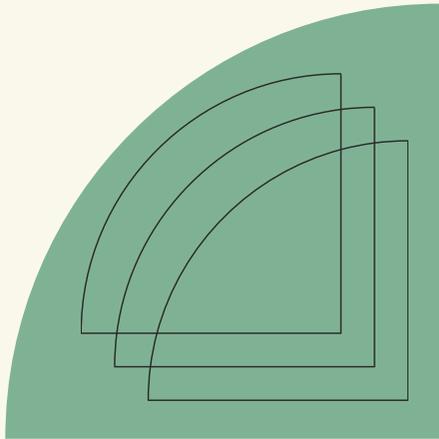




# REPORT



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

September 13, 2025 (Wednesday)

Time: 10:00 AM

Venue: Hotel Chinmaye Inn,  
Bhagalpur

Participants- Bhagalpur, Banka,  
Begusarai, Jamui, Khagaria,  
Lakhisarai and Munger

**Asian Development Research Institute**

ADRI, BSIDC Colony, Off Boring Patliputra Road, Patna-800013,  
Bihar (India)





**Report**

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The Private Empanelled Hospitals on  
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Khagaria, Lakhisarai and Munger**





## 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.

A handwritten signature in blue ink, consisting of a stylized 'S' followed by a horizontal line that ends in an arrowhead pointing to the right.

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



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## 1. BACKGROUND

Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is the world’s largest publicly funded health insurance scheme, designed to provide financial protection and accessible healthcare to over 50 crore vulnerable citizens of India. The core objective of the scheme is to ensure universal access to quality secondary and tertiary healthcare services, reduce out-of-pocket expenditure, and build a transparent, accountable health system that prioritizes the needs of the poor and marginalized.

However, one of the major challenges faced by the scheme is healthcare fraud. Fraud in healthcare not only diverts critical resources away from genuine beneficiaries but also undermines the credibility of AB-PMJAY and similar programs. To maintain trust and sustainability, strict adherence to proper documentation, transparent processes, and compliance with Standard Treatment Guidelines (STGs) is essential. These measures help reduce fraudulent claims, ensure quality service delivery, and protect both patients and institutions from reputational risks.

In this context, a one-day workshop was organized by the Asian Development Research Institute (ADRI) as part of its technical support to the Bihar Swasthya Suraksha Samiti (BSSS). The workshop focused on sensitizing private empanelled hospitals across seven districts of Bihar on key themes such as anti-fraud practices, the importance of quality documentation, adherence to STGs, and effective implementation of Health Benefit Packages (HBPs). The initiative aimed to strengthen the accountability framework of hospitals, build awareness among healthcare providers, and promote ethical practices in line with the objectives of AB-PMJAY.

## 2. WORKSHOP OBJECTIVES

- To provide financial protection and cashless health services to vulnerable families.
- To ensure access to quality secondary and tertiary healthcare for poor and marginalized sections of society.
- To reduce out-of-pocket expenditure on healthcare and prevent families from falling into poverty due to medical costs.
- To standardize treatment through **Standard Treatment Guidelines (STGs)** ensuring transparency and consistency in care.
- To strengthen accountability and reduce fraud by promoting proper documentation and compliance.
- To promote ethical practices among hospitals and maintain the credibility of the scheme.
- To improve health outcomes and contribute towards the goal of **Universal Health Coverage (UHC)** in India.

## 3. INTERACTIVE COMPONENTS

- **Case Studies:** Group discussions on real-life fraud and compliance cases.
- **Queries & Clarifications:** Open Q&A sessions addressing hospital challenges.
- **Pre- and Post-Questionnaire:** To assess improvement in awareness and knowledge.

#### 4. PARTICIPANTS PROFILE

The workshop attracted 144 representatives of 82 private empanelled hospitals from the districts of Bhagalpur, Banka, Begusarai, Jamui, Khagaria, Lakhisarai and Munger. 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.

#### 5. 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	Dr. Gurinder Randhawa	Consultant	CHP-ADRI
Fraud Mitigation & Quality Documentation	Dr. Alok Ranjan	Director Operations -	BSSS
Compliance to STGs	Dr. Gurinder Randhawa	Consultant	CHP-ADRI
Standard Treatment Guidelines and Health Benefit Package – Adherence to Mandatory Protocols & Documents	Dr. Neeraj Kumar Singh & Mr. Satyendra Kumar	Director Healthcare & CB Officer -	BSSS & CHP -ADRI
Real-Time Reporting on IHIP	District IDSP Cell & ADRI team		

## 6. VENUE & DATE



Venue: At Hotel Chinmaye Inn, Bhagalpur & Date: 13 September 2025

## 7. PROCEEDINGS

### Inaugural Session

The workshop opened with introductory remarks by Shri Indrajit Goswami, Project Officer, CHP-ADRI, who greeted the owner/proprietors, Senior Doctors, officials and representatives from private empanelled hospitals across seven districts Bhagalpur, Banka, Begusarai, Jamui, Khagaria, Lakhisarai and Munger. He then invited Dr. Alok Ranjan, Director (Operations), BSSS, to set the context of the day's programme. Dr. Alok Ranjan, in his address, underscored the urgency of reinforcing anti-fraud practices and ensuring systematic documentation within the framework of AB-PMJAY. He pointed out that lapses in these areas not only compromise financial accountability but also erode the credibility of the scheme among beneficiaries.



Following the inaugural address, the objective of the workshop was clearly outlined, to build capacity of owner/proprietors, Senior Doctors, officials and representatives of the private empanelled hospitals in adhering to Standard Treatment Guidelines (STGs) and Health Benefit Packages (HBPs), while aligning with quality and compliance norms. To assess the baseline understanding of participants, a short pre-session questionnaire was administered.

Out of the total attendees, 65 participants actively completed the exercise, providing useful insights into their current level of awareness. As an encouragement for active involvement, gifts were presented to the top three scorers. This not only created a spirit of enthusiasm but also motivated participants to remain alert and fully engaged throughout the sessions ahead.



### **Keynote Address and Overview of Antifraud**

The Bihar Swasthya Suraksha Samiti (BSSS) organized an awareness workshop on Fraud Prevention under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY) and the Mukhyamantri Jan Arogya Yojana (MMJAY) on September 13, 2025. The workshop aimed to sensitize private empanelled hospitals on preventing fraudulent practices and promoting transparency in healthcare delivery.



In his keynote address, Shri Shailesh Chandra Diwakar, Administrative Officer, BSSS, provided an in-depth overview of the patterns, implications, and countermeasures for fraud under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PMJAY) and Mukhyamantri Jan Arogya Yojana (MMJAY). It highlighted the distribution of healthcare packages across specialties, showing the relative contribution of facilities such as General Medicine, Ophthalmology, Orthopaedics,

Cardiology, and specialized surgical procedures, emphasizing that certain areas like polytrauma, interventional neuroradiology, and paediatric surgery contribute minimally to overall claims, whereas general medical and surgical packages constitute a major share. The presentation detailed numerous fraud and abuse scenarios, including discrepancies in admission and discharge dates, unverified preauthorization, misuse of intensive care and neonatal packages, duplicate claims, absence of mandatory clinical or radiological documents, premature procedures (e.g., hysterectomy before 40 or cataract surgery before 35), missing geo-tagged photos, and repeated claims for the same beneficiary. Financial data from districts like Bhagalpur (9,617 suspicious cases, ₹1,756.99 lakh), Banka (₹0.59 lakh), Begusarai (₹0.47 lakh), Khagaria (₹0.90 lakh), and Munger (₹0.53 lakh) illustrated the monetary impact of these fraudulent practices.

