**SUMMER INTERNSHIP PROGRAM**

**at**

**CARE HEALTH INSURANCE**

**From May 12 to July 11, 2025**

A REPORT BY

**Dr. Shivangee**

**Master of Business Administration**

**Hospital and Health Management**

**Roll no- 2080**

**2024-26**

Under guidance of:

**Mr. Sandesh Kumar Sharma**

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

**July 11,2025**

**Ms. Shivangee**

**Dear Shivangee,**

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. Shivangee** of the 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. Sandesh Kumar Sharma**

**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

# ROLE OF AUDIT IN HEALTH CLAIM RECOVERY

BY DR. SHIVANGEE(2080) HM29
University Mentor- Mr. Sandesh Kumar Sharma
Organization Mentor- Mr. Rishav Singh

## ABOUT:

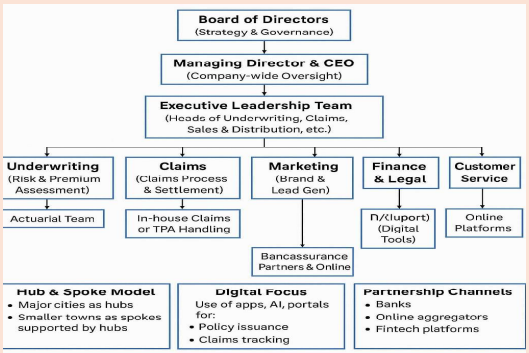
Care Health Insurance is a specialized health insurer offering products in the retail segment for Health Insurance, Top-up Coverage, Personal Accident, Maternity, International Travel Insurance and Critical Illness along with Group Health Insurance and Group Personal Accident Insurance for Corporates,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





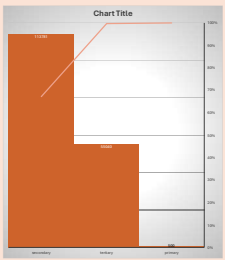
## ANALYSIS AND INTERPRETATION OF DATA:

**Analysis**
Cashless claims show high inflation, especially in surgeries and secondary hospitals in tier 2 cities.
Audits detect overbilling, fraud, and help recover excess payouts.

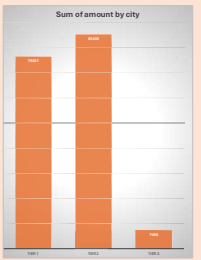
**Interpretation**
Audits are key to controlling costs and ensuring fair claims.
Strong collaboration is needed across stakeholders to reduce claim inflation.

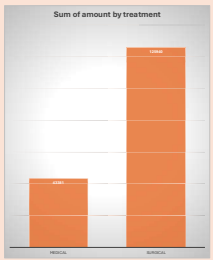
**Results**
In 758 cases the recovery amount was ₹113781 in secondary type hospitals, ₹85400 in tier 2 cities and ₹125940 in surgical cases.

## RECOVERY ON THE BASIS OF TYPES OF HOSPITAL :




## RECOVERY ON THE BASIS OF KIND OF TREATMENT IN DIFFERENT CITIES:




- **Practical Exposure at SIP (Care Health Insurance)**

**Hands-on experience** with real-time claims and audits.
Exposure to **actual billing patterns**, overcharging cases, and recovery processes.
Worked with **claim audit tools and internal processes** for deduction, delisting, and fraud detection.
Interacted with hospital records, insurer policies, and audit documentation.
Gained insight into **stakeholder coordination** and system limitations.

- **Theoretical Understanding at IIHMR University**

Focus on **insurance concepts**, claim types, and health systems.
Learned **regulations, pricing frameworks** (like CGHS/PM-JAY), and ethical audit principles.
Emphasis on **health economics**, policy structure, and analytical models.
Case-based understanding of audits, fraud, and reimbursement mechanisms.

- **Key Difference**

**Theory** provided structured knowledge and frameworks.
**Practice** revealed real-world challenges, decision-making gaps, and operational complexities not covered in textbooks Lead in customer care, products, and communication.

## Learnings:

Gained insight into cashless claim processes and inflation factors.
Understood the critical role of audits in cost control and fraud detection.
Learned about recovery methods and hospital billing patterns.
Recognized the importance of data, policy, and stakeholder collaboration.

## OBJECTIVES:

- To analyze recovery trends by hospital type, treatment, and region.
- To highlight how audits improve accuracy and prevent fraud.

## METHODOLOGY:

- 758 cashless claims cases were randomly reviewed on organization software called claims live.
- The bills of cases were compared with the tariff of the hospital.
- According to the comparison excess payments were detected.

