SUMMER INTERNSHIP PROGRAM

at

Apollo Hospitals Bannerghatta Road, Bangalore

From 12/05/2025 to 21/07/2025

A REPORT BY

Mathew Abraham

Master of Business Administration

Hospital and Health Management

Roll no - 1993

2024-26

under the Mentorship of

Dr. Swapnil Gadhva

21st July 2025

INTERNSHIP CERTIFICATE

This is to certify that **Dr. Mathew Abraham** has successfully completed his **Internship and Project** in the **Department of Finance (Credit Cell)** from **12th May 2025** to **21st July 2025** in **Apollo Hospitals, Bannerghatta, Bangalore**. He was diligently involved in the tasks assigned to him.

During his internship he successfully completed the following project:

Analysis of Department wise Distribution and Insurance Financing Patterns on IPD Cashless Claims at Apollo Hospital Bannerghatta.

During his period of stay with us, we found that he was dedicated, hardworking, loyal and sincere.

We wish him all the best for his future endeavours.

For Apollo Hospitals Bangalore,

O. Deepti

Ms. Deepti Oleti
Assistant Manager – Human Resources

Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr./~~Mr./~~ ~~Ms.~~ Mathew Abraham of 29th (batch) of IIHMR-U (Institute of Health Management Research) (Name of the department/institute) has worked with our organization for his/her summer internship from 12th May 2025 to 21st July 2025 (date). The overall performance shown by him/~~her~~ during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 21th July 2025

(Signature of organization Mentor)

Name: Radha P.

Designation: Executive

Seal/Stamp of the Organization

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Mathew Abraham** of academic year 2024-26 of Institute of Health Management Research has prepared a poster with respect to his summer internship held during May-July 2025.

He has carried out work as per the guidelines. His poster is approved for presentation.

Date: 28/07/2025

Dr. Swapnil Gadhave
Assistant Professor

Analysis of Department wise Distribution and Insurance Financing Patterns on IPD Cashless Claims

Apollo Hospitals Bannerghatta Road

Created by - Dr. Mathew Abraham
Roll No - 1993
Stream - MBA HM
University Mentor - Dr. Swapnil Gadhave
Organization Mentor - Radha P

ORGANIZATION PROFILE

BRIEF HISTORY

Established in 1983 by Dr. Prathap C Reddy, Apollo Hospitals pioneered modern healthcare in India. Apollo Hospitals, Bannerghatta started in 2007 and is a 250-bed, JCI-accredited facility in Bangalore, equipped with cutting-edge technology and global medical standards. It performed the region's first Y-shaped stent for tracheoesophageal fistula and houses the renowned MASC, specializing in advanced, minimally invasive procedures.

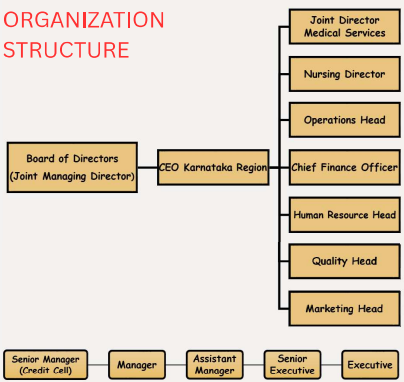
VISION

Apollo's vision for the next phase of development is to 'Touch a Billion Lives'.

MISSION

Our mission is to bring healthcare of International standards within the reach of every individual. We are committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity.

ORGANIZATION STRUCTURE



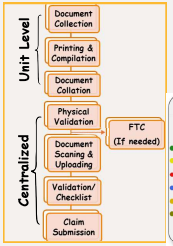
OBJECTIVE

- What is the distribution of inpatient cashless claim volume across hospital departments?
- What is the average insurance payment per cashless claim for each hospital department?
- How do total cashless claim payout vary across hospital departments for different type of insurance companies?

METHODOLOGY

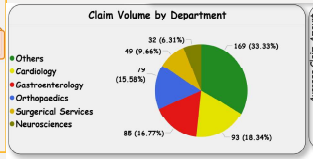
- **Study Area:** Apollo Hospital, Bannerghatta Road
- **Research Design:** Descriptive analysis
- **Sampling Technique:** Purposive sampling
- **Study Data:** TPAs/insurance company financed IPD credit claims (Excluded daycare cases)
- **Tools Used:** Excel and Power BI
- **Data Sources:** ClaimBook and physical documents (pre-auth approvals, final bills, and discharge summaries)
- **Sample Size and Duration:** 507 cases collected over 3 weeks (26-05-2025 to 14-06-2025)
- **Key parameters:** Submission Date, claim amount, insurer name, and Discharge Department name

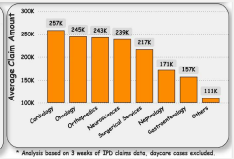
Workflow



₹ 3.27 Cr
Weekly Claim Amount

28 cases
Claim Submission per Day





* Analysis based on 3 weeks of IPD claims data, daycare cases excluded.

