

SAIDEEP HOSPITAL

HOSPITAL MANUAL

| Doc No | SDH/AAC/01 |
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| Issue No | 0 |
| Rev No. | 0 |
| Date | 22 July 2024 |
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Policy on Maintaining Patient Category Ratio for Financial Stability

Purpose

To ensure financial stability and maintain adequate liquidity for routine expenses, employee salaries, and essential purchases by regulating the ratio of paying to non-paying patients

Scope

This policy applies to all departments and staff involved in patient admission, billing, and financial management in the hospital.

Definitions

- Paying Patients: Patients who pay their bills immediately upon discharge
- Non-Paying Patients: Patients whose bills are covered by government schemes (e.g. MJPJAY PMJAY, ECHS, CGHS etc.) or insurance/TPA, typically settled within 3 months but <u>not</u> immediately upon discharge

Policy Statement

The hospital shall maintain a balanced ratio of paying to non-paying patients to ensure sufficient liquidity for its operations.

Objectives

- 1. Ensure a steady cash flow to meet operational and financial obligations.
- 2. Reduce financial dependency on delayed payments from non-paying patients.
- 3. Optimize resource allocation to maintain high-quality patient care.

Procedures

1. Ratio Determination

- The hospital will aim to maintain a paying to non-paying patient ratio of 50:50.
- This ratio will be reviewed quarterly based on financial reports and adjusted as necessary.

| Recommended By | Signature | Approved By | Signature |
|-----------------------------|-----------|------------------------------|-----------|
| Dr. Hrishikesh Kalgaonkar | Mul | Dr. S.S. Deepak | Cort |
| Chief Medical Administrator | | Chairman & Managing Director | |



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2. Admission Protocol

- The Admission Department will monitor patient category ratios daily.
- Admission policies will be adjusted to maintain the target ratio, giving priority to paying patients if the ratio is skewed towards non-paying patients.

3. Financial Monitoring

- The Finance Department will prepare monthly financial reports detailing the patient category ratios and cash flow status.
- Quarterly reviews will be conducted to assess the impact of patient ratios on liquidity and operational finances.

4. Billing and Collection

- Immediate billing and collec<mark>tion processes wi</mark>ll be reinforced for paying patients to ensure prompt payments.
- For non-paying patients, proactive follow-ups with government schemes and insurance/TPAs will be conducted to expedite payments.

5. Exception Management

- In cases where the ratio cannot be maintained due to unforeseen circumstances (e.g., pandemics, policy changes in government schemes), the Finance Committee will develop a contingency plan to manage cash flow and operational needs.

6. Employee Training

- Regular training sessions will be conducted for admission, billing, and financial staff to ensure understanding and compliance with the policy.

Roles and Responsibilities

- Admissions Department: Monitor and manage patient admissions to maintain the ratio.
- Finance Department: Prepare financial reports, conduct reviews, and manage collections.
- Finance Committee: Develop contingency plans and oversee financial stability.
- All Staff: Ensure compliance with admission and billing procedures.

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Monitoring and Review

- The Finance Committee will review the policy annually and recommend changes as needed to the hospital administration.
- The policy's effectiveness will be measured by tracking liquidity levels, timely payment of salaries and expenses, and overall financial health of the hospital.

Approval and Implementation

- This policy will be approved by the hospital's executive committee and communicated to all relevant departments.
- Implementation will commence on [22/7/2024], with initial training sessions scheduled for [25/7/2024].

Conclusion

Maintaining a balanced ratio of paying to non-paying patients is critical for the financial health of the hospital. By adhering to this policy, the hospital can ensure sustainable operations and continuous delivery of quality healthcare services.

