SUMMER INTERNSHIP PROGRAM

at

CARE HEALTH INSURANCE

From May 12 to July 11, 2025

A REPORT BY

Dr. Nandini Chaturvedi

Master of Business Administration

Hospital and Health Management

Roll no- 2001

2024-26

Under able guidance of:

Dr. Anupam Mehrotra

IIHMR UNIVERSITY

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

July 11,2025

Ms. Nandini Chaturvedi

Dear Nandini,

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

Annexure B

IIHMR University Faculty Mentor Approval

This is to certify that Dr./Mr./ Ms. Nandini Chaturvedi 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 presentation.

Date: 28/7/25.

(Signature of Faculty Mentor)

Name: Dr Anupam Mehrotra

Designation: Asst Prof.

CARE HEALTH INSURANCE GURUGRAM

ABOUT:

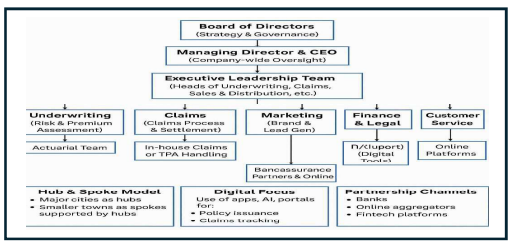
Care Health Insurance is a specialized health insurer offering products in the retail segment for Health Insurance, Top-up Coverage, Personal Accident, Maternity, International Travel Insurance and Critical Illness along with Group Health Insurance and Group Personal Accident Insurance for Corporates, Micro Insurance Products for the Rural Market and a Comprehensive Set of Wellness Services. Best Health Insurance Plan – Care Plus' at the Global Financial Planner's Summit 2024.

VISION:

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

MISSION:

- Create value for all stakeholders.
- Extend benefits to rural and social sectors.
- Lead in customer care, products, and communication.



STRENGTHS:

- Real-time access to actual claims data.
- Support from experienced audit and claims teams.
- Strong collaboration across departments.

WEAKNESSES:

- Limited access to some hospital-side documents.
- Time constraints during high-volume data periods.

SWOT

OPPORTUNITIES:

- Scope to influence claim cost policies.
- Future integration of AI-based cost flags.
- Building predictive models using claim history.

THREATS:

- Resistance from hospitals during claim rejections.
- Risk of missing nuanced clinical justification without full case notes.

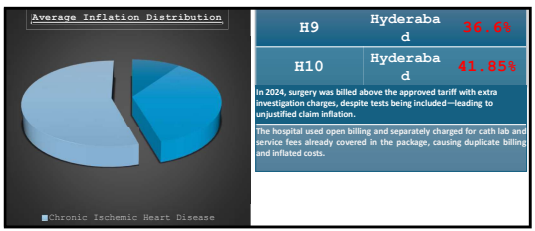
POSTER TITLE: Pricing the Procedure: A Business Lens on ACS Inflation in Network Hospitals

OBJECTIVES:

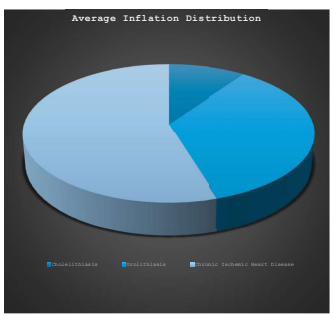
- To quantify inflation in Average Claim Size in Hyderabad hospitals
- To identify the clinical, operational, and billing reasons behind this inflation
- To differentiate patterns by hospital type, specialty, and procedure

ANALYSIS AND INTERPRETATION OF DATA:

- Compared year-on-year ACS data (FY 2023–24 vs 2024–25) for 3 high-frequency diseases.
- Segregated by:
  - Procedure type (e.g., open vs laparoscopic)
  - Length of stay
- Avoided direct tariff comparison; instead, analyzed clinical behavior patterns across 10 tertiary hospitals using anonymized labels (H1–H10)



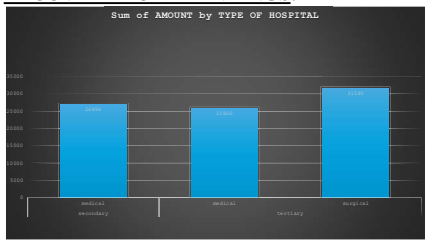
INFLATION FINDINGS ACCORDING TO ICD:



From the sample, following diseases appear prominently:

- **Cholelithiasis (10.29%)**
- **Urolithiasis (37%)**
- **Chronic Ischemic Heart Disease (57%)**

RECOVERY AUDIT FINDINGS:



FINDINGS:

- Hospitals often billed above approved tariffs, especially in 2024.
- Packages were modified with added items and unbundled charges.
- Implants, diagnostics, and professional fees were billed separately.
- Open billing and duplicate procedures led to inflated claims.
- Pharmacy and equipment costs rose without medical justification.

