INTERNSHIP

AT

MAX BUPA HEALTH INSURANCE, GURUGRAM

By

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Dissertation submitted in partial fulfillment of the requirements of the degree
MBA - Health and Hospital Management

Academic Year, 2019-2021

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INTRODUCTION

Health Insurance Industry in India is expected to sustain growth rates and become second largest economy by 2050. Positive growth of the Indian economy is fuelled by increasing per capita income levels and higher consumer spending.

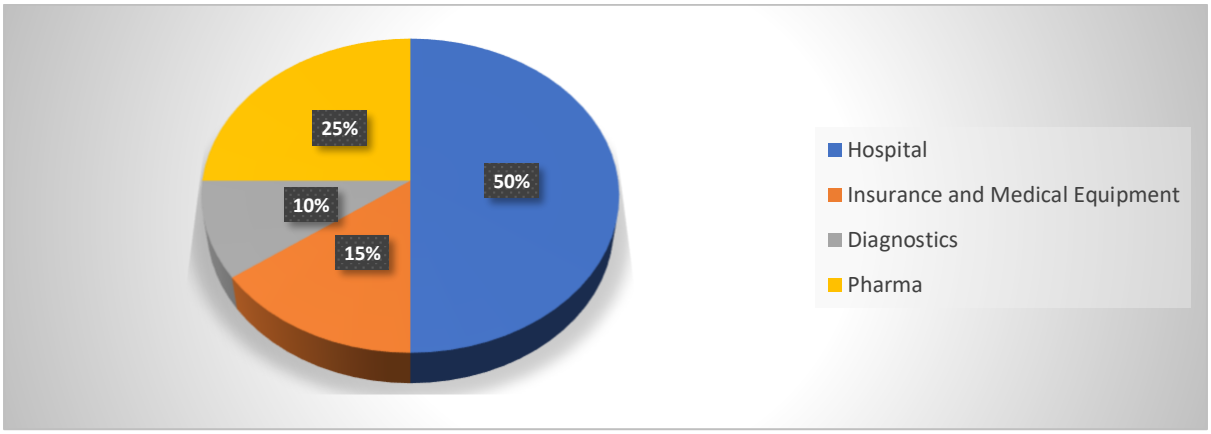
Factors supporting industry growth in India

- Rising demand - Healthcare market in India is expected to reach US$ 372 billion by 2022.
- Rising treatment cost - Medical inflation is more than 10% in India leading to a need of different ways to find treatment expenses.
- Attractive opportunity - The total insurance industry size was expected to touch 50,000 crore by 2020.
- Policy support - World's largest government funded healthcare scheme Ayushmann Bharat launched in 2018.

Key Drivers of Health Insurance Industry in India

- Low penetration of healthcare services - India's healthcare expenditure amounts to 4.9% of GDP versus global average of 9.9%.
- Increased disease burden - India has 18% of world population and accounts for 21% of global disease burden.
- Room for growth-high share of out-of-pocket expenses - only 27% of population has any kind of health insurance in India. 80% of these fall under government sponsored scheme.
- Low insurance penetration roughly approximately 3% of India's healthcare expenses are funded by private insurance.

Healthcare is one of India's largest rapidly expanding sector in terms of revenue and employment. The healthcare delivery market in India is at a nascent stage with high demand and growth potential.



50% of the total healthcare spend in India is on hospitalisation. However less than 15% of population is covered by insurance. Most of the time customers pay for hospitalisation from their savings.

OBJECTIVES

Internship is integral part of MBA - Hospital and Healthcare management curriculum in which we have to learning observe the culture of the work organization. In this internship period it is necessary to participate in various activities of the department so that by this we get exposure to various interrelated departments and understand the work done in the organization and then to understand the process flow and thereafter be able to involve in decision making.

I started my internship on 9 April 2021, at Max Bupa Health Insurance, Noida in Claims Adjudication with the vision in my mind to be able to learn the claim processing and taking decisions. I learnt the core values and best practices of Max Bupa health insurance.

- To understand the work culture of Max Bupa health insurance and its organizational structure.
- To assist the manager in day-to-day operations. Through this process it is expected to gain practical knowledge and skills to handle managerial issues related to major activities of the organization.
- To observe the various skills in the organization and try to acquire the skills to accomplish them.
- To observe the mannerism of the existing employees and learn the culture of the organization.
- Inculcating the soft skills is an integral part of understanding the organization. Observing human skills.
- To identify a specific problem area/area of interest or department (for example HR department, finance, supply chain, operations department).
- To provide the management with set of alternative solutions.
- If possible, design and implement a plan to carry out feasible solutions.

