REPORT

Workshop of

The Private Empanelled Hospitals on Anti-Fraud and Quality Documentation under AB-PMJAY

August 22, 2025 (Friday)
Time: 10:00 AM
Venue: Hotel Atithi, Muzaffarpur

Participants- Muzaffarpur, East Champaran, Gopalganj, Saran, Sheohar, Siwan, Vaishali and West Champaran

Asian Development Research Institute

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Report

Workshop of
The Private Empanelled Hospitals on
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Preface

Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a flagship initiative of the Government of India under the Ministry of Health and Family Welfare, aimed at providing financial protection and ensuring access to quality secondary and tertiary healthcare services for eligible beneficiaries. By offering health coverage of up to Five Lacs (₹5,00,000) per family per year and Five Lacs (₹5,00,000) per year to 70+ elderly people, the scheme represents a transformative step towards reducing catastrophic health expenditure and improving healthcare equity for the poor and vulnerable population.

Given the scale and complexity of AB-PMJAY, effective implementation requires strict adherence to prescribed guidelines, Standard Treatment Guidelines (STGs), Health Benefit Packages (HBPs), and robust systems for fraud prevention and quality documentation. Global experience indicates that health insurance programmes are particularly susceptible to integrity violations, which not only result in financial losses but can also compromise patient safety, service quality, and public trust. Accordingly, strong governance and a zero-tolerance approach to fraud are central to safeguarding scheme integrity and beneficiary interests.

In Bihar, the Bihar Swasthya Suraksha Samiti (BSSS), as the State Health Agency (SHA), places high priority on strengthening institutional mechanisms that promote transparency, accountability, and ethical practices under AB-PMJAY. In this context, BSSS conducted a series of division-wise capacity-building workshops across the state to sensitize empanelled healthcare providers and key stakeholders on anti-fraud measures, documentation standards, regulatory compliance, and their responsibilities under the scheme.

This report presents a consolidated account of the proceedings, key observations, and actionable recommendations that emerged from these workshops. It highlights common gaps identified during interactions with hospitals, documents good practices, and outlines essential compliance requirements to support effective scheme governance. The insights contained herein are intended to serve as a practical reference for empanelled healthcare providers, district implementation units, and programme functionaries in strengthening adherence to scheme guidelines and improving the overall quality of service delivery.

I acknowledge the active participation of hospital Owners/Proprietor, hospital administrators, managers, senior medical officers and doctors who contributed to the success of these workshops, and place on record my appreciation for the Centre for Health Policy, Asian Development Research Institute (CHP-ADRI), for providing technical support in their implementation. It is expected that this report will contribute to continuous capacity strengthening and reinforce the collective commitment of all stakeholders towards ensuring integrity, efficiency, and beneficiary-centric healthcare delivery under AB-PMJAY in Bihar.

Shri Shashank Shekhar Sinha, IAS
Chief Executive Officer
Bihar Swasthya Suraksha Samiti (BSSS)

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1. BACKGROUND

Fraud in healthcare not only takes resources away from legitimate beneficiaries but also damages the reputation of health assurance programs like Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). Proper documentation and following Standard Treatment Guidelines (STGs) are essential for transparency, reducing fraudulent claims, and upholding service standards.

This one-day workshop was organized by Asian Development Research Institute (ADRI) as part of providing technical support to Bihar Swasthya Suraksha Samiti (BSSS) with the aim to sensitize the private empanelled hospitals in eight districts on anti-fraud measures, quality documentation, STG and Health Benefit Package (HBP).

2. WORKSHOP OBJECTIVES

- Raise awareness about preventing fraud in AB-PMJAY.
- Teach hospital administrators and medical teams the required documentation protocols to ensure quality and compliance.
- Share case studies of fraud to illustrate preventive measures.
- Stress the need to follow Standard Treatment Guidelines (STGs) and Health Benefit Packages (HBPs).
- Support discussions through Focus Group Discussions (FGDs) to tackle implementation issues.

3. PARTICIPANTS PROFILE

The workshop attracted 187 participants from 104 private empanelled hospitals from the districts of Muzaffarpur, East Champaran, Gopalganj, Saran, Sheohar, Siwan, Vaishali, and West Champaran. Attendees included:

- Hospital Owners/Proprietor
- Hospital administrators and managers
- Senior medical officers and doctors

A detailed list of participants can be found in Annex 1.

4. RESOURCE PERSON

Session	Facilitator	Designation	Organization
Welcome Note & Objectives	Dr. Alok Ranjan	Director – Operations	BSSS
Keynote & Overview of Anti-Fraud	Shri Shailesh Chandra Diwakar	Administrative Officer	BSSS
Sensitization on Fraud Prevention & Case Studies	Dr. Gurinder Randhawa	Consultant	CHP–ADRI
Fraud Mitigation & Quality Documentation	Dr. Alok Ranjan |	Director – Operations	BSSS

STGs & HBPs – Adherence Protocols	Dr. Neeraj Kumar Singh & Mr. Satyendra Kumar	Director – Healthcare & CB Officer	CHP -ADRI
Real-Time Reporting on IHIP	District IDSP Cell & ADRI team		

5. VENUE & DATE

Venue: At Hotel Atithi in Muzaffarpur & Date: 22 August 2025

6. PROCEEDINGS

Inaugural Session

The workshop started with Shri Indrajit Goswami, Project Officer, CHP-ADRI, welcoming all the present officials and participants from different private empanelled hospital of 08 districts. Thereafter, he extended a warm welcome to Dr. Alok Ranjan, Director (Operations), BSSS, requesting him to explain the objective of today's workshop. Dr. Alok Ranjan emphasized the need to strengthen fraud prevention and maintain quality documentation under AB-PMJAY. He informed that fraud leads to financial losses and reduces trust in the scheme. The opening session also

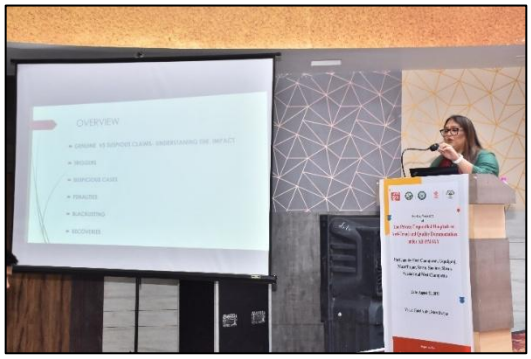
clarified the objective of the workshop: to educate hospital owners/ proprietors, administrators, managers, senior medical officers and doctors on strict adherence to Standard Treatment Guidelines (STGs) and Health Benefits Packages (HBP).

It is worth mentioning that the analysis of the current knowledge of the participants through a set of pre session questionnaire after the inaugural session. A total of 92 participants have participated in the pre session questionnaire. To inspire more active participants, gifts were given to the top three on the basis of the responses given in pre session. This initiative not only creates the understanding of a healthy competition but also encourages the participants that they should remain cautious and engaged in the entire workshop.

Keynote Address

Shri Shailesh Chandra Diwakar, Administrative Officer at BSSS, delivered the keynote address. He provided an overview of fraud incidents seen in various hospitals. He shared real examples of tampered records, overbilling, and unnecessary procedures and explained how digital tools can help identify these irregularities. He urged hospital leaders to take a proactive stance on compliance and focus on thorough documentation to guarantee that genuine beneficiaries receive their benefits.

Technical Session I – Sensitization on Fraud Prevention



Dr. Gurinder Randhawa, Consultant at CHP–ADRI, led this session. She discussed common fraudulent practices and their long-term effects on the credibility of healthcare institutions. Through case studies, she showcased how fraudulent claims were discovered and the actions taken in response. She stressed the need for hospitals to uphold ethical practices, follow appropriate admission protocols, and ensure transparency in billing and documentation.

