A study to reduce claim rejection in MahatmaGandhi Hospital

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HISTORY OF ORGANISATION

Mahatma Gandhi Hospital was founded in 1932, as Windom Hospital with a bed capacity of 300. After India gained her independence, Windhom Hospital became Mahatma Gandhi Hospital. It currently has a bed strength of 624 and offers a variety of specialty treatments, which are further supported by the Telemedicine Center that allows doctors to connect with District Hospitals and Primary Health Centers. We currently have one palliative care project at this site.

VISION AND MISSION

Vision -To be a leading center of excellence in patient care, medical education, and research, delivering affordable and compassionate healthcare to all.

Mission -

To provide high-quality, ethical, and affordable healthcare services.

ORGANISATION STRUCTURE

THEORETICAL LEARNING

Gained understanding of Revenue Cycle Management, claim processing, and reasons for rejections.
Studied the importance of documentation, diagnosis-package alignment, and TPA guidelines.

PRACTICAL LEARNING

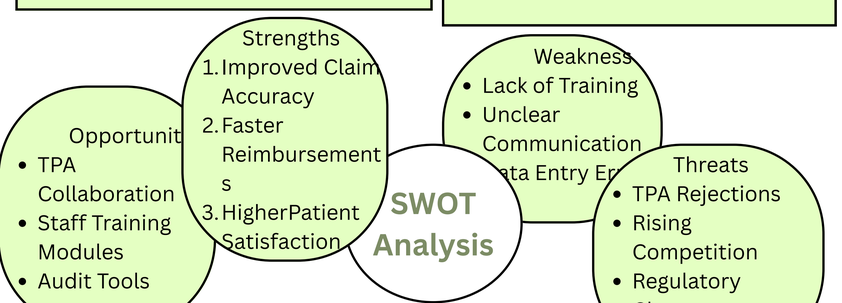
1. Identified common bottlenecks in pre-auth and claim processes.
2. Gained hands-on experience in TPA portal usage and uploading claim files
3. Understand Communication skills

CHALLENGES DURING INTERNSHIP

- Incomplete documentation in patient files, leading to claim delays and rejections
- In initial days .Language barrier is major problem
- Lack of co-ordination between doctors, nurses, and billing staff during discharge
- Inappropriate behavior from nursing staff in initial days of project.

LEARNING DURING INTERNSHIP

- Understood the detailed process of:
- Pre-authorization , Interim approvals ,Final billing , Claim submission and follow-up
- File Auditing and Data Analysis Skills
- Problem-Solving and Critical Thinking
- Better Understanding of Hospital Operation

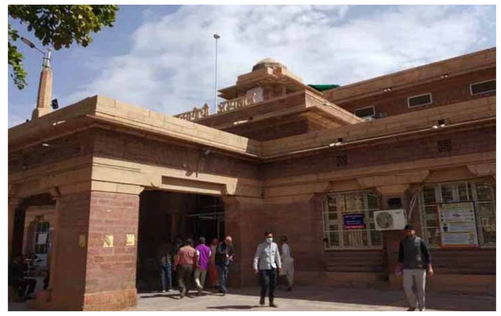


SUMMER INTERNSHIP PROJECT

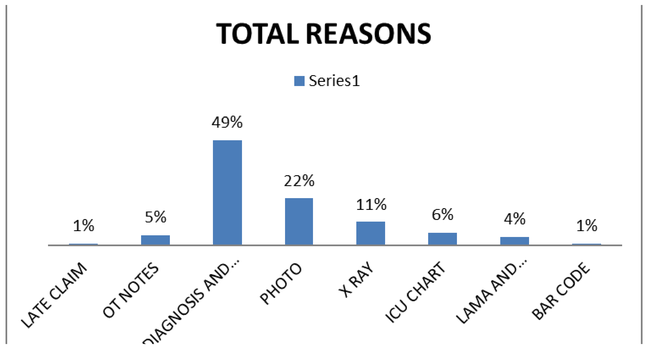
Research Problem - High rate of claim rejections due to incomplete documentation, diagnosis-package mismatch, and non-compliance with TPA requirements at Mahatma Gandhi Hospital, Jodhpur."

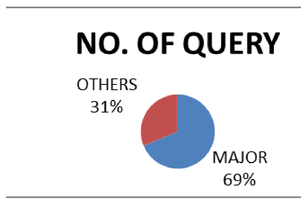
Objective –

1. To analyze the major reasons for claim rejections across various departments.
2. To evaluate the completeness and accuracy of documentation submitted for claims.
3. Identify patterns in diagnosis-package mismatches and reporting errors.



