn't

hold regular meetings during 2020 and 2021 due to COVID 19 pandemic. All States/UTs except Ladakh and Lakshadweep have constituted SGRC. Ladakh has initiated the process of SGRC formation. It may be noted that SGRC is primarily an appellate body for grievance redressal, which means only such appeal against the already settled grievances are to be redressed by SGRC. Therefore, SGRC doesn't require to be convened every month."

78. On being asked how it is ensured that the records of the formation and function of SGRCs are being maintained by the States, the Ministry in their written reply stated as under:

"States inform NHA regarding the formation of SGRC. Further, in the new CGRMS portal (to be shortly launched), details of DGRC and SGRC officials along with details of their functioning have to be uploaded on the portal. Currently, SGRC proceedings are uploaded on the existing CGRMS portal as part of grievance redressal process."

79. When enquired about the difficulties being experienced in constituting the DGRCs in these districts of the States of Chhattisgarh and Manipur and the reasons cited for delay in constitution of DGRC by the State of Jharkhand, the Ministry in their written reply stated as under:

"DGRCs have been constituted in all districts other than 3 newly formed districts of Khairaghar, Gandai and Chhuikhadan. Old DGRCs are working for these newly formed districts. DGRCs have been constituted in all districts of Manipur. SHA, Jharkhand has informed that DGRC has been constituted in the State. Further, SHA has informed that the initially State was focusing on ensuring delivery of healthcare services to the beneficiaries by strengthening implementation structure at SHA level."

80. When asked, in the absence of DGRCs, who was monitoring Scheme implementation in the UT/State, the Ministry in their written reply stated as under:

"Grievances were handled centrally at SHA level in cases where DGRC was not constituted.

Further, CMO/CMHO monitors the implementation of scheme at district level. Different parameters of scheme implementation are also monitored by District Collectors. SHAs also take the support of NHM officials at district level for scheme implementation as they are health department functionaries."

Shortfall in conducting meetings by DGRC and SGRC:

81. The Audit noted that failure to hold meetings and less than the prescribed number of meetings of SGRC and DGRC in some states can adversely effect monitoring of the redreassal. On being asked about the reasons for having no meeting

of SGRC and DGRC at all as highlighted above by Audit, the number of meetings prescribed for SGRC and DGRC as per the guidelines and whether NHA has issued any instructions to hold prescribed number of meetings under the guidelines, the Ministry in their written reply stated as under:

> "As per the guideline for grievance redressal issued by NHA, the DGRC and SGRC meeting should be conducted every month on a specific day on regular basis. The state can decide a particular date/day based on the convenience and availability of the members of the committee. However, this guideline is indicative in nature and States have the flexibility to conduct SGRC meetings as and when required. Further, it is submitted that many States couldn't hold regular meetings during 2020 and 2021 due to COVID 19 pandemic.
>
> It may kindly be noted that DGRC and SGRC are primarily an appellate body for grievance redressal, which means only appeal against the already settled grievances are to be handled by SGRC. Therefore, DGRC/SGRC doesn't require to be convened every month."

Redressal of grievance/appeals at NHA level and Grievances Redressal of States/UTs:

82. The Audit revealed that out of 37903 grievances, only 9.80 percent of the complaints were redressed with turn-around-time of 15 days. The Audit also noted that SHA Chhatisgarh had not redressed any of the 40 grievances received. On being asked about the turn-around time for redressal of grievances and appeals as per guidelines issued by the NHA, reasons as to why 87.33% of complaints and 53.38% of appeals received took more than turn-around time for redressal, current status as to whether the 1085 complaints as pointed by Audit have since been redressed, reasons ascertained from SHA Chhattisgarh for falling to redress any grievance, whether the Ministry took up the matter of non-production of data related to the redressal of the grievances within the Turn Around Time (TAT) and beyond TAT with the States/UTs and whether NHA raised this issue with SHA, the Ministry in their written reply stated as under:

> "The grievances registered on CPGRAMS portal have to be redressed within 30 days. However, grievances received on CGRMS portal have to be redressed within 15 days. In the initial year of implementation, structures were being set-up and the primary focus was on ensuring delivery of healthcare services. As the scheme matured, quality and quantitative aspects of grievance redressal has significantly improved. All grievances highlighted by audit have been appropriately redressed.
>
> In the current FY, out of 1,38,273 grievances received, 1,34,123 have been closed. Around 400-500 grievances are received everyday. Thus, a pendency of about 4,000 grievances are well within the TAT. In FY 23-24, 94% grievances have been closed with defined TAT of 15 days. Chhattisgarh have redressed

grievances registered with respect to scheme implementation. As on 12th Jan 2024 only 2 grievances are pending for redressal in the State.

Pending grievance details are shared with SHAs everyday. Further, regular meetings are held with SHA officials regarding qualitative and quantitative aspects of grievance redressal."

Formation of Anti Fraud Cell and other Committees at the State level:

83. The Audit noted that Anti-Fraud Cell in four states, Claim Revenue Committee in eight States/UTs and Mortality and Morbidity Review Committee in eleven States/UTs were not formed. When enquired about the steps taken by NHA to impress upon States to form the Anti-Fraud Cell/ Review Committees at the earliest, the Ministry in their written reply stated as under:

"NHA has issued guidelines for the constitution of various committees to strengthen scheme implementation at various levels.

National Health Authority has set up a National Anti-Fraud Unit (NAFU) as the Anti-Fraud Cell at National and State level with the primary responsibility of prevention, detection and deterrence of fraud and abuse under PM JAY. In addition, all States/UTs except Lakshadweep have set up State Anti-Fraud Units (SAFUs) at the State level to instrumentalize anti-fraud and abuse control activities at the ground level.

Further, in the claim adjudication guideline issued by NHA in October 2020, there is no requirement of setting up Claims Review Committee. However, many States have set up medical committees for certain types of claims adjudicated by Claim Executive (CEX) / Claim Processing Doctor (CPD)."

Non-conducting of Anti-Fraud awareness activities:

84. The Audit revealed that three states namely Bihar, Chandigarh and Uttar Pradesh did not plan/conduct anti-fraud activities and documentary evidence were not made available in any of the selected districts of Himachal Pradesh. On being asked about the details regarding awareness campaign initiated by these States to combat any fraudulent activity and whether any enquiry was instituted to ascertain the reason for the same by SHA/NHA, the Ministry in their written reply stated as under:

"SHAs have been requested to ensure that empanelled hospitals put up display material highlighting the details of services which are offered to the beneficiaries as part of AB PM-JAY.

