सत्यमेव जयते

FINANCE DEPARTMENT

Integrated Financial Management System

GOVERNMENT OF RAJASTHAN

Best Practices Under IFMS in Rajasthan Finance Secretaries Conference on 19th Sept 2025 - Organised by CAG

Outliners

- **Pool Budget**
- **Capturing Commitments at the time of BFC**
- **Rajasthan Government Health Scheme (RGHS)**

Pool Budget

Evolving Budgetary Practices in Rajasthan

Business Architecture for Budget Management System

Budget Masters Management

Local Masters

- BFC Meeting Calendar
- Meeting Notice
- Proforma Timeline
- Budget Circular

Global Master Data

- Departments
- Designations
- HOD Officer
- Offices Master
- Administrative Departments
- Control Officer
- BFC Unit
- Major Heads
- Minor Heads
- Sub Major Heads
- Sub Minor Heads
- Group Sub Heads
- Major Scheme

Budget Estimation (BFC Process)

Budget Estimation and Preparation

- **P1A**-Details of personnel against the sanctioned vacant posts
- **P1B**-Details of personnel employed on contract
- **P2**-Bank account details
- **P3**-Details of Loans and Advances
- **P4A**-Gender Budget Statement
- **P4B**-Child Budget Statement
- **P5A**-Agriculture Budget Statement
- **P5B**-Agriculture budget (Autonomous Bodies)
- **P6**-Banks transaction details of Panchayati Raj Institutions
- **P7A**-Details of provision for ongoing construction works
- **P7B**-Details of provision for new construction works
- **P8**-Statement of Budget Estimates (Revenue)
- **P9**-Detailed head wise statement of budget estimates (Expenditure)
- **P9A**-Form for New Posts
- **P9B**-Form for New Items
- **P9C**-Provision for sub-components of office expense

Budget Sanctions

- Posts Create and Abolish
- Phone, Mobile (New and Surrender)
- Computer, Printer (New/ Surrender)
- Vehicle (Buy/ Rent)

Budget Volumes & Reports

- **V1**:Summary Vol
- **V2a**:Revenue Receipts
- **V2b**:Revenue Exp-General Services
- **V2c**:Revenue Exp-Social Services
- **V2d**:Revenue Exp-Economic Services
- **V3a:**Capital Exp
- **V3b:**Public Debt, Loan, Public Account Vol
- **V4a:**Post Volume
- **V4b:**Grant/Loan/Investment
- **V4c:**Details of PWD Works Part
- **V4d:**Agriculture Budget

Budget Management

- Budget Reappropriation
- Additional Authorization
- Budget Surrender
- Pool Budget
- Supplementary Budget
- Excess Savings Statement
- Revised Estimate Enforcement
- Contingency

Other Budget Management Activities

State Book – Date wise W&M Position by RBI and State Daily Position

Master Data Management (MDM)

Core Disbursement Engine (CDE)

WAM

Pool Budget

Pool Budget - w.e.f. 01-04-2022

A pool budget is an innovative budgetary concept that allows drawing and disbursing officers to have equal opportunity to draw funds from the available budget without bias

The Finance Department allocates a consolidated budget as a pool to the Head of Department/Budget Control Officer (BCO)

The Drawing and Disbursing Officer subordinate to the Budget Control Officer/HoD does not require budget allocation.

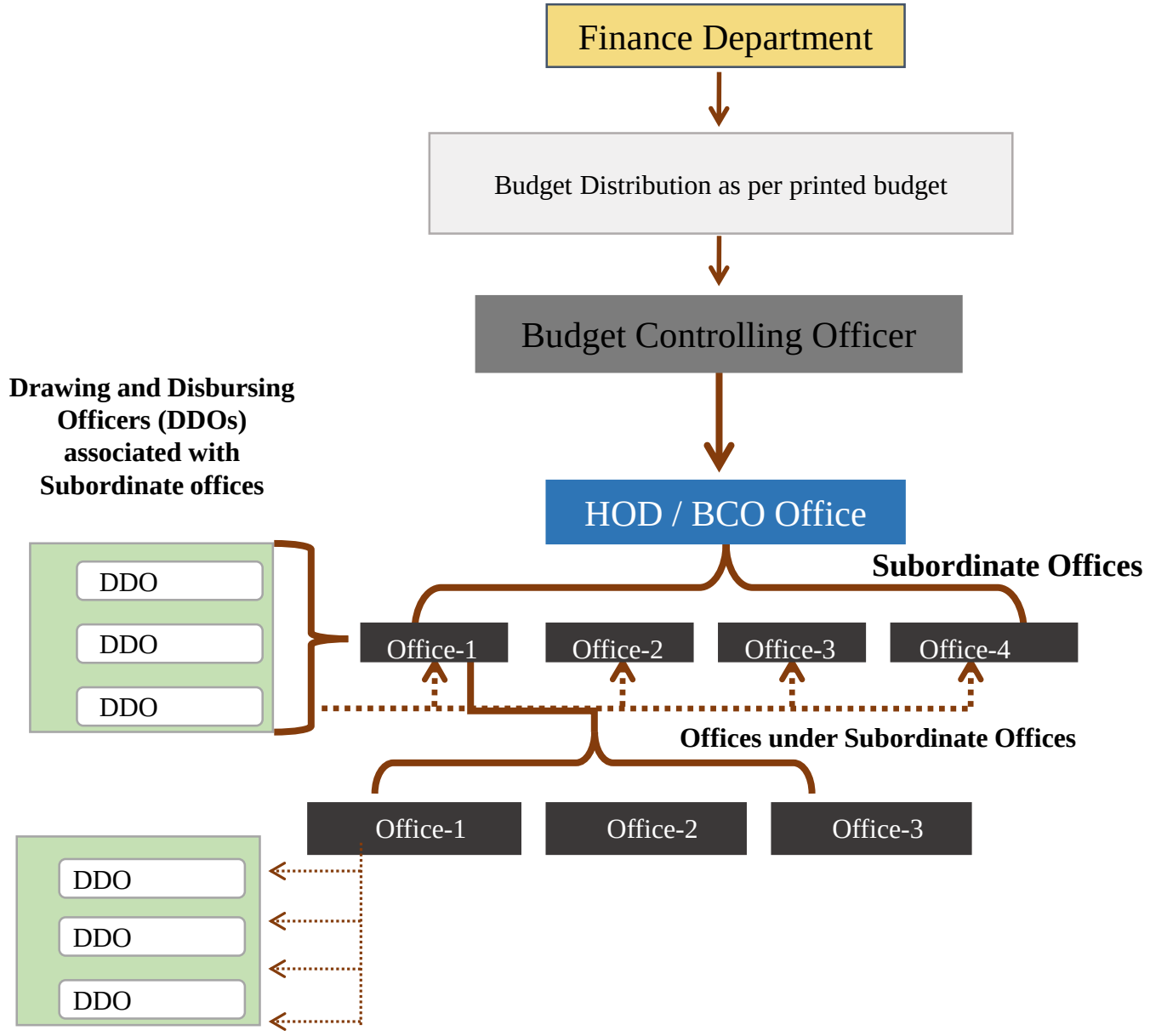
Sanctions, Tools and reports have been created for financial control.

These tools and reports help in controlling the expenditure incurred by the offices under the HoD/BCO.

Major Head-wise, Minor Head-wise, Object Head-wise, Scheme-wise, and Office-wise expenditure reports are available for financial monitoring.

Provision for sending an alarming message at the level of BCO/HoD/FA/DDO from time to time whenever expenditure by drawing disbursing officers exceeds a certain limit.

Online Pool Budget Allocation Process Flow



❖No Need of Budget Allocation by HOD/BCO to subordinates offices / DDOs

Benefits – Pool Budget

Way Forward

Plan to associate AI/ML to read scanned documents with bills, start usage of previous expenditure data to control frequency of similar nature of doubtful expenses

01 Saves time and efforts

02 Low rush of transactions in the month of March

03 Divisions / DDOs are able to consume budget if they have completed all financial processes

04 Faster payments

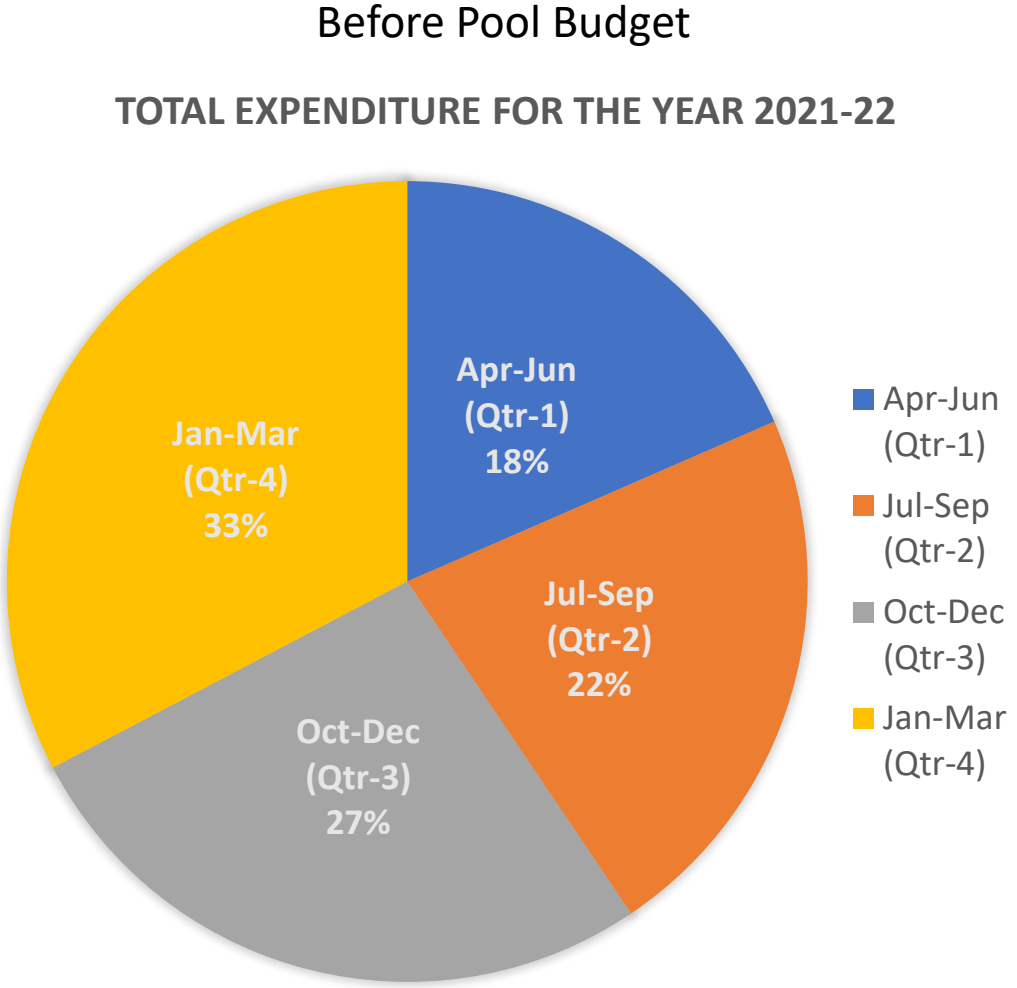
05 No need to wait for limit allocation for Works Divisions