## SWOT

**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.

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

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

## Challenges faced :

**No standard pricing** leads to billing inconsistencies.
**Hospital resistance** and limited audit resources hinder recovery.
**Fraud is hard to detect** without advanced tools.
**Incomplete data** and poor documentation reduce audit effectiveness
low policyholder awareness add further barriers.

## Suggestions

Use AI tools for real-time claim analysis and fraud detection.
Strengthen pre-authorization and recovery workflows.
Standardize hospital communication and documentation.
Train audit teams and track repeat offender hospitals.
Improve inter-department coordination and hold regular audit reviews.
Raise policyholder awareness on claims and billing practices

# Reporting Format (Weekly)

**Name of the Organization: Care Health Insurance**

**Area/ Department/Project of Summer Internship Program: Claims Department –**

**Claims Cost Inflation Analysis**

**Name of the Student: Dr. Shivangee**

**Roll no: 2080**

**Stream: MBA Hospital & Health Management**

**Week no: 1** **From: 13-05-25 to 16-05-2025**

| | |
|---|---|
| **Activity done** | Day 1: Received objectives for research. Studied PM-JAY guidelines and the Ayushman Bharat scheme.<br>Day 2: Explored policy schemes offered by Care Insurance. Received city-wise data and got briefing.<br>Day 3: Finalized individual research topics. Preliminary research work began.<br>Day 4: Trained in using the claims department's main portal. Continued working on a project.<br>Day 5: Analyzed claims data, identified inflation factors, and submitted a progress report. I interacted with other team members for a better understanding of internal processes. |
| **Linking theory (Classroom learning) with practice at your organization** | 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. Initial learning curve for claims portal. 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**<br>  <br>**Signature of the Student** | Deepen analysis of inflation trends in claims. Refine research methodology. Connect with different departments for broader understanding. Prepare a mid-way status update report.<br><br>Finalize detailed project proposal and design framework |

**Approved by the IIHMR University's Mentor**

# Reporting Format (Weekly)

**Name of the Organization: Care Health Insurance**

**Area/ Department/Project of Summer Internship Program: Claims Department –**

**Claims Cost Inflation Analysis**

**Name of the Student: Dr. Shivangee**

**Roll no: 2080** **Stream: MBA Hospital & Health Management**

**Week no: 2** **From: 19-05-25 to 23-05-2025**

| | |
|---|---|
| **Activity done** | Day 1: Received objectives for research. Studied PM-JAY guidelines and the Ayushman Bharat scheme.<br>Day 2: Explored policy schemes offered by Care Insurance. Received city-wise data and got briefing.<br>Day 3: Finalized individual research topics. Preliminary research work began.<br>Day 4: Trained in using the claims department's main portal. Continued working on a project.<br>Day 5: Analyzed claims data, identified inflation factors, and submitted a progress report. I interacted with other team members for a better understanding of internal processes. |
| **Linking theory (Classroom learning) with practice at your organization** | 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. Initial learning curve for claims portal. 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**<br>  <br>**Signature of the Student** | Deepen analysis of inflation trends in claims. Refine research methodology. Connect with different departments for broader understanding. Prepare a mid-way status update report.<br><br>Finalize detailed project proposal and design framework |

**Approved by the IIHMR University's Mentor**

# Reporting Format (Weekly)

**Name of the Organization: Care Health Insurance**

**Area/ Department/Project of Summer Internship Program: Claims Department –**

**Cashless Claims Cost Inflation Analysis**

**Name of the Student: Dr. Shivangee**

**Roll no: 2080** **Stream: MBA Hospital & Health Management**

**Week no: 3** **From: 26-05-25 to 30-05-2025**

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| **Activity done** | Day 1: Continued working on individual research projects. Actively identified loopholes and documented them.<br>Day 2: Shared daily updates with mentors in the organization. Engaged in discussions with senior staff to understand core insurance processes.<br>Day 3: Progressed research further and learnt to use the company's insurance portal more efficiently.<br>Day 4: Introduced to a new project involving the company's recovery process.<br>Day 5: Started assisting a team of experts on a daily target basis to help recover amounts from claims passed in the last six months. Gained practical exposure to claim recovery operations. |
| **Linking theory (Classroom learning) with practice at your organization** | 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. Initial unfamiliarity with tracking and follow-ups on old claims. |
| **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**<br>  <br>**Signature of the Student** | 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.<br><br>Finalize detailed project proposal and design framework |

