ANTI FRAUD GUIDELINES

BIJU SWASTHYA KALYAN YOJANA (BSKY)

STATE HEALTH ASSURANCE SOCIETY

BIJU SWASTHYA KALYAN YOJANA (BSKY)

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We have adopted the fundamental principles and guidelines outlined in the AB PM-JAY Anti-Fraud Framework, meticulously adapting them to suit the requirements and processes of the BSKY scheme.

The collaborative efforts of all these individuals have culminated in creating this document, which will serve as a valuable resource for all those engaged in BSKY Anti-Fraud Efforts.

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PURPOSE AND SCOPE

The Anti-Fraud Guidelines for the Biju Swasthya Kalyan Yojana (BSKY) have been formulated to establish and maintain a robust anti-fraud framework within the BSKY scheme. These guidelines encompass the prevention, detection, and deterrence of various fraudulent activities that may arise at different stages of BSKY implementation.

Fraud Management Approach	*Stages of Implementation*
Prevention	1) Beneficiary Identification and Verification 2) Provider Empanelment 3) Pre-authorisation
Detection	1) Claims Management 2) Data Analytics 3) Field and Medical Audits
Deterrence	1) Contract Management 2) Enforcement of Contractual Provisions 3) Stringent Actions against the Offenders

Table 1: Fraud Management Approaches at Various Stages of Implementation

The Anti-Fraud Guidelines outline the strategies for fraud management and establish the essential legal framework, institutional structures, and requisite capacities needed to ensure the successful implementation of robust anti-fraud measures.

FRAUD UNDER BSKY

PRINCIPLES:

Engaging in any form of fraud within the BSKY constitutes a breach of patients' fundamental right to healthcare and the misappropriation of public resources. BSKY operates under a strict zero-tolerance policy towards any kind of fraud and is committed to fostering an anti-fraud culture across all aspects of the scheme's implementation. The anti-fraud measures are based on five fundamental principles: *Transparency, Accountability, Responsibility, Independence, and Reasonability.*

Understanding the Terms:

i. Transparency shall mean public disclosure in decision-making and in disclosing necessary information regarding BSKY fraud.
ii. Accountability shall mean precise functions, structures, systems, and accountability for services for effective management.
iii. Responsibility shall mean management's adherence to sound organisational principles for BSKY anti-fraud efforts.
iv. Independence shall mean a state where the SHAS operates professionally without conflict of interest and is immune from external pressures or influences.
v. Reasonability shall mean fair and equitable treatment to fulfil stakeholders' rights arising from agreements in BSKY anti-fraud efforts.

DEFINITION OF FRAUD UNDER BSKY:

Fraud within the context of BSKY shall mean and encompass any ***deliberate act of deception, manipulation of facts or records, or misrepresentation carried out by an individual or organisation, with the full awareness that such actions could lead to unauthorised financial gains or other advantages, either for themselves or for another individual or organisation. This definition also extends to any conduct that may constitute fraud under the purview of any applicable Indian law.***

Furthermore, any act (as outlined in the indicative list below) recognised as fraud by various provisions of the Indian Penal Code shall be considered fraud within the BSKY:

- Impersonation
- Counterfeiting
- Misappropriation
- Criminal Breach of Trust
- Cheating
- Forgery
- Falsification
- Concealment

Indian Contract Act 1972, Section 17:
"Fraud" means and includes any of the following acts committed by a party to a contract, or with his connivance, or by his agent, with intent to deceive another party thereto of his agent, or to induce him to enter into the contract:

a. the suggestion, as a fact, of that which is not true, by one who does not believe it to be true;
b. the active concealment of a fact by one having knowledge or belief of the fact;
c. a promise made without any intention of performing it;
d. any other act fitted to deceive;
e. any such act or omission as the law specially declares to be fraudulent.

Human errors and waste are not included in the definition of fraud. ***Errors*** are unintentional mistakes during the process of healthcare delivery. ***Waste*** refers to the unintentional, negligent use of resources.

Abuse within the context of BSKY shall mean and encompass ***those provider practices that deviate from sound fiscal, business, or medical practices and result in an unwarranted cost to the BSKY or reimbursement for services that are not medically necessary or services that fail to meet professionally recognised healthcare standards. Additionally, it encompasses beneficiary practices that result in undue costs to the BSKY.***

While fraud entails wilful and deliberate actions conducted for financial gain through false pretences and is illegal, abuse typically does not meet one or more of these criteria. Abuse occurs when an individual or organisation uses the system in a way that was not intended to be used, causing financial and non-financial gain. Both fraud and abuse primarily revolve around achieving financial and/or non-financial advantages. Typical instances of health insurance abuse include excessive diagnostic tests, unnecessarily extended hospital stays, and daycare procedures converted to overnight admissions.

TYPES OF FRAUD UNDER BSKY:

Fraud within the BSKY framework can be committed by various parties, including beneficiaries, providers, or the payer. Each type of fraud is outlined in the table below:

Fraud Type	*Description*
Beneficiary Fraud	Fraud committed by an eligible beneficiary of BSKY or an individual impersonating a beneficiary.
Provider Fraud	Fraud committed by any healthcare provider empanelled for providing services under BSKY.
Payer Fraud	Fraud committed by staff or consultants of SHAS or personnel employed by any agencies contracted by SHAS directly or indirectly involved in BSKY.

Table 2: Types of Fraud under BSKY

RESPONSIBILITIES OF STATE HEALTH ASSURANCE SOCIETY

1. **Develop Anti-Fraud Framework, Guidelines and Policies**:

   The SHAS shall develop the anti-fraud framework, guidelines, policies, and tools to design and streamline anti-fraud initiatives under the BSKY. This responsibility shall include, among others:

   - Developing anti-fraud framework and guidelines, which include this document and any subsequent amendments or new guidelines that the SHAS may issue periodically.
   - Developing guidelines and standard operating procedures for various aspects of BSKY, such as beneficiary identification, provider empanelment, claims processing and management, monitoring and audits.

2. **Exercise Broad Oversight:**

   The SHAS shall exercise comprehensive oversight of BSKY and actively develop and implement effective oversight plans to ensure that resources under BSKY are used only for legitimate purposes. As part of this responsibility, the SHAS shall:

   a. Ensure utmost efficiency in utilising resources from all stakeholders to prevent and detect fraud and abuse.
   b. Ensure the implementation of effective program integrity systems by collecting and validating adequate service delivery data to evaluate utilisation and quality of care.
   c. Establish a robust communication framework for effective public messaging campaigns focused on anti-fraud initiatives.
   d. Review existing laws and regulations and formulate legislative proposals to promote appropriate statutes to bolster the effective control of fraudulent activities.
   e. Implement a whistleblower mechanism to facilitate confidential reporting of fraud.

3. **Design IT Infrastructure and Protocols for Advanced Data Analytics:**

   Specific tasks assigned to SHAS shall encompass, but are not confined to:

   a. Develop IT System Design.
   b. Integrate a comprehensive list of fraud triggers into the IT system.
   c. Develop data standards and guidelines for data consolidation, mining and advanced analytics using predictive modelling, machine learning models, and regression techniques. SHAS would also integrate Artificial Intelligence and Machine Learning algorithms into the IT system, creating a cutting-edge fraud detection platform.

d. Analyse data to identify trends, utilisation patterns, and outlier cases at the individual level or for organised fraudulent schemes and fraud rings.

4. **Develop Institutional Structures:**

   The SHAS shall be responsible for creating institutional structures and effectively implementing them in accordance with the anti-fraud guidelines established. The State Government shall issue appropriate Government Orders to legitimise the structures and empower them to perform their functions optimally.

5. **Recruit, Deploy, Train and Manage Anti-Fraud Human Resources:**

   SHAS shall undertake the following responsibilities to ensure adequate human resources and build capacity for anti-fraud endeavours within the State:

   a. Develop an anti-fraud human resources plan as outlined in the Anti-Fraud Guidelines.
   b. Recruitment of required personnel as per the skills and competencies outlined in the Anti-Fraud Guidelines.
   c. Ensure training of all the staff on both BSKY and Anti-Fraud Guidelines.

6. **Conduct Anti-Fraud Awareness:**

   a. Develop and execute strategies to raise awareness among beneficiaries about potential instances of fraud within the BSKY scheme. This awareness campaign should encompass educating beneficiaries about various forms of fraud, the impact of fraud on the beneficiaries, preventive measures they can undertake, and the appropriate channels for reporting any suspected fraud incidents.

   b. Beneficiary awareness initiatives may employ a combination of mass media campaigns and interpersonal communication at the point of service, where the Swasthya Mitras could provide the beneficiaries with a list of potential provider fraud along with the contact details for reporting any suspected fraud incidents.

   c. Develop and implement strategies to raise awareness within the medical community and among providers on what constitutes fraud under BSKY, the anti-fraud measures adopted by BSKY, and the consequences associated with provider fraud and unethical practices.

7. **Data Analytics:**

   SHAS will establish robust data analytics mechanisms for fraud detection, including basic rule-based and outlier-based analytics and a comprehensive list of fraud triggers integrated into the IT system.

8. **Contract Design, Management and Enforcement:**

The SHAS shall assume responsibility for the development and management of contracts, as well as the oversight of all contracts issued by it. Contracts developed by the SHAS will meticulously define fraud, provide comprehensive descriptions and illustrations of potentially fraudulent activities, establish incentives and disincentives to promote anti-fraud initiatives and outline robust enforcement mechanisms. Contract management must include monitoring of all contractual provisions and reporting obligations. Furthermore, the SHA shall develop tools and build capacity for compliance management, ensuring timely detection of any gaps and promptly implementing corrective actions as necessary.

INSTITUTIONAL STRUCTURE FOR ANTI-FRAUD EFFORTS

STATE ANTI-FRAUD UNIT:

1. **Mandate and Functions:**

   The SHAS shall constitute a dedicated Anti-fraud Unit known as the State Anti-Fraud Unit (SAFU). The mandate of the SAFU shall be to:

   - ❖ Provide leadership and stewardship to the state anti-fraud efforts under BSKY;
   - ❖ Develop, review, and update the state anti-fraud framework and guidelines based on emerging trends and monitor data;
   - ❖ Capacity Building of the BSKY team on Anti-Fraud measures under BSKY, including field verifications and investigations;
   - ❖ Liaise with the IT Team/Agency to ensure that the IT platform is periodically updated with fraud triggers based on the review of trends;
   - ❖ Liaise with the monitoring unit of the SHAS to analyse fraud-related data with the overall service utilisation trends within the BSKY program and provide evidence-based insights on trends derived from analysis of state-specific fraud data;
   - ❖ Address all fraud-related complaints that the SHAS may receive directly and liaise with the districts on any complaints specific to their areas in accordance with the Anti-Fraud and Grievance Redressal Guidelines of BSKY;
   - ❖ Take Suo Moto action based on prima facie evidence as deemed appropriate;
   - ❖ Establish a whistle-blower mechanism, public disclosure guidelines, and other deterrent measures to encourage reporting;
   - ❖ Conduct fraud investigations as required, prepare investigation reports that can stand legal scrutiny when required, file First Information Reports (FIR) with the police as warranted, navigate the legal system, pursue recovery efforts, undertake follow-up actions, including if required notice to relevant parties, etc. and all other tasks related to fraud investigation;
   - ❖ Publish data on utilisation, claim rejection, suspension, de-empanelment, etc.

2. **Structure of the State Anti-Fraud Unit:**

   - ❖ SAFU will function as an autonomous unit within the SHAS;
   - ❖ SAFU will be led by a SAFU-Lead, a medical graduate and preferably an expert in medical forensics, reporting directly to the Medical Director of the SHAS;
   - ❖ The staffing patterns for the SAFU are outlined below:

Resources	*Staffing Pattern*
State Level	
SAFU–Lead	01
Medical Auditors	01 for 5 Districts
State Vigilance Officer	01 (Part Time)
Data Analyst	01
District & Facility Level	
District Vigilance Officers	01 in each district
Swasthya Mitras	Minimum 1 at each EHCP, available 24x7

Table 3: SAFU Staffing Pattern

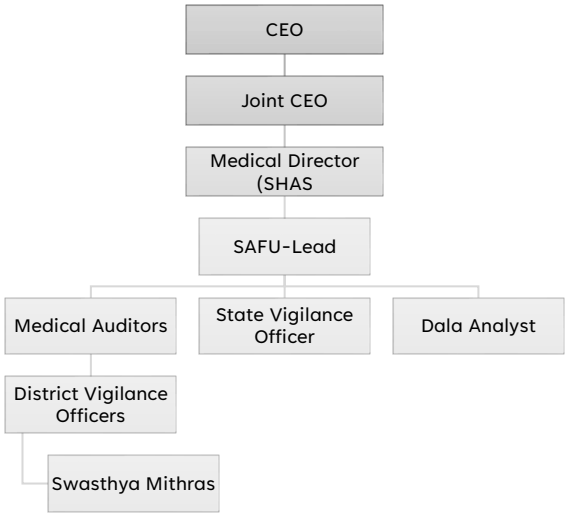

Figure 1: Proposed Structure of SAFU

To minimise the potential of collusion, the SHAS will directly recruit the District Vigilance Officers and rotate Swasthya Mitras every 3-6 months, preferably within the same city/town.

