SUMMER INTERNSHIP PROGRAM

at

CARE HEALTH INSURANCE

From May 12 to July 11, 2025

A REPORT BY

Vijya Singh

Master of Business Administration

Hospital and Health Management

Roll no. 2110

2024-26

under the Mentorship of

Dr. Sarthak Sengupta

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

July 11,2025

Ms. Vijya Singh

Dear Vijya,

This is to certify that you have successfully completed your Training for Claims Medical Department of Care Health Insurance Limited.

Period of Training: May 12,2025 to July 11,2025

We wish you all the best for your future endeavours.

For Care Health Insurance Limited

(Authorized Signatory)

Rashi Ramani (Head – Human Resources)

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Vijya Singh** of academic year 2024-26, **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 presentation.

Date: 29/07/2025

Dr. Sarthak Sen Gupta

Assistant Professor

IIHMR University, Jaipur

SUMMER INTERNSHIP PROJECT

RECOVERY ANALYSIS OF MISSED DEDUCTIONS AND EXCESS BILLING IN HOSPITAL CLAIMS

Care Health Insurance, Gurugram

IIHMR UNIVERSITY

Under the Guidance of
Dr. Sarthak Sengupta (University mentor)

care HEALTH INSURANCE

Under the Guidance of
Mr. Rishav Singh (Organization mentor)

Presented by: Dr. VIJYA SINGH - 2110 MBA HM-29 IIHMR UNIVERSITY, JAIPUR

ABOUT CARE INSURANCE

Care Health Insurance (formerly known as Religare Health Insurance) was established in July 2012 by its founding Managing Director & CEO, Anuj Gulati. Care offers a comprehensive range of health insurance products including retail health, top-up coverage, critical illness, personal accident, maternity, international travel insurance, and group insurance solutions. With a strong focus on consumer-centricity, Care Health Insurance leverages technology to ensure superior customer service, innovative offerings, and value-driven solutions.

CORE VALUES
Respect
Trust
Customer excellence

VISION
Being the most preferred health service provider, which is caring, cost effective, innovative and reachable.

MISSION
To be an industry-leading health insurance provider that delivers value to all stakeholders, including customers, employees, distributors, and shareholders, while ensuring inclusive growth across society. The company strives to set benchmarks in customer care, transparent communication, and long-term relationships.

ORGANOGRAM

MANAGER → CORPORATE MANAGER → SUB FUNCTIONAL HEAD → HEAD

SWOT

STRENGTHS
- Strong internal audit team with deep claims knowledge
- Access to large claims data for analysis and tracking
- Use of digital platforms and claim tracking tools
- Supportive mentorship and collaborative team culture

WEAKNESSES
- Lack of standardized SOPs.
- Manual oversight in identifying repeated discrepancies
- Inconsistent billing formats from different hospitals
- Delayed feedback loops with provider hospitals

OPPORTUNITIES
- Automation of billing error detection through AI or analytics tools
- Development of centralized knowledge base or case repository
- Integration with hospital systems for real-time billing validation
- Cross-learning with other departments

THREATS
- Resistance from hospitals during recovery enforcement
- Changes in government regulations or package guidelines
- Growing complexity of medical procedures
- High claim volumes leading to missed minor deductions

ABOUT THE PROJECT

This project addresses the prevalent issue of billing discrepancies in Indian health insurance claims. These discrepancies compromise the accuracy and efficiency of the claims settlement process, impacting both operational integrity and cost control.

Data Collection	Sampling	Data Analysis	Visualization	Interpretation
Manual review of 508 hospital claims from 1st quarter of 2025.	Selection of 88 representative cases with findings (recovery).	Quantitative and qualitative analysis of claim data.	Use of charts and graphs to identify trends.	Deriving insights, conclusion and recommendations.

