**Internship Report**

**Submitted to**

**The IIHMR University,Jaipur**

**for**

**Master of Business Administration (MBA) in**

**Hospital and Health Management**

**By**

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**Batch : MBA -HEM28th**

**Stream : Health Management**

**Organization :**

**Care Health Insurance**

**By**

**Under the Supervision and Guidance of (institute mentor )**

**Dr. Goutam Sadhu (Professor)**

**And**

**Dr. Daljeet Singh Chouhan**

**(Manager Medical Claims )**

**Organisation mentor**

## 1. INTRODUCTION

India’s insurance industry is growing at a remarkable pace, driven by rising health awareness, policy reforms, and increasing adoption of digital infrastructure. With 57 registered insurance companies in India—24 in life insurance and 33 in general insurance—the sector plays a critical role in ensuring financial security. Among the general insurers, health insurance has emerged as a pivotal line of business due to its increasing relevance in both preventive and curative healthcare financing.

The health insurance ecosystem involves multiple stakeholders: policyholders, providers, insurers, third-party administrators (TPAs), and regulators. Among these, claims management is central to the insurance value chain. It represents the "moment of truth" for a customer and defines trust in the insurer's brand.

During my internship at Care Health Insurance, I was placed in the Claims Adjudication and Reimbursement department. This experience exposed me to various operational aspects of backend insurance processes, particularly in medical claim processing, document verification, policy application, and system compliance. This report outlines my experience, learnings, and contributions.

## 2. OBJECTIVES OF INTERNSHIP

- To assist in adjudication of health insurance claims (reimbursement and fixed benefit).
- To learn about standard operating procedures and compliance norms followed by the claims department.
- To ensure that assigned claims are processed accurately and closed within defined Turnaround Time (TAT).
- To understand the backend systems, workflows, and interdepartmental coordination involved in claims handling.
- To develop familiarity with key regulatory guidelines (e.g., IRDAI) related to claims management.

## 3. ORGANISATIONAL PROFILE

Care Health Insurance Ltd. is a specialized standalone health insurer offering a comprehensive portfolio of health insurance products for individuals, families, corporates, and rural markets. It emphasizes customer-centricity, innovation, and operational efficiency. The company has a strong presence across India, serving through an extensive branch network, digital platforms, and insurance agents.

Key Facts:

- Founded as a subsidiary of Religare Health Insurance (now Care Health Insurance).
- Headquartered in Gurugram, Haryana.
- Licensed by IRDAI and NABH.
- Offers cashless services at 19,000+ hospitals across India.

Achievements:

- 'Best Health Insurance Company' – ABP News BFSI Awards
- 'Claims Service Provider of the Year' – Insurance India Awards
- 'Best Medical/Health Insurance Product' – FICCI Healthcare Excellence Awards
- ISO 9001:2015 certified for customer service quality

## 4. VISION

*"To be the most preferred health service provider that is caring, cost-effective, innovative, and reachable."*

## 5. MISSION

- To deliver customer-focused insurance solutions with fairness and efficiency.
- To ensure accessibility and inclusivity by reaching underserved populations.
- To establish operational excellence and transparency in communication.
- To foster long-term relationships with policyholders and distribution partners.
- To continuously improve health outcomes through insurance-linked wellness support.

## 6. SERVICES AND PRODUCTS OFFERED

Retail Products:

- Care – Flagship health policy covering hospitalization, daycare, and maternity.
- Care Supreme – Offers unlimited recharge, advanced treatment coverage, and wellness rewards.
- Care Supreme Plus – Includes OPD, international second opinions, and high coverage limits.

- Care Advantage – High sum insured ranging from ₹25 lakh to ₹1 crore.
- Care Freedom – Designed for individuals with diabetes, hypertension, and other lifestyle conditions.
- Ultimate Care – Premium plan with global cover, annual health check-ups, and room rent flexibility.

Standard Plans:

- Arogya Sanjeevani Policy – IRDAI-compliant low-cost health policy.
- Senior Citizen Health Insurance – Coverage tailored for individuals aged 60+.

Specialized & Benefit-Based Plans:

- Critical Illness Insurance – Lump sum payout on diagnosis of listed major illnesses.
- Personal Accident Insurance – Covers accidental death, disability, and hospitalization.
- Maternity Cover – Pre- and post-natal coverage with newborn care.
- Hospital Daily Cash – Fixed daily cash benefit during hospitalization.

Travel Insurance:

- International Travel Insurance – Covers emergencies, evacuation, and baggage loss.
- Student Travel Insurance – Health and safety benefits for Indian students abroad.

Corporate & Group Policies:

- Group Health Insurance
- Group Personal Accident
- Corporate Wellness Services

Microinsurance Products:

- Affordable insurance for rural and underserved segments of the population.

## 7. KEY ACTIVITIES UNDERTAKEN

During my internship, I was involved in the following core functions:

- Reviewed and processed reimbursement claims submitted by policyholders.

- Evaluated medical documents including discharge summaries, investigation reports, and treatment bills.
- Cross-checked claim documentation against policy coverage, waiting periods, and exclusions.
- Updated and adjudicated claims in the internal system using product-specific workflows.
- Followed up with customers/hospitals in case of missing documents or clarification.
- Coordinated with internal departments for claim approvals, audits, and escalations.
- Maintained turnaround time (TAT) as per company SLAs.
- Flagged suspicious claims and escalated high-value or fraud-prone cases.
- Contributed to audit preparedness and responded to internal compliance observations.

## 8. KEY LEARNINGS FROM INTERNSHIP

My internship provided me with practical exposure to the health claims management lifecycle. I learned the technical aspects of medical claims adjudication, including how to interpret medical documentation, apply product knowledge, and adhere to policy guidelines. Additionally:

- I developed skills in analytical thinking, compliance auditing, and decision-making.
- Gained insights into the importance of maintaining neutrality and fairness in claims approval.
- Understood how backend operations influence customer trust and regulatory integrity.
- Observed the impact of automation and system integration in speeding up workflows.
- Experienced interdepartmental collaboration and real-world application of MBA concepts.

## 9. CONCLUSION

This internship has enhanced my understanding of healthcare financing in the private sector and the key role of insurance companies in managing public health risks. It has

also allowed me to connect theoretical knowledge with practical systems used in the insurance industry. My time at Care Health Insurance has prepared me for a career in healthcare administration with a focus on efficiency, ethics, and customer-centric outcomes.