



REPORT

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

September 04, 2025 (Thursday)
Time: 10:00 AM
Venue: Hotel Park Square,
Purnea

Participants- Purnea, Araria,
Katihar, Kishanganj, Madhepura,
Saharsa and Supaul

Asian Development Research Institute

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

Report

**Workshop of
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Anti-Fraud and Quality Documentation
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**Participants- Purnea, Araria, Katihar, Kishanganj,
Madhepura, Saharsa and Supaul**



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 extends to the right and then curves upwards.

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 Profile | 2 |
| 6. | Venue & Date | 3 |
| 7. | Proceedings | 3 |
| 8. | Challenges | 8 |
| 9. | Key Outcomes | 9 |
| 10. | Recommendations | 9 |
| 11. | Annexures | |
| | Annex 1: Attendance Sheet | 10 -18 |
| | Annex 2: Workshop Schedule | 19 |
| | Annex 3: Pre-Assessment Form | 20 – 29 |
| | Annex 4: Post Assessment Form | 30 – 37 |
| | Annex 5: Some Glimpses of the workshop program | 38 |
| | Annex 6: Media Coverage | 39 |

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 97 representatives of 54 private empanelled hospitals from the districts of Purnea, Araria, Katihar, Kishanganj, Madhepura, Saharsa and Supaul. 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 Park Square in Purnea & Date: 04 September 2025

7. PROCEEDINGS

Inaugural Session

The workshop commenced with Shri Indrajit Goswami, Project Officer, CHP-ADRI, welcoming all officials and participants from private empanelled hospitals across seven districts. He then extended a special welcome to Dr. Alok Ranjan, Director (Operations), BSSS, and invited him to outline the objectives of the workshop. Dr. Alok Ranjan highlighted the importance of strengthening fraud prevention measures and maintaining quality documentation under AB-PMJAY. He stressed that fraudulent practices not only cause financial losses but also weaken trust in the scheme.



The inaugural session further clarified that the purpose of the workshop was to educate hospital owners/ properties, doctors, administrators, and managers on the strict adherence to Standard Treatment Guidelines (STGs) and Health Benefit Packages (HBPs). It is important to highlight that an analysis of the participants' existing knowledge was carried out through a pre-session questionnaire administered immediately after the inaugural session. Around 50% (Pre session participants- 41 and Post session participants- 34) of the participants actively responded, enabling the organizers to gauge their level of awareness regarding fraud prevention, documentation, and compliance processes under PMJAY and MMJAY.

To make the activity more engaging, gifts were awarded to the top three performers based on their responses. This not only introduced a sense of healthy competition but also motivated participants to stay attentive throughout the workshop. Such initiatives encouraged participants to approach the sessions more seriously, think critically, and remain actively involved, thereby improving the overall effectiveness of the training.



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 stakeholders on preventing fraudulent practices and promoting transparency in healthcare delivery.



In his keynote address, Shri Shailesh Chandra Diwakar, Administrative Officer, BSSS, outlined common types of fraud detected in hospitals, citing real cases of tampered medical records, inflated billing, and unnecessary procedures. He highlighted the role of artificial intelligence and digital tools in detecting such irregularities and urged hospital leaders to adopt a proactive approach towards compliance. He also emphasized the importance of

maintaining accurate documentation to ensure that genuine beneficiaries receive their rightful entitlements.

The analysis of fraud and abuse cases under PMJAY and MMJAY revealed multiple irregularities across hospitals. The most significant contributor was the submission of duplicate documents, accounting for 44% of total fraud instances, followed by issues such as patients staying in hospitals longer than allowed under specific packages (5%), senior citizens below the eligible age being admitted under geriatric care (4%), and instances of blood transfusion logs and crossmatch test details missing from claim documents (4%). Other common issues included discharge without supporting reports, duplicate claims, and non-adherence to Standard Treatment Guidelines (STGs), each contributing between 1–3% of the total cases.

District-level data from the Purnea/Koshi division further highlighted the scale of the problem. Katihar reported the highest number of suspicious cases (294) involving a suspicious claim amount of ₹30.25 lakh, while Kishanganj, with 199 suspicious cases, accounted for the largest suspicious amount involved at ₹40.65 lakh. Saharsa followed with 288 suspicious cases and an amount of ₹41.91 lakh, whereas Supaul had 245 suspicious cases amounting to ₹31.05 lakh. Other districts such as Araria (153 cases, ₹11.33 lakh), Madhepura (115 cases, ₹9.83 lakh), and Purnea (161 cases, ₹16.86 lakh) also reported considerable levels of fraud and abuse. These findings underscore the urgent need for stricter monitoring, use of AI-driven digital tools, and strong compliance mechanisms to safeguard the integrity of PMJAY and MMJAY.

The workshop reinforced the collective responsibility of hospitals, administrators, and frontline staff in safeguarding the integrity of both PMJAY and MMJAY, thereby strengthening public trust in the schemes and protecting the rights of beneficiaries.

Technical Session I – Sensitization on Fraud Prevention

Dr. Gurinder Randhawa, Consultant at CHP–ADRI, led an engaging session focused on strengthening awareness around fraudulent practices in healthcare. She began by outlining some of the most common forms of fraud observed under PMJAY and MMJAY, including inflated billing, unnecessary hospital admissions, and the misuse of treatment packages. Dr. Randhawa emphasized that such practices not only lead to financial losses but also erode the credibility and reputation of healthcare institutions over time.

Using real-life case studies, she illustrated how fraudulent claims were identified through monitoring systems and audits, and explained the corrective measures taken, such as claim rejections, financial penalties, and in some cases, suspension of hospital empanelment. She highlighted that these examples serve as important lessons for all stakeholders on the consequences of malpractice.

Dr. Randhawa strongly urged hospitals to uphold ethical standards in service delivery, strictly follow admission protocols as per Standard Treatment Guidelines (STGs), and maintain transparency in billing and documentation. She underlined that accurate record-keeping and compliance not only protect hospitals from penalties but also build trust with patients and ensure that the benefits of the schemes reach genuine beneficiaries.



Technical Session II – Fraud Mitigation & Quality Documentation

Dr. Alok Ranjan conducted the second technical session, focusing on the importance of accurate documentation for claim verification and fraud prevention. The discussion began with the concept of Medical Records & Quality documentation, illustrated through the metaphor of a glass being viewed as either half empty or half full, emphasizing the need to focus on opportunities for improvement rather than limitations. Quality of care was further

explained through the analogy of the elephant, where different aspects—such as infection control, HR and infrastructure, supervision, behaviour, Kayakalp initiatives, and RMNCHA—represent



interconnected components that must work together to build a comprehensive and patient-centred health system. In addition, the session underlined the crucial role of the Medical Record Department, describing medical records as clinical, scientific, administrative, and medico-legal documents that capture the sequence of events in patient care. Properly maintained records justify diagnosis and treatment decisions, ensure continuity of care, and serve as vital evidence for accountability and legal

purposes. Collectively, these elements stress that quality healthcare depends on strong standards, integrated practices, and accurate documentation.

