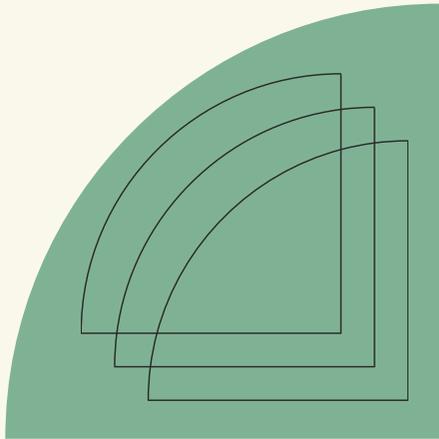




REPORT



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

December 19, 2025 (Monday)
Time: 10:00 AM
Venue: Dr H. N. Yadav
Auditorium, DMCH, Darbhanga

Participants- Darbhanga,
Madhubani, Samastipur and
Sitamarhi

Asian Development Research Institute

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



Report

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

Participants- Darbhanga, Madhubani, Samastipur and Sitamarhi



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)

Table of Content

<i>Sl. No.</i>	<i>Chapter</i>	<i>Page No.</i>
1.	Background	1
2.	Workshop Objectives	1
3.	Interactive Components	1
4.	Participants Profile	2
5.	Resource Person	2
6.	Venue & Date	3
7.	Proceedings	3
8.	Challenges	13
9.	Recommendations	13
10.	Trainees Feedback	14
11.	Annexures	
	Annex 1: Attendance Sheet	15 – 25
	Annex 2: Workshop Schedule	26
	Annex 3: Pre-Assessment Form	27 – 36
	Annex 4: Post Assessment Form	37 – 44
	Annex 5: Some Glimpses of the workshop program	45
	Annex 6: Media Coverage	46

1. BACKGROUND

Fraud in healthcare systems poses a significant challenge by diverting scarce public resources away from genuine beneficiaries and undermining trust in publicly funded health assurance programmes. In the context of **Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)**, such practices not only result in financial leakages but also adversely affect the credibility and sustainability of the scheme. Ensuring adherence to **Standard Treatment Guidelines (STGs)**, accurate and complete clinical documentation, and correct application of **Health Benefit Packages (HBPs)** is therefore critical for promoting transparency, minimizing fraudulent and unnecessary claims, and maintaining uniform standards of care across empaneled facilities.

Against this backdrop, a one-day capacity-building workshop was organized by **Asian Development Research Institute (ADRI)** as part of its technical support to **Bihar Swasthya Suraksha Samiti (BSSS)**. The workshop aimed to sensitize private empaneled hospitals across four districts of Bihar on key aspects of **anti-fraud measures, quality documentation** practices, compliance with STGs, and appropriate utilization of HBPs under AB-PMJAY. By strengthening institutional awareness and operational capacities at the provider level, the training sought to support ethical practices, improve claim quality, and reinforce accountability mechanisms essential for the effective implementation of the scheme.

In this context, a one-day workshop was organized by the Asian Development Research Institute (ADRI) in Darbhanga on December 19, 2025 as part of its technical support to the Bihar Swasthya Suraksha Samiti (BSSS). The workshop focused on sensitizing private empanelled hospitals across eight 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

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

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 174 participants from 99 private empanelled hospitals from the districts of Darbhanga, Madhubani, Samastipur and Sitamarhi. 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	Shri Shailesh Chandra Diwakar	Administrative Officer	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	Director - Healthcare & CB Officer	BSSS
Real-Time Reporting on IHIP	District IDSP Cell & ADRI team		
Way Forward & Vote of Thanks	Dr. Suraj Shankar	Team Lead, CHP-ADRI	CHP-ADRI
Focus Group Discussions (FGDs) on PMJAY implementation challenges engaging few consenting medical experts and Hospital Administration	ADRI Team		

6. VENUE & DATE



Venue: At Dr H. N. Yadav Auditorium, DMCH, Darbhanga & Date: 19th December, 2025

7. PROCEEDINGS

Inaugural Session and Keynote Address



and Sitamarhi. He subsequently invited Shri Shailesh Chandra Diwakar, Administrative Officer, Bihar Swasthya Suraksha Samiti (BSSS), to set the context for the day's programme. In his address, Shri Diwakar highlighted the pressing need to strengthen anti-fraud mechanisms and ensure systematic, high-quality documentation within the framework of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). He emphasized that shortcomings in these areas

The workshop commenced with introductory remarks by Shri Indrajit Goswami, Project Officer, CHP-Asian Development Research Institute (ADRI), who formally welcomed the owners/proprietors, senior doctors, officials, and representatives of private empanelled hospitals from the four participating districts—Darbhanga, Madhubani, Samastipur,



adversely affect financial accountability and can weaken beneficiaries' confidence in the scheme.



Following this, the Principal and Dean of Darbhanga Medical College and Hospital (DMCH), Dr. Alka Jha, was invited to the dais. In her welcome address, she underscored the intended outcomes of AB-PMJAY and its role in improving access to quality healthcare services.

Shri Indrajit Goswami then invited Dr. Arun

Kumar, Civil Surgeon, Darbhanga, to share his perspectives. Dr. Kumar reiterated the importance of robust anti-fraud practices under the scheme and firmly urged participants to strictly adhere to ethical standards, regulatory provisions, and prescribed guidelines, emphasizing zero tolerance towards any form of fraudulent activity.



Following the inaugural session, the objectives of the workshop were clearly articulated. The training aimed to strengthen the capacities of owners/proprietors, senior doctors, officials, and representatives of private empanelled hospitals in adhering to Standard Treatment Guidelines (STGs) and Health Benefit Packages (HBPs), while ensuring alignment with prescribed quality standards and compliance requirements under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY).

To assess participants' baseline knowledge and understanding of these key domains, a brief pre-session questionnaire was administered at the outset. A total of 89 participants actively completed the exercise, generating valuable insights into existing levels of awareness and areas requiring further strengthening.



To encourage active participation, small gifts were awarded to the top three performers. This initiative fostered a positive and competitive learning environment and helped sustain participants' interest, attentiveness, and engagement during the subsequent technical sessions.

Overview of Antifraud

In his keynote address, Shri Shailesh Chandra Diwakar, Administrative Officer, BSSS, presented a comprehensive overview of the nature, patterns, and implications of fraud under PMJAY and MMJAY, along with the mechanisms in place to address them. He explained the distribution of healthcare packages across various clinical specialties, highlighting that services such as General Medicine, Ophthalmology, Orthopedics, Cardiology, and major surgical procedures account for a substantial proportion of claims. In contrast, highly specialized areas such as polytrauma care, interventional neuroradiology, and Pediatric surgery contribute a relatively smaller share to overall claims, underscoring the need for focused vigilance in high-volume service areas.



Shri Diwakar further elaborated on the multi-layered anti-fraud framework, comprising the **State Anti-Fraud Unit (SAFU)**, district-level investigation teams, medical officers, legal advisors, and data analysts, which collectively ensure monitoring and enforcement from the state to the district level. Participating hospitals were advised to submit only genuine and justified claims, maintain complete and

accurate documentation—including diagnostic reports and geo-tagged photographs—strictly adhere to scheme guidelines and package norms, and extend full cooperation during audits and inspections.

The session concluded by highlighting the adverse consequences of fraudulent practices, including delays in care for genuine beneficiaries due to overcrowding of illegitimate claims, erosion of the credibility of PMJAY and MMJAY, financial losses to the government, and declining patient trust in the health system. Emphasis was placed on sustained vigilance, surprise and live audits, and coordinated enforcement actions as essential measures to ensure ethical practices and equitable delivery of healthcare services across Bihar.