Total Claim Amount by Department and Insurar type

Lowest — Highest

No.	Departments	Government General Insurers (PSUs)	Private General Insurers	Standalone Health Insurers (SAHI)	Total
01.	Cardiology	₹ 1.19 Cr	₹ 80.60 L	₹ 40.28 L	₹ 2.39 Cr
02.	Orthopaedics	₹ 87.46 L	₹ 57.97 L	₹ 46.40 L	₹ 1.92 Cr
03.	Gastroenterology	₹ 58.59 L	₹ 36.18 L	₹ 38.69 L	₹ 1.33 Cr
04.	Surgerical Services	₹ 46.23 L	₹ 32.29 L	₹ 27.84 L	₹ 1.06 Cr
05.	Neurosciences	₹ 29.87 L	₹ 37.62 L	₹ 8.95 L	₹ 76.44 L
06.	Oncology	₹ 22.78 L	₹ 32.35 L	₹ 10.90 L	₹ 66.03 L
07.	Obstetrics	₹ 18.19 L	₹ 14.57 L	₹ 2.75 L	₹ 35.51 L
08.	Others	₹ 76.59 L	₹ 32.85 L	₹ 23.96 L	₹ 1.33 Cr
	Top Insurer	New India Assurance	ICICI Lombard	Star Health Insurance	
	Total Claim Amount	₹24,967,698	₹9,117,462	₹6,090,632	

INTERPRETATION

- Cardiology leads in claim volume (18.3%), followed by Gastroenterology and Orthopaedics, showing high insurance dependency.
- Cardiology has the highest average claim (₹2.57L), followed by Oncology and Orthopaedics, indicating high-cost care per case.
- Total payout is highest in Cardiology (₹2.39 Cr), largely funded by PSUs, with Orthopaedics and Gastroenterology also showing substantial payouts.

IMPLICATION

- Deploy additional billing staff in Cardiology and set department-specific SOPs for high-volume units.
- Renegotiate package rates for high-cost departments and automate pre-auth in top-claim areas.
- Use insurer-wise claim trends to prioritize tie-ups, tailor packages, and negotiate better limits and faster approvals.

THEORETICAL UNDERSTANDING

Gained conceptual understanding of hospital operations, financial workflows, stakeholder responsibilities and healthcare process design through classroom learning.

PRACTICAL EXPOSURE

Offered hands-on exposure to the ground realities of claim processing including insurer coordination, documentation gaps, procedural delays, and on-spot decision making the need for adaptability beyond conventional classroom concepts.

S — Strengths
- Skilled staff
- Structured claim submission
- Effective use of ClaimBook RCM software

W — Weaknesses
- Manual claim processing
- Poor integration of systems
- Power supply issues and limited workspace

O — Opportunities
- AI, OCR and automation adoption
- Centralized health claim platforms
- Expansion of insurer empanelment and MoU

T — Threats
- Rising IPD volumes without matching infrastructure upgrades
- Frequent TPA/insurer policy changes
- Delays in TPA approvals

LEARNING

- Understood hospital claim operations and internal workflows.
- Gained hands-on exposure to RCM processes.
- Learned claim documentation and submission procedures.

CHALLENGES

- Limited exposure to other hospital departments.
- Faulty printer and lack of AC reduced efficiency.
- High workload with insufficient staff.

SUGGESTIONS

- Allocate a dedicated, functional space for the Credit Cell.
- Invest in AI tools and integrated digital systems to streamline processes.
- Increase staffing based on claim volume.

Report - 1

Name of the Organisation: Apollo Hospital Bannerghatta Road, Bangalore

Area/ Department/ Project of Summer Internship Program: Finance (Credit Cell)

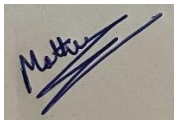
Name of the Student: Dr. Mathew Abraham

Roll no: 1993 **Stream:** MBA Hospital and Health Management

Week no: 1 **From:** 12th May 2025 to 17th May 2025

Activity Done	❖ **Day 1: HR Orientation and Credit Cell Assignment** ▪ Completed internship registration with HR Department and joined the Credit Cell in the Finance Department. ▪ Reviewed outstanding cashflow data and tracked them through ClaimBook software. ▪ Updated records with payment status in Excel (e.g., partial payment with co-pay) and added relevant remarks. ❖ **Day 2: Induction into Claims Department** ▪ Transitioned to the Claims Department and learned the end-to-end claims workflow. ▪ Observed and assessed compilation of discharge summaries, final bills, and pre-authorization documents. ▪ Gained initial understanding of claim documentation protocols for different TPAs. ❖ **Day 3-4: Document Scanning and Claim Validation** ▪ Assisted in scanning and uploading of claim-related documents into the internal system. ▪ Followed the full process of validating insurance claims, focusing on document checks and spotting issues (like pre-authorization and claim amount difference due to discount). ❖ **Day 5-6: Cross-Verification and Claim Submission** ▪ Cross-verified physical documents (pre-authorization approval and bill) with digital entries. ▪ Learned standard documentation practices for submitting claims to TPAs and insurance companies ▪ Identified mismatches or missing data and implemented necessary corrections. ▪ Understood the complete claim lifecycle from patient admission to settlement.