Technical Session III - Compliance to Standard Treatment Guidelines

The session on compliance with Standard Treatment Guidelines (STGs) was conducted by Dr. Gurinder Randhawa, who highlighted the critical importance of proper documentation in ensuring claim approvals under PMJAY and MMJAY. She explained in detail the type of documents required for different medical procedures and how incorrect or incomplete submissions often lead to claim

rejections. She informed that so far 44% of the total claim rejections are due to duplicate documents. Using live examples, Dr. Randhawa demonstrated how claims were rejected because hospitals uploaded wrong documents in the portal, or failed to attach the mandatory supporting files.

She emphasized that a significant proportion of rejections stemmed from the submission of duplicate documents, which not only delayed the process but also raised concerns about intentional malpractice. To make the participants aware of the consequences, she also explained the penalty clauses applicable in cases of deliberate fraud, including financial penalties and potential suspension of hospital empanelment.



Dr. Randhawa urged hospitals to strictly follow the prescribed STGs, maintain transparency in documentation, and ensure accountability at every step of patient care. She concluded by stressing that compliance is not only necessary for smooth claim settlement but also for strengthening the integrity of the scheme and protecting the trust of beneficiaries.

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

In this session, detailed presentation on Health Benefit Packages (HBP) was provided by Mr. Satyendra Kumar, CB Officer, CHP-ADRI. He explained the salient features of the Health Benefit Package as well as its overview in detail. After that, Dr. Neeraj Kumar Singh, Director Healthcare, BSSS, highlighted the importance of Standard Treatment Guidelines (STG) under AB-PMJAY. He explained how proper compliance of Standard Treatment Guidelines (STG) helps in better patient care, cost control and fewer fraudulent claims. He explained by giving examples of 4-5 specialties like Ophthalmology, Orthopedics, General Surgery and General Medicine etc. based on the speciality of all the participating hospitals, what type of documents are required for which procedure. He also told that due to not uploading these documents on time, your claim can also be rejected. Repeating this process can also put your hospitals in the list of suspected.



Case Studies

To make the training practical, real-world case studies were shared with the participants. These case studies involved instances where hospitals had encountered issues with fraud or incorrect package selection. Each case was discussed in groups, and participants were asked to identify errors and propose corrective measures. This interactive segment allowed for a hands-on understanding of how incorrect package selection could be avoided.

During the case study session, participants were strategically divided into four groups, ensuring a balanced mix of roles such as hospital owners/ properties, doctors, administrators, and managers. This approach was designed to encourage diverse perspectives and foster cross-learning.

The ADRI team distributed carefully prepared case studies, each highlighting real-life scenarios of irregular claims, documentation lapses, or fraudulent practices observed under AB-PMJAY.

Each group was tasked with analyzing the assigned case, identifying the major issues involved, and discussing their observations in detail. They were encouraged to deliberate on the root causes, assess the impact on both patients and institutions, and suggest practical solutions. To ensure focused engagement, groups were given a defined time limit to prepare their summaries and recommendations.

After the group discussion, one representative from each group presented their collective findings to all participants. These presentations served as a platform for knowledge exchange, where similarities and differences in perspectives were openly discussed. The exercise not only provided practical insights into the challenges of implementing AB-PMJAY but also highlighted the importance of teamwork, critical thinking, and ethical compliance.

This interactive session significantly enhanced participants' awareness about fraud detection, compliance with guidelines, and the importance of proper documentation. More importantly, it motivated them to apply theoretical frameworks and policy directives to real-life hospital practices, thereby strengthening the overall culture of accountability and transparency.

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, participants were guided on how to correctly upload case details, maintain timely updates, and minimize reporting gaps that often affect data accuracy. The demonstration emphasized the importance of precision and consistency in reporting for effective monitoring. The session concluded with an open discussion on the way forward, where participants were encouraged to adopt best practices in fraud prevention, strengthen documentation processes, and contribute to improving overall transparency in healthcare delivery.



Focus Group Discussions

The final session of the workshop featured Focus Group Discussions (FGDs), designed to capture diverse perspectives from participants representing different hospitals across the region. The FGDs provided a platform for open dialogue where participants candidly shared their experiences, day-to-day challenges, and constructive suggestions for strengthening the implementation of PMJAY and MMJAY.

Key themes that emerged included operational obstacles, such as difficulties in maintaining complete documentation within tight timelines, coordination gaps between hospital departments, and issues related to claim submissions. Participants also raised concerns about technological challenges faced



during real-time reporting on digital platforms, highlighting problems such as limited internet connectivity in rural areas, unfamiliarity with certain portal functions, and the need for more user-friendly digital tools. Another recurring suggestion was the requirement for refresher trainings and workshops at regular intervals, so that hospital staff remain updated on evolving guidelines, fraud-prevention strategies, and best practices in quality documentation.

The discussions offered valuable ground-level insights, enabling facilitators to better understand the practical hurdles faced by hospitals. More importantly, they helped identify feasible and context-specific solutions for improving compliance, such as targeted training modules, improved IT support, and stronger coordination between hospital administrators and frontline staff. These FGDs not only encouraged peer learning but also fostered a sense of shared responsibility among participants to uphold transparency and integrity under PMJAY and MMJAY.



Closing Speech

In his concluding remarks, Shri Shailesh Chandra Diwakar, Administrative Officer, BSSS thanked all the participants for their participation and extended special thanks to Dr. Ashmita Gupta, Member Secretary, ADRI for successfully organizing the workshop. He also appreciated the efforts of Dr. Suraj



Shankar (Team Lead-CHP), Shri Satyendra Kumar (Capacity Building Officer, CHP) and the entire PMJAY team. Concluding this workshop on anti-fraud measures and quality documentation under AB-PMJAY, I would like to thank all of you for your valuable contribution. Today's sessions have developed our understanding of fraud prevention, proper documentation and adherence to standard treatment guidelines. These are critical to continue providing transparency and high-quality healthcare. He also said that we must implement what we

have learnt here in our hospitals and work together to protect the integrity of the scheme while remaining dedicated to serving the beneficiaries.

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

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 significantly raised awareness about the importance of accurate 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:

- Institutionalizing training modules for hospitals at regular intervals.
- 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.
- Need for Exclusive training on Grievance Redressal.