OBJECTIVES
Identify patterns of missed deductions and excess billing
Quantify financial impact of discrepancies
Recommend process improvements to enhance accuracy and efficiency in claims processing

PRACTICAL EXPOSURE VS THEORETICAL LEARNING

THEORETICAL UNDERSTANDING	PRACTICAL EXPOSURE
Claims lifecycle, IRDAI rules	Reviewed real claims, observed audit and recovery workflow
Cost control, reimbursement models	Quantified recovery and financial leakage
ICD, CPT codes, treatment packages	Interpreted clinical docs, flagged billing discrepancies
Audit tools, IRDAI norms	Identified missed deductions, participated in micro audits
Research design, analysis and interpretation	Prepared final report and delivered stakeholder presentation
Report writing, presentation skills	

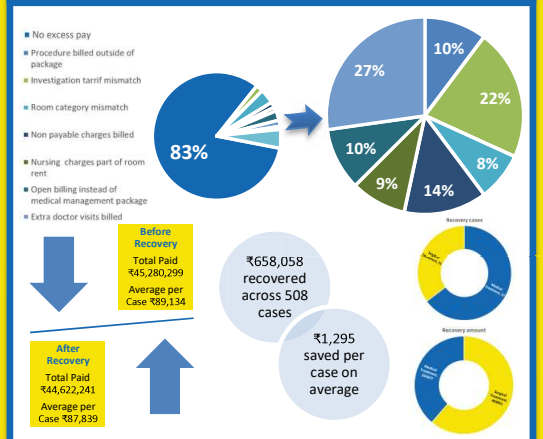
MAJOR LEARNINGS

- Understanding of Claims Recovery Processes
- Enhanced Data Analysis Skills
- Familiarity with Regulatory Frameworks
- Effective Communication and Reporting
- Critical Thinking & Problem Solving
- Team Collaboration & Workflow Exposure
- Professional Ethics

CHALLENGES FACED

- Non-Standardized Hospital Billing Formats
- Inconsistent Documentation
- Manual effort required to flag missed deductions
- Variation Across Regions & Hospital Practices
- Limited Exposure to Provider Communication

FINDINGS



SUGGESTIONS

- Enforce Package Billing Protocols
- Conduct Regular Billing Audits
- Train Claims Processing Teams
- Establish Feedback Loops with Hospitals

PHOTOS OF THE ORGANIZATION AND ACTIVITIES

REFERENCES: Internal claim records from Care Insurance on Claims Live, Claims data using Google Sheets, https://www.careinsurance.com/ , https://irdai.gov.in/ , Discussions with claims department, Research on insurance fraud and billing practices, https://pmc.ncbi.nlm.nih.gov/articles/PMC11831774/

Week 1 Report

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims Department – ACS Analysis

Name of the Student: Vijya Singh

Roll no: 2110 Stream: MBA HM

Week no: 1 From: 12-05-25 to 17-05-25

Activity Done	• HR induction session, asset collection • Received project objectives • Orientation on health insurance NABH & IRDAI
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of health policies and regulatory framework like IRDAI and NABH to understand claims processing • Strategic management tools for PESTEL analysis to get industry overview • Research methodology for project design
Gaps identified on the working area.	• Limited access to real time data • Initial ambiguity in scope of project
Suggestions for improvement	• Clearer brief and documentation at the beginning of the project • Regular interaction with different department heads to enhance understanding • Provision of case studies and examples to illustrate concepts like fraud detection and claim patterns
Plan for the next week	• Begin primary and secondary research on claims cost inflation in top 10 cities • Conduct interviews with relevant stakeholders • Compile state wise data on health infrastructure and healthcare insurance cost inflation

Week 2 Report

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims Department – ACS Analysis