Linking theory (Classroom learning) with practice at your organisation	❖ **Health Insurance & Claims Management:** corelated concepts of policy types, coverage, exclusions, and sub-limits during claim submission. ❖ **Hospital Information Systems (HIS):** Used classroom knowledge of digital systems while working on claim tracking tools and query resolution. ❖ **Medical and Technical Terminology:** Utilized theoretical understanding to interpret medical and technical terms in patient documents.
Gaps identified on the working area.	❖ **Digital Infrastructure:** Shortage of computers and scanners causing delays. ❖ **Manual Tasks:** Repetitive document handling limits efficiency. ❖ **Data Gaps:** Missing/incomplete data leads to rework and delays. ❖ **Workspace Constraints:** Cramped layout affects file management and workflow.
Suggestions for improvement	❖ **Digital Expansion:** Add more computers and scanners to ease processing delays. ❖ **Staff Augmentation:** Increase manpower during peak claim periods. ❖ **Automation:** Use AI tools for data validation and document Checking. ❖ **Workspace Design:** Optimize layout and install air conditioning to improve comfort and efficiency. ❖ **Feedback System:** Implement regular feedback from staff and TPAs to improve documentation.
Plan for the next week	❖ **Cross-Department Exposure**: Gain insights from TPA, billing and other finance units.



Signature of the Student

Approved by the IIHMR University's Mentor

Report - 2

Name of the Organisation: Apollo Hospital Bannerghatta Road, Bangalore

Area/ Department/ Project of Summer Internship Program: Finance (Credit Cell)

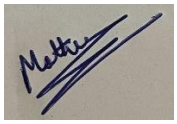
Name of the Student: Dr. Mathew Abraham

Roll no: 1993 **Stream:** MBA Hospital and Health Management

Week no: 2 **From:** 19th May 2025 to 24th May 2025

Activity Done	❖ **Day 1-2: Claim Status Update and Further Submissions** ▪ Learned to update real time claim case status using ClaimBook ▪ Carried out numerous claim submission for both IPD and OPD cases (e.g. Haemodialysis) ▪ Gained knowledge in dealing with special types of error (e.g. mismatch in TPA name) and high amount cases (difference in pre auth and claim amount) ❖ **Day 3-4: Document Collection and Unit Level Coordination** ▪ Participated in unit level activities for document collection primarily from patient wards and billing counters ▪ Collected, made copies and Collated discharge summaries, investigation, reports and operation documents for claim submission ▪ Visited IPD billing counters for final bills of patients ❖ **Day 5-6: Practical Understanding of Claim Documentation and Data Verification** ▪ Learned deeper understanding of billing component (like room charges), types of reports (single, consolidated or outsourced) and non-payable items or copay amounts. ▪ Worked on manually correcting insurance related data from physical documents into excel sheets. ▪ Learned the importance of GIPSA Network forms (for public insurer) and financial consent forms.
Linking theory (Classroom learning) with practice at your organisation	❖ **Hospital Operations Management:** Streamlined ward-level document collection and centralised processing ❖ **Hospital Financial Management:** Applied billing concepts to identify co-pay, exclusions and non-medical items and to calculate gross amount in case of discounts and taxes.

	❖ **Hospital Data Handling:** Used excel to verify and keep track of insurance and billing data accurately.
Gaps identified on the working area.	❖ **Decentralised Workflow:** Document collection scattered across units causes delays. ❖ **Manual Logistics:** Physical movement for document handling is time consuming. ❖ **Poor Binding Practices:** Inefficient punching increases risk of document loss ❖ **Inconsistent Document Quality Checks:** Absence of structured review process leads to errors in claim files
Suggestions for improvement	❖ **Central Collection Hub:** Consolidate document intake to one location. ❖ **On-Floor Scanning:** Deploy portable scanners to reduce manual transfer ❖ **Standardized Filing Materials:** Introduce uniform folders and advanced binding tools to enhance document handling. ❖ **Dedicated Review Teams:** Assign trained staff to perform systematic pre submission checks.
Plan for the next week	❖ **Financial Analysis**: Learn to interpret claim data and prepare basic financial reports for internal tracking ❖ **HIS and RCM Workflow Understanding**: Gain insights into how hospital information system integrate with Revenue Cycle Management tools in end-to-end claims process.



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Report - 3

Name of the Organisation: Apollo Hospital Bannerghatta Road, Bangalore

Area/ Department/ Project of Summer Internship Program: Finance (Credit Cell)

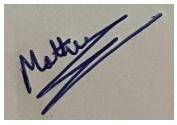
Name of the Student: Dr. Mathew Abraham

Roll no: 1993 **Stream:** MBA Hospital and Health Management

Week no: 3 **From:** 26th May 2025 to 31st May 2025

Activity Done	❖ **Day 1-2: Structured Document Collation** ▪ Coordinated document intake from billing, insurance, and ward sections. ▪ Ensured document completeness and clarity before processing. ❖ **Day 3-4: FTC Process and Policy Linked Adjustments** ▪ Performed FTC (Forward to Claims) for pre-auth cases requiring manual transition. ▪ Understood billing tax components (e.g., GST on room rent) and top-up policy integration. ▪ Reviewed cases with discounts applied via hospital-insurer MoUs. ❖ **Day 5-6: Claim submissions and Understanding of System Integration** ▪ Scanned and validated all documents before uploading to ClaimBook. ▪ Observed modes of deliveries of claim documents. ▪ Learned about real-time data flow between Medi mantra (HIS) and ClaimBook (RCM).
Linking theory (Classroom learning) with practice at your organisation	❖ **Organization Behaviour:** Worked closely with billing, wards, and insurance teams, improving communication and teamwork for smooth claim processing. ❖ **Compliance management:** Ensured adherence to policies by accurately validating documents and handling FTC processes, minimizing errors and regulatory risks. ❖ **Quality Management:** Followed standardization in ordering documents, scanning, verifying, and submitting documents to reduce errors and improve claim accuracy.
Gaps identified on the working area.	❖ **Power Backup Issues:** Frequent power fluctuations caused intermittent system downtime, delaying claim processing.