06 Progress of Expenditure is higher even in the first Quarter

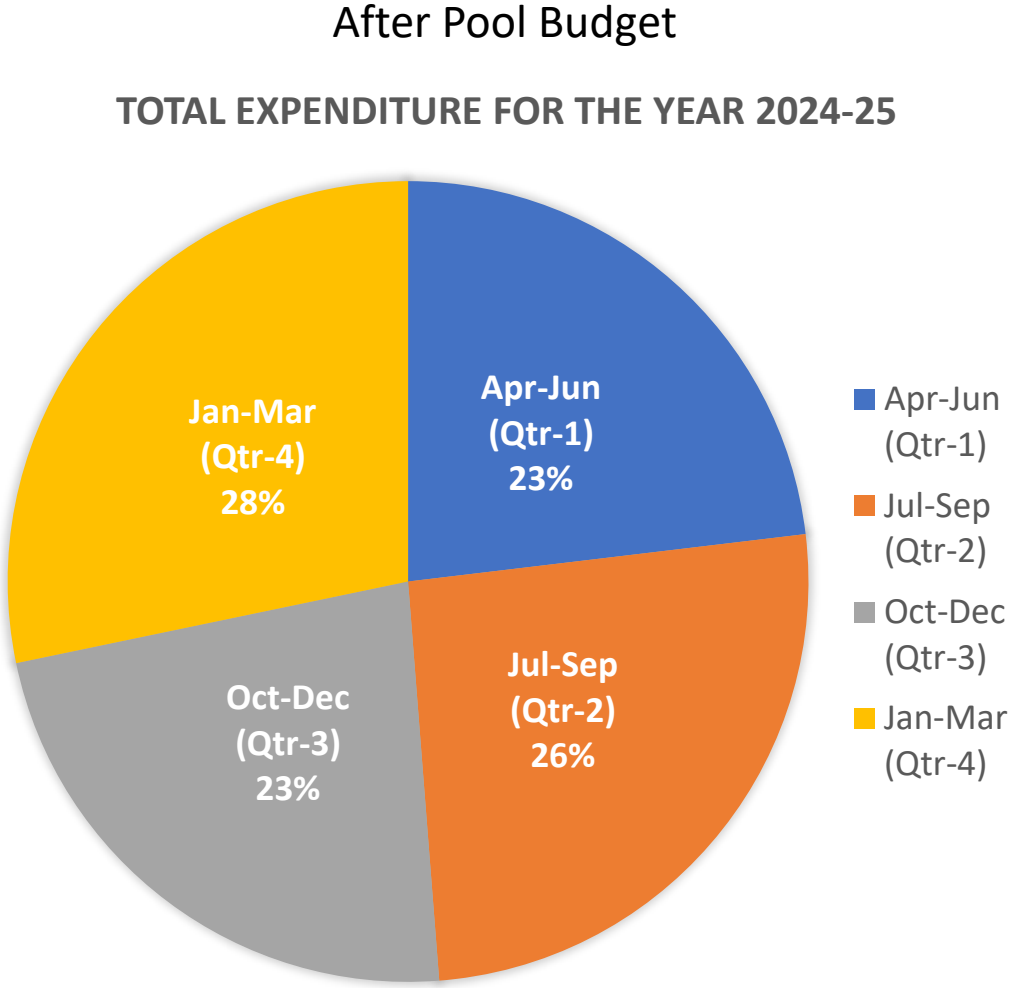
07 Bills can be prepared without budget so immediately after receiving funds in the relevant heads, disposal may be ensured

Pool Budget: Impact Analysis Total Expenditure

Before Pool Budget

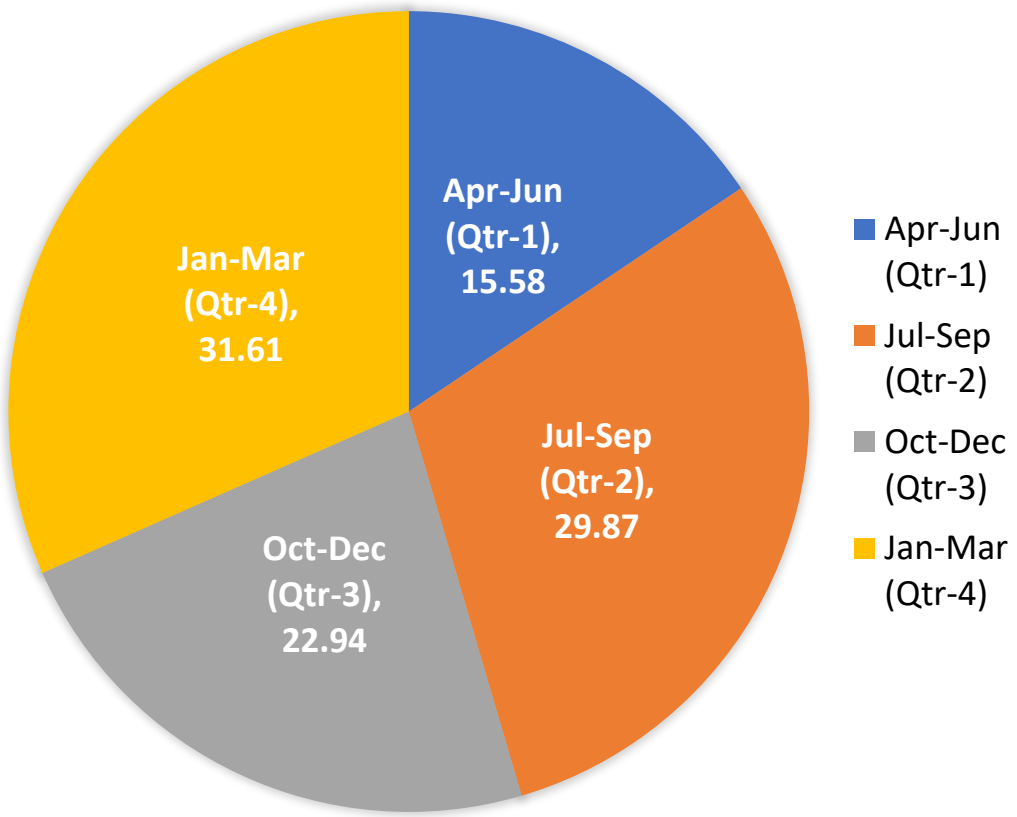


After Pool Budget

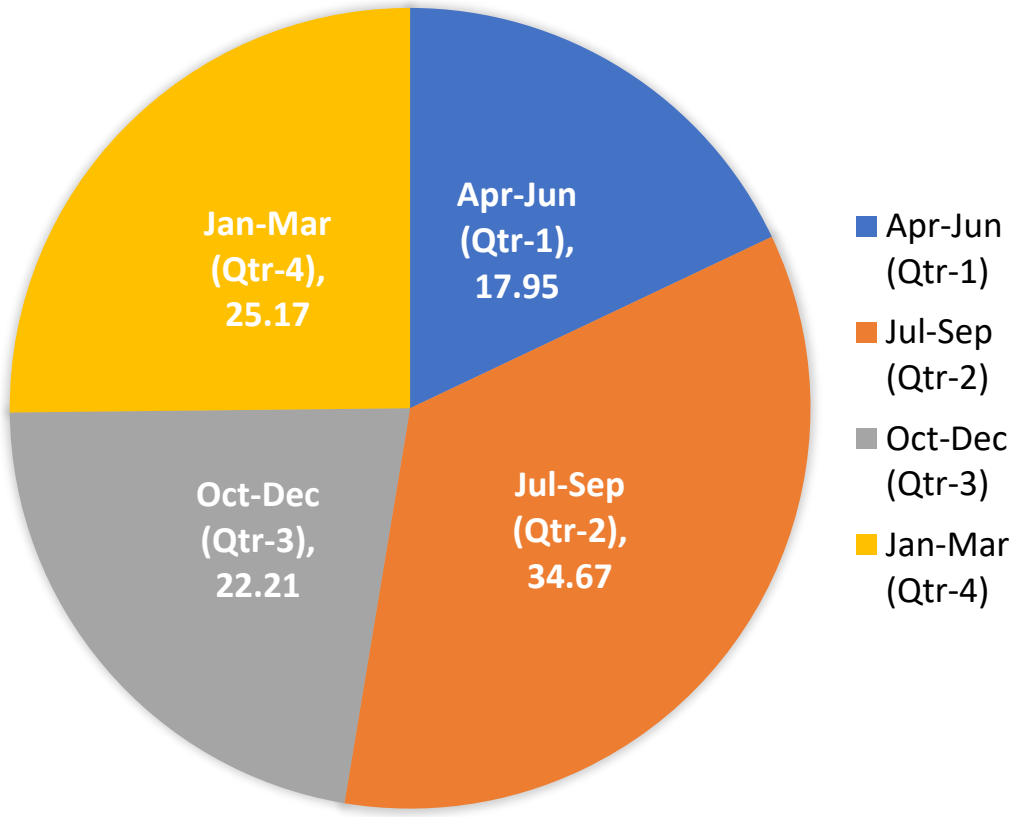


Pool Budget: Impact Analysis Capital Expenditure

Before Pool Budget



After Pool Budget



Capturing Commitments at the time of BFC

Capturing Outstanding Liabilities

- Departments/DDOs are allowed to prepare bill on IFMS without budget provision
- Bills are cleared by treasury after budget availability
- BFC Format 9 captures the outstanding liabilities from the IFMS
- Departments are not required to fill the outstanding liabilities
- This Process improves the accuracy of Budget Estimates
- Bills are cleared by treasury on FIFO method and is also helpful in cash management of the State

Format 9

प्रपत्र–9

व्यय के बजट अनुमानों का विस्तृत शीर्षवार (Object Head wise) विवरण

कार्यालय / विभाग का नाम .....बीएफसी ईकाई का नाम ..... (राशि सहस्त्र में)

कोड संख्या.....

लेखे का शीर्ष -- मुख्य शीर्ष–उप मुख्य शीर्ष–लघु शीर्ष–उप शीर्ष–ग्रुप शीर्ष .....राज्य निधि / केन्द्रीय सहायता

क्रम संख्या	विस्तृत लेखा शीर्ष (Object Head)	दत्तमत / प्रभृत	वास्तविक व्यय के आंकड़े (गत तीन वर्षो के)			वित्तीय वर्ष 2025–26					आय–व्ययक अनुमान वित्तीय वर्ष 2026–27			वृद्धि (+) या कमी (-)		नवीन आइटम	विशेष विवरण	
						आय–व्ययक अनुमान 2025–26	1 अप्रेल से अब तक का व्यय	लम्बित बिल (Outstanding Liabilities)	शेष अवधि के लिए सम्भावित व्यय	संशोधित अनुमान 2025–26	कमिटेड (Committed)	नवीन (New)	कुल	कॉलम 7 और 11 में	कॉलम 11 और 14 में	हाँ / नहीं	RE	BE
1	2	3	4	5	6	7	8	9	10	11 (8+9+10)	12	13	14 (12+13)	15	16	17	18	19

नोट : 1. ऑनलाइन प्रविष्टि (Entry) के लिए बजट शीर्ष 2,3 एवं 17 का चयन करना होगा। कॉलम 4, 5, 6, 7, 8, 11, 14, 15 एवं 16 स्वतः दर्शित होंगे। जिसकी जांच / सत्यापन बजट नियंत्रण अधिकारी द्वारा किया जाना अपेक्षित है। कॉलम 10, 12, 18 एवं 19 में बजट नियंत्रण अधिकारी द्वारा प्रविष्टि की जानी है। कॉलम संख्या 9 की सूचना IFMS/Pay-manager/ WAM module पर upload outstanding liabilities के रूप में स्वतः दर्शित होगी।

2. वर्तमान में जारी निर्माण कार्यो की सूचना प्रपत्र 7 (अ) की प्रविष्टि के आधार पर इस प्रपत्र के कॉलम 12 में स्वतः दर्शित होगी। यदि नवीन आइटम (कॉलम 17) में हाँ का चयन किया गया है तो नवीन पद प्रपत्र 9 (अ) एवं नवीन आईटम प्रपत्र 9 (ब) तथा नये निर्माण कार्यो के लिए प्रपत्र 7 (ब) में की गई प्रविष्टि के आधार पर इस यप्रपत्र के कॉलम 13 में प्रविष्टि स्वतः दर्शित होगी।

3. विशेष विवरण के कॉलम 18 RE (2025-26) एवं 19 BE (2026-27) में समस्त Object Head के प्रावधित किये गये जाने वाले व्ययों का पूर्ण विवरण (मय लम्बित दायित्व) औचित्य टिप्पणी अंकित की जावे, जो बजट नोट में स्वतः दर्शित होगी।

4. इस प्रपत्र में Object Head – कार्यालय व्यय में राशि प्रपत्र (स) से स्वतः दर्शित होगी।

बजट नियंत्रण अधिकारी / कार्यालयाध्यक्ष द्वारा समस्त प्रविष्टियों की जांच कर निम्नानुसार प्रमाण पत्र अंकित किया जाना है।
प्रमाणित किया जाता है कि उपर्युक्त सूचना मेरे द्वारा व्यक्तिगत रूप से जांच कर ली गई है, इसे सही पाया गया है।

