SUMMER INTERNSHIP PROGRAM

at

Care Health Insurance

From 13th May 2025 to 11th July 2025

A REPORT BY

Lira Sarkar

Master of Business Administration

Hospital & Health Management, Roll no: 1988

2024-26

under the Mentorship of
Dr. Piyusha Majumder, Associate Professor

IIHMR University, Jaipur

care HEALTH INSURANCE

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

July 11,2025

Ms. Lira Sarkar

Dear Lira,

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 **Ms. Lira Sarkar** 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.

Piyusha

Date: 30th July 2025

Dr. Piyusha Majumdar

Associate Professor

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141-3924700, 2791431- 32, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

IIHMR UNIVERSITY

MEDICAL CLAIMS AT CARE HEALTH INSURANCE

PRESENTED BY : LIRA SARKAR
MBA HM-1988, IIHMR,JAIPUR UNIVERSITY

FACULTY MENTOR : DR.PIYUSHA MAJUMDER
ORGANIZATION MENTOR: RISHAV SING & HIMANSHU JAIN

ABOUT THE ORGANIZATION, VISION & MISSION

BRIEF HISTORY

Care Health Insurance is a specialty health insurer that was founded in 2012 and was formerly known as Religare Health Insurance. With the new name, it was rebranded in 2020 to better represent a customer-focused strategy. It is one of the leading independent health insurers in India and is a subsidiary of Religare Enterprises Limited.

VISSION:

Our vision is to create a more intelligent, data-driven healthcare system that benefits both policyholders and payers by enabling quick, accurate, and economical claims validation procedures.

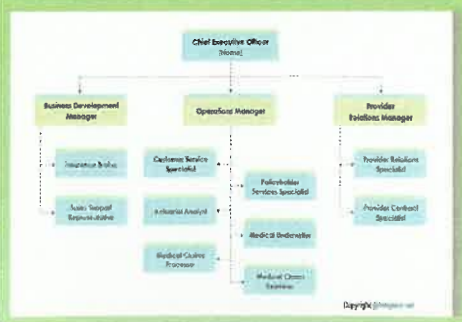
MISSION:

Finding discrepancies and guaranteeing tariff compliance are two ways we hope to improve the accountability and openness of processing medical claims.

DIFFERENCE: PRACTICAL EXPOSURE AND THEORETICAL WORK

NATURE OF LEARNING Transitioned from book knowledge to hands-on exposure through billing systems, claims review processes, and hospital tariffs.
SKILL DEVELOPMENT VS. KNOWLEDGE ACQUISITION Very little theoretical knowledge gained targeted claim auditing, tariff analysis, and detecting billing mismatches skills that were practically developed and reinforced while the theoretical knowledge was developed from direct exposure to health finance and insurance principles.
CONTEXTUAL RELEVANCE I achieved contextual relevance through exposure to real hospital bills and the claims team, from which I was able to understand the practicality of cost containment, compliance and the ethics of making claims.

STRUCTURE OF DEPARTMENT



ABOUT PROJECT

Title of the Project: Decoding the Bills: Audit's Insights into Healthcare Inflation – Understand More, Worry Less

AIM: The aim of the project is to analyze differences in hospital bills submitted for health insurance claims and determine tariff compliance accuracy according to Care Health Insurance regulations.

Objectives:

- To comprehend the billing and claim verification procedures used by Care Health Insurance.
- To find frequent discrepancies between medical costs and tariff agreements.
- To evaluate how digital tools and codes, such as ICD, CPT, and procedure codes, affect claim verification.
- To suggest modifications to the procedure in order to improve transparency and cost-effectiveness.
- To investigate discrepancies between policyholder expectations and actual claim settlements.

