NEWS ITEMS ON CAG/ AUDIT REPORTS

1. Nearly 750,000 recipients of PMJAY linked to same phone number: CAG report *(business-standard.com)* 09 August 2023

Nearly 750,000 beneficiaries of the Ayushman Bharat-Pradhan Mantri Jan Aarogya Yojana (AB-PMJAY) are registered under a single mobile number – 9999999999, The Indian Express reported, citing the Comptroller and Auditor General (CAG).

A performance audit report on the Centre's flagship scheme for health insurance for poor people was placed in the Lok Sabha on Monday. The report showed that linking 749,820 beneficiaries to a single mobile number was not an isolated anomaly.

More than 139,000 beneficiaries have been linked to the number 8888888888, while over 96,000 have been linked to 9000000000.

At least 20 other mobile numbers have 10,000 to 50,000 beneficiaries linked to them, the CAG report stated.

The report further pointed out that mobile numbers are important as those availing of the scheme could use them if they lose their identification cards.

The CAG said in its report that the National Health Authority (NHA) has agreed to its observations. It said that the anomalies will be taken care of after the Beneficiary Identification System (BIS) 2.0 is launched for the health insurance scheme.

"...The BIS 2.0 system has been configured so that more than a certain number of families cannot use the same mobile number," the health authority was quoted as saying by The Indian Express.

"This shall arrest the prevalence of entering 'random numbers' which constitute the overwhelming cases of mobile number inconsistency," he added.

The central government's flagship public insurance scheme was launched on September 23, 2018, to achieve universal health coverage, as the National Health Policy of 2017 recommended.

The scheme was rolled out in rural and urban areas based on deprivation and occupational criteria of the SECC 2011 for at least 107.4 million families, or about 500 million people, to "reduce the out-of-pocket expenditure of the poor and vulnerable population." https://www.business-standard.com/india-news/nearly-750-000-recipients-of-pmjay-linked-to-same-phone-number-cag-report-123080900450_1.html

2. 'Invalid names, unrealistic DOBs': CAG flags discrepancies in Ayushman Bharat database *(theprint.in, economictimes.indiatimes.com, bqprime.com, udayavani.com, devdiscourse.com, newsclick.in)* PTI | Updated: Aug 9, 2023

The Comptroller and Auditor General has highlighted discrepancies including invalid names, unrealistic dates of birth, duplicate health IDs and unrealistic family sizes in the database of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY).

Ineligible households were found registered as PMJAY beneficiaries and had availed the benefits ranging between Rs 0.12 lakh to Rs 22.44 crore under the scheme, said the audit report tabled in Parliament on Tuesday.

"According to National Health Authority (NHA) records, 7.87 crore beneficiary households were registered, constituting 73 per cent of the targeted households of 10.74 crore (November 2022).

"In the absence of adequate validation controls, errors were noticed in beneficiary database i.e. invalid names, unrealistic date of birth, duplicate PMJAY IDs, unrealistic size of family members in a household etc," the report said.

Health Ministry sources on Wednesday said there is no role of mobile number in the verification process.

"The mobile number is captured only for the sake of reaching out to the beneficiaries in case of any need and for collecting feedback regarding the treatment provided," an official source said.

The sources said the mobile number has no role in deciding beneficiary eligibility and that it was an erroneous presumption that a beneficiary can avail treatment using mobile number.

The CAG report pointed out that several beneficiaries were registered against the same mobile number under the health insurance scheme. It stated that 7.49 lakh people are registered against the mobile number 9999999999 as beneficiaries.

The sources said performance audit has been done during initial and incipient stages of the scheme.

"The deployed Pradhan Mantri Ayushman Mitra during the initial stages would enter random numbers as provided against the beneficiary population to save on time and address large queues in the hospitals.

"The registration process used to take place at site of health service provider. There was a field in the database where mobile numbers had to be added and therefore, some random numbers as highlighted in the CAG report and in the media were entered," the source said.

Ayushman Bharat PM-JAY identifies the beneficiary through Aadhaar identification wherein the beneficiary undergoes the process of mandatory Aadhaar based e-KYC.

The details fetched from the Aadhar database is matched with the source database and accordingly, the request for Ayushman card is approved or rejected based on the beneficiary details.

However, there is no role of mobile number in the verification process, the source said.

In view of the above, treatment to the beneficiaries can't be withheld just on the ground that the beneficiary doesn't carry a valid mobile number, or the mobile number given by them has changed.

Accordingly, beneficiaries mobile number has very limited role in the AB PM-JAY treatment workflow.

"Also, the fact PM-JAY is an entitlement-based scheme and not an enrolment-based scheme and therefore, the beneficiary database is fixed and cannot be edited to add new beneficiaries. Thus, mobile number has no role in deciding beneficiary eligibility.

"Therefore, it is an erroneous presumption that beneficiary can avail treatment using mobile number," the source in the Health Ministry said.

With regard to the use of same mobile number by multiple beneficiaries, it may be noted that initially the mobile number was not a mandatory field during beneficiary verification and therefore, mobile number was not validated in the process.

However, since there was a field for collecting mobile number, it is possible that some random 10-digit number was entered by the field level workers in some cases.

"However, this wouldn't impact either the correctness of the beneficiary verification process or the validity of the beneficiaries' claim. Further, it may be noted that necessary changes have been made in the current IT portal used by NHA for capturing only valid mobile number, in case same is possessed by the beneficiary," the source said.

The NHA has also provided three additional options i.e., fingerprint, iris scan and face-authentication for beneficiary verification along with OTP, of which fingerprint base authentication is most used, according to sources. https://theprint.in/india/invalid-names-unrealistic-dobs-cag-flags-discrepancies-in-ayushman-bharat-database/1707664/

3. Treatment for the Dead, Discharge Before Surgery and the Many Problems of Ayushman Bharat *(thewire.in)* Updated: Aug 10, 2023

The Comptroller and Auditor General (CAG) report on the assessment of Pradhan Mantri Jan Arogya Yojana (PMJAY) – one of the two components of Ayushman Bharat scheme – has shown that despite being a highly important intervention of the Narendra Modi government to address health needs, it remains riddled with corruption of various kinds.

The funding of the scheme is shared between the state governments and the Union in the ratio of 60:40. At the Union government-level, the National Health Authority (NHA) is responsible for scheme implementation. In states, the job has to be done through state health authorities (SHAs) and district implementations units. The scheme aims to provide Rs 5 lakh per family as per the strict criteria defined in the scheme.

As per the NHA database, 24.42 crore beneficiaries have been registered for the scheme till date and Rs 67,456.21 crore has been spent on their hospital admissions.

The CAG assessment included the time period of September 2018 to March 2021 – part of which coincides with the COVID-19 pandemic. The auditor test checked 964 hospitals in 161 districts of all 28 states and Union territories (UTs). Delhi, Odisha and West Bengal have opted out of this scheme.

It is the first CAG report on the PMJAY.

The auditors found large scale corruption in insurance claims settlement. It reported that not enough validation was done by the SHAs before releasing the claims to the hospitals which were empanelled under the scheme. It noted that in 2.25 lakh cases, the date of the 'surgery' done was shown to be later than the date of discharge. Of all such cases, more than 1.79 lakh were found in Maharashtra for which the claimed amount was over Rs 300 crore.

In other instances, the hospitals had made claims and the SHAs had transferred money for dates even before the inception of the scheme. The payments were made to hospitals in some cases prior to submission of claims. In other cases, patients above 18 years of age were given treatment under 'paediatric speciality packages'.

The audit also found that in 45,846 claims, the date of discharge was earlier than date of admission. Furthermore, the audit found several cases where one patient had been shown to be hospitalised in multiple hospitals at one given point in time.

Lakhs of claims continued to be made against some who had been shown as 'deceased' in the database.

The data in the Transaction Management System (TMS) showed that 88,760 patients had died during treatment. And yet, 2,14,923 claims were shown as paid in respect of 'fresh treatments' given to these dead 'patients'. Almost Rs 7 crore was spent towards settling these claims in 24 states and UTs. The maximum number of such cases were observed in Chhattisgarh, Haryana, Jharkhand, Kerala and Madhya Pradesh.

Lakhs of cards issued to beneficiaries were cancelled just as they were registered owing to malpractices. But the TMS – the system in place – failed to ensure that the pre-authorisation request for claims by hospitals made against these cards be restricted. As such, Rs 71.47 lakh were paid towards beneficiaries registered as per these 'disabled' cards.

As far as caution against bogus 11.04 lakh beneficiaries is concerned, the NHA generated many alerts to the SHAs. The SHAs could investigate only 7.07 lakh cards. The highest number of such fraud claims were made in Gujarat, Madhya Pradesh, Meghalaya and Uttar Pradesh.

One unique ID: Several beneficiaries

One of the biggest instances of graft in the implementation of this scheme was found in registration and identification of beneficiaries.

The scheme stipulates that a unique PMJAY ID should be issued to beneficiaries once verification is complete. The audit discovered that 1.57 unique IDs appeared more than once in the database. In other words, all these IDs were duplicated. “In such circumstances, possibility of presence of ineligible beneficiaries in the Beneficiary Identification System [BIS] database cannot be ruled out,” the report said.

Besides Aadhaar numbers, the system also utilises the phone numbers of beneficiaries. The audit brought to light that there were large numbers of beneficiaries registered against the same or invalid mobile number. For example, 7.5 lakh beneficiaries were registered against the ‘9999999999’ mobile number and another 1.4 lakh under the ‘8888888888’ number.

After the CAG report was released, an anonymous source of Union health and family welfare ministry has been quoted by PTI as saying that the scheme only used mobile numbers to reach out to the beneficiaries in case of any need and for collecting feedback regarding treatment, rather than for verification purposes.

The unnamed official went on to add: “AB-PMJAY identifies the beneficiary through Aadhaar identification wherein the beneficiary undergoes the process of mandatory Aadhaar based e-KYC. The details fetched from the Aadhaar database are matched with the source database and accordingly, the request for Ayushman card is approved or rejected based on the beneficiary details.”

What about Aadhaar?

But according to the audit report not all is well with Aadhaar identification either. Two registrations each were found to be made against 18 Aadhaar cards. On the other hand, in Tamil Nadu, 4,761 registrations were made against seven Aadhaar numbers, the audit found.

What is further surprising is the fact that as per the scheme guidelines, the SHAs have to send SMS notifications to the contact number provided to check their eligibility. So in the backdrop of such large-scale duplication of numbers, it is unclear as to whether those SMS notifications were indeed sent, and if they were sent, who received them.

“Mobile numbers are significant for searching records related to any beneficiary in the database, who may approach the registration desk without the ID,” the auditors say.

“In case of loss of e-card, identification of the beneficiary may also become difficult. This may result in denial of scheme benefits to eligible beneficiaries as well as denial of pre- and post-admission communication causing inconvenience to them,” they go on to add.

While in its statement the ministry tried to downplay the duplication of mobile numbers, the audit report says the NHA had “agreed with audit observation” and assured that the deployment of BIS 2.0 would arrest this practice. And as such, the data entry operators would not be able to enter “random numbers” during the registration process.

Hospital empanelment done without checks

According to the NHA database, 27,649 hospitals have been empanelled across India for providing services under this scheme. All public facilities with capability of providing inpatient services (community health centre-level and above) are deemed empanelled. As such, a little over 15,000 public and 12,000 private healthcare facilities are part of this scheme.

An Empaneled Healthcare Provider (EHCP) has to fulfil criteria like the presence of round-the-clock support systems required for services like pharmacy, blood bank, laboratory, dialysis unit, post operative services, ICU care etc.

However, in Bihar, for instance, physical verification reports of 23 EHCPs disclosed that 16 of them did not fulfil the essential criteria. Other than Bihar; Andaman and Nicobar Islands, Assam, Chandigarh, Gujarat, Himachal Pradesh, Jammu and Kashmir, Manipur, Nagaland, Puducherry, Tripura and Uttar Pradesh figured in this list of states where hospitals got empanelled and failed to serve the purpose.

“There were deficiencies such as medical equipment being out of order, lack of basic infrastructure such as IPD Beds, Operation Theatres, ICU care with ventilator support systems, Pharmacy, Dialysis Unit, Blood banks, Round-the clock Ambulance Services etc.,” the report said.

Furthermore the auditors found that without doing enough checks and without the mandated physical inspection, respective district empanelment committees gave a go-ahead for the empanelment of 163 hospitals. Tripura ranked first with 103 such EHCPs followed by Uttarakhand (43) and Manipur (17). The NHA explained that the inspection couldn’t be done at these facilities owing to the “pandemic conditions.”

Many hospitals, on the other hand, after being empanelled for a certain set of fixed services, failed in providing them. For instance, In Maharashtra, the audit noted that 1,113 types of treatment facilities were not provided in the hospitals located in Nandurbar, Washim, Osmanabad, Gadchiroli and Palghar Districts, and beneficiaries had to travel to other districts for treatment.

“In many states, lack of speciality services necessitated the beneficiaries to move far off places which causes hardship and great amount of inconvenience to the beneficiaries and may lead to out-of-pocket expenditure,” the report noted. Incidentally, one of the main purposes of the PMJAY is to reduce the out-of-pocket expenditure.

Missing hospitals

But the existence of hospitals in the empanelled list did not necessarily translate into even their existence in the scheme – forget about the quality of services provided. In Andhra Pradesh, for example, out of 1,421 empanelled EHCPs, half of them submitted zero claims thus indicating they were not providing PMJAY services at all. While, another 81 of them submitted only 0-5 claims. Such examples were found in other states as well.

"While accepting the observation, the NHA stated (August 2022) that due to the pandemic, EHCPs were reluctant to provide the services to PMJAY beneficiaries," the audit report said, though it didn't clarify the share of public and private facilities who were reluctant.

However, the report did say what many experts and health activists have suggested so far: "There is a strong need to invest in public hospitals to improve and upgrade the quality of the existing health facilities in accordance with prescribed criteria [of the PMJAY scheme]."

What also limits the implementation of the scheme is the number of EHCPs empanelled vis-a-vis the number of beneficiaries. For example, in Bihar, 100% eligible people have been registered under the scheme. But there are only 1.8 EHCPs per lakh population – as against 26.6 in Goa.

The EHCPs were also found to be indulging in various malpractices. In Assam, 18 EHCPs provided treatments for non-empanelled specialities to 1,149 beneficiaries for which total claims amounting to Rs 1.27 crore were paid to the hospitals. After the admission of the patient, from diagnosis to treatment, everything has to be cashless for patients. And yet, hospitals were found to be demanding money for different requirements. These, and other such acts of omission, have also led to SHAs taking the hospitals off the empanelled list.

In 11 states, 241 hospitals were de-empanelled from the PMJAY either voluntarily or due to low performance and malpractices, as per the report. But in certain instances, such a step did not ensure stalling the payments. In Bihar, one Ananya Memorial Hospital was suspended in August 2019. And yet, the Bihar SHA paid it Rs 67,900 between 2018-20.

The shoddy supervision by the SHAs have also led to circumstances where they have paid excess amounts to the hospitals. The audit found that in four states – Andhra Pradesh, Madhya Pradesh, Punjab and Tamil Nadu – excess payments amounting to Rs 57.53 crore were made.

Lastly, the auditors blamed the NHA for doing enough supervision over SHAs and releasing funds for them even when they had not spent their own share of the scheme, as per guidelines, or when the grants were lying unspent with them.

Not the first red flag

Though this report does raise many red flags about the scheme, this is not the first one. In fact, the first annual report of the scheme, which was published in 2019, had pointed to similar frauds. The subsequent annual reports remained silent on the quantum of frauds and made the relevant database inaccessible to the public.

However, answering a question in Rajya Sabha last year, the minister of state of Union health ministry Bharti Pravi Pawar did say that 210 hospitals had been 'de-empanelled' and another 188 suspended from the PMJAY services. Even a penalty of Rs 21 crores had been levied on them but recovery worth Rs 9.5 crore could only be made.

A paper titled 'Critical Analysis of the World's Largest Publicly Funded Health Insurance Program' published in February 2023 said fraud in such schemes is one of the biggest contributors to the OOPE. "Health insurance fraud in the United states and Europe is estimated to be 10% of health-care spending. In India, that number could be as high as 35%," it said.

Meanwhile, the health ministry, replying to a query in Rajya Sabha had said two days ago that artificial intelligence and machine learning are being deployed to detect potential frauds in the scheme – something that Pawar had told parliament last year too. https://thewire.in/government/ayushman-bharat-cag-report-pmjay-corruption

4. CAG audit exposes lapses in PMJAY. What are these? *(livemint.com)* Updated: Aug 10, 2023

In a startling disclosure, the Comptroller and Auditor General of India (CAG) has revealed significant discrepancies in the registration and validation of beneficiaries under the Ayushman Bharat – Pradhan Mantri Jan Aarogya Yojana (PMJAY). This central government health initiative offers free and cashless medical treatments to qualified beneficiaries. Spanning from September 2018 to March 2021, the CAG report has highlighted issues including beneficiary validation errors, shortcomings in claim handling, lapses by state health authorities , and more. The scheme operates under the auspices of the National Health Authority, affiliated with the union health ministry.

Mint delves deeper into the report's findings.

What is the PMJAY scheme?
Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana was launched on 23 September 2018. The scheme aims to provide a health cover of ₹ 5 lakh per family per year to over 10.741 crore families from the poor and vulnerable section of the population. PMJAY is an entitlement-based scheme which aims to improve affordability, accessibility, and quality of care for the poor and vulnerable section of the population.

So far, 5,47,68,027 hospital admissions have been authorized and 24,42,78,276 Ayushman cards have been created under the scheme.

What did the CAG audit of the scheme uncover?
The CAG report said that in the absence of adequate validation controls, errors were noticed in beneficiary database i.e., invalid names, unrealistic date of birth, duplicate PMJAY IDs, unrealistic size of family members in a household, among others.

For instance, multiple PMJAY beneficiaries were found to be linked with the same mobile number. These are invalid mobile numbers like 9999888877, 8888443322 etc. This suggests that a large number of beneficiaries would have become eligible under the scheme fraudulently and would have availed treatment causing loss to exchequer.

What does the government have to say on the findings of the report?
Ayushman Bharat PMJAY identifies beneficiaries through Aadhaar identification wherein the beneficiary undergoes the process of mandatory Aadhaar based e-KYC. The details fetched from the Aadhar database are matched with the source database and accordingly, the request for Ayushman card is approved or rejected based on the

beneficiary details. However, there is no role of mobile numbers in the verification process. The mobile number is captured only for the sake of reaching out to the beneficiaries in case of any need and for collecting feedback regarding the treatment provided.

Is it true that the same random ten-digit mobile numbers were entered for beneficiary registration & verification?

With regard to the use of the same mobile number by multiple beneficiaries, the government has said that the performance audit has been done during initial and incipient stages of the scheme. The deployed Pradhan Mantri Ayushman Mitra during the initial stages would enter random numbers as provided against beneficiary population to save on time and address large queues in the hospitals. Also, initially the mobile number was not a mandatory field during beneficiary verification. And therefore, mobile numbers were not validated in the process. Meanwhile, necessary changes have been made in the current portal used by NHA for capturing valid mobile numbers, the same possessed by the beneficiary. https://www.livemint.com/politics/policy/mint-explainer-cag-audit-exposes-lapses-in-pmjay-what-are-these-11691662333628.html

5. 7.5 lakh accounts linked to 1 number: national auditor flags error in health scheme *(indiatoday.in)* Updated: Aug 10, 2023

A Comptroller and Auditor General (CAG) of India report has flagged errors in the Ayushman Bharat - Pradhan Mantri Jan Aarogya Yojana (PMJAY), revealing that nearly 7.5 lakh beneficiaries were linked to a single phone number.

A report by the Comptroller and Auditor General of India (CAG) has flagged data gaps and errors in the Ayushman Bharat - Pradhan Mantri Jan Aarogya Yojana (PMJAY). The report, which was tabled in the Lok Sabha on Monday, highlighted that nearly 7.5 lakh beneficiaries were linked to a single phone number under the health scheme.

The PMJAY scheme aims to provide a health cover of Rs 5 lakh per family per year for secondary and tertiary care hospitalisation to over 12 crore poor and vulnerable families.

The CAG's audit report revealed that a total of 7,49,820 beneficiaries were linked with this particular mobile number - 9999999999 - in the Beneficiary Identification System (BIS) of the scheme.

The CAG findings were based on PMJAY's performance from September 2018 to March 2021. According to the report, there were large numbers of beneficiaries registered against the same or invalid mobile number.

Around 1,39,300 beneficiaries are linked to the phone number 8888888888, and 96,046 others are linked to the number 9000000000.

"Mobile numbers are significant for searching records related to any beneficiary in the database, who may approach the registration desk without the ID. In case of loss of e-card, identification of the beneficiary may also become difficult," reads the report.

While agreeing with the audit observation, the National Health Authority (NHA) stated that with the deployment of the BIS 2.0, the issue shall be resolved.

The health authority further noted that the BIS 2.0 system has been configured to ensure that more than a certain number of families cannot use the same mobile number.

Another issue highlighted in the report is the presence of unrealistic household sizes for registered beneficiaries. The data analysis revealed that 43,197 households had unrealistic family sizes ranging from 11 to 201 members.

As per the report, the presence of such unrealistic members indicated a lack of essential validation controls in the beneficiary registration process. This also indicates the possibility of beneficiaries taking advantage of the lack of clear guidelines, the report said.

The report also mentioned the inclusion of pensioners in the scheme from states like Chandigarh, Haryana, Himachal Pradesh, Karnataka, Maharashtra, and Tamil Nadu. It highlighted delays in identifying and removing ineligible beneficiaries from the scheme, leading to the misuse of resources and excess payments to insurance companies.

"NHA, while accepting the audit observation, replied (August 2022) that it is developing an SOP for adherence by the States to ensure that any SECC 2011 beneficiary family found ineligible as per AB-PMJAY criteria can be removed from the list of eligible individuals/families," the report suggested.

The CAG report also revealed shortcomings in infrastructure, equipment, and the presence of empanelled hospitals that did not meet the minimum criteria or quality standards prescribed under PMJAY. In some cases, duplicate registrations were made against Aadhaar numbers. https://www.indiatoday.in/business/story/cag-flags-errors-pmjay-scheme-lakhs-accounts-linked-one-phone-number-2418610-2023-08-09

6. Ayushman Bharat scheme: CAG flags gaps in 3 states *(timesofindia.indiatimes.com)* Updated: Aug 10, 2023

CHANDIGARH: From treatment of "dead" patients to poor recovery of defaulting amount, shortage of manpower and release of grant against the norms, the report of the Comptroller and Auditor General of India (CAG) highlighted several shortcomings in the implementation of the Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (ABPMJAY) in the region.

The performance audit report of the universal health scheme from September 2018 to 2021 was tabled in the ongoing session of Parliament. The audit highlighted cases where patients previously marked as 'dead' in the system were found to be receiving treatment under the scheme, thereby violating the established guidelines. Among the three states in the region, the maximum number of such cases were identified in Haryana, followed by Punjab and Himachal Pradesh.

The data presented in the report indicated that there were 406 claims in Haryana related to deceased patients who continued to receive treatment in the region. Out of these claims, a payment of Rs 54,00,995 was made to 354 patients in Haryana.

In Punjab, Rs 47,90,424 was disbursed across 265 claims and Himachal recorded Rs 2,62,540 in payments for 23 claims.

To ensure rigorous oversight, the National Health Authority (NHA), which is the implementing agency of the scheme, has framed a comprehensive set of anti-fraud guidelines, according to which each state health authority (SHA) is responsible for developing institutional structures and dedicated anti-fraud cells to carry out surprise inspections, impose penalty, de-empanelment, prosecution and other deterrence measures against fraudsters/defaulters. The audit noted that the authorities failed to recover the full amount from defaulting states.

Out of Rs 39,94,058 recovery imposed on health facilities in Punjab between February 2019 and May 2021, Rs 28,73,253 (71.94%) is yet to be recovered. In the case of Haryana, Rs 16,85,250 has not been recovered out of the imposed recovery of Rs 36,66,500 amount. After reviewing records, a shortfall was observed in the deployed manpower compared to the sanctioned strength in the SHAs.

The findings indicated that in Punjab, there was a deficit of 62% in the deployed human resources against the officiallysanctioned strength. Similarly, in Haryana, there was a shortage of 36% in the deployed personnel in relation to the sanctioned strength in SHAs. In Haryana, 14 specialities were not available in different districts, forcing 1,178 beneficiaries to travel to another district/state to avail of treatment.

In Himachal, a significant number of hospitals were empanelled without meeting the prescribed criteria. Among the 23 test-checked empanelled healthcare providers (EHCPs), 16 facilities operated without obtaining a noobjection certificate (NOC) from the directorate of fire services while 12 of these facilities were functioning without the necessary NOC from the State Pollution Control Board, and eight centres did not acquire the required certificates for the proper collection of bio-medical waste. In addition to that, the audit found instances of grant diversion from one head to another, as well as the submission of inflated utilisation certificates (UCs) totalling Rs 12.93 crore to the NHA in the state.

The PMJAY guidelines mandated that each state/UT must release its share upfront into the designated escrow account of the SHA for the effective implementation of the scheme.

However, it has come to light that the NHA disbursed Rs 24.49 crore in Haryana without ensuring the prior release of the state's share, as required by the guidelines.

The deficiencies in implementation of information, education and communication plan and inadequate expenditure were also found in all three states. https://timesofindia.indiatimes.com/city/chandigarh/ayushman-bharat-scheme-cag-flags-gaps-in-3-states/articleshow/102591950.cms?from=mdr

7. 7.5 Lakh Beneficiaries Linked with 1 Mobile Number in Ayushman Bharat- PMJAY Health Scheme, Finds CAG

(moneylife.in) Aug 09, 2023

Due to the absence of adequate validation controls, the beneficiary database of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) contains several errors like invalid names, unrealistic date of birth, duplicate PMJAY IDs and unrealistic size of family members in a household, says an audit report from the Comptroller and Auditor General of India (CAG) submitted in the Parliament. Further, ineligible households were found registered as PMJAY beneficiaries and had availed the benefits ranging between Rs12,000 and Rs22.44 crore under the scheme.

According to the performance audit, nearly 750K (thousand) beneficiaries of PMJAY were found registered with a single mobile number, 9999999999. Over 139K beneficiaries used 8888888888, while 96,046 have used 9000000000 as their mobile number while registering for the Ayushman Bharat scheme. There were also at least 20 mobile numbers to which between 10,001 and 50,000 beneficiaries were linked.

In 36 cases, two registrations were made against 18 Aadhaar numbers and in Tamil Nadu, 4,761 registrations were made against seven Aadhaar numbers. In Jammu & Kashmir (J&K) and Ladakh, between 2018 to 2021, 16,865 and 335 ineligible beneficiaries, respectively, were identified by the state health authorities (SHAs) after cleaning the socio-economic caste census (SECC) data.

"Data analysis of BIS database revealed that there were large numbers of beneficiaries registered against the same or invalid mobile number. Overall 11 to 7,49,820 beneficiaries were linked with a single mobile number in the beneficiary identification system (BIS) database," CAG says.

While agreeing with the audit observation, NHA told CAG in August last year that with the deployment of BIS 2.0, this issue would be resolved. Further, the BIS 2.0 system has been configured so that more than a certain number of families cannot use the same mobile number. This will arrest the prevalence of entering random numbers, which constitute overwhelming cases of mobile number inconsistency.

