



# **BIJU PATNAIK INSTITUTE OF INFORMATION TECHNOLOGY & MANAGEMENT STUDIES (BIITM), BHUBANESWAR**

Plot No. F/4, Chandaka Industrial Estate, Infocity, Patia, Bhubaneswar-24

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## **SUMMER INTERNSHIP PROJECT 2025**

### **REPORT TITLE**

**Balancing the Books – Financial Assessment of Credit Scheme-Linked  
Treatment in Hospital Billing.**

### **SUBMITTED BY**

**SAMIKSHYA BEHERA**

**MBA Batch: 2024-26**

**University Regn. No.: 2406258182**

#### **Faculty Guide**

**Mr. Manoj Parija**  
**Assistant Professor (Finance)**  
**BIITM, Bhubaneswar**

#### **Corporate Guide**

**Mr. Abinash Sethi**  
**(Head HR)**  
**Sunshine Hospital, Bhubaneswar**

## CERTIFICATE OF EXTERNAL GUIDE



Date: 19<sup>th</sup> July 2025

### TO WHOMSOEVER IT MAY CONCERN

This is to certify that Ms. Samikshya Behera, pursuing Master Of Business Administration from Biju Patnaik Institute of Information Technology & Management Studies, Bhubaneswar, has sincerely & successfully completed her internship training program in the department of Finance at Sunshine Hospital, Bhubaneswar.

The tenure of her training was from 06<sup>th</sup> June 2025 to 21<sup>st</sup> July 2025.

During her internship period we found her as a sincere, hardworking, dedicated intern with a learning attitude.

We wish her all the best for her future endeavor.

  
Abinash Sethi  
Manager, HR

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 +91 9338102104 | 0674-2571188  
 info@sunshineodisha.com  
 www.sunshineodisha.com

#### Registered Office Address :

SAI SIDHI SWAGAT HEALTH SERVICES PRIVATE LIMITED  
Plot No - 420/2348, Padmavati Vihar, Damana  
Chandrasekharapur, Bhubaneswar - 751021  
Corporate Identity Number (CIN) :  
U85100OR2020PTC034124



## **BIJU PATNAIK INSTITUTE OF INFORMATION TECHNOLOGY & MANAGEMENT STUDIES (BIITM), BHUBANESWAR**

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### **CERTIFICATE OF FACULTY/INTERNAL GUIDE**

This is to certify that Mr/Ms Samikshya Behera, bearing university registration no 2406258182 of 2024-26 batch, has completed his/her summer internship at Sunshine Hospital from 06<sup>th</sup> June 2025 to 21st June 2025 under the supervision of Dr./Mr./Ms. Abinash Sethi (corporate guide) and has submitted this project report under my guidance in partial fulfilment of the requirements for award of the degree of Master of Business Administration at Biju Patnaik Institute of Information Technology and Management Studies, Bhubaneswar. To the best of my knowledge and belief, this project report has been prepared by the student and has not been submitted to any other institute or university for the award of any degree or diploma.

Date: 21.08.2025

Place: Bhubaneswar

Signature of the Faculty/Internal Guide

Name: Mr. Manoj Parija

Designation:

## **DECLARATION**

I, Mr/Ms Samikshya Behera Bearing university registration no. 2406258182 (2024-26 batch), hereby declare that the project report titled “Balancing the Books — Financial Assessment of Credit and Scheme-Linked Treatment in Hospital Billing” is based on my internship at Sunshine Hospital, BBSR, during the period 06<sup>th</sup> June 2025 to 21<sup>st</sup> July 2025 is an original work done by me under the supervision of Mr/Ms Abinash Sethi (Corporate Guide) and Mr/Ms Mr. Manoj Parija (Internal Guide). This report is being submitted to Biju Patnaik Institute of Information Technology and Management Studies, Bhubaneswar, affiliated to Biju Patnaik University of Technology, Odisha, in partial fulfilment of the requirements for the award of the degree of Master of Business Administration. This project report has not been submitted to any other institute/university for the award of any degree or diploma.

Date: 21.08.2025

Place: Bhubaneswar

Signature

## **ACKNOWLEDGEMENT**

It gives me immense pleasure to express my heartfelt gratitude to all those who have supported me directly or indirectly in the successful completion of this project report.

First and foremost, I would like to sincerely thank Dr. Alok Lodh (CEO) & Mr. Tapan Palei (Accounts-HOD) at Sunshine Hospital, Bhubaneswar, under whose valuable guidance and support this project was completed. His constant encouragement and insights were instrumental throughout my internship journey.

I am especially thankful to Mr Manoj Parija, Assistant Professor at Biju Patnaik Institute of Information Technology & Management Studies, for his consistent support, valuable suggestions, and encouragement during the course of my project.

I would also like to extend my gratitude to the management of my college for providing me with the opportunity to undertake this internship and project work as a part of my MBA curriculum.

Lastly, I am deeply thankful to my internal guide, Mr Manoj Parija, for his continuous guidance, motivation, and patience, which helped me in shaping this report effectively.

Name of the Student:- Samikshya Behera  
Redg No:- 2406258182

## **Abstract:**

This project takes a closer look at what happens behind the scenes when patients are admitted under health schemes or corporate credit at Sunshine Hospital, Bhubaneswar. During my internship in the Finance Department, I got hands-on exposure to how patient billing is managed—especially for those not paying directly out of pocket, such as those under GJAY, CGHS, or ECHS schemes.

What I observed is that while these schemes help many people afford quality treatment, they also create challenges for the hospital's financial team. Delays in payment, heavy paperwork, and fixed government rates that don't always match actual treatment costs often lead to financial strain. Credit patients, such as those from private companies or government organizations, also need close follow-up to ensure payments are received in time.

The project helped me understand how important clear documentation, coordination between departments, and efficient billing systems are to a hospital's financial health. It also showed me the value of transparency with patients—especially those who may not fully understand what their scheme covers.

In the end, this experience highlighted the need for a balanced approach: making healthcare accessible through schemes while still protecting the hospital's financial stability. I've included suggestions to improve the claim process, reduce delays, and make billing more transparent for patients.

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# **CHAPTER -1**



# Introduction

In today’s dynamic healthcare environment, financial management has become an essential pillar of hospital operations, especially when dealing with patients under credit arrangements and government-supported health schemes. The project titled **“Balancing the Books — Financial Assessment of Credit and Scheme-Linked Treatment in Hospital Billing”** focuses on understanding the billing practices, challenges, and financial implications related to these categories of patients at **Sunshine Hospital, Bhubaneswar**. With increasing dependence on schemes like **Pradhan Mantri Jan Arogya Yojana (PMJAY)**, **Gopabandhu Jana Arogya Yojana (GJAY)** and **Employees’ State Insurance (ESI)**, hospitals are required to offer cashless treatment and later claim reimbursement—often leading to delays, claim rejections, and pending receivables that affect the hospital’s liquidity.

This study was conducted under the Finance Department during my internship and involved regular observation of billing procedures, claim settlement records, and patient admission registers. The aim was to analyse how the hospital manages its credit patients—typically those under corporate tie-ups or insurance—and scheme-linked patients, whose treatment costs are borne by government health programs. By evaluating the flow of claim submissions, documentation practices, and settlement timelines, this project assesses the financial sustainability of these services from the hospital’s perspective.

Understanding the cost implications and the financial stress caused by delayed payments or rejected claims is critical in assessing how such systems impact hospital profitability and efficiency. This report provides insights into the financial burden of outstanding claims, billing gaps, and ways to improve the process through better planning and financial controls. The findings aim to support data-driven decisions for strengthening claim management,

improving fund flow, and enhancing overall hospital performance, all while maintaining affordable and quality care for patients in need.



**SUNSHINE HOSPITAL**

## **Scope of the Study**

### **1. Comparative Cost-Benefit Analysis:**

The topic aims to compare the cost incurred by the hospital in treating credit and scheme-linked patients against the revenue actually recovered through reimbursements and settlements.

### **2. Claim Processing Efficiency Study:**

It covers an in-depth review of the hospital's internal workflow for claim generation, approval timelines, documentation compliance, and follow-up mechanisms with insurance and government authorities.

### **3. Receivables and Recovery Monitoring:**

The study includes monitoring the aging of accounts receivable for credit and scheme patients, evaluating collection periods, and analyzing the financial burden caused by long-pending claims.