Hospitals have been mandated to deploy a uniformly designed kiosk in the prominent place in the hospital to facilitate free treatment to the beneficiaries.

Further, all the IEC campaigns prominently highlights tollfree number 14555 and encourages beneficiaries to reach out to PM-JAY helpline system in case of any query or grievance.

Furthermore, NHA and SHAs conduct regular and frequent beneficiary awareness activities through print media, social media, call centre, grievance and feedback mechanisms as well as on ground activities like camps etc. These are targeted to empower the beneficiaries regarding fraud/abuse and fraud reporting channels. Innovative measures have been taken for improving beneficiary awareness regarding fraud/abuse, such as:

a. SMS is being sent to beneficiary whenever a claim is booked in the name of beneficiary both at the time of Pre-authorisation and when the claim is raised, to validate if the treatment has actually been availed by the beneficiary (BIS anti-fraud measures).

b. Feedback is taken from beneficiaries both at time of discharge and through call centres of the respective States regarding quality of care received, charging of money (if any) or any other negative feedback.

State specific inputs are as follows:

Chandigarh: Chandigarh has been sharing Anti-Fraud related guidelines on regular intervals with Public and Private EHCPs.

Himachal Pradesh: The Pradhan Mantri Arogya Mitras have been specially trained for spreading anti-fraud awareness amongst the beneficiaries getting treatment. Also, signboards indicating anti-fraud measures have been placed in the hospitals and other prominent public places. The awareness is also generated during the Gram Sabha meeting at village level.

Bihar: SHA Bihar has undertaken the following Anti-Fraud awareness activities:

1. The State Call Center number 104 is continuously publicized in all advertisements given in newspapers, radio, television, and cinema halls for further information and complaints.
2. Detailed advertisements have been published in newspapers regarding the Grievance Redressal Mechanism in the state.
3. General advisories related to Anti-Fraud awareness were published on 31st March 2020, 28th August 2020, and 07th April 2022.
4. Special posters with all the necessary information for filing complaints/grievances related to the scheme are being put up in all the empaneled hospitals.

Uttar Pradesh: SACHIS, since the inception of the policy, has been vigilant towards anti-fraud activities and has taken various measures to build awareness amongst the hospitals:

1. Regular periodic beneficiary feedback to understand their experience of PMJAY and determine if the actual beneficiary has received treatment, and if any money was charged by the hospitals. Additionally, monitoring any coordination between hospitals and agents. A large-scale dipstick study was conducted on patient experience by SHA Uttar Pradesh.
2. Shared the list of triggers based on which the empanelled healthcare providers will be monitored.
3. Beneficiary feedback, specifically with ICU patients, to understand if the beneficiary was admitted to the ICU or general ward, to keep a check on the misuse of packages.
4. Continuous data analysis to understand misuse/abuse of packages and, based on the trends, keeping the hospitals on the watchlist.
5. Regular webinars with Private and Public empanelled providers where errors and misuse of packages have been observed and showcased to avoid mistakes.
6. Do's and Dont's shared with the hospitals on Claim processing.
7. Capacity building of Implementation support agencies and medical auditors.

Review of audits conducted on the field and taking necessary action and conduct State empanelment committee meetings every month for quick action."

Non- adoption of Whistle Blower Policy:

85. The Audit noted that due to the non-adoption of the policy, the stakeholder involved in the scheme were deprived of the mechanism for complaining regarding cases of corruption, medical and non-medical frauds etc. When asked why Whistle Blower Policy was not adopted by these States and how the complainants were safeguarded from the probable threat on disclosure of any allegation of corruption, medical and non-medical fraud, etc. against any stakeholder involved with the implementation of PMJAY, the Ministry in their written reply stated as under:

"NHA acknowledges Whistle blower policy as an important instrument to establish transparency in the PM-JAY ecosystem by creating a framework wherein any mala-fide by the officials implementing the scheme can be reported and examined without any pressure or fear of retribution.

Accordingly, NHA has requested all States/UTs to deploy Whistle Blower Policy. 2 States i.e Bihar and Tamil Nadu out of 7 States noted in the Audit have already adopted the Whistle blower policy. The SHA Madhya Pradesh is following MP Govt Whistle blower policy.

In absence of PM-JAY specific whistleblower policy in some States, grievances / complaints related to corruption/disclosures are forwarded to the administrative head of the health department. It is pertinent to note that no complaints regarding the threat to the complainant has been received by NHA."

Shortfall in conduct of medical and other/social audit by ISA and SHA:

86. The Audit noted that NHA had not properly monitored the various types of audit conducted by the ISA/SHA in States. On being asked to furnish details on the reasons explained by the States for not carrying out or conducting less numbers of social audits, the Ministry in their written reply stated as under:

"As of now, social audits have not been mandated under AB PM-JAY. However, regarding medical audits following points are submitted:

1. Initially, human resources in the States were not adequate, hence initially the number of audits were not as mandated. However, NHA has been monitoring the same and has been nudging the States to do audits as mandated. NHA had issued advisory note no. 21 dated 18.03.2021 to the states/UTs regarding highlighting important issues pertaining to fraud control like timely action on suspect entities, dedicated SAFU personnel, ensuring safety of field audit team, compliance with biometric verification, sharing of relevant information by hospitals etc.

2. During the Covid Pandemic, SHAs were engaged in Covid management activities, making it challenging to achieve the specified auditing targets. The high number of Covid cases in the State over the last two years impacted direct beneficiary audits and hospital audits from the SHA side. Following the decrease in Covid cases, States were able to resume the audits.

3. NHA-NAFU has been regularly conducting capacity building sessions on Medical and Mortality audits for the SHAs/SAFUs/CPDs to improve their skill sets in conducting the audits.

4. Bihar, Jharkhand, Uttarakhand, Punjab, and Kerala have increased their audits respectively in the last financial year.

5. NHA has already empanelled two agencies for Desk Medical Audits and eight agencies for Field investigation to support the States who are lacking in adequate human resources to conduct the audits. NHA has issued advisory note no. 23 dated 09.11.2021 to the states/UTs regarding highlighting anti-fraud updates and compliance requirements. It also states for the provision of empanelment of medical audit and field investigation agencies, implementation of Comprehensive Audit Module, use of FACTS and RADAR, Self-service BI, Casual dismissal of suspicious cases, SMS to treating doctor, Capacity Building Session for CPDs etc. As per the advisory notes, the States can now utilize the services of the empanelled agencies as per their

needs to achieve the mandated number of audits and other related activities. Apart from above, regular communications including monthly status report are shared with the States.