ORGANIZATION PROFILE

ABOUT THE COMPANY

The Max group is a leading Indian multi-business conglomerate with a commanding presence in life insurance, health and Allied business and manufacturing.

For the last 70 years, BUPA has been committed to providing quality healthcare services and support in over 190 countries with a special focus on affordable wellness and chronic disease management, BUPA has built a customer base of over 29 million.

It started as a joint venture between Max India Ltd and Bupa, the UK-based international healthcare group. Since early 2019, Max Bupa has been a joint venture between BUPA and private equity firm true north, when Max India sold its entire stake to True north. The company has paid-up capital of Rs. 926 crores. The company is regulated by the insurance regulatory and development authority of India.

True North was established year 1999. It has supported and transformed 40+ businesses, 15+ businesses with top line 10,000+ INR crores; Bottom line 1,000+ INR crores and 40,000+ employees. It has an experienced team with a mix of 13 investment and 19 business managers. Over INR 13,000 crores in equity capital.

HISTORY OF MAX BUPA

- Max BUPA health insurance was founded in 2008 as a joint-venture between Max India and BUPA and started operations in 2010.
- In June 2011, it integrated with insurance regulatory and development authority is integrated grievance management system in real time, which made the company the first health insurance company in India to have such a system.
- In April 2019, the company launched Any Time Health (ATH) machines that allow customers to buy health insurance cover in a few seconds.
- In February 2019, max India's entire 51% stake was acquired by cycle tone LLP, and affiliate of private equity firm true north for Rs. 510 crores. It distributes its policies through its agency force and bancassurance Partners HDFC Bank, Karur Vyasa Bank, Bank of Baroda, Indian bank and IDBI Bank.

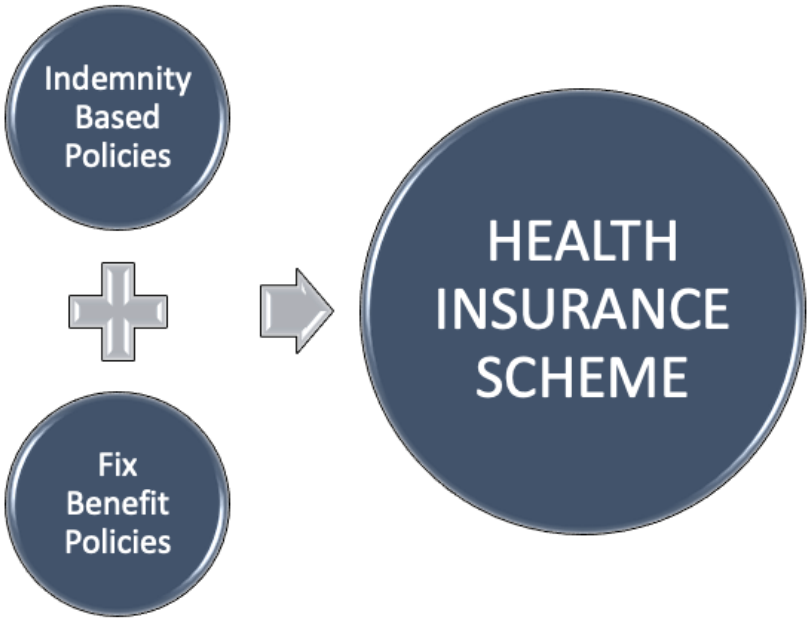
MAX BUPA TODAY

- Focus on B2C segment from inception.
- Investments in direct channels to support the "pull" model, premium infrastructure in line with overall positioning.
- Launched 1st to industry innovations highest sum insured options, no age restriction for enrolment, no claim loading, guaranteed renewability, no 2-year waiting period.
- Consistently delivering on our promise for 30 minutes cashless claims TAT.
- Customer service is a key focus area chat bot - launched for customer service focus on digital issuances and grievance resolution.