### **4. Impact on Departmental Budgeting:**

The scope also extends to understanding how delayed or partial reimbursements affect financial planning at the departmental level, such as pharmacy, diagnostics, and ICU services.

### **5. Technology and Software Involvement:**

It includes evaluation of the hospital's billing software or claim management tools used for data entry, tracking claim status, generating reports, and identifying process gaps.

### **6. Policy Implications and Strategic Recommendations:**

The study offers scope for framing practical suggestions and internal policies to reduce

claim rejection rates, strengthen credit control, and streamline hospital billing for long-term financial sustainability.

## **Objective of the Study**

- To analyze daily discharge of patients and the billing data relating to scheme-linked patients.
- To understand the financial performance of credit and claim-based discharges.
- To evaluate the efficiency of claim settlement processes.
- To identify patterns and trends in patient billing and revenue realization.

## **Methodology**

Data was collected from daily discharge claim dashboards dated 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> July 2025.

The data included parameters like:

- Total discharges per category
- Revenue generated on discharge
- Number of claims closed
- Revenue from claims settled
- Month-to-date (MTD) cumulative figures

The data was cleaned, categorized by billing type (GJAY, TPA, CGHS), and analyzed for trends and performance indicators.

## **Review of Literature**

### **1. Health Scheme Utilization:**

Government schemes like PM-JAY and GJAY have improved access to care but cause delays in reimbursements, affecting hospital cash flow (NHA, 2021).

### **2. Credit Patient Financial Risk:**

Hospitals face collection delays and increased receivables from credit patients under corporate or insurance tie-ups (Kumar & Desai, 2019).

### **3. Claim Rejection Issues:**

Around 15–20% of scheme claims are rejected due to documentation errors and non-compliance with scheme guidelines (IJPH, 2020).

### **4. Need for Efficient RCM:**

Proper revenue cycle management reduces claim denials and improves fund recovery. Digitization enhances billing accuracy (HFMA, 2018).

### **5. Role of Technology:**

HIS and claim portals improve claim tracking and reduce manual errors, speeding up settlements (NASSCOM, 2019).

### **6. Underpayment by Schemes:**

Reimbursement rates under schemes often do not match actual treatment costs, affecting hospital profitability (Rajan & Ghosh, 2021).

## **Limitations of the Study**

### **1. Hospital-Specific Scope:**

The study is limited to Sunshine Hospital, Bhubaneswar, and may not reflect the practices or financial models of other hospitals.

### **2. Time Constraints:**

The analysis is based on a short internship duration, which limits long-term financial trend observation and data consistency.

### **3. Restricted Data Access:**

Access to sensitive financial records and patient-specific billing details was limited due to confidentiality and hospital policy.

### **4. Lack of Patient Feedback:**

The study focuses on financial assessment from the hospital's perspective and does not include patient-side experiences or satisfaction with billing processes.

### **5. No Comparative Analysis:**

There is no comparative evaluation with other hospitals or schemes, which could have added broader insights into claim efficiency and credit risks.

### **6. Dynamic Policy Changes:**

Government healthcare scheme guidelines and reimbursement policies change frequently, and some findings may become outdated quickly.

## **CHAPTER -2**

## **Company Profile:**

### Types of Entities Governing Sunshine Hospital

#### **1. Operational Entity in Odisha**

Sunshine Hospital, Bhubaneswar, operates as part of a private company headquartered in Mumbai called Sunshine Hospital India Private Limited—a non-government, private company registered with the Ministry of Corporate Affairs in Maharashtra. It was incorporated in October 2020 with CIN U85110MH2020PTC347181.

#### **2. Unit Affiliate in Odisha**

In Odisha, the facility functions as a unit of Sai Sidhi Swagat Health Services Pvt. Ltd., under which it conducts its healthcare operations in Bhubaneswar

## **About the Company:**

- The Sunshine Hospital is one of Odisha's most well equipped, state-of-art multi-super specialty hospital, located in Bhubaneswar.
- Founded in January, 2021 by a team of nationally renowned doctors.
- Aim to provide the highest standards of medical care, along with clinical research.
- Our principle is providing medical services to patients with care, compassion & commitment.
- We strive to provide the best medical treatment & healthcare services at an affordable price thus making modern day medical facilities accessible even to the most backward communities.
- We have commitment team of highly qualified doctors , nurses & support staff follow international standards in operating and nursing protocols.



- We use of modern technology for diagnosis & treatment combined with highly efficient nursing services.

### **Vision of the Company:**

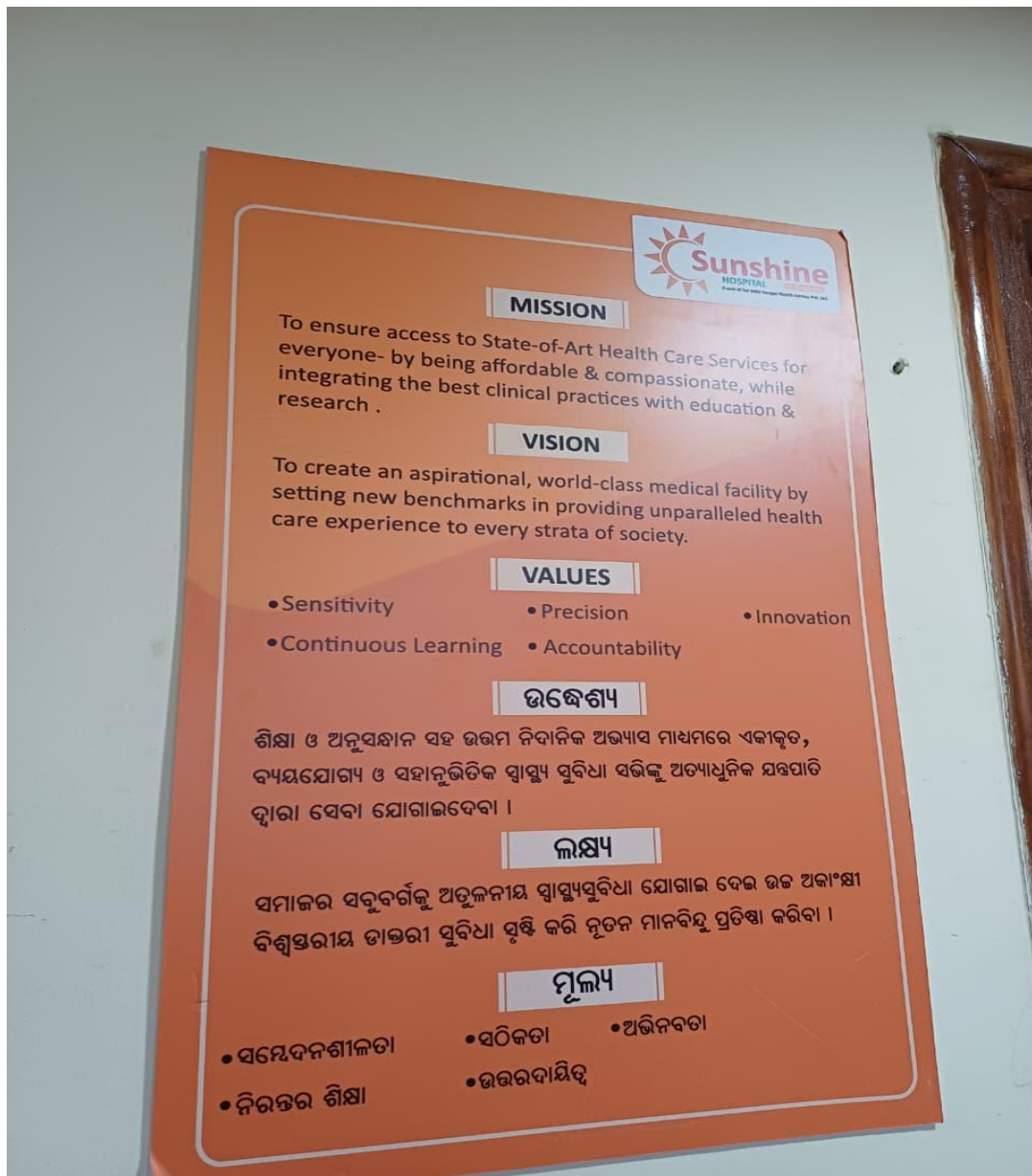
To create an aspirational, world-class medical facility by setting new benchmarks in providing unparalleled health care experience to every strata of society.