Technical Session I – Sensitization on Fraud Prevention

Dr. Gurinder Randhawa, Consultant, CHP–Asian Development Research Institute (ADRI), delivered a detailed technical session on Sensitization on Fraud Prevention under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) and Mukhyamantri Jan Arogya Yojana (MMJAY). Participants learned how artificial intelligence and machine learning help detect fraudulent activity. The session broke down the 'triggers' that cause claims to be

flagged for review, illustrating how these advanced technologies protect the schemes' resources and ensure they remain sustainable for future beneficiaries.

The session further detailed the operational impact of fraud detection on Empanelled Healthcare Providers (EHCPs). While standard claim processing typically takes 15 days for state-level cases and up to 30 days for portability cases, claims flagged as suspicious undergo rigorous scrutiny by the State Anti-Fraud Unit (SAFU). This process includes telephonic verification, desk reviews, and field audits. Data presented revealed that approximately 25% of triggered cases were confirmed as fraudulent. Consequently, these 43,430 cases—carrying a financial implication of roughly ₹11 crore—led to claim rejections and the watch-listing of the involved hospitals.



Dr. Randhawa detailed several "red flags" that trigger fraud investigations, including duplicate claims, inconsistent or missing diagnostic reports (such as X-rays), and unjustified hospital stays. Specific clinical anomalies were also highlighted, such as cataract surgeries performed on patients under 35 and hysterectomies on women under 40. A facility-wise analysis indicated that the majority of claims were concentrated in General Medicine (28.56%) and Ophthalmology (26.77%), followed by Orthopaedics (12.25%), Medical Oncology (7.82%), and Neonatal Care (7.55%). The session concluded that a significant volume of these cases were categorized as fraud or abuse due to the systematic duplication or manipulation of medical records.



The presentation included actual examples to illustrate the financial impact of such irregularities, including dialysis claims for patients under 35 years of age (₹12.96 lakh), duplicate claims (₹5.03 lakh), absence of blood transfusion or crossmatch documentation (₹1.13 crore), and inadequate length of stay in critical care cases (₹5.27 lakh). Frequently observed issues included repeated

hospitalizations of family members, extended non-critical medical management, incomplete clinical or diagnostic records, and use of duplicate or altered images.

The session concluded by reinforcing the necessity of accurate documentation, strict guideline adherence, and transparent cooperation during audits. Attendees were briefed on the severe penalties for non-compliance, which range from the withholding of payments and hospital de-empanelment to the filing of FIRs. Notably, financial recoveries can reach five to ten times the value of the fraudulent claim. Ultimately, the workshop highlighted a multi-faceted anti-fraud strategy designed to safeguard public resources, ensure equitable access

for legitimate beneficiaries, and uphold the integrity of the PM-JAY and MMJAY programs in Bihar..

Technical Session II - Compliance to Standard Treatment Guidelines

Dr. Gurinder Randhawa conducted an extensive technical session emphasizing strict compliance with documentation requirements as mandated by the Standard Treatment Guidelines (STGs) under AB-PMJAY. She highlighted that meticulous, accurate, and timely record-keeping is a compulsory prerequisite for seamless claim processing. Furthermore, such documentation serves as a cornerstone for ensuring transparency and institutional accountability within the scheme's service delivery framework

Dr. Randhawa outlined specific documentation protocols for both medical and surgical interventions. For medical management, hospitals must provide evidence of care through regular geo-tagged bedside photographs, indoor case papers, clinical progress notes, and vital charts. She emphasized that condition-specific investigations—such as CRP reports for sepsis, RBS monitoring for diabetes, and serum electrolyte levels for gastrointestinal ailments—are mandatory to substantiate the appropriateness and continuity of treatment.



Regarding surgical cases, the session underscored the necessity of "longitudinal documentation," encompassing geo-tagged pre-, intra-, and post-operative imagery. Essential records include authenticated Operation Theatre (OT) notes, stamped discharge summaries, and barcode-validated invoices for implants or devices. Dr. Randhawa further provided specialty-specific requirements, such as A-scans and IOL details for cataracts, biopsy reports for hysterectomies, angiography images for cardiac interventions (PTCA/CABG), and histopathology reports with tumor board approvals for oncology cases.



Dr. Randhawa reiterated that each Health Benefit Package under AB-PMJAY has predefined clinical and documentation requirements, and any deviation or incompleteness may result in queries, delays, or rejection during claim adjudication. In concluding her session, she underlined that consistent compliance with STGs not only mitigates financial risk for hospitals but also

strengthens clinical accountability, facilitates audits, and ultimately preserves the credibility and integrity of the PM-JAY scheme.

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

Dr. Neeraj Kumar, Director (Healthcare) of BSSS, provided a detailed overview of **Health Benefit Packages (HBP 2.1)** under AB-PMJAY. He emphasized the "continuum of care" model, which offers comprehensive cashless coverage including hospitalization, day-care procedures, and both pre- and post-hospitalization expenses. The presentation distinguished between **medical packages** (illness-based) and **surgical packages** (procedure-based), each defined by standardized nomenclature, specialty classifications, and fixed rates.



Dr. Neeraj Kumar, Director (Healthcare) of BSSS, detailed the all-inclusive structure of the AB-PMJAY benefit packages, which cover admission, surgeon fees, diagnostics, patient diet, and follow-up care. Using **ASD device closure** and **PTCA** as case studies, he explained complex pricing models and highlighted Bihar's specific reservation policy, which restricts seven specific

procedures to public health facilities.

Subsequently, Dr. Neeraj Kumar Singh, Director of Health Services (BSSS), underscored the critical role of **Standard Treatment Guidelines (STGs)** as a unified framework for providers, coordinators, and auditors. He noted that the 675 STGs currently available provide granular guidance on procedure codes, clinical indicators, and mandatory documentation, ensuring uniformity and fraud prevention across 1,650 procedures.

In the final segment, Dr. Singh addressed the adjudication of specialized claim scenarios, such as **LAMA/DAMA (Left/Discharged Against Medical Advice)**, in-hospital mortality, and referrals. He emphasized that any deviations must be reported within 24 to 72 hours, with payments finalized only after a successful audit. The session concluded with an update on **HBP 2.2**, resolving operational queries from EHCPs to streamline facility-level implementation and uphold financial integrity.



Technical Session IV – Fraud Mitigation & Quality Documentation

Dr. Alok Ranjan conducted a session titled "National Quality Assurance Standards: Half Empty or Half Filled!", highlighting medical records as the cornerstone of healthcare quality and medico-legal accountability. He argued that these records are multidimensional

instruments—clinical, scientific, and managerial—that facilitate continuity of care, financial reimbursement, and legal protection.



The presentation detailed the stakeholders' benefits: for patients, records ensure seamless follow-up and insurance eligibility; for clinicians, they serve as vital resources for research and legal defense; and for institutions, they provide the data necessary for budgeting and public health planning. The session concluded by reminding providers of their legal obligations under the Right to

Information Act, 2005, noting that accessible and meticulous documentation is fundamental to the system's overall credibility.

Sensitization for Real-time Reporting on IHIP portal

The ADRI team, in collaboration with officials from the District IDSP Cell, conducted a live demonstration on real-time disease reporting through the **Integrated Health Information**

Platform (IHIP) portal. A session was conducted by the District Epidemiologist Mr. Ravindra Kr Ravi who highlighted the transition from the conventional IDSP framework launched in 2004 to the upgraded IHIP system introduced in 2018. Unlike the earlier predominantly paper-based reporting mechanism, IHIP facilitates real-time, case-based digital surveillance, incorporating advanced features such as geo-tagging, GIS-enabled mapping, instant alerts, and hotspot identification, thereby significantly strengthening epidemic detection and response capacities.