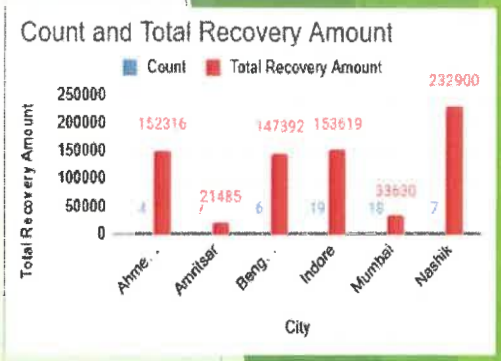
RESEARCH METHODOLOGY

Study Location: The study was conducted at Care Health Insurance in Gurgaon.
Data Sources: Excel and the Claims Live Portal were used to collect data from private healthcare providers.
Methodology: The bills were compared to the hospital's tariff lists, or official price lists, and paid claim amounts.
Tools Used: Claims Live, Microsoft Excel
Moral Considerations: Respect for moral principles was guaranteed, and privacy was preserved.

SWOT ANALYSIS

Strength:
1.Robust digital claims processing system
2.Teams for medical audit and coding
3.Open and transparent billing procedures
Weakness:
1.Hospital-to-hospital disparity in tariffs
2.Delays in manual verification
3.Unconventional approaches to coding
Opportunities:
1.Verification of claims by artificial intelligence
2.Uniformity of hospital tariffs
3.Improved policyholder billing transparency
Threats:
1.Recurring tariff modifications
2.Regulatory pressure
3.Escalating customer discontent

PROJECT FINDINGS



- **Overcharging:**
- Despite the acceptable fee of ₹16,000 **when** the same was broken into **several** pieces, the surgeon at Shreepad Hospital in **Nashik** sought ₹2,05,000 for the excision of the left parotid gland.
- Siliconcity Hospital's ₹1,58,000 operation cost above the ₹74,880 actual tariff.
- **Hidden Fees:** In addition to the room rent that is already included, Lotus Hospital in Mumbai charges an RMO/nursing fee of ₹500–700.
- **High Inflation:** The cost of nursing at Indore Hospital increased from ₹3081 to ₹6716, a 51% increase in just one year.
- **City-wise Variation:** The identical service is priced differently in Surat, Mumbai, and Indore, Nashik.

LEARNING DURING INTERNSHIP

- Billing irregularities and tariff violations were discovered.
- Gained hands-on experience with claim audit tools
- Grasped cost management and claim settling
- Improved skills with Excel and data analysis
- Bill inflation trends by city

CHALLENGES FACED

1.There were many challenges in interpreting non-standard tariffs.
2.Comprehending and evaluating intricate claim audit procedures.
3.Accurately mapping medical procedures to billing codes can be challenging.

SUGGESTIONS

- Ensure that the same tariff structures are used by hospitals.
- Use AI software to identify inflated or mismatched bills.
- Teams who examine and audit claims should receive regular training.
- Increase the severity of tariffs while paying claims.
- Increase hospital collaboration to prevent unclear billing

Weekly Reporting

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Insurance (claims)

Name of the Student: Lira Sarkar

Roll no: 1988 Stream: HM, Sec- A

Week no: 1st

From:13/05/2025……to…16/05/2025……..

Activity Done	Day 1: Buddha Purnima holiday. Day 2: HR induction; project briefing; introduction to Care Health Insurance objectives and methodology; gathered office items and interacted with senior staff. Day 3: Project goals from manager such as exploring the top ten cities by business volume and analyzing what leads to inflation in the claims cost. Day 4: Provider and claims head meetings on claims expense and fraud deduction; health insurance orientation, competitive edge; PESTEL and SWOT; Ayushman Bharat (PM-JAY) packages; NABH; and IRDAI norms. Day 5: Designing research in progress; interviewed interns from other institutions
Linking theory (Classroom learning) with practice at your organisation	Utilized topics covered in class, such as claim handling, regulatory strategies like IRDAI and NABH, and the Care Health Insurance Product to apply concepts in health policy and insurance studies. Build an industry overview by utilizing the strategic management tools discussed in class, such as the PESTEL analysis.

	Applied research methodology to develop the project plan.
Gaps identified on the working area.	Restricted availability of real-time data for thorough examination Project deliverables and scope were initially unclear, necessitating clarification. Absence of comprehensive data regarding the reasons of inflation in specific cities
Suggestions for improvement	Improved project brief and first documentation Continuous dialogue with department heads to foster understanding Using examples, case studies, and explanations of concepts such as fraud detection and claim patterns
Plan for the next week	Start using primary and secondary source materials to analyze claim cost inflation in the top 10 cities. Speak with pertinent stakeholders. Compile state-by-state data on healthcare infrastructure and inflation. Complete the data gathering design plan and the project proposal.