Mr. Shailesh explained the multi-layered anti-fraud framework, with the State Anti-Fraud Unit (SAFU), district investigation units, medical officers, legal advisors, and data analysts, ensuring monitoring from the state to district levels. Hospitals were advised to submit only genuine claims, maintain complete documentation including diagnostic reports and geo-tagged photos, strictly follow scheme guidelines and package rules, and fully cooperate during audits. The presentation concluded by emphasizing the adverse effects of fraud—overcrowding of fraudulent cases delaying care for genuine patients, weakening of AB-PMJAY

and MMJAY credibility, direct financial loss of government funds, and erosion of patient trust—and stressed continued vigilance, surprise live audits, and coordinated enforcement to ensure equitable delivery of healthcare services across Bihar.

### **Technical Session I – Sensitization on Fraud Prevention**

Dr. Gurinder Randhawa, Consultant, CHP-ADRI presented a presentation on Sensitization on Fraud Prevention under PM-JAY and MMJAY focused on the identification and management of suspicious claims to safeguard scheme integrity. Normal claim processing takes 15 days for state-level cases and 30 days for portability claims, but once flagged, cases undergo scrutiny by the State Anti-Fraud Unit (SAFU), which may include telephonic verification, desk review, or field audits. Analysis revealed that 25% of triggered cases are fraudulent, leading to claim rejections and watch listing of hospitals, with financial implications of approximately ₹11 crore from 43,430 cases. Claims are flagged through automated AI/ML triggers and manual reporting based on claim history, admissions, diagnostics, or billing patterns, such as duplicate claims, missing X-rays, extended length of stay (LOS), early-onset cataract (<35 years), or hysterectomy (<40 years). Facility-wise contribution to claims shows General Medicine (28.56%), Ophthalmology (26.77%), Orthopaedics (12.25%), Medical Oncology (7.82%), and Neonatal care (7.55%), with smaller contributions from specialized surgical services. She also describes that 44% of cases fell into the fraud/abuse category due to duplicate documents.



Live examples demonstrated the financial impact of such claims, including dialysis in patients under 35 years of age (₹12.96 lakh), duplicate claims (₹5.03 lakh), lack of blood transfusion or crossmatch details (₹1.13 crore), and inadequate LOS in critical care (₹5.27 lakh). Common reasons included frequent hospitalizations of family members, prolonged non-critical medical management, lack of clinical or diagnostic documentation, and duplicate or manipulated images. The session emphasized the need for complete documentation, adherence to scheme guidelines, and cooperation during audits. Punitive measures for non-compliance include withholding payments, suspension, de-empanelment, filing of an FIR, and recovery of 5-10 times the amount defrauded. This multi-pronged approach aims to protect government funds, ensure timely care for genuine beneficiaries, and maintain the credibility of AB-PMJAY and MMJAY across Bihar.

### **Technical Session II – Fraud Mitigation & Quality Documentation**

Dr. Alok Ranjan delivered an insightful presentation titled “National Quality Assurance Standards: Half Empty or Half Filled!”, emphasizing the critical role of medical records in healthcare delivery, quality assurance, and medico-legal contexts. He highlighted that medical records serve as a clinical, scientific, administrative, and legal document, essential for continuity of care, communication among healthcare providers, quality review, financial reimbursement, insurance claims, and legal proceedings.



Dr. Alok underlined the multifaceted importance of medical records—for patients (continuity of treatment, follow-ups, insurance claims, medico-legal safeguards), for doctors (research, thesis work, medico-legal protection, publications), and for hospitals and the nation (quality of care, planning and budgeting, hospital statistics, administrative control, and community medicine). He stressed that medical records are the backbone of hospital information

systems, contributing not only to patient care but also to public health planning, research, and national health statistics.

Further, he explained the role of ICD-10 coding in health management, public health research, and mortality data reporting (MCCD), underscoring its utility in standardizing and managing large-scale health data. He explained that ICD-10 is being used internationally for coding all diseases. He emphasized that ICD-10 provides a universal language for diseases and procedures, facilitating uniform reporting across hospitals and states. This standardization supports effective monitoring of disease trends, facilitates planning of health programs, and ensures accuracy in insurance claim processing. Moreover, the use of ICD-10 enhances transparency and accountability in clinical documentation, as it minimizes ambiguity in diagnosis recording. He also reminded participants that under the Right to Information Act (2005), patients have the right to obtain copies of their medical records from hospitals.

### **Technical Session III - Compliance to Standard Treatment Guidelines**

Dr. Gurinder Randhawa delivered an extensive presentation on the need for strict compliance with Standard Treatment Guidelines (STGs) under AB-PMJAY, stressing that complete and accurate documentation is mandatory for the smooth processing of claims and for ensuring transparency in treatment delivery. She elaborated that for medical cases, daily geo-tagged bedside photographs, indoor case papers, clinical notes, vital charts, and follow-up investigations (such as CRP for sepsis, RBS for diabetes, or serum electrolytes in GI cases) must be uploaded regularly to establish continuity and adequacy of care. For surgical cases, she emphasized the requirement of geo-tagged pre-operative, intra-operative, and post-operative photographs along with detailed OT notes that are duly signed and stamped, discharge summaries with proper authentication, and where relevant, barcodes and invoices of implants or devices used. Dr. Randhawa provided specialty-wise illustrations—such as cataract (with pre-op A-scan, keratometry reports, and IOL box details), hysterectomy (supported by clinical justification and biopsy reports), cardiac interventions like PTCA and CABG (with angiography images, stent/barcode details, and post-op imaging), dialysis (with nephrologist notes and geo-tagged evidence), oncology



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(FNAC, HPE, tumor board approvals), orthopedics (pre/post-op X-rays, implant barcodes, intra-op images), and neonatal care packages (basic, advanced, and critical). She reiterated that all packages come with predefined requisites, and non-compliance automatically triggers queries or rejections during claim adjudication. Concluding her session, she underlined that adherence to STGs protects hospitals from financial risk, strengthens clinical accountability, supports audits, and ultimately safeguards the credibility and integrity of the PM-JAY scheme.

#### **Technical Session IV – Standard Treatment Guidelines and Health Benefit Package – Adherence to Mandatory Protocols & Documents**



In this session, Mr. Satyendra Kumar presented on Health Benefit Packages (HBP 2.1), detailing cashless coverage for AB-PMJAY beneficiaries, including hospitalization, day care, pre- and post-hospitalization expenses, and neonatal care. He explained the two types of packages—medical, based on illness or condition, and surgical, based on procedure—each with a fixed nomenclature, specialty, code, and package rate. The session covered package components such as admission cost, bed