### **Mission of the Company:**

To ensure access to State-of-Art Health Care Services for everyone- by being affordable & compassionate, while integrating the best clinical practices with education & research.

### **Value of the Company:**

- Sensitivity
- Precision
- Innovation
- Continuous Learning
- Accountability



## Quality Policy:

We are committed to maintain the highest standard of care & treatment with special emphasis to patient safety and satisfaction. We constantly strive on improving quality indices and make it our hallmark of practice.

## **Achievements of Company:**

- More than 1500 Brain Stroke Cases Treated Successfully.
- More than 1000 Brain & Spine Surgeries operated Successfully.
- More than 30 Bi-Portal Endo spine Surgery Operated Successfully.
- More than 800 Covid Patients Managed with minimal Mortality Rates.
- More than 1500 ICU cases Successfully Treated with Minimal Mortality.
- Safe Hand CTVS Surgery with 0% Mortality rates.
- 350+ Angioplasty Procedures within a span of 6 Months.
- 300+ Replacement Surgeries Since Jan-2022.

## **Overview of Company:**

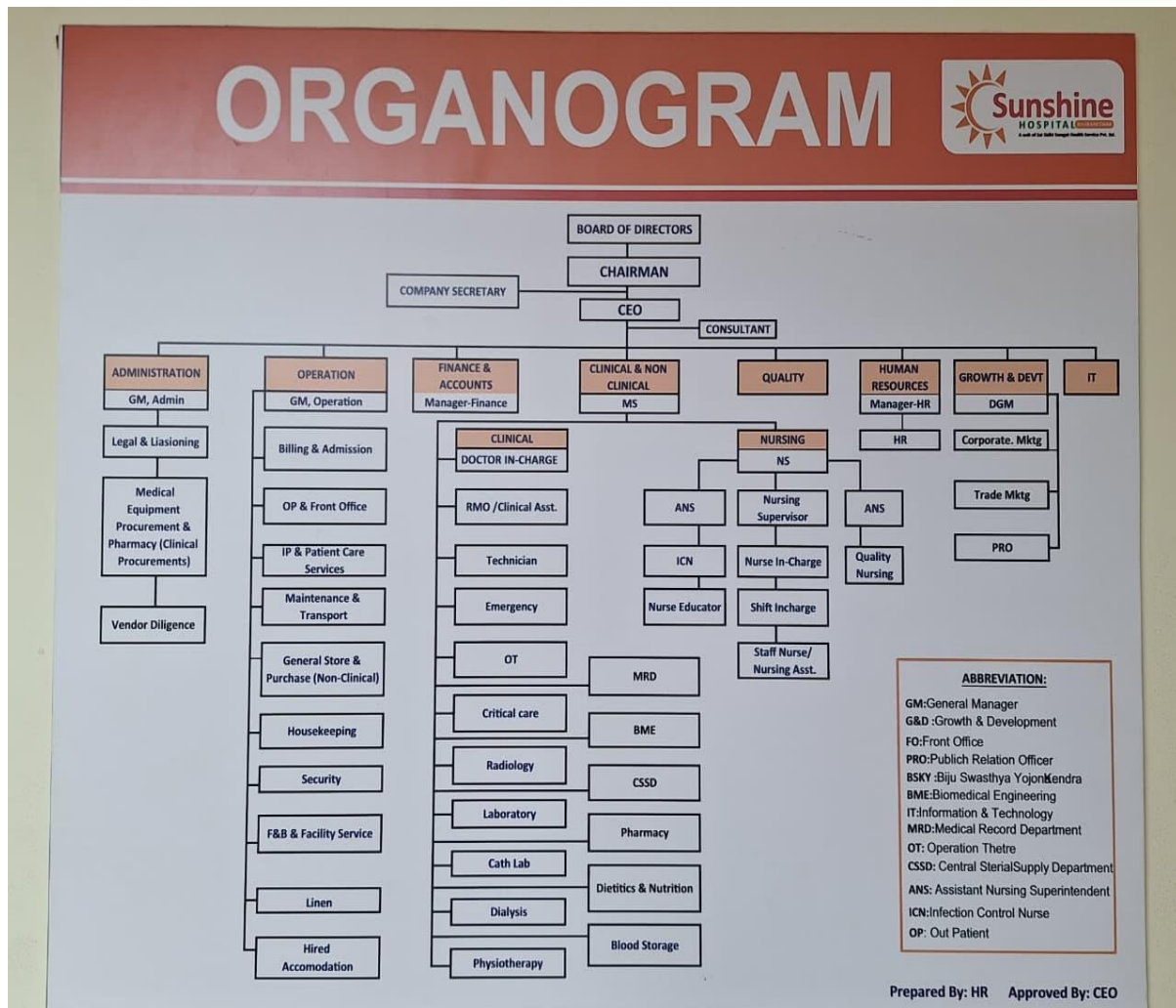
- 100 Bedded Hospital
- Trauma center
- PMGAY, GJAY
- 24×7 FREE Ambulance
- 4+ Year of experience
- High qualified super specialist doctors
- ICU, SICU, MICU, CT ICU

## Centers of Excellence & Medical Expertise:

- The hospital features multiple centers of excellence including **Cardiology, Neurology, Orthopaedics, Gastroenterology, Spine Surgery, Urology and Nephrology.**
- It is supported by an experienced team of consultants such as **Dr. P.K. Sahoo, Dr. Payod Kumar Jena, Dr. Ayaskant Mohanty, and Dr. Alok Lodh,** among others.



**OPD WAITING AREA**



## HIERARCHY CHART OF SUNSHINE HOSPITAL

## INDURSTY ANALYSIS: -

### 1.Number of Players:

Bhubaneswar's healthcare market has multiple players, including big names like Apollo, AMRI, KIMS, SUM, and Sunshine, creating a competitive ecosystem.

### 2. Total Market Size:

India's hospital sector is valued at ₹7.2 lakh crore, with Bhubaneswar contributing significantly as a growing regional healthcare hub.

### 3.Relative Share of Players:

Sunshine holds an estimated 5–10% market share, competing with larger players like KIMS and Apollo, who dominate with 25–35%.

### 4.Nature of Competition:

The hospital industry in Bhubaneswar shows oligopolistic characteristics, with a few major players and moderate price-based competition.

### 5.Differentiation Practices by Players:

| Hospital          | Differentiation Strategy                                      |
|-------------------|---------------------------------------------------------------|
| Apollo Hospitals  | Premium pricing, NABH & JCI accreditations, corporate focus   |
| AMRI Hospitals    | Multi-specialty, strong East India presence                   |
| KIMS & SUM        | Education-linked hospitals, large infrastructure              |
| Sunshine Hospital | Affordable care, fast claims processing, personalized service |

| Hospital | Differentiation Strategy |
|----------|--------------------------|
|----------|--------------------------|

|                |                               |
|----------------|-------------------------------|
| Care Hospitals | Cardiac and neuro specialties |
|----------------|-------------------------------|

### 6.Barriers (Entry–Exit):

High capital needs, regulatory approvals, and staffing shortages pose entry barriers, while long-term assets and liabilities hinder easy exit.

## Strategic Analysis: Porter’s Five Forces – Sunshine Hospital, Bhubaneswar:

To assess Sunshine Hospital’s position in the competitive healthcare landscape, **Porter’s Five Forces** model has been applied. This model identifies the **key external forces** that influence hospital profitability, service competitiveness, and strategic direction.

### 1. Threat of New Entrants – Low to Moderate

“The hospital industry has high entry barriers but moderate local competition.”

- High capital investment is required for infrastructure, clinical equipment, and skilled staffing.
- NABH and other regulatory accreditations create compliance hurdles.
- Brand trust and patient loyalty in healthcare take years to build.
- However, local-level players or small private clinics in Bhubaneswar continue to emerge, raising the need for constant innovation.

**Strategic Response:** Sunshine Hospital counters this by investing in quality care, accreditations, and continuous medical education.



## **2.Bargaining Power of Buyers (Patients & Insurers) – High**

“The modern patient is aware, price-sensitive, and has multiple choices.”

- With schemes like BSKY, Ayushman Bharat, and private insurance, patients now demand transparency and affordability.
- Corporate tie-ups, TPA settlements, and scheme-linked patients exercise strong financial negotiation.
- Easy access to online hospital ratings and alternative clinics increases switching potential.

**Strategic Response:** Sunshine Hospital maintains transparency in billing, enhances service quality, and creates awareness about its package pricing and insurance support.