RECOMMENDATIONS:

- Implement a Digital Package Lock to prevent extra billing after approval.
- Create a real-time Tariff Breach Dashboard.
- Set Pre-Authorization Cost Flags for high-risk claims.
- Develop Hospital Billing Scorecards.
- Start pilot contracts for Outcome-Based Pricing.
- Maintain a High-Risk Procedure Watchlist (e.g., cardiac, urology).

CHALLENGES:

- Adapting to real-world claim complexities
- Limited access to complete clinical documents
- Time constraints during high-volume analysis
- Coordinating across departments
- Communicating audit findings tactfully

Presented By: Dr. Nandini Chaturvedi
Under the Guidance of: Dr. Anupam Mehrotra

WEEKLY REPORT

Name of the organization: Care Health Insurance

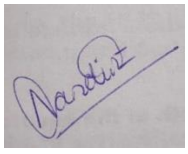
Area/ Department/ Project of Summer Internship Program: ACS Inflation

Name of the Student: Dr. Nandini Chaturvedi

Roll no: 2001 **Stream: Hospital and Health Management**

Week no: 1 **From: 12/05/25 to 17/05/25**

Activity Done	• Orientation, by company • Project was assigned by mentor • Introduction with team & mentor, Meeting with the claims head • Allotment of assets • Received dataset • Learned medical package guidelines • Assigned various hospital list for review the bills • Mentor assigned the city for review the claims
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of public health policy and insurance to real-world data and coverage terms.
Gaps identified on the working area.	• Initial unfamiliarity with portal and policy interpretation.
Suggestions for improvement	• No suggestion with in first week
Plan for the next week	• Thorough evaluation of the bills and discharge summery



WEEKLY REPORT

Name of the organization: Care Health Insurance

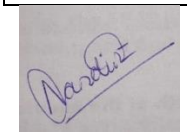
Area/ Department/ Project of Summer Internship Program: ACS Inflation

Name of the Student: Dr. Nandini Chaturvedi

Roll no: 2001 **Stream: Hospital and Health Management**

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

Activity Done	• Review meeting with the mentors and senior of our college. • Start auditing the claims, final bills, discharge summery, pre auth and final settlement letter. • Found mismatch in room rent, tariffs, packages • Clarification on hospital tariffs • Interacted with staff to understand insurance operations. • Reviewed discharge summaries of the hospital • Found many recoveries cases • Learning with the other interns from the symbiosis college • Meeting with the cashless claims head for more clarification on the cashless flow.
Linking theory (Classroom learning) with practice at your organisation	• Use knowledge of excel in maintaining the record of the claims • Health financing and claims knowledge applied to real-time inflation factor study. • Communication skills which were taught in the communication class
Gaps identified on the working area.	• Improper training of the executives • Data access limitations and documentation format issues.
Suggestions for improvement	• Provide mock data and standard formats • Provide proper training of the executive regarding claims processing and tariffs so that they came with good claim processing
Plan for the next week	• Continue claim comparisons and start recovery involvement.



WEEKLY REPORT

Name of the organization: Care Health Insurance

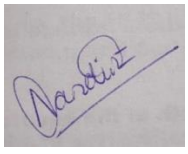
Area/ Department/ Project of Summer Internship Program: ACS Inflation

Name of the Student: Dr. Nandini Chaturvedi

Roll no: 2001 **Stream: Hospital and Health Management**

Week no:3 **From: 26 may to 31 may**

Activity Done	• Continued research, escalated recovery work with a new team. Started working on 6-month recovery data with daily targets. • Cross-verified discharge summary vs bill • review two financial year sheets for an insurance company (FY 2023–24 and FY 2024–25), especially for claim recovery analysis • review many articles about insurance sector, claims live
Linking theory (Classroom learning) with practice at your organisation	• Claims recovery and fraud concepts practiced in live projects. • Health related knowledge
Gaps identified on the working area.	• Initial lack of clarity in recovery procedures • Lack of data accuracy in hospital tariffs
Suggestions for improvement	• Visual SOPs and case study exposure
Plan for the next week	• Track recovery patterns and support daily targets.