बजट नियंत्रण अधिकारी / कार्यालयाध्यक्ष

Government of Rajasthan

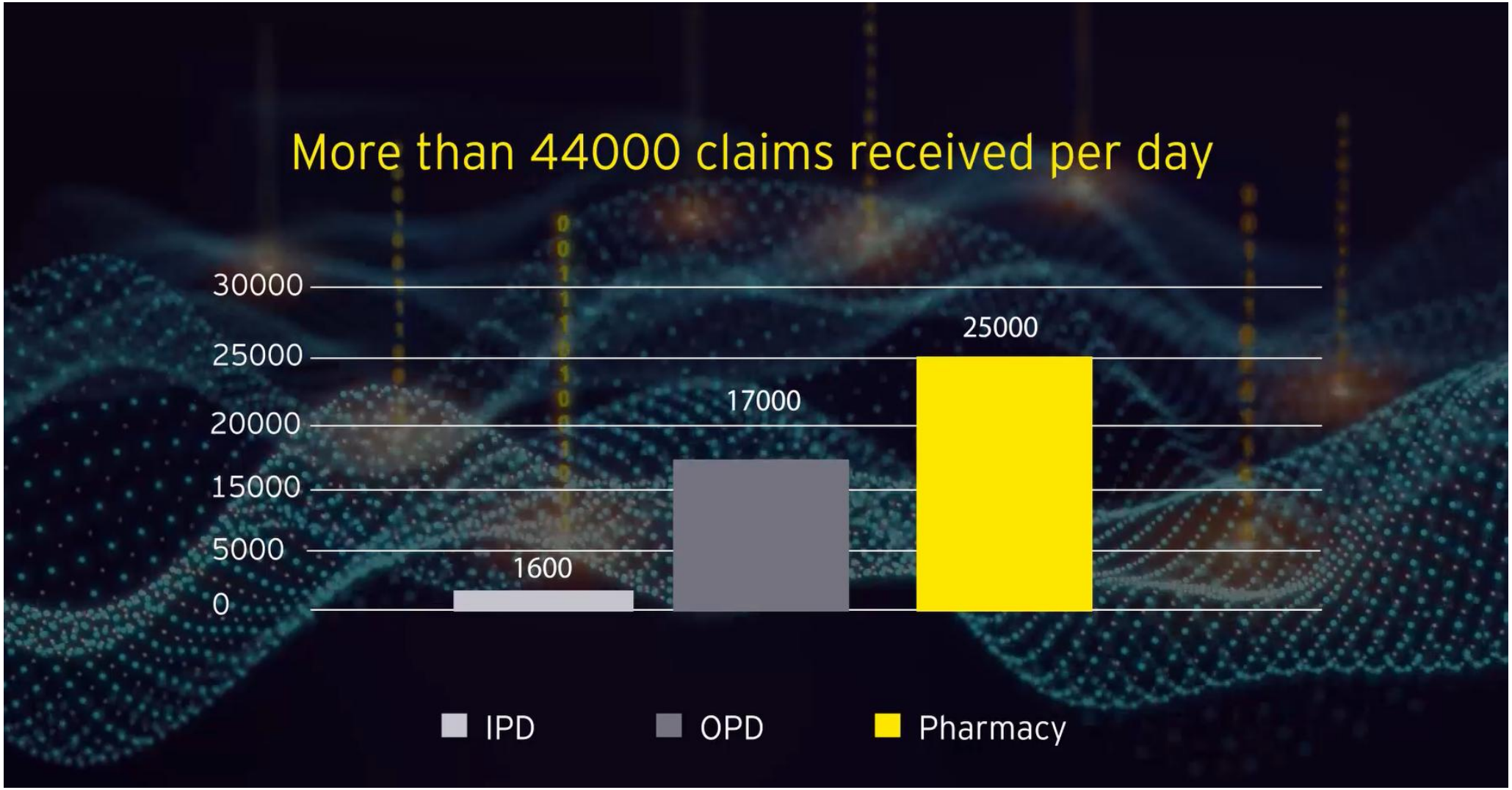
Rajasthan Government Health Scheme (RGHS)

Use of AI and Data Analytics for reducing unnecessary expenditure and detecting fraud

Introduction to RGHS

- **Launched: October 2021**
- **Objective:** Provide cashless OPD, IPD, and pharmacy facilities to government employees/pensioners & families **37 lakh beneficiaries**
- **Facilities:** Government/private hospitals, diagnostic centres, cooperative/private pharma stores empanelled
- **System:** Portal-based for hassle-free cashless benefits
- Empanelment - **1718 Hospitals 4854 Pharma stores**
- Total claims **5.78 crore in 4 years** meaning **average 40,000 claims per day**

Why there was need for Antifraud Unit in RGHS ?



With more than 44000 claims per day, its almost impossible to track and monitor every claim with an human eye

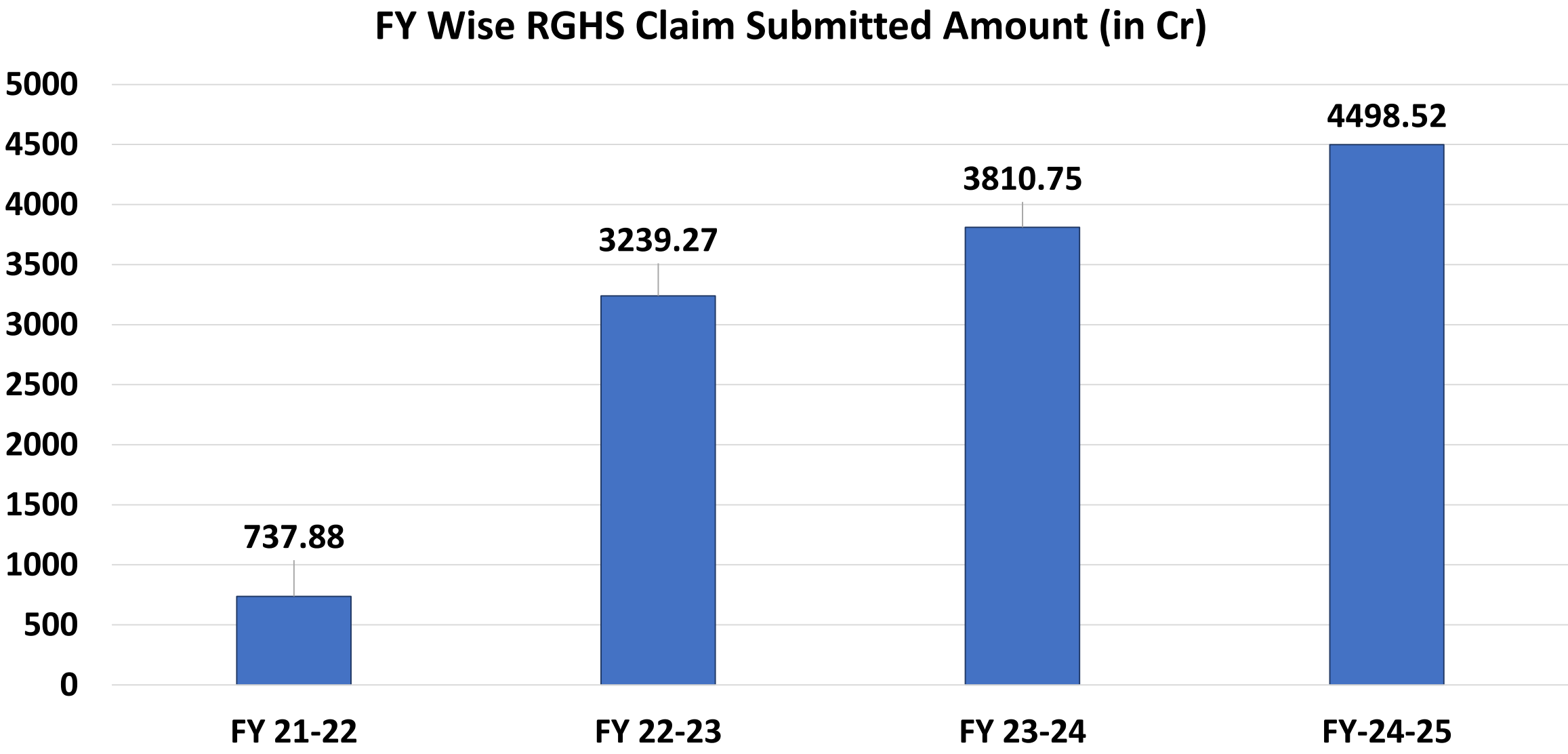
Problem Statement

- Over the years, RGHS scheme has expanded its coverage, leading to a rise in instances of fraudulent activities, causing significant escalation in scheme expenditure
- Key loopholes have been exploited by various stakeholders, including hospitals, pharmacies, doctors, and beneficiaries.
- Insurance fraud not only results in financial losses but also adversely impacts people's health and well-being.

Increased claim amount	Extended Hospitalisation	Wrongful procedure conducted for bigger reimbursement	Misdiagnosis and unnecessary treatment

To address this, Quality Control and Performance Audit Cell (QCPA) , supported by AI/ML technologies, now enables timely anomaly detection in claims, strengthening fraud prevention and ensuring scheme integrity.

Total Claim Amount (Rs. Crore) over 4 years



Why there was need for Antifraud Unit in RGHS

Duplicate and Frequent Claims

Multiple instances of the same package claimed by a single patient within restricted periods (e.g., multiple stent removals within a month)

Suspicious Hospital Patterns

Hospitals appear to overuse specific packages, with some applying the same procedures to over 90% of patients. This red flags of potential systematic fraud.

Overlapping Admissions and Unusual Travel Patterns

Cases where patients were admitted to multiple hospitals on the same dates or travelled between districts shortly after major surgeries indicate possible exploitation of the system.

OPD to IPD Conversions

Several outpatient treatments were improperly billed as inpatient, increasing costs without medical justification.

Rajasthan Social and Performance Audit Authority

Objective

RSPAA's primary aim is to build and strengthen the Social and Performance Audit mechanism in Rajasthan

Core Role

Conducts in-depth reviews of operational efficiency and effectiveness of government units, strategies, projects, and activities to ensure proper management of public funds

Consultancy Support

Provides expert consultancy in strategic planning and implementation of government schemes, working in collaboration with the Department of Finance and Planning

Principles

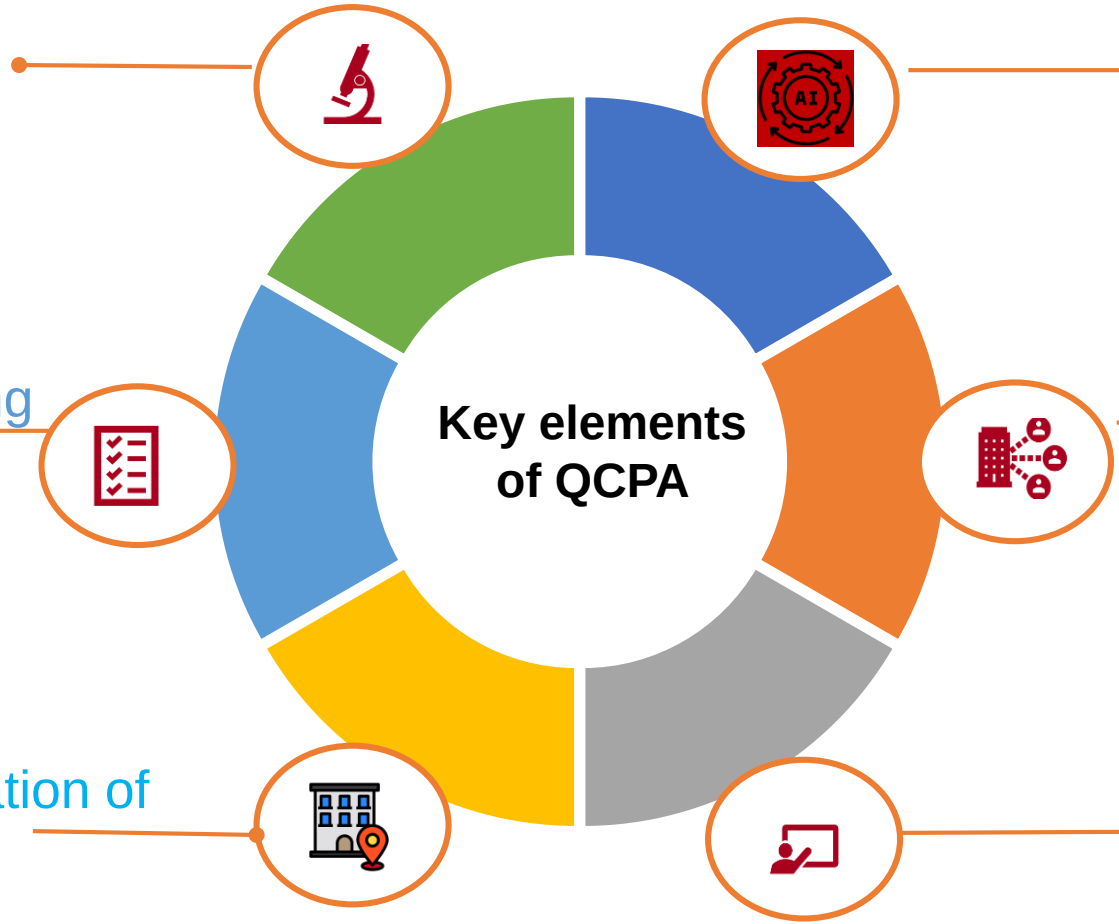
Functions on the pillars of accountability, transparency, and community participation in all its audit and evaluation activities