Suggestions for improvement	❖ **<u>Power Backup Installation</u>:** Install UPS backup systems to ensure uninterrupted power supply and smooth claim processing.
Plan for the next week	❖ **<u>Project Initiation</u>**: Take up a project using claim data for analysis.



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Report - 4

Name of the Organisation: Apollo Hospital Bannerghatta Road, Bangalore

Area/ Department/ Project of Summer Internship Program: Finance (Credit Cell)

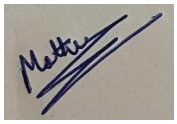
Name of the Student: Dr. Mathew Abraham

Roll no: 1993 **Stream:** MBA Hospital and Health Management

Week no: 4 **From:** 2nd June 2025 to 7th June 2025

Activity Done	❖ **Day 1-2: Complex Claim Submission Handling** ▪ Handled submission of document heavy cases which required merging and compressing of claim file. ▪ Validated and submitted high amount cases with MoU discounts. ▪ Worked on bot processed cases which required partial scanning and submission. ❖ **Day 3-4: Project Initiation and Objective Finalization** ▪ Shortlisted a project idea focusing on IPD claim data to explore department-wise trends and insurer contributions. ▪ Defined the project objective: "**Analysis of Department wise Distribution and Insurance Financing Patterns on IPD Cashless Claims at Apollo Hospital Bannerghatta".** ▪ Framed key questions: -What is the distribution of inpatient cashless claim volume across hospital departments? -What is the average insurance payment per cashless claim for each hospital department? -How do total cashless claim payout vary across hospital departments for different type of insurance companies? ❖ **Day 5-6: Data Source Identification and Collection** ▪ Data collected from RCM tool ClaimBook and physical documents like pre-auth approvals, final bills, and discharge summaries ▪ Key parameters captured: Processing Date, Claim amount, Insurer name, and Department name. ▪ Organized data in Excel, ensuring accuracy by cross-checking digital and physical records.

Linking theory (Classroom learning) with practice at your organisation	❖ **Health Economics and Financing:** Applied concepts of insurance financing while analyzing insurer contributions and MoU-based claim amounts in high-value IPD cases. ❖ **Excel Application:** Utilized Excel to collect, structure, and analyze IPD claim data, forming the foundation for the project analysis. ❖ **Health Policy and Healthcare Delivery System:** Understood real-world functioning of IPD claim processes, aligning with policy-driven systems like TPA coordination and cashless claim flow.
Gaps identified on the working area.	❖ **Partial Automation:** Bot implementation is new and still requires manual support. ❖ **Physical Document Dependence**: Key claim data still sourced from paper, slowing collection.
Suggestions for improvement	❖ **Enhance Automation:** Strengthen bot workflows to reduce manual intervention. ❖ **Digital Collection & Readymade Dataset:** Consider electronic claim data capture methods to reduce manual work and errors or work with ready-made, cleaned dataset to initiate project analysis.
Plan for the next week	❖ **Data Collection and Analysis**: Collecting substantial data for project to get meaningful insights through its analysis.



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Report - 5

Name of the Organisation: Apollo Hospital Bannerghatta Road, Bangalore

Area/ Department/ Project of Summer Internship Program: Finance (Credit Cell)

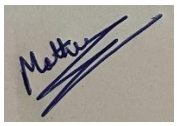
Name of the Student: Dr. Mathew Abraham

Roll no: 1993 **Stream:** MBA Hospital and Health Management

Week no: 5 **From:** 9th June 2025 to 14th June 2025

Activity Done	❖ **Day 1-2: Data Segregation and Sorting** ▪ Choose data pool of IPD cashless claims financed by TPAs/insurance companies. ▪ Excluded daycare, OP, and MV (chemo) cases from the dataset. ▪ Retained claims from Apollo Hospital Bannerghatta only (removed cases of other Apollo units in Bangalore.) ❖ **Day 3-4: Methodology** ▪ Study Area: Apollo Hospital, Bannerghatta Road, Bangalore. ▪ Research Design: Descriptive Design. ▪ Sampling Technique: Purposive sampling ▪ Tools Used: -Excel – for data cleaning, filtering, and tabulation. -Power BI – for planned visual exploration and analysis. ❖ **Day 5-6: Claim Dispatch Handling** ▪ Segregated claim files by TPA/insurer for courier submission. ▪ Attached address tags on envelopes and sealed with tape. ▪ Moved sealed packets to security dispatch for courier pickup.
Linking theory (Classroom learning) with practice at your organisation	❖ **Demography:** Applied to filter and select claims from specific hospital units and patient categories. ❖ **Logistics & Supply Chain:** Used in the systematic sorting, packaging, and dispatch of claim documents.
Gaps identified on the working area.	❖ **Non-Automated Data Segregation:** Bot Data filtering (IPD, hospital-specific) was done manually in Excel, increasing the risk of oversight and inconsistency.