3. Core Competencies of the State Anti-Fraud Unit:

The State Anti-Fraud Unit should have the following minimum core competencies and skills:

- ❖ Legal Proficiency
- ❖ Case Investigation Expertise
- ❖ Claims Processing Acumen

- ❖ Medical Expertise
- ❖ Medical Audit Competence
- ❖ Medical Forensics Proficiency

Refer to Annexure - 1 for indicative Terms of Reference for various positions.

MORTALITY AND MORBIDITY REVIEW COMMITTEE:

The SHAS will constitute the Mortality and Morbidity Review Committee (MMRC), which the Medical Director of SHAS will chair. Other members will include Medical Specialists as required from the apex public medical institutions and medical colleges.

Functions of the MMRC:

- ❖ The scope of MMRC review shall include assessment of the line of treatment, review of patients' medical records and prescription practices and determine whether the treatment provided is in line with good clinical practices;
- ❖ Undertake the review of mortality cases recommended by the State Nodal Doctors.

ROLE OF EXISTING HEALTH DEPARTMENT STRUCTURES:

To strengthen the Anti-Fraud efforts, the SHAS will integrate and institutionalise these efforts within the existing State Health Department and Health Systems.

- ❖ At the State level, SHAS will involve the Health Directorate in anti-fraud surveillance.
- ❖ At the district level, existing governance and monitoring structures, such as the District Medical Officer, can be leveraged.
- ❖ SHAS will set up community-based monitoring mechanisms by involving local communities in reporting unethical/fraudulent practices/behaviour.

OPERATIONS AND MANAGEMENT OF SAFU:

1. **Nodal Responsibility:**

   The SAFU-Lead shall be the nodal person responsible for all Anti-Fraud initiatives in the State.

2. **Annual Action Plan and Budget:**

   The SAFU shall develop an annual anti-fraud response plan, which may include but is not limited to:

- Document detected fraud cases with details of the agency/individual committing fraud, the nature of fraud, the duration of fraud detection and validation, information of the filed and pending action taken reports and any other pertinent details;
- Outline the typology of fraud identified in the preceding financial year and categorise the fraud cases according to the type of fraud;
- Develop Novel strategies that may need to be adopted based on the analysis of the preceding year's fraud data;
- Evaluate and specify additional capacity requirements, if any;
- Allocate the budget for all activities related to anti-fraud efforts as per the plan.

The Anti-Fraud Annual Action Plan and Budget need to be approved by the Executive Committee of the SHAS.

3. Review of Anti-Fraud Efforts:

The SAFU shall convene a quarterly structured Anti-Fraud Meeting with the SHAS Claim Adjudication and Operations teams to deliberate on the results and outcomes of the Anti-Fraud efforts and discuss the possible mitigation strategies. All discussions and decisions thereof should be minuted, and the SAFU-Lead will ensure follow-up actions as per the decisions taken.

GUIDELINES FOR ANTI-FRAUD MEASURES

GUIDELINES FOR FRAUD PREVENTION:

1. **Develop Anti-Fraud Policies and Guidelines:**

   SHAS will develop a customised anti-fraud framework with policies and guidelines specifically for the BSKY implementation nuances. The Governing Board of the SHAS should approve the state Anti-Fraud Guidelines. Furthermore, the SHAS should ensure comprehensive training to all BSKY staff on the approved state Anti-Fraud Guidelines.

2. **Develop Referral Protocols for Benefits that are prone to Fraud and Abuse:**

   Procedures or Benefits under BSKY that are prone to fraud and abuse may be either reserved for public providers or made accessible only by referrals from public providers. The SHAS will issue appropriate orders to this effect.

3. **All Contracts with any party will have adequate Anti-Fraud provisions:**

   SHAS will ensure that all contracts adopted in BSKY with any stakeholders clearly define abuse and fraud, outline what actions constitute abuse and fraud, and specify the consequences of such actions. The liability of all parties involved should be clearly stated in the contract, and appropriate disincentives and penalties for fraud and abuse must be included in the contracts.

4. **Preventing Empanelment Fraud:**

   SHAS will ensure that the empanelment guidelines of BSKY are strictly adhered to. The SHAS will publish an assessment score for each hospital that is empanelled on the BSKY website, which will enable third parties to report any false capacity representation made by healthcare providers. An annual assessment/audit of all empanelled providers by an independent agency with relevant experience is recommended to ensure that they comply with the minimum empanelment criteria. During the initial and follow-up assessments of providers, extra caution will be taken to ensure alignment with the differential grade-based tariff.

5. **Beneficiary Identification and Verification:**

   The SHAS shall ensure strict compliance with the BSKY guidelines on beneficiary identification and verification. For beneficiary fraud prevention, empanelled providers must authenticate beneficiaries using Aadhaar-based verification during each hospitalisation.

6. **Pre-authorisation:**

   The SHAS shall ensure strict compliance with BSKY guidelines for pre-authorisation and to further strengthen the efforts against pre-authorisation fraud, the SHAS shall:

   - Develop detailed pre-authorisation protocols and, in due course, automate the process, including mandatory submissions into the claims management software as a streamlined automated workflow process;
   - Ensure SMS updates to beneficiaries on details of pre-authorisation requests, the amount blocked, and proposed procedure(s), etc., in the local language and another SMS at the time of discharge to ensure beneficiaries are well informed on their healthcare journey;
   - Ensure auto-cancellation of pre-authorisation approvals if services are not utilised and blocking of package(s) is not updated on the transaction system by the provider within 7 days of approving the pre-authorisation.

7. **Technical Committee Approval for High-Value Claims:**

   To minimise financial risks to the government caused by fraudulent claims, the SHAS will establish a Technical Committee consisting of senior government officials. This committee will be responsible for reviewing and approving pre-authorization requests exceeding INR 3 Lakhs.

GUIDELINES FOR FRAUD DETECTION:

1. **Claims Management:**

   - SHAS will ensure strict compliance with BSKY guidelines for claims management.
   - SAFU will conduct claim data analysis for early detection of fraud.
   - Such claim data analysis shall be conducted through the following approaches:
     - Identifying data anomalies through trigger-based and rule-based analysis;
     - Utilising advanced algorithms for fraud detection, predictive/regression-based and machine learning models, along with other advanced data analytics reports.
   - During claim data analysis, the SAFU will collaborate with the Claim Adjudication and Operations teams of SHAS for a comprehensive overview.

2. **Fraud Detection during Routine Monitoring and Verification:**

   The SHAS shall gather information on provider performance to effectively detect and prevent fraud and abuse by using the following techniques:

- ❖ Data Analysis to compare providers on various indices such as utilisation, performance, outcomes, referrals, and de-empanelment, followed by focused reviews on areas of aberrancy;
- ❖ Routine reviews on problem areas to identify potential issues;
- ❖ Routine validation of provider data to ensure accuracy and reliability;
- ❖ Random reviews and beneficiary interviews for insights on provider performance and potential issues;
- ❖ Unannounced site visits to assess the quality of BSKY services provided;
- ❖ Use of feedback mechanisms and quality improvement initiatives to monitor provider performance.

3. **Comparative Analysis:**

   The SAFU will compare the performance of empanelled providers on a district or state-wide level. While individual patterns of providers may not be unusual, the cumulative pattern across multiple providers may warrant further investigation. Leveraging SHAS's data systems to identify utilisation patterns will aid in case development and review.

4. **Routine Reviews on Problem Areas:**

   As part of the anti-fraud measures, SAFU may identify focus areas that require special attention during routine monitoring of provider activities. These areas should be identified through systematic risk assessment and may include, but are not limited to, items such as:

   - ❖ Ensuring that empanelled providers are eligible to participate in BSKY;
   - ❖ Ensuring that individuals listed as beneficiaries are indeed enrolled in BSKY;
   - ❖ Ensuring that provider employees understand BSKY guidelines, definition of fraud and know where, how, and when to report it.

5. **Random Reviews and Beneficiary Interviews:**

   The SHAS will establish a protocol for conducting a minimum number of random reviews in which a selected set of beneficiaries is contacted for interviews. Simultaneously, their medical records should also be reviewed to identify any potential errors or evidence of abuse and/or fraud. All such reviews must strictly adhere to the guidelines periodically issued by the SHAS.

6. **Unannounced Site Visits:**

   SAFU monitoring plans will incorporate unannounced visits to providers, with a particular focus on those with significant concerns. During these visits, the audit team can observe patient encounters, conduct interviews with beneficiaries and/or employees, and verify the accuracy of facility-based information and records.

7. **Use of Feedback and Quality Improvement:**

   The results of reviews, including feedback from local communities and healthcare workers, and investigations will be incorporated into improving the implementation systems of BSKY. The aim is to institute measures to deter the recurrence of similar instances of fraud or abuse identified. Incorporating feedback is an essential component of BSKY quality improvement.

8. **Minimum Sample for Audits:**

Sl. No.	*Audit Type*	*Sample Size*	*Objective*	*Ownership*
1.	Medical Audit (Desk / Field)	5% of Total Claims	Establish medical necessity and conduct objective review of medical facts to ascertain the quality of care provided.	SAFU
2.	Beneficiary Audit (At Hospital / At Home)	5% of Total Claims	Establish identity and eligibility of beneficiary and ascertain if claimed procedure was actually performed and the level of beneficiary satisfaction in BSKY services.	SAFU
3.	Hospital Audit	Each Empanelled Hospital at least twice each FY	Review quality of care and ensure compliance with minimum empanelment criteria and alignment with differential grade-based tariffs.	SAFU
4.	Tele Audit (Beneficiary Feedback)	5% of Total Claims	Beneficiary Feedback on Free Service, Utilisation of Benefit, and Overall Experience.	Call Centre
5.	Claim Adjudication Audit	10% of Approved Claims	Ensure that Claim Adjudication process is followed diligently at all levels	SND
6.	Rejected Claims Audit	100% of Rejected Claims	Verify if the rejection of claims is justified.	SND
7.	Mortality Claims Audit	100% of Mortality Claims	Identify and verify any gaps in clinical cases and patient safety impacting morbidity and mortality of beneficiaries.	SND

Table 4: Sample Size for Various Audits under BSKY

GUIDELINES FOR DETERRENCE:

- SHAS shall employ sound contracts with strong contract management, prompt action, swift adjudication and strict enforcement of penalties and contractual provisions to act as strong deterrence for fraud.

- SHAS will be enabled to take firm actions against fraud, including de-empanelment and delisting of providers.

- ❖ However, in locations with limited provider presence, the SHAS may be constrained to dis-empanel or delist providers. In such situations, SHAS will consider more stringent penalties and firm disciplinary actions to maintain scheme integrity.

- ❖ SHAS will publicly disclose the list of providers who have engaged in fraudulent activities, and this disclosure could serve as a potent deterrent against fraud and abuse.

- ❖ SHAS may demand the providers to take firm action, including issuing warnings and show cause notices to treating doctors found indulging in unethical practices, in accordance with the provisions of the National Medical Council.

MONITORING EFFECTIVENESS OF ANTI-FRAUD MEASURES:

Periodic review of anti-fraud measures is required to improve the quality of the measures and to ensure that the anti-fraud efforts remain robust and responsive. The list of illustrative indicators is outlined below for measuring the effectiveness of anti-fraud measures. The SAFU will establish mechanisms for quarterly reporting on these indicators and recommend corrective measures to SHAS as required.

Sl. No.	***Indicators for Effectiveness of Anti-Fraud Measures***
1.	Proportion of Rejected Pre-authorisations
2.	Proportion of Emergency Pre-authorisations to Total Pre-authorisations
3.	Proportion of Claims Audited
4.	Ratio of Rejected Claims
5.	Number of Providers De-empanelled
6.	Proportion of Claims with Multiple Procedures per 1 Lakh Claims
7.	Instances of Decline in Single Disease Dominating a Geographical Area
8.	Proportion of Households verified by BSKY functionary
9.	Disease utilisation rates correlate with Community Incidence
10.	Number of Enquiry Reports against Hospital
11.	Number of Enquiry Reports against BSKY Staff
12.	Number of FIRs Filed
13.	Conviction Rate of Detected Fraud
14.	Proportion of Fraudulent Claims to Total Claims
15.	Number of Actions taken against EHCPs in a Quarter
16.	Proportion of Recovery Amount to Total Paid Amount
17.	Frequency of Hospital Inspection in a Quarter in a Geographical Area
18.	Proportion of Triggered Claims per 100 Claims
19.	Inter District Trends in Incidence and Utilisation Rates
20.	Number of Fraud Reported
21.	Movement of Average Claim Sizes
22.	Movement of Average Length of Stay

Table 5: Indicators for Effectiveness of Anti-Fraud Measures

USE OF IT IN ANTI-FRAUD MEASURES

1. **IT Infrastructure for Detecting Fraud:**

   The SHAS has established a robust IT infrastructure to facilitate seamless management of the BSKY processes that include:

   - Transaction Management System;
   - Claims Management System;
   - Grievance Redressal Module;
   - Beneficiary Identification and Verification Module;
   - Call Centre Module.

Commented [DAAK1]: Need to confirm the availability.

2. **Fraud Triggers:**

   The IT infrastructure should include a comprehensive set of fraud triggers based on which automated alerts are generated. These triggers will be based on basic outlier analysis and rule-based analysis. SAFU will regularly review the list of triggers in coordination with the Monitoring and Evaluation Unit and the Claim Adjudication Unit of the SHAS. Furthermore, the IT platform would remain dynamic, with constant updates to incorporate new triggers as required to improve fraud detection capabilities.

