

SHORTFALLS IN AB PM-JAY IDENTIFIED BY CAG PERFORMANCE AUDIT

Sl. No.	Identified Shortfall	Relevant in BSKY	Actions to Overcome Shortfalls
A. BENEFICIARY IDENTIFICATION AND REGISTRATION:			
1.	Errors noted in Beneficiary Database: <ul style="list-style-type: none">Invalid NamesNo Names (Blanks)Unrealistic Date of BirthNo Date of Birth (Blanks)DOB mismatch in SECC and BIS DatabaseInvalid GenderNo Gender (Blanks)Duplicate PM-JAY IDsUnrealistic Family Size of Household	Yes	Given that the Beneficiary Data Base has been stabilised for BSKY and is not updated with new beneficiaries frequently, it would be beneficial to perform a one-time desk audit of the beneficiary database to identify any irregularities or erroneous entries. This audit could also help to differentiate between urban and rural beneficiaries and eliminate any ineligible beneficiaries.
2.	Multiple Beneficiaries Mapped to the Same Aadhar Card		
3.	Multiple Beneficiaries Registered against a Single Mobile Number		
4.	Registration of Beneficiaries with Invalid Mobile Number		
5.	Ineligible Beneficiaries found registered under the Scheme		
6.	No mapping of Urban and Rural Beneficiary Database		
7.	Mapping of State Specific Beneficiaries with SECC database not done	No	
8.	Delay in Beneficiary Registration leading to denial of scheme benefits		
9.	Delay in Processing Rejection of Beneficiaries		
B. AWARENESS GENERATION AND IEC			
10.	Deficient IEC Expenditure (25% of the Administrative Expenses)	Yes	<ul style="list-style-type: none">Design and implement comprehensive BSKY IEC Guidelines, defining the objectives and generating an annual IEC plan and budget.Ensure BSKY IEC materials are displayed and shared at EHCPs by making it mandatory.
11.	No Comprehensive IEC Objective and Plan		
12.	No Separate Budget Allocation for IEC		
13.	Booklets/Pamphlets not printed and provided to beneficiaries		
C. HOSPITAL EMPANELMENT AND MANAGEMENT:			
14.	EHCPs Not Fulfilling Minimum Empanelment Criteria.	Yes	<ul style="list-style-type: none">Establish the Empanelment Committee at both State and District levels to develop comprehensive guidelines for the BSKY empanelment process and collect hospital information.Conduct physical verification of healthcare facilities before empanelment to ensure adherence to minimum empanelment criteria.Conduct Regular Hospital Audits.Devise and implement IT module for Hospital Empanelment to manage hospital empanelment process and capable of dynamic ECHP database.
15.	No Physical Verification of EHCPs before empanelment		
16.	Failure to provide all available specialities by EHCPs		
17.	Lack of Speciality Services in the District		
18.	Treatment provided under specialities that are not empanelled		
19.	Zero/Low-Performance EHCPs		
20.	Delay in Empanelment Processes		
21.	Out-of-Pocket Expenditure for Beneficiaries at EHCP		
22.	De-empanelled Hospital getting empanelled after changing name		

D. CLAIMS MANAGEMENT:			
23.	Overlap of PM-JAY and State-Specific Scheme Beneficiary Claims	No	<ul style="list-style-type: none">Develop and implement BSKY Claim Adjudication Guidelines and specify the timelines for each process.Facilitate routine training sessions for the Claim Adjudication team to enhance technical competencies and keep them up-to-date with the latest trends and developments.Conduct the Claim Adjudication Audit on 10% of approved and 100% of rejected claims to identify any deficiencies in validating claims.Implement a system that enables consistent feedback to the claim adjudication team based on the findings of the Claim Adjudication Audit.
24.	Delay in Settlement of Claims by SHA	Yes	
25.	Delay in Pre-Authorisation Approval		
26.	Excess Payment made to EHCPs: <ul style="list-style-type: none">Claims with higher package rates paidUnbundling of Procedures not followed during approvalClaims raised for ineligible beneficiaries approved		
27.	Payment made in Death Cases without submission of Mortality Audit Report		
28.	Private EHCPs claiming public reserved packages		
29.	Inadequate Validation of Claims: <ul style="list-style-type: none">Treatment date before Pre-authorisationSurgery date after discharge dateClaims with Invalid Dates		
E. FINANCIAL MANAGEMENT:			
30.	Release of Central grant without ensuring release of State share	No	SHAS should implement the PFMS to track the flow of expenditure.
31.	Release of Excess share of central grant without considering the previous year's balance and upfront shares		
32.	Non-remittance of interest earned		
33.	Unspent Administrative Grants	Yes	
34.	Non-compliance with GoI instructions to track expenditure flow through PFMS		
F. MONITORING AND GRIEVANCE REDRESSAL:			
35.	Non-availability of Claim Review Committee	No	<ul style="list-style-type: none">Constitute and implement a District Implementation Unit in all districts to oversee and manage BSKY operations at the district level.Design and execute BSKY Anti-Fraud Guidelines to effectively identify fraudulent practices in BSKY and take timely corrective actions.Design and execute the BSKY framework for Grievance Redressal to effectively address the concerns of all BSKY stakeholders and take corrective actions.
36.	Non-Availability of District Implementation Unit	Yes	
37.	Shortage of Manpower		
38.	State Grievance Redressal Committee not convened regularly		
39.	87% of grievances were redressed beyond specified timelines		
40.	Non-availability of Anti-Fraud Cell		
41.	Non-availability of Mortality and Morbidity Review Committee		
42.	No action taken against hospitals that indulged in malpractices		

CAG PERFORMANCE AUDIT DEFICIENCIES THAT COULD BE MITIGATED BY IT TRIGGERS / SYSTEM FLAGGING

A. HOSPITAL EMPANELMENT AND MANAGEMENT

1. Highlight Hospitals providing Treatment under specialities that are not empanelled
2. Highlight Hospitals that raise claims more than the declared bed strength
3. Highlight Zero / Low-Performance EHCPs
4. De-empanelled Hospital getting re-empanelled after changing name
5. Highlight the Lack of available specialities in Districts

B. CLAIMS MANAGEMENT

6. Highlight Claims with Unbundling of Procedures
7. Highlight Claims for Ineligible Beneficiaries
8. Highlight Mortality Claims without submission of Mortality Audit Reports
9. Highlight Private Hospital Claims on Government Reserved Packages
10. Highlight Claims with Treatment Dates prior to Pre-Authorisation Date
11. Highlight Claims with Discharge Dates prior to Surgery Dates
12. Highlight Claims with Invalid Dates
13. Highlight Claims not conforming to the defined timelines
14. Highlight Claims not consistent with Age/Gender specific packages
15. Highlight Claims for the same patient in multiple hospitals during the same period
16. Highlight Claims submitted for beneficiaries who have expired
17. Highlight Claims for multiple beneficiaries treated by the same doctor at multiple locations during the same period
18. Highlight Claims raised by Suspicious Providers