CAG observed that delayed action in weeding out the ineligible beneficiaries resulted in ineligible persons availing benefits of the scheme and excess payment of premium to the insurance companies.

Launched in September 2018, the AB-PMJAY aims to provide health cover of Rs5 lakh per family per year for secondary and tertiary care hospitalisation to over 107.4mn (million) families from the poor and vulnerable section of the population, based on the deprivation and occupational criteria of the SECC of 2011.

As per records from the national health authority (NHA), as of November 2022, nearly 78.7mn beneficiary households, or about 73% of the targetted households of 107.4mn, were registered under the scheme. NHA says the Union government has approved an expansion of the beneficiary base to cover 12mn families.

Commenting on hospital empanelment and management, CAG found a shortage of infrastructure, equipment, and doctors in several states and Union Territories (UTs) and available equipment was found non-functional. "Some of the empanelled health care providers (EHCPs) neither fulfilled minimum criteria of support system and infrastructure nor conformed to the quality standards and criteria prescribed under the guidelines. In several states and UTs, mandatory compliance criteria for empanelment of hospitals relating to infrastructure, fire safety measures, bio-medical waste management, pollution control and hospital registration certificate were not fully followed. In some EHCPs, fire safety certificates had expired before empanelment under PMJAY."

Further, some EHCPs did not conform to the prescribed quality standards and criteria which were crucial to the safety and well-being of the beneficiaries in care and were mandatory minimum conditions for empanelment, CAG says.

The performance audit report found that six states, which use their own information technology (IT) platform to process the claims, have settled almost 53.30% or claims worth Rs22,619.86 crore out of a total 3.57 claims worth Rs42,433.57 crore. These states are Andhra Pradesh, Arunachal Pradesh, Rajasthan, Karnataka, Maharashtra and Tamil Nadu.

According to CAG, three SHAs, Chhattisgarh, Punjab and Uttarakhand, had not maintained separate escrow accounts for PMJAY and the state-sponsored scheme. Both schemes were operated through a combined account. "In contravention of guidelines, NHA released grants of Rs280.20 crore, Rs217.60 crore and Rs112.62 crore in three different bank accounts to SHA Chhattisgarh during 2018-21."

Further, the report says 18 SHAs furnished 212 utilisation certificates (UC) worth Rs4,115.35 crore without audited statements of accounts during 2018-21. Out of these 18 SHAs, seven SHAs furnished UCs without the signature of the competent authority, while six SHAs furnished to NHA inflated UCs amounting to Rs38.24 crore. https://www.moneylife.in/article/75-lakh-beneficiaries-linked-with-1-mobile-number-in-ayushman-bharat-pmjay-health-scheme-finds-cag/71641.html

8. "Dead" Beneficiaries, Double Claim: Madhya Pradesh Health Scheme Shocker *(ndtv.com)* Aug 10, 2023

The Comptroller and Auditor General of India (CAG) has flagged serious irregularities in the Centre's ambitious Ayushman Bharat scheme in Madhya Pradesh.

The pan-India audit found that more than ₹ 1.1 crore was paid to about 403 patients who had been declared "dead" in the database.

8,000 patients were shown to be hospitalised at multiple hospitals across the state during the same period, it said.

The audit names 24 state hospitals, including a government hospital, which showed much higher occupancy than the actual bed-strength.

25 hospitals submitted claims for 81 patients twice for various surgical treatments, the audit said. "The Madhya Pradesh health authority paid full amount for both claims as against the prescribed rate of 50% payment on the second claim," it said.

The flagship scheme - implemented by the National Health Authority (NHA) - provides a health cover of ₹ 5 lakh per family per year to beneficiaries.

Till date, more than 23 crore beneficiaries have been verified and issued Ayushman cards for availing free treatment under the scheme.

Ayushman Bharat scheme identifies the beneficiary through Aadhaar identification, wherein the person is verified through mandatory Aadhaar based e-KYC.

The scheme has achieved a milestone of 5 crore hospital admissions, amounting to ₹ 61,501 crore for free treatment of people. https://www.ndtv.com/india-news/cag-report-ayushman-bharat-scheme-dead-beneficiaries-double-claim-madhya-pradesh-health-scheme-shocker-4285737

9. CAG report flags irregularities in PMJAY; 7.5 lakh beneficiaries linked to one mobile number *(thefederal.com)* Aug 10, 2023

The CAG report also flagged errors in the beneficiary database such as invalid names, unrealistic date of births, duplicate PMJAY IDs, unrealistic size of family members in a household and more

One of the shocking irregularities that a Comptroller and Auditor General (CAG) report has flagged in the government of India's flagship national public health insurance scheme, is that 7,50,000 beneficiaries are registered under a single mobile no – 9999999999.

According to the CAG report, submitted in the Lok Sabha on Monday (August 7), this is not an isolated case and there are many beneficiaries of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PMJAY), who are registered under a single mobile number. For example, there are more cases they have cited. More than 139,000 beneficiaries are linked to the mobile number 8888888888, while 96,000 beneficiaries are connected to 9000000000, the report said.

What's more, the report showed that around 20 other mobile numbers have anywhere between 10,000 to 50,000 beneficiaries linked to them. Mobile numbers of beneficiaries were important since they were used to track down records related to any beneficiary in the database.

Besides lakhs of beneficiaries registered under one number, there were errors in the beneficiary database i.e., as the audit found invalid names, unrealistic date of births, duplicate PMJAY IDs, unrealistic size of family members in a household and more.

Households that were not eligible were found registered as PMJAY beneficiaries and had availed the benefits ranging between ₹0.12 lakh to ₹22.44 crore under the scheme, the report said.

Touted as largest health insurance scheme in the world

AB PM-JAY was launched on September 23, 2018 in Ranchi, Jharkhand by Prime Minister Narendra Modi. Touted to be the largest health assurance scheme in the world, it provides a health cover of ₹ 5,00,000 per family per year for secondary and tertiary care hospitalisation to poor and vulnerable families that form bottom 40 per cent of the Indian population.

The audit report quoting National Health Authority (NHA) records said that 7.87 crore beneficiary households were registered under the scheme, constituting 73 per cent of the targeted households of 10.74 crore in November 2022. But, many errors were noticed in the beneficiary database such as invalid names, duplicate health IDs, incorrect entries in gender fields, unrealistic family sizes, and improbable dates of birth. In Tamil Nadu, seven aadhaar numbers were linked to 4,761 registrations.

NHA response

According to the CAG report, the NHA has agreed with the audit observation and stated in August 2022 that this issue of multiple beneficiaries linked to one mobile will be resolved with the deployment of BIS 2.0. Further, the BIS 2.0 system has been configured so that more than certain number of families cannot use the same mobile number.

“This shall arrest the prevalence of entering “random numbers” which constitute the overwhelming cases of mobile number inconsistency,” the report said.
Further, the CAG report also revealed that dead patients continued to receive medical treatment under the scheme. Also, the same patient was simultaneously getting admitted to multiple hospitals during the same period of hospitalisation.

The IT systems were not just okaying pre-authorised requests to dead patients but data analysis during desk audit in July 2020 revealed that the patient could get admitted in multiple hospitals during the same period of hospitalisations, said news reports.

Menwhile, in his written response to the Rajya Sabha, MoS health and family welfare SP Singh Baghel said that the government employs artificial intelligence (AI) and machine learning (ML) to identify potentially fraudulent transactions within the AB-PMJAY scheme.

He said that these technologies serve the purpose of preventing, detecting, and deterring healthcare-related fraud. The minister also disclosed that a total of 24.33 crore Ayushman Bharat cards have been generated under the scheme as of August 1, 2023.

Also, the CAG report highlighted the fact that the empanelled health care providers failed to follow prescribed quality standards and lacked sufficient doctors, infrastructure, and equipment. https://thefederal.com/news/cag-report-flags-irregularities-in-pmjay-7-5-lakh-beneficiaries-linked-to-one-mobile-number/

10. Ayushman Bharat PMJAY Irregularities: CAG Report Reveals 7.5 Lakh Beneficiaries Linked to Single Number

(news.abplive.com) Aug 09, 2023

A report by the Comptroller and Auditor General (CAG) has shed light on a number of irregularities in the implementation of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PMJAY). CAG's audit report on Ayushman Bharat presented in Parliament on Monday revealed that nearly 7,50,000 beneficiaries of the PMJAY are registered under a single mobile number – 9999999999.

The case is not isolated. More than 139,000 beneficiaries are associated with the mobile number 8888888888, while over 96,000 beneficiaries are connected to 9000000000, the report said. Additionally, the report indicated that around 20 other mobile numbers have between 10,000 to 50,000 beneficiaries linked to them.

Launched in 2018, the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana aims to provide health cover of Rs 5 lakh per family per year for secondary and tertiary care hospitalisation to the poor and vulnerable section of the population, to improve affordability, accessibility, and quality of care for the poor and vulnerable section of the population.

"As per National Health Authority (NHA) records, 7.87 crore beneficiary households were registered, constituting 73 per cent of the targeted households of 10.74 crore (November 2022). In the absence of adequate validation controls, errors were noticed in the beneficiary database i.e. invalid names, unrealistic date of birth, duplicate PMJAY IDs, unrealistic size of family members in a household etc. Ineligible households were found registered as PMJAY beneficiaries and had availed the benefits ranging between Rs 0.12 lakh to Rs 22.44 crore under the Scheme," the report said.

Adding that mobile numbers are significant for searching records related to any beneficiary in the database, who may approach the registration desk without the ID. In case of loss of e-card, identification of the beneficiary may also become difficult.

"NHA, while agreeing with audit observation, stated (August 2022) that with the deployment of BIS 2.0, this issue shall be resolved. Further, the BIS 2.0 system has been configured so that more than certain number of families cannot use the same mobile number. This shall arrest the prevalence of entering "random numbers" which constitute the overwhelming cases of mobile number inconsistency," the report said.

Other Issues With PMJAY

The CAG report also showed instances where patients previously marked as dead were found to have continued receiving medical treatment under the scheme. Further data suggested that the same patient could get admission to multiple hospitals during the same period of hospitalisation.

"During desk audit (July 2020) audit had earlier reported to NHA that the IT system (TMS) was allowing preauthorization request of the patient who was earlier shown as 'dead' during her/his treatment availed under the scheme," the report said.

"Data analysis during desk audit (July 2020) revealed that the IT system (TMS) did not prevent any patient from getting admission in multiple hospitals during the same period of hospitalisations...data analysis revealed that 78,396 claims of 48,387 patients were initiated in TMS where the date of discharge of these patients for earlier treatment was later than admission date for another treatment of the same patient," the report further said.

According to a Bussines Today report, the CAG report was presented in Parliament, coinciding with MoS Health and Family Welfare SP Singh Baghel's written response in the Rajya Sabha. Baghel said that the government employs artificial intelligence (AI) and machine learning (ML) to identify potentially fraudulent transactions within the AB-PMJAY scheme. He said that these technologies serve the purpose of preventing, detecting, and deterring healthcare-related fraud. The minister also disclosed that a total of 24.33 crore Ayushman Bharat cards have been generated under the scheme as of August 1, 2023.

The audit report also raised concerns about various shortcomings in the database, including invalid names, duplicate health IDs, incorrect entries in gender fields, unrealistic family sizes, and improbable dates of birth. Notably, the report highlighted that 18 Aadhaar numbers were associated with two registrations each in 36 instances, while in Tamil Nadu, seven Aadhaar numbers were linked to a staggering 4,761 registrations.

Deviation from Ayushman Bharat-Pradhan Mantri Jan Aarogya Yojana (AB-PMJAY) guidelines was another issue underscored by the report. It pointed out that certain empanelled health care providers (EHCPs) failed to adhere to prescribed quality standards and criteria crucial for the safety and welfare of beneficiaries, as well as for maintaining the required conditions for empanelment.

Numerous EHCPs faced shortages in doctors, infrastructure, and equipment. Additionally, some EHCPs did not meet the essential criteria for support systems, infrastructure, or quality standards outlined in the PM-ABJAY guidelines. The report also noted non-compliance with mandatory criteria by EHCPs in various states and union territories (UTs). This includes aspects such as infrastructure, fire safety measures, bio-medical waste management, pollution control, and the validity of hospital registration certificates. In specific cases, fire safety certificates had even expired before empanelment. https://news.abplive.com/news/india/ayushman-bharat-pmjay-irregularities-cag-report-reveals-seven-lakh-recipients-linked-to-single-number-1621788

11. Ayushman Bharat Scheme: CAG Report Reveals Invalid Beneficiaries, Duplicate Registrations, Unrealistic Family Size *(english.jagran.com)* Aug 09, 2023

The Comptroller and Auditor General (CAG) of India released a report on August 8, which reveals several flaws in the execution of the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (ABPMJAY) health scheme. The scheme aims to provide health cover of Rs 5 lakh to over 10 crore families from the poor and vulnerable section of the population,based on the Socio Economic Caste Census (SECC) 2011 criteria.

The report, Performance Audit of Ayushman Bharat, was presented in the Rajya Sabha on Tuesday. The report points out several issues in the beneficiary database, such as invalid names, unrealistic date of birth, duplicate PMJAY IDs and unrealistic size of family members in a household among other discrepancies.

The report stated that there was no adequate validation control in the beneficiary identification process. The CAG conducted a performance audit of PMJAY from September 2018 to March 2021.

"In 36 cases, two registrations were made against 18 Aadhaar numbers and in Tamil Nadu, 4,761 registrations were made against seven Aadhaar numbers. Registration of multiple beneficiaries against the same or invalid mobile number ranging from 11 to 7,49,820 beneficiaries were noted in the Beneficiary Identification System (BIS). In Jammu & Kashmir and Ladakh, during the period 2018 to 2021, 1,6865 and 335 ineligible beneficiaries respectively were identified by the SHA after cleaning the SECC data…," the report stated.

The report also highlighted that nearly 7.5 lakh beneficiaries were linked with a single cell phone number - 9999999999. Data analysis of the BIS database showed that there were many beneficiaries registered against the same or invalid mobile number. Apart from 7,49,820 beneficiaries linked with 9999999999, 1,39,300 beneficiaries were linked to the phone number 8888888888; and 96,046 others were linked to the number 9000000000. There were also at least 20 cell phone numbers to which between 10,001 and 50,000 beneficiaries were linked, according to the report.

"Mobile numbers are significant for searching records related to any beneficiary in the database, who may approach the registration desk without the ID. In case of loss of an ecard, identification of the beneficiary may also become difficult. This may result in denial of Scheme benefits to eligible beneficiaries as well as denial of pre and postadmission communication causing inconvenience to them," the report added.

The audit also found that delayed action in removing the ineligible beneficiaries resulted in ineligible persons availing benefits of the Scheme and excess payment of premiums to the insurance companies. These beneficiaries are government employees. However, data collected from various states revealed that government pensioners have been included in the scheme.

The report stated that "National Health Authority (NHA) while accepting the audit observation, replied (August 2022) that it is developing an SOP for adherence by the States to ensure that any SECC 2011 beneficiary family found ineligible as per AB-PMJAY criteria can be removed from the list of eligible individuals/families".

Another important finding of the reports was the unrealistic household size for registered beneficiaries under PMJAY. "Data analysis revealed that in 43,197 households, the size of the family was unrealistic, ranging from 11 to 201 members," the report noted.

"Presence of such unrealistic members in a household in the BIS database indicates not only lack of essential validation controls in the beneficiary registration process but also

the possibility that beneficiaries are taking advantage of the lack of a clear definition of family in the guidelines, " the CAG report stated. https://english.jagran.com/india/ayushman-bharat-scheme-cag-report-reveals-invalid-beneficiaries-duplicate-registrations-unrealistic-family-size-10092783

12. Uttar Pradesh, Maharashtra, Bihar have only a few hospitals under AB-PMJAY for poor to get free treatment: CAG

(deccanherald.com) Aug 10, 2023

India's large populous states like Bihar, Uttar Pradesh, Madhya Pradesh, Maharashtra and Rajasthan have very few hospitals where the poor can seek treatment free-of-cost under the centre's Ayushman Bharat-PMJAY scheme, the Comptroller and Auditor General said in a new report.

As of November 2022, Bihar had 1.8 hospitals per lakh such patients – the lowest in India. The situation is similar for Uttar Pradesh (5), Maharashtra (3), Madhya Pradesh (2.7), Rajasthan (3.8), JharkhanHomd (6) an e d Assam (3.4).

The CAG report – tabled in the Parliament on Tuesday - comes a month ahead of the fifth anniversary of the flagship scheme under which the Union government offered to provide a family insurance of Rs 5 lakh to 10.74 crore poor families.

As of November 2022, as many as 26,209 hospitals – 11,930 private and 14,279 public – have been empanelled under the scheme.

"The availability of empanelled healthcare providers (hospitals) is very less in Assam (3.4), Dadra Nagar Haveli-Daman Diu (3.6), Maharashtra (3) and Rajasthan (3.8)," it added. The number of beneficiaries in Bihar and Uttar Pradesh respectively are at 5.56 crore and 6.47 crore, but the availability of hospitals was very low at 1.8 and 5 hospitals per lakh such patients.

Some of the better performing states on the other hand are Goa (26.8), Himachal Pradesh (23.7) and Karnataka (21.5).

The audit report flagged other flaws in executing the mega scheme implemented by the National Health Authority, which accepted some of the shortcomings but also noted that the performance audit was carried out during the initial and incipient stages.

On the availability of hospitals, it found that in Andhra Pradesh, out of 1,421 empanelled hospitals, nearly one-third (524 EHCP) submitted zero claims while 81 submitted one to five claims, signalling inadequate servicing of the poor in these hospitals.

In Tamil Nadu, none of the 19 government hospitals empanelled were entertaining patients under the scheme as of March 31, 2021 with the State Health Authority replying that these hospitals were not interested in joining the programme.

In Jharkhand, Punjab and Uttar Pradesh several empanelled hospitals were not offering the treatment to the poor.

Following the controversy on the use of the same mobile number to enter the details of the lakhs of patients, sources said the matter had been wrongly portrayed to suggest that a large number of beneficiaries would have become eligible under the scheme fraudulently and had availed treatment causing loss to the exchequer. But that was not the case.

"Initially the mobile number was not a mandatory field during beneficiary verification and therefore, the mobile number was not validated. However, since there was a field for collecting mobile numbers, it is possible that some random ten-digit number was entered by the field level workers in some cases," official sources said, emphasising that such entries wouldn't impact either the correctness of the beneficiary verification process or the validity of the beneficiaries' claim.

Subsequently necessary changes were made in the IT portal to capture the correct mobile number of the beneficiaries. https://www.deccanherald.com/india/uttar-pradesh-maharashtra-bihar-have-only-a-few-hospitals-under-ab-pmjay-for-poor-to-get-free-treatment-cag-2641485

13. CAG red flags lapses in Ayushman Bharat scheme *(thehindubusinessline.com)* August 09, 2023

Discrepancies in Aadhaar documentation, multiple beneficiaries with same phone number were found registered as PMJAY beneficiaries

There are multiple instances of one Aadhaar number being linked across multiple beneficiaries of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana; while three phone numbers are repeated in case of 10,00,000-odd beneficiaries, the Comptroller and Auditor General of India (CAG) has said in its audit findings.

The audit covered the period from September 2018 to March 2021 and was tabled in Parliament on Tuesday. The Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana aims to provide health cover of ₹5 lakh per family per year for secondary and tertiary care hospitalisation to the poor and vulnerable population.

The report mentions that in Tamil Nadu there are seven Aadhaar numbers — such as '000000000000', '784545xxxxxx', '21547xxxxxxxx', '2222xxxxxxxx', '3265987xxxxx', '2154785xxxxx' — which are mentioned multiple times against beneficiary names.

"Successful generation of multiple e-cards (PMJAY ID) against same/erroneous Aadhaar number indicates lack of essential validation controls resulting in the presence of duplicate beneficiaries in the system," the CAG noted.

Regarding the errors in linking Aadhaar in Tamil Nadu, the National Health Authority (NHA) said that the State is using its own IT platform (and database) for beneficiary identification. And the State government has been asked to migrate to the Aadhaar-based BIS platform of NHA to strengthen beneficiary verification protocols.

Same Mobile Number Being Used

The CAG findings shows that there are 7,50,000 beneficiaries under the scheme who are linked to the same mobile number '9999999999'; another 1,40,000-odd linked to the mobile number '8888888888' and 96,000-odd to the number '9000000000'.

It was noted that this repetition of mobile numbers occurs multiple times and across the national database. For instance, 20 mobile numbers are linked across 10,000 – 50,000 beneficiaries, over 1,85,000 cell phone numbers are repeated across 11 - 1,000 names, and so on.

"Data analysis of BIS database revealed that there were large number of beneficiaries registered against the same or invalid mobile number. Overall 1,119 to 7,49,820 beneficiaries were linked with a single mobile number," the report noted adding that: " In case of loss of e-card, identification of the beneficiary may also become difficult. This may result in denial of scheme benefits to eligible beneficiaries..."

In its response, the NHA mentioned about the deployment of a new system — the BIS 2.0. This has been configured to arrest the prevalence of entering "random numbers" which are major cause of this inconsistency.

Audit reports also found that ineligible households that registered as PMJAY beneficiaries had availed benefits ranging from ₹ 12,000-₹22.44 crore under the scheme.

The report observed that excess payment of ₹57.53 crore was made to the empanelled health care providers; Payments were also made in cases of death without obtaining death summary from the State health authorities (SHA) and without receiving the mortality audit reports.

The NHA has released grants of ₹185.60 crore to eight States without ensuring release of upfront shares by the respective States during 2018-19. Also seven SHA diverted ₹50.61 crore from one head to another. Over ₹458 crore was recoverable from the insurance companies in six States/UTs. Interestingly, West Bengal withdrew from PMJAY in January 2019 but did not refund ₹31.28 crore to NHA.

As per NHA records, 7.87 crore beneficiary households are registered, constituting 73 per cent of the targeted households of 10.74 crore (till November 2022). https://www.thehindubusinessline.com/news/cag-red-flags-lapses-in-ayushman-bharat-scheme/article67176692.ece

14. CAG: 1,285 Ayushman beneficiaries tied to '000000000000' Aadhaar number *(timesofindia.indiatimes.com)* Aug 10, 2023

NEW DELHI: Do you know 1,285 beneficiaries enrolled under the Ayushman Bharat-PM Jan Aarogya Yojana (AB-PMJAY) - India's flagship health scheme - in Tamil Nadu are linked with the Aadhaar number '000000000000'? Also, do you know as many as 43,197 households included in the scheme have declared family size ranging from 11 to 200?

You read it right. In 43,180 households, data analysis by the CAG, which tabled its audit report on the performance of AB-PMJAY in Parliament on Tuesday, shows family

size has been stated to be between 11 and 50. There are 12 households where family size is stated to be between 50-100 members and four households have declared 100 to 200 family members. In one case, the audit shows, a household has declared 200 to 201 members.

"Presence of such unrealistic members in a household in the BIS database indicates not only lack of essential validation controls in the beneficiary registration process, but also the possibility that beneficiaries are taking advantage of the lack of a clear definition of family in the guidelines," the CAG says.

The National Health Authority (NHA), implementing agency for AB-PMJAY, while accepting the audit observation, stated that the National Anti-Fraud Unit (NAFU) had sent periodic reminders to the states/UTs highlighting discrepancies in verified data.

"However, 'public health' being a state subject, the final decision in this regard vests with the state governments. Also, NHA is developing a policy to disable 'Add Member' functionality in case of any beneficiary family with more than 15 members," NHA said.

Further, it added, NAFU is sending a communication to the states/UTs to fully audit all such cases where family size is above a certain threshold.

Regarding errors in linking of Aadhaar in Tamil Nadu, NHA replied that the state is using its own IT platform (and database) for beneficiary identification. NHA has urged states to migrate to the Aadhaar-based BIS platform of NHA to strengthen beneficiary verification protocols, according to the CAG report.

In 7.5 lakh cases, the beneficiaries were found to be linked with the same mobile number, 9999999999, which was invalid. Health ministry sources claimed this may have been possible because initially, the mobile number was not a mandatory field during beneficiary verification. "However, since there was a field for mobile numbers, it is possible a random 10-digit number was entered by the field-level workers," one of the sources said.

Other irregularities pointed out include treatment of a beneficiary already shown as 'died' during earlier claim, admission of the same patient in multiple hospitals during the same hospitalisation period, and number of patients admitted to a hospital exceeding its declared bed strength. https://timesofindia.indiatimes.com/india/cag-1285-ayushman-beneficiaries-tied-to-000000000000-aadhaar-number/articleshow/102587895.cms?from=mdr

15. 7.49 lakh people, 1 number: CAG red-flags discrepancies in Ayushman Bharat scheme *(asianetnews.com)* Aug 09, 2023

The Comptroller and Auditor General has highlighted discrepancies in the database of the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). These discrepancies include instances of invalid names, unrealistic dates of birth, duplicate health IDs, and implausible family sizes.

The audit report, which was presented in Parliament recently, revealed that ineligible households had been registered as beneficiaries of PMJAY and had received benefits ranging from Rs 0.12 lakh to Rs 22.44 crore under the program.

The audit report indicated that, according to records from the National Health Authority (NHA), approximately 7.87 crore beneficiary households had been registered, constituting 73 per cent of the targeted households of 10.74 crore as of November 2022.

However, the absence of adequate validation controls led to errors in the beneficiary database, encompassing issues like invalid names, unrealistic dates of birth, duplicate PMJAY IDs and exaggerated family sizes.

Sources from the Health Ministry clarified that the mobile number played no role in the verification process. The mobile number was solely collected for communication purposes and feedback regarding the treatment provided, without influencing beneficiary eligibility.

The CAG report highlighted instances where multiple beneficiaries were registered under the same mobile number. Around 7.49 lakh individuals were registered with the mobile number "9999999999" as beneficiaries. These discrepancies arose due to the initial deployment of Pradhan Mantri Ayushman Mitra, who entered random numbers in the beneficiary population to expedite the registration process.

The beneficiary identification process for Ayushman Bharat PM-JAY relies on Aadhaar identification and mandatory Aadhaar-based e-KYC. Mobile numbers are not central to the verification process or determining beneficiary eligibility.

As a result, withholding treatment from beneficiaries based on the presence or validity of a mobile number is not justified. Mobile numbers have a limited role in the AB PM-JAY treatment workflow, given that the scheme is entitlement-based rather than enrollment-based.

The use of the same mobile number by multiple beneficiaries was a result of mobile numbers not being mandatory during initial beneficiary verification. Although some random 10-digit numbers were entered by field-level workers, this did not impact the correctness of the verification process or the validity of beneficiaries' claims. Changes have been implemented in the IT portal to capture only valid mobile numbers.

The National Health Authority has introduced additional verification options, including fingerprint, iris scan, and face authentication, alongside OTP. Among these, fingerprint-based authentication is the most widely used method. https://newsable.asianetnews.com/india/7-49-lakh-people-1-number-cag-red-flags-discrepancies-in-ayushman-bharat-scheme-rz4xzb

16. State tops in 'dead' patients availing treatments: CAG *(timesofindia.indiatimes.com)* Aug 10, 2023

KOCHI: There are loopholes in Kerala's handling of the Ayushman Bharat-Pradhan Mantri Jan Aarogya Yojana (AB-PMJAY) scheme, shows the Comptroller and Auditor General of India (CAG) report tabled in Lok Sabha on Monday.

