SUMMER INTERNSHIP PROGRAM
at
CARE HEALTH INSURANCE, GURUGRAM

From 11/05/2025 to 11/07/2025

A REPORT BY

ANIRUDH KUMAR HALDER

Master of Business Administration

Hospital & Health Management

Roll no: **1904**

2024-26

under the Mentorship of

Dr Goutam Sadhu

(Professor)

IIHMR UNIVERSITY JAIPUR

care HEALTH INSURANCE

BEST CLAIM SETTLEMENT COMPANY OF THE YEAR
9th ANNUAL INDIA INSURANCE SUMMIT & AWARDS 2025

05th May 25

Mr. Anirudh Kumar Halder

Dear Anirudh,

This is in reference to the candidature for Training/Industrial project in our organization.

We are pleased to confirm your training at our Gurgaon office as per details below:

Below are the details of your training :

Period of Training : Starting from 12th May 2025 to 11th Jul 2025

Reporting Officer : Khush Preet Singh – Head - Claims

Location : Gurgaon-Vipul Tech

Stipend : 10000/- Per Month

You will be working with our **Claims Medical Department** and shall contribute to specific responsibilities and projects as assigned to you during such period.

All the information gathered by you during the period of your association with the company should be treated as strictly confidential.

We wish you all the best for your future endeavours.

For Care Health Insurance Limited

(Authorized Signatory)

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. ANIRUDH KUMAR HALDER** of academic year 2024-26 of Institute of Health Management Research has prepared a poster with respect to his summer internship held during May-July 2025.

He has carried out work as per the guidelines. His poster is approved for presentation.

Date: 28/07/2025

Dr. Goutam Sadhu

Professor

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A STUDY ON HEALTHCARE FINANCIAL ANALYSIS- RECOVERY TRENDS AND COST INSIGHTS.

SUBMITTED BY: Dr. ANIRUDH KUMAR HALDER
ROLL NO.: 1904
STREAM: MBA HM 29

College mentor: Dr. Goutam Sadhu
Industry mentor: Mr. Rishav Singh

About Organization

It was formerly known as Religare Health Insurance. It is specialized health insurer offering products in retail segment for health insurance, top up coverage, personal accident, maternity and international travel insurance.

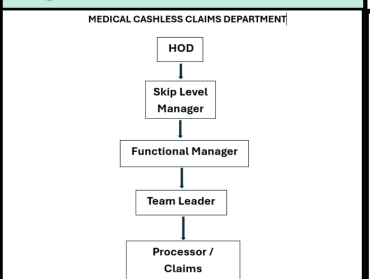
Vision

Care Health Insurance's vision is to be a leading and trusted health insurance provider known for customer-centricity, innovative products, and excellent service.

Mission

Care Health Insurance's mission is to be a customer-centric, leading health service provider that delivers solutions beneficial to all stakeholders.

Organization Structure



Aims and objectives

- To identify any malpractice and overbilling in network hospitals.
- To evaluate financial records.
- To analyze inflation trends in medical billing.
- To interpret cost escalation hospital wise and disease wise.

Findings

Figure 1 Total excess amount to be recovered from different locations

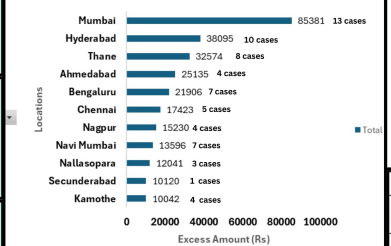


Figure 2 Variance seen in diseases based on treatment charges between FY2023-24 & FY2024-25 due to Medical Inflation

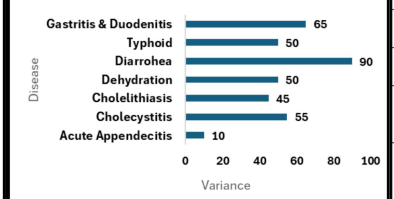


Figure 3 Locations with only excess amount

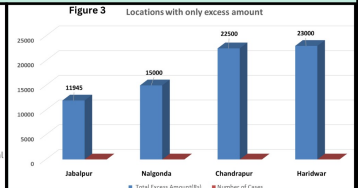
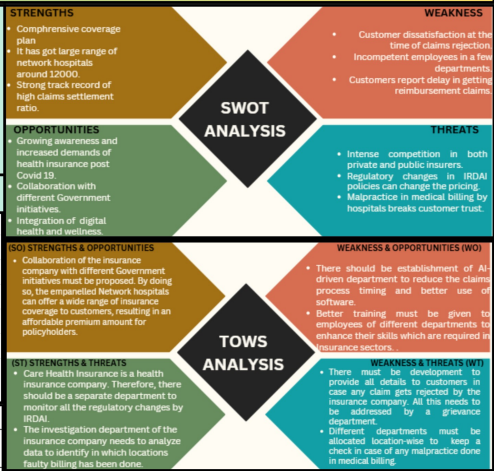


Figure 4

Disease	Findings
Acute Appendicitis	Difference in lap appedectomy package charges.
Cholecystitis	Difference in lap cholecystectomy charges. Increased anaesthesia charges.
Cholelithiasis	Increased investigation charges, consultation charges.
Dehydration	Increased investigation charges, consultation charges.
Diarrohea	Increased admission charges, additional tests done.
Typhoid	Increased charges in KFT, CBC, Blood culture sensitivity,Extra tests done.
Gastritis & Duodenitis	Increased charges in LFT, KFT,USG, alongwith extra medical services charges.



