Internship at Care Health Insurance Limited, Gurgaon

By

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Internship Report

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Manager Claims– Care Health Insurance

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1. Introduction

As part of the MBA program in Hospital and Healthcare Management at IIHMR University, I had the opportunity to undertake a management internship with **Care Health Insurance**, a leading private health insurer in India. I was placed under the **Claims Department**, where I was actively involved in the daily operations and decision-making process regarding health insurance claim management.

This internship enabled me to bridge the gap between theoretical concepts and practical implementation. It offered an in-depth understanding of the health insurance ecosystem, particularly in the domain of claim settlement, policy adjudication, regulatory compliance, and customer service.

2. Objectives of the Internship

The core objectives of my internship were:

- To gain practical exposure to the claims management process in a health insurance setting.
- To understand the application of policy terms and conditions in real-life claim evaluations.
- To assist in operational tasks such as claim verification, documentation checks, and data updates.
- To learn the workflow of customer communication, escalation management, and grievance redressal.
- To explore regulatory and organizational frameworks for timely and ethical claim settlements.
- To observe how insurance companies maintain a balance between customer satisfaction, fraud prevention, and profitability.

3. Organizational Profile

Care Health Insurance (formerly Religare Health Insurance) is a prominent standalone health insurer in India, licensed by the Insurance Regulatory and Development Authority of India (IRDAI). Headquartered in Gurugram, the company offers comprehensive health insurance products tailored to meet the healthcare needs of individuals, families, senior citizens, and corporate clients.

The organization operates through a vast network of hospitals and healthcare providers across the country, offering services like cashless hospitalization, critical illness coverage, maternity and newborn care, and wellness programs. Care Health Insurance is recognized for its customer-centric approach, tech-driven processes, and quick claims settlement mechanisms.

With an emphasis on innovation, digital transformation, and operational efficiency, the company continues to build trust among policyholders and maintain high standards in healthcare insurance delivery.

4. Services Provided by the Organization

The major services offered by Care Health Insurance include:

- **Retail Health Insurance**: Individual and family floater plans for hospitalization, pre/post-care, day care procedures, and domiciliary treatments.
- **Top-up and Super Top-up Plans**: Higher coverage options beyond base policy limits for added financial protection.
- **Group Mediclaim and Corporate Insurance**: Customized plans for employees and corporate staff with extended wellness benefits.
- **Critical Illness Plans**: Financial security against life-threatening illnesses with lump-sum payouts.
- **Maternity and Childcare Plans**: Specialized policies for maternity hospitalization, delivery, and newborn care.
- **Personal Accident Insurance**: Coverage against accidental death and disabilities.
- **Cashless Network & 24x7 Assistance**: More than 10,000 network hospitals and round-the-clock claim support and grievance redressal.

5. Key Activities/Projects Undertaken (Other Than Dissertation)

During my internship, I was actively involved in a wide range of tasks that helped me understand the operational and strategic facets of claims management. The following were my key contributions and experiences:

a. Claims Documentation Review and Pre-Authorization Support

One of my primary tasks was to assist in the review and assessment of documents submitted by policyholders and hospitals. This included verifying discharge summaries, treatment notes, diagnostic reports, doctor's prescriptions, and hospital bills. I supported the team in identifying missing or non-compliant documents that could delay claim processing.

For cashless claims, I helped in pre-authorization processes by reviewing hospitalization requests and checking eligibility against the policy terms. This task required quick turnaround times and coordination with provider networks.

b. Policy Verification and Adjudication Assistance

I gained practical exposure to policy scrutiny and claim adjudication by working under senior claims officers. This involved understanding the fine print of health insurance policies, evaluating whether specific claims were admissible, and flagging exceptions or ambiguous cases. I also helped in preparing case notes and justifications for claims that required higher-level approvals.

c. Handling Customer Queries and Escalation Support

I shadowed the claims communication team and occasionally drafted responses to customer queries related to delays, required documentation, policy clarification, or rejection reasons. This experience taught me how to professionally communicate complex policy information while maintaining empathy and customer satisfaction.

d. Fraud Flagging and Discrepancy Tracking

I was exposed to the initial steps of fraud detection by helping the team identify discrepancies such as inflated bills, duplicate documents, and treatments not covered under policy clauses. I understood the parameters used to raise red flags and how such cases are handed over to internal audit and investigation teams.

e. Internal Workflow Mapping and Claim Lifecycle Analysis

I contributed to a process mapping project aimed at identifying pain points in the claim settlement journey. I prepared flowcharts and documentation that mapped out each step— from intimation to final settlement —and helped identify possible areas for TAT (Turnaround Time) improvement.

f. Data Entry, Quality Check, and Reporting

I assisted with claims data entry into the internal claims management system and helped with daily reports generation. I also checked entries for accuracy and completeness, an essential part of internal audit compliance.

g. Participation in Departmental Briefings

I regularly attended department stand-up meetings where updates on new policies, IRDAI changes, internal audit feedback, and customer complaints were shared. These briefings helped me understand how the department aligns with the company's goals and compliance obligations.

6. Key Learnings from the Internship

The internship offered a rich learning experience, allowing me to grasp the intricacies of insurance claim processing, stakeholder management, and ethical decision-making. My key learnings include:

a. End-to-End Claims Process Understanding

From claim initiation and documentation to final settlement or rejection, I gained a comprehensive understanding of the entire lifecycle. I saw firsthand how efficiency, transparency, and speed are crucial in maintaining customer trust.

b. Importance of Accurate Documentation

Incomplete or inaccurate documentation is one of the primary reasons for claim delays. I learned the importance of precise communication, checklist-based verification, and document tracking.

c. Policy Interpretation Skills

I developed the ability to read and interpret policy documents effectively. Understanding the coverage inclusions, exclusions, and sub-limits allowed me to contribute to fair and informed decisions.

d. Regulatory and Compliance Awareness

Through exposure to real-time claim files, I understood how IRDAI guidelines dictate timelines, documentation, transparency norms, and the rights of policyholders. This understanding is crucial for any healthcare manager working in a regulated environment.

e. Customer Handling and Empathy

Handling claims often involves emotionally distressed customers. I learned how to remain calm, patient, and professional while communicating tough decisions or delays. This was a valuable lesson in managing both logic and empathy.

f. Fraud Risk Indicators

I was introduced to early-stage indicators of fraudulent claims. Learning how to flag suspicious activities and document inconsistencies is vital in protecting the organization from financial and reputational loss.

g. Use of Technology in Claims Management

I witnessed how claims are managed digitally through internal portals, automated pre-authorization tools, CRM systems, and reporting dashboards. This gave me an appreciation for technology's role in reducing human error and increasing scalability.

h. Teamwork and Interdepartmental Coordination

Claims settlement involves coordination between policy sales, underwriting, provider management, and customer service departments. I experienced how effective communication and teamwork streamline processes and reduce duplication of effort.

7. Conclusion

My internship at **Care Health Insurance** has been an invaluable part of my professional development. The real-time exposure to the claims department taught me critical lessons in insurance operations, compliance, data accuracy, and customer engagement. It deepened my interest in the insurance sector and has equipped me with the skills and mindset needed to work efficiently in complex, regulated environments.

This experience has strengthened my decision-making abilities, enhanced my policy interpretation skills, and improved my ability to analyze operational gaps — all of which I believe will greatly benefit my future roles in healthcare management or insurance services.