Kerala leads in patients shown as 'dead' continuing to avail treatment under the scheme, and also has several cases wherein a beneficiary took admission in multiple distinct hospitals during the same hospitalization period, raising serious concerns of misuse, says the CAG report.

The performance audit report on the central government's flagship scheme for providing health insurance to the poor shows that payments to patients, who died during previous admission, were done in 3,446 instances in India, with Kerala leading with 966 patients, followed by Madhya Pradesh (403) and Chhattisgarh (365).

"Data analysis of mortality cases in TMS (IT system) revealed that 88,760 patients died during treatment specified under the scheme. A total of 2,14,923 claims shown as paid in the system, related to fresh treatment in respect of these patients. Audit further noted that 3,903 of above claims amounting to Rs 6.97 crore pertaining to 3,446 patients were paid to hospitals," the report said. In Kerala, claims worth Rs 2.60 crore of 966 patients were paid to hospitals.

Further data analysis suggested that the same patient could get admission in multiple hospitals during the same period of hospitalization, with no mechanism to prevent such instances, the report noted. In Kerala, 9,632 such cases came to light, the report shows. In this, 7,011 patients and 234 hospitals were involved.

Acknowledging the issue in July 2020, the National Health Authority (NHA), said such cases arise in scenarios where a baby is born in one hospital and shifted for neonatal care to another hospital using the mother's PMJAY ID. Contrary to NHA's claim, the list also has male patients. CAG's data analysis found that 78,396 claims of 48,387 patients were initiated in the database, wherein discharge date of these patients for earlier treatment was later than admission date for another treatment.

The highest number of such cases were noted in Chhattisgarh, Gujarat, Kerala, Madhya Pradesh and Punjab while least cases were noted from Daman and Diu, Goa, Karnataka, Puducherry and Tamil Nadu. "Successful payment of such claims further indicates lapses on part of SHAs in processing the claims without even verifying the requisite checks therein," the report said.

The state health agency (SHA) had not conducted any medical, death or beneficiary audits (post-discharge through home visit), pre-authorization audit, and claim audits (rejected and approved claims), CAG noted. Moreover, the third party administrator (TPA) had not conducted any beneficiary audit (post-discharge through telephone and home visits) and pre-authorization of claims audit. https://timesofindia.indiatimes.com/city/kochi/state-tops-in-dead-patients-availing-treatments-cag/articleshow/102588019.cms?from=mdr

17. PM-JAY: Five insurers to refund Rs 458 crore for low claims ratio *(financialexpress.com)* Aug 10, 2023

According to the CAG audit of PM-JAY from 2018-19 till June 2022, in Maharashtra, the National Insurance Company has to refund Rs 214 crore while United India Insurance needs to refund Rs 72 crore.

The Comptroller and Auditor General (CAG) has flagged that five general insurance companies providing health insurance coverage under Pradhan Mantri Jan Arogya Yojana (PM-JAY) need to refund Rs 458 crore premium for falling to reach the specified claim-to-premium ratio in five states and one Union Territory.

According to the CAG audit of PM-JAY from 2018-19 till June 2022, in Maharashtra, the National Insurance Company has to refund Rs 214 crore while United India Insurance needs to refund Rs 72 crore. United India Insurance has to refund Rs 111 crore in Tamil Nadu and Oriental Insurance has to refund Rs 55 crore in Gujarat.

PMJAY offers Rs 5,00,000-a-year free health cover to 107 million poor households in the country, roughly covering the bottom 40% population of the country. Under the insurance model, the premium cost is borne in 6:4 ratio by the Centre and states, respectively.

After adjusting a defined percentage for expenses of management (which ranges from 10% to 20%) and after settling all claims, 100% of the surplus should be refunded by the Insurer to the state health agency within 30 days. After 30 days, the insurers will have to pay 1% interest on the refund amount weekly.

As of November 2022, 35.7 million claims amounting to Rs 42,433 crore were settled in both the trust model and insurance model. Out of these, claims amounting to Rs 22,620 crore (53.3%) pertained to the six brownfield States — Andhra Pradesh, Arunachal Pradesh, Rajasthan, Karnataka, Maharashtra and Tamil Nadu. These States use their own IT Platform to process the claims and subsequently feed into the Transaction Management System of PMJAY through an Application Programming Interface (API).

“With no segregation of PMJAY beneficiaries in such cases, there is a possibility of overlap of PMJAY with state specific schemes,” CAG noted.

The National Health Agency, the central agency for PM-JAY, replied that it would seek final settlement statement from all states/UTs implementing the scheme in insurance or mixed mode (insurance and trust models).

Among other issues, the CAG also flagged that 7,49,820 beneficiaries were linked with a single mobile number (9999999999) in the Beneficiary Identification System (BIS) database. Similarly, another mobile number (8888888888) is linked to 1,39,300 beneficiaries.

NHA, while agreeing with audit observations, stated that with the deployment of BIS 2.0, this issue should be resolved.

“Further, the BIS 2.0 system has been configured so that more than certain number of families cannot use the same mobile number. This shall arrest the prevalence of entering “random numbers” which constitute the overwhelming cases of mobile number inconsistency,” the NHA told CAG. https://www.financialexpress.com/economy/pm-jay-five-insurers-to-refund-rs-458-crore-for-low-claims-ratio/3205595/

18. PM-JAY: Five Insurers to Refund Rs 458 Crore for Low Claims Ratio in 2023 *(inventiva.co.in)* Aug 09, 2023

In Maharashtra, the National Insurance Company must return Rs 214 crore, while United India Insurance must refund Rs 72 crore under the CAG audit of PM-JAY from 2018–19 to June 2022.

Five general insurance companies that offer health insurance coverage through the Pradhan Mantri Jan Arogya Yojana (PM-JAY) have been flagged by the Comptroller and Auditor General (CAG) as needing to refund premiums totalling Rs. 458 crores because they failed to meet the required claim-to-premium ratio in five states and one Union Territory.

In Maharashtra, the National Insurance Company must return Rs 214 crore, while United India Insurance must refund Rs 72 crore under the CAG audit of PM-JAY from 2018–19 to June 2022.

In Gujarat, Oriental Insurance must return Rs. 55 crore, while United India Insurance must refund Rs. 111 crore. For free, PMJAY provides health coverage of Rs 5,000 per year to 107 million low-income households nationwide, or about the poorest 40% of the population. According to the insurance model, the Centre and the states split the expense of the premiums in a 6:4 ratio.

100% of the excess shall be returned by the insurer to the state health agency within 30 days after adjusting a certain amount for administration costs (which range from 10% to 20%) and after all claims have been resolved. The insurers must pay 1% weekly interest on the return amount after 30 days.

As of November 2022, the trust and insurance models have resolved 35.7 million claims totalling Rs 42,433 crore. The six brownfield States of Andhra Pradesh, Arunachal Pradesh, Rajasthan, Karnataka, Maharashtra, and Tamil Nadu received claims totalling Rs 22,620 crore (53.3%). These States process the allegations using their IT platforms, which they input through an Application Programming Interface (API) into PMJAY's Transaction Management System.

"Without segregation of PMJAY beneficiaries in such cases, there is a possibility that PMJAY will overlap with state-specific schemes," CAG stated.

The National Health Agency, the PM-JAY's central agency, responded that it would ask all states and UTs implementing the programme in insurance or mixed mode (insurance and trust models) for a final settlement declaration.

The Beneficiary Identification System (BIS) database has 7,49,820 beneficiaries associated with just one cellphone number (9999999999), among other problems that the CAG brought up. A second cell number (8888888888) is also associated with 1,39,300 recipients. Despite agreeing with the audit's findings, NHA said this problem should be remedied once BIS 2.0 is implemented.

Furthermore, the BIS 2.0 system is set up to prevent more households from using a single mobile number than a specific threshold. This will end the practice of entering "random numbers," which account for most inconsistent mobile number situations.

The Pradhan Mantri Jan Arogya Yojana (PM-JAY) is a flagship health insurance initiative launched by the Government of India. Its objective is to provide free hospitalization benefits to the country's poorest citizens, thus significantly reducing their financial burden due to health issues. In a recent turn of events, five insurers under PM-JAY are set to refund a whopping Rs 458 crore to the government due to their low claims ratio in 2023. This article will delve into the details of the PM-JAY initiative, the reasoning behind the refund, and its implications.

Launched under the broader umbrella of the Ayushman Bharat program, PM-JAY is often referred to as the world's most extensive publicly-funded health insurance program. It aims to benefit over 500 million Indian citizens, offering a cover of up to Rs 5 lakh per family per year for secondary and tertiary hospitalization. The beneficiaries are identified based on a predefined criteria set, mainly targeting the socio-economically vulnerable sections of society.

In insurance terminology, the 'claims ratio' is a measure that indicates the proportion of insurance claims paid by the insurer to the premiums earned during a specific period. A low claims ratio means that the insurer has paid less in claims than the premium they collected.

For the year 2023, it was found that five insurers under the PM-JAY initiative had a significantly lower claims ratio than what was stipulated in their agreement with the government. This meant that many of the premiums collected from the government, intended for beneficiary payouts, remained unused.

Based on the agreements between the government and the insurers, if the claims ratio falls below a certain threshold, the insurers are bound to refund the difference to the government. This mechanism ensures that insurance companies do not unduly profit from the funds allocated for public health and that these funds can be reallocated or used for other health-related initiatives.

The refund, while ensuring accountability, also boosts public trust. It reinforces the idea that the government is keeping a close watch on the system and is committed to preventing undue profits at the public's expense.

Such instances of refunds can impact the future pricing of health insurance premiums under the scheme. Insurers might become more competitive and realistic in their premium calculations. One reason for the low claims ratio could be that many beneficiaries must know how to claim the benefits. This underscores the need for better outreach and awareness programs.

There's a possibility that specific bureaucratic processes or technical issues might be causing hindrances in claim processing. The government and insurers may need to investigate and rectify systemic such problems.

While the refund from the insurers underscores the robust checks and balances in PM-JAY, it also highlights the need for continuous improvements in beneficiary outreach and systemic efficiency. With the government's commitment to ensuring the health of its most vulnerable citizens, the PM-JAY scheme is expected to continue to evolve and benefit millions in the country. https://www.inventiva.co.in/trends/pm-jay-five-insurers-to-refund/

19. CAG: 'Dead' patients got reimbursement under PMJAY *(tribuneindia.com)* Aug 10, 2023

There were 406 claims of 354 patients, cleared under the Ayushman Bharat-Pradhan Mantri Jan Arogya Scheme (AB-PMJAY) in Haryana, pertaining to those who were earlier shown as 'died' during her/his earlier treatment availed under the scheme. In these cases, Rs 54 lakh was paid, reveals a Comptroller and Auditor General (CAG) report, tabled before Parliament yesterday.

Not just that, there were 2,667 cases involving 1,421 patients, including 620 females and 801 males, who were found to have taken treatment in multiple hospitals during the same hospitalisation period. A total of 134 hospitals were involved in these cases, as per the report.

CAG said the reasoning that these cases could be pertaining to scenarios, where a baby was born in one hospital and shifted to neo-natal care in another hospital, could not be accepted, as male patients were also involved.

The AB-PMJAY provides a cover of Rs 5 lakh per family per year for secondary and tertiary care hospitalisation across public and private-empanelled hospitals in India. Out-patient care is, however, not covered under PMJAY.

A total of 4.99 lakh claims were settled in Haryana worth Rs 589.24 crore while 54,979 cases were under process for settlement worth Rs 79.54 crore, as of November 2022. The scheme was launched in 2018.

CAG also found that five hospitals in the state reflected higher occupancy than bed strength to claim reimbursement.

Scheme guidelines stipulate that if a family member does not have an Aadhaar card, she/he is still eligible but can get treatment only once without an Aadhaar or an Aadhaar enrolment slip. A signed declaration is taken from the beneficiary that they do not possess an Aadhaar card and understand that they will need to produce an Aadhaar or the enrolment slip prior to the next treatment.

There are 1.42 lakh claims in Haryana, who availed their second and onward treatment without Aadhaar authentication worth Rs 74.32 crore, the report said.

Also, Rs 8.49 lakh was paid against 114 disabled cards in the state. In Haryana, a comparison of Haryana pensioner's database with the scheme database revealed that 114 pensioners were included as beneficiaries, who were ineligible, and had availed treatment costing Rs 26.81 lakh.

The National Health Authority several trigger alerts for the identification of suspicious beneficiary registration under the scheme. These cases are forwarded to the State Health Authority's anti-fraud teams for investigation.

In the case of Haryana, there were 19,338 (22.1%) triggers that were proved fraud pertaining to 6,445 cards while 34,647 triggers pertaining to 11,537 cards remained pending. A total of 87,660 triggers were generated in the case of the state, of which 33,675 were found genuine.

CAG found that a recovery of Rs 36.67 lakh was imposed on defaulting hospitals, but Rs 16.85 lakh was yet to be recovered. https://www.tribuneindia.com/news/haryana/cag-dead-patients-got-reimbursement-under-pmjay-533747

20. Health Ministry defends PMJAY as CAG audit exposes multiple frauds *(thehindu.com)* Aug 09, 2023

CAG report noted that almost 7.5 lakh beneficiaries were linked to single mobile number; Health Ministry says mobile numbers not used in beneficiary validation process

With the Centre's flagship health insurance taking fire over irregularities exposed by the Comptroller and Auditor General this week, the Health Ministry defended the scheme on Wednesday, saying that mobile numbers did not play any role in the verification of scheme beneficiaries.

The CAG's performance audit report, tabled in the Lok Sabha on Monday, noted multiple cases of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PMJAY) providing treatment for patients who had already been declared dead, as well as for thousands of people using the same Aadhaar number or invalid mobile phone number.

Bogus numbers

For instance, almost 7.5 lakh people in the scheme's beneficiary database were linked with a single cellphone number: 9999999999. Almost 1.4 lakh were linked to the number 8888888888, while another 96,000 were linked to another obviously bogus number. There were some similar cases of multiple beneficiaries being linked to a single Aadhaar number as well; in Tamil Nadu, for instance, 4,761 registrations were made against just seven Aadhaar numbers.

In its statement, the Health Ministry said that the scheme only used mobile numbers to reach out to the beneficiaries in case of any need and for collecting feedback regarding the treatment, rather than for any verification purposes.

"AB-PMJAY identifies the beneficiary through Aadhaar identification wherein the beneficiary undergoes the process of mandatory Aadhaar based e-KYC. The details fetched from the Aadhaar database are matched with the source database and accordingly, the request for Ayushman card is approved or rejected based on the beneficiary details,'' the Ministry said.

'Random ten-digit numbers'

It further explained that treatment to beneficiaries could not be withheld just on the grounds that the beneficiary does not carry a valid mobile number, or that the mobile number given by them had changed.

With regard to the use of the same mobile number by multiple beneficiaries, the Ministry noted that initially the mobile number was not a mandatory field during beneficiary verification, and therefore mobile number was not validated in the process. However, since there was a field for collecting mobile numbers, it is possible that some random ten-digit number was entered by the field level workers in some cases, the statement said. However, this would not impact either the correctness of the beneficiary verification process or the validity of the beneficiaries' claim, the Ministry insisted. Further, necessary changes have been made in the current IT portal used by the National Health Authority (NHA) to capture only valid mobile numbers, in case the same is possessed by the beneficiary, it said.

The Ministry added that the NHA has also provided three additional options — fingerprint, iris scan and face-authentication — for beneficiary verification along with OTP, of which fingerprint-based authentication is most commonly used.

Systemic issues raised

Other key failures exposed by the CAG included private hospitals performing procedures reserved for public hospitals, hospitals with pending penalties amounting to multiple crores of rupees, fraudulent database errors and spending on ineligible beneficiaries, and more systemic issues such as shortages of infrastructure, equipment and doctors at empanelled hospitals, as well as cases of medical malpractice.

According to the report, in the absence of adequate validation controls, errors were noticed in beneficiary databases, such as invalid names, unrealistic date of birth, duplicate PMJAY IDs, and unrealistic size of family members in a household.

'Dead' patients treated

The CAG report also said that patients earlier shown as "dead" continued to avail treatment under the scheme. The maximum number of such cases were in Chhattisgarh, Haryana, Jharkhand, Kerala and Madhya Pradesh. The minimum number of such cases were observed in the Andaman & Nicobar Islands, Assam, Chandigarh, Manipur and Sikkim.

"Data analysis of mortality cases in the Transaction Management System (TMS) revealed that 88,760 patients died during treatment specified under the Scheme. A total of 2,14,923 claims shown as paid in the system, related to fresh treatment in respect of these patients,'' said the report.

Pending penalties

The CAG also noted that penalties amounting to ₹12.32 crore from 100 hospitals were pending in nine States, and that in Andhra Pradesh and Punjab, private hospitals were performing procedures reserved for public hospitals.

In six States and UTs, ineligible households were found to have registered as PMJAY beneficiaries and availed the benefits of the scheme. The expenditure on these ineligible beneficiaries ranged from ₹12,000 in Chandigarh to ₹22.44 crore in Tamil Nadu. In

nine States and UTs, there were delays in processing of rejection cases. The delay ranged from one to 404 days.

In several States and UTs, the available equipment in empanelled hospitals were found to be non-functional. https://www.thehindu.com/news/national/health-ministry-defends-pmjay-as-cag-audit-exposes-multiple-frauds/article67175861.ece

21. CAG raises concern over beneficiary data quality *(fortuneindia.com)* Aug 10, 2023

The CAG's Performance Audit Report on AB-PMJAY found that registration of multiple beneficiaries against the same or invalid mobile number was noted in the Beneficiary Identification System.

Apex auditor Comptroller and Auditor General (CAG) of India has raised concerns over the quality of data available in the Beneficiary Identification System (BIS), the key IT module that helps verify beneficiaries from the database and create beneficiary registries under the central government's flagship free healthcare scheme Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY).

Tabled in Parliament on August 8, the CAG's Performance Audit Report on AB-PMJAY covering the period September 2018 to March 2021 says it noted registration of multiple beneficiaries against the same or invalid mobile number were noted in the Beneficiary Identification System (BIS). The audit report points out that over 7.49 lakh beneficiaries were registered against one (invalid) mobile number 9999999999. Another 1.39 lakh persons had '8888888888' as their mobile number. The report also revealed that in 43,197 households, the size of the family was unrealistic, ranging from 11 to 201 members. Similarly, it was found that PMJAY ID was not unique in 1,57,176 cases.

"Presence of such unrealistic members in a household in the BIS database indicates not only lack of essential validation controls in the beneficiary registration process, but also the possibility that beneficiaries are taking advantage of the lack of a clear definition of family in the guidelines", the report said.

The analysis of BIS data also showed several inconsistencies in the Socio Economic and Caste Census (SECC) database. The System showed different names and dates of birth of beneficiaries in two different columns. Other errors included invalid or blank entries in the fields for name, year of birth and gender of beneficiary. The name column was left blank in 22,78,579 cases.

Launched on 23 September 2018, AB-PMJAY aims to provide health cover of ₹5 lakh per family per year for secondary and tertiary care hospitalisation to over 10.74 crore families from the poor and vulnerable section of the population, based on the deprivation and occupational criteria of the SECC (2011) database. As of November 2022, 7.87 crore beneficiary households were registered, constituting 73% of the targeted households of 10.74 crore.

The BIS database is key to the success of the scheme as all beneficiaries require registration in the system (BIS) once, either in advance or at the time of their first

treatment, for availing benefits of the scheme. BIS has a provision for marking/flagging the beneficiaries to indicate whether they pertain to PMJAY or the State's own scheme.

The report also points out that the National Health Authority (NHA), has agreed with the audit observation and replied that with the deployment of BIS 2.0, this issue shall be resolved. "The BIS 2.0 system has been configured so that more than certain number of families cannot use the same mobile number. This shall arrest the prevalence of entering "random numbers" which constitute the overwhelming cases of mobile number inconsistency", the report said. https://www.fortuneindia.com/macro/cag-raises-concern-over-beneficiary-data-quality/113698

22. Fake accounts: 9999999999 number used by 7.5 lakh beneficiaries! CAG points lapses in PM Jan Arogya Yojana!

(news9live.com) Aug 09, 2023

The Comptroller and Auditor General (CAG) unearthed discrepancies in the PM Jan Arogya Yojana (PMJAY) including 7.5 lakh beneficiaries using just one number-9999999999, according to a report tabled in the Parliament.

Other discrepancies discovered were:

-Invalid names
-Unreal date of birth
-Duplicate IDs
-Unrealistic family size

The CAG also discovered that several beneficiaries did not exist on paper and withdrew money illegally during 2018-2022.

The treatment of people was shown on paper, even as the beneficiaries had died.

In some cases, it was discovered that the same patient was admitted to multiple hospitals during the same period.

Nearly 88,000 patients died during the treatment. However, 2 lakh same patient claims were discovered by the CAG.

Some of the states which reported the most irregularities:

-Chhattisgarh
-Madhya Pradesh
-Haryana
-Jharkhand
-Kerala

The government-sponsored healthcare scheme, inaugurated as a flagship offering seems to have run into problems.

What is PMJAY?
PMJAY provides healthcare cover up to Rs 5 lakh per family on a yearly basis.

How many family members are covered by PMJAY?
There is no cap on the number of family members that can be covered under PMJAY uo to Rs 5 lakh per year.

Who implements PMJAY scheme?
PMJAY is a central government scheme that is implemented by the states.

How many beneficiaries are covered under PMJAY?
As of May 31, 2023, Ayushman cards were issued to 23.39 crore beneficiaries.

Who implements PMJAY scheme?
PMJAY is a central government scheme that is implemented by the states.

How many beneficiaries are covered under PMJAY?
As of May 31, 2023, Ayushman cards were issued to 23.39 crore beneficiaries.

Who is eligible for PMJAY?
Following is the eligibility criteria for rural areas:

-Families without a male member in the 16-59 year age group
-Families without adults in 16-59 age year group
-Families with a disabled member who is not accompanied by an able-bodied adult
-SC and ST households
-Families of manual scavengers
-Families of contract labour released legally
-Tribal households
-Below-poverty-line families

Following the eligibility criteria for urban areas:

-Those involved in begging
-Those involved in rag picking
-Those who do domestic work
-People from the ahwking, street vending, cobbler, or other pavement based profession
-Those involved in sanitation and sweeping
-Those involved in trades such as labour, consturction work, painters, plumbers, security, welders
-Transport sevrice providers such as drivers and conductors, rickshaw pullers, helpers
https://www.news9live.com/business/fake-accounts-9999999999-number-used-by-7-5-lakh-beneficiaries-cag-points-lapses-in-pm-jan-arogya-yojana-2243560

23. National Auditor Identifies Discrepancy: 7.5 Lakh Accounts Linked to a Single Number in Health Scheme *(inventiva.co.in)* Aug 10, 2023

The findings of the Comptroller and Auditor General of India (CAG) report reveal concerns regarding data integrity and management within the Ayushman Bharat – Pradhan Mantri Jan Aarogya Yojana (PMJAY). Identifying and linking beneficiaries to

a single phone number suggest potential errors or irregularities in data collection and management.

The PMJAY scheme is a significant initiative to provide essential healthcare coverage to economically disadvantaged families. The identified issue of nearly 7.5 lakh beneficiaries being linked to a single phone number raises questions about the accuracy of beneficiary records and whether proper verification and validation procedures were followed during enrollment.

Accurate data is crucial for effectively implementing such a healthcare scheme, as it directly impacts the delivery of benefits to the intended recipients. Any errors or gaps in the data can lead to improper allocation of resources, coverage, and services.

The report's findings emphasize the need for robust data management systems, thorough verification processes, and regular audits to ensure the integrity of beneficiary information under the PMJAY scheme. Addressing these concerns is important to maintain the credibility and effectiveness of the program in delivering healthcare support to vulnerable families across the country.

The fact that a significant number of beneficiaries, specifically 7,49,820 individuals, were linked to a single mobile number (9999999999) in the Beneficiary Identification System (BIS) of the Ayushman Bharat – Pradhan Mantri Jan Aarogya Yojana (PMJAY) raises serious concerns about the accuracy and integrity of the beneficiary data.

Such a situation of multiple beneficiaries being linked to a single mobile number suggests potential errors, data duplication, or manipulation in the system. Accurate and distinct identification of beneficiaries is essential to ensure that the intended beneficiaries receive the healthcare benefits they are entitled to under the PMJAY scheme.

This discovery underscores the need for a comprehensive review of the data management and enrollment processes within the PMJAY scheme. It is crucial to rectify any inaccuracies, errors, or vulnerabilities in the data collection and verification methods to maintain the credibility and effectiveness of the program in providing healthcare support to vulnerable families. It also highlights the importance of strong data governance practices and regular audits to prevent and address such issues in the future.

The revelation that a significant number of beneficiaries were registered under the same or invalid mobile numbers during the period from September 2018 to March 2021, as highlighted by the Comptroller and Auditor General of India (CAG), points to serious flaws in the data collection and registration process of the Ayushman Bharat – Pradhan Mantri Jan Aarogya Yojana (PMJAY).

Each beneficiary's unique and valid mobile number is crucial for proper identification and record-keeping. It allows for efficient tracking and access to beneficiary information, especially in cases where individuals may have lost their e-cards or IDs. The fact that many beneficiaries were linked to identical or invalid mobile numbers raises concerns about data accuracy, data integrity, and potentially fraudulent activities.

The CAG's report underscores the necessity for rigorous quality checks and validation mechanisms during beneficiary registration. Addressing the issues highlighted in the report is essential to ensure that the benefits of the PMJAY scheme reach the intended beneficiaries promptly and effectively while also maintaining the transparency and accountability of the program. It highlights the need for ongoing monitoring, data cleansing efforts, and technological improvements to strengthen the scheme's implementation and prevent future data-related discrepancies.

The National Health Authority's response indicating the deployment of the Beneficiary Identification System (BIS) 2.0 to address the identified issues in the Ayushman Bharat – Pradhan Mantri Jan Aarogya Yojana (PMJAY) is a positive step toward rectifying the data gaps and errors highlighted by the Comptroller and Auditor General of India (CAG). The implementation of BIS 2.0, which is configured to prevent the excessive use of the same mobile number for multiple families, is expected to enhance the accuracy and reliability of beneficiary records.

Addressing the issue of unrealistic household sizes is also crucial to maintain the scheme's credibility. Large family size variations could lead to inaccuracies in determining eligibility and allocating benefits. Ensuring that household sizes are realistic and within reasonable ranges is essential to provide equitable and fair access to healthcare benefits for eligible beneficiaries.

The corrective measures introduced by the National Health Authority demonstrate their commitment to improving the functioning and effectiveness of the PMJAY scheme. As the BIS 2.0 system is rolled out and the identified issues are rectified, it is anticipated that the data accuracy and integrity of the scheme will be significantly enhanced, leading to better implementation and outcomes for the beneficiaries.

The identification of unrealistic household sizes and the inclusion of ineligible beneficiaries in the Ayushman Bharat – Pradhan Mantri Jan Aarogya Yojana (PMJAY) scheme, as pointed out in the report, raises concerns about the effectiveness and efficiency of the beneficiary registration and validation process. The lack of essential validation controls and clear guidelines for beneficiary registration might have contributed to such issues, allowing ineligible beneficiaries to take advantage of the system.