charges, consultation fees, surgery costs, consumables, basic laboratory tests, diet, and follow-up. Mr. Kumar also elaborated on cross-specialty, stratified, add-on, and stand-alone procedures, as well as static and dynamic pricing models, providing examples like ASD (Atrial Septal Defect) device closure and PTCA (Percutaneous Transluminal Coronary Angioplasty). Special attention was given to Bihar-specific reservation policies for seven procedures in public hospitals. After that, Dr. Neeraj Kumar Singh, Director- of Health Services, BSSS, highlighted the importance of Standard Treatment Guidelines (STG) under AB-PMJAY. Dr. Neeraj Kumar Singh delivered a detailed presentation on Standard Treatment Guidelines (STGs), introduced under AB-PMJAY to guide Empanelled Hospitals (EHCPs), Medical Coordinators (MEDCO), Claims Panel Doctors (CPD), and audit teams. He explained that STGs provide package-specific details such as procedure codes, prices, implants, average length of stay, clinical pointers, and mandatory documentation protocols, thereby ensuring transparency, standardization of treatment, fraud control, and uniformity in documentation across healthcare providers. He informed participants that 675 STGs covering 1,650 procedures have been released till date, with 28 sets rolled out, and that FAQs and IT user manuals are available on the PM-JAY portal. In the second part of his session, Dr. Neeraj discussed Claims Adjudication in Special Cases, focusing on payments in scenarios such as LAMA/DAMA, death during hospitalization, and referrals to other hospitals. He explained that special payment guidelines require EHCPs to report deviations



within 24–72 hours and payments are released only after a successful audit by SHA/insurer within 15 days. Different case scenarios were illustrated—such as partial payments before or during surgery, full payments after surgery, and proportional distribution of claims in referral cases. These provisions, he emphasized, are designed to safeguard both patients and hospitals, prevent misuse of the scheme, and maintain financial integrity in the claims settlement process.

## Case Studies

The ADRI team distributed carefully 04 prepared case studies, each highlighting real-life scenarios of irregular claims, documentation lapses, or fraudulent practices observed under AB-PMJAY. These case studies highlighted real-life challenges faced by hospitals under AB-PMJAY and encouraged participants to deliberate on appropriate responses in alignment with scheme guidelines.



The first case study involved a 55-year-old daily wage labourer who needed immediate hospitalization because his fingerprint verification was repeatedly failing due to worn fingers. Participants were asked to consider immediate steps hospitals should take in such situations, including using alternative authentication methods such as IRIS scanners or authorizing treatment through the medical superintendent's login, and the importance of not delaying treatment in an emergency. They also

discussed the types of documents that should be uploaded to ensure smooth claim settlement later.

The second case study focused on an emergency situation where a farmer, rushed to an empanelled hospital with severe stomach pain, did not have his Ayushman card. The discussion revolved around how hospitals can verify eligibility without the physical card, the role of the Ayushman Mitra in guiding the family, and the process of ensuring timely treatment while helping the patient later access the card through official channels. This exercise emphasized the principle that emergency care should not be delayed due to documentation gaps.

The third case study highlighted an unannounced audit scenario where a BSSS team arrived at a busy hospital during peak working hours. Participants explored how hospitals should respond by designating responsible staff to coordinate with the audit team, ensuring readiness of essential documents such as empanelment certificates, patient records, and claim submissions, and maintaining transparent communication. The group also discussed strategies for guiding inspectors during facility visits and responding constructively to any gaps or non-compliance identified.

The fourth case study addressed an emergency admission where a critically ill patient, though an Ayushman beneficiary, could not present his physical card. Participants discussed the hospital's responsibility to admit the patient without delay, the alternative methods of verification available (such as Aadhaar, OTP, or e-card from the BIS portal), and the role of the Ayushman Mitra in coordinating with the family. The discussions also covered the documentation required during admission, the process for uploading scheme details later for claim settlement, and safeguards to prevent misuse in cases where the card is not immediately presented.



The last case study focused on the issue of package selection when a PM-JAY beneficiary was admitted with abdominal pain. Initially, the patient was stabilized and underwent tests under the general medical package. After the diagnosis of cholecystectomy was confirmed, participants discussed the correct approach to package selection, the possibility of changes to the initial package, and under what circumstances the patient could be discharged after stabilization. The discussions emphasized that only one package should be used to avoid duplication and that the treating hospital should ensure proper documentation of tests, admission details, and final diagnosis. Participants also highlighted the importance of selecting the appropriate surgical package at the time of confirmation, ensuring transparency, and following scheme guidelines to prevent claim rejection during settlement.

Together, these case studies provided a highly engaging learning platform. They encouraged participants to think critically about operational challenges, reaffirmed the priority of patient care in emergencies, and underlined the need for robust documentation and compliance to uphold the integrity of AB-PMJAY.

### **Sensitization for Real-time Reporting on IHIP portal**

The ADRI team, in collaboration with representatives from the District IDSP Cell, conducted a live demonstration on real-time reporting through the IHIP portal. During the session, the



District Surveillance Unit, IDSP, DHS, highlighting the shift from the conventional IDSP launched in 2004 to the upgraded Integrated Health Information Platform (IHIP) introduced in 2018. The new system, unlike the earlier paper-based reporting, enables real-time, case-based digital surveillance with features such as geo-tagging, GIS mapping, instant alerts, and hotspot identification, thereby strengthening epidemic detection and response. The workshop underlined the

critical role of Private Reporting Units (PRUs), especially private hospitals and laboratories, in submitting S, P, and L forms to ensure comprehensive surveillance, early outbreak

detection, and faster public health response. The current status of IHIP reporting in Bhagalpur was reviewed, with active government reporting units and emerging participation from different districts. Emphasis was placed on regular follow-up by health teams, use of digital tools for timely problem-solving, and identification of nodal officers to enhance reporting quality, with the overarching message that collaboration between public and private sectors is vital for building a robust national disease surveillance network.

### **Focus Group Discussions**

The final session of the workshop featured Focus Group Discussions (FGDs), aimed at capturing insights and feedback from hospital representatives on their experiences with PMJAY implementation. The discussions encouraged open sharing of benefits and challenges since empanelment, including issues of patient awareness regarding eligibility and cashless benefits, difficulties in verifying beneficiaries at admission, and operational hurdles during pre-authorization and claims settlement. Participants highlighted frequent delays, occasional claim rejections, and the financial strain caused by package rate limitations, particularly for high-cost procedures. Concerns were also raised about increased administrative workload, connectivity gaps, and technical errors while using the TMS portal.



Another important theme was the adequacy of training and institutional support. Participants emphasized the need for regular refresher sessions to strengthen their understanding of anti-fraud measures, documentation requirements, and evolving processes. They also expressed that penalties and audits, while important for transparency, sometimes disrupted hospital operations and required a more balanced, supportive approach from the State Health Agency and district teams. Suggestions for improvement included better grievance redressal mechanisms, fairer package rates, smoother claim rectification processes, and dedicated administrative support for PMJAY related tasks.

Overall, the FGDs provided valuable ground-level perspectives on both operational and systemic issues, while generating practical ideas for strengthening hospital participation in PMJAY. The discussions reinforced the importance of continuous training, robust IT support, and stronger collaboration between hospitals and SHA to improve transparency, efficiency, and the quality of care delivered under the scheme.

### **Closing Speech**

The closing session was marked by thoughtful reflections and words of appreciation. Shri Shailesh Chandra Diwakar, Administrative Officer, BSSS, acknowledged the active participation of hospital representatives and expressed gratitude to ADRI for facilitating the programme. He commended the commitment shown by the participants throughout the day and emphasized that the real value of the workshop lies in applying the learnings to day-to-day hospital practices. He highlighted that transparency in processes, strict adherence to

documentation, and vigilance against fraudulent claims are essential to safeguarding both the credibility of AB-PMJAY and the trust of beneficiaries. In his remarks, he encouraged all participants to act as ambassadors of quality care and integrity within their institutions, ensuring that the scheme truly benefits those it is intended for.



The session concluded with a formal vote of thanks delivered by Dr. Suraj Shankar, Team Leader – CHP, ADRI. He extended his gratitude to the Chief Executive Officer, BSSS for his pivotal role in ensuring the success of the workshop, acknowledging that it was possible because of his support and guidance. He also expressed appreciation to Dr.