Signature of the Student

Lira Sarkar

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

Reporting Format (Weekly)

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Insurance (claims)

Name of the Student: Lira Sarkar

Roll no: 1988 Stream: HM, Sec- A

Week no: 2nd
From:1G/05/2025……to…23/05/2025……..

Activity Done	Day 1: Received mission statement. Reviewed research objectives. Read about the Ayushman Bharat scheme, PM- JAY regulations, and PM-JAY guidelines. Day 2: Reviewed, and viewed large amounts of products supplied by Care Insurance. I was shown the data for the city. Day 3: Completed corrections on individual research issues. I began exploratory research. Day 4: Learned about the main portal used by the claims office. Completed project. Day 5: Entered analysed claims data, determined causes of inflation, reviewed claims data, and submitted a different progress report. Communicated with others on team to get a clear understanding of internal process.
Linking theory (Classroom learning) with practice at your organisation	Healthcare financing and data analysis, as well as health insurance policies, were some of the applications highlighted in classroom learning. The students had classroom-based learning and the applied experience with PM-JAY, as well as real claims data, brought the students a greater awareness of policy application and implementation barriers.
Gaps identified on the working area.	limited access to certain data sources; first instances of the gatekeeper for claims. It may be a struggle to understanding real-time claims and policy. terms/dictionary.

Suggestions for improvement	The claims processes and site navigation will be addressed in this orientation session. We provide some sample claims information for your educational purposes. The Mentor will address concepts of policy language, phrases and clauses formed in a sequential and a systematic fashion.
Plan for the next week	Enhance depth of analysis of statements on inflation trends. Increase the depth of claims trends. Refine research methods. Interact methodology. Build connections with many departments to get a fuller perspective, finding out how they do things and how they connect. Document a progress understanding half way through. Report out with a midway status report.

Signature of the Student

Lira Sarkar

Approved by the IIHMR University's Mentor

Weekly Reporting

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Insurance (claims)

Name of the Student: Lira Sarkar

Roll no: 1988 Stream: HM, Sec- A

Week no: 3rd

From: 26/05/2025……to…30/05/2025……..

Activity Done	Day 1: You're now engaged in entering the appropriate claim amounts. The focus will be on learning the fundamental formulas for calculating the recovery amounts. Day 2: You were busy calculating recovery amounts using actual claim data and providing your time-limited report of what you found to the manager. Day 3: You improved your skills of exact data entry and claim processing and submitted a daily report. Day 4: You were applying new approaches for calculating claims amounts and could ask the team mentors questions. Day 5: You participated in the team recoup assessment and finished your week of learning creating a report of claim trends.
Linking theory (Classroom learning) with practice at your organisation	Practical work explicitly incorporated theoretical knowledge of health insurance operations, claim settlement processes, and healthcare reimbursement models. recognized the relationship between actual claim recovery action and the insurance computations and facilitating healthcare rules taught in class.
Gaps identified on the working area.	At the beginning there was little understanding of recovery computations. Some policy provisions can be brittle without oversight.

Suggestions for improvement	There can be more detailed guidelines on how recovery data can be broken down. Learning can be supported through quick reference papers with sample calculations to highlight aspects of claims too.
Plan for the next week	Find out more about how health claims are impacted by inflation. Coordinate with the finance department to know how the recovery process goes. Begin drafting the mid-internship report using field data.

Signature of the Student

Lira Sarkar

Approved by the IIHMR University's Mentor

Weekly Reporting

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Insurance (claims)

Name of the Student: Lira Sarkar

Roll no: 1988 Stream: HM, Sec- A

Week no: 4th

From: 02/06/2025……to…06/06/2025……..

