



Framework for field investigation and verification

1. Definition of field investigation and verification.

Field investigation and verification under PM-JAY can be conducted in cases which do not require specialized medical knowledge such as cases where one needs to ascertain the identity of the PM-JAY beneficiary or if the treatment actually happened or to collect any additional documentation from the hospital and collect general observations around the hospital and provide the inputs for further confirmation of fraud. A field investigation may be done instead of raising a query to the hospital for more effective handling of suspect cases.

1.1. It can be conducted at two levels

- **After pre-auth approval and before discharge** – Investigator will collect the details related to presenting and current symptoms/complaints, package booked, and treatment given to beneficiary at the hospital. Investigator will also collect all the details related to presenting and current complaints from the beneficiary. The beneficiary will also be asked if any money has been sought by the hospital for the said treatment.
- **After discharge** – If the patient is already discharged and if required, then the investigator carries out a home visit and interacts with the patient and their attendants to collect relevant details related to the services claimed by the hospital and may collect/verify – image of scar for the surgical intervention, discharge summary, post hospitalization medication and if any money was charged by hospital.

1.2. Field investigation can be of four types

1.2.1. Field Investigation and Verification at hospital:

During the process of field investigation and verification, investigator visits the hospital premises to collect real time or post facto (as case may be) information on the triggered cases. During the process, the investigator will collect indoor documents related to the claim, information about hospital infrastructure and availability of specialists/ resource, meet treating doctor etc. At the time of visit, if AB PM-JAY beneficiaries are admitted in the hospital, then the investigator will interact with them and verify information as recorded in the documents, and obtain feedback of the patient regarding the quality of service, benefits of the scheme or money being charged by the hospital. Please refer Annexure 1.1 for Field Investigation format.

1.2.2. Discrete on ground intelligence/information collection:

During the process of field investigation and verification, while the investigator visits the hospital, s/he shall also collect on-ground intelligence/information from the surroundings of hospital discretely about possible/suspected hospital malpractices. Investigator shall avoid collecting vague information or hearsay. Investigator shall emphasise on collection of evidence-based tips/intelligence/information. Please refer Annexure 1.2 for Discrete on ground intelligence/information collection form.

1.2.3. Beneficiary residence/home visit:



In case the patient is already discharged and as need be, the investigator may visit beneficiary home to collect information/case papers etc. for the procedure blocked/claim submitted by the hospital. Please refer Annexure 1.3 for Beneficiary home visit form.

1.2.3. BIS beneficiary/Ayushman (e-card) verification:

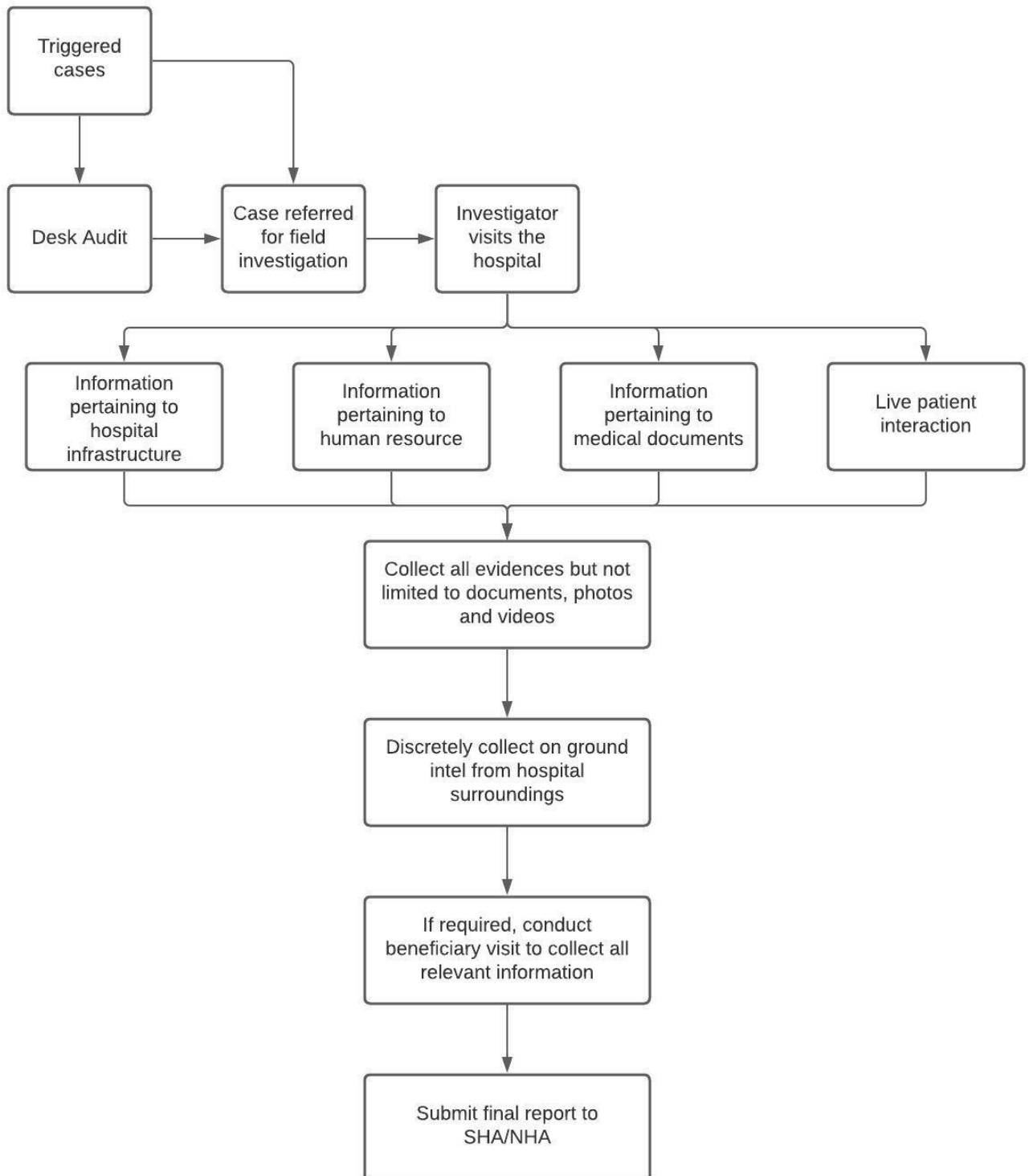
A member of entitled family under PM-JAY can get an Ayushman card (e-card) generated after process of verification either at an authorised agency for Ayushman card creation or an empanelled hospital. There might be instances where Ayushman card (e-card) has been issued to a non-entitled member or cards have been issued to ineligible persons. Verification for such cases would be sent from SAFU/BIS audit bucket. Please refer Annexure 1.4 for BIS investigation form

