Assessment of Public Health Scheme - MAA Yojana in Janana Hospital

IIHMR UNIVERSITY

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Brief History about Hospital

Zenana Hospital is a government-run women's hospital affiliated with SMS Medical College, Jaipur. It has a capacity of 554 beds and specializes in obstetrics and gynecology. It plays a key role in implementing public health insurance schemes like MAA Yojana.

About MAA Yojana

Mukhyamantri Ayushman Arogya Yojana (MAAY) is a government health insurance scheme in Rajasthan that offers cashless treatment up to ₹25 lakhs per family per year. It covers a wide range of in-patient procedures, surgeries, diagnostics, and medicines. This scheme helps reduce out-of-pocket expenses and ensures accessible, affordable healthcare for economically weaker sections.

Challenges faced

1. High claim rejection due to incomplete documentation
2. No in-ward counselling for scheme awareness
3. Untracked LAMA/abscond patients
4. Delay in claim reimbursements and lack of ownership among units

Major Learnings

1. End-to-end exposure to MAA Yojana implementation and barriers
2. Data visualization and utilization analysis for scheme coverage
3. Policy analysis and coordination with multiple departments
4. Real-time tracking and stakeholder communication challenges

Mission

To strengthen institutional deliveries, scheme coverage, and affordable treatment through seamless government scheme integration

Vision

To deliver equitable, quality maternal and child healthcare under the public health system.

Objectives

To asses MAA Yojana coverage, claim trends, and suggest improvements at Zenana Hospital

Methodology

1. Retrospective Analysis: Reviewed past one-year hospital and TPA data
2. Prospective Monitoring: Tracked real-time admissions, registrations, and claim submissions over two months using logbooks.
3. Stakeholder Interviews: Conducted interviews with 25 patients and hospital staff

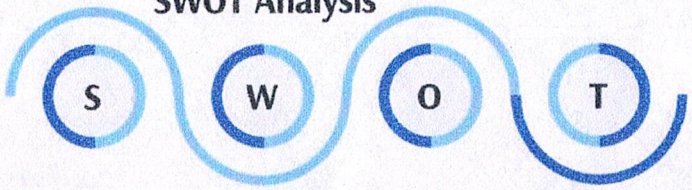
Suggestions to the Organization

1. Display bilingual charts of covered procedures in OPD/IPD.
2. Assign a Claim Monitoring Officer for daily TPA follow-up.
3. Monthly training for staff on documentation and package codes.
4. Track absconded patients ward-wise through a digital register.

Difference between practical exposure and theoretical knowledge

Theory gave the foundation, but practice revealed ground realities —like lack of training, poor documentation, limited digital use, and real-time scheme implementation hurdles. The SIP bridged the gap between "how systems should work" and "how they actually function in public hospitals."

SWOT Analysis



Strengths
1. Large patient base; Strong infra
2. Dedicated help desks, TPA link

Weaknesses
1. Coverage under 50%, staff not trained
2. Documentation & portal gaps

Opportunities
1. Campaigns, Dashboards, SOPs

Threats
1. Delay in claim, low automation

OBSERVATIONS

Month	MAA Registrations	IHMS Admissions	No. of patient not registere	% covered under scheme	Claims rejected	Claims Approved	Paid claims	Pending claims
Jan	884	1789	905	49.41%	348	0	371	0
Feb	811	1722	911	47%	297	0	307	0
March	790	1634	844	48.35%	201	0	316	0
April	710	1528	828	46.47%	223	0	323	0
May	771	1757	986	43.88%	215	106	438	12
June	928	1913	985	49%	159	225	305	239

HOSPITAL ORGANIZATION STRUCTURE