

SUMMER INTERNSHIP PROGRAM

at

ERNST & YOUNG, New Delhi

From 26th May 2025 to 25th July 2025

A REPORT BY

Ankita Shaw

Master of Business Administration

Hospital and Health Management

2024-26

under the Mentorship of

Dr. Mamata Chauhan, Professor





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July 30, 2025

Delhi

TO WHOM IT MAY CONCERN

This is to confirm that Ankita Shaw was employed with **Ernst & Young LLP** for the period 26-May-2025 to 25-Jul-2025.

At the time of her exit, she was designated as Summer Intern in the Consulting – Business Consulting practice.

This letter is issued as a proof of work experience.

For **Ernst & Young LLP**,

Anand Parab
Authorised Signatory

K79135

IIHMR University Faculty Mentor Approval

This is to certify that **Ms Ankita Shaw** of academic year 2024-26 of Institute of Health Management Research has prepared a poster with respect to her summer internship held during May-July 2025.

She has carried out work as per the guidelines. Her poster is approved for the presentation.

A handwritten signature in blue ink, appearing to read 'Mamta', with a horizontal line underneath.

(Signature of faculty member)

Date: 28/07/2025

Dr Mamta Chauhan
Professor

Name: Ankita Shaw

Roll No: 1907 [MBA-HM 29]

Faculty Mentor: Dr. Mamta Chauhan

Organizational Mentor: Mr. Nirmalendu Jena

Background and History

- Ernst and Young is a globally connected, multidisciplinary professional service organization Founded in 1989, headquartered in London
- Four Integrated service lines- Assurance, Consulting, Tax, Strategy and Transaction

45000+ 14 Cities 23 Offices

SWOT Analysis(Healthcare Consulting)

Strengths	Weakness
Strong multidisciplinary workforce and wide client reach	Poor coordination across sectors with limited resources
Opportunity	Threats
Rising demand for healthcare consultancy & rapid innovations in tech	High Competition from other firms and shifts in healthcare regulations

Organogram



Vision & Mission

Vision: EY is driven by the purpose to build a better working world

Mission: To develop exceptional leaders who collaborate to fulfill stakeholder promises, thereby advancing the healthcare drive and nation's economic development.

Theoretical Understanding
Conceptual knowledge and understanding of policy/health system

Practical Exposure
Brainstorming to solve real life problems, enhances problem solving

Challenges faced: Lack of prior experience in consulting | Navigating Team dynamics | Limited Client Interaction | Adapting to fast paced environment

Suggestions: Strengthen internal communication process | Regular feedback to understand expectation better and performance monitoring | Knowledge transfer across teams to facilitate cross learning

Key Learnings

Project Kick off Stages



Challenges

- Shortage of Manpower
- Hospital dempanelment
- Fraudulent claim
- Limited geographical coverage

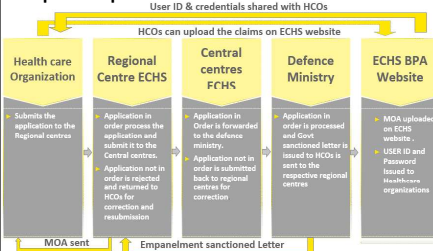
Recommendations

- Increased Remuneration
- Avoid payment delays+ Revised rates
- AI/ML Integration
- MMU & Telemedicine

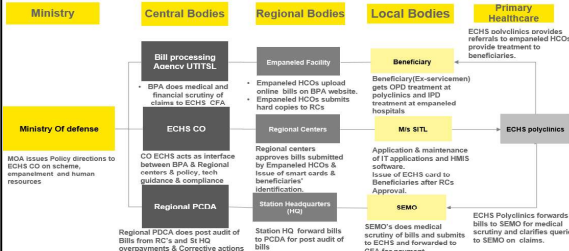
Beneficiary Journey



Hospital Empanelment Process



Echs Stakeholder's Framework



Usefulness of Internship-

1. Learnt how to approach unstructured problems
2. Gained exposure to diverse healthcare projects while networking with professionals across different domains
3. Understood ground level policy functioning

Reporting Format (Weekly)

Name of the Organisation: Ernst and Young, New Delhi

Area/ Department/ Project of Summer Internship Program: Comprehensive Review of Ex-Servicemen Contributory Health Scheme

Name of the Student: Ankita Shaw

Roll no: 1907

Stream: MBA Hospital and Health Management

Week no: 1

From: 26th May to 1st June

Activity Done	The onboarding week focused on team introductions, project familiarization with key jargons, and outlining key tasks through team meetings to ensure a clear understanding of project's scope of services, key pain areas and expected deliverables
Linking theory (Classroom learning) with practice at your organisation	Health policy and health care delivery system taught in first semester provided a contextual foundation for understanding how large-scale healthcare initiatives are structured and implemented. Research methodology helped in data collection through secondary research.
Gaps identified on the working area.	No significant operational or knowledge based gaps were identified as the focus was primarily introductory
Suggestions for improvement	None, applicable at this point. Onboarding and initial briefings were structured and thoroughly comprehensive.
Plan for the next week	• Begin screening and analysis of key project documents for Impact assessment • Map out the benchmarking strategy to evaluate against international healthcare models