Asmita Gupta, Member Secretary, ADRI, under whose supervision the workshop could be organized effectively. Further, he commended the valuable contributions of the facilitators, senior physicians, hospital owners, officials, and representatives from empanelled private hospitals. The program concluded on an encouraging note, with participants motivated to apply the knowledge and best practices discussed during the sessions in their respective institutions.



## 8. CHALLENGES:

- This was the first time such a workshop was conducted.
- Hospitals lacked adequate information on fraud prevention and quality documentation.
- Awareness on Standard Treatment Guidelines (STGs) and required claim documents was limited.
- Hospital representatives had different levels of knowledge on quality documentation and claim uploading procedures, highlighting the need for more practical, hands-on demonstrations.
- Proper follow-up is required to ensure 100 percent participation from hospitals.
- Participants suggested periodic refresher sessions to reinforce learning and address new challenges.
- Participants also recommended increasing the time allocated for each session to allow for deeper discussions and practice.

## 9. KEY OUTCOMES

- Increased Awareness: The workshop substantially raised awareness among participants about the critical importance of accurate Health Benefit Package (HBP) selection and its direct impact on claim approval and hospital finances.

- **Training Need Identified:** Hospitals expressed a need for regular district-level training to update them on new system features, package updates, and documentation best practices.
- **Commitment to Compliance:** A clear commitment was made by the participants to ensure strict adherence to the selection process for HBPs.
- **Improved Documentation Practices:** Participants committed to ensuring that all patient records are properly documented, with supporting medical evidence.
- Provide clear guidance on handling special cases such as LAMA, DAMA, and emergency treatments.
- Provide detailed training on AI-powered fraud detection, highlighting its role in ensuring security and integrity in the claim submission process.

## 10. RECOMMENDATIONS

The workshop concluded with a set of actionable recommendations aimed at improving compliance and reducing fraud:

- **Institutionalize Training:** Establish a regular schedule of training modules for all hospitals to ensure continuous learning and compliance.
- **Training Curriculum:** This workshop on Antifraud and Quality Documentation should be incorporated in Annual Training Calendar.
- Share a simple troubleshooting guide for common issues in the WhatsApp group created during the workshop to provide ongoing support.
- Develop comprehensive and user-friendly resources such as documents, and guides for participants to review after the workshop.
- Organize longer and periodic workshops to reinforce learning and keep participants informed about new updates.
- Develop specialized training sessions focusing on Grievance Redressal, Claim Adjudication, and the effective use of AI-powered fraud detection tools.

**Annexure: -1**

**Attendance sheet of Bhagalpur**

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One Day Workshop of  
Private Empanelled Hospitals on Anti-Fraud and Quality Documentation  
under AB-PMJAY  
September 13, 2025 | Hotel Chinmaye Inn, Bhagalpur  
Attendance Sheet (Bhagalpur)



Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	AASHRAY NURSING HOME	Dr Himadri Shrivastava	Consultant	9900544494	himadri0902@yahoo.co.in	[Signature]
2		Chandan Kumar Prusty	TPA Care	7654263760	chandanprusty33@gmail.com	[Signature]
3	ADVANCE ENT HOSPITAL	ARIF HUSSAIN	MANAGER	8092879297	arifhussain234@gmail.com	[Signature]
4						
5	ADVANCE EYE CARE & CHITARA EYE FOUNDATION					
6						
7	ASHIRWAAD HOSPITAL	Do. At. K. K.	Adampar	9106477042		[Signature]
8		K. K.				[Signature]
9	DR. PRITI MEMORIAL HOSPITAL	Dr. Anamika...		9931866046		[Signature]
10		Raj...	BAF	9801766500	Rajkumar396@gmail.com	[Signature]
11	EAST ZONE ABC LIFE CARE HOSPITAL PRIVATE LIMITED	Ravi Kumar	Manager	7909049538	ravisubham84@gmail.com	[Signature]
12		Afzal	"	"	"	[Signature]

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
13	EYE CARE CENTRE	Dr. Badal Choudhary	Doctor	7250023223		[Signature]
14		Gaurav Singh	Physician	9572481238		[Signature]
15	GANGOTRI SUPERSPECIALITY ORTHO AND SPINE CENTRE	Mukesh Kumar	TSA	9798905421		[Signature]
16						
17	GARIB NAWAZ EYE CARE	Sanjay Kaul	Surgeon/MD	8700458368		[Signature]
18						
19	GHSPL BGLP SUPER SPECIALITY HEALTHCARE LLP	Amit Kumar	Unit Head	7320923601	bh-bglp@global.healthcare	[Signature]
20		Dr. [Name]	CMO	7320923700	"	[Signature]
21	Harishakha Drishti	Dr. Bikash K. P.	Director	7992377690	14571cas@gmail.com	[Signature]
22		Anoop Kumar...	Surgeon	8083562867	anooptkumar2003@gmail.com	[Signature]
23	HEALING TOUCH HOSPITAL	Dr. Md. Monir Ali	RMO	7633894936		[Signature]
24		Shubham K.	Manager	6203212775		[Signature]
25	HINDAAL HOSPITAL	M. F. Hussain	Manager	8936069733		[Signature]
26		Tamara...				[Signature]

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
27	JYOTI NURSING HOME	Dr. Amardeep ki hospital		9431422633		
28		Neemal Kr. Mishra pmam		9162580080		
29	KAUSHALYA EYE RESEARCH INSTITUTE	Rishi v m	DOCTOR	9431446729		
30		Ashish Sharma pmam		8289720895		
31	KHUSHI DENTAL CARE AND MAXILLOFACIAL CENTRE	Priya Kr. Hahar	PMAM	7179844135		
32						
33	KIDNEY STONE AND UROLOGY CLINIC	Aditya Kumar	TPA	7677261969		
34						
35	MANGALAM MULTISPECIALITY HOSPITAL	MUKESH	HOSPITAL MANAGER	7992418746		
36					manager.mangalamhospital@gmail.com	
37	MODERN ENT HEAD & NECK HOSPITAL AND RESEARCH CENTER	Rohit Raj	manager	9155715540		
38		Shahzad	Staff	9204727782		
39	OM ENT AND MATERNITY HOSPITAL	Pooja Sharma	Staff	7462034211		
40						

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
41	Om ENT Hospital					
42						
43	PRIDE HOSPITAL	Dr. J.P. Singh	TPA	8789926601		
44		Dr. J.P. Singh	TPA	8789926601	pridehospital2012@gmail.com	
45	PULSE HOSPITAL	SANTOSH KUMAR	MANAGER	8809809913	itsantoshbgs@gmail.com	
46		Dr. Archana	Doctor	9931240556	sharmarehanna1977@gmail.com	
47	R. K. MATERNITY AND HEALTH CENTRE					
48						
49	RPS MEMORIAL SUPERSPECIALITY HOSPITAL	Dr. Grantam	owner	8969463840		
50						
51	SAMARPAN HOSPITAL	Ramesh Kumar Singh	Hospital Manager	9931824214		
52		Badal Kumar		8210092519		
53	SANEH NEW BORN & CHILD CARE CENTRE	Anand Raj	Medic	9608661414	anandrc2015@gmail.com	
54		Mritunjay Kr	Manager	9572205142	abc.mritunjay@gmail.com	

