Internship at

CARE Health Insurance,

Gurgaon

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA) in

Hospital and Health Management

by

Mrudula Vikas Borkar

Under the Supervision and Guidance of

Dr. Sandipta Chakraborty

2025

Internship Report

Introduction:

My internship at CARE Health Insurance gave me a wealth of knowledge about how the insurance industry operates, with a special emphasis on comprehending the various kinds of claims, the reimbursement procedure, and the adjudication of medical claims. This report outlines the lessons I learned and the experiences I had while working as an intern.

Objectives of the internship:

- To understand the End-to-End Claims lifecycle
- To study the terms and conditions of group health insurance policies and understand how they impact claim eligibility, limits, and exclusions
- To understand claims documentation standards
- Develop familiarity with claims management software

Organizational Profile:

Care Health Insurance is a specialized health insurer that offers a wide range of wellness services, group health insurance, and group personal accident insurance for corporates, microinsurance products for the rural market, top-up coverage, personal accident, maternity, international travel insurance, and critical illness insurance in the retail sector. Operating under the guiding principle of "consumer-centricity," the company has continuously made investments in the efficient use of technology to provide superior customer service, innovative products, and cost-effective services.

Care Health Insurance was conferred the ‘Overall Achievement Award’ (SAHI category) at the ASSOCHAM 16th Global Insurance Summit & Awards; ‘Smart Insurer’ and ‘Sales Champion’ awards in Health Insurance category at the 11th ET Now Insurance Summit & Awards 2024; ‘Claims Service Leader for the Year’ & ‘Best Health Insurance Company in Rural Sector’ awards at the India Insurance Summit & Awards 2024, and ‘Best Health Insurance Plan – Care Plus’ at the Global Financial Planner’s Summit 2024. According to an Economic Times report from March 2025, the Claims Settlement ratio for Care Health Insurance is the second highest at 92.77%.

Services provided by the Organization:

1. Health Insurance Plans:
    a. Individual Health Insurance: Comprehensive coverage for medical expenses, hospitalization, and treatment costs.
    b. Family Health Insurance: Plans that cover the entire family under a single policy, ensuring health protection for all members
    c. Senior Citizen Health Insurance: Tailored plans for senior citizens with benefits such as higher sum insured, no co-payment, and coverage for pre-existing diseases
    d. Critical Illness Insurance: Coverage for specific serious illnesses, providing a lump sum benefit upon diagnosis.
    e. Top-up Health Insurance: Additional coverage that supplements existing health insurance plans, offering higher coverage at lower premiums
    f. Maternity Insurance: Coverage for maternity-related expenses, including prenatal and postnatal care, delivery costs, and newborn baby cover.
2. Personal Accident Insurance: Financial protection in case of accidental death, permanent or temporary disability, and accidental medical expenses**.**
3. Travel Insurance: Health coverage for international travelers, including medical emergencies, trip cancellations, loss of baggage, and other travel-related contingencies.
4. Group Insurance Plans: Health insurance solutions for corporate employees, covering medical expenses, hospitalization, and wellness benefits
5. Micro Insurance Products: Affordable health insurance solutions designed for the rural population. providing essential health coverage at low premiums
6. Wellness Services: Preventive Healthcare, Health and Wellness Programs, Chronic Disease Management, Telemedicine Services

Key Activities other than dissertation:

I was working full-time as a medical claims adjudicator in the group reimbursement team at Care Health Insurance. My duty was to review submitted medical documents (discharge summaries, investigation reports, prescriptions, etc.) to assess the necessity, relevance, and correctness of treatment and to approve, partially approve, or reject claims based on medical and policy guidelines, ensuring fairness and compliance with

standard operating procedures. I was also responsible for evaluating whether the claimed services fall under the insured's policy terms, considering inclusions, exclusions, and sub-limits.

Key learnings:

- Comprehensive Understanding of the Claims Lifecycle
- Application of Medical Knowledge in Insurance Context
- Exposure to Regulatory Guidelines
- Policy Interpretation and Decision Making
- Use of Claims Management Systems
- Professional Communication and Query Handling