   The indicative list of the triggers that could be built into the BSKY system can include:

   - Claims with LOS exceeding twice the Average LOS.
   - High Incidence of non-infectious diseases within the same family unit.
   - Multiple claims raised for the same family unit within 3 months.
   - Unbundling of procedures.
   - Claims with similar documents identified through image analytics.
   - Packages specific to age and gender.
   - Repeat claims on once in a lifetime packages.
   - Upcoding of procedures.
   - Excessive utilisation of referral packages compared to average.
   - Discharge of patients directly from ICU.
   - Same treating doctor from multiple hospitals concurrently.
   - Above-average utilisation by beneficiaries residing at far away locations.

   The triggers built into the system will enable flagging of suspicious claims. The SAFU team will prioritise the monthly audits to include the suspicious claims flagged by the inbuilt triggers.

3. **Data Mining and Analytics:**

   The IT infrastructure set up by the SHAS will have fundamental fraud data analytics that allows for rule-based and outlier-based analysis. In addition, the

SHAS shall establish an advanced analytics centralised IT architecture that may incorporate predictive modelling, regression techniques, and social network analysis. The data analytics shall utilise both retrospective and prospective analysis approaches. Retrospective analysis will aid in identifying patterns of fraudulent behaviour based on historical data, while prospective analysis will analyse current data on a case-by-case basis to determine the legitimacy of claims.

4. **Automated Tools for Fraud Management:**

The BSKY IT platforms will possess automated security layers and tools to detect fraud. These security frameworks include:

- ❖ Safeguarding of data processing systems;
- ❖ Implementing role segregation to mitigate conflict of interest and maintain internal checks and balances;
- ❖ Implementing robust password and confidentiality policies.

Furthermore, SHAS has developed and implemented a unique provider identification mechanism to enable traceability of submitted claims to their origin to enhance fraud prevention measures.

MEDICAL AUDIT

A medical audit is a Systematic review of a medical care episode. It involves a meticulous review of the medical procedure(s) performed by an empanelled provider against explicit criteria that verify the necessity, quality of care, and costs of the services provided. It involves corroboration of associated clinical notes, diagnostics, and documentation to validate if:

- Was the claimed procedure actually carried out?
- If carried out, was it medically justified or necessary?
- Could the case have been treated more conservatively?
- Does the hospital have the requisite infrastructure, facilities and manpower, including specialists, for carrying out said procedure?

TIMING OF MEDICAL AUDIT:

1. **Pre-Authorisation:**

   During this stage, the empanelled healthcare provider initiates a pre-authorization request, outlining the patient's symptoms, diagnosis, and the proposed procedure for approval. The State Nodal Doctor (SND) at the SHAS reviews the case and, if necessary, may request additional documentation or conduct a primarily desk-based medical audit. Additionally, the pre-defined fraud triggers in the IT system will flag pre-authorisation requests as 'suspicious' based on specific criteria. The documents submitted by the hospital in such flagged cases will be diligently reviewed by the SND, and they may either approve, deny, raise a query, or refer the case for field investigation.

2. **During Hospitalisation:**

   During the hospitalisation stage, fraud-triggered cases or the cases flagged by SND are sent for medical audit. If fraud is confirmed before the discharge, then the case is pushed for necessary action or denial of pre-authorisation, and if confirmed as non-fraud, the case proceeds as per regular adjudication workflow based on its merits.

3. **After Discharge:**

   In case of post-discharge or at the time of adjudication or payment of the claim, some cases flagged as "suspect" by fraud triggers will undergo a desk medical audit. Desk medical audit in these cases would be done by Medical Auditors for preliminary fact verification to identify any potential false positives. If the case

remains suspect after the initial scrutiny, it will then be forwarded for field investigation or field medical audit, depending on the nature of the fraud trigger and the required evidence for verification.

TYPES OF MEDICAL AUDIT:

1. **Desk Medical Audit:**

   During desk medical audits, the medical auditor performs an audit remotely from their desk without visiting the hospital. They meticulously review the case-related documents, such as prescriptions, clinical notes, investigation reports, and discharge summaries, which were submitted during the pre-authorisation request or the claim submission. The objective of the audit is to determine the necessity of the treatment, validate the qualifications of the treating doctor, and assess the authenticity of the claim as supported by the documents.

2. **Field Medical Audit:**

   a. **Field Medical Audit at Hospital:**

      As part of the Field Medical Audit, the audit team physically visits the hospital to conduct audits on flagged claims. This involves an in-depth review of the Indoor Case Papers (ICP), Clinical and Operative Notes, and other relevant documents. During this process, the auditor also assesses the hospital's infrastructure, ensuring the availability of necessary specialists and resources. Additionally, if deemed necessary, the auditor meets with the treating doctor to establish whether the procedure was indeed performed within the facility and whether it met the requisite quality of care standards. If any BSKY beneficiaries are admitted to the hospital during the audit, the auditor conducts a live audit to verify the accuracy of the information maintained in the ICPs and the necessity of the treatment. The auditor also gathers feedback from the patient regarding the quality of services received and ensures that all benefits of the scheme are made available to them.

   b. **Beneficiary Audit:**

      If the patient has already been discharged, the audit team may, as necessary, conduct a home visit to revalidate and corroborate the information and case documentation previously obtained from the hospital, along with the details of the blocked procedure and submitted claim.

PROCESS FLOW OF MEDICAL AUDIT:

Desk Medical Audits shall be conducted systematically on no less than 5% of the monthly claims submitted. This sample will include suspicious claims flagged by system triggers and cases selected based on information from various sources. These sources will include, but not limited to:

- Inputs from the adjudication and operations teams;
- Inputs from SAFU Analytics on Pattern in Utilisation and Trends;
- Local Intelligence and Media Reports;
- Inputs from the Call Centre or Mo Sarkar Initiative;
- Grievances received.

The Medical Auditor meticulously examines case-related documents (including prescriptions, clinical notes, investigation reports, discharge summaries, etc.) of selected claims uploaded by the hospital during pre-authorisation or claim submission. The primary objective is to assess the necessity of treatment and the authenticity of the claim. Desk Medical Audit Checklist primarily involves scrutinising medical documents provided by the hospital. Refer to Annexure XX for the Desk Audit Checklist.

If deemed necessary, the Medical Auditor may subsequently push the case for a Field Medical Audit or a Field Investigation. The Medical Auditor conducts the former, while the latter is conducted by the District Vigilance Officer (DVO), a non-medical personnel. The decision will be based on the severity of the irregularities observed and the need for medical expertise during field investigations.

If any gross irregularity is identified during the desk medical audit or reported from other sources, the case is referred for a Field Medical Audit. The team conducts an in-depth review of the ICPs and other relevant documentation related to the triggered claim(s) and validates the hospital's infrastructure, ensuring the availability of necessary specialists and resources. The audit team will try to confirm if the claimed treatments were actually performed within the facility and whether the services provided met the requisite quality of care standards.

In addition to verifying suspicious claims, the audit team will cross-reference the information provided by the hospital during the empanelment with the actual facilities and resources available on-site. The team will also conduct live beneficiary audits of the beneficiaries admitted to the hospital during the audit to verify the accuracy of the information maintained in the ICPs and validate the necessity of the treatment being provided. The auditor also gathers feedback from the patient regarding the quality of services received and ensures that all benefits of the scheme are made available to them.

The observations and findings made during the visit are documented in the Fact Sheet (refer to Annexure XX) in cooperation with the hospital representative. Furthermore,

pertinent observations and case-specific details are recorded in the Medical Audit Form (refer to Annexure XX).

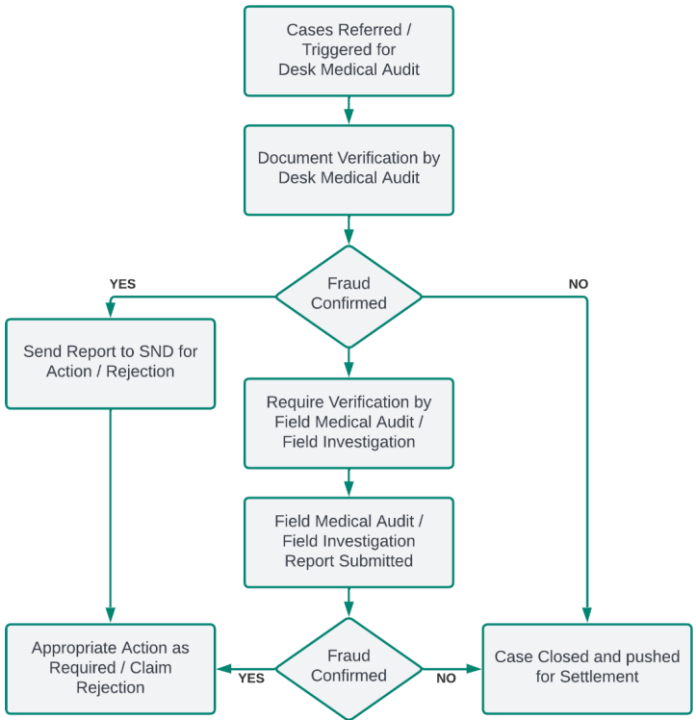

Figure 1: Medical Audit Process Flow

PRE-AUDIT PLANNING & PREPARATION FOR FIELD MEDICAL AUDIT:

1. **Selection of Suspicious Cases to be Audited:**

   When the decision is made to conduct a Field Medical Audit at a Hospital, SAFU systematically compiles a list of claims submitted by the concerned hospital that would be diligently reviewed during the on-site audit. The claims selected for review will include:

   - ❖ Claims that are flagged as suspicious;
   - ❖ Claims highlighted as outliers by the SAFU Analytics Team/Dashboard;
   - ❖ Claims for which grievances are lodged.

2. **Analysis of Hospital Utilisation Pattern:**

To better understand the utilisation pattern of BSKY services at the hospital, the audit team will assess various parameters, including but not limited to:

- BSKY Utilisation Trend;
- Specialities under which BSKY services are provided;
- ICU/HDU claim utilisation;
- Number and nature of grievances received against the hospital (Out-of-pocket expenditures, denial of services, etc.);
- Input from the adjudication and operations teams (on parameters such as frequency of forced approvals, volume and nature of rejected claims);
- Utilisation of High-Value Claims;
- Details of empanelment and specialities under which BSKY services are provided;
- List of BSKY beneficiaries currently admitted in the Hospital as updated in the BSKY system;
- Any other aberrations or irregularities noted.

3. **Constituting the Audit Team and Setting Objectives:**

The SAFU will assemble an audit team to carry out the medical audit, taking care to prevent any conflict of interest and establish clear team roles and audit objectives. The Audit team will primarily consist of the Medical Auditor, the District Vigilance Officer (DVO), and the District Program Coordinator (DPC) assigned to the district. The team may also be accompanied by the SND assigned to the district for added expertise and oversight. In cases of severe irregularities or offences, SAFU may explore the possibility of incorporating a multidisciplinary team of Medical Specialists, subject to approval from the competent authority.

4. **Planning Field Medical Audit:**

SAFU will schedule the date for the on-site audit and determine whether the field medical audit will be announced or unannounced. Unannounced audits are preferred to obtain an accurate representation of the on-site situation. The team shall carry printouts of appropriate audit forms for conducting 0n-site audits until such time the online module for field medical audits is developed.

EXECUTION OF FIELD MEDICAL AUDIT:

1. **Medical Infrastructure:**

The assessment of medical infrastructure involves overall inspection of the hospital infrastructure for the availability of requisite facilities for performing the procedures blocked by the hospital. Additionally, the audit team will also verify the following:

- ❖ Visibility of BSKY Promotional Boards;
- ❖ Availability and Visibility of Swasthya Mitra Kiosk;
- ❖ Availability of OPD, IPD and OT Registers at the time of Visit;
- ❖ Availability of Pharmacy, Laboratory, and Implants/Prosthesis Register;
- ❖ All required relevant certifications as per the guidelines of the State Government.
- ❖ Ensure compliance with minimum empanelment criteria.
- ❖ Ensure alignment with differential grade-based tariffs.

2. **Human Resource:**

   The audit of human resources involves the assessment of the availability of minimum required and suitably qualified medical personnel to perform the procedures blocked by the hospital. Additionally, the audit team will also verify the following:

   - ❖ Availability of Swasthya Mitras;
   - ❖ Availability of RMO;
   - ❖ Availability of Duty Doctors at the Time of Visit in Casualty/Emergency Department and ICUs;
   - ❖ Availability of Specialists for which claims are raised.

3. **Medical Documentation:**

   The audit team examines the medical records and case-specific documents to validate their completeness and consistency and verify whether the documents are in corroboration with the package booked. The team either reviews the documents on-site or takes copies for later review.

4. **Live Medical Audit:**

   During the on-site visit, an audit of the live patients (BSKY beneficiaries) admitted to the hospital is conducted. The audit team verifies the presenting and current complaints of the beneficiaries and compares them with the information recorded in the ICPs, the blocked package and the treatment being administered. Additionally, feedback is gathered from beneficiaries regarding the quality of services provided, and the team ensures that all benefits of the scheme, particularly cashless treatment, are made available to them.