Evaluation Scope

Executes surveys, rapid assessments, and detailed audits to identify underachieved targets, design and implementation deficiencies, and offers targeted recommendations for improvement

Quality Control and Performance Audit Cell

- Under Rajasthan Social and Performance Audit Authority(RSPAA) **QCPA** was established to curb leakages and pilferage within the RGHS scheme.
- The QCPPA analyzes both structured and unstructured data from the RGHS portal using Artificial Intelligence, and QCPA officers conducts checks of claims to confirm fraud



Feedback to RGHS based on the findings of audit

Initial scrutiny of submitted claims by using **Artificial Intelligence technology**

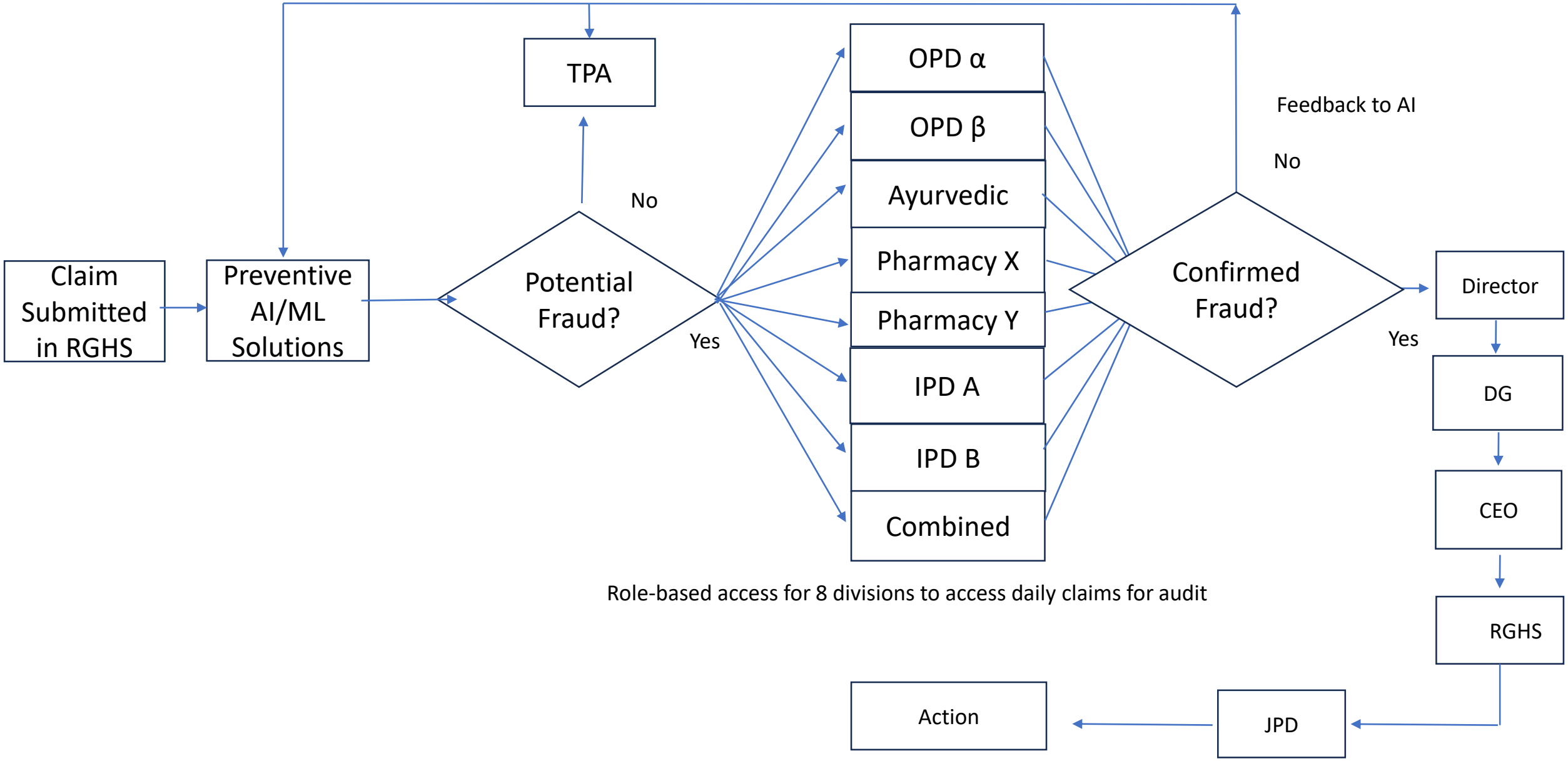
Conducting fact verification during hearings and counselling wrongdoers to adopt corrective measures

Human layer Dedicated officers for scrutinizing IPD,OPD and Pharmacy claims

Visit to Health care organizations to conduct investigation and verification of findings

Beneficiary level verification, one to one interaction

QCPA workflow – Complete online nothing paper



AI/ML-Based Fraud and Abuse Detection for RGHS

AI triggers

IPD/OPD/Pharmacy

01

Phantom Billing Detection: Compares billed services with patient records

02

Duplicate Document Detection: Flags repeated use of documents across claims.

03

Forgery Detection: Identifies altered or tampered scanned documents.

04

Missing Document Alerts: Flags when mandatory diagnostics reports are missing

05

Report-Treatment Validation: Compares diagnostics (high end radiological investigation without primary investigation)

06

Historical Abuse Detection: Flags treatments like multiple cataract surgeries for the same patient.

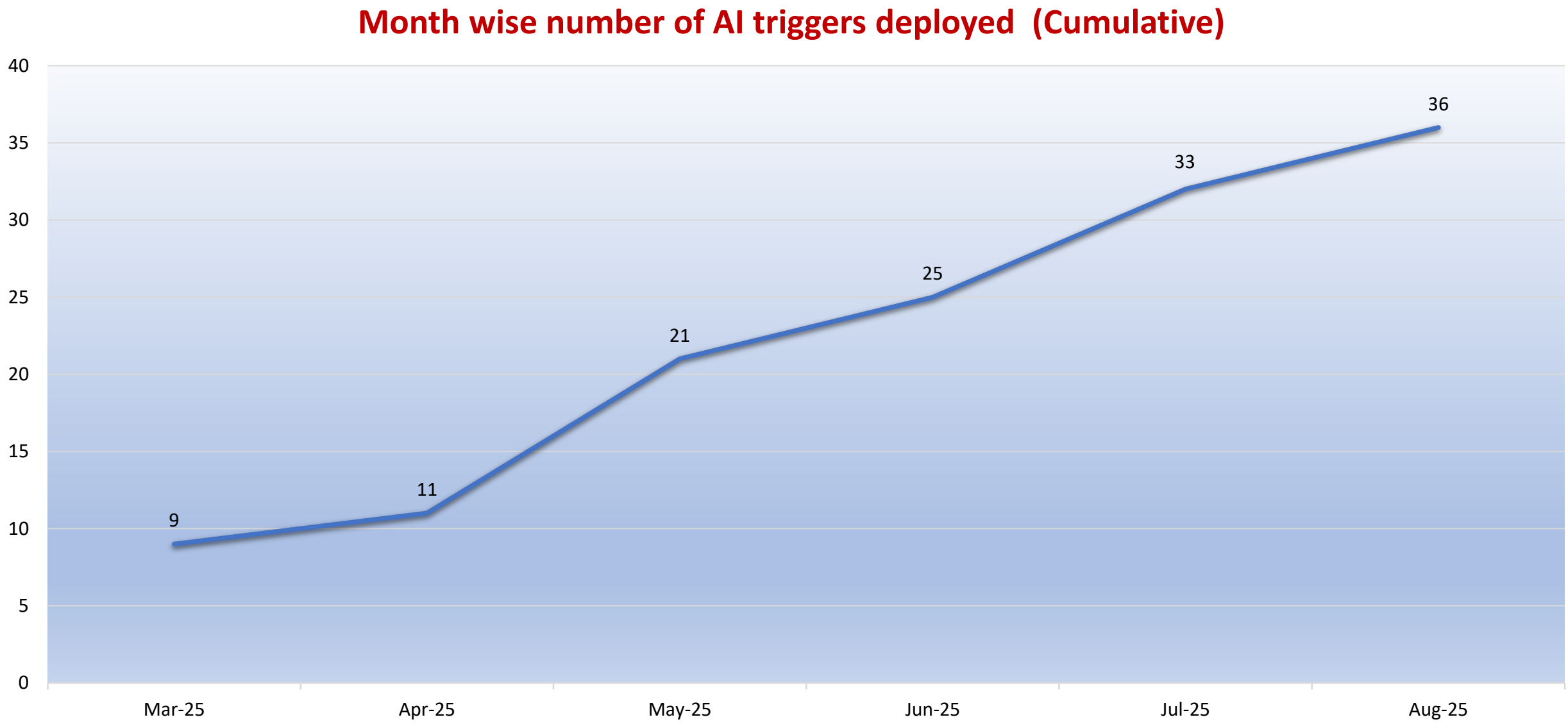
07

Clinical Compatibility Check: Flags illogical treatment combinations. Length of stay

08

Face detection : Analyse facial feature highlights mismatch, similarity

Quality Control and Performance Audit Cell



AI and Data Analytics Integration with Human Expertise

- Establishment of Quality Control and Performance Audit Cell (QCPA) with expertise from AI/IT/Medical/Insurance fields
- Created under RSPAA for auditing and fraud detection and clear mandate
- Deployment of AI capabilities through a private agency
- AI identified suspicious claims for further scrutiny through documents verification
- AI system flags doubtful claims in real-time
- Manual intervention team formed: doctors, pharmacists, IT experts, insurance experts
- Detailed investigation of flagged cases to detect fraudulent activities

Glimpses of observations

Results Achieved

- Suspension of the Hospitals and Pharma Stores and then hearing to take final decision
- Suspension of the "involved" employees' RGHS Cards & strict Disciplinary action against those employees who deliberately created false bills to claim amount.
- Recovery of 3 times penalty with actual paid amount
- De-empanelment of the facilities from the scheme
- Legal action against erring hospitals, diagnostic centres and pharma stores
- Rs. 25 Crores recovered within 3 months and 15 crore under recovery till July25
- Expenditure reduced average 50 crore monthly from peak months without QCPA
- Enhanced monitoring and control of the RGHS scheme expenditure
- Deterrent for those who were misusing the loopholes