General medicine	380
Ortho	187
plastic surgery	122
General surgery	100





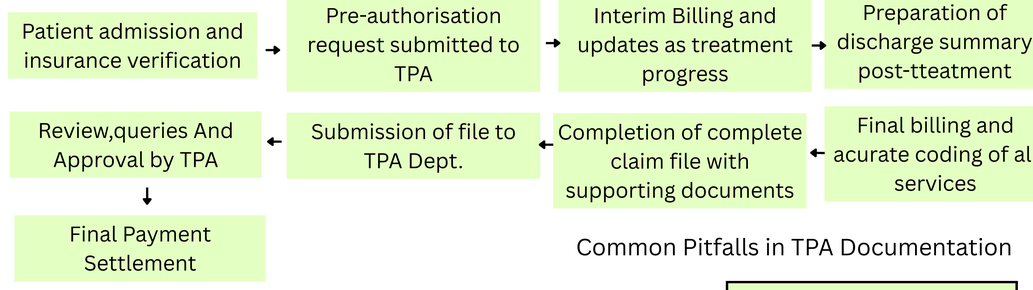
Reasons for claim rejection department wise

REJECTION	ORTHO	GENERAL	GENERAL	PLASTIC
PACKA	47(25%)	247(65	45(45%	42(34%
PHOTO	47(25%)	4(1%)	39(39%	58(47%)
OT	47(25%)	0	8(8%)	16(13%)
ICU CHART	47(25%)	56(14%)	0	0
LAMA	9(4%)	22(5%)	5(5%)	1
XRAY	37(19%)	47(12%)	3(3%)	5(4%)
LATE	8(4%)	4(1%)	0	0

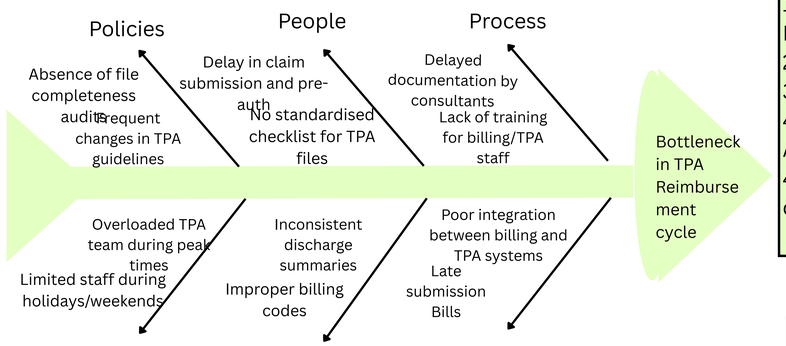
Methodology

- Study Setting: TPA Department, Mahatma Gandhi Hospital, Jodhpur
- Study Design: Cross-sectional and descriptive research
- Study Duration: November 2024 to February 2025
- Sample Size: 1144 rejected claim entries analyzed
- Data Collection: Secondary data from hospital TPA claim records and rejection reports
- Sampling Method: Purposive sampling
- Data Analysis: Department-wise and reason-wise rejection categorization using frequency analysis and percentage comparison

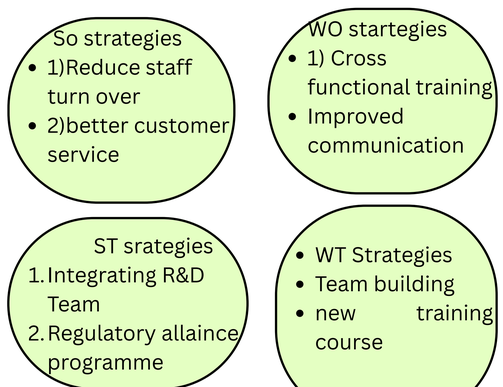
PROCESS FLOW MAP



Common Pitfalls in TPA Documentation



1.Incomplete Documentation
2.Delayed File Preparation
3.Missing Documents
4.Delayed pre-Authorisation and Queries
4)Drug distribution system counter management



Key Interventions

- Checklist Implementaion
- Pre Discharge Planning
- Daily co-ordination meeting with doctors ,Staffs etc..
- File review Training

SUGGESTIONS

1. Create a Pre-discharge Checklist
2. Train Clinical & Billing Staff Regularly
3. Standardize File Formats
4. Daily File Review Meetings

Other Projects

1)Signage audit
20Que management
B3)iomedical waste management