Including pensioners and ineligible beneficiaries from multiple states further highlights the need for robust monitoring and verification mechanisms. Delays in identifying and removing such beneficiaries can result in the misuse of valuable resources and excess payments to insurance companies, potentially undermining the intended purpose of the PMJAY scheme.

To ensure the success and impact of PMJAY, the registration process must be thoroughly reviewed and improved to prevent the inclusion of ineligible individuals. Clear guidelines, stringent validation checks, and timely verification procedures should be implemented to minimize the risk of such discrepancies. Additionally, efficient and regular monitoring mechanisms are essential to promptly identify and rectify any instances of misuse or inaccuracies in the beneficiary data.

The report's findings emphasize the need for continuous improvement and vigilance in implementing social welfare programs like PMJAY to ensure that the benefits reach the intended beneficiaries and are not misused or wasted due to administrative gaps.

The response from the National Health Authority (NHA) to develop a Standard Operating Procedure (SOP) for states to remove ineligible beneficiaries based on AB-PMJAY criteria is a positive step toward addressing the issues highlighted in the CAG report. A well-defined SOP can provide a standardized and systematic approach to identifying and removing ineligible beneficiaries, ensuring that only deserving individuals and families benefit from the scheme.

The shortcomings in infrastructure, equipment, and quality standards of empanelled hospitals raise concerns about the overall effectiveness and delivery of healthcare services under PMJAY. It is crucial for the scheme's success that the participating hospitals meet the prescribed minimum criteria and quality standards to provide adequate healthcare to beneficiaries. Identifying duplicate registrations against Aadhaar numbers points to the need for stronger data validation and verification processes to prevent such discrepancies.

The CAG report underscores the importance of continuous monitoring, oversight, and improvement in implementing PMJAY. Addressing beneficiary eligibility, infrastructure, hospital empanelment, and data accuracy is essential to ensure the scheme provides affordable healthcare to vulnerable and underprivileged families. Regular audits, stringent quality checks, and effective coordination between central and state authorities are necessary to rectify shortcomings and enhance the overall efficiency of the scheme. https://www.inventiva.co.in/trends/national-auditor-discrepancy/

24. PMJAY: CAG flags data gaps, errors | Startling revelations made in the auditor's report on flagship health scheme *(timesnownews.com)* Aug 09, 2023

The Comptroller and Auditor General (CAG) of India has flagged a number of irregularities in the implementation of the Union government's flagship health insurance scheme Ayushman Bharat-Pradhan Mantri Jan Aarogya Yojana (PMJAY).

CAG tabled a report in the Lok Sabha on Monday, which highlighted critical faults within the database of the Pradhan Mantri Jan Arogya Yojana. The report showed that nearly 7.5 lakh beneficiaries were linked with a single cellphone number in the Beneficiary Identification System (BIS) of the scheme.

The same patient was shown admitted in multiple hospitals during the same hospitalisation period, number of patients admitted in hospitals exceeding their declared bed strength, and fresh claims made for over 88,000 patients declared 'dead' under earlier claims.

The BIS is a critical component of PMJAY to ensure there are no duplications and that eligible people get healthcare benefits. However, these data showing a significant

number of beneficiaries were linked to a single mobile number has raised some serious questions over the efficacy of the system.

The registered mobile number of about 7.5 lakh people under the scheme was also wrong as there is no SIM card of that number. Analysis of BIS database revealed such a large number of fake registrations. Another similar case has also been mentioned in the report, in which it has been reported that about 1.39 lakh people have their mobile number 8888888888. While 96,046 other people are linked with one number 90000000. Apart from this, about 20 such numbers have been detected, with which 10,000 to 50,000 beneficiaries are connected.

With a single mobile number being shown on the papers by multiple beneficiaries, the scope for misuse and diversion of funds becomes evident. Experts are of the view that the discrepancy could be exploited to siphon off benefits meant for deserving patients or even lead to inflated claims by unscrupulous entities. https://www.timesnownews.com/business-economy/industry/pmjay-cag-flags-data-gaps-errors-startling-revelations-made-in-the-auditors-report-on-flagship-health-scheme-article-102574960

25. Mobile number not needed to verify Ayushman Bharat beneficiaries: Govt on CAG report *(hindustantimes.com)* Aug 10, 2023

Mobile numbers are not required to verify beneficiaries of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) and the identification process is carried out on the basis of Aadhaar details, government officials said on Wednesday, a day after the Comptroller and Auditor General (CAG) flagged several discrepancies in the country's public health assurance scheme.

Among the several concerns, CAG flagged the registration of 749,820 beneficiaries against a same or invalid mobile number in the Beneficiary Identification System (BIS).

"The mobile number is recorded only for the sake of reaching out to beneficiaries in case of any requirements and for collecting feedback regarding the treatment provided," a senior government official said, seeking anonymity.

"Multiple AB-PMJAY beneficiaries are linked with the same mobile number. These are invalid mobile numbers like 9999888877, 8888443322, etc. The matter has been portrayed to suggest that a large number of beneficiaries would have become eligible under the scheme fraudulently," the official added.

The health scheme recognises its beneficiaries through Aadhaar identification wherein the beneficiary undergoes the process of mandatory Aadhaar based e-KYC, the official said. "The details fetched from the Aadhaar database are matched with the source database and accordingly, the request for the Ayushman card is approved or rejected. However, there is no role of mobile number in the verification process," the official added.

The official also said that treatment cannot be withheld on the ground that the beneficiary does not carry a valid mobile number.

“Also, PM-JAY is an entitlement-based scheme and not an enrolment-based scheme and therefore, the beneficiary database is fixed and cannot be edited to add new beneficiaries. Thus, the mobile number has no role in deciding beneficiary eligibility. It is an erroneous presumption that beneficiaries can avail treatment using mobile numbers,” the official said.

On the use of same mobile number by multiple beneficiaries, the official said that initially, the mobile number was not a mandatory field during beneficiary verification and therefore, the number was not validated in the process.

“However, since there was a field for collecting mobile numbers, it is possible that some random 10-digit number was entered by field level workers in some cases. However, this wouldn’t impact either the correctness of the beneficiary verification process or the validity of the beneficiaries’ claim,” the official said.

Necessary changes have been made in the current IT portal used by the National Health Authority (NHA) for capturing only valid mobile numbers, in case the same is possessed by the beneficiary, the official added.

The NHA has also provided three additional options i.e., fingerprint, iris scan and face-authentication, for beneficiary verification along with OTP, of which fingerprint-based authentication is most used, the official said. https://www.hindustantimes.com/india-news/mobile-number-not-needed-to-verify-ayushman-bharat-beneficiaries-govt-on-cag-report-101691615118677.html

26. Ayushman Bharat 'for dead': Rs 2.60 crore siphoned off, Kerala tops list with 966 cases *(onmanorama.com)* Aug 10, 2023

New Delhi: Money is being siphoned off in the name of dead people through the centrally sponsored 'Ayushman Bharat — Pradhan Mantri Jan Arogya Yojana' (PMJAY), and Kerala tops the list, the Comptroller and Auditor General (CAG) has found.

Of the 3,466 'dead claimants' in whose names the money was allegedly siphoned off in the country, 966 were from Kerala. In the report tabled in Parliament, the CAG said hospitals in the state received Rs 2.60 crore on this score.

The report highlights serious lapses in the implementation of the Central Government's flagship scheme in the health sector. The CAG had brought the issue to the attention of the National Health Authority (NHA) after an audit in July 2020. Confirming the lapse, the NHA announced in April 2022, nearly two years later, that it had taken steps to deactivate the PMJAY account of the deceased patients.

However, even after that, money was siphoned off in the name of the dead. Madhya Pradesh (403), Chhattisgarh (365), Haryana (354), and Jharkhand (250) have reported the most cases after Kerala. The CAG has rejected the technical reasons cited by the NHA for the lapse. It was observed that there were lapses at the official level, too.

The CAG has recommended a detailed investigation by the national and state health authorities into the irregularities that occurred in each case.

Phone number of 9.85 lakh people is 3!
'Ayushman Bharat—Pradhan Mantri Jan Arogya Yojana' (PMJAY) is a health insurance scheme of the Central Government for low-income groups. A family will get medical coverage of Rs 5 lakh per year. More than 10 crore people in the country are part of the scheme. The insurance cover will be available for treatment in government hospitals and in private hospitals that have joined the scheme.

There are errors from the registration process onward. The mobile number given by 9.85 lakh people is '3'! The mobile numbers of another 7.49 lakh people are 9999999999. The CAG also found that there were 1.39 lakh people registered with the number 8888888888.
https://www.onmanorama.com/news/kerala/2023/08/10/ayushman-bharat-money-siphoned-off-in-the-name-of-dead-ones-966-cases-in-kerala.html

27. Ghost patients and dead beneficiaries: CAG report exposes Ayushman shockers in MP *(timesofindia.indiatimes.com)* Aug 10, 2023

BHOPAL: The Comptroller and Auditor General of India has flagged shocking discrepancies and irregularities in the Ayushman Bharat scheme in Madhya Pradesh.

Among the glaring examples are a whopping 8,081 examples of the same patient being shown in multiple hospitals during the same hospitalisation period.

Madhya Pradesh has been cited among the states with a high number of irregularities in the pan-India audit. There are repeated cases of a beneficiary listed as "dead" during earlier claims/treatments figuring in multiple hospitals during the same time. Plus, there are suspect cards and alleged ghost beneficiary registrations. As many as 213 hospitals were involved in the deception involving the same patient being treated in different hospitals at the same time, says the CAG performance audit of National Health Authority. Over Rs 1.1 crore was paid for 403 patients who had 'died' in previous admissions. As for recovery, to be made from defaulting hospitals, MP Ayushman has the worst figures - 96% of the recovery is yet to be done, says the CAG report.

24 govt hosps listing more patients than bed strength: CAG
Jawaharlal Nehru Cancer Hospital and Research Centre had 100 beds as on March 20, 2023, but an occupancy of 233 was shown. The report names 24 hospitals, including a government hospital, as listing far more in-patients than bed-strength.

The amount paid without biometric authentication through MP Ayushman Bharat was Rs 160 crore, whereas the amount paid for claims of Aadhaar-authenticated patients was Rs 126 crore. The highest number of admissions of the same patient in multiple hospitals during the same hospitalisation period was noted in Chhattisgarh, Gujarat, Kerala, Madhya Pradesh and Punjab. Three large states - Bihar, Madhya Pradesh and Uttar Pradesh - which account for 30% of the Ayushman beneficiary population, are implementing the Scheme for the first time and the demand for healthcare services under PMJAY is still picking up, report states.

https://timesofindia.indiatimes.com/city/bhopal/ghost-patients-and-dead-beneficiaries-cag-report-exposes-ayushman-shockers-in-mp/articleshow/102591799.cms?from=mdr

28. Aadhaar '000000000000' Used for 1,285 Ayushman Beneficiaries in Tamil Nadu *(timesnownews.com)* Aug 10, 2023

In a surprising revelation, it has come to light that 1,285 beneficiaries enrolled under India's flagship health scheme, the Ayushman Bharat-PM Jan Aarogya Yojana (AB-PMJAY), in Tamil Nadu are linked to the Aadhaar number '000000000000'. Additionally, a significant number of households included in the scheme have declared family sizes that range from 11 to a staggering 200 members.

The startling data was unveiled through a comprehensive analysis conducted by the Comptroller and Auditor General of India (CAG). The findings were presented as part of the CAG's audit report on the performance of AB-PMJAY in Parliament on Tuesday, shedding light on concerning irregularities within the scheme.

Among the key findings, the CAG's analysis revealed that within the scheme's beneficiaries, a substantial 43,197 households had declared family sizes between 11 and 200 members. Specifically, the analysis found that 43,180 households had reported family sizes ranging from 11 to 50 members, indicating potential discrepancies in these declarations.

Further investigation pointed out that within this group, 12 households declared family sizes between 50 and 100 members, and an additional four households astonishingly declared family sizes ranging from 100 to 200 members. A particularly curious case emerged where an audit showed that a single household had declared an unusually high number of 200 to 201 family members.

"Presence of such unrealistic members in a household in the BIS database indicates not only lack of essential validation controls in the beneficiary registration process, but also the possibility that beneficiaries are taking advantage of the lack of a clear definition of family in the guidelines," TOI quoted CAG as saying.

The discrepancies in the declared family sizes and the linkage of beneficiaries to the '000000000000' Aadhaar number raise questions about the accuracy and integrity of the AB-PMJAY data. These revelations have sparked concerns about the effectiveness and proper implementation of the flagship health scheme in Tamil Nadu.

As the CAG's report brings these anomalies to the forefront, it prompts discussions on the need for robust data management and stringent oversight to ensure the intended benefits of such critical schemes reach the rightful recipients without any hindrance or misrepresentation.

The National Health Authority (NHA), responsible for overseeing AB-PMJAY, acknowledged the findings of the audit and affirmed that the National Anti-Fraud Unit (NAFU) had consistently issued reminders to the states/union territories (UTs) about disparities in verified data.

"However, 'public health' being a state subject, the final decision in this regard vests with the state governments. Also, NHA is developing a policy to disable 'Add Member' functionality in case of any beneficiary family with more than 15 members," NHA said.

In response to the issues concerning Aadhaar linkage errors in Tamil Nadu, the NHA clarified that the state employs its own IT platform and database for beneficiary identification. The NHA has advised states to transition to the NHA's Aadhaar-based BIS platform, aiming to enhance beneficiary verification procedures, as outlined in the CAG report. https://www.timesnownews.com/india/aadhaar-000000000000-used-for-1285-ayushman-beneficiaries-in-tamil-nadu-article-102594001

29. CAG Audit Reveals Discrepancies in Ayushman Bharat Database; Invalid Entries and Ineligible Beneficiaries Identified

(vomnews.in) 9 August 2023

The Comptroller and Auditor General (CAG) has brought to light a series of discrepancies within the database of the Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). The audit report, presented in Parliament, highlighted issues such as invalid names, unrealistic dates of birth, duplicate health IDs, and inflated family sizes in the beneficiary records of the health insurance scheme.

Ineligible Beneficiaries Availing Benefits

A significant concern raised in the report is the identification of ineligible households registered as beneficiaries of the PMJAY. Shockingly, these households had availed benefits ranging from ₹0.12 lakh to ₹22.44 crore under the scheme. These findings raise concerns about the effectiveness of validation controls and the accuracy of the beneficiary database.

The report pointed out that around 7.87 crore beneficiary households were registered, accounting for 73% of the targeted 10.74 crore households as of November 2022. However, without robust validation controls, errors emerged in the beneficiary database, including invalid names, unrealistic dates of birth, duplicate IDs, and unrealistic family sizes.

Mobile Numbers and Verification Process

The report noted the use of the same mobile number by multiple beneficiaries, further questioning the verification process. However, the Health Ministry clarified that the mobile number does not play a role in the verification process for eligibility. It is only collected for communication purposes and to gather feedback on provided treatments.

The Ministry emphasized that beneficiary eligibility is determined through Aadhaar identification, involving a mandatory Aadhaar-based e-KYC process. The mobile number’s role is limited to communication and does not impact beneficiary eligibility or treatment validity.

Enhancing Beneficiary Verification Process

In response to the audit findings, the National Health Authority (NHA) has introduced additional verification options, including fingerprint, iris scan, face authentication, along with the existing OTP method. Fingerprint-based authentication has been the most widely utilized option. Necessary changes have been made to ensure accurate collection and validation of mobile numbers during the beneficiary verification process.

The report underscores the need for rigorous data validation controls and accurate beneficiary identification within the AB-PMJAY scheme. While challenges have been identified, the government's efforts to enhance the verification process and ensure that benefits reach eligible recipients remain ongoing. https://www.vomnews.in/cag-audit-reveals-discrepancies-in-ayushman-bharat-database-invalid-entries-and-ineligible-beneficiaries-identified/

30. Congress asks Centre to launch probe as national auditor flags error in health scheme *(indiatoday.in)* 09 August 2023

The Congress accused the Centre of corruption after the Comptroller and Auditor General (CAG) highlighted significant discrepancies in the data of Ayushman Bharat - Pradhan Mantri Jan Aarogya Yojana (PMJAY) health scheme.

The CAG report, which was tabled in Lok Sabha on Monday, revealed that nearly 7.5 lakh beneficiaries of the PMJAY were registered under a single mobile number.

As per the report, as many as 7,49,820 beneficiaries were noted in the Beneficiary Identification System (BIS) with a particular mobile number - 9999999999, while 1,39,300 beneficiaries were linked with another mobile number - 8888888888. Similarly, 96,046 beneficiaries were linked with mobile number - 9000000000. https://www.indiatoday.in/amp/india/story/congress-slams-centre-as-national-auditor-flags-error-in-health-scheme-demands-probe-2418725-2023-08-09

31. 'Cheating the poor': Congress slams Centre over PMJAY data discrepancies *(hindustantimes.com)* Aug 10, 2023

The Congress on Thursday slammed the Centre claiming the Prime Minister Narendra Modi-led government has cheated the poor through its schemes pointing to the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY).

Citing a report by the Comptroller and Auditor General (CAG) presented in the Parliament on Monday, Congress President Mallikarjun Kharge said that the Modi-led government is the real face of "Quit India".

"This is Modi government's corruption – the real face of "Quit India"!! CAG has exposed the big fraud in Modi ji's much-publicised Ayushman Bharat. CAG has exposed only some aspects of this mega-scam," Kharge wrote on Twitter.

The report reveals irregularities such as 750,000 beneficiaries of the PMJAY registered under a single mobile number. More than 139,000 beneficiaries are associated with the mobile number 8888888888, while over 96,000 beneficiaries are connected to 9000000000.

Calling it the tip of the iceberg, the Congress chief said, "The CAG has found that - Lakhs of beneficiaries are linked with a single mobile number. Crores have been paid to the deceased beneficiaries. There are 43,000 families among the beneficiaries whose member numbers range from 11 to 201. Fraud, fraud, scam, corruption of the Modi government bankrupted the patients!"

He added, "The Modi government, which talks about the welfare of the poor, is on top in cheating the poor!"

The CAG report also noted several other discrepancies in the patient's database, including invalid names, wrong dates of birth, duplicate PMJAY IDs, and unrealistic family sizes. From Rs.0.12 lakh in Chandigarh to Rs.22.44 crore in Tamil Nadu, the money taken by the beneficiaries varies substantially.

The AB-PMJAY was launched in 2018 aiming to provide health cover of Rs.5 lakh per family per year for secondary and tertiary care that include hospitalisation to the poor and needy section of the population, improving health care quality and affordability for the vulnerable sections of the society. https://www.hindustantimes.com/india-news/congress-slams-modi-government-for-cheating-poor-with-ayushman-bharat-scheme-cag-report-exposes-megascam-101691655443025.html

32. कैग को आयुष्मान भारत डेटाबेस में अवैध नाम एवं अवास्तविक जन्मतिथि जैसी ढेरों विसंगतियां मिलीं *(hindi.theprint.in, bhasha.ptinews.com, hindi.latestly.com)* 09 August 2023

नियंत्रक एवं महालेखा परीक्षक (कैग) ने आयुष्मान भारत- प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के डेटाबेस में अवैध नामों, अवास्तविक जन्मतिथियों, नकली स्वास्थ्य पहचान पत्रों और अवास्तविक परिवार आकार समेत कई विसंगतियों को उजगार किया है।

मंगलवार को पेश की गयी कैग रिपोर्ट में बताया गया है कि अपात्र परिवार पीएमजेएवाई लाभार्थी के रूप में पंजीकृत पाये गये हैं तथा उन्होंने इस योजना के तहत 0.12 लाख से 22.44 करोड़ रुपये तक के लाभ लिये हैं।

रिपोर्ट में कहा गया है, '' राष्ट्रीय स्वास्थ्य प्राधिकरण के रिकार्ड के अनुसार 7.87 करोड़ लाभार्थी परिवार पंजीकृत हैं जो लक्षित 10.74 करोड़ परिवार का 73 प्रतिशत है। समुचित सत्यापन नियंत्रण के अभाव में लाभार्थी डेटाबेस में अवैध नाम, अवास्तविक जन्मतिथि, नकली पीएमजेएवाई पहचान पत्र, अवास्तविक परिवार आकार जैसी गड़बड़ियां पायी गयी हैं।"

स्वास्थ्य मंत्रालय के सूत्रों ने बुधवार को बताया कि सत्यापन प्रक्रिया में मोबाइल नंबर की कोई भूमिका नहीं है।

एक आधिकारिक सूत्र ने कहा, '' मोबाइल नंबर किसी जरूरत की स्थिति में लाभार्थी तक पहुंचने तथा उपचार के संबंध में फीडबैक लेने भर के लिए लिया जाता है।"

सूत्रों ने कहा कि मोबाइल नंबर की लाभार्थी की पात्रता तय करने में कोई भूमिका नहीं है और यह गलत धारणा है कि लाभार्थी मोबाइल नंबर की मदद से उपचार पा सकता है।

कैग रिपोर्ट में कहा गया है कि इस स्वास्थ्य बीमा योजना में कई लाभार्थी एक ही मोबाइल पर पंजीकृत हैं। उसने कहा कि मोबाइल नंबर 9999999999 पर 7.49 लाख लोग बतौर लाभार्थी पंजीकृत हैं।

सूत्रों ने कहा कि कार्यनिष्पादन ऑडिट इस योजना के आरंभिक चरण में किया गया है। https://hindi.theprint.in/india/cag-finds-many-discrepancies-in-ayushman-bharat-database-like-invalid-names-and-unrealistic-birth-dates/581872/

33. AB-PMJAY: 'आयुष्मान भारत में अयोग्य परिवारों ने भी करोड़ों का लाभ उठाया', CAG ने संसद में पेश की ऑडिट रिपोर्ट

(amarujala.com) 09 August 2023

नियंत्रक एवं महालेखा परीक्षक (कैग) ने आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के डाटाबेस में अमान्य नाम, अवास्तविक जन्मतिथि, डुप्लीकेट स्वास्थ्य पहचान पत्र और अवास्तविक परिवार के आकार सहित कई विसंगतियों को उजागर किया है। मंगलवार को संसद में पेश ऑडिट रिपोर्ट में कहा गया है कि अयोग्य परिवारों को पीएमजेएवाई लाभार्थियों के रूप में पंजीकृत पाया गया और उन्होंने योजना के तहत 0.12 लाख रुपये से 22.44 करोड़ रुपये के बीच लाभ उठाया।

इस रिपोर्ट में सीएजी ने दावा किया है कि एक ही मोबाइल नंबर पर कई लाभार्थियों का पंजीकरण किया गया। 7.49 लाख लोग तो सिर्फ एक मोबाइल नंबर 9999999999 पर लाभार्थियों के रूप में पंजीकृत हैं। कैग ने अपनी रिपोर्ट में दावा किया कि उसे डाटाबेस में कई अयोग्य परिवार पीएमजेएवाई लाभार्थी के रूप में पंजीकृत मिले हैं। राष्ट्रीय स्वास्थ्य प्राधिकरण (एनएचए) के रिकॉर्ड के अनुसार, 7.87 करोड़ लाभार्थी परिवार पंजीकृत थे, जो 10.74 करोड़ (नवंबर 2022) के लक्षित परिवारों का 73 फीसदी है। रिपोर्ट में कहा गया कि पर्याप्त सत्यापन नियंत्रण नहीं होने के कारण लाभार्थी डाटाबेस में कई खामियां मिली हैं।

'सत्यापन प्रक्रिया में मोबाइल नंबर की कोई भूमिका'

वहीं स्वास्थ्य मंत्रालय के सूत्रों ने बुधवार को बताया कि सत्यापन प्रक्रिया और लाभार्थी की पात्रता तय करने में मोबाइल नंबर की कोई भूमिका नहीं है। मोबाइल नंबर सिर्फ जरूरत पड़ने पर लाभार्थियों से संपर्क करने के लिए है। यह धारणा गलत है कि कोई मोबाइल नंबर के जरिये उपचार का लाभ उठा सकता है।
सूत्रों ने कहा, परफार्मेंस ऑडिट योजना के प्रारंभिक और आरंभिक चरणों के दौरान किया गया है। तब पंजीकरण प्रक्रिया स्वास्थ्य सेवा प्रदाता की साइट पर होती थी। डाटाबेस में मोबाइल नंबर की भी फील्ड थी और प्रधानमंत्री आयुष्मान मित्र समय बचाने और भीड़ को देखते हुए बिना सोचे समझे कोई भी संख्या दर्ज कर देते थे। इसी कारण रिपोर्ट में कई बेतरतीब नंबर सामने आए हैं।
सूत्रों ने कहा, लाभार्थियों का इलाज सिर्फ इस आधार पर नहीं रोका जा सकता है कि लाभार्थी के पास वैध मोबाइल नंबर नहीं है, या उनकी ओर से दिया गया मोबाइल नंबर बदल गया है। वैसे भी यह योजना पात्रता-आधारित है, न कि नामांकन-आधारित। यही नहीं एनएचए ने ओटीपी के साथ लाभार्थी सत्यापन के लिए तीन अतिरिक्त विकल्प यानी फिंगरप्रिंट,आईरिस स्कैन और फेस-प्रमाणीकरण भी प्रदान किए हैं। जिनमें से फिंगरप्रिंट आधार प्रमाणीकरण का सबसे अधिक उपयोग किया जाता है। https://www.amarujala.com/india-news/invalid-names-unrealistic-dobs-cag-flags-discrepancies-in-ayushman-bharat-database-2023-08-09?pageId=1

34. एक मोबाइल नंबर, 7.5 लाख रजिस्ट्रेशन, जो मर गए वो भी हुए 'ठीक', आयुष्मान योजना में गड़बड़ियों पर CAG का बड़ा खुलासा

(tv9hindi.com) 09 Aug 2023

भारत सरकार की हेल्थ स्कीम 'आयुष्मान भारत योजना' में बड़ी खामियों को उजागर किया गया है. सरकार के खर्चों का हिसाब करने वाली संस्था 'कॉम्पट्रॉलर एंड ऑडिटर जनरल ऑफ इंडिया' (CAG) ने इस योजना में हुई गड़बड़ियों को सामने रखा है. CAG ने अपनी रिपोर्ट में बताया है कि आयुष्मान भारत योजना के तहत करीब 7.5 लाख लोगों का रजिस्ट्रेशन सिर्फ एक फोन नंबर पर किया गया है. इसके अलावा एक और फोन नंबर है, जिस पर 1.39 लाख रजिस्ट्रेशन दर्ज किए गए हैं.

रिपोर्ट में ये बात भी सामने निकलकर आई है कि इस योजना के तहत कई ऐसे लोगों का रजिस्ट्रेशन किया गया है, जो रजिस्ट्रेशन के लिए योग्य नहीं हैं. इन लोगों ने योजना का लाभ भी उठाया है. CAG रिपोर्ट में बताया गया है कि रजिस्ट्रेशन के लिए योग्य नहीं रहने वाले लोगों ने 22 करोड़ रुपये का लाभ लिया है. जिन 7.5 लाख लाभार्थियों ने आयुष्मान भारत का लाभ उठाया है, उनका रजिस्ट्रेशन 9999999999 नंबर से किया गया. मंगलवार को संसद में CAG से जुड़ी रिपोर्ट रखी गई, जिसमें ये जानकारी मिली है.