The workshop emphasized the critical role of **Private Reporting Units (PRUs)**—particularly



private hospitals and diagnostic laboratories—in submitting **S, P, and L forms** to ensure comprehensive disease surveillance, early outbreak detection, and timely public health action. The current status of IHIP reporting in Bhagalpur was reviewed, noting active participation by government reporting units alongside emerging engagement from various districts. Participants were

encouraged to prioritize regular follow-up by health teams, leverage digital tools for prompt issue resolution, and designate nodal officers to improve the quality and consistency of reporting. The session concluded with the overarching message that sustained collaboration between public and private sectors is essential for building a robust and responsive national disease surveillance network.

Among all attendees, 67 participants successfully completed the post-session exercise, offering valuable insights into their present level of awareness. To foster active engagement, gifts were awarded to the top three performers.

Case Studies

As part of the capacity-building exercise, the ADRI team distributed six carefully designed case studies, each derived from real-life situations observed during implementation of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). These case studies were intended to highlight common operational challenges, documentation gaps, and potential fraud-prone practices encountered by empanelled hospitals, and to encourage participatory discussion on compliant and ethical responses in alignment with scheme guidelines.



The case studies covered the following key thematic areas:

- **Biometric authentication challenges at admission**, illustrated through a scenario involving failure of fingerprint authentication in a daily wage labourer, prompting discussion on alternative verification mechanisms, emergency admission protocols, and documentation required for subsequent claim settlement.
- **Emergency admission without physical Ayushman card**, focusing on situations where beneficiaries present without the card, and deliberation on eligibility verification through alternate digital modes, the role of the Ayushman Mitra, and the principle of non-denial of care.



- **Unannounced hospital audits by BSSS/State Health Agency teams**, simulating real-time inspection scenarios and examining hospital preparedness, internal coordination, availability of statutory records, transparency during audits, and response to observations of non-compliance.

- **Critical emergency admissions in absence of immediate beneficiary proof**,

emphasizing hospital responsibilities in life-saving situations, temporary verification

methods, documentation safeguards, prevention of misuse, and post-admission claim formalities.

- **Incorrect or inflated package selection**, demonstrated through a case of uncomplicated appendicitis being inappropriately proposed under a higher-value complicated package, highlighting risks related to fraud triggers, claim rejection, financial penalties, and reputational damage.
- **Package modification during the course of treatment**, based on a scenario where a patient initially admitted for medical stabilization later requires surgical intervention (cholecystectomy), encouraging discussion on appropriate package transition, conditions for modification, and rules governing utilization of medical versus surgical packages.

Through structured group discussions on these case studies, participants were encouraged to critically analyze real-world decision-making scenarios, identify correct procedural responses, and understand the implications of non-compliance. The exercise reinforced awareness of high-risk areas under AB-PMJAY, strengthened understanding of beneficiary rights and hospital obligations, and underscored the importance of accurate documentation, ethical practices, and adherence to scheme guidelines to prevent fraud and ensure integrity of claims processing.

Focus Group Discussions

The concluding session of the workshop comprised Focus Group Discussions (FGDs) designed to elicit qualitative feedback and on-ground perspectives from representatives of empanelled hospitals regarding their experiences with implementation of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY). The FGDs provided a structured yet open forum for participants to share both the benefits and challenges encountered since empanelment. Key issues discussed included limited patient awareness about eligibility and cashless entitlements, practical difficulties in beneficiary verification at the time of admission, and operational challenges during pre-authorization and claim settlement processes.



Participants reported concerns related to delays in claim processing, instances of claim rejections, and financial pressures arising from package rate ceilings, particularly in high-cost and resource-intensive procedures. Additional operational constraints highlighted during the discussions included increased administrative workload, gaps in internet connectivity, and

technical glitches encountered while working on the Transaction Management System (TMS) portal.

Another prominent theme emerging from the FGDs was the need for sustained capacity-building and institutional support. Hospital representatives emphasized the importance of periodic refresher trainings to enhance clarity on anti-fraud protocols, documentation standards, and evolving scheme guidelines. While acknowledging the necessity of audits and penalties to ensure transparency and accountability, participants noted that such processes occasionally disrupted routine hospital operations and underscored the need for a more facilitative and balanced approach by the State Health Agency and district teams.

Suggestions put forth by participants included strengthening grievance redressal mechanisms, rationalization of package rates, streamlining claim rectification processes, and providing dedicated administrative support for PMJAY-related activities at the hospital level. Overall, the FGDs yielded valuable ground-level insights into both operational and systemic challenges, while



also generating practical recommendations to enhance hospital engagement. The discussions reaffirmed the importance of continuous training, robust IT and handholding support, and closer collaboration between empanelled hospitals and the State Health Agency to improve transparency, efficiency, and quality of care under the scheme.

Closing Speech

The closing session of the workshop featured reflective remarks and expressions of appreciation from the organizers. Shri Shailesh Chandra Diwakar, Administrative Officer, Bihar Swasthya Suraksha Samiti (BSSS), acknowledged the enthusiastic and active participation of representatives from empanelled hospitals and conveyed his appreciation to Asian Development Research Institute (ADRI) for effectively facilitating the programme. He commended the commitment demonstrated by participants throughout the day and emphasized that the true impact of the workshop would be realized through the practical application of the learnings in routine hospital operations. He reiterated that transparency in processes, strict adherence to documentation norms, and sustained vigilance against fraudulent practices are critical to protecting the credibility of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) and maintaining the trust of beneficiaries. He further encouraged participants to serve as ambassadors of quality care and institutional integrity, ensuring that the benefits of the scheme reach the intended populations.



The session concluded with a formal vote of thanks proposed by Dr. Suraj Shankar, Team Leader – CHP, ADRI. He expressed his sincere gratitude to the Chief Executive Officer, BSSS, for his pivotal role and continued support, which were instrumental in the successful conduct of the workshop. Dr. Shankar also acknowledged the guidance and supervision of Dr. Ashmita Gupta, Member Secretary, ADRI,

under whose leadership the programme was organized effectively. He further appreciated the valuable contributions of the resource persons, senior clinicians, hospital owners, officials, and representatives of private empanelled hospitals. The workshop concluded on a positive and forward-looking note, with participants motivated to translate the knowledge, insights, and best practices discussed during the sessions into improved compliance and service delivery within their respective institutions.

8. CHALLENGES:

Based on the deliberations, interactions, and feedback received during the workshop, the following key observations and learning needs were identified:

- There was a noticeable gap in awareness among several empanelled hospitals regarding fraud prevention mechanisms and the importance of maintaining high standards of quality documentation under the scheme.
- Understanding of **Standard Treatment Guidelines (STGs)** and the specific documentation required for successful claim processing was found to be limited among a section of participants.
- Hospital representatives demonstrated varying levels of familiarity with quality documentation practices and claim uploading procedures, underscoring the need for more practical, hands-on demonstrations and case-based learning approaches.
- Participants expressed a strong demand for periodic refresher trainings to reinforce key concepts, update stakeholders on evolving guidelines, and address emerging operational challenges.
- It was also recommended that future training programmes allocate additional time to individual sessions, enabling more in-depth discussions, interactive engagement, and practical exercises to enhance comprehension and application of learnings.

9. KEY OUTCOMES

Enhanced Awareness of HBP Selection: The workshop successfully sensitized participants to the critical link between accurate Health Benefit Package (HBP) selection and its direct impact on claim approval rates and hospital financial stability.