## **3. Bargaining Power of Suppliers – Moderate to High**

“Technology and pharma vendors often control pricing due to specialization.”

- Medical equipment (MRI, cath labs, etc.) and pharma companies have fewer substitutes, giving them power.
- Fluctuations in medical consumable prices and dependencies on third-party vendors affect cost efficiency.
- Short-term contracts may increase vulnerability to price hikes.

**Strategic Response:** Sunshine negotiates long-term vendor contracts, bulk purchases, and maintains an in-house pharmacy for better control.

## **4.Threat of Substitutes – Moderate**

“Outpatient clinics and telemedicine offer alternatives for basic services.”



- Patients may opt for standalone diagnostic labs, online consultations, or AYUSH centers for non-emergency care.
- Medical tourism or referral to higher tertiary care centers outside Bhubaneswar may divert critical cases.

**Strategic Response:** Sunshine strengthens its OPD, diagnostics, and telehealth services, and focuses on personalized care models to retain patients.

### **5.Industry Rivalry – High**

“Private healthcare is a competitive battlefield in urban Odisha.”

- Competes with Apollo, Care Hospitals, AMRI, and other super-specialty centers.
- Talent poaching, price competition, and digital marketing intensify rivalry.
- Patients often base decisions on word of mouth, success rates, and cost transparency.

**Strategic Response:** Sunshine positions itself through service excellence, competitive pricing, corporate packages, and continuous patient engagement.

### **Emerging Trends:**

Sunshine Hospital is aligning with industry trends like **cashless treatment under health schemes, teleconsultation, digital billing, and patient-centric service models** to enhance access and satisfaction.

- **Innovation in Technology:**

The hospital is adopting EMR (Electronic Medical Records), hospital management systems, automated billing, and diagnostic advancements to improve clinical efficiency and financial transparency.

- **Changes in Regulatory Environment:**

Sunshine Hospital complies with evolving norms like NABH standards, BSKY empanelment updates, GST compliance, and digital health records mandate under the National Digital Health Mission (NDHM).

## **CHAPTER-3**

## Key Competitor Analysis of Sunshine Hospital:

Sunshine Hospital's competitors based on their type, specialization, and market strategy, providing a broad view of the competitive landscape.

| Competitor                   | Strengths                                                       | Weaknesses                                      | Comparison with Sunshine Hospital                                    |
|------------------------------|-----------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------|
| <b>Apollo Hospitals</b>      | Strong brand, advanced infrastructure, corporate tie-ups        | Expensive, less focus on scheme/credit patients | Sunshine is more cost-effective and scheme-oriented                  |
| <b>AMRI Hospitals</b>        | Good reputation, wide specialty coverage, high patient capacity | Corporate pricing, crowded facilities           | Sunshine offers quicker and more personalized services               |
| <b>SUM Ultimate Medicare</b> | Technologically advanced, robotic surgery, super-specialties    | New in the market, higher pricing               | Sunshine is more accessible and established for mid-income patients  |
| <b>KIMS (KIIT)</b>           | Affordable, huge infrastructure, medical college attached       | Overcrowded, student-dependent services         | Sunshine provides more streamlined and professional patient handling |

| <b>Competitor</b>     | <b>Strengths</b>                                                   | <b>Weaknesses</b> | <b>Comparison with Sunshine Hospital</b>                                    |
|-----------------------|--------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------|
| <b>CARE Hospitals</b> | Well-organized systems,<br>NABH certified, strong<br>clinical team | Premium pricing   | Sunshine caters more to<br>insurance/scheme patients<br>than CARE Hospitals |

# CHAPTER-4

## **Types of Customers with respect to Sunshine Hospital**

### **1. Economic Customers:**

**Definition:** These customers are highly price-sensitive and always look for value for money. They compare costs, discounts, and schemes before making a decision.

**At Sunshine Hospital:** Such patients usually check treatment costs, insurance coverage, or government schemes like PMGAY, GJAY before admission. They often ask, “How much will this cost in total?” and want assurance that they are not overpaying.

### **2. Cognitive Customers:**

**Definition:** These customers make decisions logically, based on research, knowledge, and facts rather than the emotions.

**At Sunshine Hospital:** They come after reading online reviews, checking doctors’ profiles, and comparing facilities. They ask detailed questions like, “What’s the success rate of this surgery?” or “What are the side effects of this treatment?” They need clarity and expert advice before trusting the hospital.

### **3. Passive Customers:**

**Definition:** These customers do not take active decisions themselves; instead, they follow the advice or recommendation of others.

**At Sunshine Hospital:** Many patients come because a family doctor, friend, or relative suggested the hospital. Some are referred through insurance companies or corporate tie ups. They don’t question much and usually go with the hospital’s flow, trusting others’ judgement.

#### **4. Impulsive Customers:**

**Definition:** These customers decide quickly, often driven by urgency or emotions, without deep comparison or analysis.

**At Sunshine Hospital:** In emergencies like accident, heart attacks, or critical cases, patients' families rush to the hospital without checking alternatives. Their main thought is, "We need immediate treatment." Quick admission, availability of doctors, and immediate care matter more than cost or comparison.

### **Customer Analysis of Sunshine Hospital:**

During the project, patient data and claim records at Sunshine Hospital revealed that the hospital serves a diverse customer base categorized by payment method, healthcare schemes, and service preference. Below is the analysis based on financial patterns and scheme linkages:

#### **1. Scheme-Linked Customers (Government-Sponsored)**

- **GJAY Beneficiaries (Gopabandhu Jana Arogya Yojana):**
- Largest segment among scheme patients.
- Primarily from rural and lower-income backgrounds.
- Prefer general and emergency care.
- Expect **cashless treatment**, often unaware of exclusions.

#### **2. Credit Patients (Corporate & Institutional)**

- Covered by Third-Party Administrators (TPAs) or direct corporate tie-ups.



- Usually from private companies, government undertakings, or PSUs.
- Expect faster admission, cashless hospitalization, and premium service.
- Require frequent coordination with HR departments or insurance desks.

### **3. General (Self-Paying) Patients**

- Pay out-of-pocket for services.
- Often expect detailed cost estimates and may compare prices before treatment.
- Prefer transparency in billing and may opt for partial package-based services if affordable.

## **What Customers Buy at Sunshine Hospital:**

“Customers don’t just buy treatment—they buy the satisfaction of their needs”

**1. Quality Healthcare** - Patients buy trust in skilled doctors, advanced technology, and accurate diagnosis. What they truly seek is relief from illness and assurance of safe recovery.

**2. Affordability and Financial Ease** - They buy peace of mind through insurance coverage, government schemes (PMJAY, GJAY), and transparent billing. The real need being satisfied is reduced financial burden.

**3. Strategic Location** - Since Sunshine Hospital is the **only major hospital in NH16**, patients buy easy reachability during emergencies and reduced travel time. The need being satisfied here is timely access to healthcare without delays.

**4. Accessibility & Convenience** – Patients value easy admission, quick emergency care, and 24x7 availability. What they actually buy is immediate access to care when they need it most.

**5. Compassionate Care** – Beyond treatment, patients buy empathy, supportive staff behaviour, and emotional comfort. Their underlying need is feeling cared for during a stressful time.

**6. Trust & Reputation** – Customers buy confidence in the hospital's credibility, word-of-mouth recommendations, and positive past experiences. The deeper need being satisfied is security in choosing the right place for health.

### **Continuity of Care: Patient Feedback After Discharge:**

- **Feedback and Reviews** – Patients often share their experiences through feedback forms, hospital suggestion boxes, or online platforms (Google reviews, social media). Positive reviews highlight good treatment, supportive staff, and clean facilities, while negative ones usually point out billing issues, waiting time, or lack of communication.
- **Follow-up Engagement** – Many patients return for follow-up visits, physiotherapy, or consultations. Their willingness to revisit indicates trust in the hospital's services.
- **Word of Mouth** – Patients share their experiences with friends and relatives. Positive word-of-mouth helps in building hospital reputation, while negative experiences can discourage others.

**OPD FEEDBACK FORM**  
ବିଶ୍ୱବିଦ୍ୟାଳୟ ମହାବିଦ୍ୟାଳୟ ମହାବିଦ୍ୟାଳୟ

Dear Guest,  
your feedback is valuable for us to improve our services in the Hospital. Kindly comment on the services mentioned below.