Technical Session II – Fraud Mitigation & Quality Documentation

Dr. Alok Ranjan conducted the second technical session, focusing on the importance of accurate documentation for claim verification and fraud prevention. He outlined the required documentation, verification processes, and the role of digital records in settling claims. The session included practical advice for maintaining compliance and avoiding mistakes that could lead to claim rejection or suspicions of fraud.

Case Studies During the case study session, all the participants were divided into ten groups, which have ensured the mixture of various roles for the encouragement of various views, and the ADRI team has distributed ten Kes study clan in these groups. Each group was given to review the key study, to discuss the major subjects, their observations, invitations, and suggestions by making a short presume time to prepare the short preparation. After group discussions, two representatives of each group were invited to present their correspondences and votes. These presentations have been permitted to provide practically insight exchange, under ABPMJAY.

On the evaluation of the performances, the groups of three best demonstrations were given to the evaluation of the performances, first, second and third awards, their analysis skills, clarification of thought, and quality recommendation. This session not only increased cooperative awareness but also encouraged the participants that they should think about it critically and use theoretical hypotheses in real life.

Technical Session III – Adherence to STGs & HBPs

In this session, detailed presentation on Health Benefit Packages (HBP) was provided by Mr. Satyendra Kumar, CB Officer, CHP-ADRI. He explained the salient features of the Health

Benefit Package as well as its overview in detail. After that, Dr. Neeraj Kumar Singh, Director-Healthcare, BSSS started explaining the importance of Standard Treatment Guidelines (STGs) under AB-PMJAY. He explained how proper compliance of Standard Treatment Guidelines (STGs) leads to better patient care, cost control and fewer fraudulent claims. Participants learned how to align hospital processes with these guidelines for better service delivery and compliance.

Session on Real-Time Reporting on IHIP portal

The ADRI team, along with representatives from the District IDSP Cell, demonstrated real-time reporting through the IHIP portal. Participants learned how to upload case details, ensure updates are timely, and avoid reporting gaps. The session ended with a discussion on the next steps, encouraging participants to adopt best practices in fraud prevention and quality documentation.

Focus Group Discussions

The final session featured Focus Group Discussions (FGDs) where participants from different hospitals shared their experiences, challenges, and suggestions. Topics included operational obstacles, technological issues in real-time reporting, and the need for refresher training/workshop. The discussions offered valuable insights into challenges faced on the ground and helped identify practical solutions for improving compliance across hospitals.

Closing Speech: In his concluding remarks, Shri Shailesh Chandra Diwakar, Administrative Officer, BSSS, thanked all the participants for their participation and appreciated the efforts of Dr. Suraj Shankar (Team Lead-CHP), Shri Satyendra Kumar (Capacity Building Officer, CHP) and the entire PMJAY team for successfully organizing and conducting the workshop. Concluding this workshop on anti-fraud measures and quality documentation under AB-PMJAY, I would like to

thank everyone for your valuable contributions. Today's sessions have developed our understanding of fraud prevention, proper documentation, and adherence to standard treatment guidelines. These are critical to continuing transparency and high-quality healthcare. He also said that we should apply what we have learned here to our hospitals and work together to protect the integrity of the scheme while remaining dedicated to serving the beneficiaries. Thank you, and I wish you success in applying these insights in your daily work.

The session concluded with a formal vote of thanks by Dr. Suraj Shankar, Team Leader, CHP-ADRI, marking the end of a productive workshop programme.

7. CHALLENGES:

- First time such workshop was conducted.
- Lack of information on fraud prevention for hospitals.
- Limited awareness on use of Standard Treatment Guidelines (STGs) as well as documents required to be uploaded at the time of claim.
- Different level of knowledge of hospital representatives on quality documentation and reporting systems required clear descriptions and practical demonstrations. Hence a need for more hands-on demonstrations.
- Proper follow up for full participation of more than 100 hospitals from multiple districts.

8. RECOMMENDATIONS

- Upload a simple troubleshooting guide for common issues to the WhatsApp group created after the workshop for assistance.
- To help participants refresh their knowledge and stay updated on any changes in the TMS portal.
- Prepare comprehensive, user-friendly resources such as documents, video tutorials and guides for review after the workshop.
- Conduct similar but more time workshops periodically to reinforce participants' knowledge and keep them informed of any updates.
- Provide detailed training on AI-powered fraud detection, emphasizing the importance of security and integrity in the claim submission process.
- Provide clear instructions on dealing with special cases such as LAMA, DAMA and emergency treatment.

9. TRAINEES FEEDBACK

- 90% of participants found the workshop very helpful.
- They requested more case-based learning and practical exercises in future sessions.
- Feedback from participants indicated that periodic refresher sessions would help reinforce learning and address new challenges.
- Participants stressed the need to further increase the time limit for each session of the workshop.

Annexure: -1

Attendance Sheet

One Day Workshop of

The Private Empanelled Hospitals on Anti-Fraud and Quality Documentation under AB-PMJAY

August 22 ,2025 | Hotel Atithi, Muzaffarpur

Attendance Sheet (MUZAFFARPUR)

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID Hospital	Signature
1	A 1 JEEVAN DAYANI HOSPITAL					
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3	AASAV HOSPITAL	Md. Saheer	[illegible]	9576987463	saheer92286@gmail.com	Saheer
4		Vaishnavi Shri.	Radiographer	8449904644	vaishnavishrivastava98@gmail.com	Vaishnavi Shrivastava
5	AASHISH CARE & CURE MATERNITY HOSPITAL PVT.LTD	Dr. Amrita	M. S.	6203351057	amritaaseem@gmail.com	Amrita
6		Rajesh [illegible]	Med. [illegible]	9835658539	[illegible]	[illegible]
7	ADYA HOSPITAL	Poonam Sharma	owner	9334280581		Poonam Sharma
8		Dr Anil Kumar	Doctor	9708350109	dranil[illegible]	[illegible]
9		Shivam Kumar	manager	823510855	adyhospital[illegible] .com	[illegible]
10	ALIGARH EYE HOSPITAL & MATERNITY CENTRE	Zahid Anwar	Ayushman Mitra	9262676814	zahidanwarMOL @gmail.com	Zahid
11	ASG HOSPITAL PVT LTD					
12		Sujeet Kr. Jha.	Zonal-manager-operations	7766888535	muzaffarpur@asgeyehospital.com	[illegible]

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14						
15	ASHOKA HOSPITAL	DR ALOK KUMAR	Anesthesia	8890609966	ashokahospitalmfp@gmail.com.	Dr Alok Kumar
16		MANMEET JEE ANKUR	H.M.	9262398991	"	[illegible]
17	Ayushman hospital and Ashirwad fertility Centre					
18						
19	BATHUA NURSING HOME PVT. LTD.	Dr H N Bhardwaj	MD	9334910055		[illegible]
20		DHARMPAL KUMAR	Nodal officer	9504998115	bathuanursing.home@gmail.com	Dharmpal Kumar.
21	BHARDWAJ HOSPITAL	RAJAN-KUMAR	Manager	7488172956	tpabhardwaj@gmail.in	Rajan [illegible]
22		DR VAISHNAV.	Director	8882666106	vaishnav321@gmail.com	[illegible]
23	Daylight Hospital and Research Center	DR. Aliza Ashraf	Director	9	daylighthospital20@gmail.com	[illegible]
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26		Atul Kumar	—	-	—	