Strengthened Documentation Standards: Attendees committed to institutionalizing improved record-keeping practices, ensuring that every claim is supported by robust clinical evidence and meticulous patient records.

Compliance Pledge: Participants expressed a unified commitment to adhering strictly to the HBP selection protocols and the Standard Treatment Guidelines (STGs) mandated under the schemes.

Integrity through AI Awareness: The session successfully familiarized hospitals with AI-powered fraud detection, fostering an understanding of its role in maintaining the security and integrity of the claim submission process.

10. RECOMMENDATIONS

The workshop concluded with a comprehensive set of actionable recommendations designed to enhance institutional compliance and mitigate the risk of fraud:

- **Standardized Training Cycles:** Establish a permanent framework for periodic training modules to ensure empanelled hospitals remain updated on scheme revisions.
- **Real-time Digital Support:** Implement a digital troubleshooting protocol via dedicated communication channels (e.g., WhatsApp) to provide immediate technical assistance for common operational issues.
- **Extended Capacity Building:** Shift toward longer-format, periodic workshops to reinforce complex concepts and maintain continuity in learning.
- **Specialized Technical Sessions:** Develop exclusive training programs focused specifically on the nuances of Grievance Redressal and the Claim Adjudication process to reduce administrative bottlenecks.

Annexure: -1
Attendance sheet of Darbhanga

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	ASG HOSPITAL PVT. LTD.	Vivek Choudhary	Manager	8210023428	vivek.15janu@gmail.com	
2		Imkeeyog	Manager	"	"	
3	CARE KILKARI & IVF CENTRE	Shubhan kumar	Prmam	896932077	shubhan.kumarst16@carekilkari.com	
4		Dr. Nithish Kumar	Diwanu Doctor	8178000477	drnithishkumar@gmail.com	
5	DARBHANGA CENTRAL HOSPITAL	Yasir Kamali	H M	8228877700	darbhanga@centralhospital.com	
6		Dr. Md Shahid Raza	Doctor	7060266605	drshahidraza@gmail.com	
7	DARBHANGA CHILDREN HOSPITAL	Suraj paswan	Medical Supn	9097183710	paswanuraj509@gmail.com	
8		Kaishna Dasgupta	PMAM Doctor	3011094747	"	
9	DARBHANGA ISLAMIA HOSPITAL AND CANCER RESEARCH CENTRE	MD QUMRUZZAMAN	PMAM	8750103581	qumr8750@gmail.com	
10		Dr Ahmad Mamoon	Doctor	8084016690	ahmadmamoon@gmail.com	
11	Hope Hospital	Mad. Musiri	H M	9430062952	hopehospitaldarbhanga@gmail.com	
12		Mad. Anuzaffer Imam	Doctor	9431414253	"	

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
13	I B SMRTI AROGYA SADAN	AN BEEL CHY	AROGYA MITRA TPA GM	9308787099	ibsmrtisadan@gmail.com	
14		Dr. Prasad	Doctor	9161778319	prasad@gmail.com	
15	JEEVAN HOSPITAL	Deepek JHA	MANAGER	9798746144	deepakjha@gmail.com	
16		Rakesh kumar	DOCTOR	7909068321	rakeshkumar2012@gmail.com	
17	Jogendra Memorial Medical Hospital	Dr. Bhawesh	CMO	9234616079	"	
18		RAHUL UPADHYAY	HR	7717700866	jmmhospitals2018@gmail.com	
19	LIFE CARE HOSPITAL AND TRAUMA CENTRE	Amit Kumar	Prmam	7033502546	amitkumar0699@gmail.com	
20		Rahul	MC Ortho	720953166	rahulortho24@gmail.com	
21	LOTUS HOSPITAL	Vishay kumar	MANAGER	7323020725	vishaykumar@gmail.com	
22		Vishal kumar Singh	OT Doctor	859500040	vishalkumar86@gmail.com	
23	MAHAVIR NETRALAYA	Pranav Kumar	MB	9471683573	pranavkumar@gmail.com	
24		Tanuj Kumar	Ayushman operator	9693648349	tanujkumar@gmail.com	
25	MEDIWORLD MULTISPECIALITY HOSPITAL	Sudhan Ansari	Manager	8338831677	trahncashless@gmail.com	
26		Dr. P. K. Singh	Doctor	9693902589	"	

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
27	METRO HOPITAL					
28		PRABHAKAR	MANAGER	9304883959	PNidhi-2@Gmail.com	
29	PANACEA MEDICARE RESEARCH CENTRE LLP	Vinitha	Manager	915579945	vinitha915579945@gmail.com	
30		DR. SURYA NARAYAN	DIRECTOR	773764478	dr.surya03@gmail.com	
31	PARAS GLOBAL HOSPITAL	Manoj Kumar	Director	954388449	manoj.kumar@gmail.com	
32		Navneet Alex	Asst Manager	7903633761	navneetalex@gmail.com	
33	PRASAD POLY CLINIC					
34						
35	PRIME HOSPITAL & RESEARCH CENTRE	Ganesh Kumar	Doctor	9250249526	arganeshkumar@gmail.com	
36		Rakesh Kumar	Manager	9693232093		
37	R A HEALTH CARE	Mintu Sopi	PMAM	843421209	raadbg082018@gmail.com	
38						
39	R K ORTHO ASHRAM	K. K Singh	PMAM	7549407107	Krityeshsingh@gmail.com	
40		Avinash Kumar	PMAM	7739285993	avinashkumarsahu7739285993@gmail.com	
Dr. R. K. Prasad Chairman 9431219021 dr.rajkod						

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
41	R R EYE HOSPITAL	Dr. Lal Raseev Kc	MEDICAL DIRECTOR	970877782	LALRASEEV2001@YAHOO.CO.IN	
42		Charandam Kumar	Manager	8877013239	Charandam.kumar.dlg@gmail.com	
43	S R AROGYA NIKETAN	Suma Mondal	Manager	9931365731	Dr.N.P.M.1407@gmail.com	
44						
45	S R MEMORIAL HOSPITAL (A UNIT OF SITAMPARI EDUCATION AND HEALTH TRUST)	Dr. Pooja Lakshmi	Doctor	8525371931	poojalakshmi1905@gmail.com	
46						
47	SARAF ORTHO SPINE AND MATERNITY CENTRE	Ram Kumar Kumbhar	HR.	9865890061	rkumar81996@gmail.com	
48						
49	SATYA DRISHTI HOSPITAL (HOSP10P25282318)	Ghanashyam	PMAM	7633053311	Ghanashyamk10721@gmail.com	
50		Dr. R. K. Satgopal	Director	9572631920	satgopal1905@gmail.com	
51	SHEKHAR NETRALAYA AND EAR NOSE THROAT HOSPITAL	Shiv Kumar Shivola	Manager	9431819219	shekharnetralaya@gmail.com	
52		Ashish Kumar	Accountant	952520839		
53	SHIV-SHARDA MEMORIAL HOSPITAL AND RESEARCH CENTRE PVT.LTD.	Dr. Amulya Ratan	Pediatrician (MBBS, DNB)	8409578444	arrratn0610@gmail.com	
54		Sandhu Mishra	Manager	6204344765	sandhu31mishra55@gmail.com	