Activity Done	Day 1: Researched tariff structure and pursued my recovery claim data. Day 2: Learned various trends in tariffs and how they affected recovery estimates. Day 3: Applied new concepts for enhancing recovery outcomes, cross-checked, and worthwhile claims. Day 4: I worked on hospitals with difficult billing processes. Enhanced precision and efficiency. Day 5: I checked over my week's performance, finished data for 50 hospitals, and made a summary report.
Linking theory (Classroom learning) with practice at your organisation	The information covered in class pertaining to health insurance models, tariff-based reimbursement, and claim evaluation methods were highly relevant. Applying these theories, we maximized recovery and reviewed numerous hospital billing procedures.
Gaps identified on the working area.	Certain claims were challenging to assess in a timely fashion, due to the intricacies involved with tariff differences. Documentation does not standardize a definition for tariff interpretation.
Suggestions for improvement	A standardized template or guide to tariff interpretation would help alleviate any uncertainty. Efficiency could be improved by creating a reference guide on standard hospital billing procedures.

Plan for the next week	Begin writing the mid-internship report. Join the audit/review team to understand the processes for escalation. Monitor healing patterns in different types of hospital settings.

Signature of the Student

Lira Sarkar

Approved by the IIHMR University's Mentor

Weekly Reporting

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Insurance (claims)

Name of the Student: Lira Sarkar

Roll no: 1988 Stream: HM, Sec- A

Week no: 5th Week

From: 09/06/2025……to…13/06/2025……..

Activity Done	1. Continued monitoring agreement rates and engaged with recovery claim details. 2. Found multiple trends in agreement rates and how they operated in relation to recovery estimates. 3. Used the learnings to optimize recovery of care outcomes; step checked on worthwhile claims. 4. Targeted healthcare organizations with complicated billing processes to process, greater accuracy and time-speed. 5. Mediation report. Review the week's activities. Accomplished amount of data for 50 hospitals and generated a report.
Linking theory (Classroom learning) with practice at your organisation	It proved to be very relevant what was learned in class in relation to the models of health insurance, tariff-based payments, and claims evaluation. The theories allowed for recovery optimization, and studying various hospital bill patterns.
Gaps identified on the working area.	1. It was difficult to asses some of the claims promptly because of the complicated differences in tariffs. 2. There was a lack of standard evidence for the interpreting of the tariffs.
Suggestions for improvement	1. There would be less ambiguity if a standard tariff interpretation guide or a template was provided. 2. There might be increased efficiency if a reference guide was used that contained general hospital billing trends.

Plan for the next week	1. Start drafting the mid-internship report. 2. Work with the audit/review team to understand escalation processes. 3. Document recovery trends across the various facility types.

Signature of the Student

Lira Sarkar

Approved by the IIHMR University's Mentor

Weekly Reporting

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Insurance (claims)

Name of the Student: Lira Sarkar

Roll no: 1988 Stream: HM, Sec- A

Week no: 6th Week
From:16/06/2025……to…20/06/2025……..

Activity Done	1. Continued assessing the tariff arrangements and managing constructive recovery claim data. 2. Recorded various emerging tariff themes and the influence the evolving tariff has had on recovery estimates. 3. Using new insights to maximize healing outcomes. cross-validated, trying to find important validations. 4. Focused on medical facilities with complex billing systems. looking for enhancement in both accuracy and speed. 5. Reflected on the week. completed 50 hospitals worth of data and reports for summary. 6. Critically examined and resolved cases. improving the accuracy of claim determination.
Linking theory (Classroom learning) with practice at your organisation	The course material and knowledge of the health insurance models, tariff based reimbursement, and claim assessment model have great meaning. Using these theories, it is possible to examine and maximize recoveries and assess the variations in hospital billing behaviours across different specialties.
Gaps identified on the working area.	1. In some instances it was difficult to assess as claims had complicated tariff differences that made them hard to interpret at the time of assessment; 2. The inequity of evidence in the manner of imposition of interpretation of tariffs.

Suggestions for improvement	1. There should be a standard definitive guide or template to interpret the tariff to lessen confusion. 2. The efficiency of this might be furthered with a reference guide/FAQ on standard hospital billing trends.
Plan for the next week	1. Start the mid-internship report. 2. Work together to understand escalation procedures with the audit/review team. 3. Identify trends in recoveries between hospital types.