Name of the Student: Vijya Singh

Roll no: 2110 **Stream: MBA HM**

Week no: 2 **From: 19-05-25 to 24-05-25**

Activity Done	• Received objectives for research. • Explored policy schemes offered by Care Insurance. • Received city-wise data and got briefing. • Trained in using the claims department's main portal. • Analyzed claims data, identified inflation factors, and submitted a progress report.
Linking theory (Classroom learning) with practice at your organisation	• Classroom knowledge of health insurance schemes, healthcare financing, and data analytics was directly applied. • Practical exposure to PM-JAY and real-world claim data enhanced understanding of policy implementation and operational challenges.
Gaps identified on the working area.	• Limited access to some data sources. • Complexity in interpreting real-time claims and policy clauses.
Suggestions for improvement	• Orientation session for claim processes and portal navigation. • Access to sample claims data for learning. • Structured explanation of policy terms and clauses by a mentor.
Plan for the next week	• Deepen analysis on inflation trends in claims. • Refine research methodology. • Prepare a mid-way status update report.

Week 3 Report

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims Department – ACS Analysis

Name of the Student: Vijya Singh

Roll no: 2110 **Stream: MBA HM**

Week no: 3 **From: 26-05-25 to 31-05-25**

Activity Done	• Introduced to a new project involving the company's recovery process. • Started assisting a team of experts on a daily target basis to help recover amounts from claims passed in the last six months.
Linking theory (Classroom learning) with practice at your organisation	• Theoretical understanding of insurance operations, claims management, and fraud detection linked with real-world recovery processes. • The work aligned with principles learned in subjects such as Health Financing, Insurance Operations, and Data Management.
Gaps identified on the working area.	• Lack of exposure to recovery process before this week. • Need for more clarity on how recovery calculations are made.
Suggestions for improvement	• Detailed orientation or flowchart for recovery process. • A brief training session on past claim handling and recovery protocol. • Assignment of mini case studies for clarity.
Plan for the next week	• Deepen involvement in recovery project. • Work towards daily recovery targets. • Collect learning insights from team interactions. • Begin drafting findings from initial research project alongside recovery work.

Week 4 Report

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims Department – ACS Analysis

Name of the Student: Vijya Singh

Roll no: 2110 **Stream: MBA HM**

Week no: 4 **From: 02-06-25 to 07-06-25**

Activity Done	• Continued with audit and recovery work, identifying gaps and recovery amounts in past claims. • Daily exposure to medical terminology, injuries, and disease patterns. • Observed regional variations and inflation trends.
Linking theory (Classroom learning) with practice at your organisation	• Knowledge from human anatomy and health systems helped in better comprehension of disease reports and injury assessments. • Insurance claim processing concepts learned in classroom are being applied in real-time audit work.
Gaps identified on the working area.	• Lack of uniformity in regional claim processes. • Variation in documentation patterns across zones leads to assessment challenges.
Suggestions for improvement	• A comparative guide explaining regional claim policies and standard inflation drivers. • Conduct a short session with medical or claims expert.
Plan for the next week	• Continue active involvement in audit and recovery. • Start analyzing trends behind regional inflation differences. Improve accuracy in interpreting disease claims. • Explore additional training materials to strengthen medical and regional understanding.

Week 5 Report

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims Department – ACS Analysis

Name of the Student: Vijya Singh

Roll no: 2110 **Stream: MBA HM**

Week no: 5 **From: 09-06-25 to 14-06-25**

Activity Done	• Continued with daily claim audits and recovery tracking. • Gained proficiency in identifying and recording recovery assets.
Linking theory (Classroom learning) with practice at your organisation	• Concepts of healthcare audits, insurance recovery, and medical coding from class applied during daily tasks. • Practical exposure to various treatments helps in understanding real-world application of theoretical medical and insurance concepts.
Gaps identified on the working area.	• Lack of structured resources for some advanced surgical procedures. • Inconsistencies in recovery documentation formats. • Need for more clarity on how audit teams determine final recovery eligibility.
Suggestions for improvement	• Internal knowledge-sharing sessions by experienced claims officers. • Access to case studies on complex recovery scenarios. • Standard operating procedure (SOP) documentation for audit methods.
Plan for the next week	• Start outlining the structure of final presentation and project report. • Begin compiling learnings and case observations.