VALUES

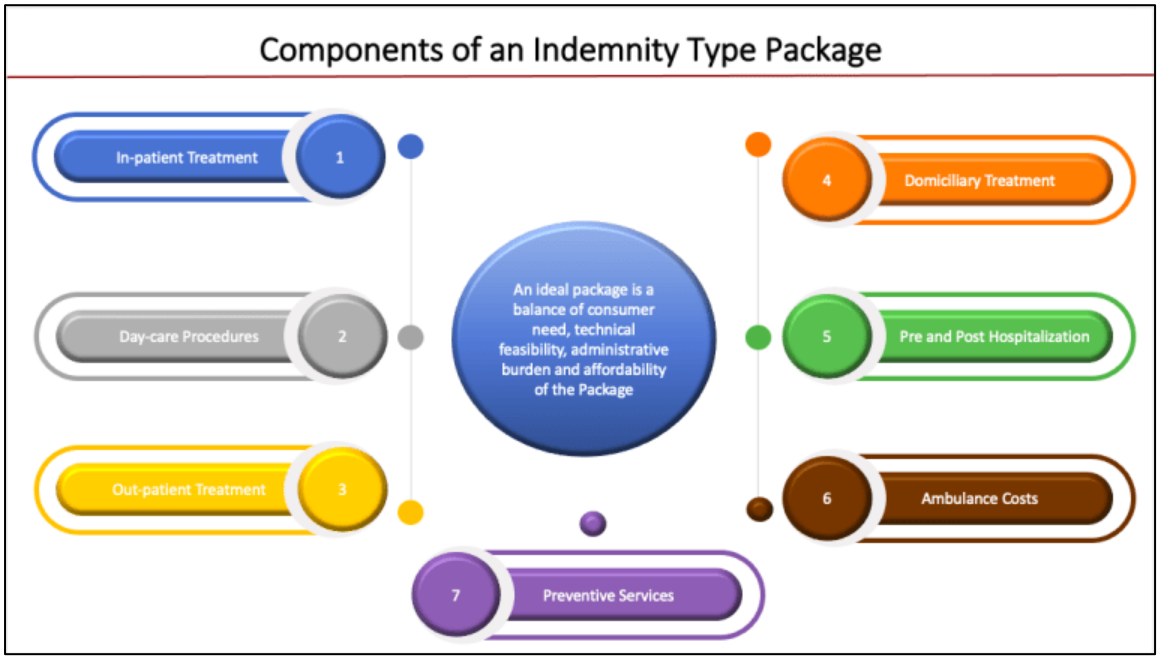
SERVICES PROVIDED BY MAX BUPA

There are mainly two types of insurance policies offered by insurance companies:



❖ Indemnity-based policies

- Reimbursement of expenses incurred as a direct result of hospitalization.
- Available or individual, family and group basis.



1. **Inpatient Treatment**

    a. Hospitalization means the admission as an inpatient into a hospital for necessary medical treatment for a continuous minimum period of 24 hours as a consequence of an illness or accident occurring during the policy period.

    b. Some of the items that are generally included under hospitalization expenses are doctor's fees, diagnostic charges, medicine costs, operation theatre charges, ICU charges and hospital accommodation charges.

2. **Day Care Procedure**

    a. Day-care procedure refers to medical treatment or surgical procedure which is undertaken under General or Local Anesthesia in a hospital/day care center.

    b. In a day-care discharge from hospital happens in less than 24 hours because of technological advancement, which would have otherwise required a hospitalization of more than 24 hours.

3. **Out-patient Treatment**

    a. It means treatment given at a hospital, doctors consulting room, office or out-patient clinic where you are not admitted for daycare procedure or in-patient treatment.

    b. Typical products in the market, cover out-patient costs which are linked to hospitalization. For example, all costs incurred 30 days before and 60 days after hospitalization episode are covered by most retail health covers in India.

4. **Domiciliary Treatment**

    a. It means medical treatment for a period exceeding 3 days, for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home.

    b. A medical treatment can be Domiciliary only if the condition of the patient is such that he or she is not in a condition to be moved to a hospital, or the patient takes treatment at home on account of nonavailability of room in the hospital.

5. **Pre and Post Hospitalization**

    a. Any outpatient expenses leading up to a hospitalization or covered under pre-hospitalization benefit. Expenses for checkups and cost of medicines after discharge are covered under post hospitalization benefit.

    b. To ensure that this benefit is not abused by policyholders, insurers place limits in terms of number of days this benefit will pay before and after hospitalization.

    c. For Example, insurance companies generally pay the hospitalization expenses up to 30 days and post hospitalization expenses up to 60 days.