Signature of the Student

Lira Sarkar

Approved by the IIHMR University's Mentor

Weekly Reporting

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Insurance (claims)

Name of the Student: Lira Sarkar

Roll no: 1988 Stream: HM, Sec- A

Week no: 7th Week

From: 23/06/2025……to…27/06/2025……..

Activity Done	1. Reviewed weekly performance. Completed 50 hospitals worth of data and summary report. 2. Critically analysed and identified solutions for difficult cases, to enhance accuracy in claims assessment. 3. Commenced project work on inflation charging using the financial audit results and comparing 2023–2024 data to 2025 data.
Linking theory (Classroom learning) with practice at your organisation	The classroom learning about health insurance models, tariff-based reimbursement, and claim evaluation processes was incredibly relevant. In particular, the awareness of different health insurance models made it easier to distinguish the types of claims and manage all claims efficiently. Furthermore, in considering all the different ways that hospitals bill, and trying to maximize how much we get back, I was able to apply my theoretical fundamental knowledge of claim evaluation processes directly to determine the validity and legitimacy of claims being submitted. This involved examining discrepancies, and expanding my comprehension of how tariffs deteriorate the total amount payable.
Gaps identified on the working area.	1. It was challenging to assess some claims work within their prescribed timeframe because of complicated tariff differences. 2. There was a lack of objective evidence for the meaning of tariffs.

Suggestions for improvement	1. There would be less ambiguity if we had a uniform tariff interpretation reference guide or template. 2. A reference document that has average hospitals' billing patterns could support several efficiencies.
Plan for the next week	1. Start report preparation for the mid-internship. 2. Work with team to understand escalation protocols/procedures with audit/review. 3. Monitor the patterns of recovery with the different types of hospitals from which data has been obtained.

Signature of the Student

Lira Sarkar

Approved by the IIHMR University's Mentor

Weekly Report

Name of the Organisation: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Insurance (claims)

Name of the Student: Lira Sarkar

Roll no: 1988 **Stream: HM, Sec- A**

Week no: 8th Week

From: 30/06/2025……..**to… 09/07/2025**

Activity Done	• I did a final presentation which included a summary of the key findings and contributions that I made at the internship. • Discussed billing inflation trends, in particular arbitrary fluctuations of LSCS charges within one organization. • Presented audit findings of surgeon fees, where they had discovered ₹2,05,000 had been charged for cases when the price ceiling should have been about ₹12,800. • Stressed that they should have tariff based grading so they could have more consistency in how they recover claims without any over-charging. • Included visual dashboards and summary charts to show trends, outliers, and recovery performance by facility. • Offered actionable recommendations to enhance audit effectiveness and minimize lost dollars related to over- billing.
Linking theory (Classroom learning) with practice at your organisation	While I was analysing overstated claims and revealing systemic deficiencies, I was able to use my classroom learning in tariff-based reimbursement, claims auditing, and health care fraud detection. Moreover, I had developed knowledge in the use of data analysis and health insurance models, which enabled me to develop plausible rehabilitation plan or suggestions for patients and present results in an efficient and attention-grabbing manner for final presentation.

Gaps identified on the working area.	• There is not an established format for interpreting hospital bills which increases complexity. • Initially, stabilizing recovery performance was challenging due to the absence of any visual methods of tracking. • There was a short time frame before audit recommendations were escalated that limited the review of high-dollar, complex claims.
Suggestions for improvement	• Develop a collaborative tariff interpretation reference document available to all analysts. • Keep a reference sheet for the manner of billing across the hospitals. • Make it a habit to use visual tracking technology to visualize hospital recovery trends as they occur. • Provide ongoing training on fraud patterns and claims audits.
Plan for the next week	• Offer feedback to the audit and review teams. • With mentors, document lessons learned and complete internship closure.