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29	GHSPL MUZF SUPER SPECIALITY HEALTHCARE LLP					
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31	INDIRA SEVA SANSTHAN	Naresh Kumar	owner	9939828850	indirasevasansthan@gm	[signature]
32		Dr. Ashok Kr	Doctor	9834585455		[signature]
33	INDRPRASTH HOSPITAL & TRAUMA CENTRE	[signature]	SURGEON	9431095778	indraprasthhospital shinyhome@yahoo.in	[signature]
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35	JAISWAL EYE HOSPITAL	Santosh Kr	manager	9525040515	jaiswaleye12@gmail.com	[signature]
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45	MAA SUBHADRA ASMRITI NURSING HOME	DR BISHESHWAR PRASAD	Director	9835402375		[signature]
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47	MADANTA EMERGENCY HOSPITAL	Nitesh Kumar	Manager	7991145871	niteshlandscape	Nitesh
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50						
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52		Sonu Kumar Deelok Mishra	Minakshi P.A.M.	9341504915	minakshihospital@hotmail.com	[signature]
53	MISHRA MULTI SPECIALITIES HOSPITAL PVT LTD	Dr. Chandrakala	Medical Dir	9334004[illegible]	mishrahospitalmms@gmail.com	[signature]
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56		Saroj Kr	Manager	7903666818	[illegible]	Niraj Kumar
57	MUZAFFARPUR GLOBAL HOSPITAL AND RESEARCH CENTRE PVT LTD	Pawan Kumar	PNAM	9934020311	Mghospital2014.gmail.com	[signature]
58		Dr. Vivek Kumar	Doctor	9122681534		Vivek Kumar
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60		Manish Kumar	Manager	8877201762	royalhospital042@gmail.com	
61	NAYANDEEP NETRALAYA	MD GULFAN AKHTAR ANSARI	Ayushman Mitra	9852083433		Md Gulfan
62		Dr. Shaheen Sinha		9835263383		[signature]
63	NEW LILAWATI HOSPITAL	Dr. Neeraj Kumar	M.D	9801653534	drneeraj.suman@gmail.com	Neeraj
64		Ranjeet Kr	DMAM	9631074685		[signature]
65	PHULAR SUPERSPECIALITY HOSPITAL	Kumari Ravi	AMAM	8210800966	insurancephulars@gmail.com	[signature]
66		Abhishek Kumar	Manager	7992396391	ITPhulas@gmail	[signature]
67	Prasad Hospital	Amar Kumar	Manager	8969295953	PRASADHOSPITALMUZAFFARPUR@GMAIL.com	Amar Kr
68		Santosh Kr Jha	Management	9268534418	TPAPRASAD@GMAIL.COM	[signature]

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71	RAMAKRISHNA MISSION SEVASHRAMA	Sw. Abhayapadananda	Secy H.	9234362529	abhayapadananda@gmail	[signature]
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73	RBM HOSPITAL PVT LTD	Rajan Kumar	Admin	9297778500	rbmhospital11@gmail.com	[signature]
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75	RDJM MEDICAL COLLEGE AND HOSPITAL	Dr. Deepak Kr	RMO	7488244137	rdjmprincipal@gmail.com	[signature]
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77	SANJEEVANI CLINIC & NURSING HOME	Dr. B. S. Srivastava	M.O.	9334226334	Muzpanaj@gmail	[signature]
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86		Rudal Kumar	OT Assistant	6393056540		Rudal Kumar
87	SONALI HOSPITAL	Dr. Dhanesh Kr. Singh	Medical Superintende	773991746I		[illegible]
88		Rahul kumar	Accountant	6206352349	sonalihealthcare Pvt ltd @gmail.com	Rah.
89	SRI RAMESHWAR UROLOGY AND STONE HOSPITAL	Dr. Gaurav	Surgeon & Owner	8658574080	goldigaurav12@gmail.com	[illegible]
90		Tanish Kumar		8252863211		Tanish kumar
91	SRI SIDDHI VINAYAK HOSPITAL	Dr Sadhna Asha	Proprietor	8873295115	ssvhospitalmfp@gmail	[illegible]
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93	SRR HEALTHCARE CONSULTANCY PVT LTD	[illegible]	[illegible]	8579943618	[illegible]784	[illegible]
94		Umesh Kr Rajan	Mes	9843063600		[illegible]
95	Stardoc Healthcare Private Limited MediWell.	Sunny kumar	Manager	7979018077	mediwell.nic.in@gmail.com	[illegible]
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Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID Hospital	Signature
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98		Dr Preena	Mo.	8539085804	preenachandra07@gmail.com	P.Chande.
99	TROME MULTI SPECIALITY HOSPITAL	Binit Pushkar	CEO	9910244870	Binitpushkar@tromelife.com	[illegible]
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103	Shree Hospital	DR. Suman Kumar	Nodal officer.	7739444141		
104	Shree Hospital & Maternity centre	Saroj Kumar	Admin	7654765280	shreehospitalmuz@gmail.com	Saroh..
105	Aseem Health Care.	Triyash Sanjay	Co-ordinator	8252177497	Triyashkashyap@gmail.com	Triyash
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August 22 ,2025 | Hotel Atithi, Muzaffarpur
Attendance Sheet (VAISHALI)

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
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6		Sri Kishan	PMAM	9955678787	hospitaladarsh@rediffmail.com	Srikisan
7	ASG HOSPTIAL PVT. LTD					
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10		Dr Madhusudan Pd.	Medico	9955007166	"	[illegible]

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13	BONE CARE FRACTURE AND ORTHOPEDIC CENTER	Sonu Kumar	PMAM	9835926256	Bonecare Hajipur@...com	[illegible]
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17	CHANDRA NURSING HOME	Dr. Ravi Prakash Gupta	M.O.	9955514042	c.n.home@gmail.com	[illegible]
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19	GANGA MULTI SPECIALITY HOSPITAL	SANJEEV KUMAR	Manager	9693819393	Sanjeevkhushi07@gmail.com	[illegible]
20		Rajeev Ranjan	Manager	6299280266		[illegible]
21	INDRA MEMORIAL HOSPITAL					
22						
23	KRISHNA HOSPITAL	Dr Vidyashankar Kumar	[illegible]	9097835853	krishna hospital.mahua@Gmail.com	[illegible]
24		Dr. Yadav Sushil Rajendra	Sr. consultant	8007485570	krishna Srusheiyadav20@gmail.com	[illegible]

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26		Akash Singh	P.M.A.M	9110166006		[illegible]
27	NARAYAN MEMORIAL HOSPITAL	Kumar Priyadarshi	CMO	7781962953	doctorkumarpriyadarshi@gmail.com	[illegible]
28		Dr. Amarjeet Kr.	RMO	7631458441	draknmch2018@gmail.com	[illegible]
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30		Bhagya Bharti	Manager+ANM	8051885293		[illegible]
31	RAHUL NURSING HOME	Mukesh Kr. Singh	OM	9473434425	mukeshkr.a.s.h@gmail.com	[illegible]
32		Sanoj Kr.	DMGRAY PAMA	7258880006	sanojkumaryadav1989@gmail.com	Sanoj K.
33	REMEDY HOSPITAL	Ratan Deep	Billing Manager	8368606519		[illegible]
34		Dr. K. Prakash	Medical Officer	9873372795		[illegible]
35	SANSKAR SEVA SADAN AND TRAUMA CENTRE	Dr. Sheetal Kumari	Medical officer	7061124151		[illegible]
36		Pawan Kumar	Owner.	9709782227		Pawan Kr.
37	SHIVANGI NURSING HOME	Dr. A.K. Mishra	Sr. Medical Officer	7334319730		[illegible] 22/8
38		Manish Kumar	Manager	9693547641		Manish