5. **Beneficiary Audit (Home Visit):**

   In cases where the patient has already been discharged, and if deemed necessary, the audit team conducts a home visit to interact with the beneficiary and their attendants to collect relevant information. If required, further evidence

for corroboration of any discrepancies may be collected from other hospitals (in partial treatment cases) or diagnostic centres. This should be recorded as per Annexure XX.

6. **Discrete On Ground Intelligence:**

   During the audit team's visit to the hospital, if deemed necessary, they shall also discretely interact with people present in the vicinity of the hospital to collect on-ground intelligence/information. To collect such information, the team could interact with people or patients at the following places:

   - ❖ Pharmacies
   - ❖ Local Shops
   - ❖ Food / Tea Stalls
   - ❖ Diagnostic Centres

EVIDENCE COLLECTION DURING FIELD MEDICAL AUDIT:

During the Field Medical Audit, the audit team will systematically collect documentary and digital evidence (such as photos, photocopies, patient statements, videos, etc.) and ensure that all such evidence is obtained with explicit consent from the patient or their family.

Patient-related evidence includes, but is not limited to, real-time photos, videos, beneficiary statements, and beneficiary identification.

Hospital-related evidence includes documentary evidence, including but not limited to, records detailing the overall hospital infrastructure, the availability of human resources at the hospital and all relevant certificates as stipulated by the State Government, National Medical Council and MoHFW guidelines.

In accordance with the ***Indian Evidence Act of 1872***, evidence includes any factual information that persuades the mind regarding the existence or non-existence of an actual incident. Evidence may be oral, which refers to the testimony of witnesses, or documentary, which refers to the documents and electronic records presented before the Court. When necessary, all electronic evidence to be presented in court shall be submitted with the Certificate under Section 65B of the Indian Evidence Act, as outlined in Annexure XX.

All evidence collected during the Field Medical Audit shall be in accordance with the applicable sections of the Indian Evidence Act of 1872, as outlined below:

1. **Section 61: Proof of Contents of Documents:**

   The contents of the documents shall be proved either by primary or secondary evidence.

2. **Section 62: Primary Evidence:**

   - ❖ Primary evidence refers to the actual document itself presented directly to the court for inspection.
   - ❖ When a document is executed in counterpart, which means different parties sign separate copies of it, each of these counterpart or signed copies acts as primary evidence against the individual parties who executed it.

3. **Section 63: Secondary Evidence:**

   Secondary evidence refers to information derived from sources other than the original document. It can include:

   - ❖ Certified copies or authorised duplicates of the primary documents;
   - ❖ Mechanical copies like photocopies or digital copies of the original documents;
   - ❖ Oral accounts or verbal descriptions of document contents by someone who has physically seen them.
   - ❖ Counterparts of documents as evidence against the parties who did not execute or sign them.

4. **Section 65: Secondary evidence of a document's existence, condition, or contents is permissible in the following scenarios:**

   Subclauses (a), (c), (d): Secondary evidence of the document's content is allowed if the original has been destroyed, lost, or cannot be produced within a reasonable time. This also applies if the original is immovable or in the possession or control of:

   - ❖ The person against whom the document is being presented;
   - ❖ Any person who is out of reach or not subject to the court's jurisdiction;
   - ❖ Any person legally obligated to produce it;
   - ❖ Any person failing to produce the original despite receiving notice as per Section 66.

   Subclause (b): A written statement related to the original document's existence, condition or contents is admissible when it has been proven in writing by the person against whom it is being presented or their representative.

Subclauses (e), (f): Only a certified copy and no other kind of secondary evidence is admissible if the original is a public document, as defined in Section 74, or the original is a document for which certified copies are permitted by the Indian Evidence Act or any applicable law in India.

Subclause (g): Evidence can be presented by a qualified individual who has examined the documents and possesses the expertise to evaluate such documents. This provision is relevant when the original documents consist of numerous accounts or documents that cannot be conveniently examined in court, and the fact to prove is the general result of the whole collection.

5. **Section 65A: Special provisions apply to Evidence related to Electronic Records:**

   The contents of electronic records may be proved in accordance with the provisions of Section 65B.

6. **Section 65B: Admissibility of Electronic Records:**

   Regardless of the provisions in this Act, any information contained in an electronic record which is printed on paper or stored in various digital forms in a computer shall be deemed to be also a document if the conditions mentioned in this section are satisfied in relation to the information and the computer in question and shall be admissible in any proceedings, without further proof or production of the original. as evidence of any contents of the original or of any fact stated therein of which direct evidence would be admissible. They can serve as evidence for the contents of the original document or any fact stated therein, which would otherwise require direct evidence.

7. **Section 67: Proof of Signature and Handwriting of Person Alleged to Have Signed or Written Document Produced:**

   If a document is alleged to be signed or written wholly or partly by an individual, the signature or the handwriting of part of the document, as is alleged to be that individual's handwriting, must be proved to be in his/her handwriting.

8. **Section 67A. Proof as to Electronic Signature:**

   Except in the case of a secure electronic signature, if the electronic signature is alleged to have been affixed to an electronic record, the electronic signature of the subscriber must be proved.

9. **Section 74: Public documents:**

   Public Documents refers to documents forming the acts, or records of the acts of the sovereign authority, or of official bodies and tribunals, or of public officers, legislative, judicial and executive, of any part of India or of the Commonwealth, or of a foreign country and public records kept [in any State] of private documents.

10. **Section 75: Private Documents:**

    All other documents which do not fall under the provisions of Section 74 are private.

11. **Section 77: Proof of Documents by Production of Certified Copies:**

    Certified copies may be presented as evidence to establish the contents of public documents or the portions of public documents they claim to replicate. In such cases, the Court shall presume the authenticity of any document defined by law as admissible evidence, including certificates, certified copies, or other documents that are maintained to serve this purpose.

12. **Section 45: Opinions of Expert:**

    When the court needs to establish an opinion regarding a matter of foreign law, science, art, or the identification of handwriting or finger impressions, it may consider the opinions of individuals who possess specialised knowledge in these respective fields. These individuals, known as experts, can provide relevant insights into these matters.

13. **Section 45A: Opinion of Examiner of Electronic Evidence:**

    In a legal proceeding that involves determining matters related to information transmitted or stored in any computer resource or any other electronic or digital form, the opinion of the Examiner of Electronic Evidence, as referred to in section 79A of the Information Technology Act, 2000 (21 of 2000), is a relevant fact.

Medical evidence is admitted only when the expert gives oral evidence under oath in the courts of law except under special circumstances like:

- ❖ When the evidence has already been admitted in a lower court;
- ❖ Expert opinions expressed in a treatise;
- ❖ Evidence given in a previous judicial proceeding;
- ❖ Hospital records like admission/discharge registers, birth/death certificates, etc.

Hence, all such documents collected and upon which a report is formed should be properly signed and sealed by an expert, which gives legal sanctity to such report as per the provision of the Indian Evidence Act.

REPORTING OF FIELD MEDICAL AUDIT:

After conducting the Field Medical Audit, the audit team will systematically compile the findings in a logical sequence and ensure that the observations are factually correct and with supporting evidence. Whenever possible, the team will seek to obtain a duly signed and sealed acknowledgement of the field medical audit report from the hospital in charge.

The audit team shall submit a comprehensive report to the SAFU-Lead within 7 days of the on-site visit in the format as attached in Annexure XX. The SAFU-Lead shall ensure that suitable action is taken on the reported findings.

The SAFU will promptly share the findings of the on-site audit with the adjudication team for necessary action on the claims. The SAFU will also document the audited cases monthly, following the specified format outlined in Annexure XX.

GRADATION OF OFFENCES:

In situations where investigation reports are deemed incomplete, conducted with malicious intent, or found to be inaccurate, and if the charges are reasonably substantiated, the SHAS may impose a gradation of penalties on its officials and independent consultants contracted by the SHAS. These penalties are outlined as follows:

Case Issue	*First Offence*	*Second Offence*	*Third Offence*
If the investigation report is incomplete / delayed or indicates casual investigation without adequate due diligence / supporting evidence.	A show-cause notice will be issued to the Independent Consultant / Official. They shall respond within 3 working days of receiving the notice.	A formal warning letter will be issued to the independent consultant stating repetition will result in termination / blacklisting.	Termination of contract / blacklisting or any other punitive action (including civil and/or criminal case) as deemed fit by the Competent Authority.
Manipulation or suppression of facts to support / fudge the findings or collusion of any kind between the independent consultant and the entities involved in the investigated case.	A show-cause notice will be issued to the Independent Consultant / Official. They shall respond within 3 working days of receiving the notice.	A formal warning letter will be issued to the independent consultant stating repetition will result in termination / blacklisting.	Termination of contract / blacklisting or any other punitive action (including civil and/or criminal case) as deemed fit by the Competent Authority.
In case of malpractice / unethical behaviour / unruly behaviour by an independent consultant or official leading to the above two penalties.	A show-cause notice will be issued to the Independent Consultant / Official. They shall respond within 3 working days of receiving the notice.	A formal warning letter will be issued to the independent consultant stating repetition will result in termination / blacklisting.	Termination of contract / blacklisting or any other punitive action (including civil and/or criminal case) as deemed fit by the Competent Authority.
Investigator(s) accept cash or any other gifts from hospitals to manipulate the investigation report.	Termination of contract / blacklisting or any other punitive action (including civil and/or criminal case) as deemed fit by the Competent Authority.	-	-
Investigator shares the investigation findings with any outsider, with other hospitals or with the investigated hospital(s).	A show-cause notice will be issued to the Independent Consultant / Official. They shall respond within 3 working days of receiving the notice.	A formal warning letter will be issued to the independent consultant stating repetition will result in termination / blacklisting.	Termination of contract / blacklisting or any other punitive action (including civil and/or criminal case) as deemed fit by the Competent Authority.

Table 06: Gradation of Offences of SHAS Officials and Independent Consultants

DO'S AND DONT'S FOR FIELD AUDITORS:

- During hospital visits, the auditors must properly identify themselves to the hospital staff. They should always carry identification cards and authorisation or permission documents from the competent authority to conduct audits. If necessary, these credentials should be presented to the hospital and beneficiaries for verification.

- Auditors should ensure that the hospital is not alarmed by their visit and should try to make the hospital administration comfortable, and the administration should be requested for their support and cooperation.

- When interacting with beneficiaries who are admitted to the hospital, it is essential to ensure that they feel comfortable and at ease. Under no circumstances should there be any disruption or interference in the ongoing treatment of the beneficiary.

- Photographs of the beneficiary should only be taken with their explicit consent. However, photographs that intrude on their privacy or make them uncomfortable, such as images of private body parts, should be strictly avoided. When dealing with female beneficiaries, interviews and interactions should always occur in the presence of another family member or guardian to ensure their comfort and safety.

- When communicating with the beneficiary, it is essential to ensure that they are not intimidated by anyone. If necessary, conversations with the beneficiary could occur without any hospital staff present within earshot.

- Capture photographs of all relevant observations, including the IEC campaign materials, registration desk, Operating Theatres (OT), Intensive Care Units (ICU), and other pertinent areas.

- Recording a video of the conversation with the beneficiary is permissible for evidential purposes but must be done with the beneficiary's consent.

- The video recording should include relevant information such as the patient's name, date of admission, hospital name, presenting complaints, and other relevant details.

- Before leaving the hospital premises, the auditor should document general observations and obtain acknowledgement (signature and stamp) from the hospital in charge.

- The auditor must exercise caution to ensure their safety. Avoiding unwarranted conversations or arguments with hospital staff or administration is advised.

- If the auditors encounter a hostile atmosphere or environment at the hospital, they should immediately leave the hospital.

- In case of any trouble or difficulties, the auditors shall reach out to District Coordinator of the district for help.

- During the field audit, it is imperative not to accept any offerings, such as food, beverages, or gifts, from the hospital administration or staff. Any policy violations will result in appropriate action taken by the SHAS, as deemed necessary.

- To avoid any potential controversial situations, the auditors should refrain from engaging in private or closed-door conversations with the hospital administration, owner, or staff.

- At all times, the auditors must uphold the highest standards of professional conduct and integrity, refraining from unruly or unethical behaviour. Their conduct should not resemble that of the police or other law enforcement agencies.

- To maintain the confidentiality of health data and information collected during the audit, the auditors should submit the findings to the Competent Authority at SHAS. Additionally, they must refrain from disclosing investigation findings to outsiders, other hospitals, or the investigated hospitals.

- The report of observations shall be factually correct, without bias and supported by evidence.

FIELD INVESTIGATION & VERIFICATION

Field investigation and verification under BSKY are conducted in cases where specialised medical knowledge is not necessary. These investigations verify the beneficiary's identity, validate the occurrence of treatment, gather additional documentation from the hospital, and document general observations regarding the hospital's surroundings to further confirm the fraud. Opting for field investigations over raising queries with the hospital is a preventive measure against potential fabrication or manipulation of existing documents.

1. **From Pre-authorisation and Before Discharge:**

   DVO will systematically collect pertinent details related to the beneficiary's presenting and current symptoms or complaints, details of the blocked package(s), and treatment provided to the beneficiary at the hospital, as recorded in the ICPs. DVO will also interview the beneficiary or their attendees to record the patient's presenting and current complaints. The auditor also gathers feedback from the beneficiary or their attendees regarding the quality of services received and ensures that all scheme benefits, particularly cashless treatment, are available to them.