Week 6 Report

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims Department – Recovery analysis

Name of the Student: Vijya Singh

Roll no: 2110 **Stream: MBA HM**

Week no: 6 **From: 16-06-25 to 21-06-25**

Activity Done	• Project title revised to "Recovery Analysis of Missed Deductions and Excess Billing in Hospital Claims." • Reviewed high-value claims for missed deductions and errors. • Studied audit remarks and traced recovery flags. • Participated in internal team meetings to understand trends in deduction misses.
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of cost control, claim adjudication, and audit reconciliation. • Used classroom learnings on health policy analysis and reimbursement frameworks to detect overlooked deductions.
Gaps identified on the working area.	• Lack of centralized tracking for missed deductions across hospitals. • Inconsistent remarking and tagging of non-payables or inadmissible items.
Suggestions for improvement	• Introduce a uniform checklist for deduction validation. • Conduct refresher training for claims audit teams on coding and non-payables.
Plan for the next week	• Begin data-driven analysis to identify patterns and root causes behind missed deductions. • Start drafting data visuals and insights.

Week 7 Report

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims Department – Recovery analysis

Name of the Student: Vijya Singh

Roll no: 2110 **Stream: MBA HM**

Week no: 7 **From: 23-06-25 to 28-06-25**

Activity Done	• Focused on thorough analysis of available data. • Segmented claims by TPA, hospital type, region, and billing category. • Identified recurring gaps like double-charging, improper room category-based billing, and unnecessary investigations. • Documented findings with quantitative evidence.
Linking theory (Classroom learning) with practice at your organisation	• Utilized data analytics frameworks from research methods courses. • Combined quantitative and qualitative techniques to develop insights. • Recalled healthcare finance and ethics modules for deeper understanding of billing practices.
Gaps identified on the working area.	• Repeated recovery misses due to manual oversight. • High variation in deductions across similar claims. • Weak flagging mechanisms in portal tools.
Suggestions for improvement	• Deploy automated flags for common errors like room-based service mismatches. • Use dashboards for ongoing deduction trend monitoring.
Plan for the next week	• Start preparing slides for final presentation. • Categorize findings into root cause, impact, and recommendations. • Collaborate with mentor for inputs.

Week 8 Report

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims Department – Recovery analysis

Name of the Student: Vijya Singh

Roll no: 2110 **Stream: MBA HM**

Week no: 8 **From: 30-06-25 to 05-07-25**

Activity Done	• Focused on designing and structuring the final presentation. • Organized findings by theme: inflation trends, procedural overbilling, deduction misses, and SOP gaps. • Prepared charts, case snapshots, and recovery estimates. Took feedback from team members and incorporated improvements.
Linking theory (Classroom learning) with practice at your organisation	• Applied business communication and presentation skills from MBA curriculum. • Leveraged evidence-based reporting methods learned in project management courses.
Gaps identified on the working area.	• Difficulty in accessing older closed-case documentation. • Lack of visual summary tools for recovery trends.
Suggestions for improvement	• Create centralized database of frequently missed deductions. • Add visuals/infographics to SOPs for easier training.
Plan for the next week	• Rehearse final presentation. • Finalize report document. • Prepare for Q&A and peer feedback. • Compile learnings in a structured report format.

Week 9 Report

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims Department – Recovery analysis

Name of the Student: Vijya Singh

Roll no: 2110 **Stream: MBA HM**

Week no: 9 **From: 07-07-25 to 11-07-25**

Activity Done	• Delivered final project presentation. • Explained project background, methodology, key findings, and recommendations. • Responded to questions from peers and managers. • Reflected on personal growth during internship.
Linking theory (Classroom learning) with practice at your organisation	• Synthesized entire internship experience with academic knowledge. • Displayed ability to translate data into actionable insights. • Demonstrated critical thinking, domain understanding, and presentation confidence.
Gaps identified on the working area.	• No standard presentation templates for interns. • Limited opportunity for interns to cross-evaluate each other's work.
Suggestions for improvement	• Introduce structured feedback and review mechanism. • Conduct peer-review day before final presentation.
Plan for the next week	• Complete internship formalities. • Share report with academic guide. • Summarize internship experience and lessons learned.

