



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 2026

REPORT TITLE

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

SUBMITTED BY

ABHISHEK NAYAK

IMBA Batch: 2022-27

University Regn. No.: 2213258002

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Corporate Guide

Mr. Abinash Sethi
(Head HR)
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CERTIFICATE OF EXTERNAL GUIDE



Date: 11th November 2025

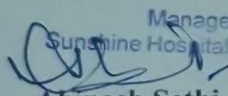
TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. Abhishek Nayak, Pursuing Integrated Master of Business Administration from Biju Patnaik Institute Of Information Technology & Management Studies, Bhubaneswar, has sincerely & successfully completed his internship training program in the department of Finance at Sunshine Hospital, Bhubaneswar.

The tenure of his training was from 08th October 2025 to 11th November 2025.

During his internship period we found him to be sincere, hardworking, dedicated intern with a learning attitude.

We wish him all the best for his future endeavor.


Manager, HR
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U85100OR2020PTC034124



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CERTIFICATE OF FACULTY/INTERNAL GUIDE

This is to certify that Mr. Abhishek Nayak, bearing university registration no 2213258002 of 2022-27 batch, has completed his summer internship at Sunshine Hospital from 08th October 2025 to 11th November 2025 under the supervision of Mr. 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 Integrated 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: 11.11.2025

Place: Bhubaneswar

Signature of the Faculty/Internal Guide

Name: Dr. Ajitav Acharya

Designation: Assistant

Professor (Finance)

DECLARATION

I, Mr. Abhishek Nayak Bearing university registration no. 2213258002 (2022-2027 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 08th October 2025 to 11st November 2025 is an original work done by me under the supervision of Mr. Abinash Sethi (Corporate Guide) and Dr. Ajitav Acharya (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 Integrated 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: 11.11.2025

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 Dr. Ajitav Acharya, 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, Dr. Ajitav Acharya, for his continuous guidance, motivation, and patience, which helped me in shaping this report effectively.

Name of the Student: - Abhishek Nayak
Redg No: - 2213258002

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

1.1 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

1.2 Scope of the Study

1.2.1 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.

1.2.2 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.

1.2.3 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.

1.2.4 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.

1.2.5 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.

1.2.6 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.

1.3 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 identify patterns and trends in patient billing and revenue realization.

1.4 Methodology

The research methodology for this project is designed to evaluate the financial implications of credit and scheme-linked billing at Sunshine Hospital. It follows a structured approach to data collection and analysis to ensure accuracy in assessing the hospital's Revenue Cycle Management (RCM).

1.4.1 Research Design

The study employs a Descriptive and Exploratory Research Design. It is Descriptive as it details the current billing workflows and daily financial performance. It is Exploratory as it investigates the underlying causes of claim rejections and liquidity stress caused by delayed reimbursements.

1.4.2 Sources of Data

The data for this study was collected from both primary and secondary sources:

Primary Data:

- Direct observation of billing procedures and claim submission workflows within the Finance Department.
- Analysis of the Daily Credit Business Claim Status Dashboard for the period of 1st November to 4th November 2025.

- Unstructured interviews and interactions with hospital staff, including Billing Managers and Finance Officers.

Secondary Data:

Internal hospital reports, admission records, and daily claim settlement logs.

Official guidelines and manuals for government schemes such as GJAY, PMJAY, and CGHS.

Academic research articles and industry publications related to Revenue Cycle Management in healthcare.

1.4.3 Data Collection and Parameters

Data was extracted from the hospital's internal monitoring tools. The following key financial parameters were analysed:

- Total Discharges Today: Number of patients under credit/scheme categories.
- Discharge Revenue Today: Gross billed amount for discharged patients.
- Claims File Closed Today: Number of claims successfully processed on the same day.
- Month-to-Date (MTD) Figures: Cumulative revenue and discharge totals for the month.

1.4.4 Data Cleaning and Analysis

The data was cleaned to ensure consistency and categorized by billing type, such as GJAY, TPA, and CGHS. Quantitative analysis was then performed to identify the Claim Closure Rate and Revenue Realization Trends.