मरे हुए लोगों को मिला योजना का लाभ

सिर्फ इतना ही नहीं, बल्कि रिपोर्ट में आयुष्मान योजना से जुड़े अस्पतालों की क्वालिटी पर भी सवाल उठाया गया है. CAG रिपोर्ट में इस बात का भी खुलासा किया गया है कि कुछ राज्यों में लाभार्थियों से अलग से पैसे भी वसूले गए हैं. 2017 से 2021 से बीच केंद्र सरकार की इस योजना के तहत 2103 लाभार्थी ऐसे थे, जिनकी मौत हो चुकी थी, लेकिन तब भी उन्हें योजना का फायदा मिल रहा था. छत्तीसगढ़, हरियाणा, झारखंड, केरल और मध्य प्रदेश ऐसे राज्ये थे, जहां इस तरह के सबसे ज्यादा केस रिपोर्ट किए गए हैं.

6.97 करोड़ का किया गया भुगतान

ऑडिट में सबसे बड़ी खामी ये उजागर हुई है कि इस योजना के तहत ऐसे मरीज इलाज करा रहे हैं जिन रोगियों को पहले 'मर गया' दिखाया गया था. लेकिन मरने के बाद भी वे इलाज कराते रहे. TMS में मृत्यु के मामलों के डेटा का विश्लेषण करने से पता चला कि आयुष्मान भारत योजना के तहत उपचार के दौरान 88,760 रोगियों की मृत्यु हो गई.

इन रोगियों के संबंध में नए इलाज से संबंधित कुल 2,14,923 दावों को सिस्टम में भुगतान के रूप में दिखाया गया है. रिपोर्ट में कहा गया है कि उपरोक्त दावों में शामिल करीब 3,903 मामलों क्लेम की राशि का भुगतान अस्पतालों को किया गया. इनमें 3,446 मरीजों से संबंधित पेमेंट 6.97 करोड़ रुपये का था.

इन पांच राज्यों में सबसे ज्यादा धांधली

मरे हुए व्यक्तियों के इलाज का दावे करने के सबसे ज्यादा मामले देश के पांच राज्यों में देखने को मिले हैं. इनमें छत्तीसगढ़, हरियाणा, झारखंड, केरल और मध्य प्रदेश शामिल हैं. कैग रिपोर्ट में कहा गया है कि इस तरह के दावों का सफल भुगतान राज्य स्वास्थ्य एजेंसियों की ओर से अपेक्षित जांचों को सत्यापित किए बिना किया जाना बड़ी चूक की तरफ इशारा करता है. ऑडिट में डेटा एनालाइज करते हुए ये भी पता चला कि इस योजना के एक ही लाभार्थी को एक ही समय में कई अस्पतालों में भर्ती किया गया. जुलाई 2020 में राष्ट्रीय स्वास्थ्य प्राधिकरण ने भी इस मुद्दे को उजागर किया था.

एनएचए ने कहा था कि ये मामले उन परिदृश्यों में सामने आते हैं जहां एक बच्चे का जन्म एक अस्पताल में होता है और मां की पीएमजेएवाई आईडी का उपयोग करके दूसरे अस्पताल में नवजात देखभाल के लिए ट्रांसफर कर दिया जाता है. लेकिन CAG की जांच में सामने आया है कि डेटाबेस में 48,387 मरीजों के 78,396 दावे पाए गए, जिसमें पहले के इलाज के लिए इन मरीजों की छुट्टी की तारीख, उसी मरीज के दूसरे इलाज के लिए अस्पताल में एंट्री की तारीख के बाद की थी. ऐसे मरीजों में 23,670 पुरुष मरीज शामिल हैं.

क्या है आयुष्मान भारत योजना?
प्रधानमंत्री नरेंद्र मोदी ने आयुष्मान भारत योजना को 23 सितंबर, 2018 को झारखंड की राजधानी रांची में लॉन्च किया. आयुष्मान भारत योजना दुनिया में सबसे बड़ी हेल्थ स्कीम है. इसका मकसद हर परिवार को 5 लाख रुपये का हेल्थ कवर मुहैया कराना है. इस योजना के तहत 12 करोड़ गरीब परिवार आते हैं, जिनकी आबादी लगभग 55 करोड़ है. आयुष्मान योजना इस तरह से देश की आबादी का 40 फीसदी कवर करती है. https://www.tv9hindi.com/india/ayushman-bharat-scheme-ab-pmjay-beneficiaries-fraud-cag-report-2033416.html

35. आधार नंबर 000000000000, परिवार में 200 लोग! आयुष्मान भारत योजना में हो रहा भारी फर्जीवाड़ा *(navbharattimes.indiatimes.com)*
10 Aug 2023

तमिलनाडु में केंद्र सरकार की आयुष्मान भारत योजना को लेकर चौंकाने वाला वाकया सामने आया है। आयुष्मान भारत-पीएम जन आरोग्य योजना (AB-PMJAY) का लाभ उठा रहे तमिलनाडु के 1,285 लाभार्थियों का हेल्थ कार्ड, आधार नंबर '000000000000' से लिंक है। इतना ही नहीं, प्रति वर्ष 5 लाख रुपये तक का इलाज मुफ्त में कराने की सुविधा देने वाली इस योजना से जुड़े 43,197 लोगों ने अपने परिवारिक सदस्यों की संख्या 11 से 200 तक बताई है। भारत सरकार का लेखा-जोखा रखने वाली एजेंसी कैग (CAG) की रिपोर्ट में ये बातें सामने आई हैं। योजना की नोडल बॉडी राष्ट्रीय स्वास्थ्य प्राधिकरण (NHA) ने आधार लिंकिंग में गड़बड़ियों को लेकर कहा कि तमिलनाडु सरकार के स्वास्थ्य विभाग इस संबंध में कार्रवाई के लिए राष्ट्रीय धोखाधड़ी रोधी इकाई यानी नाफू (NAFU) की मदद कर रहा है।

हजारों परिवारों में सदस्यों की संख्या पर शंका

आंकड़ों का विश्लेषण करने के बाद कैग ने बताया कि 43,180 लाभार्थियों ने अपने परिवार में 11 से 50 सदस्य होने का दावा किया है। कैग ने मंगलवार को संसद में एबी-पीएमजेएवाई के प्रदर्शन पर अपनी ऑडिट रिपोर्ट पेश की है। इस रिपोर्ट के मुताबिक, ऐसे 12 परिवार हैं जिनमें सदस्यों की संख्या 50 से 100 तक बताई गई है जबकि चार परिवारों ने 100 से 200 सदस्य होने का दावा किया है। ऑडिट रिपोर्ट से पता चला है कि एक परिवार ने तो अपने सदस्यों की संख्या 200 से 201 तक बताई है।

वेरिफिकेशन सिस्टम में खामी

कैग ने कहा, 'बीआईएस डेटाबेस में एक घर में ऐसे अवास्तविक सदस्यों की मौजूदगी का दावे न केवल लाभार्थी पंजीकरण प्रक्रिया में वेरिफिकेशन सिस्टम में खामी की ओर इशारा करता है बल्कि लाभार्थी गाइडलाइंस में परिवार की स्पष्ट परिभाषा के न होने का नाजायज फायदा भी उठा रहे हों।' एबी-पीएमजेएवाई को लागू करने वाली एजेंसी एनएचए ने ऑडिट रिपोर्ट को स्वीकार करते हुए कहा

कि राष्ट्रीय धोखाधड़ी रोधी इकाई (एनएएफयू) ने वेरिफाइड डेटा में गड़बड़ियों को उजागर करते हुए राज्यों और केंद्र शासित प्रदेशों को समय-समय पर रिमाइंडर भेजे थे।

15 के बाद भी सदस्य जोड़ने का हट सकता है विकल्प

हालांकि, 'सार्वजनिक स्वास्थ्य' राज्य का विषय होने के नाते, इस संबंध में अंतिम निर्णय लेने का अधिकार राज्य सरकारों के पास है। इसके अलावा, एनएएच विकल्प भी खत्म करने पर भी विचार कर रहा है जिसके जरिए कोई लाभार्थी अपने परिवार में 15 से भी ज्यादा सदस्य जोड़ सकता है। ध्यान रहे कि अभी परिवार में 15 सदस्यों की जानकारी देने की व्यवस्था है। उससे ज्यादा सदस्यों को जोड़ने के लिए 'सदस्य जोड़ें' का विकल्प है। उधर, एनएएफयू राज्यों और केंद्र शासित प्रदेशों को ऐसे सभी मामलों का पूरी तरह से ऑडिट करने के लिए एक कम्यूनिकेशन भेज रहा है, जहां परिवार का आकार एक निश्चित सीमा से ज्यादा है।

बीआईएस प्लैटफॉर्म पर माइग्रेट करने का निर्देश

एनएएच ने तमिलनाडु में आधार लिंकिंग में गड़बड़ियों को लेकर कहा है कि राज्य, लाभार्थी की पहचान के लिए खुद के आईटी प्लैटफॉर्म (और डेटाबेस) का उपयोग कर रहा है। कैग की रिपोर्ट के अनुसार, एनएचए ने राज्यों से लाभार्थियों के वेरिफिकेशन प्रोटोकॉल को मजबूत करने के लिए एनएचए के आधार बेस्ड बीआईएस प्लैटफॉर्म पर जाने का आग्रह किया है।

मोबाइल नंबर को लेकर भी हुई थी आशंका

आयुष्मान योजना में पहले भी गड़बड़ियों की शिकायत आ चुकी है। इससे पहले 7.5 लाख मामलों में, लाभार्थियों के मोबाइल नंबर 9999999999 बताए गए थे। स्वास्थ्य मंत्रालय के सूत्रों के दावे के मुताबिक, ऐसा इसलिए हुआ होगा क्योंकि शुरू-शुरू में लाभार्थी के वेरिफिकेशन के लिए मोबाइल नंबर देना अनिवार्य नहीं हुआ करता था। सूत्रों में से एक ने कहा, 'हालांकि, मोबाइल नंबर भरने के लिए खाली जगह छोड़ी गई थी, इसलिए यह संभव है कि फील्ड लेवल के कर्मचारियों ने मर्जी से 10 अंकों की संख्या दर्ज कर दी हो।'

आयुष्मान भारत योजना में कैसे-कैसे घपले

आयुष्मान योजना से जुड़ी अन्य गड़बड़ियों में 'मृत' व्यक्ति का इलाज, एक ही अस्पताल में भर्ती रोगी को कई अस्पतालों में भर्ती दिखाना और अस्पताल में भर्ती रोगियों की संख्या उसमें बेड नंबर से भी ज्यादा होना आदि शामिल है। https://navbharattimes.indiatimes.com/india/huge-forgery-happening-in-ayushman-yojana-as-linked-aadhaar-number-showing-000000000000-beneficiary-claims200-members-in-the-family/articleshow/102595769.cms

36. सरकारी स्कीम से मृतक का होता रहा इलाज, CAG का आयुष्मान भारत स्कीम पर बड़ा खुलासा *(indiatv.in)* 09 August 2023

भारत के नियंत्रक और महालेखा परीक्षक (CAG) ने अपनी हालिया रिपोर्ट में आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (AB-PMJAY) के संबंध में कई चौंकाने वाले खुलासे हुए हैं। रिपोर्ट में कहा गया है कि जिन रोगियों की पहले मृत्यु हो चुकी है, उनके नाम पर इस योजना के जरिए इलाज चल रहा है। जिन राज्यों में ऐसे सबसे अधिक मामले सामने आए हैं वे हैं छत्तीसगढ़, हरियाणा, झारखंड, केरल और मध्य प्रदेश के हैं। टीएमएस में मृत्यु के मामलों के डेटा विश्लेषण से पता चला है कि योजना के तहत निर्दिष्ट उपचार के दौरान 88,760 रोगियों की मृत्यु हो गई है। इन रोगियों के संबंध में नए उपचार से संबंधित कुल 2,14,923 दावों को सिस्टम में भुगतान के रूप में दिखाया गया

है। ऑडिट में आगे कहा गया है कि उपरोक्त दावों में से 3,903 में 3,446 मरीजों से संबंधित 6.97 करोड़ रुपये की राशि अस्पतालों को भुगतान की गई है।

एक मरीज का एक साथ कई जगह चलता रहा इलाज
आगे के डेटा विश्लेषण से पता चला कि एक ही मरीज को अस्पताल में भर्ती होने की एक ही अवधि के दौरान कई अस्पतालों में प्रवेश मिल सकता है। रिपोर्ट में यह भी कहा गया है कि अस्पताल में भर्ती होने की एक ही अवधि के दौरान किसी भी मरीज को विभिन्न अस्पतालों में भर्ती होने से रोकने की कोई व्यवस्था नहीं थी। राष्ट्रीय स्वास्थ्य प्राधिकरण (एनएचए) ने जुलाई 2020 में इस मुद्दे को स्वीकार किया था। एनएचए ने कहा कि ये मामले उन परिदृश्यों में सामने आते हैं जहां एक बच्चे का जन्म एक अस्पताल में होता है और मां की पीएमजेएवाई आईडी का उपयोग करके दूसरे अस्पताल में नवजात देखभाल के लिए स्थानांतरित किया जाता है। सीएजी द्वारा आगे के डेटा विश्लेषण से पता चला कि डेटाबेस में 48,387 मरीजों के 78,396 दावे शुरू किए गए थे, जिसमें पहले के इलाज के लिए इन मरीजों की छुट्टी की तारीख उसी मरीज के दूसरे इलाज के लिए प्रवेश की तारीख के बाद की थी।

इन राज्यों में हुआ सबसे अधिक खेल
इन मरीजों में 23,670 पुरुष मरीज शामिल हैं। ऐसे मामले छत्तीसगढ़, गुजरात, केरल, मध्य प्रदेश और पंजाब में अधिक प्रचलित थे। रिपोर्ट में कहा गया है कि इस तरह के दावों का सफल भुगतान राज्य स्वास्थ्य एजेंसियों (एसएचए) की ओर से अपेक्षित जांचों को सत्यापित किए बिना दावों को संसाधित करने में चूक की ओर इशारा करती है। हालांकि, एनएचए ने पिछले साल अगस्त में कहा था कि यह समस्या कंप्यूटर की तारीख और समय के गैर-सिंक्रनाइज़ेशन, नवजात शिशुओं के मामलों, प्रवेश की तारीख के बाद पूर्व-प्राधिकरण की रिकॉर्डिंग के कारण थी। सीएजी की रिपोर्ट संसद में तब पेश की गई जब स्वास्थ्य और परिवार कल्याण राज्य मंत्री एसपी सिंह बघेल ने एक लिखित उत्तर में राज्यसभा को बताया कि सरकार एबी के तहत संदिग्ध लेनदेन और संभावित धोखाधड़ी का पता लगाने के लिए एआई और मशीन लर्निंग का उपयोग करती है।

बघेल ने कहा कि इन टेकनोलॉजी का उपयोग स्वास्थ्य देखभाल धोखाधड़ी की रोकथाम, पता लगाने और निवारण के लिए किया जाता है। उन्होंने कहा कि टेक्नोलॉजी पात्र लाभार्थियों को उचित उपचार सुनिश्चित करने में सहायक हैं। मंत्री ने उच्च सदन को बताया कि 1 अगस्त 2023 तक योजना के तहत कुल 24.33 करोड़ आयुष्मान भारत कार्ड बनाए गए हैं।
https://www.indiatv.in/paisa/business/ayushman-bharat-scheme-gaps-continues-to-treat-dead-patient-cag-s-big-disclosure-2023-08-09-980143

37. PMJAY पर कैग की रिपोर्ट में बड़ी गड़बड़ी का खुलासा, एक ही मोबाइल नंबर पर साढ़े सात लाख लोगों का रजिस्ट्रेशन *(zeebiz.com)*
10 August 2023

देश की सबसे बड़ी स्वास्थय बीमा योजना प्रधानमंत्री जन आरोग्य योजना (PMJAY) पर कैग रिपोर्ट में बड़ा खुलासा हुआ है. कैग की रिपोर्ट के मुताबिक PMJAY का लाभ लेने वाले लगभग साढ़े सात लाख लाभार्थियों का मोबाइल नंबर एक ही फोन नंबर से लिंक है. कैग ने डेटाबेस में अवैध नामों, अवास्तविक जन्मतिथियों, नकली स्वास्थ्य पहचान पत्रों और अवास्तविक परिवार आकार समेत कई विसंगतियों को उजगार किया है.

CAG Report on PMJAY: 22.44 करोड़ रुपए तक लिए हैं लाभ
मंगलवार को पेश की गयी कैग रिपोर्ट में बताया गया है कि अपात्र परिवार पीएमजेएवाई लाभार्थी के रूप में रजिस्टर किए गये हैं तथा उन्होंने इस योजना के तहत 0.12 लाख से 22.44 करोड़ रुपये तक के लाभ लिए हैं. रिपोर्ट में कहा गया है, ‘‘ राष्ट्रीय स्वास्थ्य प्राधिकरण के रिकार्ड के अनुसार 7.87

करोड़ लाभार्थी परिवार पंजीकृत हैं जो लक्षित 10.74 करोड़ परिवार का 73 प्रतिशत है. समुचित सत्यापन नियंत्रण के अभाव में लाभार्थी डेटाबेस में अवैध नाम, अवास्तविक जन्मतिथि, नकली पीएमजेएवाई पहचान पत्र, अवास्तविक परिवार आकार जैसी गड़बड़ियां पायी गयी हैं."

CAG Report on PMJAY: सत्यापन प्रकिया में मोबाइल नंबर की जरूरत नहीं

स्वास्थ्य मंत्रालय के सूत्रों ने बुधवार को बताया कि सत्यापन प्रक्रिया में मोबाइल नंबर की कोई भूमिका नहीं है. एक आधिकारिक सूत्र ने कहा, ''मोबाइल नंबर किसी जरूरत की स्थिति में लाभार्थी तक पहुंचने तथा उपचार के संबंध में फीडबैक लेने भर के लिए लिया जाता है.' सूत्रों ने कहा कि मोबाइल नंबर की लाभार्थी की पात्रता तय करने में कोई भूमिका नहीं है. साथ ही यह गलत धारणा है कि लाभार्थी मोबाइल नंबर की मदद से उपचार पा सकता है.

कैग रिपोर्ट में कहा गया है कि इस स्वास्थ्य बीमा योजना में कई लाभार्थी एक ही मोबाइल पर पंजीकृत हैं. उसने कहा कि मोबाइल नंबर 9999999999 पर 7.49 लाख लोग बतौर लाभार्थी पंजीकृत हैं. सूत्रों ने कहा कि कार्यनिष्पादन ऑडिट इस योजना के आरंभिक चरण में किया गया है. https://www.zeebiz.com/hindi/personal-finance/more-then-seven-and-half-lakh-beneficiaries-are-linked-to-a-single-mobile-phone-reveals-cag-138779

38. CAG: मुर्दों ने भी करवाया इलाज, मरीज एक साथ कई अस्पतालों में भर्ती, कैग ने किया खुलासा *(divyahimachal.com)* 10 August 2023

देश के जरूरतमंद नागरिकों को इलाज की सहूलियत देने के लिए केंद्र सरकार द्वारा शुरू की गई आयुष्मान भारत योजना में बड़ा गड़बड़झाला सामने आया है। देश के नियंत्रक एवं महालेखा परीक्षक (कैग) ने चौंकाने वाला खुलासा किया है कि इस योजना के तहत ऐसे मरीज भी लाभ उठा रहे हैं, जिन्हें पहले मृत दिखाया गया था। यहीं नहीं स्कीम के नौ लाख से ज्यादा लाभार्थी तो सिर्फ एक ही मोबाइल नंबर से जुड़े हुए पाए गए हैं। ऑडिट में सबसे बड़ी खामी यह उजागर हुई है कि इस योजना के तहत ऐसे मरीज इलाज करा रहे हैं, जिन रोगियों को पहले 'मर गया' दिखाया गया था, लेकिन मरने के बाद भी वे इलाज कराते रहे। टीएमएस में मृत्यु के मामलों के डाटा को एनालाइज करने से पता चला कि आयुष्मान भारत योजना के तहत उपचार के दौरान 88,760 रोगियों की मृत्यु हो गई। इन रोगियों के संबंध में नए इलाज से संबंधित कुल 2,14,923 दावों को सिस्टम में भुगतान के रूप में दिखाया गया है. ऑडिट रिपोर्ट में आगे कहा गया है कि उपरोक्त दावों में शामिल करीब 3,903 मामलों के क्लेम की राशि का भुगतान अस्पतालों को किया गया। इनमें 3,446 मरीजों से संबंधित पेमेंट 6.97 करोड़ रुपए का था। मरे हुए व्यक्तियों के इलाज का क्लेम करने के सबसे ज्यादा मामले देश के पांच राज्यों में देखने को मिले हैं। इनमें छत्तीसगढ़, हरियाणा, झारखंड, केरल और मध्य प्रदेश शामिल हैं।

ऑडिट में डाटा एनालाइज करते हुए यह भी पता चला कि इस योजना के एक ही लाभार्थी को एक ही समय में कई अस्पतालों में भर्ती किया गया। जांच में सामने आया है कि डाटाबेस में 48,387 मरीजों के 78,396 दावे पाए गए, जिसमें पहले के इलाज के लिए इन मरीजों की छुट्टी की तारीख, उसी मरीज के दूसरे इलाज के लिए अस्पताल में एंट्री की तारीख के बाद की थी। ऐसे मरीजों में 23,670 पुरुष मरीज शामिल हैं। आयुष्मान भारत योजना को लेकर कैग की ऑडिट रिपोर्ट में एक और बड़ा खुलासा करते हुए महालेखा परीक्षक ने बताया है कि इस योजना के तहत लाभ लेने वाले लाखों लाभार्थी ऐसे हैं, जो एक मोबाइल नंबर पर रजिस्टर्ड हैं। आमतौर पर किसी लाभार्थी का मोबाइल नंबर गलत निकलता है या फिर ई-कार्ड खो जाता है, तो लाभार्थी की पहचान करना मुश्किल हो जाता है और फिर योजना के दायरे में आने वाले अस्पताल इलाज देने से इनकार कर देते हैं, लेकिन यहीं बड़ी धांधली की गई है। पीएमजेएवाई डाटाबेस के आंकड़ों का विश्लेषण करने पर पता चला एक ही मोबाइल नंबर पर कई लाभार्थियों का रजिस्ट्रेशन किया गया है।

सिर्फ तीन नंबर पर लगभग 9.85 लाख लोग रजिस्टर्ड हैं। मोबाइल नंबर 9999999999 पर 7.49 लाख लोग पीएमजेएवाई योजना के तहत लाभार्थियों के रूप में रजिस्टर्ड हैं। कैग की ओर से जांच में यह भी सामने आया है कि इस धांधली के लिए सबसे अधिक उपयोग किए जाने वाले अन्य नंबरों में 8888888888, 9000000000, 20, 1435 और 185397 शामिल हैं। कैग की इस ऑडिट रिपोर्ट को संसद में तब पेश किया गया, जब स्वास्थ्य और परिवार कल्याण राज्य मंत्री एसपी सिंह बघेल ने एक लिखित उत्तर में राज्यसभा को बताया कि सरकार पीएमजेएवाई के तहत संदिग्ध लेनदेन और संभावित धोखाधड़ी का पता लगाने के लिए कृत्रिम बुद्धिमत्ता (एआई) और मशीन लर्निंग का इस्तेमाल रह रही है। बघेल ने कहा कि इन प्रौद्योगिकियों का उपयोग स्वास्थ्य देखभाल धोखाधड़ी की रोकथाम, पता लगाने और निवारण के लिए किया जाता है। उन्होंने बताया कि पहली अगस्त, 2023 तक आयुष्मान भारत योजना के तहत कुल 24.33 करोड़ कार्ड बनाए गए हैं।

हिमाचल सहित छह राज्यों में पेंशनभोगी उठा रहे लाभ

कैग की रिपोर्ट में खुलासा हुआ है कि आयुष्मान भारत योजना का लाभ हिमाचल प्रदेश सहित चंडीगढ़, हरियाणा, कर्नाटक, महाराष्ट्र और तमिलनाडु में कई पेंशनभोगी उठा रहे हैं। तमिलनाडु सरकार के पेंशनभोगी डेटाबेस की इस योजना के डाटाबेस से तुलना करने पर पता चला कि 1,07,040 पेंशनभोगियों को लाभार्थियों के रूप में शामिल किया गया था। इन लोगों के लिए राज्य के स्वास्थ्य विभाग ने बीमा कंपनी को करीब 22.44 करोड़ रुपए का प्रीमियम भुगतान किया गया। ऑडिट में पता चला कि अयोग्य लोगों को हटाने में देरी के चलते बीमा प्रीमियम का भुगतान हुआ था। https://www.divyahimachal.com/2023/08/dead-people-also-got-treatment-patients-were-admitted-to-many-hospitals-simultaneously-cag-revealed/

39. आयुष्मान भारत स्कीम पर CAG ने किया हैरतंअगेज खुलासा, मृत का हो रहा इलाज *(newstracklive.com)* 09 August 2023

देश के जरूरतमंद नागरिकों को उपचार की सहूलियत देने के लिए केंद्र सरकार द्वारा आरम्भ की गई आयुष्मान भारत योजना (Ayushman Bharat Scheme) में बड़ा गड़बड़झाला सामने आया है. ये हम नहीं कह रहे बल्कि देश के नियंत्रक एवं महालेखा परीक्षक (CAG) ने हैरान करने वाला खुलासा किया है. इस योजना को लेकर कैग ने जारी की अपनी ऑडिट रिपोर्ट में बताया है इस योजना के तहत ऐसे मरीज भी लाभ उठा रहे हैं, जिन्हें पहले मृत दिखाया गया था. यहीं नहीं AB-PMJY Scheme के 9 लाख से अधिक लाभार्थी तो केवल एक ही मोबाइल नंबर से जुड़े हुए पाए गए हैं. ऑडिट में सबसे बड़ी खामी ये उजागर हुई है कि इस स्कीम के तहत ऐसे मरीज उपचार करा रहे हैं जिन मरीजों को पहले 'मर गया' दिखाया गया था. मगर मरने के बाद भी वे उपचार कराते रहे. TMS में मृत्यु के मामलों के डेटा को एनालाइज करने से पता चला कि आयुष्मान भारत योजना के तहत इलाज के चलते 88,760 रोगियों की मृत्यु हो गई.

इन मरीजों के सिलसिले में नए उपचार से संबंधित कुल 2,14,923 दावों को सिस्टम में भुगतान के तौर पर दिखाया गया है. ऑडिट रिपोर्ट में आगे कहा गया है कि उपरोक्त दावों में सम्मिलित लगभग 3,903 मामलों क्लेम की राशि का भुगतान चिकित्सालयों को किया गया. इनमें 3,446 मरीजों से संबंधित पेमेंट 6.97 करोड़ रुपये का था. वही मरे हुए लोगों के उपचार का क्लेम करने के सबसे अधिक मामले देश के 5 प्रदेशों में देखने को मिले हैं. इनमें छत्तीसगढ़, हरियाणा, झारखंड, केरल और मध्य प्रदेश सम्मिलित हैं. कैग की रिपोर्ट में कहा गया है कि इस तरह के दावों का सफल भुगतान राज्य स्वास्थ्य एजेंसियों (SHA) की तरफ से अपेक्षित जांचों को सत्यापित किए बिना किया जाना बड़ी चूक की ओर संकेत करता है. ऑडिट में डेटा एनालाइज करते हुए ये भी पता चला कि इस योजना

के एक ही लाभार्थी को एक ही वक़्त में कई चिकित्सालयों में भर्ती किया गया. जुलाई 2020 में राष्ट्रीय स्वास्थ्य प्राधिकरण (NHA) ने भी इस मुद्दे को उजागर किया था.