ମହାଶୟକ ଶ୍ରୀମତୀ,  
ବିଶ୍ୱବିଦ୍ୟାଳୟ ଆମର ସେବା ଉନ୍ନତ କରିବା ପାଇଁ ଆପଣଙ୍କ ମତାମତ ଅତ୍ୟନ୍ତ ଗୁରୁତ୍ୱପୂର୍ଣ୍ଣ । ଦୟାକରି ନିମ୍ନଲିଖିତ ସେବା ଉପରେ ମତାମତ ଦେଖନ୍ତୁ ।

Is this your: ☐ First Visit ☐ Follow up Visit Date: 19.11.25  
କିଏ ଆପଣଙ୍କର: ☐ ପ୍ରଥମ ସମ୍ମୁଖାଳନ ☐ ଅନୁସରଣ ସମ୍ମୁଖାଳନ ତାରିଖ: 19.11.25

Name of Patient / Patient Attendant: SHARAD K. SHARMA Date of Birth: 10.11.25  
ରୋଗୀର ନାମ / ରୋଗୀର ସମ୍ପର୍କୀତଙ୍କ ନାମ: SHARAD K. SHARMA ଜନ୍ମ ତାରିଖ: 10.11.25

UHID No: 10144 Mobile No: 9900779978 Email Id:   
UHID ନଂ: 10144 ମୋବାଇଲ୍ ନଂ: 9900779978 ଇମେଲ୍ ଆଇଡି:

| Sl | Parameters                                                                                 | Excellent                           | Good                     | Satisfactory             | Unsatisfactory           | Not                      |
|----|--------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | Availability of Sufficient information in the Hospital<br>ସନ୍ଧାନ ସେବା କେବଳ ସମୟ ସମୟରେ       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Time required for Registration<br>ସନ୍ଧାନ ସମୟ                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Behavior & Attitude of Hospital Staff<br>ସମସ୍ତଙ୍କ ଶାନ୍ତି ସମୟରେ ସମୟରେ                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Overall Cleanliness of Hospital including Bathroom & Toilet<br>ସମସ୍ତଙ୍କ ସନ୍ଧାନ ସମୟରେ ସମୟରେ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Availability of drug at OPD Pharmacy<br>ସମସ୍ତଙ୍କ ଉପଲବ୍ଧ ସମୟରେ ସମୟରେ                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Opinion about Radiology Services<br>ସମସ୍ତଙ୍କ ଉପଲବ୍ଧ ସମୟରେ ସମୟରେ                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Opinion about Laboratory Services<br>ସମସ୍ତଙ୍କ ଉପଲବ୍ଧ ସମୟରେ ସମୟରେ                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Helpfulness of Security Staff<br>ସମସ୍ତଙ୍କ ଉପଲବ୍ଧ ସମୟରେ ସମୟରେ                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Overall Experience during your visit to the Hospital<br>ସମସ୍ତଙ୍କ ଉପଲବ୍ଧ ସମୟରେ ସମୟରେ        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How did you know about our hospital? / କିପରି ଆପଣଙ୍କର ଜ୍ଞାନ ହେଲା ?  
☐ Doctor ☐ Friends/Relatives ☐ Electronic Media ☐ Newspaper ☐ Others  
 Signature: Sharad K. Sharma

**OPD FEEDBACK FORM**  
ବିଶ୍ୱବିଦ୍ୟାଳୟ ମହାବିଦ୍ୟାଳୟ ମହାବିଦ୍ୟାଳୟ

Dear Guest,  
your feedback is valuable for us to improve our services in the Hospital. Kindly comment on the services mentioned below.

ମହାଶୟକ ଶ୍ରୀମତୀ,  
ବିଶ୍ୱବିଦ୍ୟାଳୟ ଆମର ସେବା ଉନ୍ନତ କରିବା ପାଇଁ ଆପଣଙ୍କ ମତାମତ ଅତ୍ୟନ୍ତ ଗୁରୁତ୍ୱପୂର୍ଣ୍ଣ । ଦୟାକରି ନିମ୍ନଲିଖିତ ସେବା ଉପରେ ମତାମତ ଦେଖନ୍ତୁ ।

Is this your: ☐ First Visit ☐ Follow up Visit Date: 19.11.25  
କିଏ ଆପଣଙ୍କର: ☐ ପ୍ରଥମ ସମ୍ମୁଖାଳନ ☐ ଅନୁସରଣ ସମ୍ମୁଖାଳନ ତାରିଖ: 19.11.25

Name of Patient / Patient Attendant: Sharad K. Sharma Date of Birth: 10.11.25  
ରୋଗୀର ନାମ / ରୋଗୀର ସମ୍ପର୍କୀତଙ୍କ ନାମ: Sharad K. Sharma ଜନ୍ମ ତାରିଖ: 10.11.25

UHID No: 10144 Mobile No: 9900779978 Email Id:   
UHID ନଂ: 10144 ମୋବାଇଲ୍ ନଂ: 9900779978 ଇମେଲ୍ ଆଇଡି:

| Sl | Parameters                                                                                 | Excellent                           | Good                     | Satisfactory             | Unsatisfactory           | Not                      |
|----|--------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | Availability of Sufficient information in the Hospital<br>ସନ୍ଧାନ ସେବା କେବଳ ସମୟ ସମୟରେ       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Time required for Registration<br>ସନ୍ଧାନ ସମୟ                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| 6. | Opinion about Radiology Services<br>ସମସ୍ତଙ୍କ ଉପଲବ୍ଧ ସମୟରେ ସମୟରେ                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Opinion about Laboratory Services<br>ସମସ୍ତଙ୍କ ଉପଲବ୍ଧ ସମୟରେ ସମୟରେ                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Helpfulness of Security Staff<br>ସମସ୍ତଙ୍କ ଉପଲବ୍ଧ ସମୟରେ ସମୟରେ                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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How did you know about our hospital? / କିପରି ଆପଣଙ୍କର ଜ୍ଞାନ ହେଲା ?  
☐ Doctor ☐ Friends/Relatives ☐ Electronic Media ☐ Newspaper ☐ Others  
 Signature: Sharad K. Sharma

## OPD FEEDBACK FORM

# **CHAPTER-5**

# **Actual work done, analysis and findings**

## **Introduction:**

Healthcare facilities today deal with a mix of patients — some paying directly, while others are supported by government schemes, insurance policies, or corporate credit arrangements.

With rising treatment costs and the complexity of reimbursements, a proper financial assessment framework becomes critical. The goal is to ensure care is delivered without financial ambiguity, both for the patient and the hospital.

## **Purpose of Financial Assessment:**

- **Prevent Revenue Loss:** Hospitals can lose money on unreimbursed treatments if financial assessments aren't accurate.
- **Build Trust:** Transparent billing processes improve patient satisfaction and reduce disputes.
- **Ensure Clarity:** Confirms who will bear the treatment cost — the patient, an insurance provider, or a scheme.
- **Enhance Claim Efficiency:** Quick and clean claim settlements require proper documentation and pre-approval.

## **Categories of Patients:**

### **A. Credit-Based Patients**

These include:

- **Corporate Employees** (e.g., TATA, Infosys tie-ups)

- **Educational Institutions** (for students/staff medical care)
- **Charitable Trusts and NGOs** (handling underprivileged patient bills)

Example: A software company may have a MoU with a hospital where employees are treated on credit and bills are later cleared by the company's TPA (Third-Party Administrator).

## **B. Scheme-Linked Patients**

These include:

- **Government Schemes:**
  - Ayushman Bharat -Pradhan Mantri Jan Arogya Yojana (ABPMJAY)
  - Central Government Health Scheme (CGHS)
  - ECHS (Ex-Servicemen Contributory Health Scheme)
- **Private Insurance Policies**
  - Star Health and Allied Health Insurance
  - ICICI Lombard Health Insurance
  - Bajaj Allianz
  - Aditya Birla Health Insurance
  - Tata AIG Health Insurance
  - SBI Health Insurance
- **State Government Sponsored Schemes**
  - Gopabandhu Jana Arogya Yojana (GJAY)



## PMGAY HELPDESK

### Detailed Financial Assessment Workflow of Insurance Patients:

#### Step 1: Pre-Admission Assessment

- Collect patient documents (ID, scheme card, insurance papers)
- Check for policy or scheme validity
- Explain exclusions (room upgrades, special drugs, etc.)