2. Preparation and planning for field investigation:

- Ensure authority letters and approvals are in place.
- Prepare a timetable for investigation.
- Investigation objectives and roles shall be clearly defined to the investigator.
- Ensure that the investigator is trained for investigation.
- Investigator shall be well versed with tools and formats and shall be handy.
- Investigator shall have all information pertaining to the case, the hospital and the beneficiary handy to compare with the actuals at the time of visit.
- If required, in exceptional cases a team of digital forensic experts may also accompany investigator(s) with specific set of hardware and software tools.



3. Process overview of field investigation and verification:





4. Execution of field investigation and verification

The investigator shall collect following details during hospital visit:

a) Hospital Infrastructure

Collect details pertaining to overall hospital infrastructure and availability of requisite facilities for carrying out the procedure blocked by the hospital. Collect details of PM-JAY and other documents such as:

- Visibility of PM-JAY promotional boards
- Availability of PMAM (Pradhan Mantri Arogya Mitra) kiosk
- Visibility of PMAM kiosk
- Availability of IPD/OPD/OT register at the time of visit
- Availability of pharmacy record, laboratory records, implants and prosthesis register etc.
- All relevant certificates required as per guidelines of State Govt/Medical Council of India/Ministry of Health
- Any other relevant observations

b) Human Resource

Collect details about availability of minimum required, and case relevant medical personnel for carrying out the procedure blocked by the hospital. The investigator shall collect details such as:

- Availability of PMAM (Pradhan Mantri Arogya Mitra)
- Availability of on duty doctors at the time of visit, RMO, Emergency doctor, ICU doctor
- Availability of adequate number of nurses at the time of visit
- Availability of specialists for which claims are booked
- Any other relevant observations

c) Admitted Patient Interaction

Interaction with patients admitted in the hospital at the time of visit. Collect details from beneficiary for their presenting and current symptoms or complaints, package booked, and treatment being given. The beneficiary will also be asked if any money has been sought by the hospital for the said treatment. During patient interaction following information shall be collected:

- Patient name
- Presenting complaints at the time of admission
- Name of treating doctor
- Specialization of treating doctor
- Date and time of hospital admission as per hospital file
- Type of treatment (surgical/medical)
- Patient photograph collected with ID card
- Duration of symptoms
- If diagnostic tests were conducted
- If the patient was referred from another hospital
- If yes, name of that hospital etc.



- Any other relevant observations

d) Intervention of digital forensics

In certain specific cases, the course of evidence collection may also comprise of digital forensics, wherein digital evidence from hospital computers, servers and mobile phones are required to be cloned via digital forensics techniques i.e., digital extraction including write blockers, live acquisition of data and also maintaining the chain of custody.

e) Discrete on ground intelligence/information collection

While the investigator visits the hospital, s/he shall also discretely interact with people present in and around the hospital surroundings to collect on ground intelligence/information. In order to collect on ground intelligence/information, the investigator shall interact at the following places in the hospital vicinity:

- Pharmacy
- Visiting patients outside hospital premises
- Local shops
- Local media
- Ex-employees
- Food/tea stalls
- Diagnostic centres
- Restaurants
- Any other relevant place or shop

The investigator shall collect following details during beneficiary home visit

f) AB-PMJAY Beneficiary visit (Home Visit)