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
39	SUMITRA SEVA SADAN HOSPITAL	Dr. Nagendra Pd.	Owner	7755060601		[illegible] 22/8/18
40		Kamini Kumari	Manager	8877598791		[illegible]
41	NARAYAN EYE CARE					
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43	NANDRAJ NURSING HOME (LALGANJ)					
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One Day Workshop of
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Attendance Sheet (PURBI CHAMPARAN)

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	CHANDANA SURGICARE	Manbash kr Singh		7543056026	Dr. [illegible] D.com	
2		Dr. Ambastha		9905407252		Mahe m.
3	CHANDRA LIFE LINE HOSPITAL PVT. LTD.	Dr. MD Afzal		8581083900		Afzal.
4		Pappu Kumar		9471418204		P. Kumar
5	JALAL MEDICAL CENTER					
6						
7	MAJOR EYE HOSPITAL	DR Maj. N.B. Singh		9431233044		
8		Vicky Kr Sunil Kumar		8271619921 6294633862		Sunil Kumar Vicky Kumar
9	NEPAL AANKHA ASPATAL	MD. Mazam Sch.		9983450500		
10		Dr. Md. Zish MS DNB		8252812465		Zish
11	RAHMANIA MEDICAL CENTRE	md. sooraj chand		7004457135	Rmc_mth@yahoo.com	
12		Dr Rakesh Kr Sah	RMO (DNB Surgery)	7033076602	RMC-MTH@yahoo.in	

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
13	SARYU HOSPITAL PVT LTD	DR-OM PRAKASH	Director	9430725884	Saryuhospital.mth@gmail.com	
14						
15	SITA RAM PRASAD MEMORIAL TRUST HOSPITAL	PRAVEEN KUMAR	Administration	7004048039	PRAVEENRLYL@GMAIL.COM	
16		Dr. Zihang Ansari	Doctor	9135926295		
17	UJJAWAL SEVA SADAN	Dr. Arun Kr. Singh	Doctor	9525933203	USSarun@gmail.com	
18		Dr. Nemita Satyam	Doctor.	8271131424	nsatyamrai@gmail.com	
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Attendance Sheet (SARAN)

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	AKHAND JYOTI EYE HOSPITAL	Amarendra Kumar Yadav	Hospital Administrator & Nodal Officer	7781005033	amarendra@akhandjyoti.org	[signature]
2		Divya Kumari	Manager-PMJAY	7970580529	Divya.gupta@akhandjyoti.org	[signature]
3	AKHILESHWARI DANTCHIKITSALY	Dr. Chandan Lal Gupta	Medical Director	7782982277	chandanlal.gupta@yahoo.co.in	[signature]
4		Ravi Kumar	Manager	7667039639	kumarravisoni12@gmail...	[signature]
5	ANAAMIKA ORTHOPAEDIC CENTER AND MULTISPECIALTY HOSPITAL PVT LTD	Rajiv Ranjan	Nodal	9534933404	Rajivranjan@gmail.com	Rajiv Ranjan
6		Santosh Kumar	Nodal ...	9523722013	"	Santosh Kumar
7	CHAPRA ORTHO CARE	Dr. Rishi Singh	meco	6203956215	kumarrishikesh@gmail.com	Kumar Rishikesh
8		Shubham Kr. Singh	Ayushman	7061502813	shubhamgrowth@gmail.com	[signature]
9	JANKI DEVI MEMORIAL HOSPITAL					
10						

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
11	KUMAR HEALTH CARE AND RESEARCH CENTRE	PAWAN KUMAR	MEDICO	9308534916	Pawankumar.090@gmail.com	Pawankumar
12						
13	MEERA HOSPITAL	Md. Shaquib Ansari	PMJAY Mitra	9097435581	meerahospitalchapra@gmail.com	Shaquib Ansari
14		Dr. Navdeesh Bakshan	Doctor	8287958515	dr.navdeesh@gmail.com	[signature]
15	MRIDULA EYE CLINIC	Ravi Shankar Kumar	PMAM	9065818181	mridulaeyeclinic@gmail.com	[signature]
16						
17	SAMAY HOSPITAL (A UNIT OF GLASGOW HOSPITAL PVT. LTD.)	Dheeraj Kumar	Manager	7765914522	Samayhospitalchhapra@gmail...	[signature]
18		Omprakash Kr	PMAM	9113748594	Samayhospitalchhapra...	Omprakash Ram
19	SRI SIDHI VINAYAK MATERNITY AND TRAUMA CENTRE	Dhananjay Kr Srivastav	Medico	9661008848	Srivastavadk92@gmail.com	[signature]
20		Anil Kr.	medical	9939490955	anildotk9@gmai...	[signature]
21	THE ORNATE HOSPITALS	Prince Kumar ...	Medico	7209603665	princekumar9ac...	[signature]
22						
23	Tripathi Nursing Home	Shashi Bhushan Kumar	Manager	9771005859	tnh.cpr@gmail.com	[signature]
24		Vikas Kumar Chaudhary	PMAM	8210835132	"	Vikash

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
25	Lifecare Hospital	Raghav Ch. Das	PMAM	9709526200	urocardiolifecare@gmail.com	R-C-Das
26		Vinay Kumar	"	8507415464	"	[signature]
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Attendance Sheet (GOPALGANJ)

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	ARIHANT EYE HOSPITAL	Priti Kumari	Proprietor	8789612848		Priti Kumari
2		Dr. Rakesh Kr. Singh	Doctor	9835059123		[signature]
3	DR. R K THAKUR HOSPITAL. A UNIT OF DR R K THAKUR HEALTH CARE PVT. LTD.	Ajeet Kumar	Manager	9006378264	drrkthakur@gm	[signature]
4		Rinku Thakur	Director	9334165871	Rikuwedrey.g mail.com	[signature]
5	GIRIJA SHANKAR HOSPITAL	Sandip Kumar Giri	Doctor			[signature]
6		Vikas kumar	Aarogya Mitra	7[illegible]843489		[signature]
7	GOPALGANJ EYE HOSPITAL	Mithilesh Kumar	Director	9973358433	gopalganjeye hospital@gmail	[signature]
8						
9	JANSEWA HOSPITAL	Deepak Kumar	Manager	9801585565		Deepak
10		Dr. Tarkeshwar Kumar	Doctor	7979938833		[signature]
11	MAYA ORTHO SPINE CENTER	Dr. Shanu	MEDO.	8448933042	shngp12@gm..c	[signature]
12		Chandan	Gopal	7091370801	Chandan Sharma 7091370801@gm..c	[signature]

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
13	NAYANSUKH NETRALYA LLP	Sushil Kr Singh	Director	9934868717		
14						
15	SUMAN MEDICAL RESEARCH CENTER & HOSPITAL PVT. LTD.					
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Attendance Sheet (PASHCHIM CHAMPARAN)

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	DHRUV NETRALAYA	Dr. Chaitanya Kr.		7739775256		Dr CM Lal
2		Bhuvaneshwar Singh		9507320588		Bhuvaneshwar Singh
3	DR SURESH PRASAD EYE ENT & DENTAL HOSPITAL					
4						
5	GANGA SUPERSPECIALITY HOSPITAL AND TRAUMA CENTRE	DR. SANTOSH KR	DIRECTOR	9534025753		Santosh
6		Ashok Kumar	MANAGER	7050072555		Ashok
7	M. S. ADARSH HOSPITAL PVT. LTD.	DR. S.N. Satyarthi	M.D.	9934815264		S.N. Satyarthi
8						
9	SINHA MULTISPECIALTY HOSPITAL LAPROSCOPIC CENTER	DR. Rahul Sinha	DR.	9218291760		Rahul Sinha
10		Vishwajit Jha	PMM	9155972141		
11						
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Attendance Sheet (SIWAN)