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
55	SHEO KAMAL MEMORIAL MODERN NICU PICU AND CHILDREN HOSPITAL	Dr. Ashucom Ranson	Proprietor	9470308052	ashucom.rimes@yahoo.co.in	Ashucom
56		Dr. Piyush Prasad	Proprietor	9798001226	ashucom.piyush@gmail.com	Piyush Prasad
57	SUSHILA HOSPITAL	Dr. Anjali Baskal	Professor	9431873940		Anjali
58		M. De. Neushael	Manager	9709610839	sushilahospital.insy@gmail.com	Neushael
59	VISION & SRIJAN	Roshan Kumar	eye	7257949399	roshan.kumar@visionand.com	Roshan Kumar
60		Alok Kumar	eye	933434857	Alok.kumar@visionand.com	Alok
61	Shakti Nivara & PICU	Mrs. Sakshi Arora	Aarogy Mitra	8703553685	Sakshi.Arora@niva.com	Mrs. Sakshi Arora
62	ICARE EYE CLINIC	NIRAJ KUMAR	Aarogy Mitra	7808067655	niraj123@gmail.com	Niraj Kumar
63	Jeevan Deep Hospital	Guddu Kumar	Post Ananya	7050308248	guddukumar@gmail.com	Guddu Kumar
64	Arman Care	Dr. J.P.				
65	Jeevan Deep Hospital	Dr. Shreyas	Doctor	7218644768	dr.shreyas@jeevan.com	Shreyas
66	VISION & SRIJAN	Dr. Punit Parmar	Director	812471184	punit.parmar@visionand.com	Punit Parmar
68	GHSPL Hospital	Sujit Kumar	Agustine	9955819422	caserevit11@gmail.com	Sujit
69						
70						



One Day Workshop of  
**Private Empanelled Hospitals on Anti-Fraud and Quality Documentation**  
 under AB-PMJAY  
 September 13, 2025 | Hotel Chinmaye Inn, Bhagalpur  
 Attendance Sheet (Khagaria)



10 Khagaria

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	NAVDEEP HOSPITAL	Dr. K. Nandani	Proprietor	8585957714	dr.prime@gmail.com	
2		Dr. P. Yash	Manager	8484290314	nandani@navdeep.com	
3	NECTAR HOSPITAL	Dr. Roshan Kumar	MO	9939098791	gauravla232@gmail.com	
4		Raghu K	mg	6201407432		
5	SHAHEED PRABHU NARAYAN MULTISPECIALITY HOSPITAL	Dr. K. Vikram Singh	Doctor	8227960226	vikramsingh2@gmail.com	
6		Dr. Jai Shankar	Doctor	9970864080	jaishankar.kumar@gmail.com	
7	"	Nityanand Pandey	MD Path	7082202655	9358AIPS@unil.com	
8	"	Goutam Kumar	IT	7742499920	goutam.kumar9996@gmail.com	
9	MITHILA AANKH HOSPITAL	Vijay	Proprietor	9971743833	mithila.aankh.hospital@gmail.com	
10	"	<del>Dr. Jayant</del>		8709808165	"	<del>Dr. Jayant</del>
11	"	<del>Dr. S.S.</del>		7667007441	"	<del>S.S.</del>



8

Jammu

One Day Workshop of  
 Private Empanelled Hospitals on Anti-Fraud and Quality Documentation  
 under AB-PMJAY  
 September 13, 2025 | Hotel Chinmaye Inn, Bhagalpur  
 Attendance Sheet (Jammu)



Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	DEO PUSHPA COMPUTERISED ORTHOPEDIC&POLY CLINIC CENTRE	Romya Kmr	Manager	9852910296		Romya Kmr
2		Sujit Kumar	Manager	9801062525		Sujit Kumar
3	I CARE EYE HOSPITAL AND RESEARCH CENTRE	ROHIT TIWARI	MANAGER	930467195		Rohit Tiwari
4		ASHISH KUMAR	Staff	8298097523	ashishkumarjammu153@gmail.com	Ashish Kumar
5	J P HOSPITAL	MAHESH KUMAR	Manager	7004009503		Mahesh Kumar
6						
7	R K Haddi Hospital	Chand Kumar	Manager	8521028981		Chand Kumar
8						
9	SATYAM NURSING HOME	Narendra Singh	Data Operator	9288141517		Narendra Singh
10						
11	Susami Vivekanand Hospital - Sironeta	Param Kumar	Manager	954103524		Param Kumar
12						



5

Begusarai

One Day Workshop of  
 Private Empanelled Hospitals on Anti-Fraud and Quality Documentation  
 under AB-PMJAY  
 September 13, 2025 | Hotel Chinmaye Inn, Bhagalpur  
 Attendance Sheet (Begusarai)



Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	AAYUSHMAN HOSPITAL	DR. Hira Kumar	Proprietor	9430886002	drhira.kumar@gmail.com	Hira Kumar
2		Pran Kumar	Proprietor	9409368707	Pranpoddarbegusarai@gmail.com	Pran Kumar
3	ALLEXIA					
4						
5	AMIRA HEALTHCARE PVT LIMITED					
6						
7	B. P RAI MEMORIAL HOSPITAL POKHARIA BEGUSARAI	Dhinesh Kumar	Doc Computer Operator	9709953738 9771793444	anand.sharma.begusarai@gmail.com	Dhinesh Kumar
8						
9	BEGUSARAI AAROGYA JEEVAN MULTISPECIALITY HOSPITAL	Dr. MD. KAMRAN	DOCTOR (M.B.B.S)	8252311565	K.kamranofficial@gmail.com	Dr. Kamran
10		Ram Jit Kumar	Manager	6209315378	ramjitkumar@gmail.com	Ram Jit Kumar

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
11	BISHNUPUR MULTISPECIALITY HOSPITAL	Dr. Sawan Kumar	Doctor	7541818751	Dr. Sawan Kumar @ gmail.com	[Signature]
12		Rajeev Kumar	PAM	9199414523	bmkhospit@ gmail.com	[Signature]
13	BONE AND JOINT HOSPITAL	Shri Bhadr Yasi	Doctor	9546088888		[Signature]
14		Manish Kumar	Manager	6201961913		[Signature]
15	BSM NIRAMAYA HOLISTIC CARE HOSPITAL	Dr. Bharat	Doctor	7992367617	bharat.lal.thao@ gmail.com	[Signature]
16		Jashti Kumari	ayasthymetung	9192378505	aat.hikunzi2006@hanogai	[Signature]
17	CITY HOSPITAL	Litendra Kumar	Doctor	8210553982	jitendra291987@ gmail.com	[Signature]
18		Prabhat Ranjan	PM/ST/ST/ST	8298163834	Ranjan497@ gmail.com	[Signature]
19	GANGA HOSPITAL	DR. DEEPAK	Doctor	9835088920	deepakjha@ gmail.com	[Signature]
20		MD. MEHARJ	PM/ST/ST/ST	8298033457	mdmeearhuj2007@ gmail.com	[Signature]
21	GHSPL BEGUSARAI HEALTHCARE LLP	Madhu Singh	Administrator	9125209108	insurance.bgs@ ghspl.in	[Signature]
22		Nikhil Kumar	RMO	879294442	nikhilkumar.764@ gmail.com	[Signature]
23	GRACE HOSPITAL AND ENDOSCOPY CENTER BEGUSARAI	md peer shah jadu	pm. jay mitra	9546482766	peerstahsada2006@ gmail.com	[Signature]
24						[Signature]