Thank You

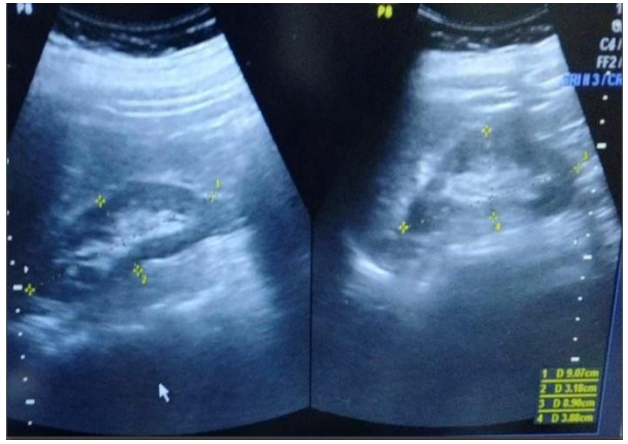
Looking for Valuable Suggestions…

Glimpses of observations

Duplicate images

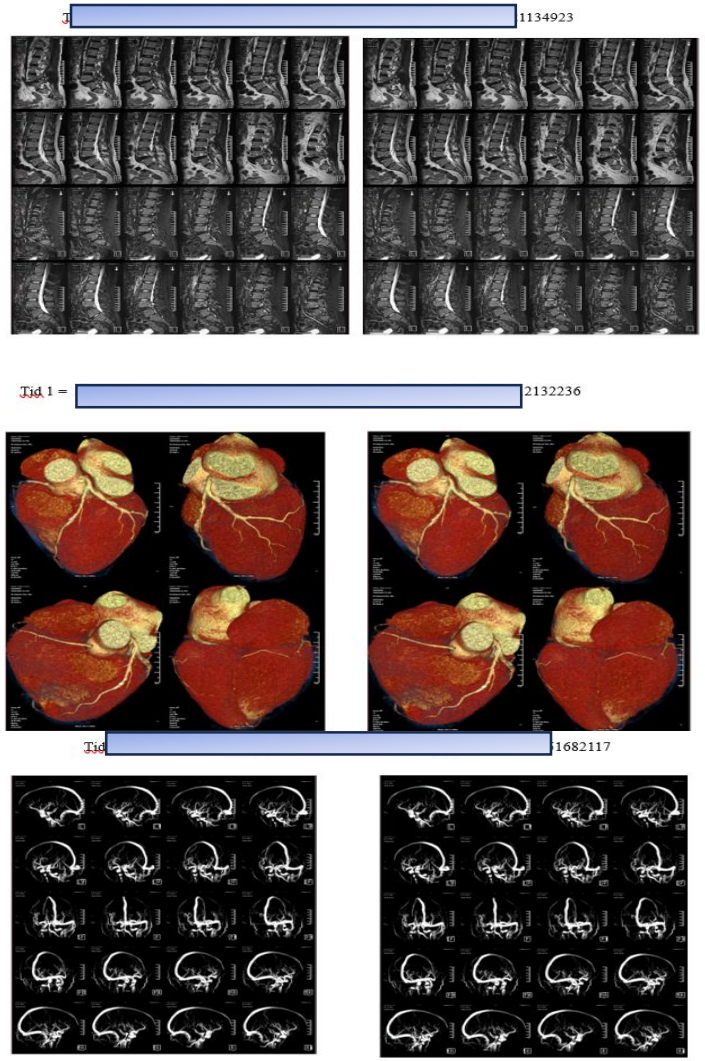
Dental **X-Ray** found in **17** different claims same Hospital