1.5 Recent Literature Review (2024–2025)

The landscape of hospital billing and government health schemes has evolved rapidly. Recent research highlights the following critical themes:

1.5.1 Financial Protection and Out-of-Pocket Expenditure (OOPE) Case-Control Studies (2025):

Recent evidence from Haryana shows that PM-JAY beneficiaries experience 65% lower direct medical expenses compared to non-beneficiaries.

Socio-Economic Impacts: Studies in 2024-2025 confirm that government schemes significantly reduce "distress financing" and prevent millions of households from falling into poverty due to medical costs.

Gap in Non-Medical Costs: Despite lower billing, beneficiaries still face high indirect costs for food, travel, and accommodation, which schemes do not yet fully cover.

1.5.2 Revenue Cycle Management (RCM) and Claim Denials Private Payer Denial Trends (2024):

A 2024 survey of hospitals found that private insurers deny nearly 15% of all claims, even those with prior authorization.

Liquidity Strain: Hospitals often undergo three rounds of review for denied claims, with each cycle lasting 45 to 60 days, causing severe cash flow gaps.

Medical Debt Protections (2025): New federal rules in 2025 ban medical debt from credit reports, which may alter how hospitals manage collections and patient cost-sharing.

1.5.3 Technological Shifts and Automation AI and Claim Scrubbing:

In 2025, over 70% of healthcare providers have adopted automation and AI-powered "claim scrubbing" to hit a target first-pass acceptance rate of 95% or higher.

Natural Language Processing (NLP): Modern RCM tools now use NLP to read clinical notes, ensuring

that billing codes accurately reflect the severity of treatment and reducing audit risks.

1.5.4 Regulatory and Policy Changes Budgetary Increases (2024-25):

The Indian Ministry of Health and Family Welfare saw a 13% rise in allocation for 2024-25, with a specific 7.4% increase for PM-JAY, reflecting growing government commitment to scheme-linked care.

Standardization Efforts: National Health Accounts now utilize standardized "System of Health Accounts 2011" guidelines to improve the transparency and comparability of hospital spending data.

1.6 Limitations of the Study

1.6.1 Hospital-Specific Scope:

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

1.6.2 Time Constraints:

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

1.6.3 Restricted Data Access:

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

1.6.4 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.

1.6.5 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.

1.6.6 Dynamic Policy Changes:

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

CHAPTER -2

2.1 Company Profile:

Types of Entities Governing Sunshine Hospital

2.1.1 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.

2.1.2 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

2.2 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.