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
25	JEEVAN SURAKSHA	DR. A. K. Suman	Director	7934216304	ardindia.suman@ gmail.com	[Signature]
26		Kusho Paswan	Asst. of mtr	8051764235	kusho201120@gmail.com	[Signature]
27	KALPANA NURSING HOME	Dr. Amit Kumar	RMO	7050865309	Amitmncog@ gmail.com	[Signature]
28		Rajan Raj	Manager	8677979730	RajanRaj@ gmail.com	[Signature]
29	LIFELINE HOSPITAL & RESEARCH CENTER					
30						
31	MANJU MEERA HOSPITAL PRIVATE LIMITED	Nishu. Kuroti	Asst. mtr	854157067	Nishu201120@gmail.com	[Signature]
32						
33	MIRA NURSING HOME	Biplav Das	Manager	9002132738	biplavdas@ gmail.com	[Signature]
34						
35	NAVLOK HOSPITAL PRIVATE LIMITED	DR. NAVNEET KUMAR	DIRECTOR	8926271110	Navlokhospital@ gmail.com	[Signature]
36		Rajeev K	Manager	620587084	"	[Signature]
37	ORTHO CENTRE	Dr. Manish Kumar	Dr.	8210744262		[Signature]
38		Ravi		7903023593		[Signature]

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
39	RAM JYOTI CHILDREN HOSPITAL	Vaibhav Kumar	PMAM	6202378195	Vaibhav.0054@gmail.com	
40						
41	RIVER VALLEY HOSPITAL A UNIT OF MARVEL SUPERSPECIALITY HOSPITAL PVT LTD	Causar K Singh	<del>PMAM</del> Manager	829526011	kumargaurav608@gmail.com	
42		Dr. Shubham	Doctor	6204902050	mayshub52@gmail.com	
43	ROOP DEV EYE AND DENTAL HOSPITAL	Anil Kumar	PMAM	9113123592	anishkgs82@gmail.com	
44		Dr. Anil Prakash	Director	99312-65163	anilprakash7@gmail.com	
45	SHIVAM NURSING HOME	Dr. Padmalan	Doctor	9831400710	padmalan.1024@gmail.com	
46		Srinivas Reddy	PMAM	9584314016	88994524@gmail.com	
47	SHIVAYU HOSPITAL	Dr. Vishwanath Prateep	ms ophthal Eye Surgeon	9973176660	vishwanathprateep1992@gmail.com	
48		Ud. Junaid		7667047836	udjunaid79@gmail.com	
49	SRI BALAJI HOSPITAL	Rabbi Kumar	Manager	810873349	rabbi19981028@gmail.com	
50						
51	SRIJAN CHIKITSA CLINIC	DR. DIVAKAR SENA	Senior Doctor	9431203233		
52		Rima Kumari	Manager	8271933245		

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
53	TOP MEDICARE HOSPITAL (A UNIT OF CURASTEX MEDICARE PRIVATE LIMITED)	Dr. Abhishek	Medical SB	9560614022	topmedmanager@gmail.com	
54		Mr. Hemant Kumar	Manager	9899752257	U	
55	UPCHAR HOSPITAL	Dr. Banashri	Doctor	9973444449	banashrij@gmail.com	
56		Dr. Anupam	Doctor	9559992273	U	
57	Saraj Sanjeevani Hospital	Binay Kumar	Manager	7903796677	sarajsanjeevani@gmail.com	
58	SS	Rahul Kumar	MBBS (GM)	9065952864	sarajsanjeevani@gmail.com	
59	21	A/251 03112	Director	9955712201	A/251 03112	
60		Santosh Kumar	PMAM	903186144	U	
61	Begusarai Heart Hospital Pvt Ltd	Vaibhav Kumar	Manager	9113776711	Kumarvaibhav418@gmail.com	
62		Chandan Kumar	S. Staff	7004861992	chandan.psc29@gmail.com	
63	SHAM Hospital	Alok Mishra	S. Staff	6201597115	alokmishra@gmail.com	
64	Bishnu Pur Majhi Hospital	Chandan Kumar	S. Staff	8282872291		
65						
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2

One Day Workshop of Private Empanelled Hospitals on Anti-Fraud and Quality Documentation under AB-PMJAY

September 13, 2025 | Hotel Chinmaye Inn, Bhagalpur Attendance Sheet (Banka)



Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	PRAKASH NURSING HOME	Dr. Sandeep Kr. Gupta	Doctor	7250727814	drskgupta96@gmail.com	[Signature]
2		Jas Prakash	M.D.	9681242502	PrakashNursingHome@gmail.com	[Signature]
3						
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Munger 11

One Day Workshop of Private Empanelled Hospitals on Anti-Fraud and Quality Documentation under AB-PMJAY

September 13, 2025 | Hotel Chinmaye Inn, Bhagalpur Attendance Sheet (Munger)



Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	ASHIRWAD HOSPITAL	Ramesh	Staff	8076045566		[Signature]
2		Sanjay Kumar	PMJAY MHS	8094441198		[Signature]
3	JAS HOSPITAL	Ranjit Kumar		9992242507		[Signature]
4		Anand Kr.		7209597808		[Signature]
5	JEEVAN AVTAR HOSPITAL	Amit Kr.	Account Officer	9334822765		[Signature]
6						
7	MUNGER EMERGENCY HOSPITAL	Mr. Ravi Kant	Manager	7004209887	savil0878@gmail.com	[Signature]
8		Dr. Anish	Staff Doctor			[Signature]
9	SEVAYAN HOSPITAL	Rohit Kumar	operator and manager	9262624711	sevayan.hospital@gmail.com	[Signature]
10		Roham Kumar	MS. Gen. Surgery	9504370975	Kumarohan2011@gmail.com	[Signature]
11	SURIMS & HOSPITAL PVT LTD	Dr. Neel Kumar	MS (Gen. Surg)	8929036861	neelkumar400@gmail.com	[Signature]
12		Vishnu Kumar	Staff	9693456164		[Signature]



⑤

Lakhisarai

**One Day Workshop of  
Private Empanelled Hospitals on Anti-Fraud and Quality Documentation  
under AB-PMJAY**  
September 13, 2025 | Hotel Chinmaye Inn, Bhagalpur  
Attendance Sheet (Lakhisarai)



Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	DAKSH HOSPITAL	Ankit Kumar	PMJAY MIRA	6354170478	ankitkumar091@gmail.com	
2		Jitenber Kumar	PMJAY MIRA	8083578723	k.jitenber226@gmail.com	
3	NAYAN JYOTI EYE CENTRE	Dr. Niranjan Kumar Bishal	PMJAY MIRA	7543036593	drniranjanb@gmail.com	
4		Santosh Kumar Choudhary	PMJAY MIRA	9044291570	2440h.choudhary@gmail.com	
5	SHRI ASHOKDHAM GENERAL AND SURGICAL HOSPITAL	Madhura Kumar	PMJAY MIRA	7479 803654	empheno@gmail.com	
6						
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**One Day Workshop of  
Private Empanelled Hospitals on Anti-Fraud and Quality Documentation  
under AB-PMJAY**  
September 13, 2025 | Hotel Chinmaye Inn, Bhagalpur  
Attendance Sheet