Compiled Reporting Format

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims Department – Recovery analysis

Name of the Student: Vijya Singh

Roll no: 2110 Stream: MBA HM

Activity Done	• Started with HR induction, asset collection, and organizational orientation • Underwent training on IRDAI regulations and Care Insurance claim policies • Studied public health insurance schemes like Ayushman Bharat (PM-JAY) and Care's private insurance offerings • Received training on the company's internal claims processing portal and data extraction tools • Participated in internal audits, documented findings, and calculated financial impact of discrepancies • Analyzed over 500 hospital claims across various medical and surgical conditions • Identified billing discrepancies in 88 cases out of 508 including: – Double billing of doctor visits – Open billing instead of package billing – Room category mismatches – Tariff violations in diagnostics and procedures – Billing of non-payable items • ₹658,058 recovered out of 88 discrepancies with 1.45% reduction in payout • Categorized claims data by treatment type, region, and recovery category for pattern recognition • Collaborated with claims officers to track recovery actions and understand decision-making criteria • Compiled key findings into a detailed project report and created data visualizations and case summaries • Delivered a formal presentation to the Claims Department with actionable recommendations for improvement

Linking theory (Classroom learning) with practice at your organisation	• Concepts such as cost control, reimbursement frameworks, and provider payment mechanisms were directly applied while identifying unnecessary medical and procedural charges • Audit and compliance tools, Insurance regulatory and development authority of India (IRDAI) norms • Applied data analysis techniques, segmentation, quantification, and visual interpretation, to derive patterns from large claim datasets using concepts of research methodology • The balance between financial sustainability and ethical responsibility was observed in real-time claim decisions • Delivery of structured presentation to the department, integrating theoretical presentation techniques (clarity, flow, evidence-based-communication) with industry insights and organizational feedback
Gaps identified on the working area.	• Lack of SOPs for recovery audits, absence of a standardized checklist or workflow led to inconsistencies in identifying recoverable amounts • Non-standard hospital billing, variations in how hospitals document charges made it difficult to uniformly apply tariff rules • Manual oversight and data errors, high claim volumes combined with manual audit increased chances of missed deductions • Limited feedback loops, there was a gap in communication between insurers and hospital billing departments post-recovery action • Inconsistent documentation, some claim records lacked clear audit remarks or categorizations, affecting follow-up tracking

	• Standardize billing formats, align hospital billing formats with the insurer's audit system for better transparency and comparability • Continuous training for claims officers, regular capacity-building sessions to update teams on latest policy packages, fraud indicators, and medical terminology • Build a feedback framework, create structured communication channels with provider hospitals to minimize recurrence of billing issues
Key Learnings	• Technical proficiency in claims audit, learned how to conduct detailed reviews of claims, identify deviations, and document findings precisely • Practical use of medical and insurance knowledge, proficiency at reading surgical and medical documents, interpreting billing codes, and applying clinical logic to detect misuse • Data handling & analytical thinking, handling over 20,000 claim records trained me in excel-based data management, categorization, and root cause analysis • Understanding cost leakage in healthcare, saw firsthand how minor errors, if unchecked, can lead to significant financial losses • Interpersonal and team skills, working with a team of recovery officers helped me improve communication, coordination, and feedback integration • Ethical and regulatory awareness, the experience underscored the importance of ethical decision-making in cost containment and regulatory compliance

Signature of the Student

Approved by the IIHMR University's Mentor

SIP

ORIGINALITY REPORT

1%	1%	0%	1%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

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