IIHMR UNIVERSITY

MEDICAL CLAIMS AT CARE HEALTH INSURANCE

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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.

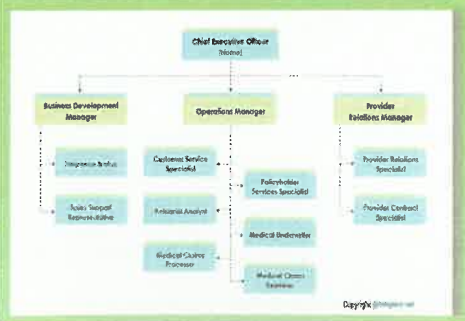
MISSION:

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.

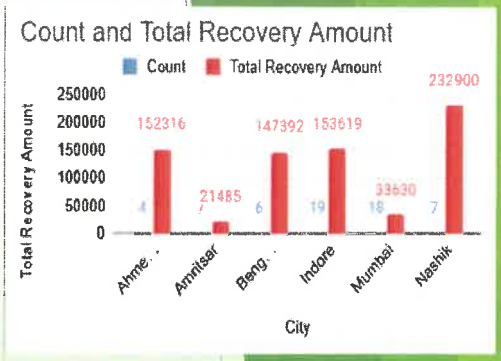
RESEARCH METHODOLOGY

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