2.3 Vision of the Company:

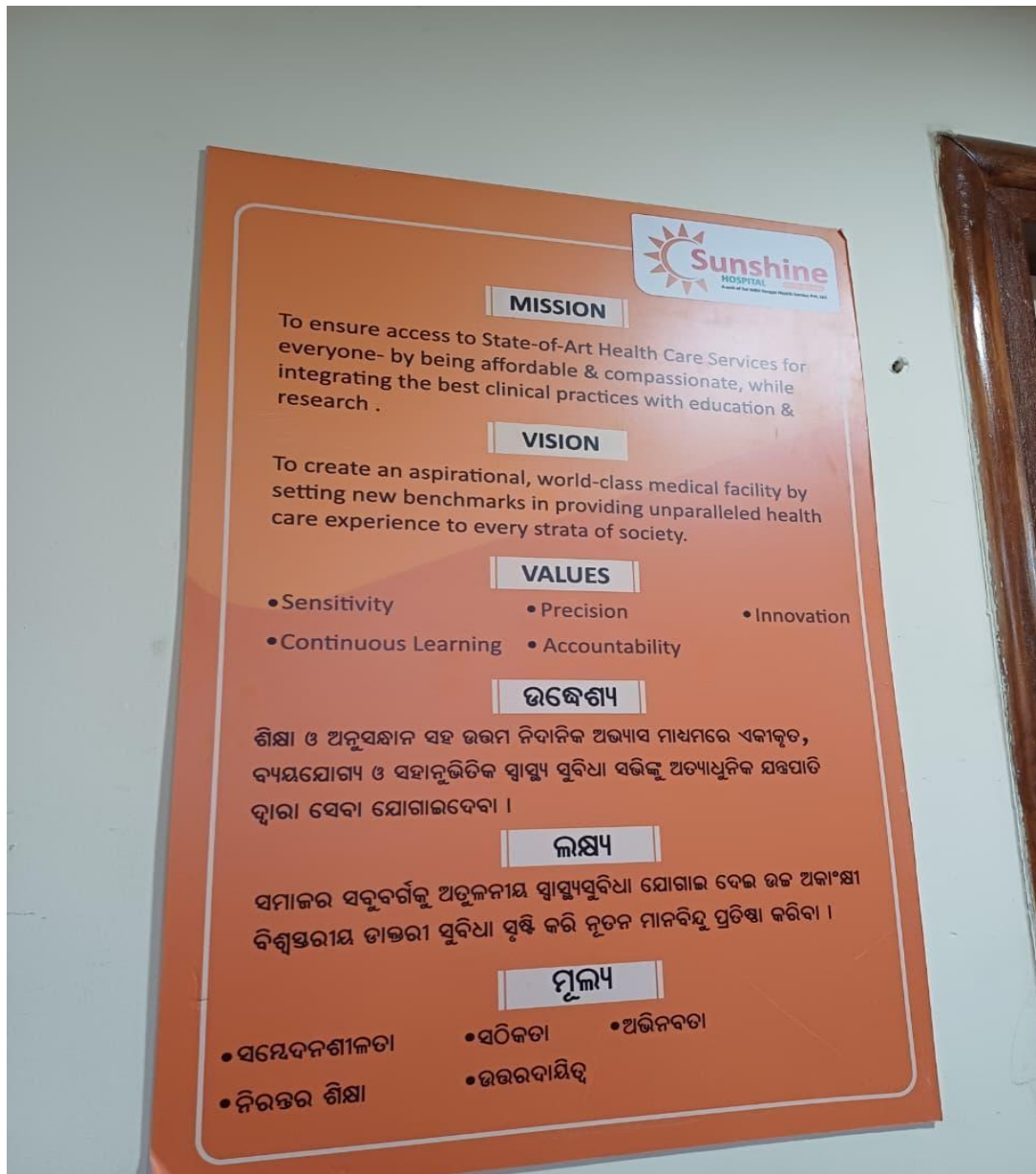
To create an aspirational, world-class medical facility by setting new benchmarks in providing unparalleled health care experience to every stratum of society.

2.4 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.

2.5 Value of the Company:

- Sensitivity
- Precision
- Innovation
- Continuous Learning
- Accountability



2.6 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.

2.7 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.