NHA ने कहा था कि ये मामले उन परिदृश्यों में सामने आते हैं जहां एक बच्चे का जन्म एक चिकित्सालय में होता है और मां की पीएमजेएवाई आईडी का उपयोग करके दूसरे चिकित्सालय में नवजात देखभाल के लिए ट्रांसफर कर दिया जाता है. मगर CAG की जांच में सामने आया है कि डेटाबेस में 48,387 रोगियों के 78,396 दावे पाए गए, जिसमें पहले के इलाज के लिए इन रोगियों की छुट्टी की तारीख, उसी मरीज के दूसरे उपचार के लिए चिकित्सालय में एंट्री की दिनांक के बाद की थी. ऐसे मरीजों में 23,670 पुरुष मरीज सम्मिलित हैं. आयुष्मान भारत योजना को लेकर CAG की ऑडिट रिपोर्ट में जो दूसरा बड़ा खुलासा किया गया है, वो हैरान कर देने वाला है. महालेखा परीक्षक ने बताया है कि इस योजना के तहत लाभ लेने वाले लाखों लाभार्थी ऐसे हैं, जो एक मोबाइल नंबर पर पंजीकृत हैं. गौरतलब है कि इस सरकारी योजना के तहत लाभ पाने के लिए मोबाइल नंबर का रजिस्ट्रेशन सबसे आवश्यक होता है. लाभार्थी द्वारा रजिस्टर कराए गए मोबाइल नंबर के माध्यम से ही उसका रिकॉर्ड तलाशा जाता है. https://www.newstracklive.com/news/cag-made-a-surprising-disclosure-on-the-ayushman-bharat-scheme-the-treatment-of-the-dead-mc23-nu915-ta915-1576089-1.html

40. आयुष्मान भारत योजना में बड़ा घपला? 1 फोन नंबर पर रजिस्टर 7 लाख लोग; सरकार अलर्ट *(livehindustan.com)* 09 Aug 2023

आयुष्मान भारत योजना में बड़े घपला का खुलासा हुआ है। नियंत्रक एवं महालेखा परीक्षक (CAG) ने अपनी रिपोर्ट में बताया कि आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के डेटाबेस में फर्जी नाम, गलत जन्मतिथि, डुप्लिकेट स्वास्थ्य आईडी और फर्जी फैमिली साइज सहित कई विसंगतियां पाई गई हैं। संसद मेंएक दिन पहलेपेश की गई ऑडिट रिपोर्ट मेंकहा गया है कि अयोग्य परिवार पीएमजेएवाई लाभार्थियों के रूप मेंपंजीकृत पाए गए हैं। इन परिवारों ने योजना के तहत 0.12 लाख से 22.44 करोड़ रुपयेतक का लाभ उठाया है।

राष्ट्रीय स्वास्थ्य प्राधिकरण (एनएचए) के रिकॉर्ड के अनुसार, इस योजना के तहत 7.87 करोड़ लाभार्थी परिवार पंजीकृत पाए गए। सरकार नेनवंबर 2022 में 10.74 करोड़ परिवारों को टारगेट करनेका लक्ष्य रखा था। इस लिहाज सेअब तक 73 प्रतिशत परिवारों को टारगेट किया जा चुका है। रिपोर्ट में कहा गया है, "पर्याप्त सत्यापन नियंत्रण के अभाव में, लाभार्थी डेटाबेस मेंत्रुटियां देखी गईं, जैसेअमान्य नाम, अवास्तविक जन्मतिथि, डुप्लिकेट पीएमजेएवाई आईडी, घर में परिवार के सदस्यों का अवास्तविक आकार आदि।" स्वास्थ्य मंत्रालय के सूत्रों नेआज कहा कि सत्यापन प्रक्रिया मेंमोबाइल नंबर की कोई भूमिका नहीं है।

एक आधिकारिक सूत्र ने कहा, "किसी भी जरूरत के मामले में लाभार्थियों तक पहुंचनेऔर प्रदान किए गए उपचार के बारे में प्रतिक्रिया एकत्र करने के लिए ही मोबाइल नंबर लिया जाता है।" सूत्रों ने कहा कि लाभार्थी की पात्रता तय करने में मोबाइल नंबर की कोई भूमिका नहीं हैऔर यह एक गलत धारणा है कि कोई लाभार्थी अपने मोबाइल नंबर का इस्तेमाल करके उपचार का लाभ उठा सकता है।

कैग रिपोर्ट में बताया गया है कि स्वास्थ्य बीमा योजना के तहत एक ही मोबाइल नंबर पर कई लाभार्थियों का पंजीकरण किया गया। इसमें कहा गया है कि 7.49 लाख लोग मोबाइल नंबर 9999999999 पर लाभार्थियों के रूप में पंजीकृत हैं। सूत्रों ने कहा कि योजना के शुरुआती और आरंभिक चरणों के दौरान परफॉर्मेंस ऑडिट किया गया है।

एक सूत्र ने कहा, "प्रारंभिक चरणों के दौरान तैनात प्रधानमंत्री आयुष्मान मित्र समय बचाने और अस्पतालों में बड़ी कतारों को हर करने के लिए लाभार्थी आबादी के अनुसार रैंडम नंबर दर्ज करते थे। पंजीकरण प्रक्रिया स्वास्थ्य सेवा प्रदाता की साइट पर होती थी। डेटाबेस में एक फील्ड थी जहां मोबाइल नंबर जोड़े जाने थे और इसलिए, सीएजी रिपोर्ट और मीडिया मेंहाइलाइट किए गए कुछ रैंडन नंबर दर्जपाए गए।"

आयुष्मान भारत PM-JAY आधार पहचान के माध्यम से लाभार्थी की पहचान करता है जिसमें लाभार्थी अनिवार्यआधारआधारित ई-केवाईसी की प्रक्रिया सेगुजर गु ता है। आधार डेटाबेस से प्राप्त विवरण का स्रोत डेटाबेस से मिलान किया जाता है और तदनुसार, लाभार्थी के विवरण के आधार पर आयुष्मान कार्ड के अनुरोध को स्वीकृत या अस्वीकार कर दिया जाता है। सूत्र ने कहा, हालांकि, सत्यापन प्रक्रिया में मोबाइल नंबर की कोई भूमिका नहीं है।

उपरोक्त को ध्यान में रखते हुए, लाभार्थियों का इलाज केवल इस आधार पर नहीं रोका जा सकता है कि लाभार्थी के पास वैध मोबाइल नंबर नहीं है, या उनके द्वारा दिया गया मोबाइल नंबर बदल गया है। इस लिहाज से, पीएम-जेएवाई उपचार वर्क फ्लो में लाभार्थी के मोबाइल नंबर की बहुत सीमित भूमिका है।

आयुष्मान भारत के तहत धोखाधड़ी का पता लगाने के लिए AI, मशीन लर्निंग का इस्तेमाल भारत सरकार आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत संदिग्ध लेनदेन और संभावित धोखाधड़ी का पता लगाने के लिए कृत्रिम बुद्धिमत्ता (एआई) और मशीन लर्निंग (एमएल) प्रौद्योगिकियों का उपयोग करती है।

स्वास्थ्य राज्य मंत्री एसपी सिंह बघेल ने राज्यसभा को मंगलवार को यह जानकारी दी। उन्होंने प्रश्न के लिखित उत्तर मेंबताया कि इन प्रौद्योगिकियों का उपयोग योजना के कार्यान्वयन में स्वास्थ्य संबंधी धोखाधड़ी का पता लगाने, उसकी रोकथाम और निवारण के लिए किया जाता है। उन्होंने कहा कि ये प्रौद्योगिकियां पात्र लाभार्थियों के लिए उचित उपचार सुनिश्चित करने में सहायक हैं। उन्होंने बताया कि एआई और एमएल का उपयोग कर धोखाधड़ी-रोधी उपायों के विकास और तैनाती के लिए प्रौद्योगिकी भागीदारों की सेवाएं ली जा रही हैं। मंत्री ने उच्च सदन को बताया कि एक अगस्त, 2023 तक योजना के तहत कुल 24.33 करोड़ आयुष्मान कार्ड बनाए गए है। https://www.livehindustan.com/national/story-ayushman-bharat-pradhan-mantri-jan-arogya-yojana-7-lakh-people-registered-on-1-phone-number-8556361.html

41. CAG ने अपनी रिपोर्ट में बताया कि आयुष्मान भारत योजना के तहत करीब 7.5 लाख लोगों का रजिस्ट्रेशन सिर्फ एक फोन नंबर पर किया गया..... *(tv36hindustan.com)* 09 August 2023

भारत सरकार की हेल्थ स्कीम 'आयुष्मान भारत योजना' में बड़ी खामियों को उजागर किया गया है. सरकार के खर्चों का हिसाब करने वाली संस्था 'कॉम्पट्रॉलर एंड ऑडिटर जनरल ऑफ इंडिया' (CAG) ने इस योजना में हुई गड़बड़ियों को सामने रखा है. CAG ने अपनी रिपोर्ट में बताया है कि आयुष्मान भारत योजना के तहत करीब 7.5 लाख लोगों का रजिस्ट्रेशन सिर्फ एक फोन नंबर पर किया गया है.

इसके अलावा एक और फोन नंबर है, जिस पर 1.39 लाख रजिस्ट्रेशन दर्ज किए गए हैं.रिपोर्ट में ये बात भी सामने निकलकर आई है कि इस योजना के तहत कई ऐसे लोगों का रजिस्ट्रेशन किया गया है, जो रजिस्ट्रेशन के लिए योग्य नहीं हैं. इन लोगों ने योजना का लाभ भी उठाया है. CAG रिपोर्ट में

बताया गया है कि रजिस्ट्रेशन के लिए योग्य नहीं रहने वाले लोगों ने 22 करोड़ रुपये का लाभ लिया है.

जिन 7.5 लाख लाभार्थियों ने आयुष्मान भारत का लाभ उठाया है, उनका रजिस्ट्रेशन 9999999999 नंबर से किया गया. मंगलवार को संसद में CAG से जुड़ी रिपोर्ट रखी गई, जिसमें ये जानकारी मिली है.मरे हुए लोगों को मिला योजना का लाभसिर्फ इतना ही नहीं, बल्कि रिपोर्ट में आयुष्मान योजना से जुड़े अस्पतालों की क्वालिटी पर भी सवाल उठाया गया है.

CAG रिपोर्ट में इस बात का भी खुलासा किया गया है कि कुछ राज्यों में लाभार्थियों से अलग से पैसे भी वसूले गए हैं. 2017 से 2021 से बीच केंद्र सरकार की इस योजना के तहत 2103 लाभार्थी ऐसे थे, जिनकी मौत हो चुकी थी, लेकिन तब भी उन्हें योजना का फायदा मिल रहा था. छत्तीसगढ़, हरियाणा, झारखंड, केरल और मध्य प्रदेश ऐसे राज्ये थे, जहां इस तरह के सबसे ज्यादा केस रिपोर्ट किए गए हैं.

6.97 करोड़ का किया गया भुगतानऑडिट में सबसे बड़ी खामी ये उजागर हुई है कि इस योजना के तहत ऐसे मरीज इलाज करा रहे हैं जिन रोगियों को पहले 'मर गया' दिखाया गया था. लेकिन मरने के बाद भी वे इलाज कराते रहे. TMS में मृत्यु के मामलों के डेटा का विश्लेषण करने से पता चला कि आयुष्मान भारत योजना के तहत उपचार के दौरान 88,760 रोगियों की मृत्यु हो गई.

इन रोगियों के संबंध में नए इलाज से संबंधित कुल 2,14,923 दावों को सिस्टम में भुगतान के रूप में दिखाया गया है. रिपोर्ट में कहा गया है कि उपरोक्त दावों में शामिल करीब 3,903 मामलों क्लेम की राशि का भुगतान अस्पतालों को किया गया. इनमें 3,446 मरीजों से संबंधित पेमेंट 6.97 करोड़ रुपये का था.इन पांच राज्यों में सबसे ज्यादा धांधलीमरे हुए व्यक्तियों के इलाज का दावे करने के सबसे ज्यादा मामले देश के पांच राज्यों में देखने को मिले हैं. इनमें छत्तीसगढ़, हरियाणा, झारखंड, केरल और मध्य प्रदेश शामिल हैं.

कैग रिपोर्ट में कहा गया है कि इस तरह के दावों का सफल भुगतान राज्य स्वास्थ्य एजेंसियों की ओर से अपेक्षित जांचों को सत्यापित किए बिना किया जाना बड़ी चूक की तरफ इशारा करता है. ऑडिट में डेटा एनालाइज करते हुए ये भी पता चला कि इस योजना के एक ही लाभार्थी को एक ही समय में कई अस्पतालों में भर्ती किया गया. जुलाई 2020 में राष्ट्रीय स्वास्थ्य प्राधिकरण ने भी इस मुद्दे को उजागर किया था.एनएचए ने कहा था कि ये मामले उन परिदृश्यों में सामने आते हैं जहां एक बच्चे का जन्म एक अस्पताल में होता है और मां की पीएमजेएवाई आईडी का उपयोग करके दूसरे अस्पताल में नवजात देखभाल के लिए ट्रांसफर कर दिया जाता है.

लेकिन CAG की जांच में सामने आया है कि डेटाबेस में 48,387 मरीजों के 78,396 दावे पाए गए, जिसमें पहले के इलाज के लिए इन मरीजों की छुट्टी की तारीख, उसी मरीज के दूसरे इलाज के लिए अस्पताल में एंट्री की तारीख के बाद की थी. ऐसे मरीजों में 23,670 पुरुष मरीज शामिल हैं.क्या है आयुष्मान भारत योजना?प्रधानमंत्री नरेंद्र मोदी ने आयुष्मान भारत योजना को 23 सितंबर, 2018 को झारखंड की राजधानी रांची में लॉन्च किया. आयुष्मान भारत योजना दुनिया में सबसे बड़ी हेल्थ स्कीम है.

इसका मकसद हर परिवार को 5 लाख रुपये का हेल्थ कवर मुहैया कराना है. इस योजना के तहत 12 करोड़ गरीब परिवार आते हैं, जिनकी आबादी लगभग 55 करोड़ है. आयुष्मान योजना इस तरह से देश की आबादी का 40 फीसदी कवर करती है. https://www.tv36hindustan.com/the-cag-

said-in-its-report-that-under-the-ayushman-bharat-scheme-about-7-5-lakh-people-were-registered-on-just-one-phone-number/

42. Rs 79 crore transferred to ineligible beneficiaries under NSAP, finds CAG *(downtoearth.org.in)* 10 August 2023

Around Rs 79 crore has been transferred to ineligible beneficiaries under the Ministry of Rural Development's National Social Assistance Programme (NSAP) between 2017 and 2021, an audit by the Comptroller and Auditor General of India (CAG) has revealed.

Of this, Rs two crore was paid to beneficiaries even after their deaths, added the audit report tabled in parliament on August 8, 2023.

At the same time, many eligible beneficiaries were likely to have been excluded from the welfare programme either due to non-maintenance of Below Poverty Line (BPL) lists or due to states not carrying out periodic surveys to identify eligible beneficiaries.

India launched NSAP to provide social security to the destitute population living below the poverty line and vulnerable groups in 1995. The programme includes five sub-schemes, of which three — Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Indira Gandhi National Widow Pension Scheme (IGNWPS) and Indira Gandhi National Disability Pension Scheme (IGNDPS) — are pension schemes.

The other two sub-schemes are the National Family Benefit Scheme which provides one-time assistance to the bereaved family in the event of death of the breadwinner and the Annapurna scheme, which ensures food security to eligible old age persons who are not covered under IGNOAPS.

The CAG report found several irregularities in beneficiary payments, the most glaring being that all states, except for Haryana and Kerala, did not maintain a database of eligible beneficiaries. This led to several eligible beneficiaries being left out of the scheme while payments worth several crores were made to ineligible persons.

In 14 states / Union Territories (UT), 57,394 ineligible people, who were under 60 years of age, were paid pensions worth Rs 30.47 crore under IGNOAPS.

Around 38,540 ineligible people who were below 40 years of age were paid pensions amounting to Rs 26.45 crore in 17 states under IGNWPS / UTs (the widow beneficiary should be above 40 years of age under NSAP).

Moreover, in six states / UTs, ineligible payment of Rs 0.57 crore under IGNWPS in 414 cases was made to women who were not widows or to male family members.

In 12 states / UTs, payments worth Rs 4.36 crore were paid to 5,380 ineligible persons who had not attained the age of 18 years under IGNDPS as disability pension.

Additionally, ineligible payments of Rs 15.11 crore under IGNDPS as disability pension was paid to 21,322 people in 16 states / UTs. In these cases, the percentage of disability was either below 80 per cent or could not be ascertained.

In 26 states / UTs, 19.9 million ineligible payments were made to over 2,103 beneficiaries even after their death.

Himachal Pradesh, Odisha, Bihar, Arunachal Pradesh, Tamil Nadu, Madhya Pradesh, Gujarat, Assam, Chhattisgarh, Telangana, Mizoram, Andhra Pradesh, Manipur, Uttarakhand, Punjab and Ladakh are among the States that made the highest numbers of ineligible payments.

The beneficiaries were to be selected from the BPL list until the Socio-Economic Caste Census (SECC) was finalised. Though the governments are mandated to identify beneficiaries using SECC once it is finalised, they continued to use BPL lists that were not regularly updated.

Moreover, departments in 24 states / UTs did not even maintain the BPL lists, which was a necessary condition for determining a beneficiary's eligibility under NSAP. And no state or UT except Kerala carried out periodic surveys to identify eligible beneficiaries during 2017-21.

"In the absence of proactive identification and non-maintenance of database of eligible beneficiaries as intended, the scheme was being implemented in a demand-driven mode where benefits were provided to only those beneficiaries who applied for pensions/benefits under NSAP themselves. The eligible beneficiaries who were unaware/lack resources to apply for the benefits were left out of ambit of NSAP," the report revealed.

The Centre allocates NSAP funds as per a cap fixed by the ministry, asking the states / UTs to cover additional beneficiaries from their own resources. But 11 states/ UTs, including Maharashtra, Uttar Pradesh, Goa, Karnataka, Uttarakhand, Meghalaya, Punjab and Manipur, could not even cover beneficiaries equal to the cap.

Further, funds of Rs 57.45 crore earmarked for NSAP were diverted for other schemes and purposes in six states/UTs, while funds amounting to Rs 18.78 crore were lying idle for a period ranging from one to five years in eight states/UTs, even as in the four-year period, National Social Assistance Advisory Committee held only three meetings.
https://www.downtoearth.org.in/news/governance/rs-79-crore-transferred-to-ineligible-beneficiaries-under-nsap-finds-cag-91122

43. Central Govt Used Funds Meant for Pension Schemes to Publicise its Other Schemes: CAG Audit *(newsclick.in)* Updated: August 10, 2023

The Comptroller and Auditor General of India (CAG) has found that the Union Ministry of Rural Development (MoRD) diverted funds meant for the National Social Assistance Programme (NSAP) for publicity purposes of some of its other schemes.

The information was revealed in the CAG report on the performance auditor of the NSAP from 2017-18 to 2020-21. The report was tabled in Lok Sabha on August 8. The NSAP includes old-age pensions.

“The allocations under NSAP to the states/ UTs were meant for disbursal of pension under various sub-schemes of NSAP. Out of the total allocation to a state/ UT, three per cent fund was meant for administrative expenditure. During the audit, instances of diversion of funds by ministry and states/ UTs out of allocated funds for NSAP were noticed,” the report said.

The report highlighted that in January 2017, MoRD publicised some of its programmes/schemes through hoardings all over the country. Two amounts, Rs 39.15 lakh and Rs 2.44 crore, were sanctioned for this publicity in June 2017 and August 2017, respectively. The schemes included Gram Samriddhi and Swacch Bharat Pakhawada, among others.

“Work orders were issued to DAVP (Directorate of Advertising and Visual Publicity) in June and September 2017. Publicity campaigns were to be undertaken in September 2017. The funds for the said campaign were stated to be available under National Rural Employment Guarantee Scheme and were approved by the competent authority to be incurred under the same head; however, audit observed that funds were actually incurred from social security welfare-NSAP schemes,” the report said.

The CAG report noted that despite using the funds allocated for its schemes, no NSAP programme was included in the publicity.

“Hence, planned IEC (Information, Education and Communication) activities under NSAP were not undertaken as envisaged, and funds of Rs 2.83 crore were diverted for campaigning in respect of other schemes of the ministry. Hence, IEC activities intended to create awareness among potential beneficiaries of NSAP could not be taken up even though there was earmarking of funds for IEC activities,” it said.

In its response, MoRD informed the CAG that the "matter had been taken up with the IEC division of the department."

Additionally, the report revealed diversions of Rs 57.45 crore across six states-Chhattisgarh, Rajasthan, Odisha, Jammu & Kashmir, Bihar, Goa and Odisha.

"For instance, Central and State share (Rs 42.93 crore) under IGNOAPS was diverted to pay pension under IGNDPS in 2018-19 due to non-availability of funds under IGNDPS in Bihar," it said.

Similarly, National Family Benefit Scheme (NFBS) funds for 12,347 beneficiaries in Rajasthan were diverted to pay LIC insurance premiums of BPL and Aastha card holders (Pannadhay Jeevan Amrit Yojana) in September and December 2017.

The report also indicated that in 10 states and Union Territories, the allocated funds intended for administrative expenses within the National Social Assistance Program (NSAP), amounting to Rs 5.98 crore, were utilised for expenses that were not permissible between 2017 and 2021. These disallowed expenditures encompassed the disbursement of honorariums, wages, transportation, and similar costs.

As stated by the audit report from the Comptroller and Auditor General (CAG), an estimated 4.65 crore beneficiaries annually received pensions for old age, widowhood, disability, and family support during the period spanning from 2017 to 2021.

"The Centre released Rs 8,608 crore per annum on an average during 2017-21. In addition, states and UTs have also allocated Rs 27,393 crore per year on an average during the said period for pension and family benefit," it said. https://www.newsclick.in/central-govt-used-funds-meant-pension-schemes-publicise-its-other-schemes-cag-audit

44. Centre diverted Rs 2.83 crore meant for pension schemes to publicise other initiatives: CAG report *(scroll.in)* Updated: August 10, 2023

The rural development ministry sanctioned the diversion of funds in two tranches in June and August 2017.

The Centre has diverted funds worth Rs 2.83 crore allocated for several pension schemes to publicise other initiatives, the Comptroller and Auditor General of India has found in an audit.

The performance audit report of the National Social Assistance Programme from financial year 2017-'18 to 2020-'21 was tabled in the Lok Sabha on Tuesday.

The National Social Assistance Programme consists of three pension schemes for elderly citizens, people with disabilities and widows. Besides, two other schemes – one to provide food security for the elderly and the other to give a one-time assistance to families whose breadwinner has died – are also funded under the National Social Assistance Programme.

"Out of the total allocation to a state/ UT [Union Territories], three per cent fund was meant for administrative expenditure," the Comptroller and Auditor General report stated. "During audit, instances of diversion of funds by ministry and states/UTs out of allocated funds for NSAP [National Social Assistance Programme] were noticed."

In June 2017, the Union Ministry of Rural Development sanctioned the diversion of Rs 39.15 lakh allocated for the pension schemes towards publicity campaign for all initiatives of the ministry, the Comptroller and Auditor General said in its report.

In August 2017, a further Rs 2.44 crore was diverted for the "campaigning [of] Gram Samriddhi, Swachh Bharat Pakhawada and publicity material of multiple schemes of the ministry through five hoardings in each district of 19 states", the report added.

The report also said that the work orders for the publicity campaigns issued to the Directorate of Advertising and Visual Publicity did not mention any scheme under the National Social Assistance Programme. Instead, the advertisements were meant for the Pradhan Mantri Gramin Awas Yojana and the Deen Dayal Upadhyaya Grameen Kaushalya Yojana.

"Further, the campaigns were to be undertaken by DAVP [Directorate of Advertising and Visual Publicity] under intimation to the department; however, the payment to DAVP was made without confirmation of the execution of the work," the report read.

In a reply to the auditor in December, the rural development ministry said that the matter has been taken up with its Information, Education and Communication division. https://scroll.in/latest/1054107/centre-diverted-rs-2-83-crore-meant-for-pension-schemes-to-publicise-other-initiatives-cag-report

45. CAG: Govt diverted funds of pension schemes for publicity of other schemes *(indianexpress.com)* Updated: August 10, 2023

THE MINISTRY of Rural Development (MoRD) diverted funds from the National Social Assistance Programme (NSAP), which includes old age pension schemes, for publicising some of its other schemes, the Comptroller and Auditor General of India (CAG) has said.

The CAG report, on the performance audit of the NSAP from 2017-18 to 2020-21, was tabled in Lok Sabha on Tuesday.

"The allocation under NSAP to the states/ UTs were meant for disbursal of pension under various sub-schemes of NSAP. Out of the total allocation to a state/ UT, three per cent fund was meant for administrative expenditure. During audit, instances of diversion of funds by ministry and states/ UTs out of allocated funds for NSAP were noticed," the report said.

"The Ministry of Rural Development in January 2017 decided to campaign through hoardings in states and UTs for giving due publicity to all programmes/ schemes of the ministry. Administrative approval and financial sanction of Rs 39.15 lakh was taken (June 2017) for publicity campaign through hoardings, with a limit of 10 hoardings at each capital city of the state and UT. Administrative approval and expenditure sanction of Rs 2.44 crore was taken (August 2017) for campaigning (for) Gram Samriddhi, Swachh Bharat Pakhawada and publicity material of multiple schemes of the ministry through five hoardings in each district of 19 states," it said.

"Work orders were issued to DAVP (Directorate of Advertising and Visual Publicity) in June and September 2017. Publicity campaigns were to be undertaken in September 2017. The funds for the said campaign were stated to be available under National Rural Employment Guarantee Scheme and were approved by the competent authority to be incurred under the same head; however, audit observed that funds were actually incurred from social security welfare-NSAP schemes," the report said.

"However, the advertisement of only PMAY-G (Pradhan Mantri Awas Yojana – Gramin) and DDU-GKY (Deen Dayal Upadhyaya Grameen Kaushalya Yojana) schemes were mentioned in the work order and no schemes of NSAP were included… Further, the campaigns were to be undertaken by DAVP under intimation to the department; however, the payment to DAVP was made without confirmation of the execution of the work," it said.

"Hence, planned IEC (Information, Education and Communication) activities under NSAP were not undertaken as envisaged and funds of Rs 2.83 crore were diverted for campaigning in respect of other schemes of the ministry. Hence, IEC activities intended to create awareness among potential beneficiaries of NSAP could not be taken up even though there was earmarking of funds for IEC activities," it said.

According to the report, the MoRD, in its reply (December 2022), said the matter had been taken up with the IEC division of the department.

The NSAP, launched on August 15, 1995, comprises three pension schemes – IGNOAPS, IGNDPS and Indira Gandhi National Widow Pension Scheme (IGNWPS) -- and two other schemes – NFBS, which is a one-time assistance to a bereaved family in case of death of its breadwinner, and Annapurna scheme, which provides food security to the elderly who are not covered under IGNOAPS.