6. Ambulance Cost

a. This benefit has been popular, especially in remote areas. In such areas, the transport expenses are as high as the medical expenses. To enhance the impact of health insurance in such areas, ambulance costs also need to be included.

b. However, these costs are generally open to abuse. To avoid this insurer, pay a fixed rate or put a limit of for maximum liability for ambulance expenses.

7. Preventive Services

a. Some health insurance schemes cover preventive/promotive care. Thus, expenses for vaccination services or medical checkups are reimbursed. However, these are not uncertain events. For example, all children need vaccination. Although, these events do not fall under the strict definition of events suitable for insurance, but preventive care ultimately reduces the claim cost of an insurer in long term.

b. Certain diseases can be prevented by vaccination and by regular health checkups diseases can be detected and treated early. The cost of these preventive measures is low but the benefits are high for insured as well as for the insurer.

8. No Claim Bonus

a. No claim bonus (NCB) is a reward, given by an insurer to a policyholder for making no claims during the policy term.

b. No claim bonus refers to the bonus amount that gets accumulated to the sum insured amount for every claim free year. In other words, it is the reward offered by the insurer for not making any claim during a particular policy period.

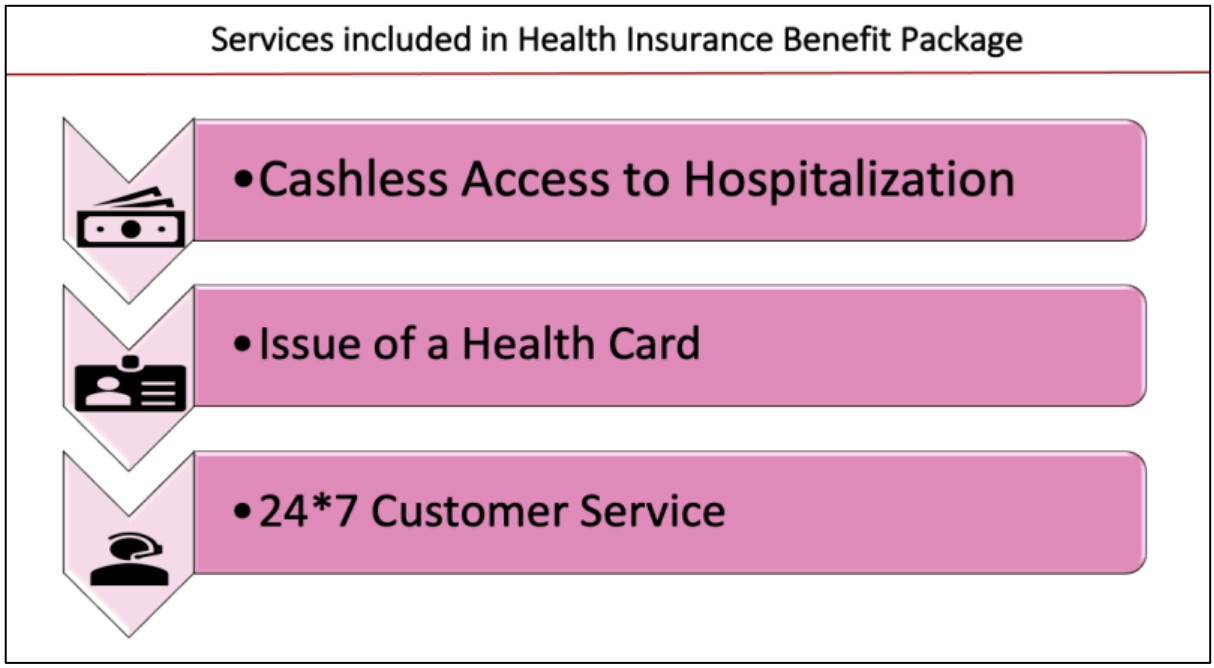
9. Refill/Restore Benefit

a. Refill or restore benefit is a term that you may have come across when looking to buy a health insurance policy.

b. It is a benefit that allows an insured to reinstate the entire sum insured in the policy year when it gets exhausted due to incurred claims. Most of the health plans these days offer the refill/restoration benefit.

❖ **Fix Benefit Policies**

- Provides for lump-sum payment on occurrence disease, illness or injury.
- Examples include personal accident, critical illness and hospital cash cover.



What is a health insurance policy?