#### Step 2: Verification and Eligibility

- Verify patient details on the scheme/insurance portal

- Confirm coverage limits and enlistment of hospital
- Take necessary approvals for planned procedures

### **Step 3: Cost Estimation**

- Create an estimated cost sheet (based on treatment or surgery type)
- Highlight covered and non-covered items
- Mention pre-authorization requirement (if applicable)

### **Step 4: Preauthorization & Communication**

- Submit request to government/TPA portal with treatment plan
- Keep patient informed about what is covered, and what isn't
- Obtain digital or written pre-auth approval before starting treatment

### **Step 5: Monitoring During Hospital Stay**

- Ensure treatments are within pre-approved limits
- Document all consumables and procedures in real-time
- Send progress notes to insurer/scheme office (as per requirement)

### **Step 6: Discharge and Final Billing**

- Reconcile the bill with scheme guidelines
- Deduct inadmissible items (e.g., cosmetics, personal items)
- Collect co-payment or balance from patient if applicable

### **Step 7: Claim Submission and Follow-up**

- Submit scanned documents, final bill, discharge summary, diagnostics



- Use TAT-based follow-ups (Turn Around Time)
- Address queries or rejections promptly

### **Key Components in Financial Assessment:**

| <b>Component</b>              | <b>Role</b>                                                           |
|-------------------------------|-----------------------------------------------------------------------|
| <b>Eligibility Check</b>      | Confirms if the patient is covered and under what terms               |
| <b>Documentation Review</b>   | Ensures all required documents (ID proof, authorization) are in place |
| <b>Tariff Mapping</b>         | Aligning treatment cost with scheme-approved rates                    |
| <b>Audit of Inclusions</b>    | Identifying scheme-covered vs non-covered services                    |
| <b>Claim Documentation</b>    | Filing proper forms, invoices, reports, and summaries                 |
| <b>Co-payment Calculation</b> | Calculating patient share if the scheme has partial coverage          |

## Real-World Challenges:

| Challenge                                   | Effect                                       | Solution                                         |
|---------------------------------------------|----------------------------------------------|--------------------------------------------------|
| Frequent policy updates                     | Staff confusion and wrong billing            | Regular training and scheme updates              |
| Manual errors in coding/entries             | Claim rejections                             | Software-based coding and audit checks           |
| Delayed document submission                 | Claim rejection due to breach of TAT         | Digital dashboards with alerts                   |
| Scheme misuse by ineligible patients        | Financial and legal risk                     | Strong identity and biometric verification       |
| Lack of coordination between departments    | Discharge delays and poor patient experience | Cross-functional team communication channels     |
| Limited understanding of package conditions | Over-billing or under-billing                | SOP-based package mapping and pre-billing audits |

## Contextual Background:

Healthcare financing in India is evolving rapidly with the advent of large-scale government schemes such as **Gopabandhu Jana Arogya Yojana (GJAY)** at the state level and **PM-JAY** at the national level. These programs aim to provide financial protection and access to quality care for the economically weaker sections. Sunshine Hospital, being empanelled

under multiple schemes, serves a diverse patient base—ranging from self-paying individuals to patients covered under credit-based institutional frameworks such as TPA, CGHS, ECHS, and GJAY.

With billing becoming increasingly dependent on claims and reimbursements, especially from government schemes, **effective financial monitoring and analysis are essential for operational sustainability.**

## **Importance of the Study:**

This study holds financial importance because:

- It highlights the **cash flow impact** of delayed vs. timely claim settlement.
- It shows how **different scheme types (Govt. vs. Private)** behave in revenue realization.
- It identifies **operational inefficiencies** in handling claims (e.g., GJAY delays, data gaps).
- It helps optimize **credit risk exposure** by better planning around scheme-linked billing.
- It supports financial decision-making in areas such as **resource allocation, follow-ups, and claim negotiation.**

## Key Financial Parameters Assessed:

| Parameter                          | Description                                                                |
|------------------------------------|----------------------------------------------------------------------------|
| <b>Total Discharges Today</b>      | Number of patients discharged under credit/scheme category on a given day. |
| <b>Discharge Revenue Today</b>     | Gross billed amount for these patients.                                    |
| <b>Claims File Closed Today</b>    | Number of claims successfully processed and closed on the same day.        |
| <b>Claims Revenue Closed Today</b> | Revenue received from closed claims.                                       |
| <b>MTD Discharges</b>              | Month-to-date total discharges per scheme.                                 |
| <b>MTD Revenue</b>                 | Cumulative revenue from discharges and settled claims.                     |
| <b>Claim Closure Rate</b>          | Ratio of claims closed to discharges.                                      |

These parameters were used to analyse operational efficiency and revenue cycle performance

| Sl. No. | Discharge Category | Total Discharges Today | Discharge Revenue Today | Claims File Closed Today | Claims Revenue Closed Today | Total Discharges MTD | MTD-Total Discharge Revenue for Claim | Discharge Revenue MTD | Claims Files Closed MTD | MTD-Total Discharge Revenue for Claim | Remarks |
|---------|--------------------|------------------------|-------------------------|--------------------------|-----------------------------|----------------------|---------------------------------------|-----------------------|-------------------------|---------------------------------------|---------|
| 1       | GIAY               | 18                     | 1211148                 | 14                       | 832821                      | 38                   | 2860896                               | 2860896               | 31                      | 2236088                               |         |
| 2       | TPA                | 3                      | 201550                  | 0                        |                             | 4                    | 306345                                | 306345                | 0                       |                                       |         |
| 3       | Non CGHS           |                        |                         |                          |                             |                      |                                       |                       |                         |                                       |         |
| 4       | CGHS               |                        |                         |                          |                             |                      |                                       |                       |                         |                                       |         |
| 5       | ECHS               |                        |                         |                          |                             |                      |                                       |                       |                         |                                       |         |
| 6       | ESI                |                        |                         |                          |                             |                      |                                       |                       |                         |                                       |         |
| 7       | CASH               | 3                      | 243528                  | 3                        | 243528                      | 9                    | 421099                                | 421099                | 9                       | 421099                                |         |

| Sl. No. | Discharge Category | Total Discharges Today | Discharge Revenue Today | Claims File Closed Today | Claims Revenue Closed Today | Total Discharges MTD | MTD-Total Discharge Revenue for Claim | Discharge Revenue MTD | Claims Files Closed MTD | MTD-Total Discharge Revenue for Claim | Remarks |
|---------|--------------------|------------------------|-------------------------|--------------------------|-----------------------------|----------------------|---------------------------------------|-----------------------|-------------------------|---------------------------------------|---------|
| 1       | GIAY               | 16                     | 1082245                 | 13                       | 835764                      | 20                   | 1649748                               | 1649748               | 17                      | 1403267                               |         |
| 2       | TPA                | 1                      | 104795                  | 0                        |                             | 1                    | 104795                                | 104795                | 0                       |                                       |         |
| 3       | Non CGHS           |                        |                         |                          |                             |                      |                                       |                       |                         |                                       |         |
| 4       | CGHS               |                        |                         |                          |                             |                      |                                       |                       |                         |                                       |         |
| 5       | ECHS               |                        |                         |                          |                             |                      |                                       |                       |                         |                                       |         |
| 6       | ESI                |                        |                         |                          |                             |                      |                                       |                       |                         |                                       |         |
| 7       | CASH               | 2                      | 38142                   | 2                        | 38142                       | 6                    | 177571                                | 177571                | 6                       | 177571                                |         |

| Sl. No. | Discharge Category | Total Discharges Today | Discharge Revenue Today | Claims File Closed Today | Claims Revenue Closed Today | Total Discharges MTD | MTD-Total Discharge Revenue for Claim | Discharge Revenue MTD | Claims Files Closed MTD | MTD-Total Discharge Revenue for Claim | Remarks |
|---------|--------------------|------------------------|-------------------------|--------------------------|-----------------------------|----------------------|---------------------------------------|-----------------------|-------------------------|---------------------------------------|---------|
| 1       | GIAY               | 4                      | 567503                  | 4                        | 567503                      | 4                    | 567503                                | 567503                | 4                       | 567503                                |         |
| 2       | TPA                | 0                      |                         | 0                        |                             | 0                    |                                       |                       | 0                       |                                       |         |
| 3       | Non CGHS           |                        |                         |                          |                             |                      |                                       |                       |                         |                                       |         |
| 4       | CGHS               |                        |                         |                          |                             |                      |                                       |                       |                         |                                       |         |
| 5       | ECHS               |                        |                         |                          |                             |                      |                                       |                       |                         |                                       |         |
| 6       | ESI                |                        |                         |                          |                             |                      |                                       |                       |                         |                                       |         |
| 7       | CASH               | 4                      | 139429                  | 4                        | 139429                      | 4                    | 139429                                | 139429                | 4                       | 139429                                |         |