WEEKLY REPORT

Name of the organization: Care Health Insurance

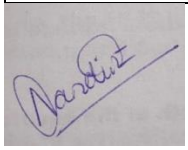
Area/ Department/ Project of Summer Internship Program: ACS Inflation

Name of the Student: Dr. Nandini Chaturvedi

Roll no: 2001 **Stream: Hospital and Health Management**

Week no:4 **From: 2 June to 7 June**

Activity Done	• Focused audit on high-value maternity cases • Participated in internal team discussions • Continuation of the recovery analysis of the claims • Hospital-wise comparison • Analysed regional trends in claims inflation
Linking theory (Classroom learning) with practice at your organisation	• Merged medical learning with policy understanding to decode claims better**.**
Gaps identified on the working area.	• Variation in claim documents and medical term usage • Lack of communication
Suggestions for improvement	• Glossary of common terms and standard claim templates. • Proper communication
Plan for the next week	• Categorize recoveries and link diseases to policy coverage



WEEKLY REPORT

Name of the organization: Care Health Insurance

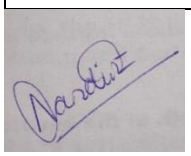
Area/ Department/ Project of Summer Internship Program: ACS Inflation

Name of the Student: Dr. Nandini Chaturvedi

Roll no: 2001 **Stream: Hospital and Health Management**

Week no:5 **From: 9 June to 14 June**

Activity Done	• Categorized discrepancies • Hospital-level analysis helped understand pattern of overbilling • Create visuals for report • Studied methods for structuring project reports
Linking theory (Classroom learning) with practice at your organisation	• Applied medical learning and communication theories to work and peer interaction**s.**
Gaps identified on the working area.	• Lack of clarity in summarizing technical work • Lack of knowledge • Lack of understanding power
Suggestions for improvement	• Templates for presenting technical projects. • Proper training regarding the technical skills
Plan for the next week	• Start working on presentation and report framework.



WEEKLY REPORT

Name of the organization

Area/ Department/ Project of Summer Internship Program: ACS Inflation

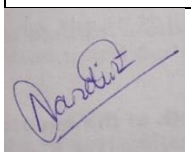
Name of the Student: Dr. Nandini Chaturvedi

Roll no: 2001 **Stream: Hospital and Health Management**

Week no:6 **From: 16 June to 21 June**

Activity Done	• Focussed on hospital which follow same pattern for making fraud • Understood fraud red flags • I discussed my project details with my mentor for better understanding and guidance • make some changes in my presentation as per the mentor guidance • Project title updated to focus on missed deductions
Linking theory (Classroom learning) with practice at your organisation	• Negotiation, policy understanding, and audit methods applied.
Gaps identified on the working area.	• Interpretation of billing and procedural codes**.**
Suggestions for improvement	• SOP for recovery billing review.

Plan for the next week	• Categorize cases and begin summarizing insights



WEEKLY REPORT

Name of the organization

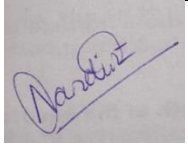
Area/ Department/ Project of Summer Internship Program: ACS Inflation

Name of the Student: Dr. Nandini Chaturvedi

Roll no: 2001 **Stream: Hospital and Health Management**

Week no:7 **From: 23 June to 28 June**

Activity Done	• Conducted in-depth data analysis • Began outlining final presentation structure • Documented findings with supporting data • Designed Power BI dashboard on total claims amount vs approved amount
Linking theory (Classroom learning) with practice at your organisation	• Research, presentation planning, and strategic framing of findings implemented.
Gaps identified on the working area.	• Difficulty in converting field work into a crisp presentation.
Suggestions for improvement	• Guidance on content curation and storyboarding
Plan for the next week	• Finalize report, prepare slides, and conduct mock reviews.



WEEKLY REPORT

Name of the organization

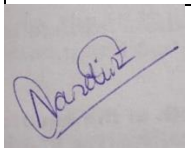
Area/ Department/ Project of Summer Internship Program: ACS Inflation

Name of the Student: Dr. Nandini Chaturvedi

Roll no: 2001 **Stream: Hospital and Health Management**

Week no:8 **From: 30 June to 5 July**

Activity Done	• Finalized project content, completed report and PPT preparation. | • Reviewed findings and structured key points for presentation.
Linking theory (Classroom learning) with practice at your organisation	• Combined field experience and policy understanding into a formal project.
Gaps identified on the working area.	• Slight difficulty in summarizing large data into concise content**.**
Suggestions for improvement	• Use structured report formats early during the internship.
Plan for the next week	• Deliver presentation and conclude internship



WEEKLY REPORT

Name of the organization

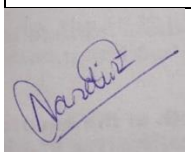
Area/ Department/ Project of Summer Internship Program: ACS Inflation

Name of the Student: Dr. Nandini

Roll no: 2001 **Stream: Hospital and Health Management**

Week no:9 **From: 7 July to 11 July**

Activity Done	• Presented final SIP project and shared insights with mentors. • Participated in closing discussions and received feedback
Linking theory (Classroom learning) with practice at your organisation	• Applied academic, analytical, and communication skills during final presentation • Applied presentation skills which were taught in the class
Gaps identified on the working area.	• Minor hesitation during delivery; otherwise, smooth execution.
Suggestions for improvement	• Introduce mock presentation sessions for better preparation.
Plan for the next week	• Internship completed; final submission and reflection.