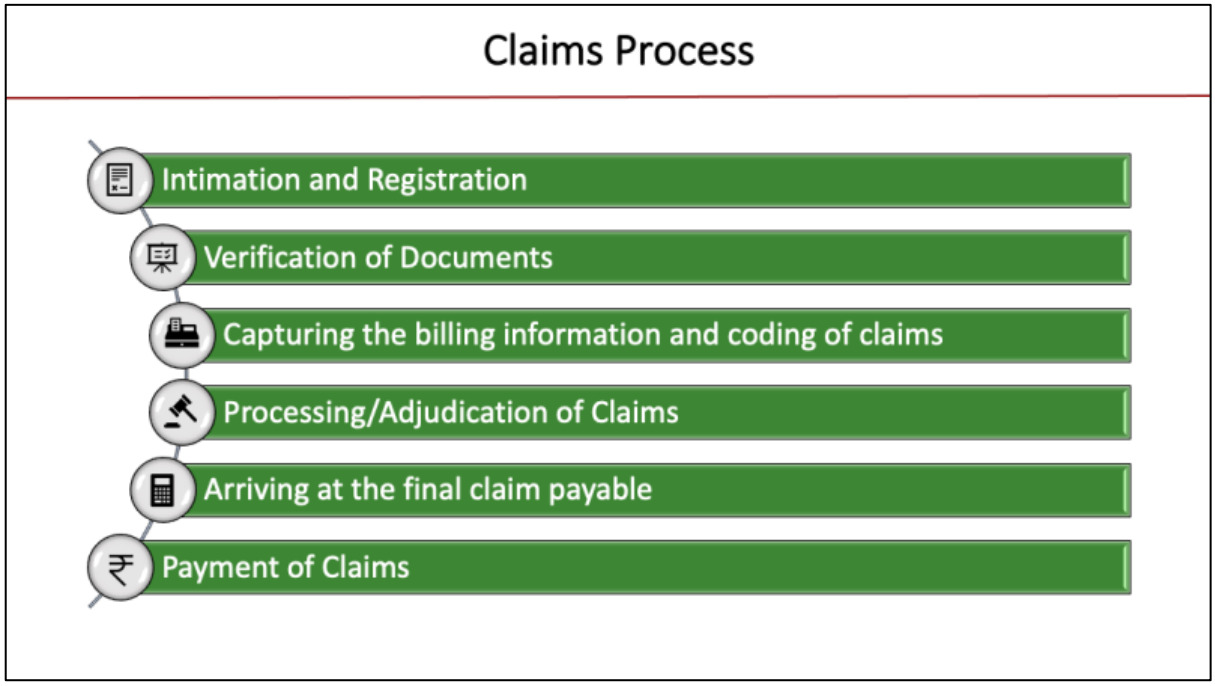
A health insurance policy serves as a financial cover for unforeseen medical expenses. With a health insurance policy, you and your insurance provider have an agreement that in the case of a medical emergency, the policyholder will be covered financially by the insurer. As with any kind of insurance, health insurance is an investment made over time with the goal of continuing your coverage in order to protect your hard-earned savings.

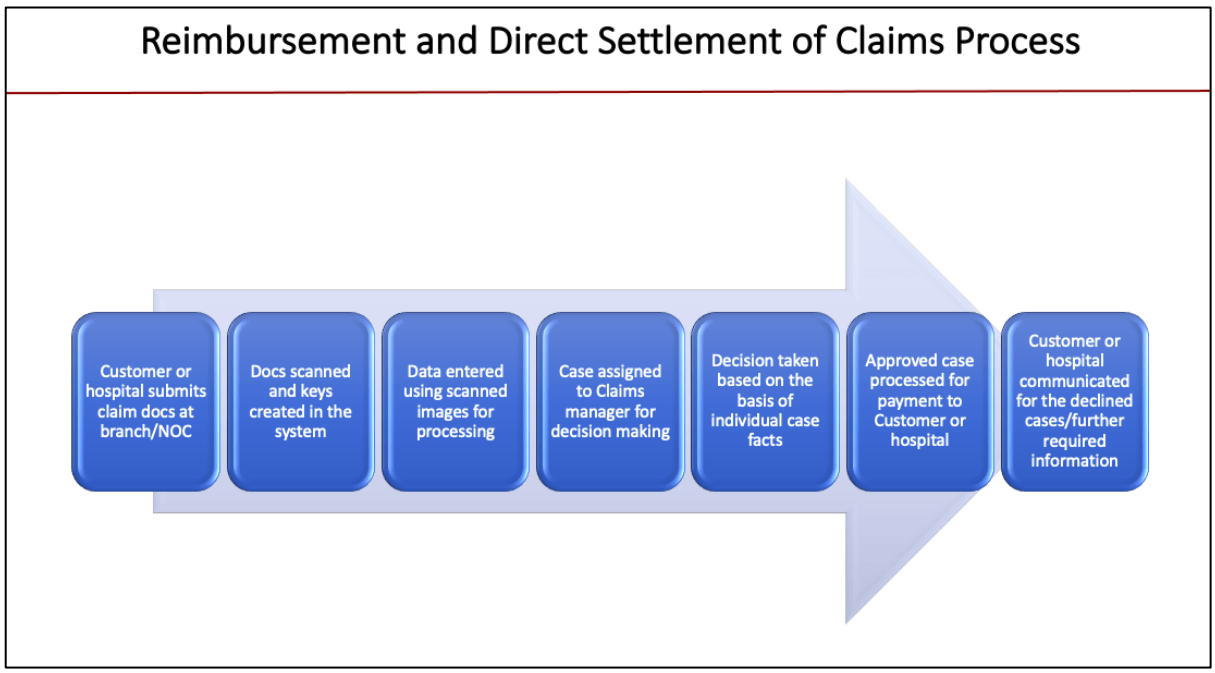
Insurance providers are mindful that there is no one size fits all, which is why there is not just one type of health insurance out there for every individual. There are actually several different kinds of health insurance plans in India to fit individual needs.