If the patient is already discharged and if required, then the investigator shall carry out a home visit and interact with the patient and their attendants to collect relevant details. The following information shall be collected at the time of visit:

- If they had availed services under AB-PMJAY
- Name of hospital admitted
- Presenting complaints at the time of admission
- Since when the beneficiary was suffering from symptoms
- Was the beneficiary referred from another hospital?
- If yes, then name of that hospital
- Date of discharge
- If free food was provided during hospitalization
- If beneficiary received discharge summary
- If post hospitalization medicines were provided
- If any money was charged during the length of stay in hospital.
- Any other relevant observations

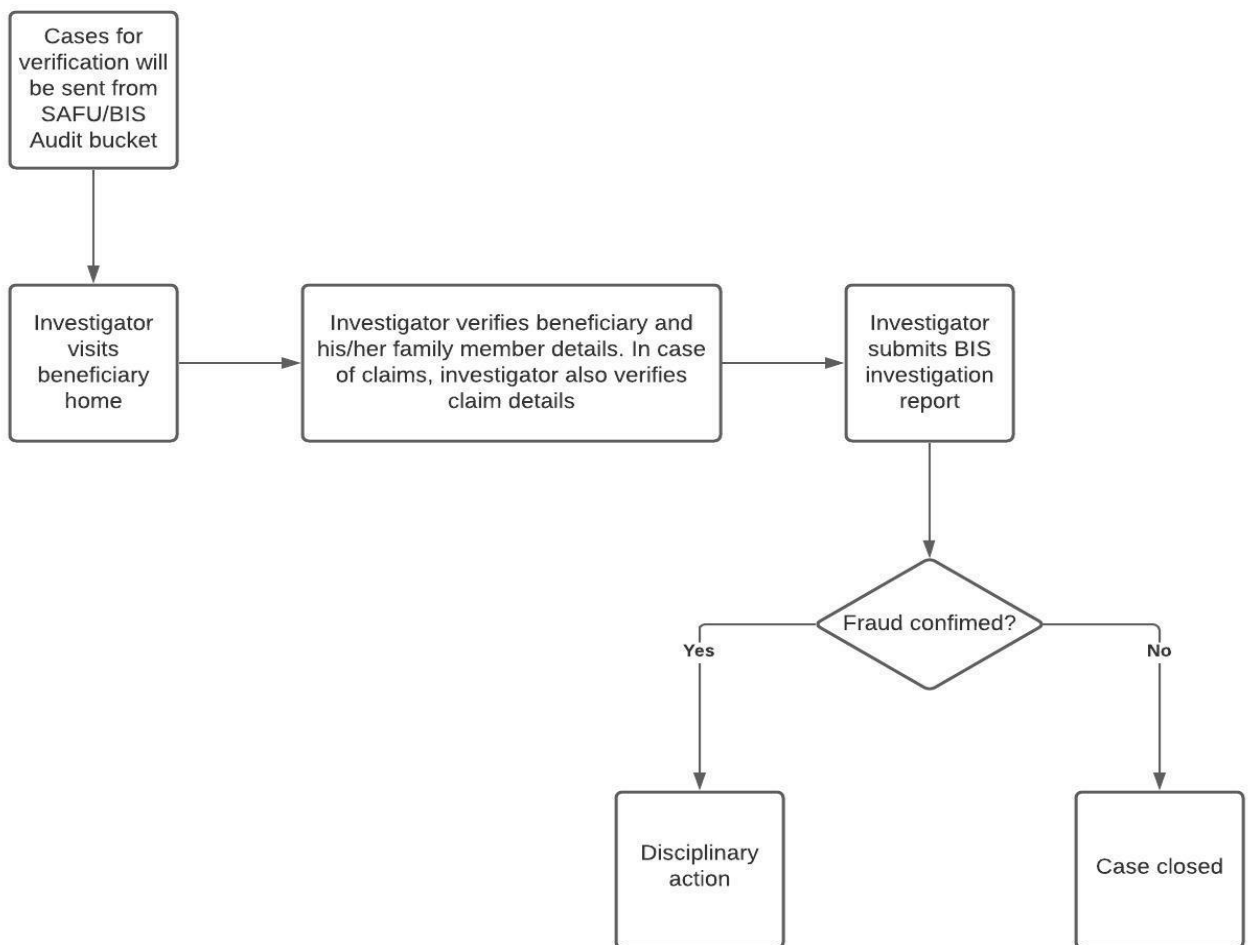
g) Execution of BIS beneficiary verification (e-cards)

The probable frauds at the level of verification of beneficiary can include:



- Issuance of e-card to a non-eligible person
- Utilization of services under the scheme by someone impersonating to be the beneficiary
- Ghost Utilization – Claim submitted by a provider without actual hospitalization of an entitled beneficiary

Beneficiary verification for issuance of golden card to a non-eligible person. A member of entitled family under PM-JAY can get an Ayushman card (e-card) generated after process of verification either at an authorised agency for Ayushman card creation or an empanelled hospital. Beneficiary verification is done for random sample or BIS triggered cases.