Challenges

- IT server of Claims Live software was not up to the mark.
- Lack of qualified employees.
- Limited access to data visualization tools.
- Delayed feedback review for interns.
- Limited documentation of past records

Suggestions

- Standard billing checks to prevent future discrepancies.
- Using predictive analytics to flag inflation risks.
- Enhancing staff training.
- Conduct detailed audits in areas with excess billing.
- Improvement must be done on Claims Live software.
- Hiring of more skilled employees.
- Improved data handling methods.
- Monitoring of employees along with feedback.
- Use of better visualization software must be done.

Theoretical Understanding

- Risk pooling, where a large group of people pay premiums and the insurer uses this pool of money to cover healthcare costs.
- Principles of Insurance.

Practical exposure

- Preparation of reports and dashboards, worked on Claims Live database.
- Used MS Excel tools for data cleaning, sorting, and analysis.

Learnings

- Workplace learning, adaptability & teamwork.
- Got the opportunity to deliver a formal presentation in front of senior-level managers as a part of pre-placement evaluation.
- Developed skills in data analysis and visualization of data.
- Audit review analysis, how to match a settled claim with the original tariff.

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4. Compiled Report

4.1 Activity Done

HR head Pragya Choudhary conducted an orientation program in which she guided us about the organization how it works about various departments, also asked us to introduce ourselves. Overall it was a wonderful session and informed us about our projects, presentations and weekly reports at CARE HEALTH INSURANCE, GURUGRAM.

After the orientation session we were asked to wait to meet our CASHLESS CLAIMS department HOD Dr. Khushpreet Singh sir.
Got the opportunity to work on the problem statement which is mainly based on how inflation is affecting cashless claims in hospitals of top 10 cities in India and he allotted us with 2 mentors under whom we had to work they were Corporate Service Managers: Mr Rishav Singh and Mr Shiv Kumar Singh Sir.

Got a demo on how to access Claims Live software which was a software on which all cashless and Reimbursement claims processing was done. It was the main software that was used by all the employees at the organization and it played the vital role in claims settlement and claims approval.

Next day we had a session with our industry mentor, Mr Rishav Singh sir on what we needed to study before starting our project and how we need to proceed. After that, each of the interns was allotted with different top tier cities in India. Among which I got to analyze the Delhi NCR. The data which was provided was mainly in Google Sheets but we waited to get Microsoft Excel access for that we had to visit our mentor Mr Shiv Kumar Singh sir who provided us the access of MS Excel software.

After getting the access for MS Excel we started with our work in which we had to select a hospital based on claim number which we had to enter and check the type of disease, Length of Stay, Room type and treatment modality all of them had to be similar based on that with different Financial Year 2023-24 and 2024-25. Where we had to compare the inflation on different parameters.

Total sample size was mainly around 1100 out of which my findings were based on 80 samples.
For the inflation trend project we had to identify the parameters on which inflation seen in the same hospital with same type of disease and treatment modality. In order to identify such trends had to analyze the data based on Room type, investigations, procedures/treatments in different financial years.

The table given below which is mainly based on few main findings showing variance between two financial years based on inflation rates of various diseases in same Network hospitals of Delhi NCR, theses are the few diseases in which inflation trends can be seen along with variance, with the names of hospitals.

DISEASE	HOSPITAL	FY 2023-24	FY 2024-25	VARIANCE%	FINDINGS
ACUTE APPENDICITIS	KAILASH HOSPITAL	67434	74177	10.00%	Lap Appendicectomy package charge increased.
	SIR GANGA RAM HOSPITAL	62170	139675	124.67%	Doctor operation increased,
	MEDANTA MEDICITY	32500	65000	100.00%	Increased OT surgery and Ot room charges
	MEDANTA	3126	11375	263.88%	Increased Anaesthesia charges
CHOLECYSTITIS	Fortis Flt Lt. Rajan Dhall Hospital	47800	83584	74.86%	Increased Package charges(LAP Cholecystecto-my) increased LFT charges, and Chest X Ray
	SIR GANGA RAM HOSPITAL	59230	78750	32.96%	Increased operation charges, Anaesthesia charges
CHOLELITHIASIS	MANIPAL HOSPITALS	104300	153000	46.69%	Lap cholecystectomy charges increased.
	Max Superspeciality Hospital	49690	74820	50.57%	Increased investigation charges including ECHO, LFT, RFT, X Ray Chest, MRI, etc
	Apollo Hospitals Enterprise	88720	109000	22.86%	Increased Consultation Charges, ECG Charges, CBC, LFT, LAP cholecystectomy charges excess.
DIARROHEA	HCMT Hospital	9971	13069	31.07	Increased Admission charges, Blood Gas Analysis, KFT,CBC, Miscellaneous charges which

					included MRD , Dietary, Infection safety charges.
	Sarvodaya Hospital	**600**	**1400**	**133.33**	**Increased Registration charges, X Ray Chest PA**

So the main overall objective for the study was to find out the hospitals with increased inflation rates and on what parameters increased inflation seen in different hospitals of Delhi NCR.

For this we used to enter the claim number that was already mentioned in the data set and the we used to check the settlement letters where we had to look after the total settlement amount. Then after that we need to check the claim approval letter with the original tariff of that same hospitals.

Got the opportunity to observe how claims processing is done.
We got demonstration by Rishav sir our Manager on how to compare tariffs then we were given a claim number to analyze everything regarding it factors of inflation affecting cashless claims.