HEALTH INSURANCE PLANS IN MBHI

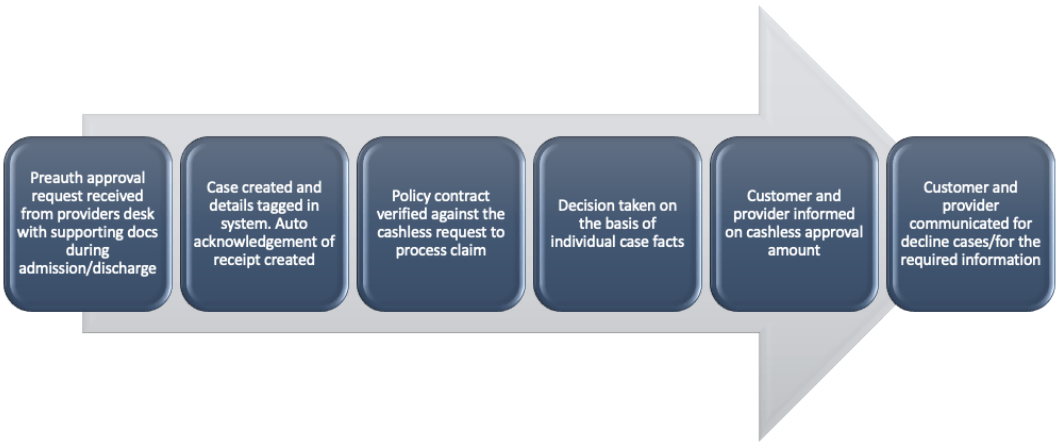
- ReAssure Benefit
- Health Companion
- GoActive
- Money Saver
- Heart Beat
- Super Saver
- Health Premia
- Health Pulse

KEY ACTIVITIES/PROJECTS OTHER THAN DISSERTATION





Pre – Authorization Claims Process



KEY LEARNINGS FROM INTERNSHIP

The internship training has been successfully carried out for a duration of three months i.e., from 9st April - 30st June, 2021 in Max Bupa Health Insurance Co, Noida. Various studies have been carried out during this period and the approach to the study has been sincere, scientific and analytical. The internship has developed the capabilities and the soft skills and has prepared for the future managerial role while learning in a professional work environment.

During this Period, I have learned and explored various aspects of Claims Department:

- Evaluating and processing Claims in accordance with company policies and procedures, IRDA guidelines.
- Reviewing and analyzing the data for in process claims in order to identify and resolve errors prior to final adjudication.
- Exercising good judgement and remaining knowledgeable with company's policies and procedures.
- Achieving teamwork, production and quality standards in order to assure timely, efficient and accurate claims processing.
- Conveying a strong professional image, exhibiting interest and positive attitude towards all assigned work.
- Determining whether a claim was to be paid or denied based on an internal benefit matrix.
- Maintaining good working relationships with all the subordinates processing claims. Taking responsibility of payment of all claims in compliance with rules.
- Claims processing by utilizing knowledge of medical coding standards including CPT and ICD 10.