| Sl. No. | Discharge Category | Total Discharges Today | Discharge Revenue Today | Claims File Closed Today | Claims Revenue Closed Today | Total Discharges MTD | Discharge Revenue for Claim | Discharge Revenue MTD | Claims Files Closed MTD | Discharge Revenue for Claim | Remarks |
|---------|--------------------|------------------------|-------------------------|--------------------------|-----------------------------|----------------------|-----------------------------|-----------------------|-------------------------|-----------------------------|---------|
| 1       | GIAY               | 13                     | 932977                  | 8                        | 673233                      | 51                   | 3793873                     | 3793873               | 39                      | 2909321                     |         |
| 2       | TPA                | 2                      | 195072                  | 0                        |                             | 6                    | 501417                      | 501417                | 0                       |                             |         |
| 3       | Non CGHS           |                        |                         |                          |                             |                      |                             |                       |                         |                             |         |
| 4       | CGHS               |                        |                         |                          |                             |                      |                             |                       |                         |                             |         |
| 5       | ECHS               |                        |                         |                          |                             |                      |                             |                       |                         |                             |         |
| 6       | ESI                |                        |                         |                          |                             |                      |                             |                       |                         |                             |         |
| 7       | CASH               | 3                      | 103892                  | 3                        | 103892                      | 12                   | 524991                      | 524991                | 12                      | 524991                      |         |

## DAILY CREDIT BUSINESS CLAIM STATUS DASHBOARD REPORT OF

1<sup>ST</sup> JULY 2025- 4<sup>TH</sup> JULY 2025

## **Revenue Cycle Management (RCM):**

### **Definition:**

The process of tracking patient revenue from registration and appointment to the final payment of a balance.

### **In Sunshine Hospital:**

Scheme-linked patients do not pay at the time of discharge. Instead, payments are received after claim approvals. This introduces **delayed cash flows** and **credit risk** into the system.

### **RCM Components Analysed:**

- Billing at discharge
- Documentation for claim submission
- Time taken for claim approval
- Settlement and realization of funds

## **Credit Billing and Its Financial Implications:**

In a hospital, **credit billing** refers to services provided where payment is not made immediately. These include:

- Government scheme patients (e.g., GJAY/BSKY, CGHS)
- Private insured patients (TPA)
- Corporate tie-ups

### **Financial Risks & Issues:**

- **Delayed Revenue Realization:** The hospital provides treatment but receives money days/weeks/months later.

- **Bad Debts:** Some claims may be denied or only partially reimbursed.
- **Cash Flow Gaps:** Delay in claim settlement leads to liquidity issues for hospital operations.
- **Documentation Costs:** Additional admin costs to process and follow-up on claims.

## **Claim Settlement Efficiency:**

This measures how fast and how completely the hospital converts a claim into revenue.

### **Key Indicators from Data:**

- **GJAY claims** showed ~74% closure rate within a short time.
- **TPA claims** had **0 closures in 3 days**, suggesting slow processing.

## **Finance Impact:**

- Faster closures = Healthy cash inflow
- Slower closures = Accumulation of receivables, liquidity stress
- Denied/rejected claims = Revenue loss and provisioning needs

## **Accounts Receivable (AR) Analysis:**

**Accounts receivable** represents the money owed to the hospital for services already rendered but not yet paid.

### **Financial Focus:**

- Outstanding AR by scheme type Aging reports (how long money is pending)
- High AR from TPAs is a red flag: needs aggressive follow-up

### **Strategic Finance Actions:**

- Reduce AR Days (DSO – Days Sales Outstanding)
- Set scheme-specific credit periods (e.g., 30 days for TPA, 45 for GJAY)
- Escalate old unpaid claims

### **Cost vs. Reimbursement Analysis**

Hospitals must analyze whether the reimbursement received from each scheme covers the cost of treatment delivered.

### **Example Considerations:**

- GJAY may have fixed package rates: Is it profitable for high-cost procedures?
- TPAs may deduct amounts for policy exclusions: Does this create under-recovery?
- Are overheads (manpower, medical waste, infrastructure) absorbed in reimbursement?

### **Implications:**

- **Under-pricing** schemes lead to financial strain.
- Hospitals may need to **limit admissions** under unprofitable schemes.

### **Forecasting and Budgeting:**

Using discharge trends and revenue realization data, finance teams can:

- **Forecast inflows** from schemes
- Plan **monthly cash requirements**



- Build **scenario models** (e.g., What if GJAY payment delays increase?)
- Allocate budgets for departments based on income from schemes

### **Audit and Compliance:**

Government and insurance claims are subject to strict audit. From a finance lens:

- Incorrect coding or billing can lead to claim rejections
- Lack of documentation = revenue loss
- Finance must coordinate with audit teams to defend legitimate claims

### **Key Financial Metrics to Track:**

| <b>Metric</b>                | <b>Meaning</b>                                         |
|------------------------------|--------------------------------------------------------|
| Claim Realization Rate (%)   | % of total billed amount successfully recovered        |
| AR Days (DSO)                | Avg. number of days to receive payment after discharge |
| Revenue per Patient (Scheme) | Avg. revenue earned per discharge for each scheme      |
| Rejection Rate (%)           | % of claims denied by payers                           |
| Claim Processing TAT         | Turnaround time from discharge to payment receipt      |

## Strategic Role of Finance Team:

- **Optimize billing processes** by ensuring accuracy and completeness.
- **Work with IT** to generate daily claim reports and early alerts on pending dues.
- **Negotiate packages** with TPAs or government for better reimbursement terms.
- **Advise management** on scheme profitability and whether to expand or limit patient intake under specific categories.

## How This Project Supports Finance Learning:

By working on this project, I gain exposure to:

- Real-world application of **accounts receivable and revenue accounting**
- Understanding the **impact of payment delays** on operational sustainability
- Techniques for **financial analysis** in a service sector
- Experience in **data cleaning, interpretation, and report writing** for decision-makers.

## Weekly Reports:

### WEEK-1

#### Tasks (06/06/2025 – 13/06/2025)

- **06/06** – Joined, orientation with Finance HOD.
- **07/06** – Calculated profitability, cost & margin % of 5 BSKY/PM-JAY bills.
- **08/06 – 13/06** – Documented BSKY admission process & maintained daily claim settlement records.

## **WEEK-2**

### **Tasks (16/06/2025 – 20/06/2025)**

- **16/06** – Calculated profit and cost margins of 5 cardiology patient files.
- **17/06** – Completed detailed calculation of one patient's financial data.
- **18/06** – Assigned by CEO (Mr. Alok Lodh) to observe PM-JAY & G-JAY admission department and help desk.
- **19/06** – Scanned 8 discharge summary files to verify government-approved claim amounts.
- **20/06** – Processed 11 discharge files and participated in hospital CSR activity.

## **WEEK-3**

### **Tasks (23/06/2025 – 28/06/2025)**

- **23/06** – Scanned discharge files of PM-JAY & G-JAY patients for government claim processing.
- **24/06** – Saved scanned documents systematically on desktop.
- **25/06** – Sorted patient files department-wise.
- **26/06** – Further categorized records (Discharge Summary, Progress Sheet, Drug Report, ICU Chart, Lab Reports, Surgery & Anaesthesia notes).
- **27/06** – Gained overview of TDS, TCS & GST applicability in companies.
- **28/06** – Briefed on TDS & GST filing; participated in Sunshine Hospital CSR activity.



## CSR ACTIVITY OF SUNSHINE HOSPITAL

### WEEK-4

#### Tasks (01/07/2025 – 05/07/2025)

- **01/07** – Analyzed different types of voucher entries.
- **02/07** – Cross-checked payment vouchers for food services, electricity, etc.
- **03/07** – Worked in PM-JAY & G-JAY department for scanning and uploading patient summaries and preparing department-wise shortlisted data.
- **04/07 – 05/07** – Assisted in PM-JAY department (first half) and attended a meeting with GM to review work experience and discuss SWOT analysis of Sunshine Hospital.