# Reporting Format (Weekly)

**Name of the Organization: Care Health Insurance**

**Area/ Department/Project of Summer Internship Program: Claims Department –**

**Cashless Claims Cost Inflation Analysis**

**Name of the Student: Dr. Shivangee**

**Roll no: 2080** **Stream: MBA Hospital & Health Management**

**Week no: 4** **From: 02-05-25 to 06-05-2025**

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| **Activity done** | Day 1–5: Continued with audit and recovery work, identifying gaps and recovery amounts in past claims. Daily exposure to medical terminology, injuries, and disease patterns. Revisited 1st year human anatomy concepts for better understanding of medical reports. I interacted with team members to learn about the structural differences in claims processing across various regions. Observed regional variations and inflation trends. |
| **Linking theory (Classroom learning) with practice at your organization** | 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. Exposure to regional variance is also linked with health policy understanding from class. |
| **Gaps identified on the working area.** | Difficulty in decoding certain complex medical terms in disease reports. Lack of uniformity in regional claim processes. Variation in documentation patterns across zones leads to assessment challenges. |
| **Suggestions for improvement** | A glossary of commonly used medical terms and injury types in claims. 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**<br>  <br>**Signature of the Student** | 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.<br><br>Finalize detailed project proposal and design framework |

**Approved by the IIHMR University's Mentor**

# Reporting Format (Weekly)

**Name of the Organization: Care Health Insurance**

**Area/ Department/Project of Summer Internship Program: Claims Department –**

**Cashless Claims Cost Inflation Analysis**

**Name of the Student: Dr. Shivangee**

**Roll no: 2080**

**Stream: MBA Hospital & Health Management**

**Week no: 5**

**From: 09-05-25 to 13-05-2025**

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| **Activity done** | Day 1–5: Continued with daily claim audits and recovery tracking. Gained proficiency in identifying and recording recovery assets. Exposed to a wide range of new medical and surgical procedures through audit work. I started self-learning and reading in-depth about medical terminologies and conditions. Interacted with Symbiosis interns after their final presentation to gather insights on structuring and delivering effective project presentations. Studied their approach to better prepare for our own report and presentation. |
| **Linking theory (Classroom learning) with practice at your organization** | Concepts of healthcare audits, insurance recovery, and medical coding from class applied during daily tasks. Continued application of first-year anatomy knowledge. Practical exposure to various treatments helps in understanding real-world application of theoretical medical and insurance concepts. Peer interaction supports learning from others' project methodologies. |
| **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. Continue working on recovery cases. Begin compiling learnings and case observations. Deepen medical terminology understanding, especially around high inflation claims categories |
| **Signature of the Student** | Finalize detailed project proposal and design framework |

**Approved by the IIHMR University's Mentor**

# Reporting Format (Weekly)

**Name of the Organization: Care Health Insurance**

**Area/ Department/Project of Summer Internship Program: Claims Department –**

**Cashless Claims Cost Inflation Analysis**

**Name of the Student: Dr. Shivangee**

**Roll no: 2080** **Stream: MBA Hospital & Health Management**

**Week no: 6** **From: 16-05-25 to 20-05-2025**

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| **Activity done** | Day 1–5: Initiated fresh work on recovery claim procedures. Reviewed many past claim cases, gaining insights into diverse medical procedures and disease profiles. Studied various insurance policy programs and the corresponding claim structures. Participated in client communication for recovery coordination. Developed negotiation and communication skills while handling recovery cases. Understood billing patterns of hospitals and refined claim interpretation skills. Improved overall efficiency in identifying recoverable amounts and billing irregularities. |
| **Linking theory (Classroom learning) with practice at your organization** | Applied classroom knowledge on health systems, policy coverage, and communication skills in real-world recovery cases. Practical learning enhanced by studying different policy structures and treatment procedures. Developed interpersonal and negotiation skills, as taught in communication and healthcare management modules. |
| **Gaps identified on the working area.** | Complexity in understanding billing formats across hospitals. Lack of standardization in policy coverage communication. Occasional difficulty in interpreting procedural codes and matching them with eligible claims. |
| **Suggestions for improvement** | Standard billing format reference guide for better understanding. Training on interpreting claim codes and coverage mapping. Develop templates for client communication to streamline recovery discussions. |
| **Plan for the next week** | Continue with recovery claims and start categorizing cases based on complexity. Begin compiling case summaries for final report. Explore patterns in denied claims and inflation-prone procedures. Work on final presentation structure and include recovery learnings. |
|  **Signature of the Student** | Finalize detailed project proposal and design framework |