2. **After Discharge:**

   In cases where the patient has already been discharged, and when deemed necessary, DVO conducts a home visit and interacts with the beneficiary or their attendees to gather pertinent information regarding the services claimed by the hospital. During this visit, the auditor may also collect or verify additional evidence, such as images of scars resulting from surgical interventions, discharge summaries, and details of post-hospitalization medication. The auditor also gathers feedback from the beneficiary or their attendees regarding the quality of services received and ensures that all scheme benefits, particularly cashless treatment, are made available to them.

3. **Process Flow for Field Investigation and Verification:**

   The process flow for Field Investigation and Verification adheres to the same principles of evidence collection as followed in the Field Medical Audit processes. However, the difference is that the Field Medical Audit is led by a Medical Professional, whereas the Field Investigation and Verification is carried out by the District Vigilance Officer or the DVO under the guidance of the Medical Auditor or the State Nodal Doctor, who has initiated the Field Investigation or Verification.

4. **Reporting of Field Investigation and Verification:**

- ❖ After conducting the Field Investigation and Verification, the DVO will systematically compile the findings in a logical sequence and ensure that the observations are factually correct and with supporting evidence. Whenever possible, the DVO will seek to obtain a duly signed and sealed acknowledgement of the field investigation and verification report from the hospital in charge.

- ❖ The DVO shall submit a comprehensive report to the Medical Auditor or SND who has requested the Field Investigation and Verification within 48 hours of the on-site visit in the format as attached in Annexure XX. The SAFU team or the SND shall ensure that suitable action is taken on the reported findings.

MORTALITY AUDIT

100% of the mortality cases shall be audited. The hospitals are required to provide all the relevant information in specified formats, and the same would be reviewed by SHAS to identify the real cause of death and take necessary actions in cases of death due to gaps in quality of care or negligence.

The objective of the mortality audit is to:

- Eliminate preventable medical mistakes;
- Guard against the impact of human error;
- Establish systems to safeguard beneficiary's health and well-being.

The goal is to identify BSKY beneficiaries whose deaths can be attributed to '***Problems in Care***.' These problems are defined as patient harm resulting from healthcare processes, encompassing both Acts of Omission (Inaction), such as failures to diagnose and treat, and Acts of Commission (Affirmative Actions), such as incorrect treatment or management.

The emphasis should be placed on evaluating healthcare systems and processes rather than individual performance.

Key Assessment Areas:

The Mortality Audit shall thoroughly review and examine each mortality claim to identify the presence of the following areas, when applicable. These areas will be documented in the Mortality Audit Reports, if available.

- An ***Area of CONSIDERATION*** is where the clinician believes areas of care could have been improved or different but recognises that it may be an area of debate.

- An ***Area of CONCERN*** is where the clinician believes that areas of care should have been better.

- An ***Area of ADVERSE EVENT*** is where an unintended injury caused by medical management rather than by disease process, which is sufficiently serious to lead to prolonged hospitalisation or to temporary or permanent impairment or disability of the patient at the time of discharge or which contributes to or causes death.

Mortality Audit Committee at the EHCPs:

All BSKY empanelled hospitals shall establish a Mortality Audit Committee, which will include members constituted by the hospital and should represent essential departments such as the treating physicians, support services, and management. The committee will review and examine the causes of death of BSKY beneficiaries within EHCP, and they will compile and submit a Mortality Audit Report to SHAS.

Mortality and Morbidity Review Committee at SHAS:

The Mortality and Morbidity Review Committee (MMRC) is constituted by the SHAS and chaired by the Medical Director of SHAS. The committee will include Medical Specialists as required from the apex public medical institutions and medical colleges. The indicative list of potential committee members is listed below:

Sl. No.	*Members*	*Designation*
1.	**Medical Director** State Health Assurance Society	Chair
2.	**SAFU – Lead** State Health Assurance Society	Convener
3.	**Professor of Medicine** Government Medical College	Member
4.	**Professor of Paediatrics** Government Medical College	Member
5.	**Professor of Surgery** Government Medical College	Member
6.	**Professor of Critical Care** Government Medical College	Member
7.	**Professor of Infectious Diseases** Government Medical College	Member
8.	**Professor of Social and Preventive Medicine** Government Medical College	Member
9.	**State Epidemiologist** Directorate of Health Services	Member
10.	**Junior Administrative Medical Officer** Directorate of Health Services	Member

Table 07: Indicative Members of MMRC at SHAS

The MMRC will undertake the review of mortality cases recommended by the State Nodal Doctors. The MMRC review shall include:

- Evaluate the line of treatment, examine patients' medical records and prescription practices, and determine whether the treatment provided is in line with good clinical practices;
- Identify any instances of 'Problems in Care' that the Mortality Audit Committee at the Hospital or the SND might have overlooked, if applicable and re-evaluate any identified areas with 'Problems in Care';
- Prepare the Final Assessment Report and recommend necessary actions for SHAS to take in cases of death due to deficiencies in quality of care or negligence.

Process Flow for Mortality Audit:

- Each death of BSKY beneficiaries occurring within EHCPs should have a Mortality Audit Report (Annexure XX) prepared by the hospital's Mortality Audit Committee. The report shall be submitted to SHAS along with all other mandatory documents during claim submission.

- SNDs at SHAS will conduct a thorough desk review of all Mortality Claims submitted each month. If they identify any claims with significant deficiencies in patient safety and quality of care, these claims will be escalated for review by the State Mortality and Morbidity Committee, established under SHAS.

- The MMRC will convene quarterly to conduct a detailed mortality audit of the claims referred by SND. Following the committee review, identified gaps would be outlined and recommended actions to improve patient safety and quality of care would be detailed in the Final Assessment Report (Annexure XX) and submitted to SHAS.

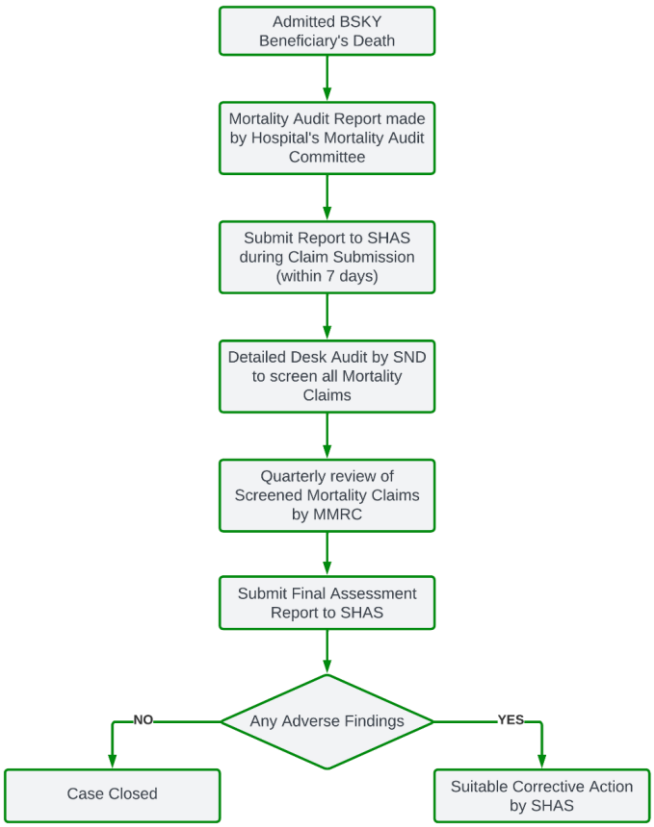

Figure 02: Process Flow of Mortality Audit

MANAGING FRAUD COMPLAINTS:

Fraud under BSKY may either be detected internally by the BSKY staff lead by the SAFU or be externally reported. Sources of information and mechanism of reporting are provided in the table below:

Internal Detection Sources	*External Reporting*
• Audit Reports (Internal & External) • Monitoring Reports • Field Visit Reports • Routine Validation of Provider Data • Random Reviews and Beneficiary Interviews • Unannounced Site Visits • Feedback • Data Analytics Dashboard	• From any individual or agency, irrespective of whether they are engaged in BSKY or not. • In writing through email, fax, or letter to SHAS or complaints lodged via grievance redressal mechanisms. • On the Call Centre Helpline. • Grievance Redressal mechanisms set up under the Chief Minister's Office.

Table 6: Sources of Fraud Detection in BSKY

Subject to legal provisions, the SHAS will be obligated to maintain strict confidentiality regarding the identity of the individuals or entities who file grievances related to suspected fraud. This confidentiality will be upheld until the investigation is completed and it has been ascertained whether the fraud has been committed.

On receipt of any complaint of suspected fraud, the SAFU shall promptly initiate action as follows:

- Designate a nodal person to lead the inquiry and oversee the management of the case.
- Within 48 hours, conduct a preliminary examination to make a prima facie assessment. For this assessment, the SAFU should analyse available data to formulate a hypothesis and test it against available facts to arrive at a reasonably certain prima facie conclusion indicating potentially fraudulent activity.
- If there is prima facie evidence of fraud, the SAFU shall take all measures required to initiate a detailed investigation.
- For detailed investigation, the SAFU-Lead shall constitute an investigation team that will be headed by the concerned District Vigilance Officer. The head of the investigation team shall report to the SAFU-Lead of the SHAS. Other members of the investigation team may include members of the Claim Adjudication Team, Monitoring and Evaluation Team, Medical Audit Team, and the concerned District Programme Coordinator of the SHAS, as deemed appropriate.

- The investigation team shall undertake a thorough assessment, which may include but not be limited to on-site inquiries, verification of original records, oral examination of concerned individuals, and submit a detailed investigation report to the SAFU-Lead within 7 working days. The investigation report shall, at the minimum, include all pertinent details on the occurrence of fraud, recommendations to prevent similar future reoccurrence, and suggestions to impose sanctions on those involved in the fraudulent activities.

- If the investigation report confirms fraud, the SAFU shall, through appropriate levels within the SHAS, issue a show-cause notice to the accused entity, granting them 3 days' time to respond to the allegations and present their defence.

- Following the principles of natural justice, the SAFU will communicate its final decision on the matter within 2 weeks of receiving the response from the accused.

- If the final decisions involve suspension or de-empanelment of an empanelled provider, the SHAS will adhere to the detailed guidelines for disciplinary proceedings and de-empanelment set forth in the BSKY Guidelines on "Process for Empanelment of Hospitals" as well as the contractual provisions governing the provider.

WHISTLE BLOWER POLICY

Whistle Blowing is, a mechanism to receive complaints relating to any allegation of corruption or wilful misuse of power against SHAS and its staff involved with the implementation of BSKY and to facilitate inquiries or investigations into such complaints while also ensuring adequate safeguards against any victimisation of individuals making such complaints. The BSKY Whistleblower Policy, instituted by SHAS, represents a crucial step toward strengthening transparency and accountability in the implementation of BSKY.

The objective of the BSKY Whistleblower Policy is to "***establish a mechanism for receiving complaints related to the disclosure of any allegations concerning corruption, medical and non-medical fraud, or the deliberate misuse of power or discretion by any stakeholder involved in the implementation of BSKY***."

DEFINITIONS:

- "***Protected Disclosure***" refers to a concern raised in good faith through a written communication that discloses or provides information indicating unethical or improper activities. Protected Disclosures should be factual and not speculative in nature.

- "***Whistle Blower***" refers to an individual who initiates a Protected Disclosure and engages in the act of Whistle Blowing. The whistle-blower is not expected to prove the truth of the allegation, but they need to provide reasonable grounds for concern and act in good faith.

- "***Whistle Officer***" refers to an officer nominated by the SHAS Joint CEO to conduct a detailed investigation of the Protected Disclosure received and subsequently submit an initial report to the Whistle Committee.

- "***Whistle Committee***" refers to the committee constituted by the SHAS to further deliberate on the Investigation Report submitted by the Whistle Officer following the principles of natural justice. The committee may seek assistance from any other official(s) as may be required upon specific approval from the SHAS Joint CEO. The committee structure is as follows:

Sl. No.	*Member*	*Designation*
1.	**Joint CEO** State Health Assurance Society	Chair
2.	**Medical Director** State Health Assurance Society	Co-Chair
3.	**SAFU – Lead** State Health Assurance Society	Member
4.	**Admin Director** State Health Assurance Society	Member
5.	**Legal Officer** State Health Assurance Society	Member

Table 08: SHAS Whistle Committee

SUBMISSION OF PROTECTED DISCLOSURE:

All complaints containing Protected Disclosures will be directed to the Whistle Officer. However, if the Complaint containing Protected Disclosure is against the Whistle Officer, then the complaint shall be made directly to the SHAS Joint CEO.

Every Protected Disclosure shall be submitted in writing by electronic mail (e-mail) or by sending a typed and signed letter in a sealed envelope, either via post/courier or hand-delivered, following the procedures outlined below:

- Each Protected Disclosure shall include complete details of the Whistle Blower. The Whistle Blower should provide their name, address and other identifying details in a separate attached letter within the Complaint, which should be detachable from the Protected Disclosure, hereinafter referred to as "***Letter of Identity***".

- Protected Disclosure shall contain adequate information for the Whistle Officer to comprehend the complaint and shall be accompanied by supporting documents and materials, if any.