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
55	SHRI DHARV AAROGYAM HOSPITAL	Sanjay-Kumar	Manager	8434291083	Sanjaykumar068321	Sanjay-Kumar
56						
57	SHUBHAM NURSING HOME	Devi Kumar	Manager	7988886108	Devikumar09102012	Devi Kumar
58						
59	SHYAMA CHILDREN HOSPITAL	Ranjit Kumar	PMAN	9234868587	ranjit.p@gmail.com	Ranjit
60		Dr. Sanjay Adm	Medical SAs	912294104	shyamachildrnk @gmail.com	Sanjay
61	SHYAMA SURGICAL SANSTHAN	IMRAN AHMAD	PMAN	8862969622	shyamachildrnk @gmail.com	Imran
62						
63	SN SARRAF HSOPITAL	Dr. Abhishek Mishra	Director	9984371777	snsharrafhospital@gmail.com	Dr. A.
64		SUNIL KUMAR	Staff	9430599058	snsharrafhospital@gmail.com	Sunil
65	SRI SAI HOSPITAL	Rajesh Mahajan	Manager	9204411449	Rajeshmahajan@gmail.com	Rajesh
66						
67	SRI VISHUDHANAND HOSPITAL PRIVATE LIMITED	SETU.K. Srinivas	PMAN	7331952031	Kumarsetu55@gmail.com	Setu
68						

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
69	SWAMI VIVEKANAND CANCER ASPATAL	Dr. A. Parajati	Oncologist	7992465483	APAPARAJATI@GMAIL.COM	A. Parajati
70		Prabhat Kumar	Manager	7870870696	prabhatkumar827@gmail.com	Prabhat
71	URO STONE RESEARCH CENTER PVT LTD	Murari Shah	PMMA	7879416400	murari.3536@gmail.com	Murari
72						
73	Heritage Hospital	Milind Kumar	Manager	9209890887	heritegedhs@gmail.com	Milind
74						
75						
76						
77						
78						
79						



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



Date: December 19, 2025 | Venue: Dr. H. N. Yadav Auditorium, DMCH, Darbhanga
Attendance Sheet (Madhubani)

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	AASTHA SURGICAL HOSPITAL	Baidyanath yeglav	manager	834023243	chhotu kumar 50072	Baidyanath
2		Dr. Prasad	doctor	9431555763	Prasadshree@guir	Prasad
3	AMRIT SHISHU SADAN					
4						
5	AVATAR HOSPITAL	Roushan Fla	GM-HR	9263554971	rousoungfla16dec@gmail	Roushan Fla
6		Dr. Ashu Karon	RM0	9481204036	contact.dr.karon@gmail.com	Ashu Karon
7	BHAGWATI SWASTHYA SEWA SADAN	Dr. Praveen	MDM Dent	993154221	praveenhangul	Praveen
8		Randhir Kumar	MBBS	993154321	Randhir@ss32	Randhir
9	CRIBS HOSPITAL	MD Naushad	H. Manager	8700382346	naushadmit986@gmail.com	Naushad
10		Dr. Nafees Ahmad	doctor	913153014	nafees.ahmad559@gmail.com	Nafees
11	HARSAN HOSPITAL	Dr. R. Prasad	Doctor	7903351419	prasad@psdga.com	Prasad
12		md muneed	HR	8210281503	saiteev154@gmail.com	Muneed

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
13	JHANJIHARPUR EYE HOSPITAL	Dr. Bimal Kumar	Director	9973647366	bimaljijee@hosp@gmail.com	Bimal
14		Dr. Hishab	Medic off	9158651005	nishithpandey@guir@gmail	Hishab
15	KALYAN HOSPITAL					
16						
17	MAA SURTI DEVI HOSPITAL	M. Shailish Kumar	MDM	9650906826	shailishkumar@gmail.com	Shailish
18		Dr. M. Tamanna		9540293931	Tamanna.m@gmail.com	Tamanna
19	HARI MURTI HOSPITAL PVT	DR. CHANDAN L. YADAV	DIRECTOR	9472589867	HARI MURTI HOSPITAL ALDPT@UMAIL.COM	Chandan
20		DR. SURJEET	DOCTOR	8757942018	drsurjeet.sk1981@gmail	Surjeet
21	MAA UGRATARA NETRALAYA (HOSP10P207248)	Dr. Murtaza Ali	DOCTOR	7033519876	ali.murtaza.dmc@gmail.com	Murtaza
22		Aditya Raj	Manager	9917921824	adityaraj@netralaya.com	Aditya
23	MADHUBANI MEDICAL COLLEGE	ABU DANISH	S.M	8210183016	Abudani1994@gmail	Abu danish
24		Janbaz Alam	Incharge	902118333	janbazmch@gmail	Janbaz
25	MADHUBANI NETRALAYA	Kundali Kumar	manager	9934060310	madhubaninety@gmail	Kundali
26		DR. L. B. Saha	Director	9570592260		L. B. Saha

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
27	MADHUBANI PRIDE HOSPITAL PVT LTD	Aminash K Das	Manager	7004252260	dasaminash868@gmail.com	
28						
29	MANGALAM HOSPITAL	Rajesh Jha	Director	9908692491	MANGALAM HOSPITAL 20210114@gmail.com	
30		Deepak Anand (Hemant Shekhar)	operator	9631907525	anand15720@gmail.com	
31	MATERNITY AND SURGICAL HOSPITAL	Dr. Chandan Jha	Doctor	7091633121	chandam.sewgram@gmail.com	
32		Hemant Shekhar Jha	Manager	8879442295	maternityandsurgicalhospital@gmail.com	
33	MEERA EYE CLINIC	Deepak Yadav	PMAM	9031844851	meeraeyeclinic2025@gmail.com	
34						
35	MITHILA EYE HOSPITAL RUN BY SRI RAM SEWA TRUST	Vijay Kumar	Manager	9971743823	meekumar@gmail.com	
36						
37	MITHILA NAVJEEVAN HOSPITAL	Dr. P. N. Thakur	M/O NTC	9801174682		
38		Umesh Kumar	PMAM	7667392753	manishkumar363@gmail.com	
39	PAN GLOBAL HOSPITAL	Dr. Razouk A. Ali	HR. Manager	7991104604	panglobalhospital@gmail.com	
40		Dr. Ashwin	Doctor	7761915320	ashwinjha@gmail.com	

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
41	Ramshila Health Care Hospital	Sandeep Jha	Admin.	7903557010	Sandeep.jha1069@rediffmail.com	
42		Dr. Jang	Doctor	7870387699	jangjha@gmail.com	
43	RPS GLOBAL HOSPITAL	Avinash K. Thakur	Administrate	8340211368	helpdesk@rpsglobalhospital.com	
44		Dr. Adil Shamsi (RMO)		8340461170	-	
45	S S Maxcare Health Centre	Dr. Prasenjit Saha	MD	9570772935		
46		Dr. Sandeep Kumar	Manager	8083018019	md.sandeepkumar@gmail.com	
47	SANJEEVANI HEALTH CARE	Dr. Ashwin Bhardwaj	Doctor	7761915320	ashwinbhardwaj@gmail.com	
48		Sanjay Kumar	MD	8651829125	sanjaykumar8651829125@gmail.com	
49	SHREE HOSPITAL	Pankaj Singh	Administrate	9122474743	Pankaj.singh39@gmail.com	
50		Dr. K.K. Mallick	Surgeon	9663577487	krishnakumarmallick@gmail.com	
51	SHREE NARAYAN NETRALAYA	Dr. Neelam Kumari	M.B.B.S. MD	9801239016	neelambarbi@gmail.com	
52		Chittaranjan Kumar	MD	829837433	chittaranjan@gmail.com	
53	SIDDHI VINAYAK EMERGENCY HOSPITAL	Dr. Faraz Ahmed	M.B.B.S	7488528795	farazahmed77@gmail.com	
54		Mukul Kumar	MD	8969292336	MK48636@gmail.com	