5. Evidence collection during field investigation and verification:

As defined in Indian Evidence Act, 1872; evidence can be said to be any matter of fact which produces a persuasion in the mind regarding existence or non-existence of the actual incident. Evidence may be oral, which refers to the testimony of witnesses, or documentary, which refers to the documents and electronic records tendered before the Court. If need be, for all



electronic evidences to be presented in the court, a Certificate under Sec. 65B Indian Evidence Act shall be attached along with the evidences, as enclosed annexure 1.5.

During field visit, documentary and digital evidence (photos, photocopies, patient statements, videos etc.) are requested to be collected with explicit patient/patient family consent-

- Patient related such as but not limited to, real time photos, videos, beneficiary statements, and beneficiary ID.
- Hospital related such as but not limited to, overall hospital infrastructure, human resource available at hospital and all relevant certificates as per the guidelines of State Government, Medical Council of India and Ministry of Health.
- Use of digital forensics such as but not limited to, cloning or scanning hospital computers, servers, mobile phones or other IT infrastructure to digitally extract evidences using techniques like digital extraction including write blockers, live acquisition of data and also maintaining the chain of custody.
- Other documents such as but not limited to, PM-JAY promotional boards, availability of PMAM (Pradhan Mantri Arogya Mitra), availability of PMAM kiosk, visibility of PMAM kiosk, availability of IPD/OPD/OT register at the time of visit. Availability of pharmacy record, laboratory records, implants and prosthesis register etc.
- Indoor case papers related to triggered/suspect case(s).

Indian Evidence Act, 1872 according to which all evidence shall be collected during investigation and verification.

Applicable sections are mentioned below:

- **Section 61: Proof of contents of documents.** —The contents of documents may be proved either by primary or by secondary evidence.
- **Section 62: Primary Evidences**
 - the document itself produced for the inspection of the Court.
 - a document when executed in counterpart, each counterpart being executed by one or some of the parties, each counterpart acts as primary evidence against the parties executing it.
- **Section 63: Secondary Evidences**
 - Certified copies of all the primary documents.
 - copies made from the original by mechanical processes which in themselves ensure the accuracy of the copy, and copies compared with such copies
 - copies made from or compared with the original
 - oral accounts of the contents of a document given by some person who has himself seen it.
 - counterparts of documents as against the parties who did not execute them.
- **Section 65: Secondary evidence may be given of the existence, condition, or contents of a document in the following cases: —**
 - In respect of subclause (a), (c) and (d), any secondary evidence of the contents of the document is admissible, where original has been destroyed or lost and cannot produce it in reasonable time or original is of such a nature as not to



- be easily movable; original is shown or appears to be in the possession or power;
- of the person against whom the document is to be proved,
 - of any person out of reach or not subject to the process of the Court,
 - of any person legally bound to produce it,
 - and when, after the notice mentioned in section 66, such person does not produce it
- In respect of subclause (b), the written admission is admissible when the existence, condition or contents of the original have been proved to be admitted in writing by the person against whom it is proved or by his representative in interest
 - In respect of subclause (e) or (f), a certified copy of the document, but no other kind of secondary evidence, is admissible, when the original is a public document within the meaning of section 74 and when the original is a document of which a certified copy is permitted by Indian Evidence Act, or by any other law in force in India.
 - In respect of subclause (g), evidence may be given by any person who has examined them, and who is skilled in the examination of such documents where the originals consist of numerous accounts or other documents which cannot conveniently be examined in Court, and the fact to be proved is the general result of the whole collection.
- **Section 65A: Special provisions as to evidence relating to electronic record.** —The contents of electronic records may be proved in accordance with the provisions of section 65B.
 - **Section 65B: Admissibility of electronic records.**— Notwithstanding anything contained in this Act, any information contained in an electronic record which is printed on a paper, stored, recorded or copied in optical or magnetic media produced by 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 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.
 - **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 to have been written wholly or in part by any person, the signature or the handwriting of so much of the document as is alleged to be in that person's handwriting must be proved to be in his handwriting.
 - **Section 67A. Proof as to electronic signature** - Except in the case of a secure electronic signature, if the electronic signature of any subscriber is alleged to have been affixed to an electronic record the electronic signature of the subscriber must be proved.
 - **Section 74: Public documents:-** 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.
 - **Section 75: Private documents.** —All other documents which do not fall under the provisions of Section 74 are private.



- **Section 77: Proof of documents by production of certified copies.** Such certified copies may be produced in proof of the contents of the public documents or parts of the public documents of which they purport to be copies, and Court shall presume every document to be genuine purporting to be a certificate, certified copy or other document, which is by Law declared to be admissible as evidence.
- **Section 45: Opinions of expert.** Court to form an opinion upon a point of foreign law or of science, or art, or as to identity of handwriting or finger impressions, the opinions upon that point of persons specially skilled in such foreign law, science or art, or in questions as to identity of handwriting or finger impressions are relevant facts and such persons are called experts.
- **Section 45A: Opinion of Examiner of Electronic Evidence.**—In a proceeding, court to form an opinion on any matter relating to any information transmitted or stored in any computer resource or any other electronic or digital form the opinion of the Examiner of Electronic Evidence referred to in section 79A of the Information Technology Act, 2000 (21 of 2000), is a relevant fact.