Annexure: -1
Attendance Sheet

| Sl. No. | Hospital Name | Name | Designation | Mobile No. | Email ID | Signature |
|---------|--|-----------------------|------------------------|------------|------------------------------------|-----------|
| 1 | AKHAND JYOTI EYE HOSPITAL | Alok Kumar | Hospital Administrator | 878857878 | alok.kumar@akhandjyoti.org | |
| 2 | | Vivek Kumar | IT Manager | 8180760810 | it.purnea@akhandjyoti.org | |
| 3 | AL SHAFI HOSPITAL | MONIRUL ISLAM | Manager | 9434649639 | sesyam.monir@alshafi.com | |
| 4 | | Dr. K.N. Anwar | MD | 8969121786 | alshafihospital@gmail.com | |
| 5 | AMLA HEALTH CENTRE | | | | | |
| 6 | | | | | | |
| 7 | CHRISTIAN MEDICAL CENTER AND HOSPITAL | PREM SOREN | Assistant Manager | 7488670108 | Prem.soren@cmca.com | |
| 8 | | Max Philip Dr. | Exp. Diract | 7781014017 | alex.philip@kizanic.com | |
| 9 | DAYANAND MEMORIAL HOSPITAL | Dr. Vikash Kumar | MD | 8271837270 | kumar.vikash@dayanandhospital.com | |
| 10 | | Dr. Anil Kumar | MD | 720976966 | dayanandmemorialhospital@gmail.com | |
| 11 | DR RAM CHARITRA YADAV MULTISPECIALITY HOSPITAL | Dr. Amit Kumar | Resident Adm | 8544105025 | amit.purnea14@gmail.com | |
| 12 | | Dr. Tarakeshwar Kumar | Hospital Adm | 9162957940 | tarakeshwar2013@gmail.com | |

| Sl. No. | Hospital Name | Name | Designation | Mobile No. | Email ID | Signature |
|---------|-----------------------------------|-------------------|---------------------|------------|------------------------------|-----------|
| 13 | DROPADI NETRALAYA PRIVATE LIMITED | Dr. S.C. Suman | Dr. ophthalmologist | 9801729021 | dr21813purnea@gmail.com | |
| 14 | | MR. K.K. Saradon | Office Asst | 9431866040 | KK.Saradon333@gmail.com | |
| 15 | EYE CARE HOSPITAL | Dr. Masih | Dr. ophthalmologist | 9472001833 | Dr.Masih | |
| 16 | | Rahul Mishra | Manager | 8271209538 | aman.das@eyecarehospital.com | |
| 17 | FATMA HOSPITAL | | | | | |
| 18 | | Ajay Kumar | Admin | 824088103 | fatmahospital@gmail.com | |
| 19 | NETRAJYOT NETRALAYA | Dr. Jayashankar | Dr. ophthalmologist | 7979821921 | netrajyotnetralaya@gmail.com | |
| 20 | | Abdul Bariq | Assistant Manager | | | |
| 21 | SAHYOG NURSING HOME | | | | | |
| 22 | SRI ARJUN PRASAD EYE HOSPITAL | Suraj Kumar | Manager | 963850561 | sahyognursinghome@gmail.com | |
| 23 | | Abhishek Abhishek | Director | 8210287009 | abhishekabhishek@gmail.com | |
| 24 | VISHAL HOSPITAL | DR. Sachin Kumar | DOC-IBOL | 6704131601 | dr.kumarsachin@gmail.com | |
| 25 | | Abhishek Kumar | Manager | 9473263834 | | |
| 26 | | Sudhakar | Coordinator | 8271600644 | | |

| Sl. No. | Hospital Name | Name | Designation | Mobile No. | Email ID | Signature |
|---------|------------------------|-------------|-------------|------------|----------|-------------|
| 27 | Netralaya Netralaya | Abdul Bariq | Eye | 9281987674 | | Abdul Bariq |
| 28 | Netraojat Netralaya | Anant Kumar | Physician | 8803057210 | | Anant Kumar |
| 29 | FATMA Hospital | Omash Kumar | Manager | 9297933313 | | Omash |
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 under AB-PMJAY
 September 04, 2025 | Hotel Park Square, Purnea
 Attendance Sheet (Kishanganj)**



| Sl. No. | Hospital Name | Name | Designation | Mobile No. | Email ID | Signature |
|---------|---|-------------------|---------------------|------------|------------------------------|-----------|
| 1 | BR NETRALAYA | Dr. Manoj Kumar | Doctor | 943404977 | manojk@gnail.co | M |
| 2 | | Amit Kumar | Physician | 6206058668 | tysonu@gmail.com | A |
| 3 | CRIBS HOSPITAL | Dr. Noorul Bazar | Doctor | 9781906094 | Dr. Noorulbazar007@gmail.com | Nbazar |
| 4 | | Sujeet Krishna | Accountant incharge | 8709406646 | stasujeetkumar@gmail.com | Sujeet |
| 5 | DR NIRANJAN CHILDRENS HOSPITAL AND RESERCH CENTRE | Dr. Shilpa Gupta | Doctor | 6207083002 | shilpamh14@gmail.com | S |
| 6 | | Lalit Kumar | Operator | 810225811 | lalit@gmail.com | L |
| 7 | MATA GUJRI MEMORIAL MEDICAL COLLEGE | Dr. Pradeep Kumar | S. Ops. | 9431438521 | mgnkrsby@gmail.com | P |
| 8 | | Arati Kumar | Nidal clfrn | 9262679919 | arhatikumar@gmail.com | A |
| 9 | NIYAZ MULTISPECIALITY HOSPITAL | | | | | |
| 10 | | | | | | |
| 11 | RADIANT MULTI SPECIALITY HOSPITAL | | | | | |
| 12 | | | | | | |

| Sl. No. | Hospital Name | Name | Designation | Mobile No. | Email ID | Signature |
|---------|--------------------------|--------------------|-------------|------------|--------------------------|------------|
| 13 | SECOND SIGHT VISION CARE | Asif Humain | Manager | 7091896116 | asfhumain@gmail.com | |
| 14 | | Yasmin | Medical | 7703284771 | asfhumain@gmail.com | |
| 15 | Z A NURSING HOME | Nishal Kumar Gupta | DEO | 7352293806 | nishalnishal99@gmail.com | 4/9/25 |
| 16 | | | | | | |
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 under AB-PMJAY
 September 04, 2025 | Hotel Park Square, Purnea
 Attendance Sheet (KATIHAR)



| Sl. No. | Hospital Name | Name | Designation | Mobile No. | Email ID | Signature |
|---------|--------------------------------|---------------------|-------------------|--------------------------|----------------------------|-----------|
| 1 | CITY EYE HOSPITAL | | | | | |
| 2 | | | | | | |
| 3 | JANKI TRAUMA CENTRE & HOSPITAL | | | | | |
| 4 | | | | | | |
| 5 | Janlakshya Hospital | Rampusan Tiwari | ophthalmologist | 9430229313 | | |
| 6 | | Anil Kumar | Staff | 9142468244 8968580509 | 988289599@gmail.com | |
| 7 | KATIHAR MEDICAL COLLEGE | Dr. Shalabh Kumar | Prof. Surgery | 9431285387 | dr.shalabh.kumar@gmail.com | |
| 8 | | Vishal Ranjan | Officer Assistant | 8986505832 | viduljibm@rediffmail.com | |
| 9 | Kilkari Child Hospital | Dr. Imman Kr. | - | 8789361664 | Imman123@yahoo.co | |
| 10 | | Quolker Kr. Manu | - | 6206397813 | Quolker Kr 41193@. | |
| 11 | MARC HOSPITAL | Dr. Bipin Kr. Singh | Doctor | 9304637048 | DR.BIPIN.KR@GMAIL.COM | |
| 12 | | Deepak Kumar | Manager | 9934246558 | deep.kr82@gmail.com | |