Signature of the Student

Lira Sarkar

Approved by the IIHMR University's Mentor

Compiled Reporting Format

Name of the Organisation: Care Health Insurance

Department of Summer Internship Program: Medical Claims
Name of the Student: Lira Sarkar
Roll no: 1988
Stream: MBA HHM (2024-26)
From: 13th May to 11th July 2025

Weekly Activity Summary

Activity Done	**Week 1**	• I attended HR orientation, received my assets, and had some networking time with some of the senior team members at Care Health Insurance. • In the first week, I learned the Care Health vision and mission, and the claims process, and received project objectives: To analyze the top cities as per each city's claims growth inflation. • I also gained an understanding of Health Insurance orientation, IRDAI guidelines, PM-JAY, NABH standards, and introductory fraud orientation. • I formulated a research framework approach based on PESTEL and SWOT analysis.
	Week 2	• I went through literature reviews about PM-JAY, and Care Health policy guidelines. After which I received city-wise claims data for my project. • I received training on the claims department portal. • I began identifying claims inflation drivers and worked on a draft preliminary report.
	Week 3	• I began conducting full recovery calculations using actual claims data.

		• I verified prices in claims assessments and increased precision of the calculations. • I developed short weekly updates on claims trends and shared with the manager.
	Week 4	• I researched and reviewed the tariff structure and reported variance in billing trends. • I improved the recovery process and updated validations of high value claims. • I shadowed a number of hospitals that had complex billing patterns and generated a summary for 50 hospitals.
	Week 5	• I conducted recovery claim data and analyzed tariff discrepancies. • I put forward recommendations to publish an interpretative standard tariffs guide in detail. • I presented the mid-internship report and liaise with the audit teams.
	Week 6	• I confirmed billing errors accuracy and presence of error or billing errors through my thorough analysis.
	Week 7 and Week 8	• Conducted final presentation of findings on billing inflation, auditor charge audit, and recovery methods for claims. • Recommended modifications to the system to improve audit function. • Presented visuals dashboards for better insight and tracking.
Linking theory (Classroom learning) with practice at your organisation	In summary, the Claims Department uses concepts for tariff-based recovery, billing trend analysis, and audit procedures, all of which have been primarily connected to	

	theoretical risk from regulatory laws, health insurance, and healthcare financing. During my internship, I was able to apply in the actual world: • Health Insurance Models & IRDAI Guidelines: I was able to use my grasp of tariffs and claims regulations thanks to my familiarity with reimbursement systems and compliance. • Tariff Structures and Healthcare Financing: I learned in class about package and tariff pricing, cost control, and how it relates to hospital billing patterns. • Fraud Detection & Audit Procedures: The material covered in the healthcare management course helped me identify irregular billing and distortions in surgeon fees. • Data Analysis & Decision-Making Tools: To help with better decision-making, dashboards, comparative graphs, and reports were created using data analysis techniques and research methods learned in class. • Through the application of actionable concepts from research and theoretical models to actionable recovery mechanisms and systems transformation, the experience made classroom learning relatable and eventually reduced financial risk while increasing operational effectiveness.
Gaps identified on the working area.	• Complex Tariff Structures: It was challenging to evaluate claims promptly and consistently due to variations in hospital tariffs. • Lack of a Centralized Tariff Interpretation Document: Inconsistent claims determinations were the consequence of the lack of a central or uniform document for tariff interpretation. • Lack of Clarity in Policy Clauses: For complex or high-value claims, it was difficult to understand certain policy clauses without expert explanation. • Inconsistent Formats of Data: The claims data was supplied in a variety of formats, which complicated processing and raised the risk of human error.

	• Absence of First encounter with Real Time Claims: Due to the time lag, it was challenging to evaluate changing billing practices without trend data or sample audits from the first encounter.
Suggestions for improvement	• Develop a clear guide for tariff interpretations. • Improve reference documentation for usual billing practices. • Establish standard data formats for hospital claim submissions. • Have regular guidance on auditing and fraud detection methods. • Collaborate across teams to improve recovery practices.
Key Learnings	• Obtained practical experience in analyzing claims and recovery strategies. • Appreciated the importance of tariff agreements to appropriate billing and cost management. • How to detect discrepancies in surgeon charges and inflation of billing. • Acquired skills in creating dashboards, visual reporting and validating data. • Applied concepts learned in class about fraud detection, audit forms, and insurance schemes to real-life situations.