	❖ **Dispatch Dependency**: Courier dispatch relies heavily on physical handling and security staff availability, causing potential delays.
Suggestions for improvement	❖ **Automated Data Filtering:** Get a suitable and relevant raw data source and use Excel functions or Power BI to reduce manual effort and errors. ❖ **Digital Dispatch Tracking:** Implement a simple log system to monitor courier movement and timelines.
Plan for the next week	❖ **Data Analysis**: Begin data analysis using Power BI to explore department wise claim patterns.



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Report - 6

Name of the Organisation: Apollo Hospital Bannerghatta Road, Bangalore

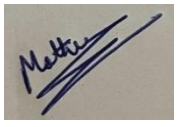
Area/ Department/ Project of Summer Internship Program: Finance (Credit Cell)

Name of the Student: Dr. Mathew Abraham

Roll no: 1993 **Stream:** MBA Hospital and Health Management

Week no: 6 **From:** 16th June 2025 to 21st June 2025

Activity Done	❖ **Day 1-3: Physical validation** ▪ Raised queries regarding missing documents and reports in the system. ▪ Collected missing reports from HIS system (Medmantra). ▪ Scanned and attached missing documents of claim file in the system. ❖ **Day 4-6: Claim Submission and Billing Component Review** ▪ Both direct and bot processed cases submission done. ▪ Analysed billing components (like Investigation, non-invasive procedure and OT/cathlab sections) in detail to check for supporting documents. ▪ Handling of failed submission (re-submission or forwarding case issue through mail)
Linking theory (Classroom learning) with practice at your organisation	❖ **Written Analysis and Communication:** Drafted clear and concise emails for communicating the submission issues. ❖ **Digital Health:** Gained understanding of multiple digital system to acquire missing reports.
Gaps identified on the working area.	❖ **Fragmented System:** To check the availability for reports for each case, multiple systems (like for PACS, HIS, etc) need to be accessed.
Suggestions for improvement	❖ **Centralised System:** A well-connected system to retrieve and check for all types of reports.
Plan for the next week	❖ **Understanding Data Analysis tools**: Learning Power BI tools for completing Data analysis aspect of the project.



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Report -7

Name of the Organisation: Apollo Hospital Bannerghatta Road, Bangalore

Area/ Department/ Project of Summer Internship Program: Finance (Credit Cell)

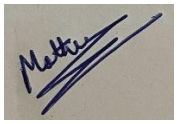
Name of the Student: Dr. Mathew Abraham

Roll no: 1993 **Stream:** MBA Hospital and Health Management

Week no: 7 **From:** 23rd June 2025 to 28th June 2025

Activity Done	❖ **Day 1-2: Receiving File and Case Categorization** ▪ Learned to receive billing data file from HIS system (MedMantra) by exporting to Excel. ▪ Color-coded cases into normal cases, bot-unpicked cases, and FTC (Forward to Claim) required cases. ❖ **Day 3: Learning Power BI Tools** ▪ Explored online resources and free course to learn Power BI basics. ▪ Practiced creating sample visuals to get familiar before starting actual data analysis. ❖ **Day 4-6: Project Data Analysis and Visualization** ▪ Imported processed data into Power BI for visual exploration. ▪ Created key visuals based on project objectives: -Pie chart to show department-wise distribution of cashless claim volume - Bar chart comparing average cashless claim amount per department -Heat map highlighting total claim amounts financed by each type of insurer across departments
Linking theory (Classroom learning) with practice at your organisation	❖ **Biostatistics:** Used descriptive statistics (averages, counts) to explore claim amounts and volumes. ❖ **Demography:** Applied grouping by department to identify claim trends and high-utilization areas, similar to demographic segmentation.
Gaps identified on the working area.	❖ **Limited Time Range:** Dataset covered only around two weeks, which was too short to observe meaningful trends. ❖ **Limited Data Depth:** Data had only basic fields (claim amount, department, insurer), not enough for richer analysis.
Suggestions for improvement	❖ **Longer Data Window:** Use claim data over several months to identify seasonal or monthly trends.

	❖ **More Detailed Fields:** Include patient demographics, procedure type, and claim status for deeper insights.
Plan for the next week	❖ **Reporting**: Draft key findings and initial interpretation for the project report and presentation.



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Report - 8

Name of the Organisation: Apollo Hospital Bannerghatta Road, Bangalore

Area/ Department/ Project of Summer Internship Program: Finance (Credit Cell)

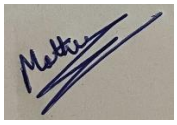
Name of the Student: Dr. Mathew Abraham

Roll no: 1993 **Stream:** MBA Hospital and Health Management

Week no: 8 **From:** 30th June 2025 to 5th July 2025

Activity Done	❖ **Day 1-2: Interpretation of Visuals** ▪ Analysed the findings observed from the created visuals (e.g.- highest claim volume in Cardiology). ▪ Noted key observations to link visuals with project objectives such as identifying high-claim departments and major insurer contributions. ❖ **Day 3: Actionable Insights and Applications** ▪ Listed actionable recommendations based on each insight for the final report and visuals. (e.g.- deploy more billing staff in Cardiology) ▪ Linked insights to help management make informed operational decisions and strategies. (e.g.- resource planning, insurer negotiations) ❖ **Day 4-6: Refining Project Focus** ▪ Reviewed insights and recommendations for clarity and alignment with objectives. ▪ Made corrections to ensure the project stays targeted and relevant and not visually cluttered. (e.g.- categorised insurers into public sector insurer, private general insurer and standalone health insurer)
Linking theory (Classroom learning) with practice at your organisation	❖ **Research Methodology:** Followed research steps (objective framing, data collection, analysis) to interpret visuals and develop actionable recommendations. ❖ **Data Analytics:** Applied concepts of data summarisation and visualization to transform claim data into actionable observations to guide operational planning.
Gaps identified on the working area.	❖ **Technical Challenge:** Faced difficulty applying certain Power BI functions. ❖ **Content Limitation**: Had to omit some insights and recommendations to keep visuals clear. ❖ **Presentation Issue:** Struggled to present data for many departments without clutter.