| Sl. No. | Hospital Name | Name | Designation | Mobile No. | Email ID | Signature |
|---------|---------------------------|---------------------|-------------------|------------|----------------------------|-----------|
| 13 | RADIANT HOSPITAL | Dr. S. Roy | Col. Private | 9250109786 | radiant.hospital@gnail.com | |
| 14 | | Dr. Sand Akhla | Director | 9641850902 |)))) | |
| 15 | ROSHNA BAZAR NURSING HOME | Jaywal Agar | Manager | 938254025 | Jaywalagar@gnail.com | |
| 16 | | Dr. Anuragha | Doctor | 8084047758 | radiology.amit@yohga.in | |
| 17 | SANJEEVANI NETRALAYA | DR. A LOK KUMAR | DOCTOR | 7762952201 | aks1986.ace@gmail.com | |
| 18 | | MUNSI LM LOREN | MANAGER | 8797625167 | munsiloren@gnail.com | |
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| 20 | | Shudhanshu Mishra | Executive Manager | 9979976851 | shudhanshu681@gmail.com | |
| 21 | Roshna Bazar Nursing Home | Badar SK | Marketing Mgr | 7488515650 | - | |
| 22 | | Schel | IT Manager | 6295172942 | - | |
| 23 | Kapthar Medical College | Shamir Ansari | Driver | 9372222518 | - | |
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**One Day Workshop of
Private Empanelled Hospitals on Anti-Fraud and Quality Documentation
under AB-PMJAY**

September 04, 2025 | Hotel Park Square, Purnea
Attendance Sheet (Araria)



| Sl. No. | Hospital Name | Name | Designation | Mobile No. | Email ID | Signature |
|---------|--------------------------------|---------------------|-------------|------------|--------------------------|-----------|
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| 3 | MOHINI DEVI RUNGTA HOSPITAL | | | | | |
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| 5 | YOGMAYA DEVI MEMORIAL HOSPITAL | Ritesh Kumar | | 9661191288 | deebha.purnea@gmail.com | |
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**One Day Workshop of
Private Empanelled Hospitals on Anti-Fraud and Quality Documentation
under AB-PMJAY
September 04, 2025 | Hotel Park Square, Purnea
Attendance Sheet (Madhepura)**



| Sl. No. | Hospital Name | Name | Designation | Mobile No. | Email ID | Signature |
|---------|--|------------------|-----------------|------------|-----------------------------|---------------|
| 1 | ANAND EYE HOSPITAL | Chandrasekhar Sh | Consultant | 7903389670 | chandrasekhar.s@gmail.com | Chandrasekhar |
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| 3 | KRIPA HOSPITAL | | | | | |
| 4 | | | | | | |
| 5 | MADHIPURA CHRISTIAN HOSPITAL SOCIETY | | | | | |
| 6 | | | | | | |
| 7 | PATLIPUTRA HOSPITAL | Pankaj Kumar | Director | 8292655083 | Pankajkumar061974@gmail.com | Pankaj |
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| 11 | SIDDDHI VINAYAK HOSPITAL | Sachin Kumar | Consultant | 9709344507 | sachinmca@gmail.com | Sachin Kumar |
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| Sl. No. | Hospital Name | Name | Designation | Mobile No. | Email ID | Signature |
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**One Day Workshop of
Private Empanelled Hospitals on Anti-Fraud and Quality Documentation
under AB-PMJAY
September 04, 2025 | Hotel Park Square, Purnea
Attendance Sheet (Saharsa)**



| Sl. No. | Hospital Name | Name | Designation | Mobile No. | Email ID | Signature |
|---------|--|------------------------|-----------------------------|------------|-------------------------------|-------------|
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| 2 | | Pankaj Singh | Manager | 87899866 | () | [Signature] |
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| 7 | PRANJAL SHRI HOSPITAL PRIVATE LIMITED | Dr. Raviendra Kumar | Physician | 851227324 | dr.raviendrakumar@yahoo.co.in | [Signature] |
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| 10 | SRB HOSPITAL A UNIT OF MAHAVIR SUBLIME HOSPITALS PRIVATE LIMITED | Dr. Anurag Singh | Ortho Plastic Surgeon | 8800957505 | ANURAG6868@gmail.com | [Signature] |
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| 12 | | Pankaj Kr. | Hospital Manager | 854405592 | pankaj.kr@gmail.com | [Signature] |

| Sl. No. | Hospital Name | Name | Designation | Mobile No. | Email ID | Signature |
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| 13 | SURYA HOSPITAL | Dr. Shikendra Kr. | MO | 9006556996 | shikendra316@gmail.com | [Signature] |
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**One Day Workshop of
 Private Empanelled Hospitals on Anti-Fraud and Quality Documentation
 under AB-PMJAY**
 September 04, 2025 | Hotel Park Square, Purnea
 Attendance Sheet (Supaul)



| Sl. No. | Hospital Name | Name | Designation | Mobile No. | Email ID | Signature |
|---------|---------------------------------------|---------------------|-------------|------------|----------------------------------|-----------|
| 1 | ANANT PRERNA HOSPITAL & TRAUMA CENTER | Dr. Karan K. Mishra | Director | 8677888827 | KKumar@anantprerna.com | |
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| 7 | MITHILA HOSPITAL | Dr. Deepak K | MDMS RMO | 6363402483 | deepak@mithila.com | |
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| 9 | PANORAMA HOSPITAL | Dr. K.V. Rayhan | Director | 7009001148 | | |
| 10 | | Amit Kumar | RMO | 8882625710 | | |
| 11 | SWAMI VIVEKANAND HOSPITAL | Dr. Subhash Kumar | Director | 9930976003 | subhashkumar@swamivivekanand.com | |
| 12 | | | | | | |

| Sl. No. | Hospital Name | Name | Designation | Mobile No. | Email ID | Signature |
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| 16 | KENDRA SUPAER | ✓ | ✓ | ✓ | ✓ | ✓ |
| 17 | Panorama Hospital | Ajit Kumar | | 9199971219 | ajit@panorama.com | |
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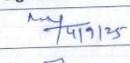
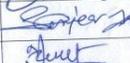
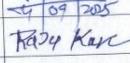
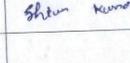
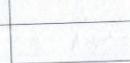