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
55	TULIP CHILD CARE					
56		md-jugam	DMAM	748585745	tulipchildcare@gmail.com	Juga
57	ZEMSFORD HOSPITAL	Dr. G.K. SRI.	MS.	8527046476	dr.gk.sri@gmail.com	G.K. Sri
58		Rohan kumar bisi	Medico	9311846029	rohanv1033931@gmail.com	Rohan
59						
60						
61						
62						
63						
64						
65						
66						



One Day Workshop of
The Private Empanelled Hospitals on Anti-Fraud and Quality Documentation
 under AB-PMJAY
 Date: December 19, 2025 | Venue: Dr. H. N. Yadav Auditorium, DMCH, Darbhanga
 Attendance Sheet (Samastipur)



Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	ADITY EYE HOSPITAL	Dr. Pawan Kumar	med. off	9279830309	adityeyehospital@gmail.com	Pawan Kumar
2		md. Dulaz	manager	797983707	sameshpar@gmail.com	Dulaz
3	ADWAIT STONE LASER UROLOGY CENTRE	DR. DEVI PRASAD TIWARI	medical director	8210823396	tiwarichitwan@gmail.com	Dr. Dev Prasad
4		Dr. Raju Sagar	PMO	8092189810	prajusagar@gmail.com	Raju Sagar
5	AKHAND JYOTI EYE HOSPITAL	Dr. Supantha Bhanu Prasad	CMO	9226045604	supantha5@gmail.com	Dr. Supantha
6		Ratish Kumar	A. manager	6203785406	ratish84140@gmail.com	Ratish Kumar
7	APOLLO DENTAL	Dr. Danyam Kumar	med. off	7488070462	danyamkumar08@gmail.com	Dr. Danyam
8		Ganesh Kumar	SEPM	9801960735	ganeshkumar1986@gmail.com	Ganesh Kumar
9	ASHOKA HOSPITAL	Bhaskar Chy	Administrator	9213469302	ashokahospital@gmail.com	Bhaskar Chy
10		Nishi Princy	PMO	9546771231	nishi.princy@gmail.com	Nishi Princy
11	BABA HOSPITAL	Bekant Kumar	manager	840908044	bekantkumar351986@gmail.com	Bekant Kumar
12						

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
13	CMAX HOSPITAL	Dr Jiten Kumar	M.S.	9801588383	drjitenkumar@gmail.com	Jiten Kumar
14		Gaurav Kumar	Manager	62014291043	gauravkumar@gmail.com	Gaurav Kumar
15	DR R P MISHRA HOSPITAL	Abhisek Anand	Doctor	9599309014	anand.abhisek@gmail.com	Abhisek Anand
16		Nitish Kumar	Staff	7343553307	nitishkumar15703@gmail.com	Nitish Kumar
17	JEEVAN DEEP EMERGENCY HOSPITAL & HADDI ASPTAL	Ramdas Lema	Owner	9708788010	ramdas.sri@gmail.com	Ramdas Lema
18		Deepak Kumar	Surgeon	9131943548	deepakdas@gmail.com	Deepak Kumar
19	JEEVAN SAHARA HOSPITAL PRIVATE LIMITED	Atak Kumar	Manager	9825664008	AtakKumar1525@gmail.com	Atak Kumar
20		Dr. M.S. Chidambaram	Medical Officer	7280841562	aipmar2016@gmail.com	Dr. M.S. Chidambaram
21	MAA DHUMAWATI HOSPITAL	Pooja Prasad	Paramedic	9470851683	PoojaPrasad@gmail.com	Pooja Prasad
22		Ritesh	Paramedic	9430243662	Kritesh5392@gmail.com	Ritesh
23	MATA CHANDRAKALA TRAUMA AND DENTAL CENTRE PVT.LTD.	Dr N.K.Sharma	Unlabeled	9217604057	drsharmenavya@gmail.com	Dr N.K.Sharma
24		Ramdas Lema	Staff	7360939936	Raj547534@gmail.com	Ramdas Lema
25	MITHILA AANKH HOSPITAL	Santosh Kumar	Manager	7903113079	Santoshkumar@gmail.com	Santosh Kumar
26						

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
27	MUSKAN SEWA SADAN	Rohan Kumar	Manager	9859276700	Kiranakumar238@gmail.com	Rohan Kumar
28		Sunil Kumar	Director	9951743800	sunsunkumar@gmail.com	Sunil Kumar
29	NEW APEX MULTISPECIALITY HOSPITAL	MD ESH	Dr.	9155119131	Gorbhavya@gmail.com	MD ESH
30		M.D. ALATAMAS	Manager	8657554711	udalalatas@gmail.com	M.D. ALATAMAS
31	PUSHPLATA DEVI CHILDREN HOSPITAL	Kriti Raj	Manager (Paramedic)	706115234	Kritiraj062003@gmail.com	Kriti Raj
32		Dr. Dhanraj Kumar	Director	8210360835	drdhanraj@gmail.com	Dr. Dhanraj Kumar
33	SAMASTIPUR EYE HOSPITAL	DR. L.B. Sah	Director	9570596760	samastipurayehospital@gmail.com	DR. L.B. Sah
34						
35	SHAIL PRANAV AROGYA HOSPITAL	Dr. Avinash Kumar	DOCTOR	8431610011	avinashawi1992@gmail.com	Dr. Avinash Kumar
36		K. Pranjay Kumar	Staff/Manager	7050415102		K. Pranjay Kumar
37	SHATYAM SHIVAM EMERGENCY MULTISPECIALIST	Vikash Kumar	Manager	9263121167	vikashsmp@gmail.com	Vikash Kumar
38		Dr. Daniel	Doctor	9123115611	Daniel2019@gmail.com	Dr. Daniel
39	SHIVANGI NURSING HOME	Dr. A. N. Shukla	Doctor	8863099849	shivanginursinghome@gmail.com	Dr. A. N. Shukla
40		Vijay Kumar	Director	957009237	Do	Vijay Kumar

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
41	SHYAM SHISHU SADAN	Dr. Hemant Thakur	Specialist Paed	9131729022	h.k.thakur20@gmail.com	
42		Granton Kumar	Senior Assistant	7281005250	gk.868892@gmail.com	
43						
44						
45						
46						
47						
48						
49						
50						
51						
52						
53						
54						



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

Date: December 19, 2025 | Venue: Dr. H. N. Yadav Auditorium, DMCH, Darbhanga
Attendance Sheet (Sitamarhi)



Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	ADARSH SUKHSAGAR HOSPITAL	Amal Kumar Singh	Manager	9570802523	amal.kumar.singh@gmail.com	
2						
3	BHAGWATI NURSING HOME					
4						
5	DAS UROLOGY AND KIDNEY SUPER SPECIALITY HOSPITAL	Dr. Abhinav Singh	Owner	9810940380	abhinav.singh@gmail.com	
6		Ashutosh Kumar	PMAM	6106706330	ashutosh@gmail.com	
7	Dr. Ramakant Singh Memorial Hospital	Krishna Kumar	Manager	8789930402	Krishnakumar2@gmail.com	
8		Anil Kumar	PMAM	"	"	
9	JANTA MULTISPECIALITY HOSPITAL & RESEARCH CENTER					
10		Shanku Singh	Manager	9400790152	shankusingh@gmail.com	
11	MANAV NURSING HOME	Abhoday Kumar	PMAM	7870802551	abhodaykumar8@gmail.com	
12		Dr. Umesh Kumar	Doctor	7209707508	umeshkumar723201611@gmail.com	