We continued to work on our assigned project.
Our work was checked by our assigned buddy/mentor: Mr Rishav Sir.
Apart from the project our whole group was assigned the task of auditing the claims data.

In auditing claims data which was the next project assigned to us by the team of NETWORK PROVIDERS team by Mr Sumit Mishra Sir. This was mainly AUDIT REVIEW ANALYSIS.
Main objective for this was to mainly check any kind of malpractice by different Network Hospitals in different locations.
In this we had to check how much amount needed to be deducted but that was already settled by the insurance company on various investigation tests, on package charges, treatment charges.

We were given the demo by Himanshu sir and his team regarding this new task that was assigned to us. Meanwhile, they also informed us that the project work needs to be managed by us we need to prioritize everything accordingly. But now the main work was to audit which was meant to find out the recovery amount from the claims that had been approved by the insurance company.

For everyday we had to complete 25 cases in total and then we had to send them on the mail attaching it on Excel sheet which included all the findings along with excess recovery amount.

Analyzing the data that has been provided working on the recovery amount.
On Saturdays it was mainly off but we went in order to work on our Inflation project that was assigned.

Started working on our project 2, which was mainly based on the recovery amount. I decided title for the project named Audit Review Analysis.
Daily, we had to work on 25 cases to find out the extra amount to be recovered from the hospitals.

Data that was shared with us was based on last 6 months data which mainly included the claim number, total

amount settled and treatment modality.

Data for Audit Review Analysis in the given table below mainly shows findings based on total number of cases in different locations along with hospital names with there total excess amount to be recovered :

LOCATION	HOSPITAL NAME	Total Amount(Rs)	Number of Cases
Ahmedabad	Bodyline hospital	22235	2
	Phoenix Emergency Hospital	1500	1
	Central United Hospital	1000	1
Amravati	Hi Tech Multispeciality Hospital	1000	1
Amritsar	Verma Hospital	2080	1
Asansol	Midwest Hospital	3841	2
Aurangabad	Vaidyanath Super Speciality Hospital	3200	1
Barrackpore	Galaxy Multispeciality Hospital	2814	1
Bengaluru	Rngadore Memorial Hospital	14948	3
	Cura Hospital	2250	1
	Navachetyhana Hospital	2100	1
	Zion Hospital and Research Centre	2048	1
	Sagar Chandramma Hospital	560	1
Bhandara	Sparsh Multi Speciality Hospital	4104	1
Chandrapur	Chl Multispeciality Hospital	22500	1
Chennai	Chennai Health Foundation	8478	1
	Venketeshwara Hospital	4130	2
	Dr A Ramachandran Diabetes Hospital	3765	1
	Narayana hospital	1050	1
Dombivali	Optilife Multispeciality Hospital	5255	3
	OM Hospital	2000	1
Guntur	Sri Balaji Hospital	850	1
	Yeluri Hospital	718	1
Gurugram	New Life Multispeciality Hospital	2724	1
	Medharbour Hospital	2029	1
	Polaris Hospital	1866	1
Gwalior	Yashoda Hospital	5750	3
	Navjeevan Hospital	500	1
Haridwar	Surya Deva Multispeciality and Trauma Centre	23000	1
Himatnagar	AI Hope Hospital Pvt Ltd	6000	1
Hisar	Geetanjali Hospital	1200	1
Hyderabad	Sri Daharani Multispeciality Hospital	14655	4
	Sriven Multispeciality Hospital	9080	1
	Jeevan Hospital	5100	1
	Rnc Super Speciality Hospital	3200	1
	Sree Sai Deepa Hospital	2760	1
	Treatment Range Hospital	1580	1
	Sarvani Hospitals	1540	1
Indore	Arihant Hospital Research Centre	1413	1
Jabalpur	Medizone Multispeciality Hospital	11945	1
Jammu	Dr KD Multispecialty Hospital	2910	1