**One Day Workshop of
Private Empanelled Hospitals on Anti-Fraud and Quality Documentation
under AB-PMJAY
September 04, 2025 | Hotel Park Square, Purnea
Attendance Sheet**



| Sl. No. | Name | Designation | Organisation | Mobile No. | Email ID | Signature |
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| 03. | Dr. Neeraj Kr. Singh | Director-Healthcare | BSSS | 6287999739 | | |
| 04. | Dr. P. K. Kany | C.S Purnia | | 943184574 | | |
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| 09. | Jyoti Goswami | ADRI | ADRI | 7739708272 | | |
| 10. | Tanuj Kumar (col) | ADRI, CHP. | ADRI | 7903258629 | | |
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| 28 | Tulika | Consultant | ADRI | 9798643766 | |  |
| 29 | Sandeep Kumar | Consultant | ADRI | 9608996000 | |  |
| 30 | Sandeep Kumar | Project officer | ADRI | 8434725368 | |  |
| 31 | Narayan K Nandy | Dist. Epidemiologist | IDSP, DMS, Patna | 9471002899 | |  |
| 32 | RADY KUMAR | VOG | SMY | G 201691220 | |  |
| 33 | SHIVAN KUMAR | VOG | SMY | 7295046823 | |  |
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Annexure: -2



One Day Workshop of the Private empanelled hospitals on Anti-Fraud and Quality Documentation under AB-PMJAY
Participants: Purnea, Araria, Katihar, Kishanganj, Madhepura, Saharsa and Supaul



Date : 4 September, 2025

Venue: Purnea

Program Schedule

| 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 |
| TEA BREAK | | |
| 12:15 – 12:45 | Standard Treatment Guidelines and Health Benefit Package – Adherence to Mandatory Protocols & Documents | Dr. Neeraj Kumar Singh, Director – Healthcare, BSSS Mr. Satyendra Kumar, CHP-ADRI |
| 12:45 – 01:45 | Case Studies | 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 | Lunch Break | |
| 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



Annexure: -6
Media Coverage

Purnea, Hindustan, pg 04

सैहत कार्यक्रम का उद्देश्य आयुष्मान भारत के तहत धोखाधड़ी व गुणवत्ता दस्तावेजीकरण को सुदृढ़ करना रहा, मुख्य अतिथि के रूप में सिविल सर्जन डॉ. प्रमोद कुमार कर्नौजिया उपस्थित रहे

आयुष्मान भारत: निजी अस्पतालों के लिए एक दिवसीय कार्यशाला

गाइड लाइन

पूर्णिया, हिन्दुस्तान संवाददाता। गुरुवार को बिहार स्वास्थ्य सुरक्षा समिति बीएसएसएस एवं सेंटर फॉर हेल्थ पालिसी एडीआरआई सीएचपी एडीआरआई के संयुक्त तत्वावधान में पूर्णिया स्थित एक होटल में निजी सूचीबद्ध अस्पतालों के लिए एंटी-फ्राड एवं क्वालिटी डॉक्यूमेंटेशन पर एकदिवसीय कार्यशाला आयोजित की गई। कार्यशाला में पूर्णिया, अररिया, कटिहार, किशनगंज मधेपुरा सहरसा एवं सुपौल 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 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 को शुरू आत निदेशक अंशुभर शर्मा बिहार स्वास्थ्य सुरक्षा समिति डॉ. आलोक रंजन द्वारा स्वागत भाषण एवं उद्देश्य प्रस्तुति के साथ किया गया। इस दौरान मुख्य अतिथि के रूप में सिविल सर्जन डॉ. प्रमोद कुमार कर्नौजिया उपस्थित रहे। कार्यशाला को अध्यक्षता कर रहे बीएसएसएस के प्रशासनिक



निजी अस्पतालों के साथ कार्यशाला में मौजूद स्वास्थ्य अधिकारी

पदाधिकारी शैलेश चंद्र दिवाकर ने एंटी-फ्राड पर मुख्य वक्तव्य प्रस्तुत करते हुए प्रतिभागियों को धोखाधड़ी की रोकथाम हेतु आवश्यक कदमों से

अवगत कराया। कार्यशाला के विभिन्न सत्रों में सीएचपी-एडीआरआई कंसल्टेंट डॉ. गुरिंदर रंधावा एवं डॉ. आलोक रंजन द्वारा

धोखाधड़ी की रोकथाम, गुणवत्ता दस्तावेजीकरण, केस स्टडीज और निदेशक हेल्थकेयर, बीएसएसएस डॉ. नीरज कुमार सिंह एवं सीएचपी-एडीआरआई सत्येन्द्र कुमार द्वारा स्टैंडर्ड ट्रीटमेंट गाइडलाइंस एवं हेल्थ बेनिफिट पैकेज पर प्रोटोकॉल अनुपालन विषय पर विस्तार से चर्चा की गई। इसके अतिरिक्त, प्रतिभागियों को रियल-टाइम रिपोर्टिंग हेतु आईएचआईपी पोर्टल के उपयोग पर जिला आईडीएसपी सेल एवं एडीआरआई टीम ने जगरूक 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 का संचालन एडीआरआई टीम द्वारा किया गया। कार्यशाला के अंत में सेंटर फॉर हेल्थ पालिसी एडीआरआई सीएचपी एडीआरआई के टीम लीड डॉ. सूरज शंकर ने प्रतिभागियों को धन्यवाद ज्ञापित करते हुए कहा कि प्राप्त सुझाव योजना के प्रभावी क्रियान्वयन एवं धोखाधड़ी निरोधक उपायों को सुदृढ़ करने में सहायक सिद्ध होंगे। इस अवसर पर जिला क्रियान्वयन इकाई, पूर्णिया, अररिया, कटिहार, किशनगंज मधेपुरा, सहरसा एवं सुपौल जिलों के डीपीसी एवं एडीआरआई टीम के और से इन्द्रजीत गोस्वामी, दिलीप, संजीव, पवन एवं अन्य उपस्थित रहे।

Purnea, Dainik Jagaran, pg 03

आयुष्मान भारत योजना के तहत कार्यशाला आयोजित

जागरण संवाददाता, पूर्णिया: बिहार स्वास्थ्य सुरक्षा समिति एवं सेंटर फॉर हेल्थ पालिसी एडीआरआई के संयुक्त तत्वावधान में स्थानीय होटल में निजी सूचीबद्ध अस्पतालों के लिए एंटी-फ्राड एवं क्वालिटी डॉक्यूमेंटेशन पर एकदिवसीय कार्यशाला का आयोजन किया गया। इस कार्यशाला में पूर्णिया, अररिया, कटिहार, किशनगंज, मधेपुरा, सहरसा एवं सुपौल 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 के तहत धोखाधड़ी निरोधक उपायों को मजबूत करना, गुणवत्ता दस्तावेजीकरण को सुदृढ़ करना और मानक उपचार गाइडलाइंस एवं स्वास्थ्य लाभ पैकेज के अनुपालन को सुनिश्चित करना था। डॉ. आलोक रंजन ने कार्यशाला को संबोधित किया। मुख्य अतिथि के तौर पर सिविल सर्जन डॉ. प्रमोद कुमार कर्नौजिया उपस्थित थे। इसके पश्चात कार्यशाला की अध्यक्षता शैलेश चंद्र दिवाकर, प्रशासनिक पदाधिकारी, बिहार स्वास्थ्य सुरक्षा समिति ने एंटी-