Compiled Reporting Format

Name of the organization

Area/ Department/ Project of Summer Internship Program: ACS Inflation

Name of the Student: Dr. Nandini Chaturvedi

Roll no: 2001 **Stream: Hospital and Health Management**

Activity Done	1. **Data collection methodology and time process mapping:** During my two-month internship (May–June 2025), I worked in the Claims and Audit Department at Care Health Insurance in Gurgaon. The average claim size (ACS) inflation in Hyderabad's tertiary hospitals was the main focus of the study. Data was taken from Excel-based claims repositories and the internal ClaimsLive portal. The study period covered the fiscal years 2023–2024 and 2024–2025. Each claim was divided into treatment episodes, billing phases, and package compliance checkpoints using a temporal process mapping methodology. Cholelithiasis, Urolithiasis, and Chronic Ischaemic Heart Disease are the three ICD categories for which cases were chosen based on the volume and frequency of high billing. 2. **The mapping and analysis process:** Several structured steps were involved in the analysis: Data Segmentation: Claims were divided into groups according to procedure (open vs. laparoscopic), hospital type, and disease. ACS Comparison: Year-over-year comparisons were made between package rates and final billed amounts. Inflation Tracking: To evaluate their contribution to claim inflation, components such pharmacies, implants, professional fees, and duplicate operations were separated out. Case-level Review: In order to determine the causes of billing escalations, comprehensive audit logs and bills were reviewed.

	Anonymized Hospital Tagging: In order to prevent bias and preserve confidentiality while comparing trends, hospitals were assigned the designations H1–H10. 3. **Evaluation Procedure:** Every case was assessed using the following criteria: Tariff compliance versus the amount actually billed Whether the process adhered to normal protocol (e.g., separate billing for cystoscopies versus RIRS) Additional fees that are not included in the package (such as service fees or a cath lab) Changes in treatment complexity or length of stay This made it easier to determine if the increase was due to billing practices or medical justification.
Linking theory (Classroom learning) with practice at your organization	From an academic perspective, we frequently consider tariff negotiation, package design, and fraud analytics as approaches for controlling health insurance costs. These ideas become a reality at Care Health Insurance. While watching real-time claim operations, I put my classroom understanding of provider contracting, pricing structures, and the claims lifecycle to use. For instance: Real-time audit dashboards and notifications reflected the cost containment strategy. To verify that linked procedures were being paid accurately, procedure coding and DRG mapping—which were taught in theory—were employed. The work relied heavily on data triangulation, from audit remarks to discharge summaries to claim amounts. This hands-on experience aided in bridging the gap between the frameworks of insurance policies and operational decisions made on the ground.
Gaps identified on the working area.	**Lack of cost uniformity:** Different hospitals bill the same procedure differently without providing a clinical explanation. **Inadequate package management**: Open billing without accompanying documentation resulted in package violations. T**he majority of checks are done manually:** Automated cost alert triggers were absent from pre-authorization. **Audit fatigue**: Most problems were discovered after payment, and recurring inconsistencies were not proactively highlighted.

	Problems with hospital accountability: Audit queries were not always answered in a timely manner.
Suggestions for improvement	**Automated Pre-Auth Triggers**: At the approval stage, implement algorithm-based alarms for high pharmacy/implant billing. **Digital Package Lock System**: If a package is chosen, it will freeze to prevent duplicate payment unless it is overridden with a valid reason. **Hospital billing scorecard:** assigns monthly grades to hospitals based on audit responsiveness, documentation, and cost compliance. Real-time tariff infractions and unusual billing patterns by hospital or treatment are flagged via the Live Tariff Monitoring Dashboard. Try tying claim payment to clinical outcomes, such duration of stay or preventable readmission, by piloting risk-based pricing contracts.
Key Learnings	**Analytical Thinking:** I developed my ability to understand multivariable datasets and spot trends in the behavior of claims. **Healthcare Operations Insight:** Recognized how provider relationships, billing arrangements, and paperwork affect the resolution of claims. **Technical Proficiency:** Proficient in conditional formatting, pivoting, Excel, and claims software for data visualization. **Professional Communication**: Acquired the ability to clearly and gracefully convey audit results. **Exposure to the Industry**: Recognized how hospital billing practices and insurer protections interact to affect both parties' financial results.