2.8 Overview of Company:

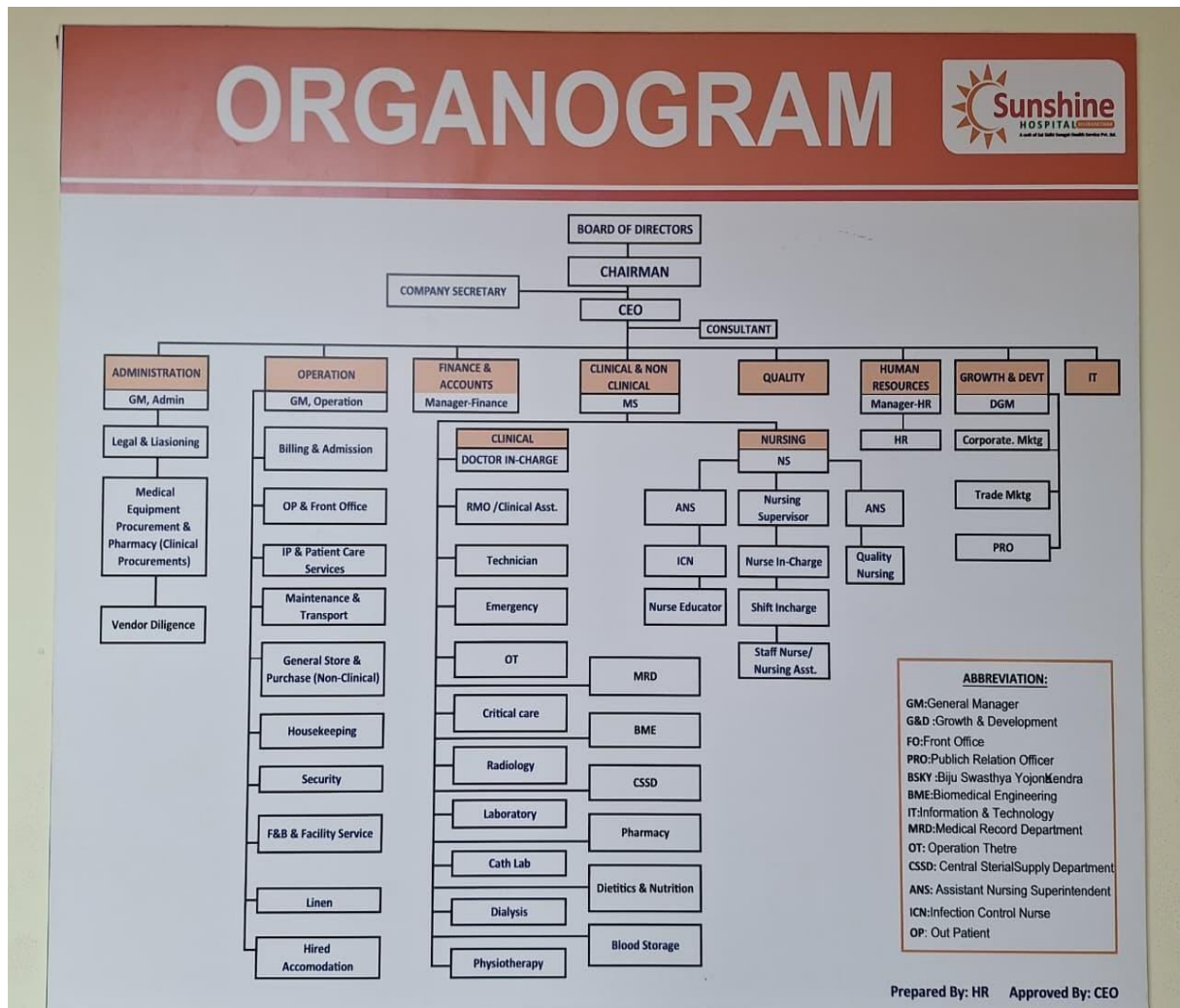
- 100 Bedded Hospital
- Trauma center
- PMGAY, GJAY
- 24×7 FREE Ambulance
- 4+ Year of experience
- High qualified super specialist doctors
- ICU, SICU, MICU, CT ICU

2.9 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

2.10 INDURSTY ANALYSIS: -

2.10.1 Number of Players:

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

2.10.2 Total Market Size:

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

2.10.3 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%.

2.10.4 Nature of Competition:

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

2.10.5 Differentiation Practices by Players:

Hospital	Differentiation Strategy
Apollo Hospitals	Premium pricing, NABH & JCI accreditations, corporate focus
Manipal 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
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Care Hospitals	Cardiac and neuro specialties
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2.10.6 Barriers (Entry–Exit):

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

2.11 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.

2.11.1 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.

2.11.2 Bargaining Power of Buyers (Patients & Insurers) – High

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

- With schemes like GJAY, 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.

2.11.3 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.

2.11.4 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.

2.11.5 Industry Rivalry – High

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

- Competes with Apollo, Care Hospitals, Manipal, 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.

2.12 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, GJAY empanelment updates, GST compliance, and digital health records mandate under the National Digital Health Mission (NDHM).