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Stream: MBA Hospital and Health Management

Week no: 2

From: 2nd June to 8th June

Activity Done	Focus shifted from orientation to research and analysis. We started working on Comprehensive benchmarking of EX-Servicemen Contributory Health Schemes with international systems (US, Brazil, UK, Australia) to better understand their financing, patient flow, and infrastructure. Along with that we conducted preliminary meetings with engaged entity to understand their expectations and challenges
Linking theory (Classroom learning) with practice at your organisation	Research Methodology helped in data extraction and questionnaire designing. While Financial management came handy in cost structure analysis.
Gaps identified on the working area.	Minor challenges in accessing standardised data across international annual reports and I faced major Challenges in translating global insights and parameters to local nomenclature
Suggestions for improvement	Recommend development of a structured data extraction template to facilitate international comparison
Plan for the next week	Synthesize benchmarking results to gain insights and propose recommendations.

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Week no: 3 **From:** 9th June to 15th June

Activity Done	This week we conducted secondary research to examine various challenges faced by beneficiaries enrolled in ECHS Scheme. The research covered some of the common grievances such as delays in claims and reimbursements, limited-service coverage, gaps in availability of specialist's doctors, and administrative bottlenecks.
Linking theory (Classroom learning) with practice at your organisation	Research Methodology were crucial for qualitative data collection and thematic analysis
Gaps identified on the working area.	Certain data points, particularly on grievance redressal effectiveness, were difficult to obtain due to limited public disclosure.
Suggestions for improvement	Recommend authorities to develop comprehensive annual reports to public eye summarising key operational metrics, grievance redressal statistics, and beneficiary satisfaction scores to enhance transparency along with online dashboard on website for tracking.
Plan for the next week	Designing of the stakeholder questionnaire for FDG to align with current needs

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Week no: 4 **From:** 16th June to 22nd June

Activity Done	This week centred on designing the detailed primary questionnaires list for conducting stakeholder consultations. Concurrently an interim report was drafted, compiling secondary research insights and highlighting challenges observed in ECHS, such as budgetary constraints, limited service and diagnostics coverage, beneficiary satisfaction concerns, claims and reimbursement complexities, and staffing shortages
Linking theory (Classroom learning) with practice at your organisation	Knowledge from Essentials of Health economics helped in understanding PPP (Purchasing Power Parity) while benchmarking globally. Financial Management helped in budgeting analysis and Research methodology helping in drafting an instrumental report.
Gaps identified on the working area.	Certain secondary data lacked granularity, necessitating validation against primary insights
Suggestions for improvement	Triangulating multiple data sources can lead to higher accuracy and reliability.
Plan for the next week	I'll be continuing working on the drafting the report and completing secondary documentation Conduct stakeholder interviews based on questionnaires developed.

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Week no: 5 **From:** 23rd June to 29th June

Activity Done	This week we continued with the drafting of report. Simultaneously in-depth Research on supply chain management was conducted, focusing on inventory management demand forecasting, procurement processes, and logistics operations relevant to healthcare service delivery. The interim report was updated to reflect these new findings.
Linking theory (Classroom learning) with practice at your organisation	Research Methodology helped in quantitative and qualitative data collection.
Gaps identified on the working area.	Certain secondary data lacked granularity, necessitating validation against primary insights
Suggestions for improvement	Triangulating multiple data sources can lead to higher accuracy and reliability
Plan for the next week	Schedule and conduct stakeholder consultation meetings based on questionnaires developed to delve deeper into operational pain points and use these meetings to validate initial findings and gather clarifications on ambiguous or conflicting information collected so far.

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Stream: MBA Hospital and Health Management

Week no: 6

From: 30th June to 6th July

Activity Done	Conducted FDGs (Focus Group Discussions) with stakeholders engaged and successfully incorporated feedback from client. Additionally, integrated the data gathered through FDGs for further analysis.
Linking theory (Classroom learning) with practice at your organisation	Business Communication helped in driving the conversation and effective listening
Gaps identified on the working area.	Discrepancies in data from primary and secondary sources
Suggestions for improvement	Periodic audits to reconcile data between sources. Real time dashboard to minimize delays and mismatch to keep getting updates on granular and ground level functioning
Plan for the next week	Interim Report to be presented to client and incorporate feedback

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Stream: MBA Hospital and Health Management

Week no: 7

From: 7th July to 13th July

Activity Done	Prepared workflows key focus area parameters shared by client and incorporated in the Report. Further comparative review of ECHS supply chain management and procurement with state government SCM like TMNSCL (Tamil Nadu Service Corporation limited), KSMSCL (Karnataka Service Medical Service Corporation limited), OSMSCS (Odisha Service Medical Service Corporation limited), Maharashtra State Health Systems Resource Centre (MSHSRC) and Bihar Medical Services & Infrastructure Corporation Limited (BMSICL)
Linking theory (Classroom learning) with practice at your organisation	Research Methodology helped in quantitative and qualitative data collection.
Gaps identified on the working area.	Minor Challenges in matching nomenclature across various Schemes
Suggestions for improvement	Standardize Metadata Structures across Schemes
Plan for the next week	Draw insights from comparative Second set of FGDs