State-wise replies received from respective SHAs are as follows:

DNH & DD: Medical Audit committee has been formed and audits will be conducted shortly.

Himachal Pradesh: The Medical Audit is conducted by the ISA in HP as per agreement. However, the process was affected due to COVID-19 Pandemic w.e.f. February, 2020 onwards. MMRC, CRC and HVPC have not been formed separately as all the cases approved by ISA are further checked and processed by SHA Medical Officer before releasing payments by ACO/SHA.

Meghalaya: The details of the various types of Audits conducted by SNA, Meghalaya are indicated as below:

Sl No.	Particulars	Period	Number	Remarks
1	Medical Audit	February 2019 - 31.05.2022	17225	Medical Audit Target Met in most Cases. Target not met only during the time where activity was suspended on account of COVID 19.
2	Claims Audit Through National Anti-Fraud Unit (NAFU) Triggers	July 2019 - 31.05.2022	6854	Target to conduct audits as highlighted by NAFU in the SHA-AFO login met.
3	Desk Audit of Pre-Authorisation Claims	February 2019 - 30.05.2022	1%	Target as per NHA guidelines met.
4	Desk Audit of Approved Claims	February 2019 - 30.05.2022	10%	Target as per NHA guidelines met.
5	Mortality Claims Audit	March 2019 - 31.01.2022	84.55%	MHIS 4-PMJAY Policy Ongoing.
6	Rejected Claims Audit	March 2019 - 31.05.2022	1704	MHIS 4-PMJAY Policy Ongoing.
7	Beneficiary Audit	July 2019 – 31.05.2022	611	Target Met except when activity was suspended on account of COVID 19.
8	Beneficiary Audit Through NAFU Triggers	October 2019 - March 2021	339774	Target Met. There is no audit pending as per the Meghalaya Score Card as of February 2022.
9	Hospital Monitoring Through Hospital Visits	July 2019 - 31.05.2022	821	Target Met except when activity was suspended on account of COVID 19.

Nagaland: During the initial policy period, the focus of the scheme was on increasing card generation and encouraging the hospitals to initiate uptake of the scheme. There was improvement in conducting audits by putting the mechanism in place however, the COVID-19 pandemic including conversion of most of the public EHCPs (District Hospitals and CHCs) into COVID Hospitals and COVID Care Centres affected the audits. The performance of audits has significantly improved in 2021-22.

Puducherry: Beneficiary Audit and Desk Audit were undertaken but in less numbers. Medical Audits were not done due to Covid – 19 pandemic and shortage of staff in various posts in SHA.

Uttarakhand: In the initial phase of the Scheme, mandatory audits as per specified numbers were not completed. Moreover, there was the pandemic of COVID19 due to which the audits were not completed in time. But medical audits were conducted resulting in de-empanelment of 21hospitals due to irregularities found in claims. A recovery of approx. Rs 1.0 Crore was done in such cases.

Tripura: Due to unavailability of medical / clinical manpower, audits could not be carried out by SHA Tripura. SHA had attempted to engage suitable manpower in these positions through a written test-viva in 2018, but no suitable candidates could be found. Thereafter, the issue of manpower engagement has been put up to the Executive Committee and Governing Body of THPS (the Society under which PM-JAY is being implemented in Tripura) for approval and has been sent to State Finance Department for concurrence. Also, SHA had requested CMOs to nominate suitable State Health Service doctors to act as auditors, but could not meet with success citing shortage of sufficient number of government medical officers.

Punjab: The details of the audit in the State of Punjab are as follows:

Audit Type			Number of Audit done by insurer/TPA	Number of Audit done by SHA	
	Year	Total Cases Hospitalized		Direct Audit	Audit of Audit done by Insurer/TPA/ISA
Medical Audit	2019-2020	95049	6284	In the 1st year of policy, work of audit was allotted to Insurance company. As the scheme was insurance based.	
	2020-2021	254812	11962		
		Total Death Cases			
Death Audit	2019-2020	2174	1247		
	2020-2021	4383	2576	Therefore, audit was not the focal area of execution and neither SHA had requisite/ trained manpower to undertake the said exercise.	
		Total Empanelled Hospitals			
Hospital Audit	2019-2020	412	412		
	2020-2021	684	613	During 2nd policy period, the audit of suspicious triggers sent by NAFU was being carried out by SAFU. The audit done by Insurance company of 2nd year of policy was done on the behalf of SHA.	
		Total Cases Hospitalized			
Beneficiary audit (during hospitalisation)	2019-2020	95049	10525		
	2020-2021	254812	16204		
		Total Cases Hospitalized			
Beneficiary audit (post discharge – through telephone)	2019-2020	95045	24574		
	2020-2021	254755	74265		
		Total Cases Hospitalized			
Beneficiary audit (post discharge – through home visit)	2019-2020	95045	1721		
	2020-2021	254755	4492		
		Total Pre-authorization across disease specialities			
Pre-authorisation audit	2019-2020	95049	12135		
	2020-2021	254812	58776		
		Total Approved Claims			
Claims audit (approved claims)	2019-2020	91684	5189		
	2020-2021	246939	28398		
		Total Rejected Claims			
Claims audit (rejected claims)	2019-2020	8862	8862		
	2020-2021	15665	15665		

This has reference to the table 7.3, point 9 regarding 100 percent claims audit. In this regard, it is submitted that once the Claim Adjudication Division was established, 100 percent CPD rejected cases were reviewed and action was also taken for invalidly rejected cases by IC.

Ladakh: As per Schedule 12 (Key performance Indicators) of the Insurance Contract between UT Ladakh and Bajaj Allianz General Insurance Company, quarterly report was to be submitted.
The insurer has submitted quarterly report on Medical Audit, Claim audit, beneficiary audit, pre-authorization audit and death audit.

Chandigarh: This para was dropped for this State. Please refer to the report submitted by the audit team that conducted the audit.