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	CHANDRA JYOTI NETRALAYA					
2						
3	ISMAT ENT CARE CENTRE					
4						
5	RANJAN CHIKISHALYA	Nitesh Kumar	Arogyamitra Medico	8651314474	Nitesh Stem 2016@gmail.com	Nitesh Kr
6		Bimla Kumari	Nodal officer	7033[illegible]0731	Bimla Kumari329@gmail.com	Bimla Kumari
7	SANA CHILDREN HOSPITAL	Bhakash Kumar Gond	Aarogy Mitra	7255900782	Bhakash.kumar329@gmail.com	Bhakash
8						
9	SHIVA EYE HOSPITAL	DR. GAURAV PRASAD	Medical Director	8527779302	gauravprasad@gmail.com	
10		Vishal Kumar Singh	Computer optometrist	9968403175	Computer optometrist	Vishal Kumar Singh
11	SHREESAI HOSPITAL & TRAUMA CENTER PRIVATE LTD	Nivash Singh	Ass. Medical Superviser	8521870278	drshriniwas7091@gmail.com	Nivash
12		C B Yadav	Arogya Mitra	8210757616	Chandrayan218@gmail.com	

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Attendance Sheet (SHEOHAR)

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	HASSAN HEALTH CARE AND RESEARCH CENTRE	Dr. Md. Sarwar Kamal	Medical officer	9199499999	hassanhealthcare@gmail.com	22.8.25
2		Md. Zafar	Manager	7870707038	"	
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Attendance Sheet

Sl. No.	Name	Designation	Organisation	Mobile No.	Email ID	Signature
01.	Shailesh Chandra Dinakar	A.O.	BSSS	9835510077		
02.	Dr. Ajay Kumar	C.S., Muzaffarpur	Health Dept.	9470003500		
03.	Dr. Chandrashekhar Prasad	ACMO, Muzaffarpur	Health Dept.			
04.	Juli K. Pandey	SDC cum Member DEC	Administrati— Muzaffarpur.	7209806799		
05.	Dr. Alok Ranjan	Director. Operati—	BSSS			
06.	Dr. Neeraj Ku. Singh	Director - Healthcare	BSSS	6287099739		
07.	Dr. Suraj Shankar	Team Lead - CHP	ADRI	9631978797	PMJAY. CHP@ adriindia.org	
08.	Dr. Gurinder Randhawa		ADRI	9771414777	dr.gurinder@gmail.com	
09.	Satyendra Kumar	CB Officer - CHP	ADRI	9431664852	satyendra.chp@adriindia admin.org.	
10	Dilip Kumar	Project Office	ADRI	62011627H		
11	Ashish Thakur	Research Associate	ADRI	7405323225	ashish.thakur@ adriindia.org	

Sl. No.	Name	Designation	Organisation	Mobile No.	Email ID	Signature
12	Snehajit Goswami	PO - ADRI	ADRI	7739708272		
13.	Tauseem Kumar (ul.	SPC - ADRI.	ADRI	7903258629		
14	Sanjeev Kumar	PC ADRI	ADRI	8434725368		
15	Arpan Sharma	RA - ADRI	ADRI	9791018290		
16	ROHIT KUMAR	DEO	DIU Muzaffarpur	7261001431		
17	Rahul Ranjan	P.C.	DIU, Muzaffarpur	9835235788		
18	Pankaj Kumar	P.C	DIU Vaishali	9693554307		
19	Abhinay kr	DPC	DIU Saran	9264471475		
20	Narmendra Pr	DC	DIU Muzaffarpur	9122770191		
21	Bindu Kumari	D.P.C	DIU Vaishali Addl. Muzaffarpur	9264471484		
22	Amit Ranjan	Zonal Coordinator	ADRI	9654137896		
23	NIRAJ KUMAR	DPC	BSSS	9031688810		
24	Ranjan Kumar	D C	DIU Vaishali	8210431119		
25	Dr. Rajdeo	MO - Epidemiologist	Muzaffarpur	9149175116		
26	A.B. Pikaram	Clerk	IBSP PMU	9934780519		

Sl. No.	Name	Designation	Organisation	Mobile No.	Email ID	Signature
12	Md Yunus	DEO	IDSP	9473502891	dsu.idsp.mz@gm	22/5/25
13.	Md. Rahan Khan	DPM		9473191888		
14	Navneet	DC	FHPL	82103733		Navneet
15.	Dr. Chandrajit Das	D.E.C. Member Sec.	Physician & Nodal Officer Ayushman Bharat Health Deptt.	9431462061	—	
16.	Chanchal	Consultant	ADRI	9166049866		
17.	Deepak Kumar	Consultant	ADRI	6357495436		Deepak.
18.	Manoj KR. Ravi	" "	ADRI	9572263294		
19	SANTOSH KUMAR	" "	ADRI	7549501054		Santosh

Annexure: -2

One Day Workshop of the Private empanelled hospitals on Anti-Fraud and Quality Documentation under AB-PMJAY

Participants: East Champaran, Gopalganj, Muzaffarpur, Saran, Sheohar, Siwan, Vaishali & West Champaran.

Date : 22 August, 2025 **Venue: Hotel Atithi, Muzaffarpur**

Program Schedule

Time	Session	Facilitator
10:00 – 10:30	Registration	CHP – ADRI team
10:30 - 10:40	Welcome Note & Objective of the workshop	Dr. Alok Ranjan, Director – Operation, BSSS
10:40 – 11:00	Key Note and Overview of Antifraud	Shri Shailesh Chandra Diwakar, Administrative Officer, BSSS
11:00 – 12:00	Sensitization on Fraud Prevention	Dr. Gurinder Randhawa, Consultant, CHP -ADRI
12:00 – 12:30	Fraud Mitigation - Quality Documentation	Dr. Alok Ranjan, Director – Operation, BSSS
12:30 – 01:20	Case Studies	Dr. Gurinder Randhawa, Consultant, CHP -ADRI
01:20 – 01:50	Standard Treatment Guidelines and Health Benefit Package – Adherence to Mandatory Protocols & Documents	Dr. Neeraj Kumar Singh, Director – Healthcare, BSSS Mr. Satyendra Kumar, CHP-ADRI
01:50 – 02:00	Way Forward	PMJAY & ADRI team
02:00 – 02:15	Sensitization for Real-time Reporting on IHIP portal	District IDSP cell & ADRI team
02:15 – 03:15	**Lunch Break**	
03:15 – 04:00	Focus Group Discussions (FGDs) on PMJAY implementation challenges engaging few consenting Medical experts and Hospital Administration	

Annexure: -3

Pre assessment Form

Anti-Fraud and Quality Documentation under AB-PMJAY (PRE- ASSESSMENT)

* Indicates required question

1. Email *

2. Full Name *

3. Age *

4. Gender *

Mark only one oval.

- ◯ Male
- ◯ Female
- ◯ Others

5. Contact Number *

6. Hospital Name: *

7. District: *

8. Designation *

Mark only one oval.

- Doctor
- Anyone from Administration

PMJAY Quiz

9. **Case 1**: Rajesh Verma, a 52-year-old man, is an eligible beneficiary under AB-PMJAY. He is admitted to a hospital with acute gallbladder pain requiring surgical intervention. The hospital, recognizing the urgency, proceeds with the gallbladder surgery without submitting a pre-authorization request, citing the emergency condition. However, the subsequent claim was rejected by the insurance provider due to non-compliance with the scheme's pre-authorization protocol. * 1 point

Q1: Considering the scheme guidelines and the protocol for emergency situations, which of the following actions should the hospital have taken to ensure compliance and avoid claim rejection?

Mark only one oval.