Ultrasound image found in **34** different claims same Hopsital



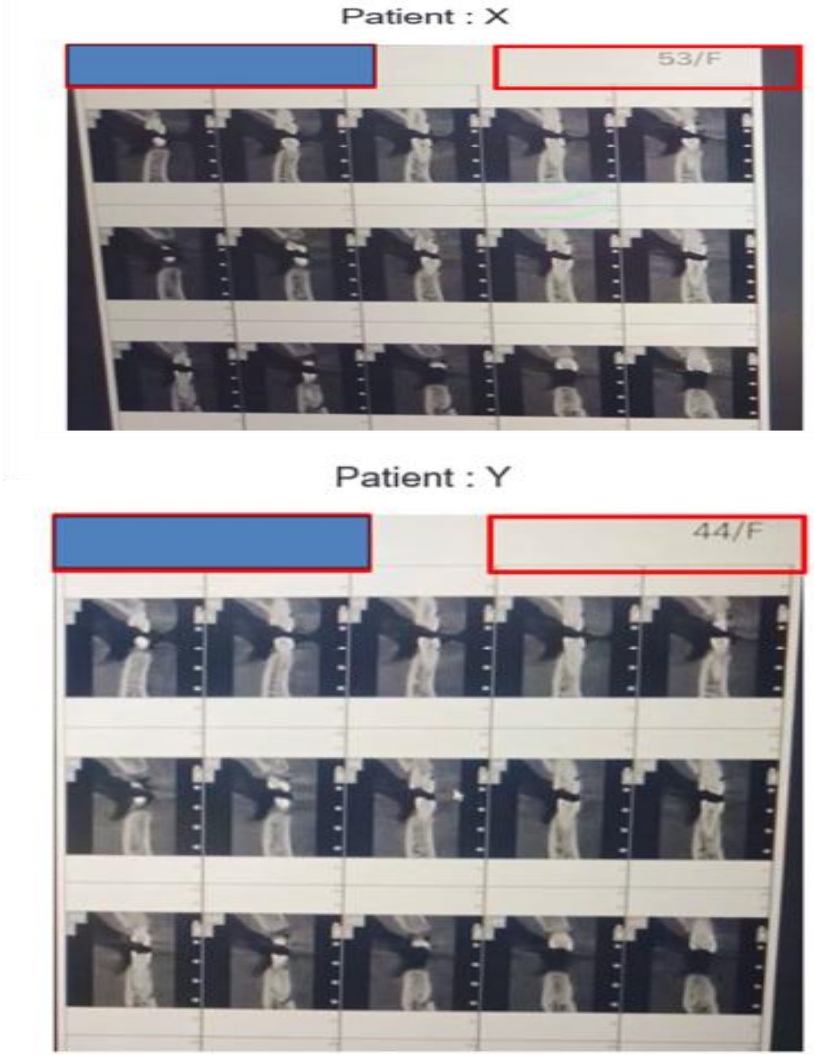
Document travel

Diagnostic images found across the hospitals in state



Forgery

The name & age of the patient changed on the bone scanning report

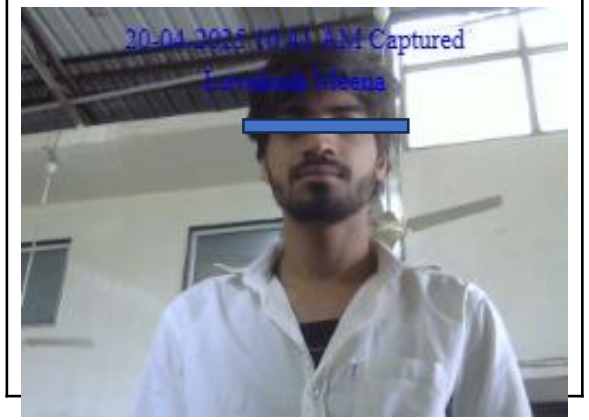


Glimpses of observations

Same member ID but service utilised by multiple patients

Original Card holder

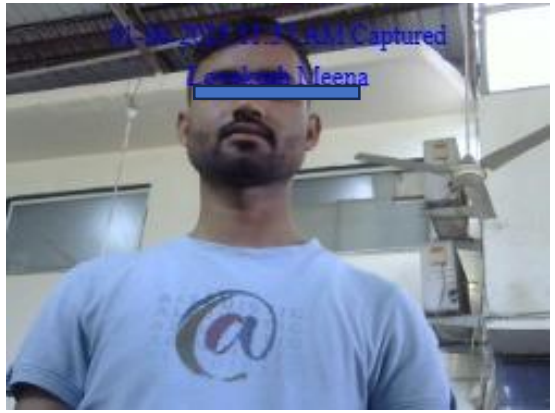
Visit-1



Visit-2

Visit-3

Visit-4

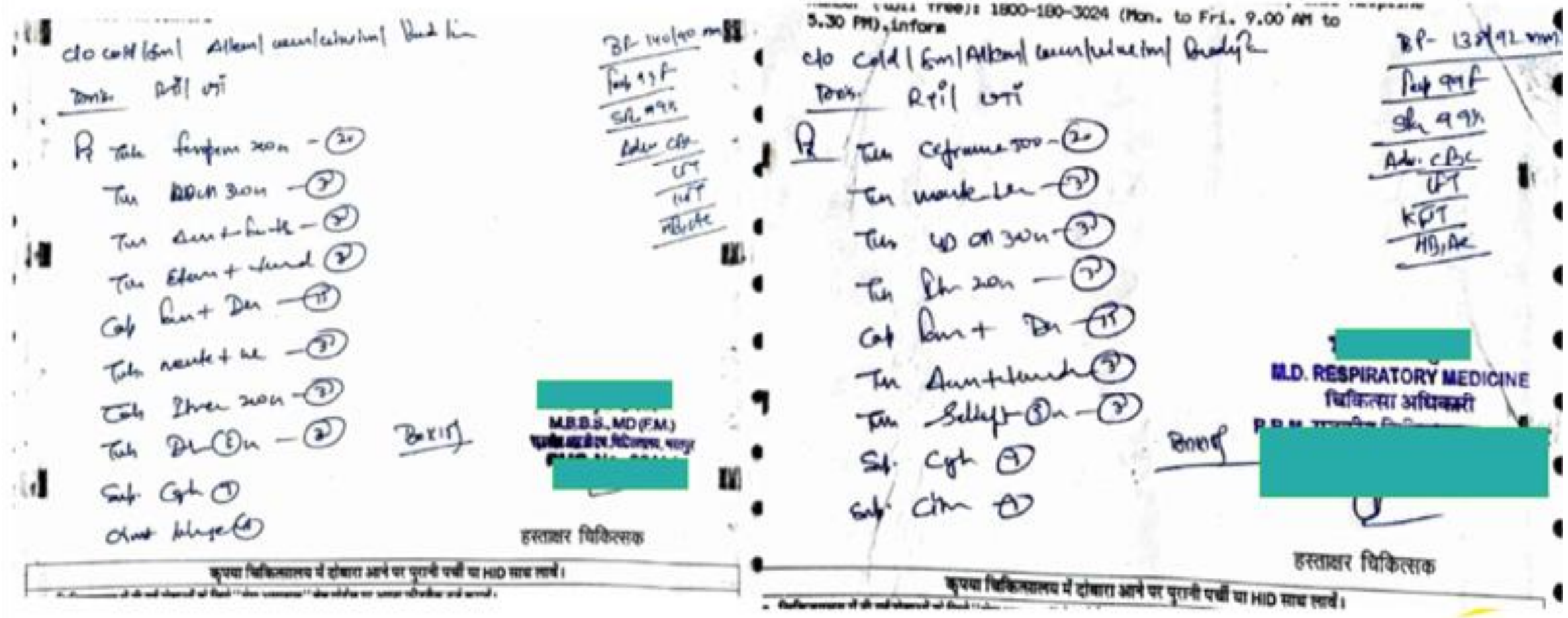


Visit-5

Glimpses of observations

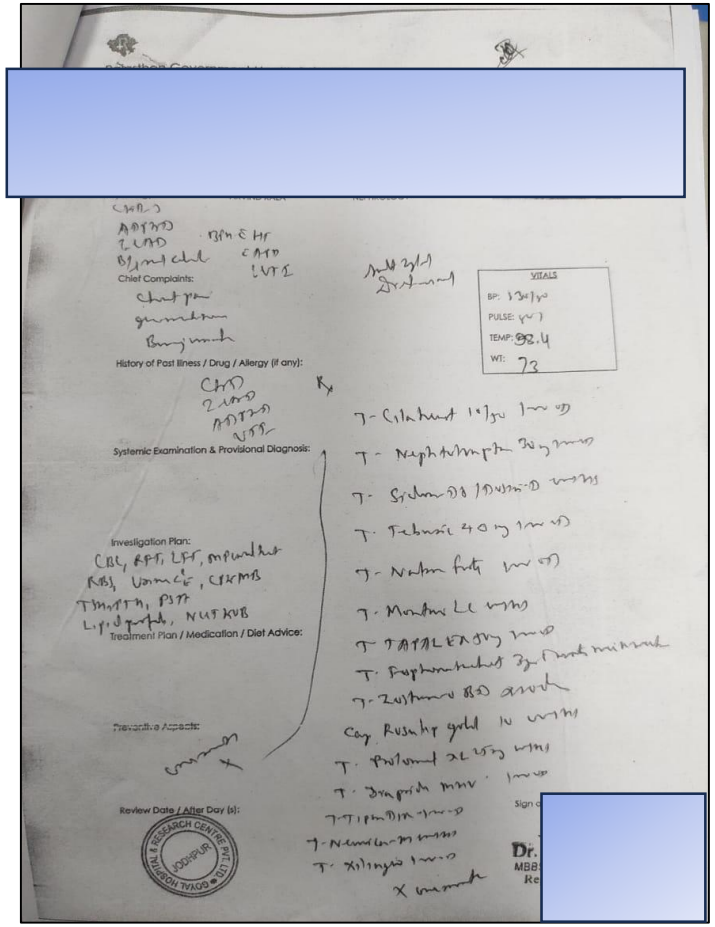
Same handwriting different doctor

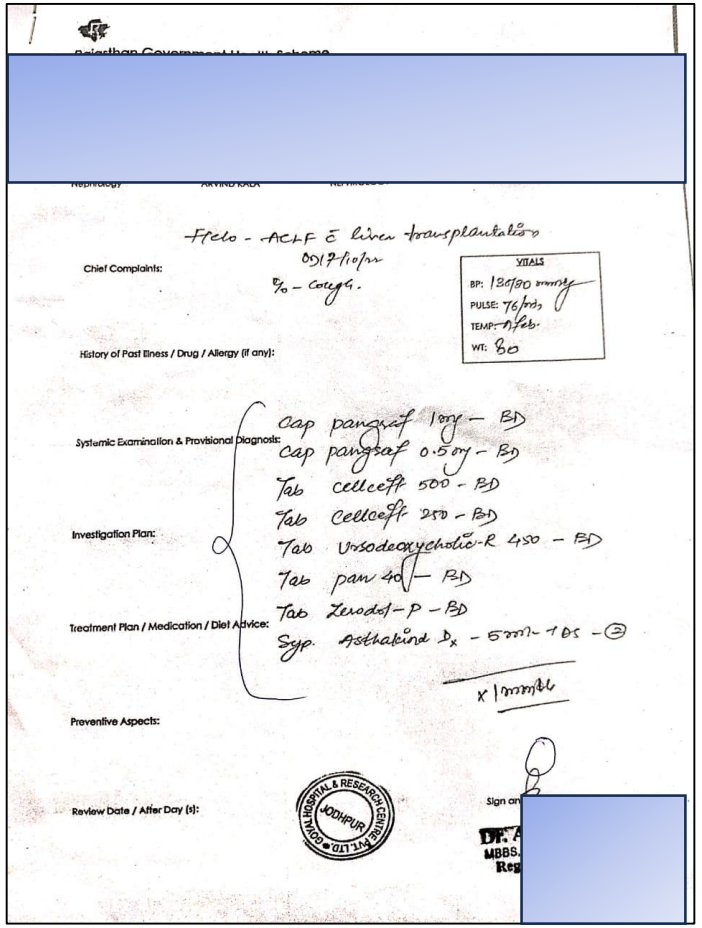
Pharmacy claims across different patients with different TIDs showing same handwriting for different doctors with different stamps



Glimpses of observations

Same doctor Different Handwritings

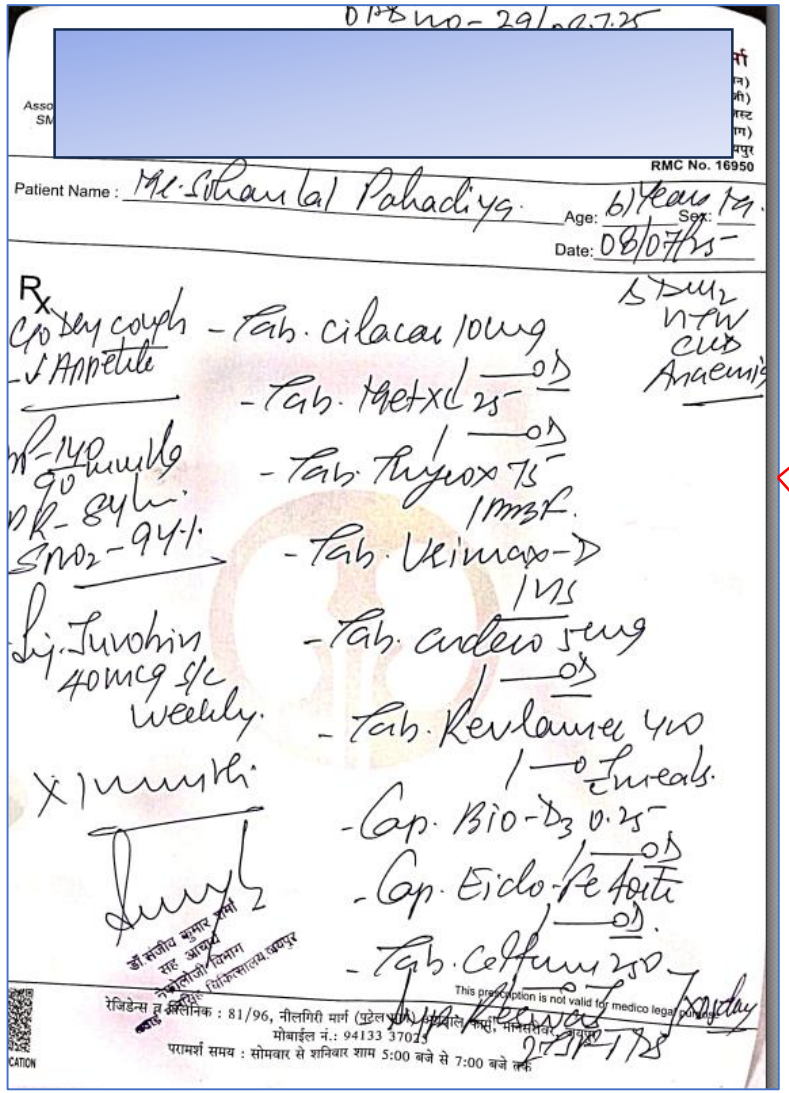




Glimpses of observations

Double billing of medicines

Prescription



Invoice-1

RAJASTHAN GOVERNMENT HEALTH SCHEME

Doctor: Sanjeev sharma

Sn	Particular	Batch	HSN (GST%)	MRP	Exp.	Qty	Rate	Amt
1	REVLAMER 400MG TAB 1*10 (SEVELAMER)	GKG0677A	30049099(12)	128	03/27	50	10.0572	502.86
2	REVLAMER 400MG TAB 1*10 (SEVELAMER)	GKG0201A	300490(12)	117	01/27	10	9.193	91.93
3	JUVOBIN-40 MG INJ ()	DB2415E	300450(12)	2528	09/27	4	1986.285	7945.14
4	THYROX-75MG 1*100 (THYROXIME)	16250403a	300490(12)	192.9	02/27	1	151.56	151.56
5	URIMAX DX TAB 1*1 (DUTASTERIDE+TAMSULOSIN)	5GH0190	300490(12)	1214.44	01/27	1	954.21	954.21
6	CILACAR 10 TAB. 10MG Tab 1*15 (CLINIDIPINE)	KC925011	30049099(12)	234.09	03/28	30	12.262	367.86
7	CEFUNEX-250 Tab 1*10 (CEFUROXIME)	CT25087B	300490(12)	270	02/27	10	21.214	212.14
8	RESWAS SYP 120ML 120ML SYP 1*1 (CHLORPHENIRAMINE+LEVODROPOZINE)	D250240	300490(12)	158.5	03/27	1	124.54	124.54
9	ONDERO 5 MG TAB 5 MG 1*10 (LINAGLIPTIN)	UB00447	300490(12)	174.9	12/26	30	13.742	412.26
10	MET XL 25MG TAB* Tab 1*20 (METOPROLOL)	GT05355	30042064(12)	95.2	02/28	30	3.7403	112.21

Prev.Bal : 19475.00 Curr. Amt : 12180.00 Total : 31655.00

Gross AMT = 10874.71

TAX(%)	TAXABLE AMT	CGSTAMT	SGSTAMT
12	10874.71	652.48	652.48

CGST AMT = 652.48
SGST AMT = 652.48
NET AMT (Round Off) = 12180.00

Signature

Invoice-2

RAJASTHAN GOVERNMENT HEALTH SCHEME {{SNO}}

Doctor: SANJEEV SHARMA

Sn	Particular	Batch	HSN (GST%)	MRP	Exp.	Qty	Rate	Amt
1	CILACAR 10 TAB. 10MG Tab 1*15 (CLINIDIPINE)	KC9250008	30049099(12)	234.09	03/28	30	12.2619	367.86
2	MET XL 25MG TAB* Tab 1*20 (METOPROLOL)	GT02432	30042064(12)	95.20	01/28	30	3.7402	112.21
3	URIMAX DX TAB 1*1 (DUTASTERIDE+TAMSULOSIN)	5GH04235	300490(12)	1214.44	01/28	1	954.2054	954.21
4	ONDERO 5 MG TAB 5 MG 1*10 (LINAGLIPTIN)	UB00447	300490(12)	174.90	12/26	30	13.7420	412.26
5	REVLAMER 400MG TAB 1*10 (SEVELAMER)	GKG0202A	30049099(12)	117.	01/27	60	9.1929	551.57
6	CEFURA-250 MG TAB 1*4 (CEFUROXIME)	T240419A	300490(12)	112	09/26	10	22.0000	220.00
7	JUVOBIN-40 MG INJ ()	DB2414C	300450(12)	2528	08/27	4	1986.2857	7945.14

Prev.Bal : 7644.00 Curr. Amt : 11831.00 Total : 19475.00

Gross AMT = 10563.25

TAX(%)	TAXABLE AMT	CGSTAMT	SGSTAMT
12	10563.25	633.79	633.79

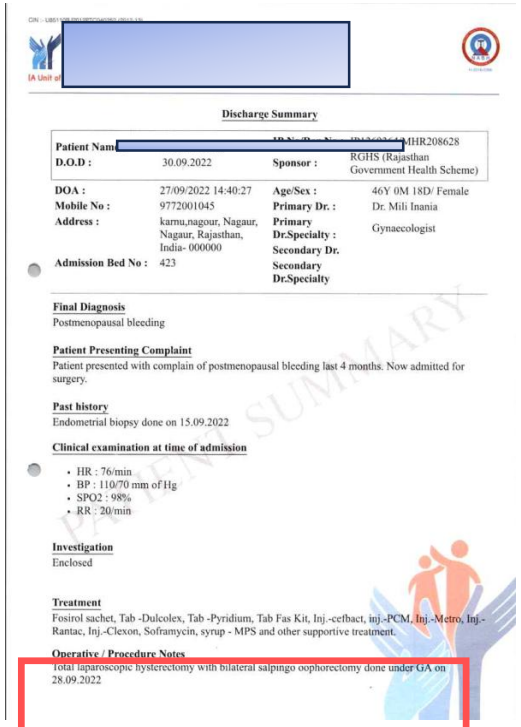
CGST AMT = 633.79
SGST AMT = 633.79
NET AMT (Round Off) = 11831.00

Glimpses of observations

Once in a life time procedures conducted many times

The same patient underwent two Uterus removal procedures at the same hospital

Hysterectomy done in 2022



Discharge Summary

Patient Name	[redacted] MHR208628		
D.O.D :	30.09.2022	Sponsor :	RGHS (Rajasthan Government Health Scheme)
DOA :	27/09/2022 14:40:27	Age/Sex :	46Y 0M 18D/ Female
Mobile No :	9772001045	Primary Dr. :	Dr. Mili Inania
Address :	karnu,nagour, Nagaur, Nagaur, Rajasthan, India- 000000	Primary Dr.Specialty :	Gynaecologist
Admission Bed No :	423	Secondary Dr. Secondary Dr.Specialty	

Final Diagnosis
Postmenopausal bleeding

Patient Presenting Complaint
Patient presented with complain of postmenopausal bleeding last 4 months. Now admitted for surgery.