Manipur: With reference to Para 7.13 on shortfalls in conducting of Medical and Other/Social audit by ISA and SHA, SHA, Manipur would like to submit that it is due to shortage of staff. SHA, Manipur is planning to hire firms for conduct of audit on their behalf. Further, ISA Project Head stated that ISA had conducted Hospital audit during 2019-20 and other types of audits could not be conducted due to COVID and assured to furnish relevant documents.

Jammu and Kashmir: SHA, J&K has dedicated Claim Review Committee & Mortality and Morbidity Committee constituted vide No. SHA-SAFU/1/2022-05-State Health Agency, PMJAY, JK. Audits are being carried out on a regular basis.

Haryana: The details of the audit in the State are as follows:

Shortfall in conducting of Medical and Other/Social audit by ISA[1] and SHA

1. Medical Audit: The Desk audit of the cases has been done starting from Au 2019. The following is the number and percentage of audit done from August, till March, 2022

Total hospitalized cases	No. of cases audited	Percentage
335688	17435	5.19%

2. Death Audit: The following is the number and percentage of audit done till 2022

Total Number of mortality cases (till April, 2022)	Total cases Desk Audited
3578	2541 (71.01%)

S.No.	Audit Type	Report of SHA on Sample for Insurer/TPA/ISA/SHA trust (Without TPA) Audit*	Sample for SHA audit (Only in Case of State with Insurer/ TPA)
1	Medical Audit	17435 cases – 5.19%	NA
2	Death Audit	2541 cases – 71.01%	NA
3	Hospital Audit	As per latest guidelines issued by NHA in year 2020, Nothing is mentioned about Hospital Audit.	NA
4	Beneficiary audit (during hospitalization	4749 cases - 10% of audits done by ISA approver	NA
5	Beneficiary audit (post discharge – through telephone)	4371 cases- 10% of audits done by ISA approver	NA
6	Beneficiary audit (post discharge – through home visit)	437 cases -2% of audits done by ISA approver/DIM Beneficiary audit (post discharge – through home visit)	NA
7	Pre-auth Audit	At present random telephonic audit are being done for hospitals where cases cannot be processed by PPD Team due to lack of mandatory documents. The beneficiary is contacted about hospitalization Details.	NA
8	Claims audit (Approved claims)	While doing the medical audit, the claims are also being audited i.e 5.19%.	NA
9	Claims audit (rejected claims)	--	NA

The Processing of claims at SHA, Haryana is being done by the team of in-house doctors comprising of regular doctors of Haryana government. Most of them are MBBS with postgraduation.

Madhya Pradesh: ISA and SHA, MP have tried to comply with NHA guidelines for target audits but due to shortage of manpower during covid, 100% targets could not be achieved. SHA has empaneled an Audit agency and deployed more manpower from government sector to strengthen Audit process and comply with 100% targets.

Kerala: SHA, Kerala following the same guidelines issued by NHA for medical audit i.e., 5% of total case hospitalized by TPA and 2% direct audits by SHA. Regarding death audit, 100% audit completed by TPA. After SHA takeover, TPA audited each empanelled hospital once in a year. 10% of the Beneficiary Audit (during hospitalization) and 5% audit of approved claims also completed by TPA.

SHA was busy with covid management activities and was not in a position to achieve the targets specified for auditing. For the last two years, covid cases were high in the State and this affected the direct beneficiary audit and hospital audits from SHA side. Now SHA has streamlined the auditing system and is expecting to achieve the auditing goals set by NHA.

Recovery to be made from defaulting hospitals:

87. The Audit revealed that in NHA, out of Rs.17.28 crore on account of penalty imposed on 184 defaulting hospitals pertaining to 13 states, recovery of only Rs.4.96 crore had been effected. On being asked to explain reasons for pending penalty amounting to Rs. 12.32 crore from 100 hospitals in nine States/UTs and action taken to recover the penalty amount and the current status with regard to levy of penalties amounting to Rs. 20.93 crore and Rs. 39.66 lakh respectively on Insurer for non-performance of various activities in SHAs Jammu & Kashmir and Ladakh, the ministry in their written reply stated as under:

> NHA has been constantly engaging with States to recover penalty amount levied against the defaulting hospitals. It is pertinent to note that in many cases, though the SHA raises the recovery, the actual recovery cannot be materialized as the hospital has started litigation against the order of State.
>
> The State wise details of recovery made from the hospitals are as follows:
>
> Madhya Pradesh: SHA has already taken up the issue & has recovered and duly paid the amount wherever required to the beneficiary. SHA-MP would like to bring into consideration the fact that all the recoveries pertaining to the previous financial year have been made. Penalty recovery is a contentious process so far this financial year have recovered INR 18 Cr.
>
> Gujarat: Out of total penalty levied, Rs.72,88,411/- against hospitals Rs. 8,37,760/- has been recovered.
>
> Nagaland: As per SHA directives, a fraud amount of Rs. 13,464/- was recovered by IC/TPA on 04/10/21.
>
> Chhattisgarh: State is following NHA anti-fraud guidelines. A total of Rs. 138.75 lakh recovery raised and Rs. 131.12 lakh recovery received.
>
> Haryana: Recovery of approx. Rs. 55,83,645/- has been received from 13 defaulting hospitals.
>
> Jammu and Kashmir: SHA Jammu and Kashmir has already submitted the recovery imposed on the defaulting hospitals has been affected and no recovery is pending.
>
> Punjab: As already replied to audit, it is reiterated that penalty amounting Rs 14,47,506 is pending to be recovered from only one hospital i.e. Dr Amrit Paul Goyal Mansa Medicity, Mansa. Hospital stands suspended from the ABMMSBY scheme. The matter is under consideration with the Appellate Committee.

Karnataka:

AB-ArK					
Year	Number of hospitals	No of cases received	Amount collected by the hospitals	Amount refunded to beneficiaries	Penalty imposed on hospitals
2019-20	2	3	Rs 3,63,700/-	Rs 3,63,700/-	Rs 8,71,240/-
2020-21	8	12	Rs 8,87,056/-	Rs 8,87,056/-	Rs 17,74,112/-
2021-22	57	105	Rs. 79,55,376/-	Rs. 36,96,958/-	Rs. 21,85,802/-
2022-23	52	154	Rs. 56,10,391/-	Rs. 13,33,503/-	Rs. 4,09,599/-
2023- Till date	62	870	Rs. 1,02,61,535/-	Rs. 27,42,873/-	Rs. 6,57,990/-
Grand Total	181	1144	Rs.2,50,78,058/-	Rs. 90,24,090/--	Rs. 58,98,743/-

Jharkhand: SHA Jharkhand has informed that it successfully made recovery of Rs. 1,94,98,649/- in case of 2,404 cases against Rs. 2,06,91,822/-.