Suggestions for improvement	❖ **Tool Enhancement:** Use additional Power BI extensions and explore other visual tools to handle complex visualisation needs. ❖ **Content Planning:** Prioritise key insights early to decide what must be included ❖ **Visual Simplification:** Grouping data to present visual details clearly.
Plan for the next week	❖ **Poster preparation**: Conducting SWOT analysis and designing poster layout



Signature of the Student

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Report - 9

Name of the Organisation: Apollo Hospital Bannerghatta Road, Bangalore

Area/ Department/ Project of Summer Internship Program: Finance (Credit Cell)

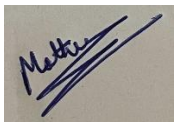
Name of the Student: Dr. Mathew Abraham

Roll no: 1993 **Stream:** MBA Hospital and Health Management

Week no: 9 **From:** 7th July 2025 to 12th July 2025

Activity Done	❖ **Day 1-2: Preparation of Poster** ▪ Collected data on vision, mission, organizational structure, etc., for poster content. ▪ Performed SWOT on credit cell department. ▪ Reviewed previous year's posters to get ideas for effective design. ❖ **Day 3: Project Summarization** ▪ Summarized key project points to decide what to include in the poster. ▪ Collected visuals and created a workflow points for better presentation. ❖ **Day 4-6: Dispatch management** ▪ Scanned outstanding bill documents. ▪ Uploaded the outstanding bills submission file into claimbook for claims dispatch to TPA.
Linking theory (Classroom learning) with practice at your organisation	❖ **Essentials of Hospital Services:** Applied knowledge of hospital structure and credit cell functions during poster preparation. ❖ **Principles of Management:** Applied SWOT analysis to evaluate the credit cell department for poster content.
Gaps identified on the working area.	❖ **Challenge in Poster Structuring:** Too many variations in previous years' poster structure and content made it hard to choose a consistent design. ❖ **Data Errors in Dispatch Process**: Errors in dispatch details required individual document submission instead of batch processing.
Suggestions for improvement	❖ **Preliminary feedback:** Prepare a draft poster early and get mentor input for improvements. ❖ **Review system:** Perform a final data check in preview mode during claim submission phase.

Plan for the next week	❖ **<u>Poster Completion</u>**: Creating the complete final poster in Canva and preparing the consolidated report and project report.



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Report - 10

Name of the Organisation: Apollo Hospital Bannerghatta Road, Bangalore

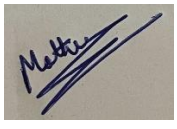
Area/ Department/ Project of Summer Internship Program: Finance (Credit Cell)

Name of the Student: Dr. Mathew Abraham

Roll no: 1993 **Stream:** MBA Hospital and Health Management

Week no: 10 **From:** 14th July 2025 to 21st July 2025

Activity Done	❖ **Day 1-2: Poster completion & Report Compilation** ▪ Used canva to design the poster ▪ Added hospital profile, work details, project details and learning with suggestion ▪ Made a pdf with detailed report about the project. ▪ Report included introduction, objective, methodology, data segregation and sorting, data analysis and visualization, interpretation of visuals, actionable insights with recommendations and conclusion ❖ **Day 4-6: Claim Submission Observation** ▪ Understood the workflow of IPD cashless claim submission and identified key checkpoints, including documentation, data entry, and dispatch.
Linking theory (Classroom learning) with practice at your organisation	❖ **Poster and report:** leveraged experience of poster and report making throughout the MBA curriculum to make a detailed well presentable report for submission in Apollo and for making poster for presentation.
Gaps identified on the working area.	❖ **Lack of Direct Dept related Data Export:** Department-wise case data could not be exported directly to Excel, requiring manual entry. This increased time for any later correction or changes
Suggestions for improvement	❖ **Introduce a department-wise Tracker:** Create a department-wise tracking sheet to streamline manual data logging and reporting.
Plan for the next week	❖ **Poster presentation**: Presentation of poster detailing internship experience in college ❖ **Internship knowledge**: Leveraging on internship experience for future career.