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
13	NANDIPAT MEMORIAL AND RESEARCH CENTRE	DR. VARUN KUMAR	DOCTOR	9806655576	nandipatmemorialhub@gmail.com	
14		Sudhanshu Kumar	Medico	754521549	sudhanshu2@gmail.com	
15	NARAYANA MULTISPECIALITY HOSPITAL	DR. KUNAL SHANKAR	MD	7762088568	kunal2623@gmail.com	
16		Ranish Kumar		960850498		
17	NAVJIVAN MULTISPECIALITY HOSPITAL AND RESEARCH CENTRE PVT LTD	Madhu Lata	HR Nurse	9155458999	navjivanhospital@gmail.com	
18		Dr. Ekta Kumar	AMO	6202242158		
19	POPULAR HEART CLINIC	Sansath Raj	HR	6200247411	sansathraj1@gmail.com	
20						
21	RAJIV MEMORIAL HEALTH CARE CENTRE	Musthaf Ansari	Manager	9504773533	musthaf163@gmail.com	
22		Dr. Walid	Dr.	9910593831	walid360@gmail.com	
23	SHIVAM SEVA SANSTHAN	Pankaj K Yadav	Doctor	793969666	dr.pankajkrs@gmail.com	
24		Ritesh Kumar	Manager	9931192254	riteshkumar1403051984@gmail.com	
25	SIYARAM MULTISPECIALITY HOSPITAL & RESEARCH CENTRE	Alok Kumar	netian	6205044931	alokkumarvada@gmail.com	
26						

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
27	Rajeev Memorial Hospital	JITENDRA KUMAR	J.N.	8865868781	jitendra1712@gmail.com	
28	S.K JHA MEMORIAL HOSPITAL	Dr. Sanyal	Doctor	9934230130	balrajprasad@gmail.com	
29	S.K Jha Memorial Hospital	Sanyal Sanyal	Manager	8025412794	balrajprasad@gmail.com	
30						
31						
32						
33						
34						
35						



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



Date: December 19, 2025 | Venue: Dr. H. N. Yadav Auditorium, DMCH, Darbhanga
Attendance Sheet

Sl. No.	Name	Designation	Organisation	Mobile No.	Email ID	Signature
	Shri Shailesh Chandra Diwakar	Administrative Officer	BSSS			<i>[Signature]</i>
	Dr. Arun Kumar	Civil Surgeon, Darbhanga				<i>[Signature]</i>
	Dr. Alka Jha	Principal & Dean	Darbhanga Medical College, Darbhanga	9470003251		<i>[Signature]</i>
	Dr. Alok Ranjan	Director - Operation	BSSS	9264471406		<i>[Signature]</i>
	Dr. Neeraj Kumar Singh	Director - Healthcare	BSSS	6284999729		<i>[Signature]</i>
	Dr. Suraj Shankar	Team Lead	ADRI	9621978797	prajyach@adriindia.org	<i>[Signature]</i>
	Dr. Gurinder Randhawa	Consultant	ADRI	9771414777	dr.gurinder@gmail.com	<i>[Signature]</i>
	Dileep Kumar	Project Officer	ADRI	6201162761		<i>[Signature]</i>
	Indrajeet Goswami	Project Officer	ADRI	7739708272		<i>[Signature]</i>
	Sanjeev Kumar	Project Officer (Anti-Fraud)	ADRI	8404725368		<i>[Signature]</i>
	SOURAV NUKHERSEE	DPC	BSSS	9264471479		<i>[Signature]</i>

Sl. No.	Name	Designation	Organisation	Mobile No.	Email ID	Signature
	Krishna Pandey	Secretary ADRI	ADRI	6201441601	krishnapandeypsc@gmail.com	<i>[Signature]</i>
	Samir Kr. Singh	ZC	ADRI	8797325750	SamirSingh026@uniondarbhanga	<i>[Signature]</i>
	Bambam Kumar Jha	PMAM		9135783305	bambamkumarjha@gmail.com	<i>[Signature]</i>
	Ajay Kumar Mahto	PMAM		8409500734	ajaykr84730@gmail.com	<i>[Signature]</i>
	Bikram Kumar Mishra	DISTRICT COORDINATOR	-	8784345147	bikramkumar185@gmail.com	<i>[Signature]</i>
	Vishal Kumar Yadav	Data Operator	-	9693624032	vishalkumar572@gmail.com	<i>[Signature]</i>
	Dr. R. N. Ravi	DE Darbhanga JOC	-	9973861869	ravravi4@gmail.com	<i>[Signature]</i>
	Amit Ranjan Sinha	Zonal Coordinator	ADRI	9654137896	amit.sinha1818@gmail.com	<i>[Signature]</i>
	Himanshu Shekhar	DEO	BSSS	9955980935	hsouisgby@gmail.com	<i>[Signature]</i>
	Chanchoy Kumar Singh	Consultant	ADRI	9166049866		<i>[Signature]</i>
	SANJESH KUMAR	Consultant	ADRI	7549501054		<i>[Signature]</i>
	Ranish Ranjan Pradhan	Consultant	ADRI	9709792905		<i>[Signature]</i>
	Ranjan Kumar	consultant	ADRI	8709450782		<i>[Signature]</i>
	Adarsh Kr Singh	Project Coordinator	DBDM	7992469854		<i>[Signature]</i>
	Paawan Kumar Lal	SPC	ADRI	7903258629	paawanl@adriindia.org	<i>[Signature]</i>

Sl. No.	Name	Designation	Organisation	Mobile No.	Email ID	Signature
	Suraj Kumar Mehta	DEO	IDSP, DSU	6202186417	surajsirsh@gmail	Suraj
	Kanhaiya Kumar	E.A	DBS "	9708460414	Kanhaiyameetha@gmail	Kanhaiya
	Sushant Kumar	D.E.O	A.C.M.O.-DSO	2488630374	1996.shashanksey	Sushant Kumar
	Sanjeev Kumar	clerk	C.S. Officer	957028555		
	Rahul Kumar Vishwas Sharma					Rahul Vishwas
	Prabhakar Raj	I/c OPC, Dabra	DIU	9264471434		Prabhakar Raj

Annexure: -2

	<p align="center">One Day Workshop of the Private empanelled hospitals on Anti-Fraud and Quality Documentation under AB-PMJAY Participants: Darbhanga, Madhubani, Samastipur, and Sitamarhi</p>	
Date : 19 December, 2025		Venue: Dr H. N. Yadav Auditorium, DMCH, Darbhanga
<p align="center">Program Schedule</p>		
Time	Session	Facilitator
10:00 – 10:30	Registration	CHP – ADRI team
10:30 - 10:35	Welcome Note & Objective of the workshop	Dr. Alok Ranjan, Director – Operation, BSSS
10:35 – 10:50	Key Note and Overview of Antifraud	Shri Shailesh Chandra Diwakar, Administrative Officer, BSSS
10:50 – 11:25	Sensitization on Fraud Prevention	Dr. Gurinder Randhawa, Consultant, CHP -ADRI
11:25 – 11:50	Fraud Mitigation - Quality Documentation	Dr. Alok Ranjan, Director – Operation, BSSS
11:50 – 12:15	Compliance to Standard Treatment Guidelines	Dr. Gurinder Randhawa, Consultant, CHP -ADRI
<p align="center">TEA BREAK</p>		
12:15 – 12:45	Standard Treatment Guidelines and Health Benefit Package – Adherence to Mandatory Protocols & Documents	Dr. Neeraj Kumar Singh, Director – Healthcare, BSSS
12:45 – 01:45	Case Studies	Dr. Alok Ranjan, Director – Operation, BSSS Dr. Gurinder Randhawa, Consultant, CHP -ADRI
01:45 – 01:55	Way Forward	PMJAY & ADRI team
01:55 – 02:05	Sensitization for Real-time Reporting on IHIP portal	District IDSP cell & ADRI team
02:05 – 02:45	<p align="center">Lunch Break</p>	
02:45 – 03:30	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.