Medical evidences are admitted only when the expert gives an oral evidence under oath in the courts of law expect under special circumstances like:

- a) When evidence has already been admitted in a lower court
 - b) Expert opinions expressed in a treatise
 - c) Evidence given in a previous judicial proceeding
 - d) Hospital records like admission/discharge register, 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 give legal sanctity to such report as per the provision of Indian Evidence Act.

6. Reporting of field investigation and verification findings:

- Field investigation and verification report shall be in accordance with NHA guidelines.
- The findings of field investigation and verification shall be compiled in a logical sequence.
- If investigation and verification is being carried out using mobile app then real time or near real time reports shall be submitted to the respective SHAs, from the spot to the extent feasible.
- Offline reports shall be submitted to the respective SHAs within 3 working days of investigation.
- The observation shall be factually correct and without bias.
- Report shall be submitted with all supporting evidences.



7. Using mobile app for field investigation

- Investigators will get the triggered cases assigned to them on the field investigation app.
- Initial support in capacity building for investigation app will be provided by SHAs/NHA.
- Thereafter, Agency needs to ensure that all the investigators are well versed with field investigation app.
- Real time or near real time input of the investigation shall be submitted by the investigator on the field investigation app.
- Under no circumstances the investigator shall submit incomplete/false/fabricated or misleading inputs in the field investigation app.
- In case the investigator is at a slow/no internet coverage area, the investigator shall still complete the report offline, save and upload on immediate availability of internet (would be done automatically).

Link for mobile field investigation app is as: <https://>

8. Gradation of offences:

In the event of incomplete/malafide/inaccurate investigation reports and the charges are found to be reasonably proven, a gradation of penalties may be levied by the NHA/SHA on agency for incomplete/delayed/incorrect/forged/misleading reporting as mentioned below.

Penalties applicable for Field investigation agency/PMU/TPA/ISA/Insurance Company:

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 penalty of upto three (3) times the concerned transaction/claim amount will be levied on the agency.	A penalty of upto five (5) times the concerned transaction/claim amount will be levied on the agency.	De-empament/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 agency and the entities involved in the investigated case.	A penalty of upto 20 times the transaction/claim amount will be levied on the agency.	De-empament/blacklisting or any other punitive action (including civil and/or criminal case) as deemed fit by the Competent authority.	



In case of unruly/unprofessional behaviour by agency personnel working as investigator with the empanelled agency leading to above two penalties.	A show-cause notice will be issued to agency. Agency shall respond within 3 working days of receiving the notice.	A formal warning letter will be issued to agency stating repetition will result in de-empanelment/blacklisting.	De-empanelment/blacklisting or any other punitive action (including civil and/or criminal case) as deemed fit by the Competent authority.
Investigator accepting cash or any other gifts from hospitals to fudge the investigation report.	De-empanelment/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 agency. Agency shall respond within 3 working days of receiving the notice.	A formal warning letter will be issued to agency stating repetition will result in de-empanelment/blacklisting.	De-empanelment/blacklisting or any other punitive action (including civil and/or criminal case) as deemed fit by the Competent authority.

Penalties applicable to officials and independent consultants hired by NHA/SHA:

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. The independent consultant 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. The independent consultant 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 independent leading to above two penalties.	A show-cause notice will be issued to the independent consultant. The independent consultant 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 accepting 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. The independent consultant 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.

9. Do's and don'ts for field investigators.

- At the time of hospital visit the investigator should introduce her/himself to the hospital and should always carry id cards and authorization/permission from competent authority to conduct investigation and produce the same to hospital/beneficiary, if need be.
- S/he should ensure that the hospital is not alarmed by their visit and should try to make the hospital administration comfortable and administration should be requested for their support and cooperation.
- While talking to the beneficiaries admitted in the hospital, all care should be taken to make the beneficiary feel comfortable and under no circumstances, disruption, or interference in 'treatment of beneficiary' shall be done.
- Pictures of the beneficiary should be taken only after her/his consent. However, picture of private parts or ones which makes the beneficiary uncomfortable should be avoided. Female beneficiaries should not be interviewed alone, interaction should be in the presence of another family member of the beneficiary.