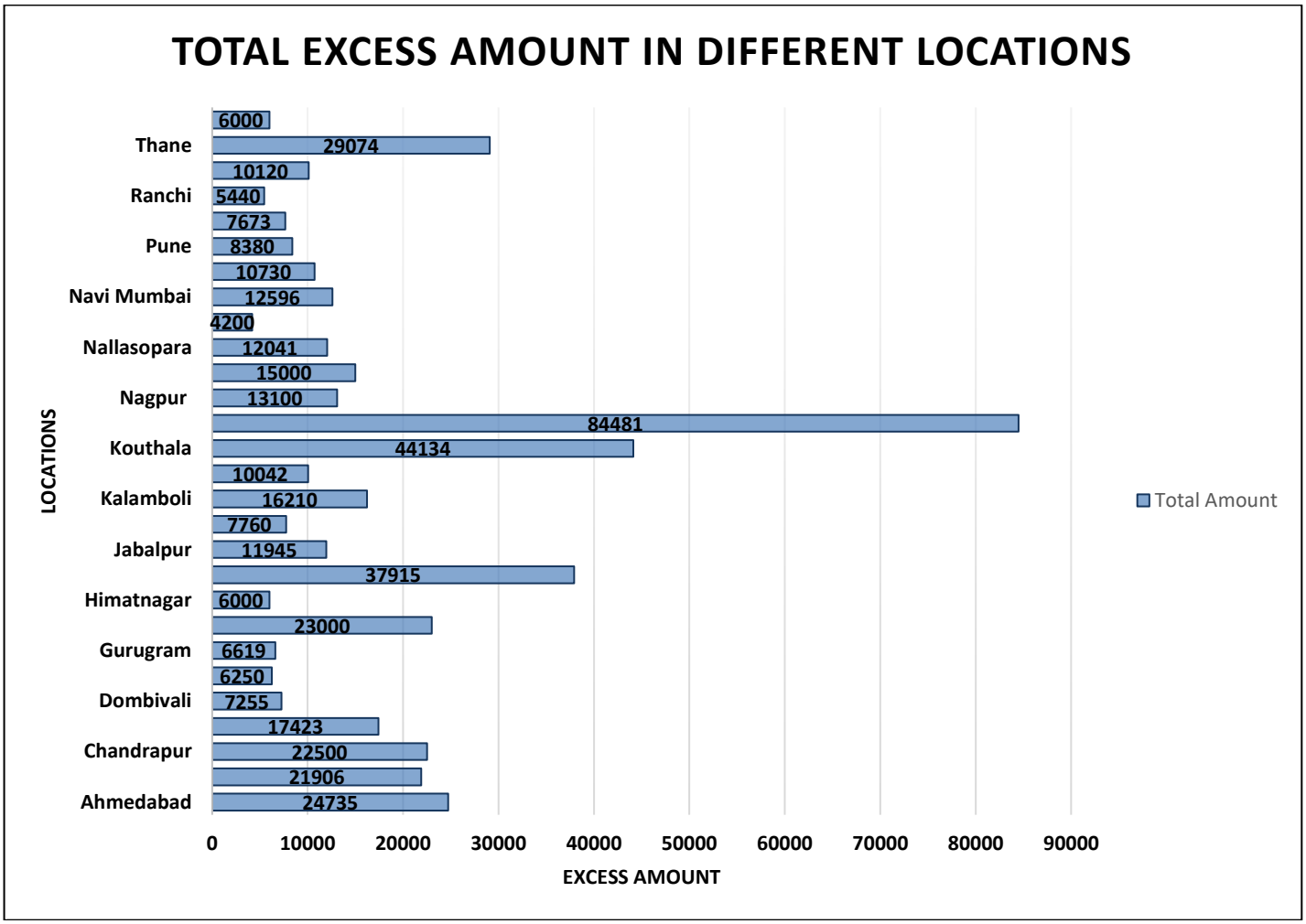
Jodhpur	Goyal Hospital and Research Centre	800	1
Kalaburagi	United Hospitals	7760	1
Kalamboli	Sushrut Multispeciality Hospital	16210	2
Kamothe	New Pulse Hospital	10042	4
Kalayan	Shree Gjanan Hospital	1350	1
Kanpur	Tulsi Hospitals India Ltd.	2785	1
Kouthala	Vittal Medicure Multispeciality Hospital	44134	4
Mumbai	Galaxy Multispeciality Hospital	39941	2
	Amit Surgical Nursing Home	15550	1
	Zynova Hospitals pvt Ltd.	14600	5
	Mauli Aarogyagram Multispeciality Hospital	6200	3
	Romeen Medico Surgical Hospital	5430	1
	United Multispeciality Hospital	2760	1
Nagpur	Getwell Hospital and Research Institute	1000	1
	Surtech Hospital and Research Centre	12100	3
Nalgonda	Icon Superspeciality Hospital	15000	1
Nallasopara	VijayaLaxmi Maternity Surgiacal and General Hospital	8300	2
	Life Care Charitable Hospital	3741	1
Narnaul	Narayan Child and Dental Hospital	4200	1
Navi Mumbai	Lotus Multispeciality Hospital and icu	9100	4
	Bone and Joint Care Multispeciality Hospital	2036	1
	Credence Care Hospital pvt Ltd	1460	2
New Delhi	Vna Hospital	2000	1
	Adarsh Hospital	1265	1
Ongole	Venkata Ramana Nursing Home	2270	1
Patila	Vardhaman Mahaveer Healthcare	10730	2
Patna	AsthaLok Hospital pvt Ltd.	11772	1
Pune	Silver Birch Multispeciality Hospital Pvt Ltd.	3190	1
	Vital Multispeciality Hospital	1880	2
	Jeevan Jyoti Hospital	1810	1
	Saraswati Multi Speciality Hospital	1500	1
Raipur	Sanjeevani Cbcc Usa Cancer Hospital	4419	1
	Suyash Hospital	3254	1
Ranchi	Orchid Medical Centre Pvt Ltd	5440	2
Roorkee	Vinay Vishal Healthcare Pvt Ltd.	1400	1
Secundarabad	Suvidha Hospitals	10120	4
Thane	Viraj Hospital	8774	1
	Shree Multispeciality Hospital	6300	1
	Kaizen Super Speciality Hospital	6230	1
	Oscar Hospital	2700	1
	Swami Vivkenanda Medical	2500	2

	Mission Sanjivani Hospital		
	Ojas Nursing Home	1620	1
	Meditech Hospital	950	1
Vadodra	Nand Multispeciality Hospital Pvt Ltd.	970	1
Vapi	Vibrant Multispeciality Hospital	2200	2
Vijaywada	Ankura Hospital For Women and Children	1000	1
Zirakpur	Trinity Hospital and Medical Research Institute	6000	1

Location	Total Amount(Rs)
Ahmedabad	**24735**
Bengaluru	**21906**
Chandrapur	**22500**
Chennai	**17423**
Dombivali	**7255**
Gwalior	**6250**
Gurugram	**6619**
Haridwar	**23000**
Himatnagar	**6000**
Hyderabad	**37915**
Jabalpur	**11945**
Kalaburagi	**7760**
Kalamboli	**16210**
Kamothe	**10042**
Kouthala	**44134**
Mumbai	**84481**
Nagpur	**13100**
Nalgonada	**15000**
Nallasopara	**12041**
Narnaul	**4200**
Navi Mumbai	**12596**
Patila	**10730**
Pune	**8380**
Raipur	**7673**
Ranchi	**5440**
Secundarabad	**10120**
Thane	**29074**
Zirakpur	**6000**

The above table shows data based on the different locations with total excess amount to be recovered from different hospitals.