- Proceed with treatment without pre-authorization, assuming the emergency condition overrides the need for prior approval, and submit a request afterward with relevant supporting documents.
- Always obtain pre-authorization for elective procedures, but in true emergencies where treatment cannot be delayed, document the clinical necessity and inform the scheme authority within 24 hours post-treatment with supporting evidence.
- Delay treatment until pre-authorization is obtained, even if the patient's condition worsens, to ensure full compliance with the scheme's guidelines, and seek retrospective approval only if the situation becomes critical.
- Treat the patient immediately and avoid any pre-authorization to prevent administrative delays, regardless of the procedure's urgency, trusting that the claim will be processed on humanitarian grounds.

10. **Case 2.** Patient: Anita Sharma, 45 years old. * 1 point
Anita underwent a hysterectomy. Pre-operative diagnostic evaluation, including ultrasound, revealed no pathological finding or medical indication warranting the surgery.

Q2: Based on established principles of medical ethics, patient rights, and evidence-based practice, which statement most accurately reflects the professional assessment of this case?

Mark only one oval.

- ◯ The surgery could be ethically justified as preventive if supported by robust clinical evidence and fully informed, documented consent addressing risks, benefits, and alternatives.
- ◯ Performing the surgery constitutes a breach of ethical and professional duty because it lacked an evidence-based medical indication, thereby violating the principle of non-maleficence.
- ◯ The absence of documented medical necessity is acceptable provided the patient verbally consented, as patient autonomy overrides evidence-based indications in elective procedures.

11. **Case 3.** Patient: Savitri Yadav, 38 years old. * 1 point
Savitri was admitted for surgery. The consent form on file was incomplete — it lacked the procedure name, the date, and the signature of an independent witness.

Q3: Under established legal requirements and scheme-specific protocols, which of the following represents the minimum standard of a valid informed consent for surgical procedures?

Mark only one oval.

- ◯ Written consent that clearly specifies the exact procedure to be performed, is dated, and is signed by the patient or their authorised attendant, along with an independent witness signature.
- ◯ Verbal consent obtained in the presence of a nurse or other hospital staff member.
- ◯ A generic, pre-signed consent form completed at the time of admission without procedure-specific details.

12. **Case 4 (1) :** Meera Rani, 50 years old. * 1 point

During a surgical procedure for a benign abdominal condition, one of Meera's organs was removed. No valid written consent for organ removal was obtained. Post-operatively, she discovered this and filed a legal complaint. Review of her medical record also showed that mandatory pre-operative diagnostic tests, as per the Standard Treatment Guidelines (STG), had not been performed or documented.

Q4: Under the Indian Penal Code, which section is most directly applicable to the act of removing an organ without valid consent?

Mark only one oval.

- ◯ IPC 326 – Voluntarily causing grievous hurt by dangerous weapons or means.
- ◯ IPC 304A – Causing death by negligence.
- ◯ IPC 319 – Definition of hurt.
- ◯ IPC 338 – Causing grievous hurt by act endangering life or personal safety of others.

13. **Case 4 (2) :** Meera Rani, 50 years old. * 1 point

During a surgical procedure for a benign abdominal condition, one of Meera's organs was removed. No valid written consent for organ removal was obtained. Post-operatively, she discovered this and filed a legal complaint. Review of her medical record also showed that mandatory pre-operative diagnostic tests, as per the Standard Treatment Guidelines (STG), had not been performed or documented.

Q5: From a clinical governance and protocol compliance perspective, why does the failure to perform and document the required diagnostics constitute a violation?

Mark only one oval.

- ◯ Because tests are optional if the patient appears clinically unwell.
- ◯ Because mandatory diagnostics under the STG must be performed and documented before surgical intervention.
- ◯ Because all patients must be tested for unrelated conditions as part of hospital protocol.

14. **Case 5.** Patient: Laxmi Munda, 28 years old. * 1 point

Laxmi was admitted with mild dengue fever, confirmed through diagnostic testing. Her clinical notes and lab reports showed no evidence of plasma leakage, severe bleeding, organ impairment, or other WHO-defined severe dengue criteria. However, the hospital submitted a claim under "Severe Dengue with Complications", a higher-reimbursement AB-PMJAY package, without supporting documentation meeting the Standard Treatment Guidelines (STG) criteria.

Q6: Within the framework of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) and its STG and claims protocols, how should this practice be classified?

Mark only one oval.

- ◯ Appropriate coding, as the physician may upgrade diagnosis for cautionary treatment.
- ◯ Upcoding, a deliberate misclassification in violation of STG and scheme guidelines, constituting a fraudulent claim.
- ◯ Package optimisation, an accepted practice for ensuring adequate cost coverage.

15. **Case 6**. Patient: Manoj Lal, 62 years old, from a semi-urban low-income community. * 1 point

Manoj underwent cataract surgery under a publicly funded health scheme. As per the Standard Treatment Guidelines (STG), a comprehensive pre-operative eye examination and a formal anaesthesia fitness assessment are mandatory prior to surgery, both for clinical safety and for claims compliance.
The hospital's documentation for Manoj's case contains no record of either assessment. The surgery was technically uneventful, and the patient was discharged without immediate complications.

Q7: Considering scheme audit protocols, medico-legal frameworks, and patient safety obligations, what is the most accurate classification of the risk arising from this lapse?

Mark only one oval.

- ◯ The absence of documented pre-operative assessments is inconsequential if the surgical outcome was good and the patient had no adverse events.
- ◯ The absence of such documentation constitutes a compliance failure under the scheme's STG requirements, creating both financial risk (possible claim rejection during audit) and legal exposure (failure to meet duty-of-care standards), even if no harm occurred.
- ◯ Omitting formal pre-operative assessments may streamline processes in high-volume settings, and is therefore acceptable provided the surgeon's clinical judgment supports proceeding.

16. **Case 7.** Patient: Manoj Lal, 62 years old, from a semi-urban low-income community. * 1 point

Manoj underwent cataract surgery under a publicly funded health scheme. As per the Standard Treatment Guidelines (STG), a comprehensive pre-operative eye examination and a formal anaesthesia fitness assessment are mandatory prior to surgery for both patient safety and scheme claim compliance.

In Manoj's medical record, neither assessment was documented. The surgery itself was uneventful, and the patient was discharged without immediate complications.

Q8: Considering scheme audit protocols, medico-legal frameworks, and patient safety obligations, what is the most accurate classification of the risk arising from this lapse?

Mark only one oval.

- ◯ The absence of documented pre-operative assessments is inconsequential if the surgical outcome was good and no adverse events occurred.
- ◯ The absence of such documentation constitutes a compliance failure under the scheme's STG requirements, creating both financial risk (possible claim rejection during audit) and legal exposure (failure to meet duty-of-care standards), even if no harm occurred.
- ◯ Omitting formal pre-operative assessments may streamline processes in high-volume settings and is therefore acceptable provided the surgeon's clinical judgment supports proceeding.

17. **Q9:** Under the AB-PMJAY hospital empanelment agreement, which contractual obligation is most likely breached in this case? * 1 point

Mark only one oval.

- ◯ The clause requiring the hospital to maintain complete medical records in the format prescribed by the scheme, including all mandatory diagnostics and assessments.
- ◯ The clause allowing the hospital to use clinical discretion in bypassing certain STG steps for operational efficiency.
- ◯ The clause that exempts hospitals from record-keeping obligations if no post-surgical complications are reported within 7 days.

18. **Case 8:** Patient: Asha Devi, 46 years old, from an OBC agrarian community. * 1 point

Asha underwent laparoscopic surgery for gallstones under a publicly funded health scheme. Her past medical history included diabetes mellitus and hypertension, confirmed from prior prescriptions and lab reports, but these comorbidities were not documented anywhere in her surgical case sheet.