- While talking to the beneficiary it should be ensured that the s/he is not intimidated by anyone. If need be, the beneficiary may be spoken to without any hospital staff being present in the earshot.
- Photographs of all relevant observations like IEC, registration desk, OT, ICU etc. shall be captured.
- The video of conversation with the beneficiary may be recorded for evidence, but with consent.
- The video should record all relevant and crucial information like name of the patient, date of admission, hospital name, presenting complaints etc.
- Before leaving the hospital premises the investigator should record general observations and get it acknowledged (signature and stamp) by the hospital (hospital in-charge).
- All care must be taken by the investigator to ensure her/his safety. To ensure the same s/he should avoid engaging in any unwarranted conversation or arguments with the hospital staff or administration.
- If the atmosphere or environment becomes hostile for the investigator, then s/he should leave the hospital immediately.
- In case of any trouble District coordinator of the district shall be reached out to for help.
- During the investigation one should also ensure that offerings of any kind is not accepted (e.g. food, beverages, gifts etc.) from the hospital administration/staff. If found guilty of the same appropriate action will be taken by NHA/SHA as they deem fit.
- To avoid getting into any controversial situation s/he should not have a conversation with the hospital administration, owner or staff alone or in a closed room.
- At all times, investigator shall maintain highest standards of professional conduct and integrity in all situations and refrain from unruly/unethical behaviour. He/she should not behave or create impression like that of Police or other law enforcement agencies.
- To maintain confidentiality of health data/information collected during investigation, investigator shall submit the same to competent authority. Also, shall refrain from sharing the investigation findings with any outsider, with other hospitals or with the investigated hospital(s).
- The report of observations shall be factually correct, without bias and shall be backed by evidences.

10. Quality control mechanism:

- 5% of all investigated cases shall be revisited by SHA/NHA to ensure quality of investigation is being maintained.
- At agency level a maker-checker concept shall be formulated to ensure quality control and accountability of submitting genuine reports only.
- Revisited cases shall be reviewed to ensure that initial investigation and verification was done in accordance with NHA investigation framework and guidelines.
- Periodic shuffling of investigators within district in each state shall also be done to ensure appropriate measures are being taken to avoid collusion between investigator and hospitals.



11. TAT for investigation:

- Real time or near real time inputs of the investigation shall be submitted by the investigator in the field investigation app.
- All offline investigation reports shall be submitted to SHA within 3 working days from the date of hospital visit.
- In case there is any further delay the agency shall inform SHA with justification.



Annexure 1.1: Field investigation format

A. Hospital Details					
1	Date of investigation	Pre-filled			
2	Case ID	Pre-filled			
3	Family ID	Pre-filled			
4	Card Number	Pre-filled			
5	Trigger Reason	Pre-filled			
6	Case Received Date and Time	Pre-filled			
7	Name of Hospital	Pre-filled			
8	Address of Hospital				
9	Hospital ID (if available)	Pre-filled			
10	Type of hospital (Public / Private)	Pre-filled			
11	Number of AB PMJAY beneficiaries admitted in the hospital as per TMS	Pre-filled			
12	Number of actual AB PMJAY beneficiaries admitted in the hospital				
B. Hospital Infrastructure			Yes	No	Remarks
13	Hospital Existence				
14	Response from Hospital (Co-operative/ Non-Co-operative/ Indifferent)				
15	Is Hospital Registered DGHS				
16	Availability of PMAM kiosk (If yes, collect picture)				
17	Location of PMAM kiosk (Easily Visible/ Far inside)				
18	Promotional boards prominently displayed (If yes, collect picture)				
19	Total no of Beds				
20	Number of Beds in general ward				
21	Adequate distance (4 feet) maintained between two beds				
22	Is HDU available? (If yes, collect picture)				
23	Number of Beds in HDU				
24	Is ICU available? (If yes, collect picture)				
25	Number of Beds in ICU				
26	Is OT available? (If yes, collect picture)				
27	No of OT				
28	No of OT tables				
29	Pathology/ Diagnostics (In-house/Outsourced/ Not Available)				
30	Overall hygiene maintained in the hospital (Good/Average/ Poor)				
31	Any other remark or observation:				
C. Human Resource			Yes	No	Remarks
32	Availability of PMAM at the time of visit				



33	Availability of on duty doctors at the time of visit (Whatever applicable)			
A	RMO			
B	Emergency doctor			
C	ICU doctor			
34	Availability of adequate number of nurses at the time of visit			
35	Availability of specialists for which claims are booked			
36	Any other remark or observation:			
D. Documentation		Yes	No	Remarks
37	Availability of IPD register at the time of visit (If yes, collect picture)			
38	Availability of OT register at the time of visit (If yes, collect picture)			
39	Availability of pharmacy record at the time of visit (If yes, collect picture)			
40	Availability of laboratory records at the time of visit (If yes, collect picture)			
41	Availability of implants and prosthesis register at the time of visit (If yes, collect picture)			
42	Any other remark or observation:			
E. Case specific details		Yes	No	Remarks
43	Name of patient			Pre-filled
44	Package booked			Pre-filled
45	Name of Treating Doctor			Pre-filled
46	Specialization of treating doctor			
47	Date and time of Hospital Admission as per hospital file			
48	Date and time of Hospital Discharge as per hospital file			
49	Type of Treatment (Surgical/Medical)			
50	Diagnosis:			
51	Did the patient leave against medical advice			
52	If yes, why?			
53	Entry in Outdoor Register found (If yes, collect picture)			
54	Entry in Indoor Register found (If yes, collect picture)			
55	Entry in OT Register found (only in case of surgical case) (If yes, collect picture)			
56	Entry in Hospital Lab Register found (If yes, collect picture)			
57	Availability of IPD papers (If yes, collect picture)			
58	Availability and completeness of OT notes (If yes, collect picture)			
59	Availability of pre-anesthesia documents assessed by a qualified anesthesiologist (If yes, collect picture)			
60	Availability of daily nursing notes (If yes, collect picture)			
61	Availability of daily doctor notes (If yes, collect picture)			