Data visualization for the above data:



Now we had to decide for our presentation as we had two different parts in the same presentation which included part A: FINANCIAL AUDIT REVIEW ANALYSIS & part B : INFLATION TRENDS BASED ON MEDICAL BILLING.

Meanwhile, we kept on working on our Inflation project mostly we worked on Saturday for our INFLATION project.
We kept on continuing our work on project 2, data prepared the pivot charts and graphs got them approved by my industry mentors: Rishav Singh and Shiv Kumar Singh.

After that, we started working on our presentation.

Discussed our project 1 data with my industry mentors: Rishav Singh, Himanshu Jain, Shivangi maam, for their suggestions and better insights.

Decided on my presentation title: **Healthcare Financial Analysis: Recovery Insights and Cost Trends.**

Under which I divided my two projects as part A: Audit Review Analysis, project 1.
Part B of the presentation: Inflation trends of FY 2023-2024 to 2024-2025 for Delhi NCR.
I started working on them.

Summer Internship Presentation Week.
Showed my total slides for my presentation and got them approved for presentation.
Tentative date for my presentation decided on 08/07/2025 at 3 pm.

The allotted manager for my presentation was Dr Daljit. He was quite responsive at the time of my

presentation and asked me a few questions based on my findings of both projects.
This presentation was also in terms of our pre-placement offer.
Out of 11 interns, 8 were shortlisted based on their presentation and performance over the last few months.

On the last day at the office on 11/07/2025, shortlisted students were asked to meet our L2 manager, Dr Khushpreet Singh Oberoi, who is at a very senior level, for the final interview rounds.
Now waiting for the final list who will get the final pre-placement offers.

4.2 Linking theory:

We had been informed to go through the different websites of NABH Patient-Related KPIs as follows:

Patient Satisfaction:
Measures patient experience and satisfaction with various aspects of care, often through surveys.

Readmission Rates:
Tracks the percentage of patients readmitted to the hospital within a specific timeframe after discharge, indicating potential issues with the initial treatment or care.

Patient Safety:
Focuses on preventing adverse events like falls, medication errors, and infections.

Medication Errors:
Monitors the frequency of medication errors, including errors in prescribing, dispensing, and administration.

Patient Wait Times:
Measures the time patients spend waiting for various services, such as emergency care, appointments, or procedures.

Adherence to Clinical Guidelines:
Tracks the extent to which healthcare providers follow established clinical guidelines for diagnosis and treatment.

Patient Rights and Education:
Assesses the extent to which patients are informed about their rights and receive adequate education about their condition and treatment.

Operational/Efficiency KPIs:

Bed Occupancy Rate:
Measures the percentage of hospital beds occupied at any given time, indicating resource utilization.

Length of Stay:
Tracks the average duration of patient stays, which can be an indicator of efficiency and effectiveness of care.

Staffing Ratios:
Monitors the number of staff (e.g., nurses, doctors) relative to the number of patients, ensuring adequate staffing levels.

Hand Hygiene Compliance:
Measures the adherence to hand hygiene protocols by healthcare staff, crucial for infection control.

Documentation and Record Keeping:
Evaluates the accuracy and completeness of patient records, which is essential for continuity of care and legal purposes.

Facility Management and Safety:
Addresses the safety of the hospital environment, including fire safety, emergency preparedness, and infection control.

Average Treatment Costs:
Tracks the cost of various treatments and procedures, which can be used for cost-effectiveness analysis.

Continuous Improvement:
Refers to the hospital's ongoing efforts to identify and implement improvements in processes and outcomes.

Clinical Establishment Act, IBEF, IRDAI, etc, and other policies and schemes of CARE HEALTH

INSURANCE. These KPIs related to NABH to be taught in 2nd year of MBA Hospital Management curriculum which are the most essential for Hospitals.

Got learnings about different clinical cases, including medical and surgical treatment done on them. How hospitals increase their amount is what the problem statement is all about: identifying the gaps.

Analysis of data was one of the most important tools to identify any discrepancy.
As we studied financial management so it helped me in applying a few concepts related to it.
It mainly played an important role in project part of AUDIT REVIEW ANALYSIS.

The inflation project was related to direct classroom discussion on health economics.
Using pivot charts and tables for visualization on MS Excel deeper understanding of any subject.
This project helped in analyzing trend analysis.

Inflation project was related with Health Economics.
Presentation skills were enhanced.
I also got an opportunity to work upon my communication skills.
Visualization of data in a better way to interpret the results.

4.3 Gaps identified on the working area.

- The IT server, primarily the Claims Live software, was not up to standard: Mostly it used to happen while working in office the software failure was very common which used to delay the claims processing and claims life cycle.

- Miscommunication among the employees.

