

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

**LOK SABHA
UNSTARRED QUESTION NO. 2261
TO BE ANSWERED ON 01ST AUGUST, 2025**

AYUSHMAN CARD SCHEME IN HARYANA

2261. KUMARI SELJA:

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

- (a) whether the Central Government has any share in the Ayushman Card Scheme;
- (b) if so, the details thereof along with the total payment made by the Central Government to the Haryana Government so far;
- (c) the number of Ayushman Cards made in the State of Haryana along with the number of people who have benefited under this scheme so far;
- (d) whether under this scheme, bills are paid to the doctors treating the patients on time or not; and
- (e) if so, the details thereof along with the basis for deduction in such bills?

ANSWER

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

(a): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is completely funded by the Government and costs are shared between Central and State Governments in the ratio as per the extant directives issued by the Ministry of Finance, from time to time.

The ratio of Central share to State share for all States, except North-Eastern States and 3 Himalayan States/UTs, is 60:40. For North-Eastern States and 3 Himalayan States/UTs (viz. Jammu and Kashmir, Himachal Pradesh and Uttarakhand), the ratio of Central share to State share is 90:10. In the case of Union Territories, the Central contribution of premium is 100% for UTs without legislature, while it is 60:40 for those with legislature.

(b): Total funds released by the Central Government to the state of Haryana under AB-PMJAY since inception till FY 2024-25 is Rs. 607.73 crores.

(c): As on date, a total of 1.35 crore Ayushman cards have been created in the state of Haryana and more than 26.25 Lakh hospital admissions worth Rs 3,990 crore have been authorized under the scheme.

(d) and (e): Under AB-PMJAY, settlement of claims is an ongoing process and claims are settled by respective State Health Agencies (SHA). National Health Authority has laid down guidelines for payment of claim to hospitals within 15 days of claims submission for the intra-state hospitals (hospitals located within State) and within 30 days in case of portability claims (hospitals located outside State).