CHAPTER-3

3.1 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
Apollo Hospitals	Strong brand, advanced infrastructure, corporate tie-ups	Expensive, less focus on scheme/credit patients	Sunshine is more cost-effective and scheme-oriented
Manipal Hospitals	Good reputation, wide specialty coverage, high patient capacity	Corporate pricing, crowded facilities	Sunshine offers quicker and more personalized services
SUM Ultimate Medicare	Technologically advanced, robotic surgery, super-specialties	New in the market, higher pricing	Sunshine is more accessible and established for mid-income patients
KIMS (KIIT)	Affordable, huge infrastructure, medical college attached	Overcrowded, student-dependent services	Sunshine provides more streamlined and professional patient handling

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

CHAPTER-4

4.1 Types of Customers with respect to Sunshine Hospital

4.1.1 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.

4.1.2 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.

4.1.3 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.

4.1.4 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.

4.2 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:

4.2.1 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.

4.2.2 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.

4.2.3 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.

4.3 What Customers Buy at Sunshine Hospital:

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

4.3.1 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.

4.3.2 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.

4.3.3 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.

4.3.4 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.

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

4.3.6 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.

4.4 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
ପରିଚାଳନା ନଗର ଡାକ୍ତରୀ

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

ମନମାନ ପରିଚ୍ଛ,
ଚିକିତ୍ସାକ୍ଷେତ୍ରରେ ଆପଣଙ୍କର ଉପାଦାନ ଉତ୍କୃଷ୍ଟ ଚାହିଁ ଆପଣଙ୍କ ମତାମତ ଅନ୍ୟମାନଙ୍କୁ ସୂଚାଇବା । ଦୟାକରି ନିମ୍ନଲିଖିତ ସେବା ଖଣ୍ଡରେ ମତାମତ ଦେଖନ୍ତୁ ।

Is this your: ☐ First Visit ☐ Follow up Visit Date: 19.11.25
କିମ୍ବା ଉପ ପ୍ରତିଦର୍ଶନ : ☐ ପ୍ରଥମ ପ୍ରତିଦର୍ଶନ ☐ ଉପସ୍ଥାପନା ତାରିଖ :

Name of Patient / Patient Attendee: Praveen Kumar Date of Birth: 19.11.25
ରୋଗୀ ନାମ / ରୋଗୀ ସାଥୀକରଣ : Praveen Kumar ଜନ୍ମ ତାରିଖ :

UHD No. UMAR 10448 Mobile No. 935243228 Email Id: _____

Sl. No.	Parameters to be filled	Excellent	Good	Satisfactory	Unsatisfactory	Not Filled
1.	Availability of Sufficient information in the Hospital ସନ୍ଧାନ ସେବା ଉପରେ ସୂଚନା କେତେ ଉପଲବ୍ଧ	☒	☐	☐	☐	☐
2.	Time required for Registration ରଜିଷ୍ଟ୍ରେସନ୍ ପାଇଁ ଲାଗୁଥିବା ସମୟ	☒	☐	☐	☐	☐
3.	Behavior & Attitude of Hospital Staff ହସ୍ପିଟାଲ ଷ୍ଟାଫ୍ ସହଯୋଗୀତା ଓ ଆଚରଣ	☒	☐	☐	☐	☐
4.	Overall Cleanliness of Hospital including Bathroom & Toilet ହସ୍ପିଟାଲର ସାମଗ୍ରୀକ ସଫାତା ଓ ଟିଲେଟ୍ ସ୍ଥାନର ସଫାତା	☒	☐	☐	☐	☐
5.	Availability of drug at OPD Pharmacy ଓପିଡି ଫାର୍ମାସୀରେ ଔଷଧର ଉପଲବ୍ଧତା	☒	☐	☐	☐	☐
6.	Opinion about Radiology Services ରାଡିଓଲୋଜି ସେବା ଉପରେ ମତାମତ	☐	☐	☐	☐	☐
7.	Opinion about Laboratory Services ଲ୍ୟାବୋରଟରୀ ସେବା ଉପରେ ମତାମତ	☐	☐	☐	☐	☐
8.	Helpfulness of Security Staff ସୁରକ୍ଷା ଷ୍ଟାଫ୍ ସହଯୋଗୀତା	☒	☐	☐	☐	☐
9.	Overall Experience during your visit to the Hospital ହସ୍ପିଟାଲ ଉପସ୍ଥାନ ସମୟରେ ସାମଗ୍ରୀକ ଅନୁଭବ	☒	☐	☐	☐	☐