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 * 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

Annexure: -5

Some Glimpses of the workshop program



Dainik Bhaskar, Darbhanga 20 December, 2025

कार्यक्रम • आयुष्मान भारत योजना के तहत निजी अस्पतालों में हुआ आयोजन, दर्जनों ने लिया हिस्सा एंटी-फ्रॉड एवं क्वालिटी डॉक्यूमेंटेशन पर कार्यशाला, प्रतिभागियों को धोखाधड़ी की रोकथाम के लिए प्रक्रियाओं की जानकारी दी

काग्रपौर/दरभंगा

आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना एवं मुख्यमंत्री जन आरोग्य योजना के प्रभावी क्रियान्वयन को लेकर डीएमसीएच के ऑडिटोरियम में निजी सूचीबद्ध अस्पतालों के लिए एकदिवसीय कार्यशाला का आयोजन किया गया। यह कार्यशाला बिहार स्वास्थ्य सुरक्षा समिति एवं सेंटर फॉर हेल्थ पॉलिसी के संयुक्त तत्वावधान में आयोजित हुई।

कार्यशाला में दरभंगा, मधुबनी, समस्तीपुर और सीतामढ़ी जिलों के निजी अस्पतालों के प्रतिनिधि, वरिष्ठ चिकित्सक तथा स्वास्थ्य क्षेत्र से जुड़े विशेषज्ञ शामिल हुए। कार्यक्रम का उद्देश्य योजनाओं के तहत धोखाधड़ी निरोधक उपायों को मजबूत करना, गुणवत्ता

दस्तावेजीकरण को सुदृढ़ करना तथा स्टैंडर्ड ट्रीटमेंट गाइडलाइंस और हेल्थ बेनीफिट पैकेज के अनुपालन को सुनिश्चित करना रहा। कार्यशाला की शुरुआत डॉ. आलोक रंजन, निदेशक (ऑपरेशन) के स्वागत भाषण एवं उद्देश्य प्रस्तुति से हुई।

मुख्य अतिथि के रूप में सिविल सर्जन, दरभंगा डॉ. अरुण कुमार तथा विशेष अतिथि के रूप में डीएमसीएच, दरभंगा की प्रधानाचार्य डॉ. अल्का झा उपस्थित रहीं। अध्यक्षता कर रहे प्रशासनिक पदाधिकारी शैलेश चंद्र दिवाकर ने एंटी-फ्रॉड विषय पर मुख्य वक्तव्य देते हुए प्रतिभागियों को धोखाधड़ी की रोकथाम के लिए आवश्यक अनुपालन प्रक्रियाओं की जानकारी दी। विभिन्न सत्रों में डॉ. गुरिंदर रंधावा



उपस्थित कर्मी एवं पदाधिकारी।

(कंसल्टेंट) एवं डॉ. आलोक रंजन ने धोखाधड़ी निरोधक उपायों, गुणवत्ता दस्तावेजीकरण और केस स्टडीज पर विस्तार से चर्चा की। वहीं, डॉ. नीरज कुमार सिंह, निदेशक (हेल्थकेयर) ने स्टैंडर्ड ट्रीटमेंट गाइडलाइंस और हेल्थ बेनीफिट पैकेज के प्रोटोकॉल अनुपालन पर प्रकाश डाला। इसके अतिरिक्त जिला

आईडीपी सेल एवं एडीआर आई टीम द्वारा प्रतिभागियों को रियल-टाइम रिपोर्टिंग के लिए आईएचआईपी पोर्टल के उपयोग को लेकर जागरूक किया गया। अंतिम चरण में फोकस ग्रुप डिस्कशन के माध्यम से योजना के क्रियान्वयन से जुड़ी चुनौतियों और संभावित समाधानों पर सुझाव साझा किए गए।

धोखाधड़ी निरोधक उपायों को और सुदृढ़ करने पर बल

कार्यक्रम का संचालन इन्द्रजीत गोस्वामी ने किया। समापन अवसर पर सेंटर फॉर हेल्थ पॉलिसी के टीम लीड डॉ. सूरज शंकर ने प्रतिभागियों का आभार व्यक्त करते हुए कहा कि प्राप्त सुझाव योजनाओं के प्रभावी क्रियान्वयन और धोखाधड़ी निरोधक उपायों को और सुदृढ़ करने में सहायक होंगे। इस अवसर पर दरभंगा, मधुबनी, समस्तीपुर एवं सीतामढ़ी जिलों के डीपीसी-आयुष्मान भारत सहित एनडीआरआई टीम के इन्द्रजीत गोस्वामी, दिलीप कुमार, संजीव कुमार, पवन कुमार लाल, कृष्णा पांडेय, समीर कुमार सिन्हा, अंकित कुमार सिन्हा एवं अन्य उपस्थित रहे।

Dainik Jagran, Darbhanga 20 December, 2025

आयुष्मान योजना में धोखाधड़ी रोकने के उपायों पर चर्चा

जागरण संवाददाता, दरभंगा : बिहार स्वास्थ्य सुरक्षा समिति और सेंटर फॉर हेल्थ पॉलिसी के संयुक्त तत्वावधान में शुक्रवार को निजी सूचीबद्ध अस्पतालों के लिए एंटी-फ्रॉड एवं क्वालिटी डॉक्यूमेंटेशन विषय पर एकदिवसीय कार्यशाला का आयोजन किया गया। कार्यशाला में दरभंगा, मधुबनी, समस्तीपुर एवं सीतामढ़ी जिलों 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 एवं मुख्यमंत्री जन आरोग्य योजना के तहत धोखाधड़ी निरोधक उपायों को मजबूत करना, गुणवत्ता



कार्यशाला में भाग लेने पहुंचे निजी सूचीबद्ध अस्पतालों के चिकित्सक • जागरण

तथा स्टैंडर्ड ट्रीटमेंट गाइडलाइंस एवं हेल्थ बेनीफिट पैकेज के अनुपालन को सुनिश्चित करना था। कार्यशाला की शुरुआत डा. आलोक रंजन ने स्वागत भाषण एवं उद्देश्य

प्रस्तुति के साथ हुआ। मुख्य अतिथि के रूप में सिविल सर्जन डा. अरुण कुमार एवं विशेष अतिथि के रूप में डीएमसीएच प्रधानाचार्य डा. अल्का झा

उपस्थित थीं। कार्यशाला की अध्यक्षता कर रहे प्रशासनिक पदाधिकारी शैलेश चंद्र दिवाकर ने प्रतिभागियों को धोखाधड़ी की रोकथाम के लिए जानकारी दी। कार्यशाला के विभिन्न सत्रों में डा. गुरिंदर रंधावा, कंसल्टेंट, एवं डा. आलोक रंजन ने धोखाधड़ी की रोकथाम, गुणवत्ता दस्तावेजीकरण, केस स्टडीज तथा डा. नीरज कुमार सिंह ने स्टैंडर्ड ट्रीटमेंट गाइडलाइंस एवं हेल्थ बेनीफिट पैकेज पर प्रोटोकॉल अनुपालन विषय पर विस्तार से चर्चा की। अंतिम चरण में प्रतिभागियों ने फोकस ग्रुप डिस्कशन के माध्यम से आयुष्मान भारत योजना के क्रियान्वयन से जुड़ी चुनौतियों एवं समाधान पर सुझाव साझा किया गया।

