

Patterns on IPD Cashless Claims

Apollo Hospitals Bannerghatta Road

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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.

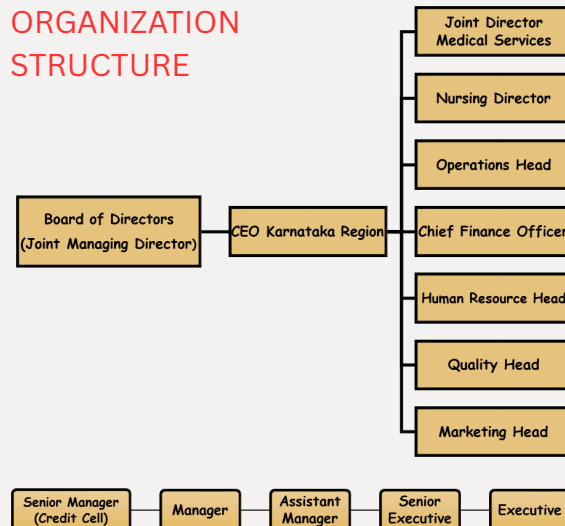
VISION

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

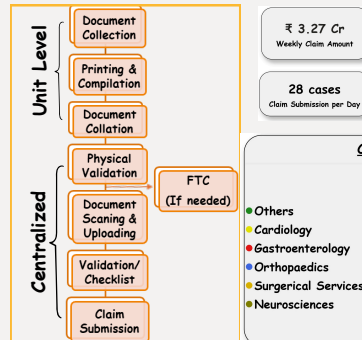
MISSION

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



Workflow



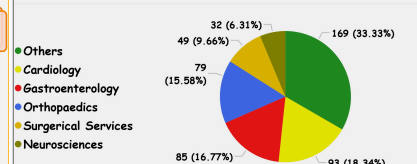
OBJECTIVE

- 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

Claim Volume by Department



Total Claim Amount by Department and Insurer type

No	Departments	Insurer Type			Total
		Government General Insurers (PSUs)	Private General Insurers	Standalone Health Insurers (SAHI)	
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	₹ 23.85 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

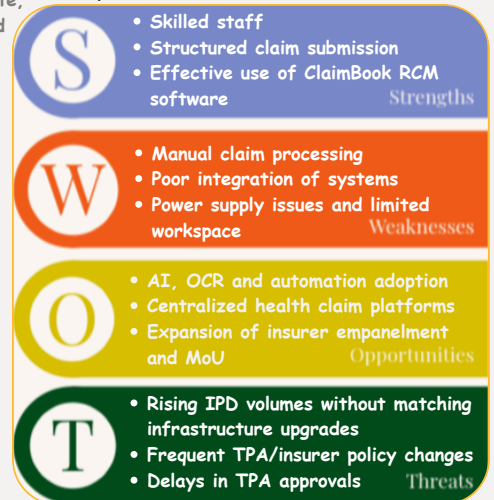
- Deploy additional billing staff in Cardiology and set department-specific SOPs for high-volume units.
- Renegotiate package rates for high-cost departments and automate pre-auth in top-claim areas.
- Use insurer-wise claim trends to prioritize tie-ups, tailor packages, and negotiate better limits and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



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.