

TERMS OF REFERENCE FOR THE POST OF 'State Anti Fraud Officer (Medical)' UNDER ATAL AMRIT ABHIYAN SOCIETY

Place of Duty:

The normal place of duty shall be the office of the State Health Agency (SHA), Atal Amrit Abhiyan Society, Assam.

Key Responsibilities:

The State Anti Fraud Officer (Medical) in the rank of Medical Officer shall work under the guidance and supervision of the Senior Medical Officer / Head, State Anti-Fraud Unit, AAAS, Assam under the overall supervision of CEO/ Joint CEO and shall be directly responsible for the following:

Medical Audit, Claims and Pre-authorization Review:

- Monitor the day-to-day functioning of the State Anti Fraud Unit's (SAFU) medical review workflow, ensuring that claims, pre-authorizations and hospitalization records are reviewed within the prescribed timelines.
- Ensure prescribed audits of all National Anti Fraud Unit (NAFU)-triggered cases are conducted within stipulated timelines and take appropriate action on suspicious cases in accordance with the Anti-Fraud Guidelines.
- Conduct prescribed audits of auto-adjudicated cases as per NHA guidelines and submit reports to National Health Authority (NHA).
- Supervise random beneficiary visits/ audits and post-discharge audits – including telephonic and home visits – from a clinical verification standpoint, in line with the Desk/Field Medical Audit and Beneficiary Audit protocols of the NHA Field Investigation and Medical Audit Manual.

Field Supervision, District Coordination and Capacity Building:

- Conduct regular visits to EHCPs and districts to supervise and monitor the work of District Medical Officers (DMOs) as Anti Fraud Officers and other SAFU-related field activities.
- Supervise and mentor DMOs on clinical protocols, standard treatment guidelines and documentation standards for fraud investigation, in accordance with the audit checklists prescribed in the Field Investigation and Medical Audit Manual.
- Conduct meetings on anti-fraud guidelines and reports submitted by DMOs with relevant stakeholders, including hospitals, district administration and other concerned parties.

Data Analytics and Fraud-Pattern Identification (Medical Perspective):

- Monitor the implementation and analysis of fraud triggers embedded in the IT systems that are medical/ clinical in nature, and recommend refinement of triggers based on emerging patterns.
- Analyse claims and pre-authorization data from a medical perspective to identify outlier, suspect or aberrant cases – including unusual combinations/ multiple procedures, excessive length of stay, unbundling, upcoding, conversion of day-care procedures to overnight admissions, and high-value or uncommon procedure codes.

- Conduct comparative analysis of empanelled providers with respect to utilization, procedure mix, outcomes, referral and disenrollment patterns to identify aberrant clinical practices.

Documentation, Reporting and Quality Systems:

- Supervise the development and periodic updation of medical audit checklists, standard treatment guideline references and post-audit closure action trackers used by the SAFU.
- Analyze relevant indicators pertaining to the medical function and report findings on a periodic basis, including the monthly MIS return to NHA as prescribed in the Field Investigation and Medical Audit Manual.

Advisory Support to SHA Leadership and the Anti-Fraud Unit:

- Provide evidence-based medical inputs and recommendations to the CEO, SHA, to facilitate informed decisions regarding claim rejection, provider suspension and de-empanelment.
- Advise the Anti-Fraud Unit on updates required to state-specific anti-fraud guidelines and empanelment/assessment criteria based on emerging clinical fraud patterns.
- Support the timely review of cases by the Anti-Fraud Unit with the SHA Authority by presenting medical audit findings and recommending corrective actions.
- Provide inputs on show-cause notices to EHCPs engaged in unethical practices, in accordance with NHA guidelines, where such practices are clinically substantiated.

Coordination with the National Anti-Fraud Unit (NAFU):

- Liaise with the National Anti-Fraud Unit (NHA) medical function to share state-specific findings and receive evidence-based insights emerging from national-level analytics, consistent with the NAFU–SAFU coordination mechanism envisaged under the NHA Anti-Fraud Guidelines.

Undertake any other work assigned by the CEO, AAAS from time to time.

Eligibility:

MBBS from a recognized university, registered with the Assam Medical Council / National Medical Commission (or equivalent State Medical Council).

Experience:

Minimum 5 years' post-qualification clinical/professional experience, including at least 2–3 years in health insurance claims processing, medical audit, hospital administration, or a government-funded health assurance/insurance scheme (e.g., AB-PMJAY, RSBY, ESIC, CGHS, or private TPA/insurer).

Desirable:

- Postgraduate qualification (MD/MS/DNB) or PG Diploma in Hospital Administration, Health Management, Public Health, or Forensic Medicine.
- Prior experience in medical audit, claims adjudication, fraud/vigilance investigation, or insurance/TPA claims scrutiny.
- Familiarity with the PM-JAY Transaction Management System (TMS), BIS module, or similar IT-based claims/health-scheme platforms.



- Expertise on MS Office and basic data analysis for identifying utilization patterns and outliers of the portals.
- Knowledge of Assamese and familiarity with the district-level health administration set-up of Assam.

Required Skills:

- In-depth understanding of Standard Treatment Guidelines (STGs), clinical pathways and medical protocols.
- Through operational knowledge of hospital administration, billing practices, IPD/OT register management and clinical documentation.
- Analytical mindset with an eye for detail to spot anomalies in clinical paper trails.
- Excellent interpersonal, verbal and written communication skills.
- Proficiency in using IT systems and database management tools for claim reviews.

Compensation: The compensation of the position will be Rs. 1,00,000/- per month consolidated.