Jammu & Kashmir: Audit team has mentioned that refund of premium of ₹ 17.80 crore was recoverable from the insurance company from Jammu and Kashmir. Out of this, recovery of ₹ 16.85 crore in Jammu and Kashmir had been made and remaining amount of ₹ 0.95 crore for the period 2018-21 was pending from Insurance Company. SHA J&K closed the first policy (1st December 2018 - 30th November 2019) with the Insurance Company on the following figures: • Policy Period Start Date: 12-01-2018
Policy Period End Date: 30-11-2019
Total Family: 6,13,648
Total Premium: Rs. 47,55,77,200
Number of Paid claims: 47,885
Total Incurred Claim amount:Rs.25,00,42,456
Claims Loss Ratio (%): 52.576628
Admin. Expenses @12%: Rs.5,70,69,264
Refund Amount: Rs.16,84,65,480

Ladakh: Refund has been received by Bajaj Alliance and same funds have been utilized.

Non-rotation of Pradhan Mantri Arogya Mitra (PMAM):

88. The Audit noted that guidelines pertaining to rotation of PMAM were not being followed in States. When asked about the guidelines with regard to rotation of PMAM and reason for not following the same in the States, the Ministry in their written reply stated as under:

"Anti-fraud guidelines issued by NHA stated that 'to avoid collusion, if possible, the SHA should try and rotate Pradhan Mantri Arogya Mitras every 3-6 months preferably within the same city / town.'

However, operationally it has been found to be challenging to rotate PMAM in public hospitals. It is pertinent to note that PMAMs are engaged by respective hospitals themselves. In public hospitals, they are either part of regular hospital staff or they are hired on contractual basis for the hospital. Recently, NHA has introduced the concept of Beneficiary Facilitation Agency (BFA), which has been mandated to provide PMAMs in public hospitals. In private hospitals, PMAMs are appointed by respective hospitals, and therefore, they cannot be rotated and deputed to some other hospitals. However, some States like Tamil Nadu and Maharashtra where PMAMs are engaged through ISAs, rotate PMAMs to the extent possible."

PART-II

OBSERVATIONS AND RECOMMENDATIONS OF THE COMMITTEE

1. Coverage of beneficiaries under PMJAY

The Committee note from audit observation that Pradhan Mantri Jan Aarogya Yojana envisaged (March 2018) coverage of about 10.74 crore beneficiary households, based on the deprivation and occupational criteria of the Socio-Economic Caste Census, 2011 (SECC) for rural and urban areas respectively. However, the Committee during their course of examination of the subject found that there have been inadequacies in the process of identification and verification of beneficiaries under the Scheme. The Committee further note that as per National Health Authority (NHA) records, 7.87 crore beneficiary households were registered, constituting 73 per cent of the targeted households of 10.74 crore (November 2022). Out of this, 2.08 crore households had been identified from SECC-2011 database, as envisaged in the Scheme guidelines. The Committee further note that Government of India (GoI) has approved the expansion of the beneficiary base to cover 12 crore families based on National Food Security Act data. In this regard, the Ministry have stated that the NHA has issued guidelines to States/UTs to use suitable Aadhaar seeded digitized databases of beneficiaries of similar socio-economic profile as that of eligible SECC beneficiaries. Here, the Committee would not hesitate to state that they are of the view that the Ministry should find ways and measures to ensure that issues of up-dation of coverage of beneficiaries is not compromised in any way and, therefore, recommend that in order to oversee the process of coverage of eligible beneficiaries based on authentic database, an independent body should be set up. The Committee also recommend that the Ministry and States/UTs should devise a suitable mechanism for identifying State-wise beneficiaries under the Scheme in a time-bound manner. With a view to achieve the targeted number of beneficiaries under the Scheme, the Committee recommend that the NHA should issue directions to SHAs to set up a designated IEC cell to promote awareness about the scheme and maximize its reach and impact. The Committee would like to be apprised of the concrete action taken in the matter at the earliest.

2. Streamlining of Ineligible households possessing PMJAY Cards

The Committee note from audit observation that a delay in removing ineligible beneficiaries led to ineligible individuals receiving benefits from the Scheme and resulted in excess premium payments to insurance companies. The Committee further observe from audit finding that delays in registration requests for long periods have resulted in denial of benefit to the potential beneficiaries. The Ministry in their submission have stated that NHA has written to all the states to provide Aadhaar seeded database of all beneficiaries including Government employees/pensioners so that de-duplication exercise can be undertaken. The Committee are not oblivious of the fact that NHA replied that it is developing an

SOP for adherence by the States to ensure that any SECC 2011 beneficiary family found ineligible as per AB-PMJAY criteria can be removed from the list of eligible individuals/families. The Committee are of the view that validation checks should be inbuilt in the process to avoid invalid entries and increase the accuracy and reliability of the data. In this sequel, the Committee recommend that the Ministry should ensure that registration process is streamlined to avoid delay in registration beyond the prescribed time. The Committee also desire to be apprised of the status in this matter.

3. Hospital Empanelment and Management

The Committee note from audit observation that in 12 States/UTs minimum criteria of empanelment was not met by some of the EHCPs due to deficiencies such as medical equipment being out of order, lack of basic infrastructure such as IPD Beds, Operation Theatres, ICU care with ventilator support systems, Pharmacy, Dialysis Unit, Blood banks, Round-the clock Ambulance Services etc. The Committee also observe that the availability of EHCPs is very low in terms of per lakh population in various States /UTs, though the State Government was to ensure that maximum number of eligible Hospitals participate in the PM-JAY. The Ministry in their ATN have stated that each State has its own Clinical Establishment Act which governs the registration and operation of healthcare services in that state. Therefore, the requirement and eligibility of registration also differs from state to state. The Ministry also stated that data cleansing activity with regard to availability of healthcare services in public hospital has been initiated. The Committee are of the view that physical verification process should be mandatory for the empanelment of hospitals so that only those hospitals can be empanelled that fulfill requisite criteria. The Committee are also of the view that in order to build an effective and accountable network of health service providers as per quality standard, NHA/SHA/DIU (District Implementing Unit) should encourage more private hospitals to join the Scheme in all the Districts. Gleaning and sifting through these facts, the Committee recommend that investment in public hospitals should be enhanced to improve and upgrade the quality of the existing health facilities in accordance with prescribed criteria. The Committee also recommend that monitoring of EHCPs through physical inspections and necessary/requisite audits are essentially carried out so that timely action is initiated against the errant EHCPs. The Committee also recommend that regular field visits be undertaken by NHA/SHA so that challenges/shortcomings in service delivery are identified and suitably handled enabling achievement of the purpose of the scheme in letter and spirit.