- Lack of qualified employees: There needs to be a proper screening for employees before recruitment in the insurance sector as it deals with the most crucial part between patients and hospitals. The employee who work in Insurance sectors needs to be very skilled in their job. There needs to be proper feedback review based on their monthly performance.

- Lack of access to some real-time data.

- Lack of coordination among a few employees.

- The IT server is poor: Not only IT server was up to the mark but also the IT department was quite incompetent.

- Delayed feedback review for interns: Working in Cashless department as interns we faced a lot of shortcomings as we were informed before about mid-month review but it never happened.
- Limited access to data visualization tools: Though we were provided with organization laptops but there were no access to Microsoft office as we are living in the data driven era. So using outdated software will lead to delay in analyzing any problem.

- Limited documentation of past records: Inconsistency in past records even if they had been documented.

4.4 Suggestions for improvement

- There should be proper improvement in the server without delay in our work this will increase the efficiency of employee to work more and this will reduce any kind of error while claims processing because at the end its all about the customers trust.

- Proper SOPs should have been provided so that they could have improved the efficiency of our interns. As interns nobody was there to keep a check on us.

- There should have been a weekly briefing on our report regarding our project and the work that was assigned. This would help in keeping our weekly track records up to date and can help in increasing efficiency of interns.

- Better software must be used as we are living in the era of Artificial Intelligence and Machine learning. Using a better software will take less time to complete any task.

- The IT Department needs to be improved, and timely monitoring of their servers is necessary to prevent inconvenience for patients.

- Better understanding could be developed among the employees.

- More qualified employees must be hired for different roles in different departments.

- More efficient services needed to avoid delays in claim settlement.

- Documentation of past records must be done in a responsible manner as it contains records which may be required for future use by the insurance companies or by customers itself so in order to avoid such problems it must be kept in mind that the data handling must be done in a proper manner. This will help in maintaining secrecy of sensitive data of patients as well.

4.5 Key Learnings:

1. Claims Processing & Audit Analysis:
    - Gained hands-on exposure to real-time health insurance claim processing using **Claims Live** software. Entering the claim number was the first part then , service provider number was entered to open the original tariff details then matching both the claim settlement letter with the original tariff to find out in case if there any discrepancy or malpractice done by hospitals during medical billing.
    - Understood the procedure for both cashless and reimbursement claims in top-tier hospitals. Cashless claims processing is done in a short period of time where as reimbursement claims processing takes time.
    - Successfully conducted an audit review of over 473 cases in as that was the sample size for part A project on AUDIT REVIEW ANALYSIS to identify discrepancies and calculate recovery amounts. Basically recovery amount means the amount that should have been deducted but that amount has already been settled by the insurance company. Dong such analysis helps in identifying gaps and areas where to focus more. So as to avoid any kind of such malpractice in near future.
2. Health Economics & Financial Insight:
    - Analyzed the impact of medical inflation on claim values for FY 2023–24 and FY 2024–25.
    - Developed a project titled **"Healthcare Financial Analysis: Recovery Insights and Cost Trends"**, linking classroom concepts of health economics and financial management with real-world application.
    - Used data interpretation techniques to highlight trends in hospital tariff escalation.
3. Data Analysis & Visualization:
    - Developed strong skills in Excel include pivot charts, trend analysis, and data comparison.
    - Presented findings using effective data visualization tools for better insight and communication.
    - Improved ability to detect financial irregularities through detailed data scrutiny.
4. Professional Communication & Team Collaboration:
    - Improved interpersonal and professional communication through regular interaction with industry mentors and peers.
    - Learned how to incorporate feedback constructively to improve both projects and presentations.
    - Understood the importance of teamwork, prioritization, and managing multiple projects under supervision.
5. Presentation & Industry Exposure:
    - Delivered a formal presentation before senior management as part of a pre-placement evaluation.
    - Learned to structure and deliver insights effectively using real-time data and visuals.

- Gained awareness about IRDAI, NABH, Clinical Establishment Act, and internal CARE Health Insurance policies.

6. Workplace Learning & Adaptability:
    - Developed the ability to adapt to challenges like limited software access and coordination issues.
    - Learned to work independently and take initiative, including working on weekends to complete assigned tasks.

Signature of the Student:

Approved by the IIHMR University's Mento

5. WEEKLY REPORT

5.1 WEEK-1 REPORT

Name of the Organisation: CARE HEALTH INSURANCE

Area/ Department/ Project of Summer Internship Program: CLAIMS

Name of the Student: Dr. Anirudh Kumar Halder

Roll no: 1904

Stream: MBA HM 29

Week no: 01

From: 13/05/2025 to 16/05/2025

Activity Done	HR Pragya Choudhary conducted an orientation program. Got the opportunity to work on the problem statement which is mainly based on how inflation is affection cashless claims in hospitals of top 10 cities in India by our Manager Dr Khushpreet Singh. Got a demo on how to access Claims Live which is a software on which all cashless and Reimbursement claims processing is done. Along with that we got the data for hospitals which we are going to analyze and accordingly, we will create a project title. Got the opportunity to observe how claims processing is done.
Linking theory (Classroom learning) with practice at your organization	We have been also told to go through the different websites of NABH, the Clinical Establishment Act, IBEF, IRDAI, etc and other different policies and schemes of CARE HEALTH INSURANCE.
Gaps identified in the working area.	None of them have been identified till now.
Suggestions for improvement	No Suggestions.
Plan for the next week	Firstly we start analyzing the data that we all have received. Then start working on the objectives of the project. Also we will report to our Manager to assign us with our mentors.