Past history
Endometrial biopsy done on 15.09.2022

Clinical examination at time of admission
- HR : 76/min
- BP : 110/70 mm of Hg
- SPO2 : 98%
- RR : 20/min

Investigation
Enclosed

Treatment
Fosirol sachet, Tab -Dulcolex, Tab -Pyridium, Tab Fas Kit, Inj.-cefbact, inj.-PCM, Inj.-Metro, Inj.-Rantac, Inj.-Clexon, Soframycin, syrup - MPS and other supportive treatment.

Operative / Procedure Notes
Total laparoscopic hysterectomy with bilateral salpingo oophorectomy done under GA on 28.09.2022

Hysterectomy done in 2023

[redacted]

IP No/Reg No [redacted]

D.O.D : 2.12.2023 | Current Sponsor : RGHS (Rajasthan Government Health Scheme)

DOA : 29/11/2023 11:04:21 | Age/Sex : 47Y 2M 20D/ Female
Mobile No : 9772001045 | Primary Dr. : Dr. Mili Inania
Address : karnu,nagour, Nagaur, Nagaur, Rajasthan, India- 000000 | Primary Dr.Specialty : Gynaecologist
Admission Bed No : 409 | Secondary Dr. Secondary Dr.Specialty

Final Diagnosis
Abnormal uterine bleeding with anemia

Patient Presenting Complaint
Patient presented with complaints of excessive irregular heavy bleeding last 6 month and now increase bleeding last 5 days.

Past history
History of P3
LD 20 years
FTND

Endometrial biopsy done 10.10.2023

Clinical examination at time of admission
- HR : 84/min
- BP : 132/87 mm of Hg
- SPO2 : 97%
- RR : 21/min

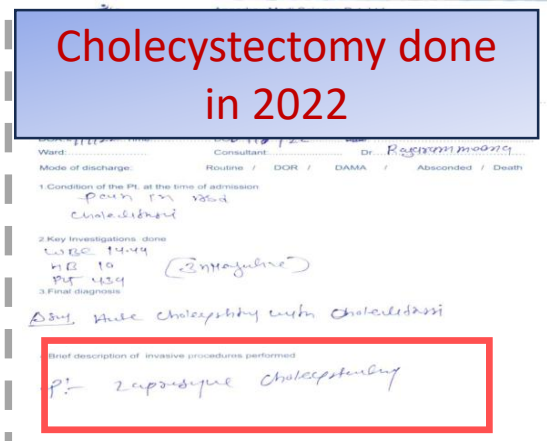
Investigation
Enclosed

Treatment
Tab - Sumocold, Syrup -Alex, Tab -Dulcoflex, Tab -Pyridium, Tab -Fasikt, Sachet fosirol, Inj.- Monocef, Inj.-Pantop, Inj.-Emeset, Inj.-Clexane and other supportive treatment.

Operative / Procedure Notes
Total Laparoscopic Hysterectomy with Bilateral Salpingo Oophorectomy done under GA on 30.11.2023

Gallbladder removed twice at the same hospital

Cholecystectomy done in 2022



Ward: Consultant: Dr. Rajaram Meena

Mode of discharge: Routine / DOR / DAMA / Absconded / Death

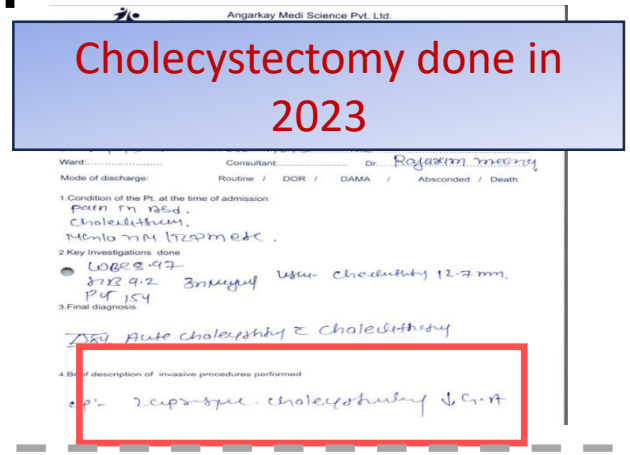
1.Condition of the Pt. at the time of admission
Pain in RHS
Cholelithiasis

2.Key Investigations done
WBC 14.44
HB 10
Plt 439
(2/11/2022)

3.Final diagnosis
ASHy Acute cholecystitis with Cholelithiasis

Brief description of invasive procedures performed
P/- Laparoscopic Cholecystectomy

Cholecystectomy done in 2023



Angarkay Medi Science Pvt. Ltd.

Ward: Consultant: Dr. Rajaram Meena

Mode of discharge: Routine / DOR / DAMA / Absconded / Death

1.Condition of the Pt. at the time of admission
Pain in RHS.
Cholelithiasis.
Mondo 7PM 12.5PM ESR.

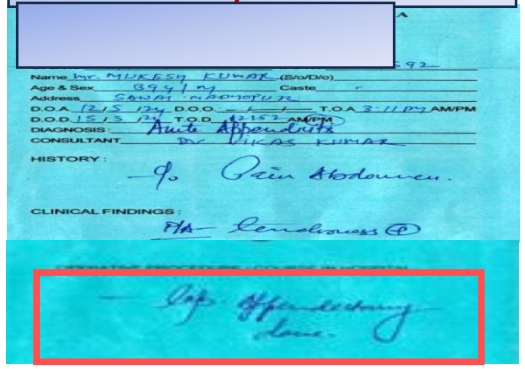
2.Key Investigations done
LOBC 8.07
DIR 9.2
Plt 154
3/11/2023 USG- Cholelithiasis 12.7 mm.

3.Final diagnosis
7/11 Acute cholecystitis & Cholelithiasis

4.Brief description of invasive procedures performed
P/- Laparoscopic cholecystectomy ↓ G.A

Appendix removed twice at the same hospital

Appendectomy done in May-2024



[redacted]

Name Mr. MUKESH KUMAR (S/o/D/o)
Age & Sex 34Y/M Caste
Address SAWAI MADHOPUR
D.O.A 12/5/24 D.O.D T.O.A 3:11 PM AM/PM
D.O.D 15/5/24 T.O.D 12:15 AM/PM
DIAGNOSIS Acute Appendicitis
CONSULTANT Dr. VIKAS KUMAR

HISTORY :
- Pain Abdomen.

CLINICAL FINDINGS :
P/A - Tenderness @

Lap Appendectomy done.

Appendectomy done in October-2024

[redacted]

Name	: Mr.MUKESH KUMAR	Admission Dt	: 30-Sep-2024 12:57
Admission No	: MNIP2410201	Discharge Dt	: 04-Oct-2024 13:15
Age/Gender	: 40Y(s) / Male	Discharge Type	: Discharge
UMR.No	: APEX013884	Phone Num	: 9785127074
RoomType	: GENERAL WARD-2		
Room No/Bed No	: GENERAL WARD-2/GEN-WARD2/02		
Type	: Credit	Org Name	: Corporate
Consultant	: Dr.SACHIN / DR.RAJNEESH / DR.M.M.VYAS (GENERAL AND GI SURGERY)	Co Consultant	:
Relative(s) Address	: RAKESH KUMAR : SWM,SAWAIMADHOPUR BAZAR,SAWAIMADHOPUR BAZAR,Rajasthan,India		

Final Diagnosis:
ACUTE APPENDICITIS

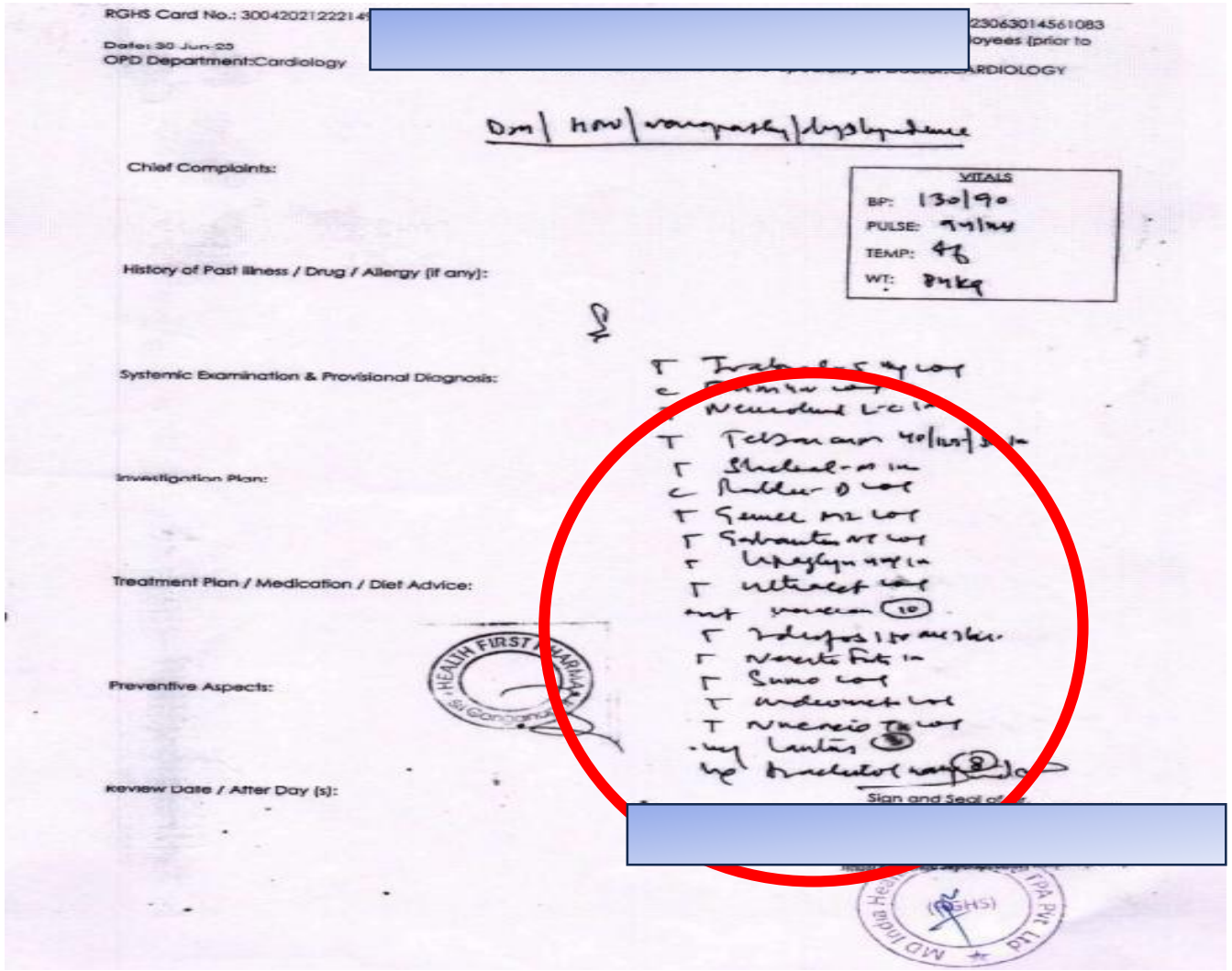
Reason for Admission:
SURGICAL MANAGEMENT

Details of Procedure / Operation:
ROBOTIC ASSISTED LAP APPENDECTOMY UNDER GA

Glimpses of observations

- Physician Generating fake prescriptions for his own family members
  - **Total such invoices – 416**
  - **Total Amount involved - ~38 lakhs**