62	Availability of daily progress chart (If yes, collect picture)			
63	Availability of daily treatment chart (If yes, collect picture)			
64	Availability of Discharge Summary (If yes, collect picture)			
65	Any other remark or observation:			
F. Patient/Attendant interaction in the hospital		Yes	No	Remarks
66	Name of patient	Pre-filled		
67	Package booked	Pre-filled		
68	Name of Treating Doctor	Pre-filled		
69	Specialization of treating doctor			
70	Date and time of Hospital Admission as per hospital file			
71	Date and time of Hospital Discharge as per hospital file			
72	Type of Treatment (Surgical/Medical)			
73	Patient Photograph collected with ID card			
74	Patient Id's proof Collected			
75	What were the presenting complaints at the time of admission?			
76	Since when was s/he suffering from the symptoms?			
78	Was s/he referred from another hospital/ clinic/ doctor?			
79	If yes, please name the hospital/clinic/doctor			
80	When did the patient get admitted?			
81	Is the patient admitted since then?			
82	What diagnostic tests (if any) were performed on the patient?			
83	Was any surgery conducted for the patient?			
84	If yes, is there an incision mark on the body?			
85	Has any money been charged so far?			
86	If yes, how much?			
87	Do they have receipts of the same?			
88	Is there any previous hospitalization of same patient at the same hospital?			
89	Any other remark or observation:			



Annexure 1.2: Discrete on ground intelligence/information collection form:

Related to Hospital _____ (Name), PMJAY ID of Hospital _____,

Address _____

Source	Questions	Remarks (If answer to any of questions is yes, try to collect few names/details which can act as evidence.)
Pharmacy	How many PMJAY scheme's patients purchase medicine from you?	
	Does the patient themselves pay for the medicine or you get paid by hospital? Do they collect your bill for same?	
	Do the PMJAY patients themselves purchase the medicine from you or hospital staff or any other person collects it on patient's behalf?	
	Do the patients purchase the medicines on doctor's advice?	
	Does the patient also purchases post discharge medicines from you by showing discharge summary?	
	Any other observation	
Lab/diagnostic center	Which type of tests are being conducted at your facility?	
	How many PMJAY scheme's patient cases are you handling?	
	Does the patient themselves pay for the tests or you get paid by hospital?	
	Do you get the samples from hospital staff or collected by your staff?(Only for labs)	
	Any other observation	
Local media	Did you observe or report any concerning news about hospital(s) for PMJAY patients? (Related to services availed), or about hospital being involved in unethical or fraudulent activities, treating non entitled patients or referral to other hospitals?	
	Any other observation	
Street vendors	How is the reputation of the hospital?	
	Did you hear about PMJAY patients being denied treatment by the hospital?	
	Are you aware, if the hospital is charging money from PMJAY patients?	
	Have you ever heard from anyone whether the hospital is involved in unethical or fraudulent activities including; fake claims/Ayushman card creation etc.	



	Any other observation	
Non-PMJAY patients/ex-employee	Does the hospital maintain proper cleanliness?	
	Do you receive timely treatment and attention from hospital staff?	
	Did you hear about PMJAY patients being denied treatment by the hospital?	
	Are you aware, if the hospital is charging money from PMJAY patients?	
	Have you ever heard from anyone whether the hospital is involved in unethical or fraudulent activities including; fake claims/fake Ayushman card creation?	
	How is the reputation of the hospital?	
	Any other observation	





Annexure 1.3: Beneficiary Home Visit Form

Important Instruction: Patient to be met/interacted in presence of other family members, not alone

A. Patient Information

1. PM-JAY ID: _____

2. Name:

3. Father's or Husband's name:

4. Address:

District:

State:

Pin Code:

5. Contact Mobile No.

Home Visit: Patient/Attendant interview after discharge		
How did you become aware of your eligibility for Ayushman Card (source)		
Where did you visit to get your Ayushman Card?		
How much did you pay for the Ayushman Card generation?		
Has s/he availed services under AB PM-JAY? If yes, proceed further	Yes	No
In which hospital did s/he utilize the services?		
When did the patient get admitted? (calendar)		
In which department did the patient visit at the time of admission? (Emergency/OPD/ICU)		
Does the patient have OPD prescription for the hospital visit?		
Where was the patient admitted? (General/ICU/NICU)		
What were the presenting complaints at the time of admission?		
Since when was s/he suffering from the symptoms?		
What was the treatment given?		
Was any surgery conducted for the patient?	Yes	No
If yes, is there a post-surgical incision mark on the body?	Yes	No
Does s/he have any investigation report, done in the hospital?		
Did the hospital conducted investigation after surgery? (applicable for surgical cases only)		
Was the patient referred from another hospital/ clinic/ doctor?	Yes	No
If yes, please name the hospital/clinic/doctor		
When did the patient get discharged? (calendar)		
Was the patient given a discharge summary?	Yes	No
Was post-hospitalization medication provided to the patient?	Yes	No
Was any money asked by the hospital at any point of time?	Yes	No
If yes, then how much?		