## **WEEK-5**

### **Tasks (07/07/2025 – 12/07/2025)**

- **07/07 – 09/07** – Worked on various accounting vouchers (payment, receipt, journal, contra) and scheme-claim documents to improve accuracy in financial records.
- **10/07 – 12/07** – Analyzed departmental financial files (pharmacy, canteen, diagnostics, etc.) with supporting invoices, registers, and vouchers.

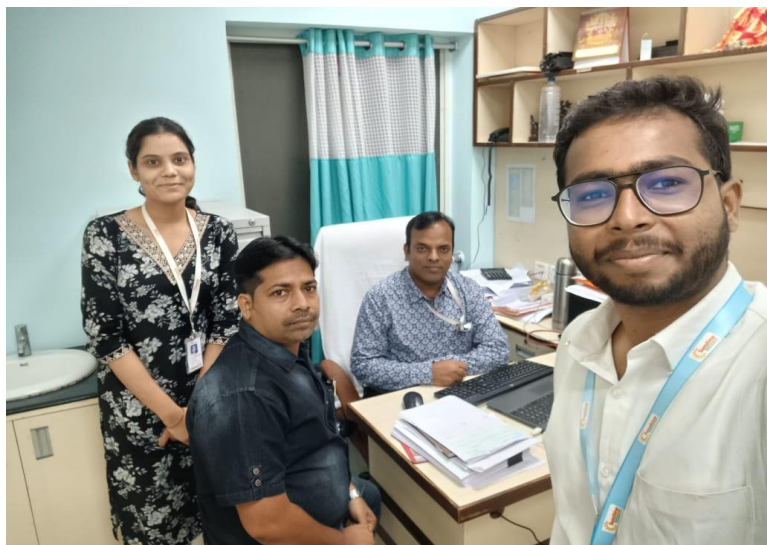
## **WEEK-6**

### **Tasks (14/07/2025 – 19/07/2025)**

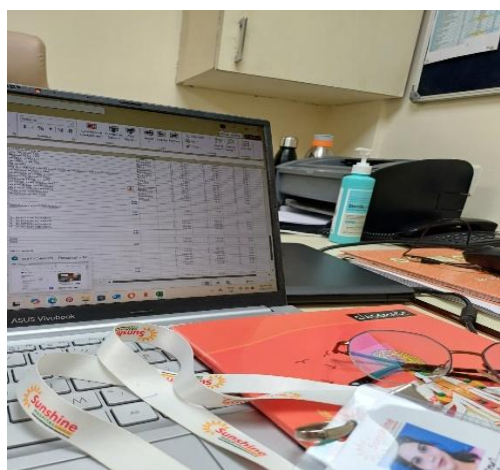
- **14/07 – 17/07** – Prepared discharge files and analyzed daily database records in Excel to calculate average profit per day across departments.
- **18/07** – Reviewed patient bills; calculated departmental profit and cost; discussed project topic for submission.
- **19/07** – Met HR (Mr. Abinash Sethi) to discuss project topic; received a small memento.



**Patient Send-off**



**HOD OF FINANCE DEPT.**



**FINANCE DEPT.**

## **Findings:**

Based on the internship observations, financial records, interactions with billing staff, and analysis of daily patient claim data, the following key findings were derived:

### **1. High Dependency on Scheme-Based Patients**

- A significant portion of Sunshine Hospital's patient inflow consists of scheme-linked patients, particularly under GJAY, CGHS, ECHS, and ESIC.
- These patients contribute to stable patient footfall, especially in general and emergency departments.

### **2. Credit and Scheme Billing Affects Cash Flow Timing**

- Delayed reimbursements from government and corporate schemes affect liquidity and revenue cycle efficiency.
- On average, GJAY claim settlements take 20–30 days, while CGHS/ECHS claims may take up to 45–60 days.

### **3. Financial Documentation is Critical but Time-Consuming**

- The hospital maintains a dedicated team to handle claim documentation, billing codes, approvals, and audit compliance.
- Any delay in submission or error in documentation can lead to claim rejections or partial settlements, increasing financial risk.

### **4. Scheme Packages Often Don't Cover Actual Treatment Costs**

- In many cases, the government-fixed package rates are lower than actual incurred costs, especially in surgeries or ICU cases.



- This results in a revenue shortfall that the hospital often absorbs, especially for poor patients.

#### **5. Credit Patient Management Requires Robust Monitoring**

- Corporate credit patients admitted under third-party administrators (TPAs) need constant follow-up for approvals and payment clearances.
- Any delay in pre-authorization or post-treatment confirmation impacts discharge timing and bed availability.

#### **6. Billing Transparency for Scheme Patients Needs Improvement**

- Many scheme patients are unaware of their entitlements or limitations, which leads to confusion at discharge regarding non-covered charges.
- There's a growing need for counselling desks or financial advisors at the admission level.

#### **7. Technology Aids Efficiency, But Manual Intervention Still Dominates**

- While the hospital uses billing software to manage claims, manual checks are still needed for verification and auditing purposes.
- Automation in areas like claim tracking and real-time status updates is currently limited.



# CHAPTER-6

## **Conclusion:**

The “Balancing the Books — Financial Assessment of Credit and Scheme-Linked Treatment in Hospital Billing ” project provided a critical insight into the financial dynamics and operational complexities involved in managing credit and scheme-linked treatment of patients at Sunshine Hospital, Bhubaneswar. The hospital, being a mid-sized, multi-specialty private institution, caters to a diverse patient base, a substantial portion of which depends on government health schemes and corporate credit arrangements. These billing models have become integral to healthcare access, yet they present challenges in terms of financial management, revenue timing, and administrative coordination.

Through a finance-focused lens, the internship project highlighted how Sunshine Hospital aligns its billing practices with the regulations and procedural frameworks of different schemes such as GJAY, CGHS(ABPMJAY), ECHS, and TPA. It became evident that while these schemes enhance hospital occupancy and serve social responsibility goals, they also introduce a lag in payment cycles, require substantial documentation, and demand a dedicated and trained workforce to handle claim processing and compliance.

Moreover, the analysis revealed that financial sustainability in such a model depends on balancing prompt service delivery with efficient claim settlements. Hospitals like Sunshine must continuously adapt their billing systems, adopt more automated processes, and ensure accurate audit and reporting to prevent claim denials and delays. Transparency, both in terms of patient communication and internal financial practices, is crucial to strengthening trust and ensuring smooth claim flows.

In conclusion, the project reinforces the importance of integrating financial accuracy, administrative discipline, and technological support in handling credit and scheme-linked treatment of patients. For Sunshine Hospital, this approach is not just about recovering

costs—it is about delivering consistent care while safeguarding the hospital’s financial health in a rapidly evolving healthcare ecosystem.

## **Suggestions / Recommendations:**

Based on the findings and overall analysis of the claim-to-care process at Sunshine Hospital, the following actionable suggestions are proposed to enhance financial efficiency, operational transparency, and patient satisfaction:

### **1. Implement Real-Time Claim Tracking System**

- Introduce a digital platform or dashboard to track the status of each claim in real-time (GJAY, CGHS, ECHS).
- This will reduce manual errors, improve follow-up timelines, and ensure better control over claim aging.

### **2. Strengthen Pre-Authorization & Documentation Processes**

- Develop a standardized checklist for pre-authorization of scheme and credit patients.
- Train admission and billing staff regularly to ensure error-free documentation and minimize claim rejections.

### **3. Introduce Financial Counseling Desk**

- Set up a dedicated desk to educate patients (especially scheme beneficiaries) on package coverage, exclusions, and documentation needed.
- This will avoid confusion during discharge and enhance billing transparency.

### **4. Negotiate for Periodic Tariff Revisions with Authorities**

- Engage with government health departments and scheme regulators to review and revise package tariffs in line with current treatment costs.
- This will help minimize revenue loss in underpaid procedures or high-dependency cases.

## **5. Develop a Claim Settlement Performance Dashboard**

- Regular internal review of pending, approved, and rejected claims can help the finance department measure performance and address bottlenecks.
- KPIs (Key Performance Indicators) for claim turnaround time and settlement rate should be tracked monthly.

## **6. Enhance Collaboration Between Departments**

- Encourage routine coordination meetings between operations, finance, and medical records departments to ensure smooth flow of claim-related data.
- Cross-functional alignment is essential for timely approvals and financial compliance.

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