मंच पर मौजूद सीएस व अन्य पदाधिकारी

फ्राड पर मुख्य वक्तव्य प्रस्तुत करते हुए प्रतिभागियों को धोखाधड़ी की रोकथाम के लिए आवश्यक कदमों से अवगत कराया। कार्यशाला में डॉ. गुरिंदर रंधावा, कंसल्टेंट और डॉ. आलोक रंजन ने धोखाधड़ी की रोकथाम, गुणवत्ता दस्तावेजीकरण, केस स्टडीज तथा डॉ. नीरज कुमार सिंह, निदेशक हेल्थकेयर, बीएसएसएस और सत्येन्द्र कुमार ने स्टैंडर्ड ट्रीटमेंट गाइडलाइंस एवं हेल्थ बेनिफिट 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। कार्यक्रम का संचालन एडीआरआई टीम ने किया। कार्यशाला के अंत में डॉ. सूरज शंकर, टीम लीड, सेंटर फॉर हेल्थ पालिसी एडीआरआई ने प्रतिभागियों को धन्यवाद ज्ञापित किया। योजना के प्रभावी क्रियान्वयन एवं धोखाधड़ी निरोधक उपायों को सुदृढ़ करने में प्राप्त सूचनाएं सहायक सिद्ध होंगी। इस अवसर पर जिला क्रियान्वयन इकाई अररिया, कटिहार, किशनगंज, मधेपुरा, सहरसा एवं सुपौल जिलों के डीपीसी एवं एडीआरआई टीम के इन्द्रजीत गोस्वामी, दिलीप, संजीव, पवन और अन्य उपस्थित रहे।

आयुष्मान भारत योजना के तहत निजी अस्पतालों के लिए एकदिवसीय कार्यशाला आयोजित

-कार्यक्रम का उद्देश्य आयुष्मान भारत के तहत धोखाधड़ी, गुणवत्ता दस्तावेजीकरण को सुदृढ़ करना रहा पूर्णिया : गुरुवार को बिहार स्वास्थ्य सुरक्षा समिति एवं सेंटर फॉर हेल्थ पॉलिसी झ एडीआरआई के संयुक्त तत्वावधान में पूर्णिया स्थित होटल पार्क स्क्वायर में निजी सूचीबद्ध अस्पतालों के लिए एंटी-फ्रॉड एवं क्वालिटी डॉक्यूमेंटेशन पर एकदिवसीय कार्यशाला आयोजित की गई। कार्यशाला में पूर्णिया, अररिया, कटिहार, किशनगंज मधेपुरा सहरसा एवं सुपौल जिलों के निजी अस्पतालों के प्रतिनिधि, वरिष्ठ चिकित्सक एवं स्वास्थ्य क्षेत्र से जुड़े विशेषज्ञों ने भाग लिया। कार्यशाला का मुख्य उद्देश्य आयुष्मान भारत प्रथानमंत्री 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 शुरूआत डॉ. आलोक रंजन, निदेशक ऑपरेशन, बिहार स्वास्थ्य सुरक्षा समिति द्वारा स्वागत भाषण एवं उद्देश्य प्रस्तुति के साथ किया गया। इस दौरान मुख्य अतिथि के रूप में सिविल सर्जन डॉ. प्रमोद कुमार कन्नौजिया मुख्य अतिथि के रूप में उपस्थित रहे। इसके पश्चात कार्यशाला की अध्यक्षता कर रहे बीएसएसके के प्रशासनिक पदाधिकारी शैलेश चंद्र दिवाकर ने एंटी-फ्रॉड पर मुख्य वक्तव्य प्रस्तुत करते हुए प्रतिभागियों को धोखाधड़ी की रोकथाम हेतु आवश्यक कदमों से अवगत कराया। कार्यशाला के विभिन्न सत्रों में सीएचपी-

एडीआरआई कंसल्टेंट डॉ. गुरिंदर रंधावा एवं डॉ. आलोक रंजन द्वारा



धोखाधड़ी की रोकथाम, गुणवत्ता दस्तावेजीकरण, केस स्टडीज और निदेशक झ हेल्थकेयर, बीएसएसके डॉ. नीरज कुमार सिंह एवं सीएचपी-एडीआरआई सत्येन्द्र कुमार द्वारा स्टैंडर्ड ट्रीटमेंट गाइडलाइंस एवं हेल्थ बेनिफिट पैकेज पर प्रोटोकॉल अनुपालन विषय पर विस्तार से चर्चा की गई। इसके अतिरिक्त, प्रतिभागियों को रियल-टाइम रिपोर्टिंग हेतु आईएचआईपी पोर्टल के उपयोग पर जिला

आईडीएसपी सेल एवं एडीआरआई टीम ने 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 का संचालन एडीआरआई टीम द्वारा किया गया। कार्यशाला के अंत में सेंटर फॉर हेल्थ पॉलिसी झ एडीआरआई के टीम लीड डॉ॰ सूरज शंकर ने प्रतिभागियों को धन्यवाद ज्ञापित करते हुए कहा कि प्राप्त सुझाव योजना के प्रभावी क्रियान्वयन एवं धोखाधड़ी निरोधक उपायों को सुदृढ़ करने में सहायक सिद्ध होंगे। इस अवसर पर जिला क्रियान्वयन इकाई, पूर्णिया, अररिया, कटिहार, किशनगंज मधेपुरा, सहरसा एवं सुपौल जिलों के डीपीसी एवं एडीआरआई टीम की ओर से इन्द्रजीत गोस्वामी, दिलीप, संजीव, पवन एवं अन्य उपस्थित रहे।

Pal Pal Nwes's post

Pal Pal Nwes
4 September at 18:26

आयुष्मान भारत योजना के तहत निजी अस्पतालों के लिए एकदिवसीय कार्यशाला आयोजित

-कार्यक्रम का उद्देश्य आयुष्मान भारत के तहत धोखाधड़ी, गुणवत्ता दस्तावेजीकरण को सुदृढ़ करना रहा पूर्णिया, 04 सितम्बर