- If deemed necessary, the Whistle Officer and/or the Whistle Committee may request further information or particulars from the individual making the disclosure.

- For Protected Disclosures sent via post/courier or hand delivered, the envelope shall be clearly labelled as "***Complaint under BSKY Whistle Blower Policy***" and marked "***Private and Confidential***". The complaint shall be addressed to:

  Whistle Officer
  State Health Assurance Society
  Department of Health & Family Welfare
  Government of Odisha
  Second Floor, A1 Block, Toshali Bhavan
  Bhubaneswar - 751007

- Email disclosures shall only be directed to the following email addresses with the subject line "***Complaint under BSKY Whistle Blower Policy***":

  - For disclosures to the Whistle Officer, use Email: xxxx.xxxx@shas.gov.in.
  - If the complaint is against the Whistle Officer, the email disclosure shall be directed to the Chair of the Whistle Committee: yyyy.yyyy@shas.gov.in.
  - If the complaint is against the Chair of the Whistle Committee, the email disclosure shall be directed to the SHAS CEO: zzzz.zzzz@shas.gov.in.
  - If the complaint is against the SHAS CEO, the email disclosure shall be directed to the Office of Principal Secretary, Department of Health and Family Welfare, Government of Odisha: aaaa.aaaa@odisha.gov.in.

- ❖ If the complaint relates to one of the members of the committee, that member shall be substituted by an appropriate member as per the decision of the Chair. If the complaint is directed against the Chair, then the decision to appoint the Chair for the purpose of that specific case may be made by the SHAS CEO.

- ❖ It is recommended that each Protected Disclosure shall include the following minimum information in the indicated format outlined below:

    - The nature of the alleged wrongdoing;
    - The location and timeframe in which the event(s) occurred, including the dates, times and places, wherever possible;
    - The individuals allegedly involved;
    - How the individual, organisation or company committed the alleged wrongdoing;
    - The rationale behind the whistle-blower's belief that the conduct should be investigated;
    - The whistle-blower's reasons for reporting the matter, etc.

- ❖ The complaint should explicitly state whether the Whistle Blower wishes to receive an acknowledgement of the complaint.

- ❖ The complaint should include any relevant documents and references to other sources to support the complaint.

Note: If the complaint is not clearly labelled and if the Letter of Identity is not in a detachable sheet as specified above, the identity of the Whistle Blower may potentially be compromised.

HANDLING OF PROTECTED DISCLOSURE:

- ❖ SHAS shall establish a centralised registry to record all complaints received under this policy. Each complaint will be assigned a unique identification reference number and shall be acknowledged if the complainant has specifically requested an acknowledgement.

- ❖ The Whistle Officer shall conduct a preliminary assessment of all complaints to determine if further action is necessary. Additional documents may be requested if needed to proceed with the investigation. The Whistle Officer will detach the Letter of Identity, retain the original copy of the complaint in official records, and submit the findings along with a photocopy of the Protected Disclosure (ensuring the whistleblower's identity is protected) to the Whistle Committee within 30 days from the date of receiving the Protected Disclosure/Complaint. Subsequently, the Whistle Committee will carry out investigations in a timely manner and submit a written report containing their findings and recommendations to the SHAS Joint CEO as soon as possible, but no later than 60 days from the date of receiving the findings from the Whistle Officer. The Joint CEO may grant additional time for

report submission based on the circumstances of the case. During this assessment, the Whistle Committee may collaboratively examine the allegations.

- If the Whistle Committee decides to proceed with the investigation, it shall:

  - Conduct a fair and unbiased inquiry;
  - Gather all pertinent facts;
  - Ensure complete fact-finding;
  - Maintain strict confidentiality;
  - Determine the outcome of the investigation, including whether an improper practice has occurred and if so, identify the responsible party;
  - Recommend appropriate course of action by suggesting disciplinary action, including preventive measures; and
  - Document committee deliberations and final recommendation report for onward submission and final review by the SHAS.

- The SHAS may seek assistance from existing law enforcement or investigating agencies or any other relevant authority as deemed necessary to make discreet inquiries or gather information.

- To conduct any such inquiry, the SHAS Joint CEO shall possess the authority to issue summons, enforce attendance, discovery and submission of any document, accept evidence in the form of affidavits, examine witnesses or documents, and address any other relevant matters as may be prescribed from time to time.

- While it may be challenging for the Whistle Officer to provide the Whistle Blower with continuous updates on the investigation's progress, she/he will keep the Whistle Blower informed of the investigation's outcomes and its recommendations to the extent possible, subject to any obligations of confidentiality.

- In exceptional cases where the Whistle Blower is not satisfied with the outcome of the investigation conducted by the Whistle Officer or the Whistle Committee, they have the option to make a direct appeal to the SHAS Joint CEO. The Joint CEO may act on the appeal, which could include reviewing the case or ordering a fresh investigation. The Joint CEO may either accept or dismiss the appeal based on the reasons outlined in the final report. The final decision will be communicated to the Whistle Blower accordingly.

CONFIDENTIALITY:

- Whistle Blowers are encouraged to share their identity along with their protected disclosures. The Whistle Officer, Whistle Committee, and SHAS shall ensure the confidentiality of all information from whistleblowing reports. The SHAS will handle all reports, including the identity of the Whistle Blower and the individuals mentioned in the complaint, with utmost confidentiality and sensitivity. The

identity of the Whistle Blower will be kept confidential unless compelled by law or the Courts to be disclosed or unless the Whistle Blower explicitly authorise the release of their identity or choose to do so themselves.

PROTECTION AGAINST RETALIATION AND VICTIMISATION:

- SHAS is committed to preventing retaliatory actions against Whistle Blowers who submit whistleblowing Complaints in good faith and will provide full support and assistance to the Whistle Blower under existing laws in case of any such retaliatory acts.

- SHAS will not tolerate the harassment or victimisation of anyone who raises a genuine concern. Any staff member, person, or business associate assisting in the investigation shall also be protected to the same extent as the Whistle Blower. If any Whistle Blower believes they are facing retaliation, they must promptly contact the SHAS Competent Authorities for immediate intervention and protection.

OFFENCES AND PENALTIES:

- Any action that violates one or more provisions of this Policy, particularly those related to protection against retaliation and victimisation, shall be considered an offence and will be addressed by the SHAS Competent Authority in accordance with the provisions of this Policy and Applicable Laws.

- The SHAS Competent Authority holds the authority to take notice of offences based on complaints or its own assessment. Decisions on offences will be made following the principles of Natural Justice and in accordance with existing applicable laws. The Competent Authority is empowered to initiate actions such as suspension, dismissal, demotion from official duties, or any other appropriate action based on the gravity of the matter. Additionally, the Competent Authority may involve law enforcement agencies and pursue legal actions, which may include civil and/or criminal proceedings, as per the applicable laws of India.

REPORTING AND MONITORING:

- A quarterly status report on the total number of complaints received during the period, with a summary of the findings of the Whistle Committee and the corrective actions taken, will be sent by the Whistle Officer to the Competent Authority of SHAS.

AMENDMENT:

- SHAS reserves the right to amend, suspend, or rescind this policy at any time. While SHAS has diligently outlined the detailed procedures for the implementation of this policy, situations may arise where certain matters are not addressed, or there may be ambiguity in the procedures. In such cases, these issues will be resolved in alignment with the broad objectives of the policy. Additionally, SHAS may establish additional rules and procedures as needed to align with this policy and enhance the goal of promoting good governance.

PROVIDER EMPANELMENT GUIDELINES

These guidelines are designed to establish a framework for the SHAS to facilitate the empanelment of healthcare service providers with BSKY. They define the processes followed by the SHAS for empanelling healthcare service providers and for conducting any necessary disciplinary proceedings or de-empanelment actions when required.

CRITERIA FOR EMPANELMENT

This section outlines the basic minimum empanelment criteria to be met by all healthcare service providers. It also covers the criteria for empanelment in Aspirational Districts and additional criteria for empanelment of specialities under the scheme:

1. **MINIMUM EMPANELMENT CRITERIA:**

   A hospital would be empanelled as a network private hospital with the approval of the SHAS if it adheres to the following minimum criteria:

   a. **Bed Capacity:**

      i. The hospital must have a minimum of 10 inpatient beds with adequate spacing and supporting staff as per norms.

      ii. Separate male and female wards with toilets and other basic amenities should be available.

      iii. General wards should have at least 80 sq. ft. per bed, include basic amenities, and can be non-AC but equipped with fans/coolers and heaters in winter.

      iv. Exceptions may be granted for day-care centres for Eye, ENT, and Standalone Dialysis Centres, etc.

   b. **Qualified Medical and Nursing Staff:**

      The hospital should have adequate qualified medical and nursing staff (doctors & nurses) available around the clock. A doctor can only work in three hospitals simultaneously.

Commented [DK2]: The state should have specific guidelines on the number of hospitals a doctor can work at simultaneously.

Qualified Doctors *must hold an MBBS degree recognised and approved as per the Clinical Establishment Act and the State Government rules and regulations as applicable from time to time.*

Qualified Nurses *per unit per shift should be available as required, in accordance with the guidelines set forth by the Nursing Council, Clinical Establishment Act, and the State Government rules and regulations as applicable from time to time.*

c. Medical and Surgical Services:

Hospitals offering medical and surgical services must be adequately equipped and aligned with the scope of services provided, available specialties, and bed capacity. This includes:

i. Round-the-clock availability (or on-call) of a Surgeon and Anaesthetist where surgical services/day care treatments are offered.

ii. Round-the-clock availability (or on-call) of an Obstetrician, Paediatrician and Anaesthetist where maternity services are offered.

iii. Round-the-clock availability of specialists (or on-call) in the concerned specialities having enough experience where such services are offered (e.g., Orthopaedics, ENT, Ophthalmology, Oncology, etc.)

d. Support Systems:

The hospital should have adequate round-the-clock support systems like a pharmacy, blood bank, laboratory, X-ray, etc. facilities, either in-house or through outsourcing arrangements with appropriate agreements and in the nearby vicinity.

e. Emergency Services:

Hospitals offering emergency services should have 24-hour emergency departments managed by technically qualified staff. The casualty area should be well-equipped with necessary medical equipment and attached toilet facilities. The Hospital should also have round-the-clock ambulance services (own or tie-up).

f. Surgical Services:

Hospitals providing surgical services must have a fully equipped operation theatre with qualified nursing staff available around the clock. The hospital should mandatorily have a Post-op ICU with ventilator support systems.

g. Intensive Care Services (ICU/HDU):

Hospitals offering intensive care services should have an ICU or HDU with requisite staff, equipment, and facilities, which includes:

i. ICU/HDU should be in close proximity to Operation Theatres and acute Medical or Surgical Care ward units.

ii. Access to oxygen, compressed air and suction available to each bed.

iii. ICU/HDU should have the following around the clock:

- Piped Gases
- Multi-sign Monitoring Equipment
- Infusions for Ionotropic Support
- Equipment for Maintenance of Body Temperature
- Weighing Scale
- Manpower for 24x7 Monitoring
- Emergency Crash Cart
- Defibrillator
- Equipment for ventilation

iv. Availability of paediatric equipment like paediatric ventilators, paediatric probes and, resuscitation equipment, etc. must be available in Paediatric ICU(s).

h. Records Maintenance:

The hospital must maintain complete records and provide records with designated SHAS authorities when required.

i. The hospital should maintain complete records of all BSKY cases.

ii. The hospital should maintain patient-level cost data for all BSKY cases and provide the data to designated SHAS authorities, when required.

iii. Wherever automated systems are used, it should comply with MoHFW / ABDM Electronic Health Records guidelines (as and when they are enforced).

i. Legal Requirements:

The hospital must comply with the legal requirements mandated by the Clinical Establishment Act, relevant State Government rules and regulations, and the SHAS guidelines that are issued periodically.

j. Standard Treatment Guidelines:

The hospital must adhere to the Standard Treatment Guidelines (STG) or Clinical Pathways for procedures as mandated by SHAS from time to time.

k. Financial Requirements:

The hospital should be registered with the Income Tax Department and require an NEFT-enabled bank account.

l. Infrastructure:

Hospitals must have the following infrastructure working at all times:

i. Telephone and Internet Connection;
ii. Safe Drinking Water;
iii. Uninterrupted Electricity Supply along with Generator Facility;
iv. Waste Management Support Services (General and Bio-Medical Wastes);
v. Appropriate Fire-Safety Measures;
vi. Swasthya Mithra Kiosk with required IT and office equipment at the hospital main entrance area.

m. Promotion of BSKY:

The hospital will ensure the effective promotion of BSKY within and around the hospital premises (Display Banners, Brochures, IEC Materials, etc.) in coordination with the BSKY District Implementation Unit.

n. IT Hardware:

The hospital must have IT hardware as mandated by the SHAS, including desktop/laptop with internet, printer, webcam, scanner, and biometric devices etc.

o. Medical Coordinator:

The hospital must designate a medical officer as the Medical Coordinator, who will be responsible for overseeing and managing the BSKY scheme.