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Compiled Report

Name of the Organisation: Apollo Hospital Bannerghatta Road, Bangalore

Area/ Department/ Project of Summer Internship Program: Finance (Credit Cell)

Name of the Student: Dr. Mathew Abraham

Roll no: 1993 **Stream:** MBA Hospital and Health Management

Activity Done	❖ **Operational Tasks** ▪ Collected, photocopied, and collated discharge summaries, investigation reports, and operation notes for claim submission. ▪ Participated in unit-level activities for document collection, primarily discharge papers from Hospital wards, Pre-authorisation paper from TPA desk and final bills from IPD billing counters. ▪ Coordinated the intake of documents from billing, TPA, and wards. ▪ Ensured all documents were complete and legible before submission. ▪ Organized claim files into sealed packets and arranged for dispatch via courier, email or hand delivery which included coordination with security ❖ **Claim Processing** ▪ Receiving file and Case segregation- Learned to receive billing data file from HIS system (MedMantra) by exporting to Excel. Color-coded cases into normal cases, bot-unpicked cases, and FTC (Forward to Claim) required cases. ▪ Physical Validation- Raised queries regarding missing documents and reports in the system. Collected missing reports from HIS system (Medmantra). Scanned and attached missing documents of claim file in the system. ▪ FTC Process - Performed FTC (Forward to Claims) for pre-auth cases requiring manual transition. ▪ Scanning - Assisted in scanning and uploading of claim-related documents into the internal system. ▪ Validation - Followed the full process of validating insurance claims, focusing on document checks and spotting issues (like pre-authorization and claim amount difference due to discount). Understood billing tax components (e.g., GST on room rent) and top-up policy integration. Reviewed cases with discounts applied via hospital-insurer MoUs. Cross-verified physical documents (pre-authorization approval and bill) with digital entries.

	▪ Submission- Learned standard documentation practices for submitting claims to TPAs and insurance companies. Identified mismatches or missing data, implemented necessary corrections and submitted the claims ▪ Different Cases- Worked on bot processed cases which required partial scanning and submission. Validated and submitted high amount cases with MoU discounts and Multiple Policy cases with required policy adjustment. Handling of failed submission (re-submission or forwarding case issue through mail) ▪ Dispatch Management- Segregated claim files by TPA/insurer for courier submission. Attached address tags on envelopes and sealed with tape. Moved sealed packets to security dispatch for courier pickup. Scanned outstanding bill documents. Uploaded the outstanding bills submission file into claimbook for claims dispatch to TPA. ▪ Understood the complete claim lifecycle from patient admission to settlement. ❖ **<u>Project</u>** ▪ INTRODUCTION: Health insurance is a crucial pillar in financing inpatient care, especially in multispecialty hospitals where treatment costs are significant. Understanding how different hospital departments contribute to cashless claims and how insurers finance these claims is essential for effective hospital management. This project focuses on exploring the department-wise distribution of inpatient cashless claims and the insurance payout patterns at Apollo Hospital, Bannerghatta, aiming to support better financial planning and operational efficiency. ▪ OBJECTIVE: Analysis of Department wise Distribution and Insurance Financing Patterns on IPD Cashless Claims at Apollo Hospital Bannerghatta • Framed key questions: -What is the distribution of inpatient cashless claim volume across hospital departments? -What is the average insurance payment per cashless claim for each hospital department? -How do total cashless claim payout vary across hospital departments for different type of insurance companies? ▪ METHODOLOGY: • Study Area: Apollo Hospital, Bannerghatta Road, Bangalore • Research Design: Descriptive analysis

	• Sampling Technique: Purposive sampling • Study Data: TPAs/insurance company financed IPD credit claims (Excluded daycare cases) • Tools Used: Excel and Power BI • Key parameters: Submission Date, claim amount, insurer name, and Discharge Department name • Data Sources: ClaimBook and physical documents (pre-auth approvals, final bills, and discharge summaries • Sample Size and Duration: 507 cases collected over 3 weeks ▪ DATA SEGMENTATION AND STRUCTURING • Choose data pool of IPD credit claims financed by TPAs/insurance companies. • Excluded daycare, OP, and MV (chemo) cases from the dataset. • Retained claims from Apollo Hospital Bannerghatta only (removed cases of other Apollo units in Bangalore.) • Grouped department (Gastroenterology included gastroenterology and surgical gastroenterology, Neurosciences included neurology and neurosurgery, oncology included Breast oncology, gynaecological oncology, head and neck oncology, medical oncology, surgical oncology, uro-oncology [MV Chemo case not included], orthopaedics includes orthopaedics and surgical services include colorectal, general, mas and bariatric, vascular and plastic surgery) • Also grouped insurers into PSUs, SAHI and private general insurers ▪ DATA ANALYSIS AND VISUALIZATION • Imported processed data into Power BI for visual exploration. • Created key visuals based on project objectives: • - Pie chart to show department-wise distribution of cashless claim volume • - Bar chart comparing average cashless claim amount per department • - Heat map highlighting total claim amounts financed by each type of insurer across departments ▪ INTERPRETATION OF VISUALS: 1. Pie Chart: Claim Volume by Department Observation: -Cardiology accounts for the highest volume of inpatient cashless claims (18.34%). -Followed by Gastroenterology (16.77%), Orthopaedics (15.58%), and Surgical Services (9.66%).

	-Remaining claims are distributed among Neurosciences, Oncology, Obstetrics, and Others. Interpretation: -Cardiology has the highest IPD load in terms of insurance-financed admissions. This may be due to the high incidence of cardiac cases and the need for costly interventions such as stents, angioplasty, or bypass. -A significant volume in Gastroenterology and Orthopaedics indicates active use of insurance across lifestyle and trauma-related conditions. 2. Bar Chart: Average Cashless Claim Amount per Department Observation: -Highest average claim: Cardiology (₹257K), Followed by Oncology (₹245K), Orthopaedics (₹243K) and Neurosciences (₹239K). -Lowest average claim: Others (₹111K). Interpretation: -Cardiology cases not only occur in large volumes but are also resource-intensive. -High claim amounts likely reflect complex procedures and extended hospital stays. -"Others" indicates a basket of departments with minor or varied specialties, leading to lower cost and shorter stay claims. 3. Heat Map: Total Claim Amount by Department and Insurer Type Observation: -Cardiology again leads with ₹2.39 Cr, with Government PSUs contributing the most (₹1.19 Cr). -Orthopaedics also sees high payout across all insurer types (₹1.92 Cr). -Gastroenterology and Surgical Services follow in terms of total payout. -Star Health, ICICI Lombard, and New India Assurance were the top insurers by contribution for each insurer type. Interpretation: -Government General Insurers (PSUs) remain major players in high-claim specialties like Cardiology.

