Enhancing Claim Uptake under Mukhyamantri Ayushman Arogya Yojana (MAA Yojana)

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ABOUT THE ORGANIZATION

- District Hospital Paota, located in Jodhpur,is a part of department of medical education, government of rajasthan 300-bedded healthcare facility with an daily footfall of 800 patients/day .
- It is an empaneled provider under major public health insurance schemes , ensuring access to essential diagnostic and treatment services for eligible beneficiaries.

VISION AND MISSION

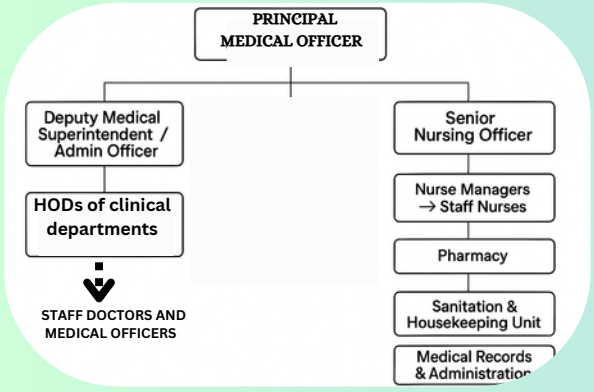
Vision:

Deliver world class healthcare that is affordable and accessible to all segments of society, especially the vulnerable

Mission:

- Provide high-quality care through skilled medical teams and modern technology.
- Offer services and medicines at reasonable costs.
- Continuously improve quality in a patient-centric manner, with ethical care and social responsibility

ORGANISATIONAL STRUCTURE



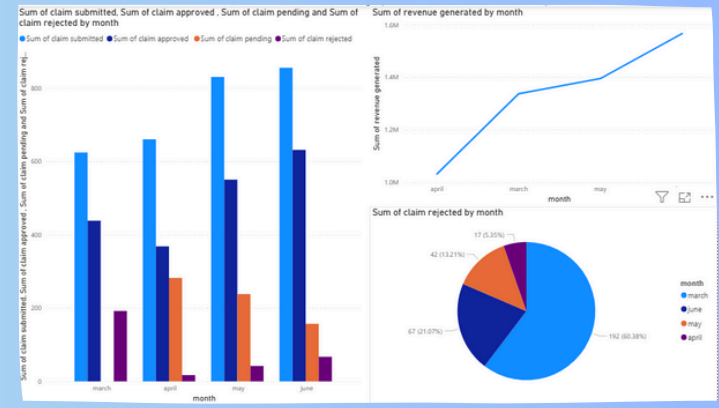
AIM: To improve the utilization and approval of health insurance claims under the Mukhyamantri Ayushman Arogya Yojana (MAAY) by addressing operational inefficiencies and documentation-related challenges in district hospital, Paota, Jodhpur.

METHODOLOGY

- Study Design: Operational audit and process improvement initiative
- Duration: 4 weeks (May–June 2025)
- Approach:
- Retrospective analysis of claims data
- On-site observation of workflows
- Structured interviews with key stakeholders

SAMPLE

- Cases Reviewed: 140 inpatient records assessed for claim eligibility and rejection causes
- Stakeholders Engaged:
  - 9 nursing officers
  - 4 department doctors
  - MAAY nodal officer and desk operators
- Patients (interviewed to assess awareness and communication gaps)



SWOT

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- Government-funded, offering free/subsidized care under schemes like MAAY.
- Presence of diverse specialties (medicine, ortho, surgery, pediatrics, NICU, etc.)
- Integrated digital platforms (IHMS, MAAY portal) in use.
- Essential infrastructure for diagnostics (lab, X-ray, USG).
- Dedicated workforce despite constraints

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- Manpower shortages, especially trained technicians and support staff.
- Inefficient logistics – medicine stockouts, delays in diagnostics, and poor claim processing.
- Use of untrained interns in core service areas.
- Limited performance monitoring systems
- Old equipment and maintenance issues.

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- Improvement through digitalization – better use of IHMS/LIS.
- Capacity building via regular staff training and SOP standardization.
- Public-private partnerships for diagnostics/maintenance support.
- Increased scheme coverage and awareness for higher claim utilization.
- Expansion into specialized services or accreditation (e.g., NQAS)

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- Rising patient load without matching infrastructure/staff.
- Bureaucratic delays in procurement and scheme reimbursements.
- Dependence on government funding limits flexibility.
- Competition from private hospitals for skilled workforce.
- Risk of policy shifts impacting funding/scheme operations.

PRE/POST INTERVENTION

Indicator - Before Intervention - After Intervention (2 weeks)
Patient awareness (self-reported) - 38% - 67%
Claims successfully initiated - 98 out of 240 (40.8%) - 152 out of 240 (63.3%)
Claims approved - 73 (30.4%) - 126 (52.5%)
Rejection due to documentation - 30% of rejections - Reduced to 12%

KEY INTERVENTION

Admission Check: Mandatory JAN Aadhaar verification
Clinical Docs: checklist for complete entries
USG Priority: Mandated USG test
ICD Coding: Dept-wise ICD reference sheets shared
Awareness: IEC posters + admission counseling
Workflow Fixes:
• Daily query hour (1–2 PM)
• Weekly claim review meetings

GAPS

- Incomplete or outdated JAN Aadhaar
- Missing vitals, medical notes, and patient consents
- USG reports missing in early pregnancy cases
- Inaccurate or mismatched ICD packages selected
- Patients unaware of MAAY benefits at admission

ROOT CAUSE

- Lack of accountability; no standardized checklist
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- Delays in ultrasound scheduling; no priority given to ANC cases
- Staff not trained
- no admission-level counseling or briefing

CHALLENGES

- Incomplete documentation and poor ICD coding.
- Delays in diagnostics (lab, USG, X-ray).
- Stock mismatches in pharmacy vs IPHS EML.
- Low digital adoption and coordination gaps.

THEORITICAL

- Gained a solid understanding of healthcare quality standards like IPHS and their application in hospital operations.
- Developed insight into public health financing mechanisms, especially claim-based schemes like MAAY.
- Learned principles of health systems management, including patient flow, resource allocation, and data-driven decision-making.

PRACTICAL

- Conducted real-time data analysis to identify delays and gaps in diagnostic services and pharmacy stock management.
- Collaborated with clinical and administrative staff to assess operational challenges in IPD, OPD, and DDC workflows.
- Applied monitoring tools like Excel dashboards to track service performance and medicine availability effectively.

KEY LEARNINGS

- IPHS norms, MAAY scheme, and hospital workflow structure.
- Importance of documentation, diagnostics, and drug logistics.
- Quality indicators and patient care standards.
- Hands-on exposure to OPD/IPD, diagnostics, pharmacy, and ward operations.
- Identified gaps in documentation, coding, and service delivery.
- Conducted audits, analyzed delays, and built tracking tools.

SUGGESTIONS

- Use checklists and digital tools to improve documentation and MAAY claims.
- Streamline diagnostics via triage and time tracking.
- Implement EML-based stock audits.
- Conduct regular audits and staff training.