	Also I will be learning more about claims processing.

Signature of the Student:

Approved by the IIHMR University's Mentor

5.2 WEEK-2 REPORT

Name of the Organisation: CARE HEALTH INSURANCE

Area/ Department/ Project of Summer Internship Program: CLAIMS

Name of the Student: Dr. Anirudh Kumar Halder

Roll no: 1904

Stream: MBA HM 29

Week no: 02

From: 19/05/2025 to 23/05/2025

Activity Done	We got demonstration by Rishav sir our Manager on how to compare tariffs then we were given a claim number to analyze everything regarding it factors of inflation affecting cashless claims. We kept on continuing our work further we were allotted with our respective cities s. no. wise. I got to work on New Delhi data IN MS excel sheet. Though we were not provided with excel software access from organization due to security reasons so we had to request for it again. Only few students got the access for MS Excel. I too got the access for MS excel then started working on it. Mainly we had to compare the claims and details for FY 2023-24 with FY 2024-25. Continued with my work prepared my own excel sheet and mentioned different columns which consisted of different parameters and showed it to my mentor at office got the approval to continue further. Total 18 cases were done till date. Remains off for us but from this upcoming week I will try to work on weekends as well.
Linking theory (Classroom learning) with practice at your organization	Getting a lot to learn about different clinical cases including medical and surgical treatment done to them. How hospitals increase their amount that is what the problem statement all about identifying the gaps.
Gaps identified in the working area.	None of them have been identified till now.

Suggestions for improvement	No Suggestions.
Plan for the next week	Firstly we start analyzing the data that we all have received. Then start working on the objectives of the project. Also we will report to our Manager to assign us with our mentors. Also I will be learning more about claims processing.

Signature of the Student:

Approved by the IIHMR University's Mentor

5.3 WEEK- 3 REPORT

Name of the Organisation: CARE HEALTH INSURANCE

Area/ Department/ Project of Summer Internship Program: CLAIMS

Name of the Student: Dr Anirudh Kumar Halder

Roll no: 1904

Stream: HM 29

Week no: 03

From: 26/05/2025 to 30/05/2025

Activity Done	As usual, I continued with my assigned project. I collected data on 40 cases, studied them, and identified the factors contributing to inflation. My work was checked by my assigned buddy/mentor: Mr Rishav Sir. Apart from the project our whole group was assigned the task of auditing the claims data. We were given the demo by Himanshu sir and his team regarding this new task that was assigned to us. Meanwhile, they also informed us that the project work needs to be managed by us we need to prioritize everything accordingly. But now the main work was to audit which was meant to find out the recovery amount from the claims that had been approved by the insurance company. I started in the evening after we got the demo, and I was able to solve 7 cases. Out of which I got recovery amount in 3 cases. I reached the organization early and started with my auditing task by 1 pm Himanshu sir asked me to submit all the data of cases to be submitted. By 1 pm I was able to complete 25 cases in total and then I sent them the mail attaching my Excel sheet. After doing this I again started auditing further before leaving from office I was able to complete 36 cases in total.
Linking theory (Classroom learning) with practice at your organization	

Gaps identified in the working area.	The IT server, primarily the Claims Live software, was not up to standard.
Suggestions for improvement	The IT Department needs to be improved, and timely monitoring of their servers is necessary to prevent inconvenience for patients.
Plan for the next week	For the next week plan is mainly to continue with auditing work at least 25 cases per day to be completed. After that my project work.

Signature of the Student

Approved by the IIHMR University's Mentor

5.4 WEEK-4 REPORT

Name of the Organisation: CARE HEALTH INSURANCE

Area/ Department/ Project of Summer Internship Program: CASHLESS CLAIMS

Name of the Student: DR ANIRUDH KUMAR HALDER

Roll no: 1904

Stream: MBA HM 29

Week no: 04

From: 02/06/2025 to 07/06/2025

Activity Done	Analysing the data that has been provided working on the recovery amount. On Saturdays its mainly off but I went in order to work on my Inflation project that has been assigned. Along with that we had been informed that we need to prepare another project on recovering data, which is related to the auditing part.
Linking theory (Classroom learning) with practice at your organisation	Analysis of data was one of the most important tools to identify any discrepancy.
Gaps identified on the working area.	Miscommunication among the employees. Lack of qualified employees.
Suggestions for improvement	Better understanding could be developed among the employees. More qualified employees must be hired for different roles in different departments.
Plan for the next week	Next week, again working on both projects.

5.5 WEEK-5 REPORT

Name of the Organisation: CARE HEALTH INSURANCE

Area/ Department/ Project of Summer Internship Program: CASHLESS CLAIMS

Name of the Student: DR ANIRUDH KUMAR HALDER

Roll no: 1904

Stream: MBA HM 29

Week no: 05

From: 09/06/2025 to 14/06/2025

Activity Done	Analysing the data that has been provided, working on the recovery amount. On Saturdays, it's mainly off, but I went to work on my Inflation project that has been assigned. Along with that, we had been informed that we need to prepare another project on recovery data, which is related to the auditing part.
Linking theory (Classroom learning) with practice at your organisation	As we studied financial management so it helped me in applying few concepts related to it.
Gaps identified on the working area.	Lack of access to some real-time data.
Suggestions for improvement	More efficient services needed to avoid delay in claim settlement.
Plan for the next week	Next week, again working on both projects.