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Roll no: 1907

Stream: MBA Hospital and Health Management

Week no: 8

From: 14th July to 20th July

Activity Done	Prepared a “As-Is” study deck outlining the current processes and frameworks in place for Interim report 2. Additionally, another round of FDG was conducted to cover all verticals
Linking theory (Classroom learning) with practice at your organisation	Research Methodology helped in quantitative and qualitative data collection.
Gaps identified on the working area.	Discrepancies in data from primary and secondary sources
Suggestions for improvement	Periodic audits to reconcile data between sources. Real time dashboard to minimize delays and mismatch to keep getting updates on granular and ground level functioning
Plan for the next week	Propose recommendation based on analysis done till now on interim report 2

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Roll no: 1907

Stream: MBA Hospital and Health Management

Week no: 9

From: 21st July to 25th July

Activity Done	Site visit to two polyclinics to understand operations at ground level for Impact assessment of manpower sanctioned vs held, quality of service, beneficiary grievances, hospital empanelment, bill processing and access to care. Along with this, a set of recommendations were drafted based on previous findings
Linking theory (Classroom learning) with practice at your organisation	Research Methodology helped in quantitative and qualitative data collection.
Gaps identified on the working area.	Discrepancies in data from primary and secondary sources
Suggestions for improvement	Periodic audits to reconcile data between sources. Real time dashboard to minimize delays and mismatch to keep getting updates on granular and ground level functioning
Plan for the next week	Map out challenges in the scheme of new findings and include their recommendations in the report. However my internship tenure ends with this week, but the project goes on. I will be focusing on approval of final report and poster as well as completion of all important documentation required. I also had one on one meetings with seasoned players in the organization to get my performance feedback and understanding about the organization's work.

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Compiled Reporting Format

Name of the Organisation: Ernst & Young, New Delhi

Area/ Department/ Project of Summer Internship Program: Comprehensive Review of Ex-Servicemen Contributory Health Scheme

Name of the Student: Ankita Shaw

Roll no: 1907

Stream: HHM

Activity Done	Week 1: Team onboarding, project familiarization, & outlining key tasks Week 2: Global benchmarking of ECHS against schemes in US, Brazil, UK, Australia Week 3: Conducted secondary research on ECHS beneficiary challenges- claim delays, limited-service coverage, shortage of specialist, and administrative bottlenecks Week 4: Designed stakeholder consultation questionnaires and drafted interim report summarizing secondary research and common healthcare scheme issues- budget constraints, limited diagnostics, beneficiary satisfaction, claim complexities and staffing shortages. Week 5: Continued report drafting, updated with new findings on operational inefficiency and continued in dept research on supply chain management and procurement aspect Week 6: Held Focus group discussions (FDGs) with Stakeholders, incorporated client feedback and integrated FDG data for analysis Week 7: Developed workflows based on client focus areas and conducted comparative analysis of ECHS supply chain management with state systems (TMNSCL, KSMSCL, OSMSC, MSHSRC, BMSICL) Week 8: Prepared an “As-Is” study deck of current processes for interim report 2 and conducted additional FDGs to cover all verticals
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	Week 9: Conducted site visits to two polyclinics to assess manpower, service quality, grievance redressal, hospital empanelment, billing and access to care. Drafted recommendations based on all the findings
Linking theory (Classroom learning) with practice at your organisation	Health Policy and Healthcare delivery system: Built understanding of large healthcare initiatives structures and implementation Research Methodology: Supported secondary data collection, questionnaire design, thematic analysis and interim report drafting. Financial Management: Assisted in budgeting analysis Essential of Health Economics: Enabled understanding of PPP models during global benchmarking. Business Communication: Improved stakeholder interactions through effective communication and listening skills.
Gaps identified on the working area.	Data standardization: Difficulty accessing and aligning standardized data across international reports and local nomenclature Limited Public Disclosure: Incomplete data on grievances received and redressal Lack of granular data: Secondary data lacked sufficient details, requiring validation through primary research Data Discrepancies: Inconsistencies between primary and secondary sources. Scheme Nomenclature Variance: Challenges in matching terminologies across different schemes
Suggestions for improvement	Structured data collection: Develop standardized nomenclature to enable easier global and national benchmarking and comparison. Enhances transparency & reporting: Publish comprehensive annual reports with key metrics, grievance data and beneficiary satisfaction for recent five years necessarily. Multi-source validation: Triangulate data from multiple sources to improve accuracy and reliability

	Regular audits and real time dashboards: Conduct periodic audits to reconcile discrepancies and designing of real time dashboard to monitor granular updates.
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