The CAG also reported diversion of Rs 57.45 crore across six states – Rajasthan, Chhattisgarh, Jammu & Kashmir, Odisha, Goa and Bihar. For instance, Central and State share (Rs 42.93 crore) under IGNOAPS was diverted to pay pension under IGNDPS in 2018-19 due to non-availability of funds under IGNDPS in Bihar, it said. In Rajasthan, National Family Benefit Scheme (NFBS) funds meant for 12,347 beneficiaries were diverted for payment of insurance premium to LIC for BPL and Aastha Card holders under Pannadhay Jeevan Amrit Yojana (Aam Aadmi Beema Yojana) in September and December 2017, as per the report. The report also said that in 10 states/ UTs, the funds meant for administrative expenses under the NSAP (Rs 5.98 crore) were used on "inadmissible items" during 2017-21. These included payment of honorarium, wages, transportation etc.

According to the CAG report, about 4.65 crore beneficiaries availed the old age, widow, disability pensions and family benefit annually during 2017-21.

The Centre released Rs 8,608 crore per annum on an average during 2017-21. In addition, states and UTs have also allocated Rs 27,393 crore per year on an average during the said period for pension and family benefit," it said. https://indianexpress.com/article/india/cag-govt-diverted-funds-of-pension-schemes-for-publicity-of-other-schemes-8885049/

46. Modi govt used funds from NSAP to publicise other schemes, finds CAG: report *(editorji.com)* Aug 10, 2023

The findings were part of CAG's performance audit of NSAP from 2017-18 to 2020-21, as per an Indian Express report.

The Narendra Modi government's Rural Development Ministry diverted funds from the National Social Assistance Programme, or NSAP, to publicise some of its other schemes, as per the Comptroller and Auditor General.

The findings were part of CAG's performance audit of NSAP from 2017-18 to 2020-21 which was tabled in Parliament on August 8, as per an Indian Express report.

The CAG reportedly said that while the funds were incurred from NSAP, the advertisements consisted of only PM Awas Yojana-Gramin, and DDU-Grameen Kaushalya Yojana.

Also, payment was made to DAVP without confirmation of execution of work. https://www.editorji.com/india-news/politics/modi-govt-used-funds-from-nsap-to-publicise-other-schemes-finds-cag-report-1691638836389

47. In 2021-22, Railways' finances slipped into 'concern zone': CAG

(hindustantimes.com) Aug 10, 2023

The Indian Railways' finances have slipped into a "concern zone", with the national railway operator spending ₹107 to earn ₹100 during 2021-22 owing to higher appropriation to fund pensions, the Comptroller and Auditor General (CAG) said in a report tabled in Parliament.

The report said that the Operating Ratio (OR) of the Railways was 107.39% in 2021-22 as against 97.45% in 2020-21.

The OR is a measure to calculate the ratio of working expenses to traffic earnings -- a higher ratio indicates lower ability to generate a surplus.

According to the report, the Indian Railways could not generate a net surplus during 2021-22 as it had done in 2020-21 with an operating ratio of 97.45%.

The report also found that the total expenditure (revenue and capital heads) of the ministry of railways was ₹3,96,658.66 crore (35.19% more than the previous year), which was comprised of ₹1,90,267.07 crore (22.61% more than the previous year) of capital and ₹2,06,391.59 crore (49.31% more than the previous year) of revenue expenditure.

According to the report, the railways incurred around 75.47% of the total working expenses on staff costs, pension payments and lease hire charges on rolling stock.

According to the CAG, inadequate generation of internal resources resulted in greater dependence on Gross Budgetary Support (GBS) and Extra Budgetary Resources (EBR). The amount of EBR was ₹71,065.86 crore, which represented a decrease of 42.31% as compared with 2020-21.

The report also said passenger fares are cross-subsidised using profits generated on freight operations. This cross-subsidisation continues to be a concern, as railways has not been able to raise fares in the sleeper class.

According to the CAG, in FY22, the railways' loss decreased over the previous year but the entire profit of ₹36,196 crore from freight traffic was utilised to cross-subsidise and compensate the loss on operation of passenger and other coach services. https://www.hindustantimes.com/india-news/indian-railways-finances-slip-into-concern-zone-as-operating-ratio-rises-to-107-39-in-2021-22-cag-report-101691608397958.html

48. CAG report on Indian Railways: Concerns on operating cost, cash transactions and losses incurred on passenger services

(news9live.com) August 10, 2023

Even as the government is pumping thousands of crores of rupees to transform and modernise the railways, the Comptroller Auditor General (CAG) on Wednesday tabled its report in Parliament stating that Indian Railways recorded an operating ratio of 107.39 per cent in 2021-22 and there was a loss of Rs 68,269 crore in all classes of passenger services during the same time period. The auditor, however, mentioned that the loss decreased as compared to previous year.

The CAG report flagged a big concern saying that the operating ratio is an indicator of a lower ability of the nation's biggest transporter to generate surplus. The Operating Ratio of the Indian Railways was 97.45 per cent in 2020-21.

"The Railways' operating ratio (OR), which represents the ratio of working expenses to traffic earnings, was 107.39 per cent in 2021-22 against 97.45 per cent in 2020-21. A higher ratio indicates lower ability to generate surplus. The Indian Railways could not generate net surplus during 2021-22 as it had done in 2020-21 with an operating ratio of 97.45 per cent.

"This was due to higher appropriation to the Pension Fund during 2021-22," the report mentioned.

The CAG report further stated that the total expenditure (revenue and capital heads) of the Ministry of Railways in 2021-22 was Rs 3,96,658.66 crore (35.19 per cent more than the previous year), which comprised Rs 1,90,267.07 crore (22.61 per cent more than the previous year) of capital and Rs 2,06,391.59 crore (49.31 per cent more than the previous year) of revenue expenditure.

The Comptroller Auditor General said that the entire profit of Rs 36,196 crore from freight traffic was utilised to cross subsidise/compensate the loss on operation of passenger and other coaching services.

"Inadequate generation of internal resources resulted in greater dependence on Gross Budgetary Support and Extra Budgetary Resources. The amount of Extra Budgetary Resources was Rs 71,065.86 crore which represented a decrease of 42.31 per cent as compared with 2020-21," the CAG report further stated.

The CAG report further revealed that Indian Railways was not in sync with the government's aim to digitise the payments system as the national transporter made cash transactions amounting to Rs 2,395.52 crore from 2017-18 to 2021-22. https://www.news9live.com/business/cag-report-on-indian-railways-concerns-on-operating-cost-cash-transactions-and-losses-incurred-on-passenger-services-2244552

49. CAG flags Railways: 107.39% operating ratio for 2021-22 against 96.15% biz estimate *(daijiworld.com)* August 10, 2023

The Comptroller Auditor General of India (CAG) in its latest report on the Ministry of Railways has highlighted that the operating ratio (OR) was 107.39 per cent in 2021-22 against 97.45 per cent in 2020-21 as the national transporter could not generate a net surplus.

The CAG report number 13 of 2023 on Railways finances dated August 8 highlighted that "against the target of 96.15 per cent in the Budget Estimates, the operating ratio of Railways was 107.39 per cent in 2021-22".

“This meant that the Railways spent Rs 107.39 to earn Rs 100. As compared to the Operating Ratio of 97.45 per cent during 2020-21, there was deterioration in 2021-22,” the report highlighted.

Operating Ratio represents the ratio of working expenses and a higher ratio indicates poorer ability to generate surplus.

The report further pointed out that had the actual amount of Rs 51,215.94 crore required to meet the expenditure on pension payments of Railways, been appropriated to the Pension Fund (instead of Rs 48,100 crore), the Railways working expenses would have increased.

“With the increased working expenses, the OR would have been 109.02 per cent instead of 107.39 per cent in 2021-22. Thus the OR of 107.39 per cent shown by the Railways does not reflect the true financial performance of the Railways,” it said.

“Again, had the actual amount (Rs 661.01 crore) required to meet the expenditure on DRF payments of Railways, been appropriated to the DRF (instead of NIL), the Railways working expenses would have increased. With the increased working expenses, the OR would have been 109.36 per cent instead of 107.39 per cent in 2021-22. Thus the OR of 107.39 per cent shown by the Railways does not reflect the true financial performance of the Railway,” the report said.

The audit analysis also revealed that the operating ratio of six Zonal Railways -- East Coast, North Central, South Central, South Eastern, South East Central and West Central Railways -- was below 100 per cent, with the operating ratio of East Coast being the best at 54.58 per cent.

“However, operating ratio of eleven Zonal Railways -- Central, Eastern, East Central, Northern, North Eastern, Northeast Frontier, North Western, Southern, South Central, South Western, Western and Metro Railway/Kolkata, Railways -- was more than 100 per cent during 2021-22, with operating ratio of Metro Railway/Kolkata being the worst at 432.19 per cent. This implied that the working expenditure of these Railways was more than their traffic earnings,” the report stated.

The CAG suggested to the Railways that it needs to critically analyse the cost of passenger operations and take steps to reduce its losses. https://www.daijiworld.com/news/newsDisplay?newsID=1108660

50. CAG asks Finance Ministry to consider Online System for Customs Refund *(taxscan.in)* August 10, 2023

In order to increase efficiency, the Finance Ministry has been advised by the Comptroller and Auditor General of India (CAG) to explore introducing an online customs refund system that is similar to the Goods and Services Tax Network (GSTN) system.

As outlined in Sections 27 and 26 of the Customs Act, 1962, importers and exporters are entitled to request refunds. In cases where the refund isn't disbursed within the designated timeframe, interest is applicable at a rate of 15% per annum, as specified in Section 27A of the Customs Act, 1962.

To initiate a refund claim, it is necessary to submit an application along with supporting documents such as assessment records, sales invoices, and similar documentation. These documents are used to substantiate the assertion that excess duty and interest have been paid, that the duty or interest burden hasn't been transferred to another party, and that the refund hasn't been previously obtained.

As reported by the ET, the CAG said that "The Ministry may consider having an online workflow or capturing and processing refunds on the lines of the GSTN System so that the Department is able to electronically keep track of BEs against which refund has been applied for. This would make the monitoring of refund cases more efficient, effective and transparent.

As per the CAG's recommendation, implementing a system that displays daily fluctuations in the exchange rate could potentially alleviate uncertainties and prevent unwarranted delays or discrepancies that might affect exporters or importers seeking refunds.

At present, the Central Board of Indirect Taxes and Customs (CBIC) releases the updates regarding foreign exchange rate fluctuations through notifications at intervals of 15 days. However, as per the CAG's recommendation, it would be more beneficial to have a system in place that provides real-time updates on foreign exchange rate variations. https://www.taxscan.in/cag-asks-finance-ministry-to-consider-online-system-for-customs-refund/309194/

51. CAG Report Flags Shortcomings in Tourism Ministry's Swadesh Darshan Scheme *(republicworld.com, business-standard.com, ptinews.com)* 10 August 2023

The scheme is a central sector flagship scheme of the Tourism Ministry for the development of tourism infrastructure in the country.

The Swadesh Darshan Scheme of Tourism Ministry was launched despite "objection of the Planning Commission/Ministry of Finance" and the ministry "did not act" upon the recommendation of a committee to formulate an umbrella scheme by merging the projects having overlapping objectives, a CAG report has found.

The Performance Audit Report of the Comptroller and Auditor General (CAG) on Swadesh Darshan Scheme, covering the period from its inception in January 2015 to March 2022, was tabled in Parliament on Wednesday, according to an official statement.

The Swadesh Darshan Scheme, launched in January 2015 with an initial outlay of Rs 500 crore, is a central sector flagship scheme of the Tourism Ministry for the development of tourism infrastructure in the country.

The ministry identified 15 tourist circuits for development under the Scheme, namely Himalayan circuit, North East circuit, Krishna circuit, Buddhist circuit, Coastal circuit, Desert circuit, Tribal circuit, Eco circuit, Wildlife circuit, Rural circuit, Spiritual circuit, Ramayana circuit, Heritage circuit, Tirthankar circuit and Sufi circuit.

According to the CAG's statement, the ministry sanctioned a total of 76 projects (15 circuits) during the period from 2014-15 to 2018-19 at a sanctioned cost of Rs 5,455.69 crore.

The performance audit was conducted to derive an assurance that the tourist circuits were identified, prioritised and planned as per the scheme design and objectives; the identified projects in the tourist circuits were executed in an efficient, effective and coordinated manner; and there was proper monitoring and impact assessment of the scheme, it said.

A sample of 14 projects (related to 10 tourist circuits) from 13 states out of a total of 76 projects (15 circuits) was selected for detailed examination during the performance audit.

"The audit found that the Ministry launched the scheme despite objection of the Planning Commission/Ministry of Finance and did not act upon the recommendation of the Standing Finance Committee to formulate an umbrella scheme by merging the schemes having overlapping objectives. As a result, there was overlapping of scope across various schemes implemented by the Ministry," the statement said.

Most of these schemes were still ongoing in 2021-22. Thus, the objective of the government to contain the proliferation and rationalisation of schemes was not achieved, it said.

"After launching the Scheme with an initial outlay of Rs 500 crore, the Ministry continued to sanction projects and the amount sanctioned had exceeded Rs 4,000 crore by 2016-17. The Ministry sanctioned funds without obtaining approval of the Cabinet, which was necessary for sanctioning projects costing above Rs 1,000 crore," the statement said.

The CAG in its report has also flagged other shortcomings in planning the Swadesh Darshan Scheme.

"There was lack of proper planning on the part of the Ministry as it did not ensure preparation of national or state level plan before launching the Scheme. After the launch of the Scheme also, it did not ensure preparation of Detailed Perspective Plans (DPP)

for 14 out of 15 tourist circuits/themes, which were to form the basis of selection of projects and preparation of Detailed Project Reports. Thus, the Ministry did not have any long-term vision/policy for implementing the Scheme," it added.

The ministry "did not pay adequate attention to the development of the Rural circuit". As on March 31, 2022, the total expenditure incurred under rural circuit was only Rs 30.84 crore, which constituted only 0.73 per cent of the total expenditure incurred under the scheme, the statement said.

Besides, the ministry "did not play an active role" in the identification of projects and relied on the state governments for identification of projects and preparation of Detailed Project Reports.

However, many project proposals were submitted by the state governments "without any proper identification criteria or prioritisation", the statement said, adding instances were noticed where the "projects did not meet the criteria of a tourist circuit".

The CAG also found that a large number of sites and components had been chosen for the implementation of the scheme.

There were 910 sites and 6,898 components in 243 districts under 76 projects sanctioned under the scheme, despite dropping of a large number of components. As a result, the ministry/state governments "could not pay adequate attention to all the sites, resulting in delay in obtaining timely clearances and award of works, lack of adequate monitoring, site inspection and change/dropping of components etc," it added.

Also, the Tourism Ministry "did not develop a formal mechanism" for evaluation and approval of projects. While 18 months to 36 months had been given to the state governments/UTs to complete the projects, "the Ministry itself kept the project proposals pending for up to six years in few cases without any action as it did not have a defined timeline for approval or rejection of project proposals", the statement said.

The ministry did not issue instructions to the states for opening of separate bank accounts for more than five-and-a-half years since the launch of the scheme. As a result, many state governments did not open interest-bearing accounts, thus "causing loss of interest to the exchequer", the report said.

"There was undue benefit to contractors amounting to Rs 19.73 crore on account of irregular payment to contractors and grant of mobilisation advance. Further, the state governments incurred wasteful/excess/unfruitful/inadmissible expenditure of Rs 51.56 crore from the Scheme funds," it added.

The audit also found that out of 76 projects sanctioned by the ministry, "no project was completed within the stipulated time frame". In selected 14 projects, it was noticed that eight projects were completed with delays ranging from 22 months to 47 months and six projects were yet to be completed, despite considerable delay, it said.

The CAG's report also flagged that the ministry did not take necessary steps to ensure that the state governments carried out proper operation and maintenance of created assets in a sustainable manner.

There was a "significant time gap" between the meetings of Central Sanctioning and Monitoring Committee and the Mission Directorate. No meeting of the Central Sanctioning and Monitoring Committee and the Mission Directorate was held after November 2018 and October 2019, respectively, the statement said.

"There was no mechanism in the Ministry to ensure the correctness of project data submitted by the state governments/implementing agencies," it said.

The statement also said that the ministry "did not act upon the recommendations of the Department-Related Parliamentary Standing Committee on Transport, Tourism and Culture made from time to time relating to the Scheme".

Further, the ministry agreed upon the recommendations of Expenditure Finance Committee on the scheme but "did not comply with the same". As a result, the issues raised by the committees persisted, it said. https://www.republicworld.com/india-news/general-news/cag-report-flags-shortcomings-in-tourism-ministrys-swadesh-darshan-scheme-articleshow.html

52. कैग की रिपोर्ट में पर्यटन मंत्रालय की स्वदेश दर्शन योजना में खामियों का जिक्र *(ibc24.in, hindi.latestly.com, hindi.theprint.in, bhasha.ptinews.com)* August 10, 2023

भारत के नियन्त्रक एवं महालेखा परीक्षक (कैग) ने अपनी एक रिपोर्ट में कहा है कि पर्यटन मंत्रालय ने तब के योजना आयोग तथा वित्त मंत्रालय की आपत्ति के बावजूद 'स्वदेश दर्शन योजना' शुरू की तथा विभिन्न परियोजनाओं को मिला कर एक बड़ी योजना बनाने के लिए एक समिति द्वारा की गई सिफारिशों पर ''कार्रवाई नहीं की'' जिसकी वजह से इसके उद्देश्य पूरे नहीं हो पाए।

एक आधिकारिक बयान में कहा गया है कि 'स्वदेश दर्शन योजना' को लेकर कैग की 'परफॉर्मेन्स ऑडिट रिपोर्ट' बुधवार को संसद में पेश की गई। इसमें जनवरी 2015 में योजना की शुरुआत से मार्च 2022 तक की अवधि का उसका ऑडिट किया गया।

देश में पर्यटन के बुनियादी ढांचे के विकास के लिए पर्यटन मंत्रालय ने यह प्रमुख योजना जनवरी 2015 में 500 करोड़ रुपये के शुरुआती परिव्यय के साथ शुरू की थी।

मंत्रालय ने इसके तहत विकास के लिए 15 पर्यटक परिपथ (सर्किट) चिह्नित किए थे जो क्रमश: हिमालय परिपथ, पूर्वोत्तर परिपथ, कृष्ण परिपथ, बौद्ध परिपथ, तटीय परिपथ, रेगिस्तार परिपथ, ग्रामीण परिपथ, आध्यात्मिक परिपथ, रामायण परिपथ, धरोहर परिपथ, तीर्थांकर परिपथ और सूफी परिपथ हैं।

कैग के बयान के अनुसार, मंत्रालय ने 2014-15 से 2018-19 के दौरान 5,455.69 करोड़ रुपये की स्वीकृत लागत के साथ कुल 76 परियोजनाओं (15 परिपथ) को मंजूरी दी।

कैग ने विस्तृत जांच के लिए 13 राज्यों से 10 पर्यटन परिपथ से संबंधित 14 परियोजनाओं को चुना था।

बयान में कहा गया है, ''ऑडिट में पाया गया कि तब के नीति आयोग एवं वित्त मंत्रालय की आपत्ति के बावजूद मंत्रालय ने योजना शुरू कर दी। साथ ही मंत्रालय ने स्थायी वित्त समिति की एक समान

उद्देश्यों वाली परियोजनाओं का विलय कर एक बड़ी योजना तैयार करने संबंधी सिफारिश पर काम नहीं किया।''

इस बयान के अनुसार, इसके चलते मंत्रालय द्वारा कार्यान्वित विभिन्न योजनाओं को न तो सही से लागू किया जा सका और न ही उद्देश्य की प्राप्ति हो सकी।

रिपोर्ट में कहा गया कि इनमें से अधिकांश योजनाएं 2021-22 में चल रही थीं। इसके बावजूद योजनाओं के प्रसार और उन्हें युक्तिसंगत बनाने का सरकार का उद्देश्य हासिल नहीं हो पाया।

कैग के बयान में यह भी कहा गया, ''योजना को 500 करोड़ रुपये के शुरुआती परिव्यय के साथ शुरू करने के बाद भी मंत्रालय परियोजनाओं को मंजूरी देता रहा और 2016-17 तक स्वीकृत राशि चार हजार करोड़ रुपये से अधिक पहुंच गई। मंत्रालय ने कैबिनेट की मंजूरी के बिना ही इतनी राशि को मंजूरी दे दी, जबकि एक हजार करोड़ रुपये से अधिक लागत वाली परियोजनाओं के लिए कैबिनेट की मंजूरी जरूरी है।''

कैग ने अपनी रिपोर्ट में योजना से संबंधित अन्य कमियों को भी उजागर किया है। बयान में कहा गया, ''योजना शुरू करने से पहले राष्ट्रीय या राज्य स्तर की रूपरेखा को तैयार करना सुनिश्चित नहीं किया गया। योजना शुरू होने के बाद भी 15 में से 14 पर्यटक परिपथ के लिए 'डिटेल्ड पर्सपेक्टिव प्लान्स' (डीपीपी) तैयार करना सुनिश्चित नहीं किया गया जो परियोजनाओं के चयन का और विस्तृत परियोजना रिपोर्ट (डीपीआर) का आधार बनता। मंत्रालय के पास योजना को लागू करने के लिए कोई दीर्घकालिक नीति नहीं थी।''

बयान में यह भी कहा गया है कि मंत्रालय ने ग्रामीण परिपथ के विकास पर समुचित ध्यान नहीं दिया। '' 31 मार्च 2022 तक ग्रामीण परिपथ के विकास पर केवल 30.84 करोड़ रुपये खर्च किए गए, जो योजना के कुल खर्च का केवल 0.73 प्रतिशत था।''

कैग ने यह भी पाया कि मंत्रालय ने परियोजनाओं की पहचान में सक्रिय भूमिका नहीं निभाई और इसके लिए तथा डीपीआर की तैयारी के लिये राज्य सरकारों पर भरोसा किया। बयान के अनुसार, राज्य सरकारों की ओर से प्राथमिकता या पहचान के समुचित मानकों के बिना ही कई परियोजना प्रस्ताव दिए गए जबकि इनमें से कुछ तो पर्यटन परिपथ के मानक के अनुसार ही नहीं थे।

आगे बयान में बताया गया है कि योजना के तहत 243 जिलों में 910 स्थलों और 6,898 घटकों को चयनित किया गया। इसके चलते मंत्रालय और राज्य सरकारें ''सभी स्थलों पर समुचित ध्यान नहीं दे सकीं, जिससे समय पर मंजूरी प्राप्त करने और काम सौंपने में देरी हुई।''

परिवहन, पर्यटन एवं संस्कृति पर विभाग संबंधी स्थायी संसदीय समिति की समय समय पर की गई सिफारिशों का जिक्र करते हुए कैग के बयान में कहा गया है कि मंत्रालय ने इन पर कार्रवाई नहीं की।

बयान में यह भी गया कि मंत्रालय ने योजना पर व्यय वित्त समिति की सिफारिशों पर सहमति तो व्यक्त की, लेकिन 'उनका अनुपालन नहीं किया'। इसके चलते समिति द्वारा उठाए गए मुद्दे नहीं सुलझ पाए। https://www.ibc24.in/country/cag-report-points-out-flaws-in-tourism-ministrys-swadesh-darshan-scheme-1682785.html

STATES NEWS ITEMS

53. CAG detects Rs 3640-crore irregularities in five UP departments *(thestatesman.com)* August 9, 2023

The Comptroller Auditor General of India (CAG) has detected a financial loss of Rs 3640 crore for the Uttar Pradesh government by five departments due to negligence and irregularities.

These irregularities are mentioned in the civil/revenue report of the CAG, ending the financial year March 31, 2021, tabled in the state assembly on Tuesday.

Of these top five departments incurred loss of revenue, State GST is on the top, The Excise Department is on the second number, Mining on the third, Stamp and Registration on the fourth and Vehicle and Passenger Tax Department on the fifth.

The CAG report has exposed that the State Tax Department (State GST) is not able to curb the cases of wrongly given Input Tax Credit (ITC). Out of Rs 1,525 crore irregularities in State GST, about Rs 1,446 crore cases are related to bogus ITC alone. About Rs 31 crore was returned in excess of the cash ledger and Rs 27 crore was given to the developers without paying tax.

On the other hand, in the CAG investigation of the Excise Department, a scam of Rs 1,276 crore was detected. This was revealed in the investigation of 2519 files of 29 units out of 128 units. The biggest loss in this was due to recording of less consumption of excise material in the documents. There was a revenue loss of Rs 1078 crore under this head. The officials caused a loss of Rs 164 crore by not taking the license fee.

The CAG conducted a sample check of stamp duty and mortgage documents in 60 sub-registrar offices of the Stamp and Registration Department. In these, irregularities involving more than Rs 351 crore were detected in 708 cases. In which more than 300 crore cases were related to the stamp imposed on the mortgage documents.

The mining department is also not lagging behind in irregularities. In the investigation, the CAG examined the documents of 13 District Mines Offices of the state. In which it was found in 3588 cases that royalty was either taken less or not taken at all. In this way a total loss of Rs 440 crore was done to the exchequer. It was found in the investigation that royalty of Rs 119 crore was not recovered at all. More than Rs 6 crores were wasted by imposing less stamp duty on the leases.

