GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

RAJYA SABHA
UNSTARRED QUESTION NO. 1891
TO BE ANSWERED ON 02ND AUGUST, 2022

ANTI-FRAUD SYSTEM FOR INDIA'S NATIONAL HEALTH INSURANCE SCHEME

1891. DR. AMEE YAJNIK:
SHRI SHAKTISINH GOHIL:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether Government is aware that as per a study titled 'Assessment/Management: Anti-Fraud System for India's National Health Insurance Scheme', Pradhan Mantri Jan Arogya Yojana (PM-JAY) is infested with instances of fraud;

(b) whether different kinds of frauds are being encountered, both in relation to the making of e-cards for beneficiaries and also the provisions of treatment by hospitals;

(c) if so, the reasons therefor;

(d) whether a large percentage of registrants flagged for further investigation were found to be fraudulent and if so, the details thereof; and

(e) the steps taken by Government to deter fraud?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(DR. BHARATI PRAVIN PAWAR)

(a) to (e): Ayushman Bharat –Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is governed on a zero-tolerance approach to any kind of fraud viz. suspect/non-genuine medical treatment claims, impersonation and up-coding of treatment packages/procedures etc.

The study in question pertains to the challenges encountered across the world in the aftermath of the COVID-19 pandemic along three focus areas:

- Breaking points in social protection systems
- Technology-driven responses to COVID-19 challenges in social protection
- COVID-19 pandemic as a catalyst and accelerator of change

The Government of India adopts a pro-active approach towards fraud and abuse. It goes on to underscore that several countervailing strategies have been employed under PM-JAY to address various types of fraud and it acknowledges the success of the AI-based technologies deployed under the scheme.

National Health Authority -the implementing agency of AB-PMJAY has issued a comprehensive set of anti-fraud guidelines. Anti-fraud advisories are issued to States/UTs. National Anti-Fraud Unit (NAFU) is created at NHA for overall monitoring and implementation of anti-fraud framework supported by State Anti-Fraud Units (SAFUs) at State

level. All claims require mandatory supporting documents along-with on-bed patient photo before approval and payment. The feature of Aadhar-based biometric verification of beneficiary at the time of admission and discharge is launched at all private hospitals. Use of artificial intelligence and machine learning is made for a comprehensive fraud analytics solution to detect fraud pro-actively, develop algorithms that can be used on large volume of data to identify suspect transactions and entities and risk scoring of hospitals and claims. Around 0.18% of the total authorized hospital admissions under the scheme are confirmed as fraud since its inception.

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