5.6 WEEK-6 REPORT

Name of the Organisation: CARE HEALTH INSURANCE

Area/ Department/ Project of Summer Internship Program: CLAIMS

Name of the Student: Dr Anirudh Kumar Halder

Roll no: 1904

Stream: HM 29

Week no: 06

From: 16/06/2025 to 21/06/2025

Activity Done	Started working on my project 2, which was mainly based on the recovery amount. I decided title for the project named Audit Review Analysis. Daily, I worked on 25 cases to find out the extra amount to be recovered from the hospitals. Meanwhile, I kept on working on my Inflation project mostly I worked on Saturday for that project.
Linking theory (Classroom learning) with practice at your organization	The inflation project was related to direct classroom discussion on health economics.
Gaps were identified in the working area.	Lack of coordination among a few employees. The IT server is poor.
Suggestions for improvement	IT Department must be improved in order to avoid any technical glitch.
Plan for the next week	For the next week plan is mainly to continue with auditing work, at least 25 cases per day to be completed. After that, my project work.

Signature of the Student

Approved by the IIHMR University's Mentor

5.7 WEEK-7 REPORT

Name of the Organisation: CARE HEALTH INSURANCE

Area/ Department/ Project of Summer Internship Program: CLAIMS

Name of the Student: Dr Anirudh Kumar Halder

Roll no: 1904

Stream: MBA HM 29

Week no: 07

From: 23/06/2025 to 26/06/2025

Activity Done	I kept continuing my work on project 2, data prepared the pivot charts and graphs got them approved by my industry mentors: Rishav Singh and Shiv Kumar Singh. After that, I started working on my presentation.
Linking theory (Classroom learning) with practice at your organisation	Using pivot charts and tables for visualization on MS Excel deeper understanding of any subject.
Gaps were identified in the working area.	Delayed feedback review for interns. Limited access to data visualization tools.
Suggestions for improvement	Feedback without any delay with a weekly track record.
Plan for the next week	

Signature of the Student

Approved by the IIHMR University's Mentor

5.8 WEEK-8 REPORT

Name of the Organisation: CARE HEALTH INSURANCE

Area/ Department/ Project of Summer Internship Program: CLAIMS

Name of the Student: Dr Anirudh Kumar Halder

Roll no: 1904

Stream: HM 29

Week no: 08

From: 30/06/2025 to 05/06/2025

Activity Done	Discussed my project 1 data with my industry mentors: Rishav Singh, Himanshu Jain, Shivangi maam, for their suggestions and better insights. Decided on my presentation title: Healthcare Financial Analysis: Recovery Insights and Cost Trends. Under which I divided my two projects as part A: Audit Review Analysis, project 1. Part B of the presentation: Inflation trends of FY 2023-2024 to 2024-2025 for Delhi NCR. I started working on them.
Linking theory (Classroom learning) with practice at your organization	This project helped in analysing trend analysis. Inflation project is connected with Health Economics.
Gaps identified in the working area.	Limited documentation of past records
Suggestions for improvement	Data collection and handling must be scrutinised.
Plan for the next week	

Signature of the Student

Approved by the IIHMR University's Mentor

5.9 WEEK-9 REPORT

Name of the Organisation: CARE HEALTH INSURANCE

Area/ Department/ Project of Summer Internship Program: CLAIMS

Name of the Student: Dr Anirudh Kumar Halder

Roll no: 1904

Stream: MBA HM 29

Week no: 9

From: 07/07/2025 to 11/07/2025

Activity Done	Summer Internship Presentation Week. Showed my total slides for my presentation and got them approved for presentation. Tentative date for my presentation decided on 08/07/2025 at 3 pm. The allotted manager for my presentation was Dr Daljit. He was quite responsive at the time of my presentation and asked me a few questions based on my findings of both projects. This presentation was also in terms of our pre-placement offer. Out of 11 interns, 8 were shortlisted based on their presentation and performance over the last few months. On the last day at the office on 11/07/2025, shortlisted students were asked to meet our L2 manager, Dr Khushpreet Singh Oberoi, who is at a very senior level, for the final interview rounds. Now waiting for the final list who will get the final pre-placement offers.
Linking theory (Classroom learning) with practice at your organisation	Presentation skills were enhanced. I also got an opportunity to work upon my communication skills. Visualization of data in a better way to interpret the results.
Gaps identified on the working area.	Senior employees could be more punctual.

Suggestions for improvement	Senior employees and their team leaders must set an example for their team in order to force them to work in a better manner.
Plan for the next week	

Signature of the Student

Approved by the IIHMR University's Mentor

5.10 WEEK-10 REPORT

Name of the Organisation: CARE HEALTH INSURANCE

Area/ Department/ Project of Summer Internship Program: CLAIMS

Name of the Student: Dr Anirudh Kumar Halder

Roll no: 1904

Stream: MBA HM 29

Week no: 10

From: 13/07/2025 to 25/07/2025

Activity Done	Working on final Summer Internship Presentation at IIHMR University for poster presentation and report submission. Worked under the guidance of my mentor Dr. Goutam Sadhu sir who guided me and corrected my report writing and poster presentation.
Linking theory (Classroom learning) with practice at your organisation	Working on Presentation making and presenting skills, along with that working on report writing.
Gaps identified on the working area.	No suggestions.

Suggestions for improvement	No Suggestions.
Plan for the next week	Poster presentation on 29/07/2025.

Signature of the Student

Approved by the IIHMR University's Mentor