	-Private and SAHI insurers also contribute substantially in Orthopaedics and Gastroenterology, indicating strong B2B presence. -Neurosciences and Oncology show insurer diversity, which may be leveraged in policy negotiations. ▪ ACTIONABLE INSIGHTS AND RECOMMENDATIONS: • Cardiology (Highest Volume & Highest Average Claim) Recommendation: -Deploy additional billing and insurance processing staff in this department to reduce claim processing delays. -Negotiate better package deals with top insurers (esp. New India Assurance) due to high volume and payout. -Introduce automation tools for pre-authorization in cardiology to improve TAT. • Orthopaedics (High Volume + High Average Claim) Recommendation: -Consider department-specific SOPs for documentation and pre-authorization to prevent delays or rejections. -Align orthopedic packages with top claim items (implants, post-op care) and discuss them with SAHI and private insurers. -Strengthen communication between billing and surgery schedulers in Ortho to predict claim volume surges. • Gastroenterology (High Volume) Recommendation: -Deploy dedicated claim coordinators in Gastro to manage the high volume efficiently and reduce processing delays. -Implement streamlined pre-auth templates for frequent procedures to accelerate approvals and reduce manual errors -Set up insurer-wise claim tracking dashboards to identify patterns in rejections or delays and take proactive action. • Oncology & Neurosciences (High Average Claim Amount) Recommendation:

-Investigate and document reasons for higher average claims—complex cases, extended stays, or specialty drugs.
-Use this data to lobby for higher ceilings or sub-limits in corporate insurance tie-ups.
-Explore bundled payments or value-based packages.

Heat Map Insight: Insurer-Specific Patterns

Recommendation:
-Assign relationship managers per insurer type (PSUs, Private, SAHI) to streamline coordination.
-Create dashboards for claim trends by insurer type to anticipate processing timelines and payout behaviour.

-Identify insurers with consistent low payouts and review their rejection or deduction patterns for future strategy.

Overall Operational Recommendations

-Train billing teams on department-wise average claim benchmarks to detect anomalies early.
-Use insights to optimize claim turnaround time (TAT) by creating fast-track paths for high-volume departments.
-Build insurer-specific claim protocols based on frequent observations (e.g., New India vs. Star Health forms and timelines).
-Deploy a hospital-wide tracker for submission date vs. payout duration to identify bottlenecks.

- CONCLUSION:
  - This project successfully analysed the department-wise distribution and insurance financing patterns of inpatient cashless claims at Apollo Hospital, Bannerghatta. By examining 507 cases over a 3-week period using data from ClaimBook and physical records, key trends were identified across departments and insurer types. The findings revealed that Cardiology accounted for the highest claim volume and average claim amount, highlighting its critical role in hospital operations and insurance revenue. Orthopaedics, Gastroenterology, and Surgical Services also showed significant activity, both in terms of volume and financial payout.
  - The analysis further highlighted how different types of insurers—Public Sector Units (PSUs), Private

	General Insurers, and Standalone Health Insurers (SAHIs)—contribute variably across departments, influencing claim management and processing strategies. The insights enabled the identification of high-impact areas where operational improvements and insurer engagement could be prioritized. • Ultimately, the study provides actionable inputs for hospital management to streamline insurance claim processing, optimize resource allocation, and strengthen insurer relationships—thus improving financial efficiency and patient experience in cashless claim handling.
Linking theory (Classroom learning) with practice at your organisation	❖ **Research Methodology:** Followed research steps (objective framing, data collection, analysis) to interpret visuals and develop actionable recommendations. ❖ **Data Analytics:** Applied concepts of data summarisation and visualization to transform claim data into actionable observations to guide operational planning.
Gaps identified on the working area.	❖ **Staff shortage**: Insufficient staff in comparison to high workload. ❖ **Process Inefficiencies:** Manual claim processing and poor integration of systems ❖ **Poor Facility Condition:** Faulty printer, Power supply issues, limited workspace and lack of AC reduced efficiency.
Suggestions for improvement	❖ **Workload-Based Staffing:** Increase staffing based on claim volume. ❖ **Investment in Automation and Infrastructure:** Invest in AI tools, enhanced infrastructure, additional equipment, and integrated digital systems to streamline processes.
Key Learnings	❖ **Hospital Operations**: Understood hospital claim operations and internal workflows. ❖ **RCM**: Gained hands-on exposure to Revenue Cycle Management processes. ❖ **Claim Submission**: Learned claim documentation and submission procedures. ❖ **Financial Analysis**: Gained experience in analyzing hospital claim finances through a focused project-based assignment.

	❖ **Research and Report:** Applied research methodology principles to independently write and structure analytical reports.

Signature of the Student

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