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*The **Swasthya Mithra** will serve as concierge and helpdesk personnel to assist BSKY beneficiaries visiting the hospital. They will act as facilitators for beneficiaries and serve as the primary point of contact for beneficiary interactions. They will ensure all patient inquiries are handled professionally and promptly in a timely manner. They will work closely with the hospital staff to ensure beneficiaries receive the care and attention they require.*

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*The **Medical Coordinator** is a designated doctor within the hospital who will assist with pre-authorisation and claim submission processes. They will be responsible for addressing any deficiencies and coordinating the necessary and appropriate treatment for beneficiaries. They will be the point of contact between the hospital and SHAS, ensuring compliance with regulatory requirements.*

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2. CRITERIA FOR EMPANELMENT IN ASPIRATIONAL DISTRICTS:

Some relaxations are provided on the criteria for empanelment of Health Care Providers in Aspirational Districts, as designated by NITI Aayog. All the criteria remain the same for Aspirational Districts as mentioned above, apart from the following:

a. Bed Capacity:

The hospital must have a minimum of 5 inpatient beds, ensuring adequate spacing and supporting staff as per norms, unless the hospital only provides day-care services covered under BSKY.

b. Qualified Medical Staff:

Minimum of one Doctor with a minimum qualification of MBBS is mandatory.

c. Intensive Care Services (ICU/HDU):

Hospitals without ICU/HDU facilities must establish referral linkages with hospitals that have ICU/HDU facilities through a Memorandum of Understanding (MoU) or tie-up. This is a mandatorily self-declared during empanelment.

d. Emergency Services:

The Hospital casualty should be, at minimum, equipped with an Emergency Tray.

Sl. No.	*Aspirational Districts in Odisha*
1.	Balangir
2.	Dhenkanal
3.	Gajapati
4.	Kalahandi
5.	Kandhamala
6.	Koraput
7.	Malkangiri
8.	Nabarangpur
9.	Nuapada
10.	Rayagada

Table 09: Aspirational Districts in Odisha (Niti Aayog)

3. ADVANCED CRITERIA:

Over and above the essential criteria required to provide basic services under BSKY, those facilities undertaking defined speciality packages (as indicated in the health benefits packages for specialities mandated to qualify for advanced criteria) should have the following:

- **Speciality Services:**

  The empanelled hospitals may provide specialised services such as Cardiology, Cardiothoracic and Vascular Surgery, Neurosurgery, Nephrology, Urology, Reconstructive Surgery, Oncology, Neonatology, Paediatric Surgery, etc. The hospital could be empanelled for one or more specialities, provided it meets the concerned speciality criteria.

- **Intensive Care Services (ICU/HDU):**

  The hospitals empanelled for speciality services should be fully equipped with relevant Intensive Care Units in addition to the OT facilities, as necessary for the respective speciality services they offer.

- **Capacity and Emergency Handling:**

  The hospitals empanelled for speciality services should have adequate capacity and sufficient numbers of specialised staff and equipment to handle emergency cases under the speciality services they offer.

- **Experienced Specialists:**

  The hospitals empanelled for speciality services should employ experienced specialists with advanced qualifications in the specific identified fields for which the hospital is empanelled. The qualifications should align with the requirements of professional and regulatory bodies, as specified in the Clinical Establishment Act, State Regulations and SHAS Standard Treatment Guidelines.

- **Diagnostic Equipment and Support Services:**

  The hospitals empanelled for speciality services should possess and maintain sufficient diagnostic equipment and support services specific to empanelled specialities. These should comply with the requirements specified in the Clinical Establishment Act and State Regulations.

INSTITUTIONAL STRUCTURES AT STATE:

1. **State Empanelment Committee (SEC) - Structure and Role:**

The State Empanelment Committee (SEC) is established at the state level to monitor the empanelment process and conduct disciplinary proceedings against fraudulent health service providers in the state. The SEC will supervise the activities of the District Empanelment Committee (DEC), ensuring the prompt empanelment of healthcare service providers and addressing issues related to the rejection or pending applications of hospitals at the State level.

Sl. No.	*Members*	*Designation*
1.	Joint CEO, SHAS	Chair
2.	Medical Director – SHAS	Co-Chair
3.	SAFU – Lead	Member
4.	Delegate nominated by DHS	Member
5.	Delegate nominated by DME	Member

Table 10: Composition of SEC

2. **District Empanelment Committee (DEC) - Structure and Role:**

The DEC is established at the district level to assist SEC and SHAS in the empanelment process and disciplinary proceedings of healthcare providers within the district. The responsibility of the DEC include:

- Thorough validation and scrutiny of certifications and licenses to ascertain legal requirements and conduct on-site assessments of hospitals to ensure alignment with the minimum empanelment criteria during empanelment and inquiry of infrastructure-related complaints.
- Prepare and submit verification reports to the SEC or SHAS with recommendations to approve or reject empanelment applications, with valid reasons for rejection.
- Recommend any relaxation in empanelment criteria, when justified, with rationale for such recommendations. Needed.

Sl. No.	*Members*	*Designation*
1.	District Chief Medical Officer	Chair
2.	SND assigned to the district	Co-Chair
3.	District Coordinator	Member
4.	District Vigilance Officer	Member

Table 11: Composition of DEC

DISCIPLINARY PROCEEDINGS AND DE-EMPANELMENT OF EHCP

RATIONALE FOR DISCIPLINARY PROCEEDINGS AND DE-EMPANELMENT:

Disciplinary proceedings or De-empanelment may be instigated against an Empanelled Healthcare Provider (EHCP) participating in the scheme if they fail to uphold the minimum empanelment criteria or engage in misconduct during patient care. The primary objectives of the State Health Authorities (SHAs) are to expand the empanelment network, guarantee high-quality care to beneficiaries, and prevent fraudulent activities that could tarnish the scheme's reputation. Disciplinary procedures and de-empanelment processes serve as deterrence and control mechanisms within the scheme, ensuring the consistent delivery of medically appropriate, quality care to beneficiaries while mitigating wasteful and preventable expenditures.

PROCESS FOR DISCIPLINARY PROCEEDINGS AND DE-EMPANELMENT:

INVESTIGATION OF SUSPECT CLAIMS/HOSPITALS:

- As part of their responsibilities, the SHAS, SAFU, or their authorised representatives will conduct ongoing analytics to detect outlier or potentially suspicious EHCPs. Suspicious hospitals are also detected through desk and field audits conducted by the SAFU. Furthermore, any grievances or complaints by patients or third parties concerning an EHCP may prompt the SHAS or SAFU to initiate the audit.

- The transaction data of such EHCPs shall undergo analysis for pattern, trend, and anomaly detection. If high-risk suspect cases are identified, a field medical audit may be conducted to gather and analyse evidence.

- The investigation and subsequent submission of the report will be diligently carried out within ten working days of flagging a hospital. SAFU or DEC will make all efforts to close the case within the period mentioned above. In case of any delay, a report must be submitted to the SHAS Joint CEO, citing the reasons for the delay.

SHOW CAUSE NOTICE TO THE EHCP:

- Upon receiving an investigation report, if the SAFU or SEC observes that there is substantial evidence or reasonable suspicion of malpractice(s) by the EHCP, a formal Show Cause Notice (SCN) shall be promptly issued to the EHCP within seven working days from the receipt of the investigation report. In case of any delay, a report citing the reasons for the delay shall be submitted to the SHAS Joint CEO.

- The SCN sent to the EHCP shall explicitly mention that contacting the involved beneficiaries is prohibited, as it could lead to evidence tampering by the applicable laws. If evidence of tampering is identified, legal action may be pursued accordingly. The SCN will also explicitly mention the SAFU email address to which the EHCP is required to submit their response to the SCN.

- The SCN shall be sent to the registered email address of the EHCP, provided during empanelment, or to the latest email address on record with the SHAS. Additionally, the hard copy of the SCN shall be dispatched via speed post or hand-delivered by the District Coordinator to the notified address of the EHCP. The SAFU shall securely maintain proof of receipt of the SCN by EHCP, either in the form of the registered speed post receipt or an acknowledgement of hand delivery, as evidence.

- The EHCP shall, within a period of 5 working days from the date of receipt, provide a response to the SCN. This response shall be sent to the SAFU at the email address specified in the SCN letter, and the hard copy of the response shall be dispatched to the return address indicated in the registered post. The response must be supported by evidence collected in accordance with the applicable laws of India.

- If the response to the SCN received from the EHCP is deemed satisfactory, their operations shall continue without disruption. However, if the response is found unsatisfactory, the SAFU may request further information or evidence via email. The EHCP shall provide the requested documents or information within 3 working days through email.

- If the response to SCN is not received within 5 working days, or if additional information is not received within 3 working days, it will be deemed that the EHCP has not been compliant. Failure to comply will result in the temporary suspension of the EHCP for a specified period not exceeding 6 months until a decision is reached in the ongoing proceedings.

- Once suspended, the EHCP will not be permitted to initiate new preauthorisations. However, treatment of the existing patients admitted under the scheme will continue uninterrupted until their discharge. The notice of suspension will be sent via email, and the hard copy will be dispatched through registered speed post. All efforts will be made to convey this notice within 3 working days of the decision. In case of any delay, a report citing the reasons for the delay shall be submitted to the SHAS Joint CEO.

- In the absence of documented evidence confirming the receipt of the SCN by the EHCP and the EHCP disputes having received the SCN, the SAFU may resent the notice, either through physical delivery or via email, and obtain an acknowledgement of receipt. The EHCP will then be required to furnish a response within 3 working days from the date of SCN receipt.

- To ensure uninterrupted services, beneficiaries requiring continued care beyond the scope of current pre-authorisation must be referred to the nearest EHCP that offers the required services.

- If the specified timelines are not adhered to, either party retains the right to seek resolution through the SHAS competent authority by submitting a grievance.

DETAILED INVESTIGATION OF EHCP:

- In cases where the EHCP is suspended due to the reasons mentioned above or when a beneficiary or third party lodges a serious complaint, a detailed investigation of the hospital will be carried out. The detailed investigation may include an on-site audit of the EHCP, examination of case records, interview beneficiaries (if necessary), and review of hospital records.

- SAFU will make every effort to complete the investigation and submit the investigation report within 10 working days of issuing the SCN. In case of any delay, a report citing the reasons for the delay shall be submitted to the SHAS Joint CEO.

- All statements provided by the beneficiaries will be documented in writing in the language known to the beneficiary. It shall be ensured that the statement is read out to the beneficiary for validation. Beneficiaries will be required to attest to their statement via their signature or thumb impression. In cases where possible, a video recording will be made with consent, and a copy of the beneficiary's photo ID will be retained for use as evidence.

- If the detailed investigation reveals that the report, complaint, or allegation against the EHCP lacks validity and no malpractices are detected, the suspension shall be revoked, and normal operations will resume. The SAFU will attempt to revoke the suspension within 5 working days of submitting the investigation report. In case of any delay, a report citing the reasons for the delay shall be submitted to the SHAS Joint CEO.

- If the detailed investigation substantiates the suspicion or alleged misconduct on the part of the EHCP, and additional instances of wrongdoing are identified, the SAFU may recommend suspension for a defined period, not exceeding 6 months.

- In case the original suspicions or alleged misconduct on the part of the EHCP are found to be invalid, but further malpractices are identified during the detailed investigation, a new SCN shall be issued to the EHCP. SAFU will make all efforts to issue the SCN within 7 working days of identifying such malpractices. The EHCP will be granted no more than 5 working days to respond, and a similar investigation shall be pursued if required.

SUSPENSION OF THE EHCP:

- **Suspension Following SCN:** In cases where sufficient evidence of malpractices exists, and the EHCP is unable to provide satisfactory justification, the SAFU may suspend the EHCP for a specified period, not exceeding a period of 6 months.

- **No Response to SCN:** If an EHCP fails to provide a response to the SCN within the stipulated time, the SAFU may suspend the EHCP for a specified time, not exceeding 6 months.

- **Response During Suspension:** Should the EHCP submit a response to the SCN during the suspension period, the SAFU may review it, and if found satisfactory, the suspension may be revoked.

- **Immediate Suspension with SCN:** If the SAFU finds undeniable evidence that the actions of the EHCP have or may cause grievous harm to a patient's health or life, the SAFU may immediately suspend the EHCP for a specified period, not exceeding 6 months. This suspension must be accompanied by a SCN, granting the EHCP 5 working days to respond. In such instances, the SAFU will share the notice, along with a comprehensive justification for the suspension, with the SHAS CEO and the Secretary of the Department of Health and Family Welfare. The SAFU will also conduct a thorough investigation, as outlined above, in these cases.

- **Suspension Due to Non-Payment of Fine:** If a penalty is imposed on the EHCP for an offence, and the EHCP fails to remit the penalty amount within the stipulated timeframe, the SAFU may adjust the fine against any outstanding payments to the EHCP. If the outstanding amount remains unpaid even after the adjustment, a reminder may be sent to the EHCP. In the absence of a response, the SAFU may opt to suspend the EHCP until the outstanding amount is recovered.

- In all the scenarios outlined above, the notification of suspension will be sent via email and dispatched through registered speed post. Every effort will be made to send the notifications within 3 working days of the decision. In case of any delay, a report citing the reasons for the delay shall be submitted to the SHAS Joint CEO.