Q10: Within the framework of clinical risk management, scheme audit protocols, and medico-legal standards, why is the proper documentation of comorbidities critical?

Mark only one oval.

- ◯ Because comorbidity documentation is essential for assessing surgical risk, determining preoperative management, and ensuring evidence-based care.
- ◯ Because it improves the appearance of completeness in the patient file for audit purposes, even if not clinically relevant.
- ◯ Because it is needed only for insurance claim processing, not for actual patient management.

19. **Q11:** Under the AB-PMJAY Hospital Empanelment Agreement, which contractual obligation is most likely breached here? * 1 point

Mark only one oval.

- ◯ The clause requiring that all patient medical records reflect accurate and complete documentation of medical history, diagnosis, treatment, and mandatory STG elements.
- ◯ The clause that allows omission of past medical history if the surgeon's judgment considers it non-impactful for the current procedure.
- ◯ The clause stating that comorbidities need to be recorded only if directly linked to claim package eligibility.

20. **Case 9:** Birsa Murmu, 60 years old, from a Scheduled Tribe community. * 1 point

After a scheme audit request, hospital staff changed the original admission and discharge dates in Birsa's records to align with claim submission dates — without authorised correction procedures and without preserving the original entries.

Q12: Under AB-PMJAY guidelines, hospital empanelment clauses, and medico-legal principles, what does this practice constitute?

Mark only one oval.

- ◯ Authorised record correction, permissible if done for claim accuracy.
- ◯ Falsification of medical records, a fraudulent act that may attract penalties, de-empanelment, and prosecution.
- ◯ Routine record updating, acceptable before final audit closure.

21. **Q13**: Which Indian Penal Code (IPC) provision is most directly applicable to such falsification of medical records? * 1 point

Mark only one oval.

- ◯ IPC 192 – Fabricating false evidence.
- ◯ IPC 201 – Causing disappearance of evidence of offence.
- ◯ IPC 463 – Forgery

IDSP Quiz

22. **Q1:** What does IDSP stand for? * 0 points

Mark only one oval.

- ◯ Integrated Disease Surveillance Program
- ◯ Indian Disease Safety Plan
- ◯ International Disease Study Program
- ◯ None of the above

23. **Q2:** What is the main purpose of IDSP? * 0 points

Mark only one oval.

- ◯ Early detection and control of disease outbreaks
- ◯ Building new hospitals
- ◯ Free medicine distribution
- ◯ Health insurance for all

24. **Q3:** What is IHIP used for? * 0 points

Mark only one oval.

- ◯ Tracking disease data in real-time
- ◯ Managing hospital finances
- ◯ Scheduling staff leave
- ◯ Patient billing

25. **Q4.** Who reports data to IDSP? * 0 points

Mark only one oval.

- ◯ Lab Technician
- ◯ Physician
- ◯ ANM's
- ◯ All of the above
- ◯ Only A and B

26. Q5: IDSP currently focuses on monitoring: * 0 points

Mark only one oval.

- ◯ Communicable diseases
- ◯ Non-Communicable diseases
- ◯ Eye and dental problems
- ◯ Road accident

27. **Q6:** Are you currently engaged in reporting to IHIP portal? *

Mark only one oval.

- ◯ Yes
- ◯ No

28. **Q7:** Have you received any training on IDSP/IHIP portal? *

Mark only one oval.

- ◯ Yes
- ◯ No

Annexure: -4

Post assessment Form

Anti-Fraud and Quality Documentation under AB-PMJAY (POST- ASSESSMENT)

* Indicates required question

1. Email *

2. Full Name *

3. Age *

4. Gender *

Mark only one oval.

- ◯ Male
- ◯ Female
- ◯ Others

5. Contact Number *

6. Hospital Name: *

7. District: *

8. Designation

Mark only one oval.

- ◯ Doctor
- ◯ Anyone from Administration

PMJAY Quiz

9. **Case 1**: Roushan Kumar, a 52-year-old man, is an eligible beneficiary under AB-PMJAY. He is admitted to a hospital with acute gallbladder pain requiring surgical intervention. The hospital, recognizing the urgency, proceeds with the gallbladder surgery without submitting a pre-authorization request, citing the emergency condition. However, the subsequent claim was rejected by the insurance provider due to non-compliance with the scheme's pre-authorization protocol. * 1 point

Q1: Considering the scheme guidelines and the protocol for emergency situations, which of the following actions should the hospital have taken to ensure compliance and avoid claim rejection?

Mark only one oval.

- ◯ Proceed with treatment without pre-authorization, assuming the emergency condition overrides the need for prior approval, and submit a request afterward with relevant supporting documents.
- ◯ Always obtain pre-authorization for elective procedures, but in true emergencies where treatment cannot be delayed, document the clinical necessity and inform the scheme authority within 24 hours post-treatment with supporting evidence.
- ◯ Delay treatment until pre-authorization is obtained, even if the patient's condition worsens, to ensure full compliance with the scheme's guidelines, and seek retrospective approval only if the situation becomes critical.
- ◯ Treat the patient immediately and avoid any pre-authorization to prevent administrative delays, regardless of the procedure's urgency, trusting that the claim will be processed on humanitarian grounds.

10. **Case 2.** Patient: Smriti Sinha, 45 years old. * 1 point
Anita underwent a hysterectomy. Pre-operative diagnostic evaluation, including ultrasound, revealed no pathological finding or medical indication warranting the surgery.

Q2: Based on established principles of medical ethics, patient rights, and evidence-based practice, which statement most accurately reflects the professional assessment of this case?

Mark only one oval.

- ◯ The surgery could be ethically justified as preventive if supported by robust clinical evidence and fully informed, documented consent addressing risks, benefits, and alternatives.
- ◯ Performing the surgery constitutes a breach of ethical and professional duty because it lacked an evidence-based medical indication, thereby violating the principle of non-maleficence.
- ◯ The absence of documented medical necessity is acceptable provided the patient verbally consented, as patient autonomy overrides evidence-based indications in elective procedures.

11. **Case 3.** Patient: Seema Kumari, 38 years old. * 1 point
Savitri was admitted for surgery. The consent form on file was incomplete — it lacked the procedure name, the date, and the signature of an independent witness.

Q3: Under established legal requirements and scheme-specific protocols, which of the following represents the minimum standard of a valid informed consent for surgical procedures?

Mark only one oval.

- ◯ Written consent that clearly specifies the exact procedure to be performed, is dated, and is signed by the patient or their authorised attendant, along with an independent witness signature.
- ◯ Verbal consent obtained in the presence of a nurse or other hospital staff member.
- ◯ A generic, pre-signed consent form completed at the time of admission without procedure-specific details.

12. **Case 4 (1) :** Reetika, 50 years old. * 1 point

During a surgical procedure for a benign abdominal condition, one of Meera's organs was removed. No valid written consent for organ removal was obtained. Post-operatively, she discovered this and filed a legal complaint. Review of her medical record also showed that mandatory pre-operative diagnostic tests, as per the Standard Treatment Guidelines (STG), had not been performed or documented.

Q4: Under the Indian Penal Code, which section is most directly applicable to the act of removing an organ without valid consent?

Mark only one oval.

- ◯ IPC 326 – Voluntarily causing grievous hurt by dangerous weapons or means.
- ◯ IPC 304A – Causing death by negligence.
- ◯ IPC 319 – Definition of hurt.
- ◯ IPC 338 – Causing grievous hurt by act endangering life or personal safety of others.

13. **Case 4 (2) :** Reetika, 50 years old. * 1 point

During a surgical procedure for a benign abdominal condition, one of Meera's organs was removed. No valid written consent for organ removal was obtained. Post-operatively, she discovered this and filed a legal complaint. Review of her medical record also showed that mandatory pre-operative diagnostic tests, as per the Standard Treatment Guidelines (STG), had not been performed or documented.