गुरुवार को बिहार स्वास्थ्य सुरक्षा समिति (BSSS) एवं सेंटर फॉर हेल्थ पॉलिसी - एडीआरआई (CHP-ADRI) के संयुक्त तत्वावधान में पूर्णिया स्थित होटल पार्क स्क्वायर में निजी सूचीबद्ध अस्पतालों के लिए एंटी-फ्रॉड एवं क्वालिटी डॉक्यूमेंटेशन पर एकदिवसीय कार्यशाला आयोजित की गई। कार्यशाला में पूर्णिया, अररिया, कटिहार, किशनगंज मधेपुरा सहरसा एवं सुपौल 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 (AB-PMJAY) 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 शुरूआत डॉ. आलोक रंजन, निदेशक ऑपरेशन, बिहार स्वास्थ्य सुरक्षा समिति द्वारा स्वागत भाषण एवं उद्देश्य प्रस्तुति के साथ किया गया। इस दौरान मुख्य अतिथि के रूप में सिविल सर्जन डॉ. प्रमोद कुमार कन्नौजिया मुख्य अतिथि के रूप में उपस्थित रहे। इसके पश्चात कार्यशाला की अध्यक्षता कर रहे बीएसएसके के प्रशासनिक पदाधिकारी शैलेश चंद्र दिवाकर ने एंटी-फ्रॉड पर मुख्य वक्तव्य प्रस्तुत करते हुए प्रतिभागियों को धोखाधड़ी की रोकथाम हेतु आवश्यक कदमों से अवगत कराया। कार्यशाला के विभिन्न सत्रों में सीएचपी-एडीआरआई कंसल्टेंट डॉ. गुरिंदर रंधावा एवं डॉ. आलोक रंजन द्वारा धोखाधड़ी की रोकथाम, गुणवत्ता दस्तावेजीकरण, केस स्टडीज और निदेशक - हेल्थकेयर, बीएसएसके डॉ. नीरज कुमार सिंह एवं सीएचपी-एडीआरआई सत्येन्द्र कुमार द्वारा स्टैंडर्ड ट्रीटमेंट गाइडलाइंस एवं हेल्थ बेनिफिट पैकेज पर प्रोटोकॉल अनुपालन विषय पर विस्तार से चर्चा की गई। इसके अतिरिक्त, प्रतिभागियों को रियल-टाइम रिपोर्टिंग हेतु आईएचआईपी पोर्टल के उपयोग पर जिला आईडीएसपी सेल एवं एडीआरआई टीम ने जागरूक किया। अंतिम चरण में प्रतिभागियों ने फोकस ग्रुप डिस्कशन (FGD) के माध्यम से आयुष्मान भारत योजना के क्रियान्वयन से जुड़ी चुनौतियों एवं समाधान पर सुझाव साझा किए



Purnea, Ang India, pg 07

आयुष्मान भारत योजना के तहत निजी अस्पतालों में पारदर्शिता और गुणवत्ता सुनिश्चित करने को लेकर कार्यशाला आयोजित



संवाददाता अंग इंडिया | पूर्णिया

पूर्णिया में गुरुवार को बिहार स्वास्थ्य सुरक्षा समिति (BSSS) और सेंटर फॉर हेल्थ पॉलिसी - एडीआरआई (CHP-ADRI) के संयुक्त प्रयास से निजी सूचीबद्ध अस्पतालों के प्रतिनिधियों के लिए एक विशेष एकदिवसीय कार्यशाला का आयोजन किया गया, जिसमें आयुष्मान भारत योजना के अंतर्गत उपचार सेवाओं में पारदर्शिता बढ़ाने, धोखाधड़ी की आशंकाओं को कम करने तथा गुणवत्ता दस्तावेजीकरण के मानकों को सुदृढ़ करने पर जोर दिया गया। होटल पार्क स्क्वायर में आयोजित इस कार्यक्रम में पूर्णिया, अररिया, कटिहार, किशनगंज, मधेपुरा, सहरसा एवं सुपौल जिलों से आए चिकित्सकों, अस्पताल व्यवहारिक समस्याओं और उनके संभावित समाधानों पर सुझाव रखे। कार्यक्रम का समापन एडीआरआई के टीम लीड डॉ. सूरज शंकर द्वारा धन्यवाद ज्ञापन के साथ हुआ, जिसमें उन्होंने कहा कि अस्पतालों से प्राप्त इनपुट नीति निर्धारण में बीएसएसके के प्रशासनिक अधिकारी शैलेश चंद्र दिवाकर ने एंटी-फ्रॉड से जुड़े खतरों और उनकी रोकथाम हेतु प्रभावी उपायों पर प्रकाश डाला। कार्यशाला के दौरान सीएचपी-एडीआरआई के विशेषज्ञों डॉ. गुरिंदर रंधावा एवं सत्येन्द्र कुमार ने प्रतिभागियों को स्टैंडर्ड ट्रीटमेंट गाइडलाइंस, हेल्थ बेनिफिट पैकेज अनुपालन एवं केस स्टडीज के माध्यम से बेहतर सेवा प्रबंधन की जानकारी दी। इसके साथ ही, जिला आईडीएसपी सेल और एडीआरआई टीम ने रियल-टाइम डेटा रिपोर्टिंग हेतु IHIP पोर्टल की कार्यप्रणाली पर स्वभाव में आयोजित इस कार्यक्रम में पूर्णिया, अररिया, कटिहार, किशनगंज, मधेपुरा, सहरसा एवं सुपौल जिलों से आए चिकित्सकों, अस्पताल व्यवहारिक समस्याओं और उनके संभावित समाधानों पर सुझाव रखे। कार्यक्रम का समापन एडीआरआई के टीम लीड डॉ. सूरज शंकर द्वारा धन्यवाद ज्ञापन के साथ हुआ, जिसमें उन्होंने कहा कि अस्पतालों से प्राप्त इनपुट नीति निर्धारण में बीएसएसके के प्रशासनिक अधिकारी शैलेश



दिवस 4, 2025 | अक्षय खानन्य ऑफिस |

आयुष्मान भारत योजना के तहत निजी अस्पतालों के लिए एकदिवसीय कार्यशाला आयोजित

-कार्यक्रम का उद्देश्य आयुष्मान भारत के तहत धोखाधड़ी, गुणवत्ता दस्तावेजीकरण को सुदृढ़ करना रहा