4. SYSTEM OF SETTLEMENT OF CLAIMS OF EMPANELLED HEALTHCARE PROVIDERS (EHCP'S)

The Committee note that PMJAY provides cashless and paperless services for beneficiaries at the point of service. After providing treatment/investigations, Empanelled Health Care Providers (EHCPs) upload all the claim related

documents in the Transaction Management System (TMS) and submit the claims to State Health Authority/Agency (SHA)/Insurance Company. Thereafter, the SHA/Insurance Company scrutinizes the claims and makes payments to EHCPs. The Committee further observe that apart from TMS, six States referred as Brownfield States viz. Andhra Pradesh, Arunachal Pradesh, Rajasthan, Karnataka, Maharashtra and Tamil Nadu, which were implementing their own schemes, use their own IT Platform to process the claims and data of claims settlement in respect of these States are subsequently fed into TMS through an Application Programming Interface (API). The Committee find that in some cases, transactions through API did not capture PMJAY Id of beneficiaries and with no segregation of PMJAY beneficiaries in such cases, there is a possibility of overlap of PMJAY with State specific schemes. In response, the Ministry have stated that in January 2022, the Cabinet of Government of India decided to give flexibility to use other databases for verification of beneficiaries under Ayushman Bharat PM-JAY against such SECC beneficiaries who could not be identified and verified and National Health Authority has issued guidelines to States/UTs to use suitable Aadhaar seeded digitized databases of beneficiaries of similar socio-economic profile as that of eligible SECC beneficiaries. Accordingly, all States/UTs, except Bihar, have shared databases of beneficiaries and the same has been ingested in the Beneficiary Identification System of NHA. While stressing on the importance of integration of State specific database to capture PMJAY Id of beneficiaries to address the overlapping issue, both at the Central as well as State health portal, the Committee feel that reasons for not sharing Aadhaar-seeded digitized data for ingestion into the beneficiary identification system (BIS) of NHA by the State of Bihar, should also be ascertained and the Committee be apprised thereof. The Committee, here also recommend that the Ministry impress upon the State Government of Bihar to share Aadhaar-seeded digitized data for ingestion into the beneficiary data of NHA.

5. SETTLEMENT OF CLAIMS

The Committee note that NHA had kept turnaround time of 15 days for intra state claims and 30 days for the portability claims. However, for reasons like non-release of States' share of funds on time, lack of trained human resources, non-performance of Implementing Support Agency (ISA)/Third Party Administrator (TPA), pendency at the hospital end for reply of claim related query, errors/delay in the reporting of claims settlement data, some States paying hospitals offline, lack of bank integration etc. there has been delay in claim settlement. In response the Ministry have stated that as a result of rigorous monitoring of pending claims in the States, the number of pending claims has been reduced to 37.5 lakh claims as of 31st December, 2023. NHA have also started training and certification program for claim adjudicators and a User Management Portal (UMP) has been launched to monitor the availability and participation of different stakeholders in the claim settlement. NHA has also introduced Beneficiary Facilitation Agency (BFA), which deploys trained PMAMs in public hospitals to streamline implementation of AB PM-JAY including timely submission of claims and replying

to query etc. The Committee, while hoping that the initiatives taken by the Ministry would ensure reduction in turnaround time, desire to be apprised of the actual impact of measures taken by the Ministry on the time taken to process the claims.

6. DIGITIZATION OF CLAIM TRANSACTIONS

The Committee note that to achieve complete bank integration and digitization of all claim transactions and ensure prompt settlement of claims, the Ministry and NHA have stated that the Transaction Management System (TMS) for claims settlement has the provision for bank-integration. The Ministry have apprised the Committee that all States, barring few, have integrated with bank payment gateway. The Ministry have also stated that in the new version of TMS, bank payment gateway integration will be made mandatory. Further, NHA has deployed the new version of TMS in Chandigarh and soon it will be launched across the country. The Committee would like to be apprised of the status of bank payment gateway integration with regard to other States/UTs.

7. TMS 2.0

The Committee also note that patients earlier shown as 'died' in TMS continued to avail treatment under the Scheme. Data analysis of mortality cases in TMS revealed that 88,760 patients died during treatment specified under the Scheme. A total of 2,14,923 claims shown as paid in the system, related to fresh treatment in respect of these patients. Similarly, as reported in the desk audit report, audit noted that the TMS was not only allowing initiation of pre-authorization request for beneficiaries already shown as dead in the system but was also allowing all other entries such as admission date, surgery date and discharge dates. As regards the audit observation regarding treatment of beneficiary shown as 'died' during earlier claim/ treatment, the Ministry have *inter alia* stated that while designing TMS 2.0 it has been ensured that all validations are in place. Further, the Committee have been informed that where pre-authorization is being requested in regard to a patient who has died during treatment, reasons thereof will have to be recorded. The Committee while hoping that the new version of TMS will address the concern appropriately, desire to be apprised of the status of correction of 2,14,923 claims that were shown as paid in the system related to fresh treatment in respect of 88,760 patients while they died during treatment specified under the Scheme. Further, since audit is only a test check, the Committee recommend that a thorough checking of claims of patients who died during treatment may be made to ensure the accuracy of the those claims.

