CARE HEALTH INSURANCE, GURGOAN HARYANA.

Internship report submitted to

The IIHMR University, Jaipur

For the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

In

Hospital and Health Management

By

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Under the Supervision and Guidance of

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Internship Report

Company: Care Health Insurance
Location: Gurgaon, Haryana
Designation: Medical Claim Manager – Intern
Duration: 3 months [March 2025 to May 2025]
Name: Dr. Mayank Singh
Program: MBA in Hospital and Health Management
Institution: IIHMR University, Jaipur

1. Introduction

In an era marked by rising healthcare costs and increasing disease burden, the role of **health insurance** has become indispensable for safeguarding both health and finances. As India moves toward achieving Universal Health Coverage (UHC), the private health insurance sector plays a crucial complementary role in bridging gaps in healthcare financing. My internship at **Care Health Insurance Ltd.**, Gurgaon, offered me an exceptional opportunity to gain a deep understanding of the dynamic and fast-evolving health insurance landscape in India.

Care Health Insurance (formerly known as Religare Health Insurance) is one of the leading standalone health insurers in the country. It has grown exponentially since its inception and is known for its strong provider network, swift claims process, and customer-centric approach. As of 2024, the company has:

- Over **22,800+ cashless healthcare providers** across India.
- A customer base exceeding **3 crore (30 million)** policyholders.
- An impressive **claim settlement ratio of over 95%**.
- Recognition as the "Best Health Insurance Company" at multiple industry platforms for its digital transformation and service excellence.

The internship was undertaken as part of the curriculum requirement for my MBA in Hospital and Health Management. Working in the **Medical Claims Department**, I was

exposed to real-world operations involving policy scrutiny, pre-authorization, reimbursement procedures, claim adjudication, and hospital-provider interactions. This report outlines the objectives, activities, experiences, and insights gained throughout my internship tenure.

2. Objectives of the Internship

The core objectives of the internship were to:

- Understand the structure, functioning, and internal workflows of a health insurance organization.
- Gain practical exposure to **end-to-end medical claim management**, including scrutiny, adjudication, and settlement.
- Analyze the alignment of insurance policy terms with real-time clinical and hospital billing practices.
- Learn the application of healthcare regulations, including IRDAI guidelines and fraud detection mechanisms.
- Participate in additional tasks outside of dissertation responsibilities to experience the breadth of organizational functions.
- Enhance my professional competencies in communication, teamwork, critical thinking, and decision-making in a corporate health setting.

3. Organizational Profile

About the Company: Care Health Insurance

Care Health Insurance Limited, a part of the **Religare Group**, is a standalone health insurer that focuses exclusively on health insurance products and services. Established in 2012, it has quickly emerged as a leader in India's private insurance sector by offering comprehensive and customer-oriented health protection solutions.

The company's portfolio includes:

- Individual & Family Health Insurance
- Maternity & Newborn Coverage
- Personal Accident Insurance
- Critical Illness Coverage
- Senior Citizen Plans
- Top-up Health Insurance
- Group Health Insurance for corporates

Mission and Vision

- **Vision**: *To be the most trusted and admired health insurance provider in India.*
- **Mission**: *To deliver innovative healthcare financing solutions that enable people to live healthier and more secure lives.*

Key Achievements:

- **ISO 9001:2015 certification** for quality management systems.
- Recognized by **FICCI and ASSOCHAM** for excellence in service delivery.
- Implemented an AI-powered **claim processing and fraud detection system**.
- Reached a milestone of **₹12,000+ crore** in Gross Written Premium (GWP) in FY 2023–24.
- Operating a robust customer support ecosystem with 24x7 helpline, multilingual chatbot, and mobile app services.

The organization's headquarters in Gurgaon houses multiple operational divisions, including underwriting, claims management, provider network, customer service, digital innovation, grievance redressal, and fraud investigation teams.

4. Services Provided by the Organization

Care Health Insurance offers a wide spectrum of services, designed to ensure comprehensive protection and ease of access for policyholders:

1. Health Insurance Plans

- Individual and Family Floater Plans (e.g., “Care,” “Care Plus”)
- Senior Citizen Policies (e.g., “Care Senior”)
- Maternity and Newborn Insurance Plans

2. Cashless Hospitalization

- Direct tie-ups with over **22,800+ network hospitals** across urban and rural regions.
- Digital cashless request and approval within 2-4 hours for most claims.

3. Reimbursement Claims

- Fast-tracked reimbursement for non-network treatments, subject to policy compliance.

4. Critical Illness and Top-up Plans

- Lump-sum payout policies for high-burden diseases such as cancer, stroke, renal failure, etc.

5. Personal Accident and Group Coverage

- Tailored plans for corporates, SMEs, and employees across different sectors.

6. Digital Health Services

- Online doctor consultation, health risk assessment tools, claim tracking via app, and wellness reward programs.

7. Customer Support and Grievance Redressal

- Toll-free helpline, WhatsApp assistance, chatbot-enabled services, and in-person support at regional offices.

5. Key Activities/Projects Undertaken Other than Dissertation

In addition to working on my dissertation project, I was actively involved in several important tasks and projects within the **Medical Claims Department**:

a) Claims File Review and Documentation

- Conducted detailed scrutiny of pre-authorization and reimbursement files.
- Ensured completeness of medical documentation such as diagnostic reports, surgical notes, discharge summaries, and pharmacy bills.

b) Assistance in Claim Adjudication

- Learned about policy exclusions, co-payments, sub-limits, and waiting periods under supervision.
- Helped apply clinical reasoning to adjudicate borderline or ambiguous claims.

c) Medical Coding and Audit Preparation

- Supported the internal audit team by validating ICD-10 and CPT codes for high-value claims.
- Flagged inconsistencies for quality checks and risk profiling.

d) Customer Experience Monitoring

- Participated in preparing a feedback report analyzing common grievances in claims and the reasons for delays.
- Suggested improvements in communication templates and follow-up frequency.

e) Provider Empanelment and Quality Check

- Helped in updating hospital profiles in the network database.
- Conducted spot checks of provider responses for cashless approvals and rejections.

6. Key Learnings from Internship

This internship offered a rich combination of technical knowledge, organizational exposure, and professional growth. Key takeaways include:

a) In-depth Understanding of Claim Lifecycle

- Acquired a step-by-step understanding of how claims are generated, verified, adjudicated, and settled.
- Recognized how legal, medical, and financial considerations interplay during claim decision-making.

b) Application of IRDAI Regulations

- Gained familiarity with regulations related to turn-around times (TATs), claim rejections, and grievance redressal.

c) Skill Enhancement

- Improved my Excel proficiency for data entry, pivot table analysis, and summary reports.
- Developed communication and interpersonal skills through regular interaction with cross-functional teams.

d) Professional Ethics and Decision-Making

- Learned to maintain data confidentiality and neutrality in assessing medical records.
- Observed the importance of evidence-based decisions and how to communicate denials tactfully to patients and providers.

e) Real-World Challenges in Insurance

- Understood the impact of delayed documentation, poor hospital cooperation, and patient non-disclosure on claims.
- Identified gaps in patient education regarding policy coverage and rights.

Conclusion

The internship at **Care Health Insurance**, Gurgaon, was a pivotal part of my professional development journey. It offered me practical insights into India's health insurance sector

and helped me bridge the gap between theoretical knowledge and real-world practice. Being part of a highly experienced and cooperative team gave me a chance to observe best practices, develop decision-making confidence, and understand customer-focused health financing solutions. This experience has not only enhanced my understanding of health claim management but has also fueled my interest in pursuing a long-term career in health policy, insurance analytics, or healthcare quality assurance.