Sl. No.	Name	Designation	Organisation	Mobile No.	Email ID	Signature
1.	Sri Shailesh Ch. Diwaker	AO, BSSS	BSSS			
2.	Dr. Alek Ranjan	Director-Operations	BSSS			
3.	Dr. Heeraj K. Singh	Director-Health	BSSS			
4.	Dr. Ashok Kumar	Civil Surgeon	Bhagalpur	6287999739	director.healthbss@gmail.com	
5.	Dr. Dhananjay Kumar	DIO	Bhagalpur			
6.	Dr. Gurinder Pandhara	Consultant	ADRI	99771414777	dr.gurinder@gmail.com	
7.	Dr. Suraj Shankar	Team Lead	ADRI	9631978797	PMJAY-CHP@adriindia.org	
9.	Mr. Satyendra Kumar	Capacity Building officer	ADRI	9431648521		
10.	Mr. Dileep Kumar	Project officer	ADRI	6201162761		
11.	Mr. Indrajit Ghoshan	Project officer	ADRI	7739708292		
12.	Mr. Pawan Kumar Lal	State Project coordinator	ADRI	7703258829		

Sl. No.	Name	Designation	Organisation	Mobile No.	Email ID	Signature
13.	Mr. Anshul Kumar	State Project Coordinator	ADRI	9901304349	anshul.chp@calbwhdwa.org	
14.	Mr. Ritam Piyush	Zonal Coordinator	ADRI	7779928258	ritampiyush@gmail.com	
15.	Mr. Vikas Gupta	Zonal Coordinator	ADRI	9931299801	vikashbgs@gmail.com	
16.	Mr. Praveen Kumar	DPC, Jamui	BSSS	926447440	DPC.Jamui.BSSS@gmail.com	
17.	Abhishek Kumar Singh	D.E.O BHP	BSSS			
18.	KANHAIYA KUMAR	DC, VIDAL	NIDAL HEALTH	6200419706	Kanhaiyakumarsharma@gmail.com	
19.	Pawan Kumar	DPC, Bhagalpur	BSSS	9264441418		
20.	AMISH NARAYANANAR	DPC - Khasi	BSSS	9264431446		
21.	PRABHAT KUMAR	DPC - Betsasi	BSSS	9264471424		
22.	MUKESH KOR	DPC. Lektia	BSSS	9264471428		
23.	Gurpreet Singh	Dictian	NCF	9877119177	gurpreet7833@gmail.com	
24.	Jeemee Kumari	Epidemiologist	DHS Bhagalpur IDSP	8804801561	Kurujisingh@gmail.com	
25.	Rajiv Kumar	DEO, IDSP Bhagalpur	DHS, Bhagalpur IDSP	7992471967	kannbgs2010@rediffmail.com	
26.	SANTOSH KUMAR	Consultant	ADRI	7548558551		
27.	Arundh K. Ravi	Consultant	ADRI	9572263226		
28.	Tulika	Consultant	ADRI	9798643766		
29.	Nitish Kumar	Consultant	ADRI	7808828334		
30.	Amrit Kumar	cameraman		7549169026		
31.	Jhvan Jaiswal	cameraman		7488258859		
32.	Sanjeev Kumar	Project Officer	ADRI			

**Annexure: -2**



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

Participants: Bhagalpur, Banka, Begusarai, Jamui, Khagaria,  
Lakhisarai and Munger



**Date :13 September, 2025**

**Venue: Hotel Chinmaye Inn, Bhagalpur**

**Program Schedule**

<b>Time</b>	<b>Session</b>	<b>Facilitator</b>
<b>10:00 – 10:30</b>	Registration	CHP – ADRI team
<b>10:30 - 10:35</b>	Welcome Note & Objective of the workshop	Dr. Alok Ranjan, Director – Operation, BSSS
<b>10:35 – 10:50</b>	Key Note and Overview of Antifraud	Shri Shailesh Chandra Diwakar, Administrative Officer, BSSS
<b>10:50 – 11:25</b>	Sensitization on Fraud Prevention	Dr. Gurinder Randhawa, Consultant, CHP -ADRI
<b>11:25 – 11:50</b>	Fraud Mitigation - Quality Documentation	Dr. Alok Ranjan, Director – Operation, BSSS
<b>11:50 – 12:15</b>	Compliance to Standard Treatment Guidelines	Dr. Gurinder Randhawa, Consultant, CHP -ADRI
<b>TEA BREAK</b>		
<b>12:15 – 12:45</b>	Standard Treatment Guidelines and Health Benefit Package – Adherence to Mandatory Protocols & Documents	Dr. Neeraj Kumar Singh, Director – Healthcare, BSSS Mr. Satyendra Kumar, CHP-ADRI
<b>12:45 – 01:45</b>	Case Studies	Dr. Alok Ranjan, Director – Operation, BSSS Dr. Gurinder Randhawa, Consultant, CHP -ADRI
<b>01:45 – 01:55</b>	Way Forward	PMJAY & ADRI team
<b>01:55 – 02:05</b>	Sensitization for Real-time Reporting on IHIP portal	District IDSP cell & ADRI team
<b>02:05 – 02:45</b>	<b>Lunch Break</b>	
<b>02:45 – 03:30</b>	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 \* 1 point  
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.

**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 \* 1 point to such falsification of medical records?

*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.

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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?

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

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- The clause that exempts hospitals from record-keeping obligations if no post-surgical complications are reported within 7 days.

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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.

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- IPC 463 – Forgery

Annexure: -5

Some Glimpses of the workshop program



Media Coverage

आयुष्मान भारत योजना को लेकर निजी अस्पतालों की कार्यशाला आयोजित



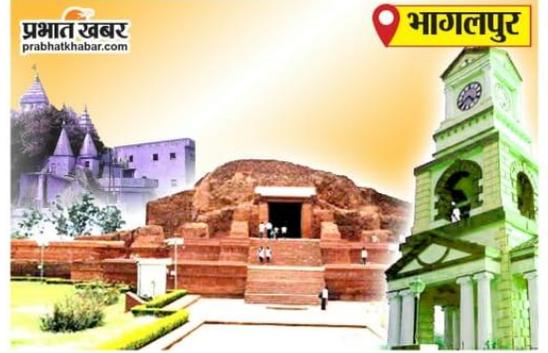
कार्यशाला में मौजूद अतिथि। (नई बात)

**नई बात, संवाददाता।** बिहार स्वास्थ्य सुरक्षा समिति व सेंटर फॉर हेल्थ पॉलिसी के संयुक्त तत्वावधान में शनिवार को एक होटल में आयुष्मान भारत योजना के तहत सूचीबद्ध अस्पतालों के लिए एंटी-फ्रॉड एवं क्वालिटी डॉक्यूमेंटेशन पर एकदिवसीय कार्यशाला का आयोजन किया गया। कार्यशाला में भागलपुर, बांका, बेगूसराय, जमुई, खगड़िया, लखीसराय एवं मुंगेर जिलों के निजी अस्पतालों के प्रतिनिधि, वरिष्ठ चिकित्सक एवं स्वास्थ्य क्षेत्र से जुड़े विशेषज्ञों ने भाग लिया। कार्यशाला का मुख्य उद्देश्य आयुष्मान भारत का प्रधानमंत्री जन आरोग्य योजना के तहत धोखाधड़ी निरोधक उपायों को मजबूत करना तथा दस्तावेजीकरण को सुदृढ़ करना था। कार्यशाला के मुख्य अतिथि सिविल सर्जन डॉ. अशोक कुमार