पूर्णिया, 04 सितम्बर

गुरुवार को बिहार स्वास्थ्य सुरक्षा समिति (BSSS) एवं सेंटर फॉर हेल्थ पॉलिसी - एडीआरआई (CHP-ADRI) के संयुक्त तत्वावधान में पूर्णिया स्थित होटल पार्क स्कायर में निजी सूचीबद्ध अस्पतालों के लिए "एंटी-फ्रॉड एवं क्वालिटी डॉक्यूमेंटेशन" पर एकदिवसीय कार्यशाला आयोजित की गई। कार्यशाला में पूर्णिया, अररिया, कटिहार, किशनगंज मधेपुरा सहरसा एवं सुपौल 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 (AB-PMJAY) 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 स्वागत भाषण एवं उद्देश्य प्रस्तुति के साथ किया गया। इस दौरान मुख्य अतिथि के रूप में सिविल सर्जन डॉ. प्रमोद कुमार कन्नौजिया मुख्य अतिथि के रूप में उपस्थित रहे। इसके पश्चात कार्यशाला की अध्यक्षता कर रहे बीएसएसएस के प्रशासनिक पदाधिकारी शैलेश चंद्र दिवाकर ने एंटी-फ्रॉड पर मुख्य वक्तव्य प्रस्तुत करते हुए प्रतिभागियों को धोखाधड़ी की रोकथाम हेतु आवश्यक कदमों से अवगत कराया। कार्यशाला के विभिन्न सत्रों में सीएचपी-एडीआरआई कंसल्टेंट डॉ. गुरिंदर रंधावा एवं डॉ. आलोक रंजन द्वारा धोखाधड़ी की रोकथाम, गुणवत्ता दस्तावेजीकरण, केस स्टडीज और निदेशक - हेल्थकेयर, बीएसएसएस डॉ. नीरज कुमार सिंह एवं सीएचपी-एडीआरआई सत्येन्द्र कुमार द्वारा स्टैंडर्ड ट्रीटमेंट गाइडलाइंस एवं हेल्थ बेनिफिट पैकेज पर प्रोटोकॉल अनुपालन विषय पर विस्तार से चर्चा की गई। इसके अतिरिक्त, प्रतिभागियों को रियल-टाइम रिपोर्टिंग हेतु आईएचआईपी पोर्टल के उपयोग पर जिला आईडीएसपी सेल एवं एडीआरआई टीम ने जागरूक किया। अंतिम चरण में प्रतिभागियों ने फोकस ग्रुप डिस्कशन (FGD) के माध्यम से आयुष्मान भारत योजना के क्रियान्वयन से जुड़ी चुनौतियों एवं समाधान पर सुझाव साझा किए। कार्यक्रम का संचालन एडीआरआई टीम द्वारा किया गया। कार्यशाला के अंत में सेंटर फॉर हेल्थ पॉलिसी - एडीआरआई (CHP-ADRI) के टीम लीड डॉ॰ सूरज शंकर ने प्रतिभागियों को धन्यवाद ज्ञापित करते हुए कहा कि प्राप्त सुझाव योजना के प्रभावी क्रियान्वयन एवं धोखाधड़ी निरोधक उपायों को सुदृढ़ करने में सहायक सिद्ध होंगे। इस अवसर पर जिला क्रियान्वयन इकाई, पूर्णिया, अररिया, कटिहार, किशनगंज मधेपुरा, सहरसा एवं सुपौल जिलों के डीपीसी एवं एडीआरआई टीम की ओर से इन्द्रजीत गोस्वामी, दिलीप, संजीव, पवन एवं अन्य उपस्थित रहे।

आयुष्मान भारत योजना के तहत निजी अस्पतालों के लिए एकदिवसीय कार्यशाला आयोजित।

By Chandrakanta News - September 5, 2025

63



-कार्यक्रम का उद्देश्य आयुष्मान भारत के तहत शोकाघटी, गुणवत्ता दस्तावेजीकरण को सुदृढ़ करना रहा

पूर्णिमा,

गुवाहाटी को शिवाहर स्वास्थ्य सुरक्षा समिति (BSSS) एवं सेंटर फॉर हेल्थ पॉलिसी - एडीआरआई (CHP-ADRI) के संयुक्त तत्वावधान में पूर्णिमा स्थित होटल पार्क इन्फापर में निजी सुवीरुद्ध अस्पतालों के लिए "एंटी-ग्रीड एवं क्वालिटी डॉक्यूमेंटेशन" पर एकदिवसीय कार्यशाला आयोजित की गई। कार्यशाला में पूर्णिमा, अरुंधिया, कटिहार, किशनगंज मधेपुरा अरुहरा एवं झुपील 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 (AB-PMJAY) के तहत शोकाघटी निरोधक उपायों को मजबूत करना, गुणवत्ता दस्तावेजीकरण को सुदृढ़ करना तथा स्टैंडर्ड ड्रीटमैट गाइडलाइंस एवं हेल्थ बेनिफिट पैकेज के अनुपालन को सुनिश्चित करना था। कार्यशाला की शुरुआत डॉ. आलोक रंजन, निदेशक - औपरेशन, शिवाहर स्वास्थ्य सुरक्षा समिति द्वारा स्वागत भाषण एवं उद्देश्य प्रस्तुति के साथ किया गया। इस दौरान मुख्य अतिथि के रूप में क्रिश्चिल अर्जन डी. प्रमोद कुमार कर्नाटिया मुख्य अतिथि के रूप में उपस्थित रहे। इसके पश्चात कार्यशाला की अध्यक्षता कर रहे श्रीएचएएचए के प्रशासनिक पदाधिकारी शैलेश चंद्र दिवाकर ने एंटी-ग्रीड पर मुख्य उक्त्य प्रस्तुत करते हुए प्रतिभागियों को शोकाघटी की रोकथाम हेतु आवश्यक कदमों से अवगत कराया। कार्यशाला के विभिन्न सत्रों में श्रीएचपी-एडीआरआई कंसल्टेंट डॉ. गुरिंदर रंधावा एवं डॉ. आलोक रंजन द्वारा शोकाघटी की रोकथाम, गुणवत्ता दस्तावेजीकरण, केश स्टडीज और निदेशक - हेल्थकेयर, श्रीएचएचएचए डॉ. नीरज कुमार सिंह एवं श्रीएचपी-एडीआरआई अत्येन्दु कुमार द्वारा स्टैंडर्ड ड्रीटमैट गाइडलाइंस एवं हेल्थ बेनिफिट पैकेज पर प्रोटोकॉल अनुपालन विषय पर विस्तार से चर्चा की गई। इसके अतिरिक्त, प्रतिभागियों को रियल-टाइम रिपोर्टिंग हेतु आईएचआईपी पोर्टल के उपयोग पर जिला आईडीएचपी सेल एवं एडीआरआई टीम ने जागरूक किया। अंतिम चरण में प्रतिभागियों ने फोकस ग्रुप डिस्कशन (FGD) के माध्यम से आयुष्मान भारत योजना के क्रियान्वयन से जुड़ी चुनौतियों एवं समाधान पर चर्चाएं आइए। कार्यक्रम का संवातन एडीआरआई टीम द्वारा किया गया। कार्यशाला के अंत में सेंटर फॉर हेल्थ पॉलिसी - एडीआरआई (CHP-ADRI) के टीम लीड डॉ॰ सुरज शंकर ने प्रतिभागियों को धन्यवाद ज्ञापित करते हुए कहा कि प्राप्त सुझाव योजना के प्रभावी क्रियान्वयन एवं शोकाघटी निरोधक उपायों को सुदृढ़ करने में सहायक सिद्ध होंगे। इस अवसर पर जिला क्रियान्वयन इकाई, पूर्णिमा, अरुंधिया, कटिहार, किशनगंज मधेपुरा, अरुहरा एवं झुपील जिलों के डीपीसी एवं एडीआरआई टीम की ओर से इन्व्जोत गोश्यामी, दिलीप, संजीव, पवन एवं अन्य उपस्थित रहे।