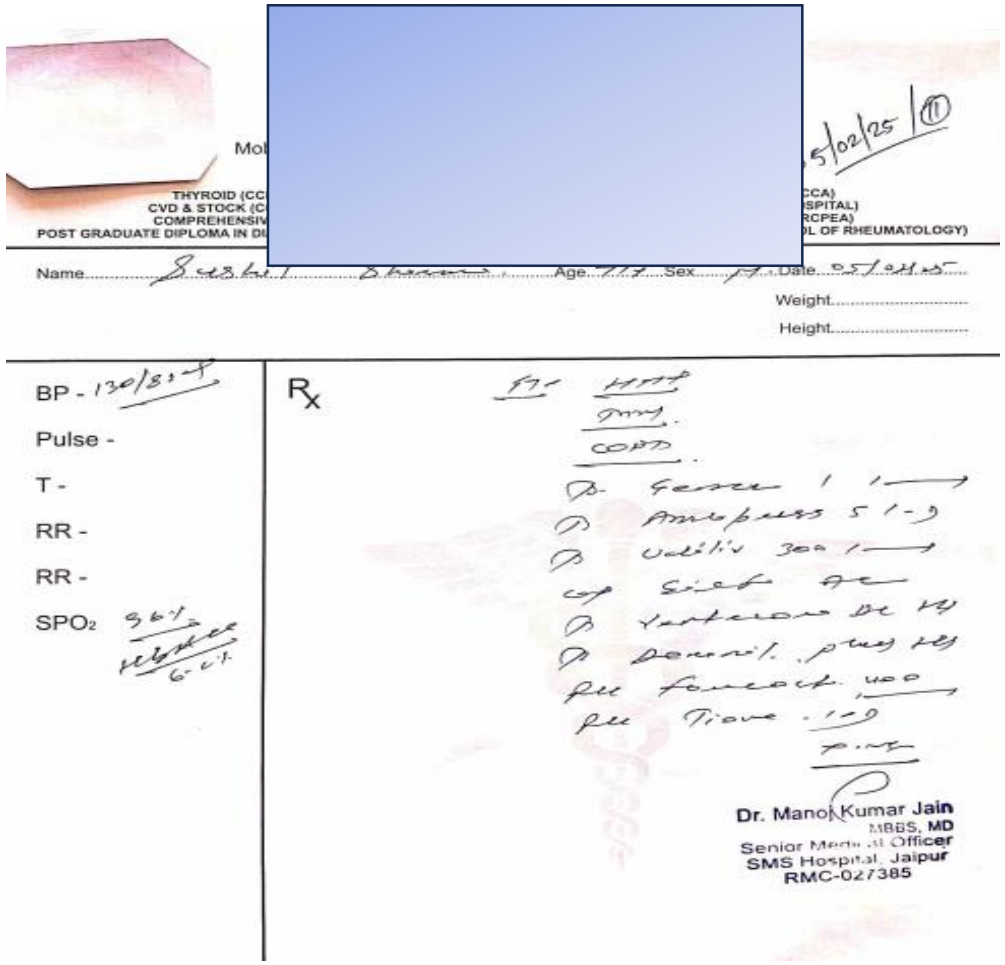
P[redacted]	Total Count	Total Claimed Amount
D[redacted]amra	104	1615015.6
G[redacted]	68	315312.5
K[redacted]	110	1124477.81
O[redacted]	63	293230.18
S[redacted]	71	475737.98
G[redacted]	**416**	**3823774.07**

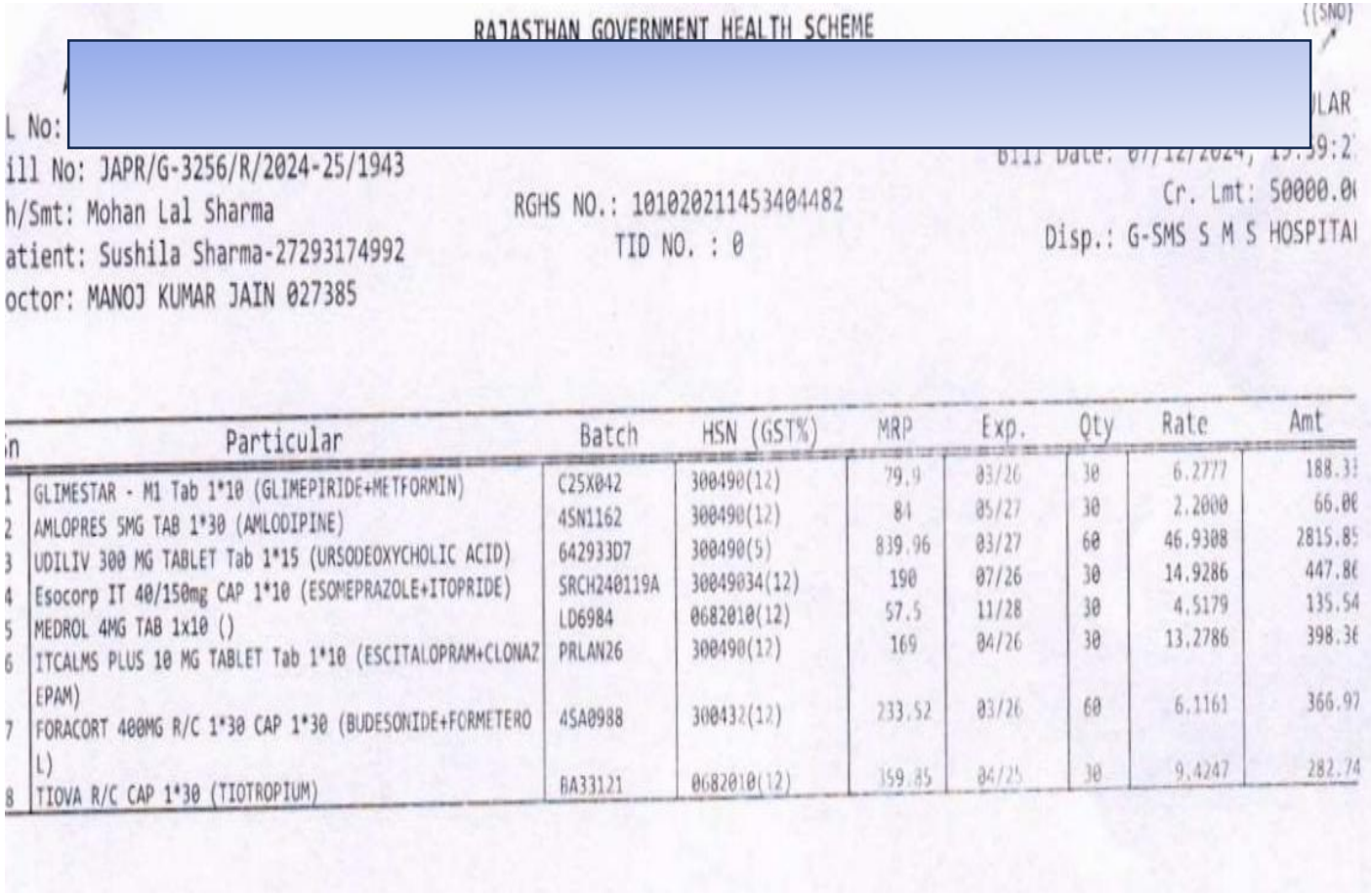


Glimpses of observations

Doctor Assisting Pensioners in utilizing their wallets by prescriptions without any ailment

- **Physician issuing high-value prescriptions for pensioners** without ailment clinical condition, without investigation, solely to exhaust wallet limits.





Glimpses of observations

Kesari Jeevan (Zhandu)&Rogan Badam Tel (Hamdard):

- Pharmacy sold higher quantity of Kesari Jeevan than actual stock
- As a result, a total recovery of ₹54.54 lakhs was made from the sellers

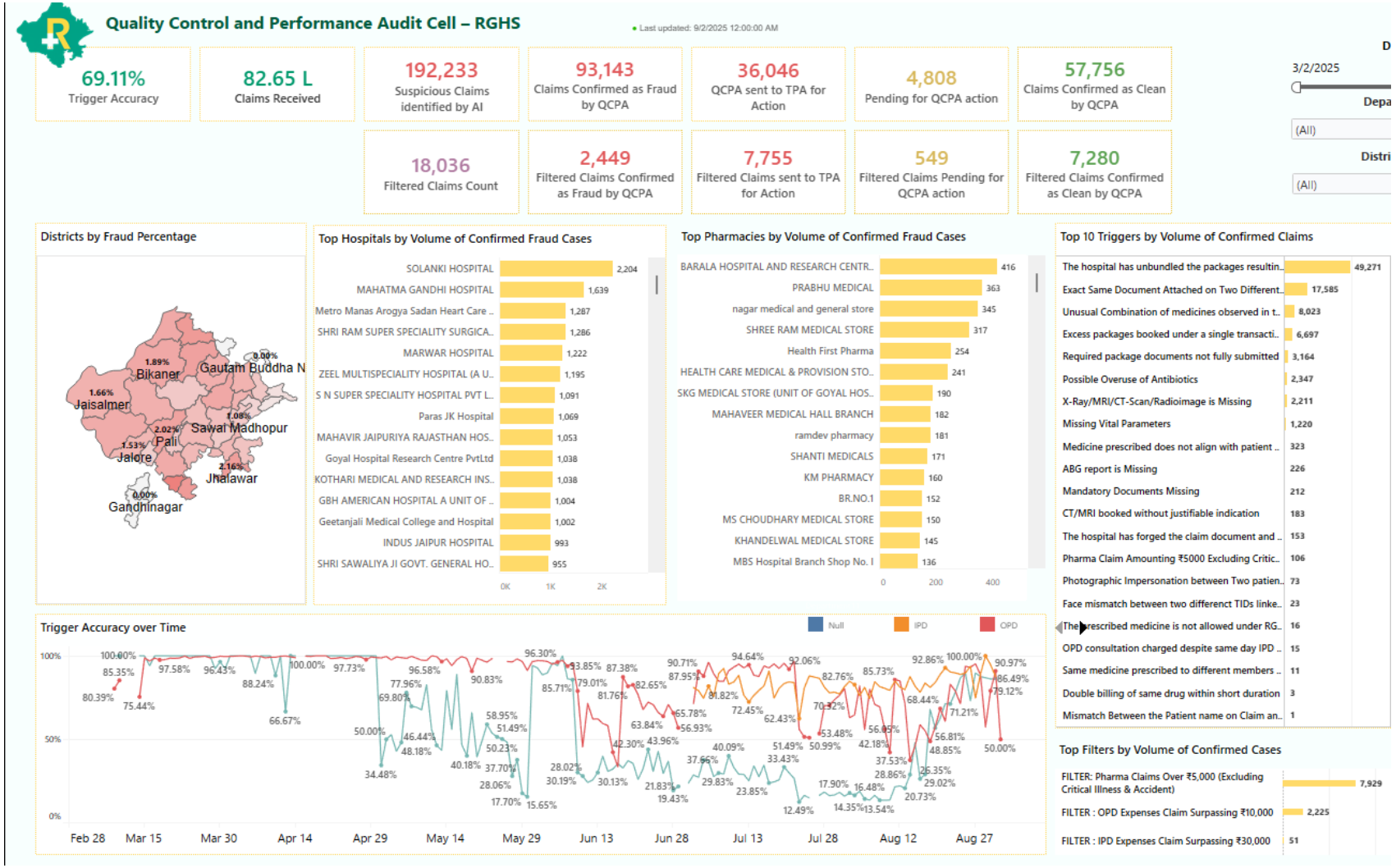
	ZANDU KESARI JIWAN			OTHER COMPANY KESARI JIWAN			TOTAL KESARI JIWAN	
FY	Total Quantity	Total Net Amount		Total Quantity	Total Net Amount		Total Quantity	Total Net Amount
2021-22	11,077	49,83,794		43,100	2,23,40,096		54,177	2,73,23,890
2022-23	48,329	2,33,33,046		77,744	3,84,08,805		1,26,073	6,17,41,851
2023-24	28,148	1,37,08,872		92,314	4,44,30,198		1,20,462	5,81,39,070
2024-25	27,037	1,40,99,982		1,02,546	5,04,59,455		1,29,583	6,45,59,437
Total	**1,14,591**	**5,61,25,694**		**3,15,704**	**15,56,38,555**		**4,30,295**	**21,17,64,249**

Panchakarm Shirodhara:

- Ayurveda hospital in appropriately prescribed ‘Panchakarma Shirodhara’ therapy in access to inflate the bill amounts.
- Scrutiny of seven hospitals confirmed these irregularities, leading to a cumulative penalty of ₹2.20 crore.

AI/ML-Based Fraud and Abuse Detection for RGHS

Snapshot of the Dashboard



QCPA RGHS Dashboard

- District wise fraud percentage
- Hospital ranking based on confirmed fraud cases
- Top Pharmacies with fraud cases
- Analysis on Pharmacy Hospitals

Results Achieved