Q5: From a clinical governance and protocol compliance perspective, why does the failure to perform and document the required diagnostics constitute a violation?

Mark only one oval.

- ◯ Because tests are optional if the patient appears clinically unwell.
- ◯ Because mandatory diagnostics under the STG must be performed and documented before surgical intervention.
- ◯ Because all patients must be tested for unrelated conditions as part of hospital protocol.

14. **Case 5.** Patient: Bimla Kumari, 28 years old. * 1 point
Laxmi was admitted with mild dengue fever, confirmed through diagnostic testing. Her clinical notes and lab reports showed no evidence of plasma leakage, severe bleeding, organ impairment, or other WHO-defined severe dengue criteria. However, the hospital submitted a claim under "Severe Dengue with Complications", a higher-reimbursement AB-PMJAY package, without supporting documentation meeting the Standard Treatment Guidelines (STG) criteria.

Q6: Within the framework of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) and its STG and claims protocols, how should this practice be classified?

Mark only one oval.

- ◯ Appropriate coding, as the physician may upgrade diagnosis for cautionary treatment.
- ◯ Upcoding, a deliberate misclassification in violation of STG and scheme guidelines, constituting a fraudulent claim.
- ◯ Package optimisation, an accepted practice for ensuring adequate cost coverage.

15. **Case 6**. Patient: Pawan Kumar, 62 years old, from a semi-urban low-income community. * 1 point
Manoj underwent cataract surgery under a publicly funded health scheme. As per the Standard Treatment Guidelines (STG), a comprehensive pre-operative eye examination and a formal anaesthesia fitness assessment are mandatory prior to surgery, both for clinical safety and for claims compliance.
The hospital's documentation for Manoj's case contains no record of either assessment. The surgery was technically uneventful, and the patient was discharged without immediate complications.

Q7: Considering scheme audit protocols, medico-legal frameworks, and patient safety obligations, what is the most accurate classification of the risk arising from this lapse?

Mark only one oval.

- ◯ The absence of documented pre-operative assessments is inconsequential if the surgical outcome was good and the patient had no adverse events.
- ◯ The absence of such documentation constitutes a compliance failure under the scheme's STG requirements, creating both financial risk (possible claim rejection during audit) and legal exposure (failure to meet duty-of-care standards), even if no harm occurred.
- ◯ Omitting formal pre-operative assessments may streamline processes in high-volume settings, and is therefore acceptable provided the surgeon's clinical judgment supports proceeding.

16. **Case 7.** Patient: Mukesh Kumar, 62 years old, from a semi-urban low-income community. * 1 point

Manoj underwent cataract surgery under a publicly funded health scheme. As per the Standard Treatment Guidelines (STG), a comprehensive pre-operative eye examination and a formal anaesthesia fitness assessment are mandatory prior to surgery for both patient safety and scheme claim compliance.

In Manoj's medical record, neither assessment was documented. The surgery itself was uneventful, and the patient was discharged without immediate complications.

Q8: Considering scheme audit protocols, medico-legal frameworks, and patient safety obligations, what is the most accurate classification of the risk arising from this lapse?

Mark only one oval.

- ◯ The absence of documented pre-operative assessments is inconsequential if the surgical outcome was good and no adverse events occurred.
- ◯ The absence of such documentation constitutes a compliance failure under the scheme's STG requirements, creating both financial risk (possible claim rejection during audit) and legal exposure (failure to meet duty-of-care standards), even if no harm occurred.
- ◯ Omitting formal pre-operative assessments may streamline processes in high-volume settings and is therefore acceptable provided the surgeon's clinical judgment supports proceeding.

17. **Q9:** Under the AB-PMJAY hospital empanelment agreement, which contractual obligation is most likely breached in this case? * 1 point

Mark only one oval.

- ◯ The clause requiring the hospital to maintain complete medical records in the format prescribed by the scheme, including all mandatory diagnostics and assessments.
- ◯ The clause allowing the hospital to use clinical discretion in bypassing certain STG steps for operational efficiency.
- ◯ The clause that exempts hospitals from record-keeping obligations if no post-surgical complications are reported within 7 days.

18. **Case 8:** Patient: Vimla Devi, 46 years old, from an OBC agrarian community. * 1 point

Asha underwent laparoscopic surgery for gallstones under a publicly funded health scheme. Her past medical history included diabetes mellitus and hypertension, confirmed from prior prescriptions and lab reports, but these comorbidities were not documented anywhere in her surgical case sheet.

Q10: Within the framework of clinical risk management, scheme audit protocols, and medico-legal standards, why is the proper documentation of comorbidities critical?

Mark only one oval.

- ◯ Because comorbidity documentation is essential for assessing surgical risk, determining preoperative management, and ensuring evidence-based care.
- ◯ Because it improves the appearance of completeness in the patient file for audit purposes, even if not clinically relevant.
- ◯ Because it is needed only for insurance claim processing, not for actual patient management.

19. **Q11:** Under the AB-PMJAY Hospital Empanelment Agreement, which contractual obligation is most likely breached here? * 1 point

Mark only one oval.

- ◯ The clause requiring that all patient medical records reflect accurate and complete documentation of medical history, diagnosis, treatment, and mandatory STG elements.
- ◯ The clause that allows omission of past medical history if the surgeon's judgment considers it non-impactful for the current procedure.
- ◯ The clause stating that comorbidities need to be recorded only if directly linked to claim package eligibility.

20. **Case 9:** Birsa Murmu, 60 years old, from a Scheduled Tribe community. * 1 point

After a scheme audit request, hospital staff changed the original admission and discharge dates in Birsa's records to align with claim submission dates — without authorised correction procedures and without preserving the original entries.

Q12: Under AB-PMJAY guidelines, hospital empanelment clauses, and medico-legal principles, what does this practice constitute?

Mark only one oval.

- ◯ Authorised record correction, permissible if done for claim accuracy.
- ◯ Falsification of medical records, a fraudulent act that may attract penalties, de-empanelment, and prosecution.
- ◯ Routine record updating, acceptable before final audit closure.

21. **Q13**: Which Indian Penal Code (IPC) provision is most directly applicable to such falsification of medical records? * 1 point

Mark only one oval.

- ◯ IPC 192 – Fabricating false evidence.
- ◯ IPC 201 – Causing disappearance of evidence of offence.
- ◯ IPC 463 – Forgery

Annexure: -5

Some Glimpses of the workshop program

Annexure: -6

Media Coverage

आयुष्मानकार्ड मेंठगी से बचना सिखाया

मुजफ्फरपुर। बिहार स्वास्थ्य सुरक्षा समिति एवं सेंटर फॉर हेल्थ पॉलिसी के संयुक्त तत्वावधान में शुक्रवार को एक होटल में एकदिवसीय कार्यशाला का आयोजन किया गया। इसमें पूर्वी चंपारण, गोपालगंज, मुजफ्फरपुर, सारण, शिवहर, सीवान, वैशाली व प. चंपारण जिलों के निजी अस्पतालों के प्रतिनिधि, चिकित्सक एवं स्वास्थ्य क्षेत्र से जुड़े विशेषज्ञों ने भाग लिया। कार्यशाला का मुख्य उद्देश्य आयुष्मान कार्ड बनाने में धोखाधड़ी से बचाव के प्रति जागरूक करना था।


आदी
ADRI
बिहार स्वास्थ्य सुरक्षा समिति
BIHAR SWASTHYA SURAKSHA SAMITI
मुख्यमंत्री जन आरोग्य योजना
MM-JAY
बिहार सरकार
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आयुष्मान भारत
PM-JAY