Reports said irregularities of about Rs 48 crore were also detected in the investigation of the Vehicle, Goods and Passenger Tax Department. The CAG found these irregularities in the examination of 16,379 files of 11 out of 76 units. In this, the maximum number of 4165 cases were such, in which tax recovery of Rs 25 crore was reduced. Keeping the recovery certificates in cold storage also resulted in loss of revenue to the tune of Rs 10 crore. https://www.thestatesman.com/business/cag-detects-rs-3640-crore-irregularities-in-five-up-departments-1503209878.html

54. CAG Report: खर्च और कमाई की 266 सालाना रिपोर्ट दबा गए 43 विभाग, हथकरघा निगम और वक्फ विकास निगम शीर्ष दो पर *(amarujala.com)* 09 Aug 2023

राज्य सरकार के सार्वजनिक उद्यमों ने अनियमितताओं का रिकार्ड तोड़ दिया। 43 सार्वजनिक उद्यमों ने सालाना पेश की जाने वाली 266 रिपोर्ट जमा ही नहीं कीं। इससे ये नहीं पता चल सका कि इन उद्यमों की आय-खर्च-घाटा का हिसाब किताब क्या है। कई विभाग तो इतने दिग्गज निकले कि 21 साल से लगातार रिपोर्ट दाखिल नहीं की। नियंत्रक एवं महालेखा परीक्षक (सीएजी) की रिपोर्ट में ये खुलासा हुआ है। सीएजी ने इसपर गंभीर आपत्ति जताते हुए वित्तीय अनियमितता की आशंका जताई है।

किसी भी संस्थान, उपक्रम और कंपनी के लिए सालाना रिपोर्ट दाखिल करना अनिवार्य है। इससे उनकी वित्तीय सेहत की जानकारी मिलती हैै। रिपोर्ट ये पता चलता है कि उनकी आय-व्यय कितना रहा। कितना लोन लिया है। कितना लोन अदा किया हैै। बैंकों की ग्रेडिंग क्या है। संस्थान के पास कितनी संपत्ति है। कितनी संपत्ति बेची लेकिन इतनी महत्वपूर्ण रिपोर्ट भी 43 सरकारी उद्यमों ने जमा करना मुनासिब नहीं समझा।

इस फेहरिस्त में शीर्ष पर राज्य हथकरघा निगम है जिसने वर्ष 2001 के बाद से आजतक कुल 21 सालाना रिपोर्ट सरकार को नहीं दी। दूसरे नंबर पर वक्फ विकास निगम हैै, जिसने 2003 के बाद से आजतक रिपोर्ट नहीं दी। विभाग के ऊपर कुल 18 रिपोर्ट बकाया हैं। अल्पसंख्यक वित्त व विकास निगम 16 रिपोर्ट दाखिल न करने के साथ तीसरे नंबर पर है। लखनऊ सिटी ट्रांसपोर्ट सर्विसेज और हस्तशिल्प एवं विकास विपणन निगम लिमिटेड ने 13 साल से अपनी रिपोर्ट नहीं दी। उत्तर प्रदेश ड्रग्स एंड फार्मास्यूटिकल्स लिमिटेड, आगरा-मथुरा सिटी ट्रांसपोर्ट लिमिटेड, कानपुर सिटी ट्रांसपोर्ट लिमिटेड और वाराणसी सिटी ट्रांसपोर्ट लिमिटेड ने 12 साल से अपने खर्च का हिसाब नहीं दिया है।
https://www.amarujala.com/lucknow/cag-report-266-annual-reports-of-expenditure-and-earnings-suppressed-by-43-departments-2023-08-09

55. Deoria News: छह नगर निकायों ने किया 5.80 करोड़ का गड़बड़झाला, सीएजी की रिपोर्ट में हुआ खुलासा *(amarujala.com)* 10 Aug 2023

नियंत्रक एवं महालेखा परीक्षा (सीएजी) की जांच में जिले की छह नगर निकायों में 5.80 करोड़ का गड़बड़झाला सामने आया है। इसमें कहीं बिना काम का भुगतान किया गया है तो कहीं जिम्मेदारों ने राजस्व को लाखों की क्षति पहुंचाई है। शहर की नगर पालिका में 3.47 करोड़ की गड़बड़ी उजागर हुई है। वहीं नगर पालिका परिषद गौरा बरहज 77.62 लाख राजस्व क्षति का मामला प्रकाश में आया है। नगर पंचायत रामपुर कारखाना, मझौलीराज, रूद्रपुर, भटनी में भी स्थानीय निधि की हेरफेर की गई है।

बता दें कि स्थानीय निकायों व शासन से अनुदानित संस्थाओं की लेखा-परीक्षा के कार्यों को संपादित करने के लिए राज्य सरकार के वित्त विभाग की ओर से स्थानीय निधि लेखा परीक्षा विभाग का गठन किया गया है। जिसमें वित्तीय वर्ष 2015-16 से 2017-18 तक नगर निकायों के क्रिया कलाप की जांच रिपोर्ट सीएजी की ओर से तैयार की गई है। भुगतान मानक के अनुरूप हुआ है या नहीं, किस मद से आय हो सकती थी जिसपर निकायों ने ध्यान नहीं दिया आदि तथ्यों को सीएजी ने रिपोर्ट में समाहित किया गया है।

यहां मिलीं हैं ये खामियां:

नगर पालिका परिषद देवरिया:

शासनादेश के अनुसार 25 लाख से अधिक के ड्रेनेज के काम सीएनडीएस जल निगम के माध्यम से कराए जाने थे इसके बावजूद नगर पालिका ने 99.51 लाख का अनियमित भुगतान किया है। विभिन्न निर्माण कार्यों के लिए एस्टीमेट से अधिक बिल का योग गलत लगाने एस्टीमेट से भिन्न मदों के कार्य कराने, पुराने ब्रिक्स को न घटाने आदि कारणों से 43 लाख 43 हजार का अनियमित भुगतान किया गया है। निर्माण कार्य बिलों से निर्धारित दर से कम पर रायल्टी की कटौती किए जाने तथा खनिज मूल्य के लिए कोई कटौती नहीं किए जाने के कारण 1.31 करोड़ राजस्व की क्षति हुई है। वहीं ठेकेदारों को अधिक भुगतान किया गया है। जल मूल्य व पालिका की सीमा में स्थित मोबाइल टावरों से वार्षिक शुल्क वसूली न किए जाने से 69.84 लाख रुपये राजस्व का नुकसान हुआ है। अजय बरनवाल एंड एसोसिएट चार्टर्ड एकाउंटेंट फर्म को बिना निर्धारित कार्य कराए 3.93 लाख का भुगतान किया गया है।

नगर पालिका परिषद गौराबरहज :

निर्माण कार्यों पर लेबर सेस की कटौती न होने के कारण 16.33 लाख रुपये व विभिन्न मदों की बकाया धनराशि 61.28 लाख की वसूली के लिए प्रभावी कार्रवाई नहीं होने से करीब 94 लाख रुपये राजस्व की क्षति हुई है।

नगर पंचायत रामपुर कारखाना, भटनी:

शासन की ओर से विभिन्न मदों में अनुदान की व्यवस्था दी गई है। जो धनराशि उपयोग नहीं हो पाती उसे शासन को वापस करना होता है। रामपुर कारखाना नगर पंचायत ने 33.59 लाख की धनराशि अवरूद्ध की है। नगर पंचायत भटनी में ट्रैक्टर का बीमा न कराए जाने के फलस्वरूप दुर्घटना के कारण प्रतिपूर्ति मद में राज्य वित्त आयोग से 3.17 लाख का अमान्य भुगतान किया गया है।

नगर पंचायत मझौलीराज:

रोकड़बही व बैंक के शेष दिनांक 31 मार्च 2018 में अंतर सामने आया है। समाधान विवरणी न बन पाने से 99 लाख की गड़बड़ी हुई है। वहीं आउटसोर्सिंग व्यवस्था के तहत मजदूरों की सेवा प्राप्त करने के लिए भुगतान की गई धनराशि पर सेवा कर जमा न किए जाने के कारण चार लाख रुपये राजस्व की क्षति हुई है।

नगर पंचायत रुद्रपुर:

स्वीकृत निविदा जो समस्त कर सहित थी, फिर भी जीएसटी, एसजीएसटी अतिरिक्त जोड़े जाने के कारण ठेकेदार को 5.96 लाख की धनराशि अधिक भुगतान की गई है। वहीं आउट सोर्सिंग व्यवस्था के तहत मजदूरों की सेवा प्राप्त करने के लिए भुगतान की गई धनराशि पर सेवा कर नगर पंचायत की ओर से जमा न किए जाने से 9.47 लाख राजस्व की क्षति हुई है।

ये ऑडिट की आपत्तियां हैं जो मेरे पास नहीं आई हैं। जब मेरे पास यह रिपोर्ट आएगी तो आपत्तियों का निस्तारण कराया जाएगा। हालांकि यह सभी मामले पुराने हैं। - गौरव श्रीवास्तव, एडीएम प्रशासन।

https://www.amarujala.com/uttar-pradesh/deoria/six-municipal-bodies-made-a-mess-of-580-crores-revealed-in-the-cag-report-deoria-news-c-208-1-deo1002-3633-2023-08-10

56. Unnao News: सरकारी धन की मचाई ""लूट"", अपनी आय के स्रोतों में चहेतों को दी ""लूट"" की छूट *(amarujala.com)* Updated: 10 Aug 2023

उन्नाव। शासन से विकास के लिए मिले बजट से कराए गए कार्यों में शासनादेश की अनदेखी कर धन का दुरुपयोग किया गया। कमाई के स्त्रोतों के ठेके या नीलामी न करके अपनों को लूट की छूट दी गई। चेहतों को लाभ पहुंचाने धन के बंदरबांट के लिए नियमों को ताक पर रखकर न्यूनतम

के बजाए उच्च दर पर खरीद कर जिले में करोड़ों का घालमेल किया गया। इसका खुलासा कैग (स्थानीय निधि लेखा परीक्षा विभाग) ने किया है। शासन को दी गई रिपोर्ट के अनुसार जिले की तीन नगर पालिकाओं में वित्तीय वर्ष 2016-17 और 2017-18 में 16.71 करोड़ रुपये नियम विरुद्ध भुगतान किया गया।

नगर पालिका परिषद में वित्तीय वर्ष 2016-17 में नाला सफाई के नाम पर दो बार में 16 और 34 लाख का भुगतान किया गया। कैग ने इसमें सवाल उठाते हुए रिपोर्ट दी है कि नाला सफाई में अनियमितता की गई। स्थानीय स्तर पर अफसरों द्वारा कराई गई जांच में भी इसकी पुष्टि हुई थी। इसके बाद भी भुगतान कर दिया गया।

नाला निर्माण में भी 79.94 लाख का अनियमित भुगतान भी कैग ने पकड़ा है। इसमें 11.67 लाख का इस्टीमेट से अधिक का भुगतान बिना सक्षम अधिकारी से स्वीकृति कराने की पुष्टि हुई है। 14वें वित्त से कराए गए निर्माण कार्यों में बिना सक्षम अधिकारी की स्वीकृति के 24.35 लाख का भुगतान किया गया। पालिका के जिम्मेदारों ने शासनादेश के अनुसार न तो जल कर की वसूली की और न ही पड़ाव अड्डों की नीलामी। इससे सरकार को क्रमश: 2.80 करोड़ और 16.12 लाख का आर्थिक नुकसान हुआ।

आईडीएसएमटी योजना से निर्मित दुकानों व हॉल की नीलामी न कर प्रति वर्ष के हिसाब से 1.72 करोड़ की आर्थिक क्षति सरकार को पहुंचाई। बोर्ड की स्वीकृति के बिना प्रकाश विभाग में आउट सोर्सिंग पर रखे गए कार्मिकों पर 7.83 लाख और स्वास्थ्य में कर्मियों के वेतन का 1.40 करोड़ भुगतान कर दिया गया। तत्कालीन अध्यक्ष रामचंद्र को शिष्टाचार व्यय में 8.23 लाख और उनके कैंप कार्यालय की साज-सज्जा पर 7.86 लाख का अनियमित भुगतान भी सामने आया है। कैग ने उन्नाव नगर पालिका में कुल 20 मामलों में गड़बड़ी पकड़ी है।

बांगरमऊ में नगर पालिका परिषद में वित्तीय वर्ष 2017-18 में कैग ने छह कार्यों में 4.63 करोड़ की गड़बड़ी पकड़ी है। जिम्मेदारों ने फ्लोराइडयुक्त क्षेत्र में बिना जल परीक्षण के हैंडपंपों के रीबोर में 10.46 लाख का अनियमित भुगतान किया। शासनादेश द्वारा निर्धारित प्रक्रिया के विपरीत नाला निर्माण कराकर 46.43 लाख का अनियमित भुगतान किया गया। जिम्मेदारों ने ई-टेंडरिंग व्यवस्था से बचने के लिए राज्य वित्त से प्राप्त अनुदानों की धनराशि न होने के बाद भी 3.73 करोड़ के टेंडर निकाल दिए। कैग ने इसे भी अनियमित श्रेणी में रखा है। इसके अलावा शासनादेश के विपरीत कम दर पर वाटर टैक्स की वसूली करके 18.16 लाख और ठेके की बकाया धनराशि 3.61 लाख की वसूली न करके आर्थिक क्षति पहुंचाई गई। बिना किसी आकलन व ठोस आधार के डोर टू डोर कूड़ा कलेक्शन व सफाई व्यवस्था के कार्य में आर्यन ग्रुप को प्रतिमाह 10.64 लाख में दे दिया गया।

गंगाघाट में नगर पालिका परिषद में वित्तीय वर्ष 2016-17 में तीन कार्यों में 1.10 करोड़ की वित्तीय अनियमितताएं पकड़ी गई हैं। कैग ने सोलर लाइट की स्थापना में उच्च दर पर भुगतान से 15.49 लाख का अधिक भुगतान पकड़ा है। इसी प्रकार गृह व जल कर की मांग वसूली के लिए प्रभावी कार्यवाही न किए जाने पर कुल 92.34 लाख (गृहकर 69.80 लाख और जलकर 22.53 लाख) की आर्थिक क्षति पहुंचने की रिपोर्ट दी है। इसी प्रकार सोलर एनर्जी बेस्ड वाटर सिस्टम सबमर्सिबल की स्थापना के लिए विस्तृत इस्टीमेट तैयार न करके उच्च दर पर भुगतान किया गया। कैग ने इसमें 3.07 लाख की वसूली और अन्य अनियमितताएं दर्शाईं हैं। https://www.amarujala.com/uttar-pradesh/unnao/loot-of-government-money-given-exemption-to-loot-loved-ones-in-their-sources-of-income-unnao-news-c-221-1-sknp1054-1645-2023-08-10

57. यूपी में गड़बड़ी में विकास प्राधिकरण नंबर एक:कैग रिपोर्ट में 3362 करोड़ रुपए की अनियमितता मिली, आबकारी में 1276 करोड़ का नुकसान *(bhaskar.com)* 10 Aug 2023

भारत के नियंत्रक और महालेखा परीक्षक (CAG) की रिपोर्ट में चौंकाने वाले खुलासे हुए हैं। यूपी सरकार के विभागों ने अनियमितताओं का रिकॉर्ड तोड़ दिया है। रिपोर्ट के मुताबिक, यूपी में गड़बड़ी में डेवलपमेंट अथॉरिटी एक नंबर पर है। अकेले इस विभाग में 3362 करोड़ रुपए की अनियमितता पाई गई है।

यही नहीं, आबकारी विभाग में भी अनियमितता के चलते 1276 करोड़ का नुकसान हुआ है। हैरान करने वाली बात यह है कि यूपी सरकार के 43 विभाग ऐसे हैं, जिन्होंने सालाना पेश की जाने वाली 266 रिपोर्ट जमा तक नहीं की। इसके अलावा, कई विभाग तो ऐसे हैं, जिन्होंने 2-4 साल नहीं, बल्कि 21 साल से अपनी रिपोर्ट ही दाखिल नहीं की है। इन रिपोर्ट से यह पता चलता है कि इन विभागों की आय-खर्च-घाटा का हिसाब-किताब क्या है?

लेकिन रिपोर्ट जमा नहीं होने से इनका लेखा-जोखा सामने नहीं आ पाया। फिलहाल, कैग रिपोर्ट में यह भी बताया गया कि 5 विभाग तो ऐसे हैं जिनमें अफसरशाही की लापरवाही की वजह से 3640 करोड़ रुपए का नुकसान हुआ है। यानी, इस रकम का लेखा-जोखा नहीं मिल पाया है।

कैग रिपोर्ट में किस विभाग में कितनी करोड़ अनियमितता पाई गई है..समझिए

-GST विभाग ने 1525 करोड़ के नुकसान की बात कही है। इसमें 1446 करोड़ फर्जी ITC यानी इनपुट टैक्स क्रेडिट से संबंधित है।
-निकायों-प्राधिकरणों में 8170 करोड़ रुपए की अनियमितता पाई गई है।
-बिजली विभाग में 36.22 करोड़ रुपए की गड़बड़ी मिली है।
-स्टांप एवं निबंधन विभाग में 351.30 करोड़ रुपए की अनियमितता मिली है।
-चिकित्सा शिक्षा विभाग में 746.22 करोड़ रुपए का नुकसान हुआ है।
-राजस्व वसूली में राज्य सरकार को 1446 करोड़ रुपए का नुकसान हुआ है।

बिल्डरों को फायदा पहुंचाने में विकास प्राधिकरण का 200 करोड़ का नुकसान
कैग रिपोर्ट में बताया गया है कि विकास प्राधिकरण यानी डेवलपमेंट अथॉरिटी को बिल्डरों को फायदा पहुंचाने में करीब 200 करोड़ रुपए का नुकसान उठाना पड़ा है। इसमें सबसे अधिक गड़बड़ी मेरठ में हुई है। मेरठ डेवलपमेंट अथॉरिटी ने एक बिल्डर को वेदव्यासपुरी योजना में भूखंड आवंटित किया। इस भूमि से बकाया राशि की वसूली न करने की वजह से प्राधिकरण को 28.95 करोड़ रुपए का नुकसान हुआ है।

राज्यकर विभाग ने 1551.08 करोड़ की कम वसूली की
रिपोर्ट के मुताबिक, 88.1 करोड़ रुपए का ITC के लाभ में गड़बड़ी सामने आई है। इसके अलावा, राज्यकर विभाग और स्टांप एवं निबंधन विभाग ने 1551.08 करोड़ की कम वसूली की। CAG ने रिपोर्ट में 1058 करदाताओं के आंकड़ों की जांच को आधार बनाया है। माल एवं सेवा कर के तहत ट्रांजिशनल क्रेडिट के मामलों में 60 करदाताओं ने निर्धारण आदेशों से 19.50 करोड़ के अधिक ITC का लाभ लिया।

हर विभाग को सालाना आय-व्यय की रिपोर्ट जमा करनी होती है
रिपोर्ट के मुताबिक हर साल किसी भी संस्थान, उपक्रम और कंपनी के लिए सालाना रिपोर्ट दाखिल करना अनिवार्य है। इससे उनकी वित्तीय सेहत की जानकारी मिलती है। रिपोर्ट से पता चलता है कि उनकी आय-व्यय कितना रही। कितना लोन लिया है। कितना लोन अदा किया है। बैंकों की ग्रेडिंग

क्या है? संस्थान के पास कितनी संपत्ति है? कितनी संपत्ति बेची है? लेकिन, इतनी महत्वपूर्ण रिपोर्ट भी 43 सरकारी उद्यमों ने जमा करना उचित नहीं समझा।

राज्य हथकरघा निगम ने 21 सालों से रिपोर्ट नहीं सौंपी
रिपोर्ट न सौंपने वाले में पहले नंबर पर राज्य हथकरघा निगम है, जिसने वर्ष 2001 के बाद से आज तक कुल 21 सालाना रिपोर्ट सरकार को नहीं दी। दूसरे नंबर पर वक्फ विकास निगम है, जिसने 2003 के बाद से अब तक रिपोर्ट नहीं दी। विभाग के ऊपर 18 रिपोर्ट बकाया हैं। अल्पसंख्यक वित्त और विकास निगम 16 रिपोर्ट दाखिल न करने के साथ तीसरे नंबर पर है।

लखनऊ सिटी ट्रांसपोर्ट सर्विसेज और हस्तशिल्प एवं विकास विपणन निगम लिमिटेड ने 13 साल से अपनी रिपोर्ट नहीं दी। उत्तर प्रदेश ड्रग्स एंड फार्मास्यूटिकल्स लिमिटेड, आगरा-मथुरा सिटी ट्रांसपोर्ट लिमिटेड, कानपुर सिटी ट्रांसपोर्ट लिमिटेड और वाराणसी सिटी ट्रांसपोर्ट लिमिटेड ने 12 साल से अपने खर्च का हिसाब नहीं दिया है। CAG रिपोर्ट में खुलासा हुआ कि ITC में बड़े पैमाने पर अनियमितता सामने आई है। ब्याज वसूलने में भी अधिकारी चूके हैं। ऐसे में सरकार को करीब 1446 करोड़ रुपए का नुकसान उठाना पड़ा है। https://www.bhaskar.com/local/uttar-pradesh/lucknow/news/43-departments-of-up-did-not-give-information-about-expenditure-and-earnings-131666477.html

SELECTED NEWS ITEMS/ARTICLES FOR READING

58. GST@6: Forward looking thought *(livemint.com)* Updated: 09 Aug 2023

The Goods and Services Tax (GST), India's largest tax reform since independence, has now spanned six years since its implementation in July 2017. It would not be a hyperbole to say that the reform has managed to significantly transform businesses, provided much needed impetus to supply chains and as a result, has transformed the optics through which companies and countries are viewing India as a favorable business destination.

Deloitte GST@6 survey
To ascertain industry views on the GST journey so far and understand future expectations, Deloitte conducted an online survey in May 2023, reaching out to senior leaders across industries and various categories of companies. The survey elicited a total of 612 responses, with MSMEs comprising 21% of respondents.

The survey revealed that a significant 94% of respondents across industries expressed an affirmative sentiment towards GST, by acknowledging that the government's proactive measures, specifically over the past year to simplify compliance, have played a crucial role in fostering a positive GST experience.

While the progressive momentum of the GST regime has been collectively appreciated, as a way forward, India Inc. believes that the time has come to unleash the next phase of GST reforms to enhance Ease of Doing Business (EoDB), resolve legislative ambiguities and give new impetus to India's growth story.

Key Asks
Export rule liberalization – 78% respondents cited this as the most needed. To illustrate, while the Central Board of Indirect Taxes and Customs issued a defining circular in

September 2021 clarifying doubts on the scope of intermediary services, the benefit is yet to be fully witnessed with certain categories of exporters in the IT/ITeS and data hosting services sector still being continually questioned, resulting in prolonged litigation and the delay in refund resulting in working capital blockages. Several countries including Australia, China, UK, Singapore, EU, Russia, Netherlands, New Zealand, Ethiopia, and US (Hawaii only) follow destination principal for intermediary services.

With India's services exports shooting up a record 26.6% in FY23 to $322 billion and SEPC estimating that it may touch $400 billion in FY23, the government could consider reviewing the export rules and removing the exceptions to help our flagbearer export services sector.

Taxation of deemed supplies – About 73% respondents found favor with the proposal to introduce regulatory amendment to do away with the levy of GST on deemed supply on import of services under the reverse charge mechanism, where recipient is eligible to full input tax credit (revenue neutral). This would be aligned to global VAT laws, specifically EU VAT laws.

The issue has been a bone of contention, considering there is no clarity on the commercial exploitation principle which invokes taxability on such transactions, resulting in inquiries and litigations.

Unlocking of working capital – More than 80% businesses concurred that the transfer of CGST and IGST cash ledgers amongst "distinct persons", has ensured seamless intra-organisational transactions and efficient cash-balance utilization.

With a focus on unlocking working capital for taxpayers, 77% respondents voted in favour of amending legislation directed towards transfer/cross-utilization of CGST credit between distinct persons. This recommendation is revenue neutral for the government and shall ensure in unblocking several thousand crores worth of accumulated ITC.

Another ask has been that GST credits should be refunded in a manner similar to refund of the end-of-year state VAT credits to the taxpayers. This tried, tested, and globally aligned approach should be brought about in the GST law as well.

Removal of restrictions on ITC - With 68% respondents in favour, another aspect around credits has been removal of restrictions around credit availability in relation to employees and setup of commercial infrastructure. These restrictions significantly impact infra/investment heavy sectors, such as telecom, warehousing/logistics, e-commerce, etc. With the projected growth in economy which warrants infra investments as well as employment creation, this aspect merits consideration and with the buoyancy in revenues, this is an avenue for the government to consider.

Conclusion

As we enter the seventh year of the GST regime, it is crucial to address the prolonged issues and challenges while embracing forward-looking thoughts. Implementing appropriate reforms, India can unlock the full potential of GST, promote economic growth, enhance tax compliance, and create further ease of doing business.

https://www.livemint.com/opinion/first-person/gst6-forward-looking-thought-11691577055780.html

59. Nearly 2,500 Defaulters Owe Nationalised Banks ₹ 2.05 Lakh Crore, RTI Shows *(freepressjournal.in)* August 09, 2023

Wilful defaulters owing money to nationalised banks stood at Rs 2.05 lakh crore as of March 31, 2023. The information was provided by the Reserve Bank of India (RBI) under Right to Information (RTI) to a Pune-based RTI applicant. The amount of Rs 2.05 lakh crore was collectively owed by nearly 2,500 defaulters. As per details provided, a large amount of money was defaulted by a few defaulters.

As per the information, 28 defaulters alone owed more than Rs 1,000 crore and their collective amount due stood at Rs 64,031 crore while over 350 defaulters owning more than Rs 100 crores stood at nearly Rs 1.5 lakh crore.

Defaulter numbers low, amount owed high

Vivek Velankar, the RTI applicant, had also sought the list of defaulters provided by the State Bank of India (SBI) the the RBI. As per the information, amount owed by wilful defaulters of SBI stood at over Rs 27,000 crores as on March 31, 2023. The amount was owned by nearly 500 defaulters.

Small number of defaulters owing large sums of money remained high even when the amount was less than Rs 1,000 crore. As per information, those owing between Rs 500 to Rs 1,000 crore stood at over 30. They collectively owed Rs 22,545 crores to nationalised banks. People owing money in the same range to SBI stood at six while they collectively owed SBI Rs 3,948 crores.

Ratio of amount owed and by the number of people who owed the amount between Rs 100 to Rs 500 crores was similar. In case of nationalised banks, the amount owed by defaulters who were to give between Rs 100 to Rs 500 crores stood over Rs 53,000 crores by nearly 240 defaulters. In case of SBI, total default amount in the same range stood at over Rs 11,300 crores by nearly 50 defaulters.

Velankar's RTI

Some of the defaulters figured both in the list of SBI as well as other nationalised banks. "It is surprising how lay people who seek a meagre amount as compared to these defaulters have to run around so much while these defaulters manage to get money from different nationalised banks. Some of these who are common in the list owe over Rs 4,400 crore with SBI while to other nationalised banks they owe Rs 22,117 crore," said Vivek Velankar.

He added, "Despite them having capacity to pay, they seemed to have wilfully defaulted and siphoned off money. RBI should ideally put this detail in public domain for all to see as per suo motu disclosure instead of citizens seeking the same under RTI. Such high amounts cannot be given unless cleared by the board of the respective banks. Someone needs to fix the responsibility on those clearing such high amounts of loans. ED and CBI should be put after them and the amount that is not recovered even after going to NCLT should be recovered from them."

https://www.freepressjournal.in/mumbai/nearly-2500-defaulters-owe-nationalised-banks-205-lakh-crore-rti-shows

60. RBI Monetary Policy: GDP growth forecast for FY24 unchanged at 6.5% *(cnbctv18.com)* Aug 10, 2023

After Reserve Bank of India's (RBI) two-day monetary policy (MPC) meeting, Governor Shaktikanta Das announced the policy decisions on August 10. RBI has kept the real GDP forecast for FY24 unchanged at 6.5 percent on the back of higher rural and urban growth, increased investment activity and government's plan of higher capital expenditure.

Das also added that India is positioned to weather the external headwinds far better than other economies.

"India's strong macroeconomic fundamentals have led to strong growth, India is contributing approx 15 percent to global growth," said Das.

Last month, RBI announced that India's forex reserves has seen the biggest weekly jump in four months, as they went up by $12.74 billion to $609.02 billion. Previously, forex reserves had witnessed an uptick of $1.23 billion for the week ending on July 7.

In the MPC briefing Das mentioned that the risks for GDP are evenly balanced but the the protracted geo political tensions pose downside risk to the growth. For Q1FY24 the GDP is estimated to be a at 8 percent, the estimate is 6.5 percent for Q2FY24, 6 percent for Q3FY24 and 5.7 percent for Q4FY24.

Meanwhile the GDP forecast for Q1FY25 is estimated to be at 6.6 percent.

Das also said that Level of surplus liquidity has gone up due to withdrawal of Rs 2000 banknotes, and dividend to government, said governor Saktikanta Das. CNBC-TV18 recently reported that over 72 percent, that is Rs 2.62 lakh crore worth of these high denomination currency notes have been either exchanged or deposited in banks.
https://www.cnbctv18.com/economy/rbi-monetary-policy-gdp-growth-forecast-for-fy24-unchanged-shaktikanta-das-17488201.htm