- After the EHCP is suspended (or de-empanelled), various scenarios shall be managed as outlined below:

    - **Suspicious Cases:** All the paid and unpaid cases flagged as suspicious by the IT system shall be promptly investigated within 15 working days of suspension/de-empanelment. These cases will be confirmed as fraudulent or non-fraudulent, and recovery shall be initiated for confirmed fraudulent cases that were already paid, and the unpaid fraudulent cases shall be rejected.

    - **Non-Flagged Unpaid Claims:** At least 20% of such claims shall be audited (with a minimum of 10 cases and a maximum of 100 cases), and the

settlement shall be based on audit findings. If any fraudulent claim(s) are identified during the audit, then 100% of the remaining unpaid cases will be also audited. The audits shall be completed within 30 days of suspension/de-empanelment.

- **Claims Adjudication:** Adjudication of all claims shall be done based on merit, in accordance with the package blocked and the documents submitted by EHCP, following the standard BSKY adjudication guidelines.

- **Release of Payment:** SHAS will ensure that the payment of all outstanding claims is released only after the recoveries and penalties, as required, have been levied.

- **Final Settlement Letter:** A final settlement letter clearly outlining the recoveries and/or penalties and their adjustment from pending claims will be issued to the suspended/de-empanelled EHCP.

- **Legal Proceedings:** In situations where the matter of suspension or de-empanelment has been taken to court by the EHCP or is *Sub-Judice* (being studied by the court of law), the claims under the jurisdiction of the court shall not be subject to the aforementioned guidelines until the matter is concluded in the court of law. All other claims (not forming part of the court case) shall be managed in accordance with the above guidelines.

- **Appeal Process:** The EHCP may file an appeal against suspension for review of the order along with the submission of necessary evidence and an undertaking to not engage in similar instances of malpractice(s). This appeal must be raised within 30 working days from the issue of the suspension order. The SHAS may decide to revoke the suspension after examining the evidence and the undertaking submitted by EHCP. If the EHCP is unable to refute the allegations with evidence, the SHAS will present the case to the SEC to initiate the de-empanelment proceedings against the EHCP.

PRESENTATION TO SEC AND DE-EMPANELMENT PROCEEDINGS:

- The SAFU may commence the process of de-empanelment by presenting the case to the SEC after conducting the necessary disciplinary proceedings as previously outlined. The SEC shall convene within 30 working days or schedule an emergency meeting considering the extraordinary circumstances of the case at hand. All relevant documents, including the Detailed Investigation Report, shall be submitted to the SEC either upon the filing of the case or at least 10 working days prior to the meeting. The SEC must ensure that the EHCP has been issued a SCN seeking an explanation for the alleged malpractice. Both the SHAS and the EHCP shall be provided a fair opportunity to present their cases with necessary evidence during the meeting convened by the SEC.

- If the SEC determines that the complaint or allegation against the EHCP is valid, it shall order the de-empanelment of the EHCP with appropriate legal advice and may impose additional disciplinary actions like penalties, FIR, etc., as it may deem appropriate.

- Should the SEC not find adequate supporting evidence against the EHCP, it may revoke the suspension of the EHCP or reverse/modify any other disciplinary action taken by SHAS. The SEC shall provide clear justifications and reasons underlying the final decision.

- All efforts shall be made to reach the final decision within 30 working days of the 1st SEC meeting. In case of any delay, a report citing the reasons for the delay shall be submitted to the SHAS CEO.

- All efforts shall be made to execute any disciplinary proceedings as determined by the SEC within 30 working days of the decision taken. In case of any delay, a report citing the reasons for the delay shall be submitted to the Secretary of the Department of Health and Family Welfare.

- If either party is dissatisfied with the SEC decision, they can escalate the matter to the SHAS Competent Authority for grievance redressal.

ACTIONS TO BE TAKEN AFTER DE-EMPANELMENT:

- After a decision has been made to de-empanel a hospital, the notice for de-empanelment will be sent via email to the EHCP's registered email ID, and the hard copy of the notice will be dispatched to the EHCP's registered postal address within 3 working days. Once the EHCP is de-empanelled, new pre-authorisations will be disabled, and ongoing treatments or existing pre-authorisations must be completed.

- The State Empanelment Committee (SEC) can direct the SHAS to initiate legal actions against the EHCP, such as lodging an FIR, in cases where there is suspicion of criminal activity or to pursue other permissible legal actions under applicable laws of India.

- When instances of professional misconduct and violation of medical ethics are confirmed, the SHAS shall notify the appropriate state medical professional bodies/councils with all the case details, including the treating doctor and the hospital involved. The State Medical Council shall assume responsibility and take appropriate measures as dictated by the Code of Medical Ethics Regulation, 2002, and/or applicable laws. This information will also be communicated to other insurance companies, the Employees' State Insurance Corporation (ESIC), the Central Government Health Scheme (CGHS), the Insurance Regulatory and Development Authority of India (IRDAI), and other relevant regulatory bodies.

- A list of de-empanelled hospitals will be prominently displayed and readily accessible on the BSKY website to ensure beneficiary awareness. Additionally, local media may be employed to inform the public about entities found guilty of malpractice and the actions taken against such EHCPs engaging in malpractice.

- De-empanelment will typically be for a period of 1 year unless otherwise specified. De-empanelled EHCPs cannot seek re-empanelment until the completion of 1 year from the date of de-empanelment. Such hospitals will not be permitted to change their names and reapply, and local teams will keep a check on such practices. If the SHAS/SEC decides to re-empanel an EHCP within the 1-year timeframe, the rationale for the re-empanelment shall be documented.

- In cases involving a hospital chain, only the specific branch will be de-empanelled, while the other hospitals may be permitted to operate as usual.

- Depending on the severity of the offence, SEC may opt to de-empanel an EHCP for a period exceeding 1 year or may blacklist an EHCP. In such cases, the SHA/SEC shall duly inform the Secretary of the Department of Health and Family Welfare of their decision, along with a detailed explanation and justification for the same.

Sl. No.	*Action*	*TAT*
1.	Investigation of Suspect Claims	Within 10 working days of flagging the claims.
2.	Show Cause Notice Issuance	Within 7 working days of receipt of the investigation report.
3.	Response to Show Cause Notice by EHCP	Within 5 working days of receipt of Show Cause Notice.
4.	Clarification of the response from EHCP	Within 3 working days of raising the clarification.
5.	Detailed Investigation with submission of report	Within 10 working days of sending the Show Cause Notice.
6.	Response to Suspension by EHCP	Within 5 working days of receipt of Suspension Notice.
7.	File appeal against suspension	Within 30 working days of receipt of Suspension Notice.
8.	Final Action to De-empanel and/or Penalty	Within 30 working days of the 1st SEC meeting.

Table 12: Timeline for Disciplinary Proceedings and De-empanelment

GRADATION OF OFFENCES:

Based on the investigation report and/or field audits, the following gradation of penalties may be levied by the SEC. However, it should be noted that these penalties are intended as guiding principles rather than rigid mandates.

These recommended penalties serve as a framework, and the SEC possesses the discretion to impose more substantial or lesser penalties, depending upon factors such as the gravity, frequency, scale, and intentionality of the misconduct(s) assessed on a case-by-case basis. In cases where a hospital is found to be engaged in unethical practices or criminal malpractices, the SHAS may also initiate legal action.

Case Issue	First Offence	Second Offence	Third Offence
Cash Payments by Beneficiary.	Full refund and a penalty of 3 times the amount paid by the beneficiary. Penalty to be paid to SHAS within 7 working days of the receipt of notice. SHA shall thereafter transfer the amount charged in actual to the beneficiary within 7 working days.	In addition to the actions mentioned for the first offence, rejection of the claim and suspension of the hospital.	De-empanelment and/or Blacklisting.
Claiming for Services not provided.	Rejection of the claim and a penalty of 3 times the amount claimed. Penalty to be paid to SHAS within 7 working days of the receipt of notice.	Rejection of the claim and a penalty of 8 times the amount claimed. Penalty to be paid to SHAS within 7 working days of the receipt of notice. Suspension of the hospital.	De-empanelment and/or Blacklisting.
Up-coding / Unbundling / Unnecessary Procedures	Rejection of the claim and a penalty of 8 times the excess amount claimed. Penalty to be paid to SHAS within 7 working days of the receipt of notice.	Rejection of the claim and a penalty of 16 times the excess amount claimed. Penalty to be paid to SHAS within 7 working days of the receipt of notice. Suspension of the hospital.	De-empanelment and/or Blacklisting.
Claiming for Services provided to Non-BSKY Beneficiaries	Rejection of the claim and a penalty of 3 times the amount claimed. Penalty to be paid to SHAS within 7 working days of the receipt of notice.	Rejection of the claim and a penalty of 8 times the amount claimed. Penalty to be paid to SHAS within 7 working days of the receipt of notice. Suspension of the hospital.	De-empanelment and/or Blacklisting.
Non-adherence to BSKY minimum empanelment criteria and quality standards	**Minor Gaps:** SCN with a compliance period of 2 weeks for rectification and rejection of claims with identified gaps. **Major Gaps and Wilful suppression/misrepresentation of facts:** SCN with a compliance period of 2 weeks for rectification; suspension of the hospital if not rectified within 2 weeks. Rejection of claims with identified gaps and a penalty of 3 times the amount claimed. Penalty to be paid to SHAS within 7 working days of the receipt of notice. Suspension of services until rectification of gaps and validation by DEC.	A penalty of 5 times the claim amount of all the claims with identified gaps and suspension of the hospital until rectification of gaps and validation by DEC.	De-empanelment and/or Blacklisting; penalty of 5 times the claim amount of all the claims with identified gaps.

Table 13: Gradation of Offences by Empanelled Hospitals

REFERENCES

1. AB PM-JAY Anti Fraud Guidelines, August 2018
2. AB PM-JAY Field Investigation and Medical Audit Manual, April 2020
3. AB PM-JAY Framework for Field Investigation and Verification
4. AB PM-JAY Whistle Blower Policy, August 2021
5. AB PM-JAY Guidelines on Hospital Empanelment and De-empanelment, July 2022
6. BSKY MoU for Provider Empanelment

ANNEXURE – I: INDICATIVE TERMS OF REFERENCE FOR SAFU

Position	*Qualifications & Experience*	*Key Responsibilities*
SAFU – Lead	• Medical Graduate with 10 years of Experience. • At least 5-7 years of work experience in health claims processing/audit. • Knowledge of Medical Protocols, Clinical Pathways, and Standard Treatment Guidelines. • Good Communication Skills with analytical, investigative, and forensic capabilities.	• To develop fraud management vision, strategy, guidelines, and implementation roadmap for BSKY, covering prevention, detection, deterrence, public awareness and whistle-blower facilitation. • To collaborate with the IT team for system integration, tool deployment, advanced analytics, etc., for fraud management. • To collaborate with the IT team to embed fraud triggers, medical protocols, guidelines, and medical audit capabilities in the IT systems. • To develop and implement medical, claim, and field audit checklists for the SHAS. • To conduct data analysis, monitor trends, and oversee field investigations through field staff. • To supervise SHAS performance in SHAS. • To carry out surprise inspections. • To carry out anti-fraud actions such as penalty, de-empanelment, and other deterrence measures as per the guidelines against fraudsters.
Medical Auditors	• Medical Graduate with 3 years of Experience. • At least 1-2 years of work experience in health claim processing/audit. • Knowledge of Medical Protocols, Clinical Treatment Pathways, and Standard Treatment Guidelines. • Good Communication Skills with analytical, investigative, and forensic capabilities.	• To carry out medical audits as per guidelines. • To analyse claims and transaction data from medical perspective and highlight outlier/suspect/variant cases for further investigations. • To support district vigilance officers for appropriate probing of suspect cases.
State Vigilance Officer	• Postgraduate in Law Degree. • At least 7 years of work experience. • Criminal prosecution background preferred. • Strong Communication Skills with investigative capabilities.	• To lay guidelines, SOPs and checklists for vigilance, investigation, evidence collection etc. • To develop guidelines and SOPs for suitable action for dealing with fraud – contracts, legal and punitive action, prosecution, search, seizure, recoveries etc. • To develop framework for deterrence measures guidelines. • To develop and deploy public awareness, in consultation with IEC Team. • To develop network of informal/extended community for discrete intelligence input and local issues. • To guide, mentor and support medical audit and adjudication team of SHAS. • To manage day to day activities of the District Vigilance Officers.
Data Analyst	• Graduate in IT. • At least 7 years of work experience.	• To manage, organise and analyse claim transaction data. • To work with IT team and develop dashboards for trend, behaviour, outlier cases etc.

	• Knowledge of Data Mining, Data Consolidation, Big Data Analytical Tools, Query Management and Advanced Analytics. • Strong Analytical Capability for large database behaviours, trends, predictive modelling etc. • Strong Presentation and Communication skills.	• To work with IT team for developing dynamic rule engines, triggers and predictive modelling. • To manage and update trigger list and publish the same for other teams at SHAS. • To manage, organise and analyse claims data to compare utilisation, average movement, length of stay, outlier cases, etc. across providers and districts at micro and macro levels.
District Vigilance Officer	• Nursing Graduate with 5 years of Experience. • At least 1-2 years of work experience in health claim processing/audit. • Good Communication Skills with analytical, investigative, and forensic mindset.	• To carry out field investigation of assigned cases within timeline and collect documentary evidence. • To collect market intelligence report discretely. • To carry out any other assigned tasks related to Anti-Fraud management.