FINANCIAL MANAGEMENT

8. RELEASE AND UTILIZATION OF GRANTS AND SEPARATE ESCROW ACCOUNTS

The Committee note from the Audit Findings that NHA released grants to States, particularly Chhattisgarh, in contravention of PMJAY guidelines, which stipulate the opening of two designated escrow accounts for receiving scheme implementation and administrative grants. Multiple States, including Chhattisgarh, Punjab, and Uttarakhand, were found not to have maintained separate escrow accounts for PMJAY and their respective State-sponsored schemes, indicating a lack of uniform compliance with PMJAY guidelines. The Committee note from that Ministry's reply that due to the lack of a common identifier between the SECC database and state scheme beneficiary databases, the mapping exercise couldn't be carried out effectively. Consequently, funds were disbursed to states on a pro-rata basis, as the actual utilization related to eligible SECC beneficiaries couldn't be determined. Hence, a common bank account was maintained in those states. In the opinion of the Committee, absence of designated escrow accounts impedes effective tracking and monitoring of fund flow and utilization, raising concerns about transparency and accountability in the implementation process. The Committee, therefore, recommend the Ministry to vigorously pursue with the State Health Authorities the matter of establishing separate escrow accounts for PMJAY and State-sponsored schemes, as mandated by the guidelines. The Committee also recommend the Ministry to ensure strict adherence to PMJAY guidelines across all States to prevent recurrence of instances where grants are disbursed into multiple bank accounts, in violation of prescribed norms by conducting regular audits and imposing penalties for non-compliance. With a view to ensuring that designated escrow accounts are maintained and funds are utilized efficiently and transparently, the Committee also recommend that the Implementing agencies establish robust monitoring mechanism.

9. RELEASE OF GRANT WITHOUT ENSURING RELEASE OF UPFRONT SHARE BY SHAs

PMJAY guidelines provide that the State/UT shall release its share upfront, depending upon category of State/UT into the designated escrow account of SHA for implementation of the scheme. Thereafter, NHA shall release its share to SHA. Audit noted that NHA released grant amounting to ₹ 185.60 crore to eight SHAs during 2018-19 without ensuring release of upfront shares by the respective States. The Ministry justified the release of funds in the initial year of scheme implementation to expedite the rollout of PMJAY. The Committee, while opining that financial procedures should be scrupulously adhered to, also desire to be apprised of the details of adjustments made in subsequent instalments to ensure proper allocation and utilization of funds according to the financial obligations of the States.

10. EXCESS RELEASE OF GRANT BY NHA

The Committee take note of the instances where NHA released excess implementation grants to States in violation of the prescribed guidelines. The Committee are not convinced with the NHA's justification for the excess release of grants as the release of funds in contravention of guidelines undermine the integrity of financial management and calls into question the NHAs commitment to compliance. In light of the above, the Committee in no uncertain words recommend that NHA must ensure that implementation grants to States are released strictly in tune with PMJAY guidelines and any exceptions must be justified based on clear and transparent criteria and with prior authorisation from the competent authority. While emphasising the need for regular audits and reviews to identify any instances of excess grant release, the Committee also recommend that fund release guidelines be revisited to ensure uniformity in the criteria for releasing grants to States and take corrective action as necessary thereby enabling effective governance/implementation of the scheme.

11. During examination of the subject, the Committee also noticed from audit observation instances where NHA released grants to State/UT Health Agencies (SHAs) before the commencement of the PMJAY scheme which resulted in parking of funds for several months without setting any timeline for utilisation of the same. The Committee, in this regard bear clear opinion that releasing funds before commencement of the Scheme is not only indicative of the fact that no financial prudence was exercised by NHA nor any concrete preventive measure taken to address the potential risk of mis-utilization or misallocation of funds by the SHAs, as there may not have been immediate use or accountability for the funds during the pre-launch period. While the Ministry/NHA accepted the audit observation and explained the rationale behind the pre-commencement release of funds, there is no explicit confirmation of when these funds were adjusted in subsequent grants-in-aid. In light of the fact that delayed adjustment may also have implications for budgetary planning and financial accountability, the Committee recommend that any funds released before the commencement of the Scheme be adjusted promptly in subsequent grants-in-aid to ensure proper budgetary planning and financial accountability.

12. The Committee note instances where several State/UT Health Agencies (SHAs) have diverted grants from one head to another head, such as from “administrative grant” to “implementation” and vice versa, in contravention of PMJAY guidelines citing reasons such as necessity, ignorance, or urgency. The Committee also note from the Audit findings about significant unspent balances of administrative grants with several SHAs. This underutilization raises questions about effective financial planning and resource allocation by SHAs. Taking exception to the disregard for financial regulations regarding the utilization of grant-in-aid for administrative expenses and also underutilization of a substantial amount over multiple fiscal years, the Committee recommend that NHA take appropriate action against those responsible for diverting funds across different

heads. The Committee further desire that SHAs should also take necessary initiatives to develop robust estimation and planning mechanisms to accurately assess the requirement of administrative grants and ensure their full utilization within the designated period which may involve conducting comprehensive financial assessments and setting clear targets for fund utilization.

13. NON-REFUND OF PREMIUM BY INSURANCE COMPANIES

The Committee learn that Guidelines related to release of premium provide that the Insurer will be required to refund premium if they fail to reach the claim ratio specified in comparison with the premium paid (excluding GST & Other taxes/Duties) in the full period of insurance policy period. The Committee note from the Audit findings, the failure of insurance companies to meet the claim ratio specified in comparison with the premium paid which led to a substantial amount of refund of premium being recoverable. Out of the total refund of ₹700.10 crore recoverable from insurance companies in six States/UTs., only ₹241.91 crore has been partially recovered, leaving ₹458.19 crore outstanding for the period from 2018-19 till June 2022. While refunds have been received by some States/UTs, the process has been hindered by delays in final settlement statements and reconciliation of claims in the others States/ UTs. Keeping in view the fact that some States/UTs have successfully recovered the excess premiums, others are still grappling with the issue, the Committee recommend that the Ministry take immediate steps to streamline the refund mechanism thereby ensuring that insurance companies promptly refund excess premiums in cases of failure to meet claim ratios, as per contractual obligations. With a view to expedite the recovery of outstanding amounts and enforce timely settlement between SHAs and insurance companies, the Committee also desire that clear timelines for settlement and reconciliation processes and imposing penalties for non-compliance be set for greater accountability in the refund process. It goes without saying here, that the Ministry should ensure that States/UTs maintain detailed records of premium refunds and provide regular updates to the National Health Authority (NHA) for monitoring purposes so that delays in premium refunds at the time of reconciliation processes may be averted.