For what purpose was the money charged? (Bed category difference /part of IPD charges/medicine /investigation /diagnostic tests)			
Do they have receipts of the same?		Yes	No
Any other remark or observation on inconsistencies observed			

If any surgery is there, scar on the body, which could help in verification of the surgery. (If yes, take photograph of the same **with consent of the beneficiary**) However photograph of private parts is strictly not to be taken or of any other part if beneficiary is uncomfortable

Signature/thumb impression of beneficiary

Name and Signature of the Investigator with Date:





Annexure 1.4: BIS investigation form

B. Patient Information

1. PM-JAY FAMILY ID: _____
2. Name:
3. Father's or Husband's name:
4. Address:

S. No	Name	PMJAY – ID Number	Gender	Age	Relationship
1					
2					
3					
4					
5					
6					

B. General Information

1. Where was the Ayushman card made?
2. If hospital, was the beneficiary charged any money for the Ayushman card? If yes, how much
3. Has s/he availed services under PM-JAY? If yes proceed further
4. In which hospital did s/he utilize the services?
5. What symptoms were the patient exhibiting when he/she visited the hospital?
6. When did s/he get admitted?
7. When did s/he get discharged?
8. For how many days was s /he hospitalized?



9. Was s/he provided free food?
10. What was the treatment given?
11. If any surgery is there, a scar on the body, which could help in verification of the surgery. (If yes, take photograph of the same)

(4 -11: match the information provided by the beneficiary with the one recorded in the TMS)

C. Any other remark or observation:

Name and Signature of the Investigator with Date:





Annexure 1.5: Certificate under Sec. 65B Indian Evidence Act. 1872

Sir,

I S/o. Sh....., Age, R/o., is a (profession)....., do hereby solemnly affirm and state on oath as under that;

1. The deponent is the _____ in the aforesaid case hence is well aware of the fact and circumstances of the case.
2. The deponent as a part of evidence at this stage produced the computer/mobile phone output..... *(Hard copy/ CD/ DVD/Pen Drive/audio/photograph/video etc.) of the Emails/MMS/SMS records/ WhatsApp messenger service records/call detail records/mobile phone files, web browser records/CCTV records etc., which represent the link/communication between the alleged offence/offender and crime/ victim (in criminal cases) or between the parties (in civil cases). The details of the E-mails/ MMS/ SMS/ WhatsApp messages/ CCTV records/CDR's etc. are annexed along with this certificate as a CD/ DVD/ Pen Drive as Exhibit A--- or at page
3. The deponent further confirms that the computer outputs (Emails/MMS/SMS records/ WhatsApp messenger service records/call detail records/mobile phone files, web browser records/ CCTV records etc.) containing the information is produced by computer/s during the period for which the computer/mobile phone is/was used regularly to store and process the information.
4. The deponent further confirm that he had lawful control over the use of the computer/mobile phone which is/ was used for producing outputs mentioned above.
5. The deponent further confirms that during the said period, information contained in the e-record or of the kind from which the information so contained is derived was regularly fed into the computer/mobile phone in the ordinary course of the said activities.
6. The deponent further confirms that the contents of the transcript are absolute identical and verbatim as the digital audio-video file in the E-mails/ MMS/ SMS/ WhatsApp messages/ CCTV records/ CDR's/ Pen Drive etc., and to the originally recorded digital audio-video file in original recorded device.
7. The deponent further confirms that throughout the material part of the said period, the computer/mobile phone was operating properly or, if not, then in respect of any period in which it was not operating properly or was out of operation during that part of the period, was not such to affect the electronic record or the accuracy of its contents.
8. The deponent further confirm that the information contained in the electronic record reproduces or is derived from such information fed into the computer/mobile phone in the ordinary course of the said activities.
9. The deponent further confirm that he/she used the computer/mobile phone, printer/CD/DVD/Pen Drive etc. for preparing a printout or copy from the original e-record and the same was operating properly. The contents of the computer/mobile phone outputs (Hard copy/CD/DVD/Pen Drive etc.) are identical to the Emails/MMS/SMS records/WhatsApp messenger service records/ call detail records/mobile phone files, web browser records/CCTV



records etc. contained in the server/computer/mobile phone/exchanged though the computer terminals or mobile phone operated in its normal course and primary copies are retained in its original form in server or computer or mobile phone, sans any distortion whatsoever, in its accuracy of contents as retained in its original form and is identical.

I (deponent), do solemnly affirm that the contents of this affidavit certificate/affirmation certificate from paragraph no. 1 – 9 are true to the best of my knowledge and belief, no material facts have been concealed in it and no part of the affidavit is false.

Dated this Day of 20....

(Signature)

Full Name of maker.