थे। कार्यशाला की अध्यक्षता करते हुए बीएसएसएस के प्रशासनिक पदाधिकारी शैलेश चंद्र दिवाकर ने प्रतिभागियों को धोखाधड़ी की रोकथाम के आवश्यक कदमों से अवगत कराया। कार्यशाला के विभिन्न सत्रों में कंसल्टेंट डॉ. गुरिंदर रंधावा और डॉ. आलोक रंजन ने धोखाधड़ी की रोकथाम, केस स्टडीज तथा स्टैंडर्ड ट्रीटमेंट गाइडलाइंस एवं हेल्थ बेनिफिट पैकेज पर विस्तार से चर्चा की। इसके अतिरिक्त प्रतिभागियों को रियल-टाइम रिपोर्टिंग के लिए पोर्टल के उपयोग को लेकर जागरूक किया। अंतिम चरण में प्रतिभागियों ने फोकस ग्रुप डिस्कशन के माध्यम से आयुष्मान भारत योजना के क्रियान्वयन से जुड़ी चुनौतियों एवं समाधान पर सुझाव साझा किए। कार्यक्रम में डॉ. सूरज शंकर, इन्द्रजीत गोस्वामी, दिलीप, संजीव, पवन, अंशुल एवं अन्य लोग मौजूद थे।

आयुष्मान भारत योजना के तहत कार्यशाला आयोजित

जारी, भागलपुर, बिहार स्वास्थ्य सुरक्षा समिति एवं सेंटर फॉर हेल्थ पॉलिसी एडीआरआई के संयुक्त तत्वावधान में एक दिवसीय कार्यशाला का आयोजन स्थानीय एक होटल में किया गया। इसमें आयुष्मान योजना से पंजीकृत निजी अस्पताल संचालकों ने भाग लिया। कार्यशाला का विषय एंटी-फ्रॉड एवं क्वालिटी डॉक्यूमेंटेशन रखा गया था। इसमें भागलपुर, बांका, बेगूसराय, जमुई, मुंगेर, लखीसराय व खगड़िया के चिकित्सक एवं इस सेवा से जुड़े लोगों ने हिस्सा लिया। इसमें मुख्य अतिथि के रूप में सीएस डा. अशोक कुमार मौजूद थे। उसका मुख्य मकसद आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना के तहत धोखाधड़ी निरोधक उपायों को मजबूत करना, गुणवत्ता दस्तावेज तैयार करना एवं स्टैंडर्ड ट्रीटमेंट गाइडलाइंस एवं हेल्थ बेनिफिट पैकेज की जानकारी देना था। कार्यशाला की शुरुआत निदेशक आपरेशन बिहार स्वास्थ्य सुरक्षा समिति के निदेशक डा. आलोक रंजन ने करते हुए इसके उद्देश्य के बारे में जानकारी दी। वहीं समिति के प्रशासनिक पदाधिकारी शैलेश चंद्र ने एंटी-फ्रॉड के बारे में विस्तार से बताया।



बिहार स्वास्थ्य सुरक्षा समिति व सेंटर फॉर हेल्थ पॉलिसी एडीआरआई के संयुक्त तत्वावधान में भागलपुर स्थित शहर के एक होटल में निजी सूचीबद्ध अस्पतालों के लिए एंटी-फ्रॉड एवं क्वालिटी डॉक्यूमेंटेशन पर एक दिवसीय कार्यशाला का आयोजन किया गया। इसमें भागलपुर, बांका, बेगूसराय, जमुई, खगड़िया, लखीसराय एवं मुंगेर के निजी अस्पतालों के प्रतिनिधि, वरिष्ठ चिकित्सक एवं स्वास्थ्य क्षेत्र से जुड़े विशेषज्ञों ने भाग लिया। कार्यशाला का मुख्य उद्देश्य आयुष्मान भारत, प्रधानमंत्री जन आरोग्य योजना के तहत धोखाधड़ी निरोधक उपायों को मजबूत करना, गुणवत्ता दस्तावेजीकरण को सुदृढ़ करना तथा स्टैंडर्ड ट्रीटमेंट गाइडलाइंस एवं हेल्थ बेनिफिट पैकेज के अनुपालन को सुनिश्चित करना था। कार्यशाला की शुरुआत डॉ आलोक रंजन, निदेशक ऑपरेशन, बिहार स्वास्थ्य सुरक्षा समिति द्वारा स्वाभाविक भाषण एवं उद्देश्य प्रस्तुति के साथ हुआ। भागलपुर के सिविल सर्जन डॉ अशोक कुमार उपस्थित थे। इसके पश्चात कार्यशाला

क्वालिटी डॉक्यूमेंटेशन पर कार्यशाला

**वटीय संवाददाता, भागलपुर** अस्पतालों के प्रतिनिधि, वरिष्ठ चिकित्सक एवं स्वास्थ्य क्षेत्र से जुड़े विशेषज्ञों ने भाग लिया। कार्यशाला का मुख्य उद्देश्य आयुष्मान भारत, प्रधानमंत्री जन आरोग्य योजना के तहत धोखाधड़ी निरोधक उपायों को मजबूत करना, गुणवत्ता दस्तावेजीकरण को सुदृढ़ करना तथा स्टैंडर्ड ट्रीटमेंट गाइडलाइंस एवं हेल्थ बेनिफिट पैकेज के अनुपालन को सुनिश्चित करना था। कार्यशाला की शुरुआत डॉ आलोक रंजन, निदेशक ऑपरेशन, बिहार स्वास्थ्य सुरक्षा समिति द्वारा स्वाभाविक भाषण एवं उद्देश्य प्रस्तुति के साथ हुआ। भागलपुर के सिविल सर्जन डॉ अशोक कुमार उपस्थित थे। इसके पश्चात कार्यशाला की अध्यक्षता करते हुए सेंटर फॉर हेल्थ पॉलिसी के संयुक्त तत्वावधान में आयोजित कार्यशाला का मुख्य उद्देश्य आयुष्मान भारत का प्रधानमंत्री जन आरोग्य योजना के तहत धोखाधड़ी निरोधक उपायों को मजबूत करना तथा दस्तावेजीकरण को सुदृढ़ करना था। कार्यशाला के मुख्य अतिथि सिविल सर्जन डॉ. अशोक कुमार

निजी अस्पतालों के लिए कार्यशाला हुई

**भागलपुर, बिहार** स्वास्थ्य सुरक्षा समिति (बीएसएसएस) एवं सेंटर फॉर हेल्थ पॉलिसी एडीआरआई की ओर से प्राइवेट रजिस्टर्ड अस्पतालों के लिए कार्यशाला हुई। 'एंटी-फ्रॉड एवं क्वालिटी डॉक्यूमेंटेशन' विषय पर कार्यशाला में बात रखी गई। भागलपुर, बांका, बेगूसराय, जमुई, खगड़िया, लखीसराय और मुंगेर के निजी अस्पतालों के प्रतिनिधि, चिकित्सक और स्वास्थ्य विशेषज्ञ शामिल हुए। उद्घाटन डॉ. आलोक रंजन ने किया। मुख्य अतिथि सिविल सर्जन डॉ. अशोक कुमार थे। अध्यक्षता बीएसएसएस के प्रशासनिक पदाधिकारी शैलेश चंद्र दिवाकर ने की। सत्र में डॉ. गुरिंदर रंधावा, डॉ. आलोक रंजन, डॉ. नीरज कुमार सिंह और सत्येन्द्र कुमार ने धोखाधड़ी निरोधक उपाय, गुणवत्ता दस्तावेजीकरण, स्टैंडर्ड ट्रीटमेंट गाइडलाइंस और हेल्थ बेनिफिट पैकेज पर विस्तार से जानकारी दी।