14. RELEASE OF GRANTS TO SHAS WITHOUT OBTAINING AUDITED STATEMENTS OF ACCOUNTS

The Committee observe instances of non-compliance with financial reporting standards by State Health Agencies (SHAs) whereby SHAs have submitted Utilization Certificates (UCs) amounting to ₹4,115.35 crore without audited Statements of Accounts, and in some cases, UCs were submitted without the signature of the competent authority. The Committee feel that accepting UCs without audited Statements of Accounts and proper authorization raises question over the accuracy and reliability of the financial information provided by SHAs. The Committee also notice instances of inflated UCs submitted by SHAs, amounting to ₹38.24 crore suggesting potential irregularities in the reporting of

expenditures. In view of the aforesaid serious financial irregularity issue, the Committee recommend the NHA to strengthen its oversight and verification processes to enforce strict compliance with financial reporting standards, requiring SHAs to submit audited Statements of Accounts along with Utilization Certificates. The Committee also desire NHA to issue SoPs for the SHAs to ensure that UCs are signed by the competent authority and audited to ensure the accuracy of the reported expenditures. To ascertain accurate reporting of expenditures and transparency and accountability in the utilization of grants by SHAs , the Committee further desire that instances of inflated Utilization Certificates submitted by SHAs be investigated by conducting forensic audits so that discrepancies may be identified and parties concerned held accountable for any misreporting or misallocation of funds.

15. <u>NON-IMPLEMENTATION OF PFMS</u>

The Committee note that despite clear government directives that releases for Central Sector schemes should be made only through Public Financial Management System (PFMS), manual Utilization Certificates (UCs) are being accepted by the NHA from State Health Agencies (SHAs). While both NHA and SHAs are registered on PFMS for receiving grants-in-aid, hospitals, as sub-level implementing agencies, are not registered on PFMS. The Committee are of the opinion that the said lack of integration poses challenges in tracking and monitoring expenditure flows and ensuring transparency and accountability in fund utilization. The Committee also feel that due to absence of clear mapping of beneficiaries between the PMJAY and state-specific schemes, accuracy and segregation of claims submitted for Utilization Certificates cannot be ensured. The Committee, therefore recommend the NHA to strictly enforce compliance with government directives mandating the use of PFMS for all financial transactions related to Central Sector schemes for submission of UCs and manual UCs should no longer be accepted. Besides making efforts to integrate hospitals, as sub-level implementing agencies, into the PFMS to facilitate seamless tracking and monitoring of expenditure flows, the Committee further advise NHA to work closely with SHAs to ensure proper mapping of beneficiaries between PMJAY and state-specific schemes.

16. The Committee note from audit observation that in five States/UTs, District Implementing Units (DIUs) had not been formed by SHA and in Tripura, DIUs have only been constituted in five Districts. The Committee further note that there is shortage of manpower and inadequacy of infrastructure in SHAs and DIUs in 22 States/UTs. Taking note of the above mentioned facts, the Committee recommend that SHAs should ensure that District Implementing Units are formed in every District with adequate manpower and infrastructure for smooth functioning of scheme.

17. The Committee also take note from audit observation that in three states/UTs, there was delay in constituting the SGRCs while in two states DGRCs

were not constituted. It was also noted that in a few States, no meeting of SGRCs and DGRCs was held. The Committed are not convinced with the argument forwarded by the Ministry through the written reply that DGRC and SGRC are primarily appellate bodies for grievance redressal and are not required to be convened every month. The Committee while opining that non-formation of State Grievance Redressal Committee (SGRC) and District Grievance Redressal Committee (DGRC), at SHA and DIU level would definitely lead to ineffective redressal of grievances, recommend that the DGRC/ SGRC may be constituted in all States expeditiously and a system may put in place where they meet regularly to address the grievances in a timely manner. It is important to bring out here that DGRC/ SGRC must also invariably identify recurring/peculiar issues for their ultimate resolution and, therefore, enabling improvements in the Scheme.

18. The Committee note from audit observation that seven States/UTs, i.e. Andaman & Nicobar Islands, Bihar, Chhattisgarh, Madhya Pradesh, Punjab, Rajasthan and Tamil Nadu have not adopted the Whistle Blower Policy. The Committee feel that due to non-adoption of Whistle Blower Policy, the stakeholders involved in the scheme are deprived of the mechanism for complaining against cases of corruption, medical and non-medical frauds. The Committee, hence, recommend the Ministry to ask SHAs to implement the Whistle Blower Policy in these seven states in a time defined manner under intimation to the Committee.

19. The Committee further take note of the audit observation regarding shortfall in conduct of medical and other/social audit by ISA and SHA and are not satisfied with the reply of the NHA that targets specified for auditing could not be achieved because SHAs were busy with COVID management. The Committee, therefore, vehemently recommend that auditing goals set by NHA should be achieved in a specific time frame and they be apprised of the same.

20 The Committee are disappointed to note that the PMJAY Scheme has not been implemented effectively and was hindered by numerous issues in Beneficiary Identification and Registration; Hospital Empanelment and Management; Monitoring and Grievance Redressal; financial management; and insurance settlement claims in various States. The Committee opine that with a large population that has no regular healthcare access or focus on health education it is imperative to make efforts to enable a better distribution and ensure quality of care in empanelled hospitals. The Committee feel that the criteria for inclusion in the Scheme may be revisited to consider including people (individuals) who are not eligible to avail benefits of this scheme but do not have means to afford regular health care and need support from the Government. The Committee while noting that there is a shortage of healthcare professionals in rural healthcare centers desire that the issue may be addressed to improve the doctor-patient ratio in rural areas. The Committee while noting that the Ayushman scheme covers only inpatient illness and healthcare expenses around the period are apprehensive that this may entail more expenses and decreased outcomes.

The Committee desire to be apprised of the impact of PMJAY on the reduction of actual out of pocket expenses. The Committee are of the considered view that the focus on prevention and early diagnosis of various diseases and OPD treatment will not only help reduce the cost of healthcare substantially but also help increase productivity and the overall health of the nation. Further, the adoption of standard treatment guidelines is needed to support hospitals and implementing agencies in better claim management. The oversight of agencies through enforcement of contracts and implementing fair and timely reimbursement mechanisms are essential to achieve the aim of improving affordability, accessibility, and quality of care for the poor and vulnerable section of the population. Further, as a significant portion of beneficiaries are unaware of this programme, effort of advertising it over television, radio, and social media and dissemination of information through ASHA workers will go a long way in improving participation. The Committee also desire to be apprised of initiatives undertaken in this regard.

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NEW DELHI:
27 April, 2024
07 Vaisakha, 1946 (*Saka*)

ADHIR RANJAN CHOWDHURY
Chairperson,
Public Accounts Committee