How did you know about our hospital? / କିପରି ଜାଣିଥିଲେ ହସ୍ପିଟାଲ ବିଷୟରେ ?
☐ Doctor ☐ Friends/Relatives ☐ Electronic Media ☐ Newspaper ☐ Others
 Signature: Suman

OPD FEEDBACK FORM
ପରିଚାଳନା ନଗର ଡାକ୍ତରୀ

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

ମନମାନ ପରିଚ୍ଛ,
ଚିକିତ୍ସାକ୍ଷେତ୍ରରେ ଆପଣଙ୍କର ଉପାଦାନ ଉତ୍କୃଷ୍ଟ ଚାହିଁ ଆପଣଙ୍କ ମତାମତ ଅନ୍ୟମାନଙ୍କୁ ସୂଚାଇବା । ଦୟାକରି ନିମ୍ନଲିଖିତ ସେବା ଖଣ୍ଡରେ ମତାମତ ଦେଖନ୍ତୁ ।

Is this your: ☐ First Visit ☐ Follow up Visit Date: 19.11.25
କିମ୍ବା ଉପ ପ୍ରତିଦର୍ଶନ : ☐ ପ୍ରଥମ ପ୍ରତିଦର୍ଶନ ☐ ଉପସ୍ଥାପନା ତାରିଖ :

Name of Patient / Patient Attendee: Praveen Kumar Date of Birth: 19.11.25
ରୋଗୀ ନାମ / ରୋଗୀ ସାଥୀକରଣ : Praveen Kumar ଜନ୍ମ ତାରିଖ :

UHD No. 935243228 Mobile No. 935243228 Email Id: _____

Sl. No.	Parameters to be filled	Excellent	Good	Satisfactory	Unsatisfactory	Not Filled
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2.	Time required for Registration ରଜିଷ୍ଟ୍ରେସନ୍ ପାଇଁ ଲାଗୁଥିବା ସମୟ	☒	☐	☐	☐	☐
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7.	Opinion about Laboratory Services ଲ୍ୟାବୋରଟରୀ ସେବା ଉପରେ ମତାମତ	☐	☐	☐	☐	☐
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☐ Doctor ☐ Friends/Relatives ☐ Electronic Media ☐ Newspaper ☐ Others
 Signature: Praveen Kumar

OPD FEEDBACK FORM

CHAPTER-5

5.1 Actual work done, analysis and findings

5.1.1 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.

5.1.2 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.

5.1.3 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

5.2 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

5.3 Key Components in Financial Assessment:

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

5.4 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

5.5 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 empaneled

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.**

5.6 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.**

5.7 Key Financial Parameters Assessed:

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

1ST November 2025- 4TH November 2025

5.8 Revenue Cycle Management (RCM):

5.8.1 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.

5.8.2 RCM Components Analyzed:

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

5.9 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

5.9.1 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.

5.10 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.

5.11 Finance Impact:

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

5.12 Accounts Receivable (AR) Analysis:

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

5.12.1 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

5.12.2 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

5.12.3 Cost vs. Reimbursement Analysis

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

5.12.4 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?

5.12.5 Implications:

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

5.12.6 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

5.12.7 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

5.13 Key Financial Metrics to Track:

Metric	Meaning
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

5.14 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.

5.15 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.

5.16 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:

5.16.1 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.

5.16.2 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.

5.16.3 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.

5.16.4 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.

5.16.5 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.

5.16.6 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.

5.16.7 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

6.1 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.

6.2 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:

6.2.1 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.

6.2.2 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.

6.2.3 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.

6.2.4 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.

6.2.5 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.

6.2.6 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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"Recent literature (2024–2025) suggests that the adoption of AI-powered RCM systems is now the top technological priority for 32% of medical practice leaders to combat rising denial rates, which currently average 11–15% across major healthcare providers."