**Approved by the IIHMR University's Mentor**

# Reporting Format (Weekly)

**Name of the Organization: Care Health Insurance**

**Area/ Department/Project of Summer Internship Program: Claims Department –**

**Cashless Claims Cost Inflation Analysis**

**Name of the Student: Dr. Shivangee**

**Roll no: 2080**

**Stream: MBA Hospital & Health Management**

**Week no: 7**

**From: 23-05-25 to 27-05-2025**

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| **Activity done** | Day 1–5 Defined clearer and more structured objectives for recovery audit. Began finalizing individual topics for the final SIP presentation. Started summarizing work done over the past few weeks into key insights and actionable findings. Focused on analyzing remarks and feedback received during the internship to guide the presentation structure. Reviewed past recovery cases and data to select meaningful highlights. Began drafting content for final report and PPT. |
| **Linking theory (Classroom learning) with practice at your organization** | Applied theoretical knowledge of project management, auditing frameworks, and health finance communication to structure the final work. Learned to convert field experience into presentable, data-supported insights. Leveraged knowledge from research methodology and healthcare operations to review and assess our internship outcomes. |
| **Gaps identified on the working area.** | Need for better tools to summarize large case volumes. Limited clarity in mapping feedback into presentation format. Some difficulty in condensing technical findings into concise, clear slides. |
| **Suggestions for improvement** | Provide a standard PPT template for project presentation. Mentor-led session on converting technical work into strategic insights. Guidelines for prioritizing content and storytelling in health-sector presentations. |
| **Plan for the next week**  | Finalize presentation and report draft. Conduct mock presentations for internal review. Add case-specific visuals or data charts. Review and polish key findings and recommendations for final submission. |

**Approved by the IIHMR University's Mentor**

# Reporting Format (Weekly)

**Name of the Organization: Care Health Insurance**

**Area/ Department/Project of Summer Internship Program: Claims Department –**

**Cashless Claims Cost Inflation Analysis**

**Name of the Student: Dr. Shivangee**

**Roll no: 2080**

**Stream: MBA Hospital & Health Management**

**Week no: 8**

**From: 30-06-25 to 04-07-2025**

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| **Activity done** | Finalized the SIP project, compiled data, and cross-checked all findings. Designed and completed the PowerPoint presentation. Drafted and reviewed the final report. Prepared structure and key discussion points for the upcoming presentation. |
| **Linking theory (Classroom learning) with practice at your organization** | Combined research, audit methodology, and policy application into a practical, result-oriented project report and presentation. |
| **Gaps identified on the working area.** | Time constraints during final report compilation. Minor challenges in condensing large data into concise insights. |
| **Suggestions for improvement** | Early structuring of final report format during the mid-internship phase. Checklist or template for PPT standardization. |
| **Plan for the next week**<br>  <br>**Signature of the Student** | Deliver final presentation. Participate in concluding sessions and feedback discussions. |

**Approved by the IIHMR University's Mentor**

# Reporting Format (Weekly)

**Name of the Organization: Care Health Insurance**

**Area/ Department/Project of Summer Internship Program: Claims Department –**

**Cashless Claims Cost Inflation Analysis**

**Name of the Student: Dr. Shivangee**

**Roll no: 2080** **Stream: MBA Hospital & Health Management**

**Week no: 9** **From: 07-07-25 to 11-07-2025**

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| **Activity done** | Presented the final SIP project to mentors and team. Discussed key learnings and insights gained throughout the internship. Received valuable feedback. Concluded internship activities with closing interactions and reflections on overall growth. |
| **Linking theory (Classroom learning) with practice at your organization** | Integrated academic learning, practical exposure, and communication skills during the final presentation and feedback session. |
| **Gaps identified on the working area.** | No major operational gaps; slight nervousness during presentation phase. |
| **Suggestions for improvement** | Encourage mock presentations and mid-internship demos to build confidence. |
| **Plan for the next week** | Internship concluded. Submit final documents to university and reflect on takeaways. |
|  **Signature of the Student** | |

**Approved by the IIHMR University's Mentor**

**Compiled Reporting Format**

**Name of the organization**

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

**Name of the Student: Dr. Shivangee**

**Roll no: 2080** **Stream: Hospital and Health Management**

| **Activity Done** | 1. **Data collection methodology and time process mapping:**<br>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.<br><br>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.<br><br>2. **The mapping and analysis process:**<br>Several structured steps were involved in the analysis:<br><br>Data Segmentation: Claims were divided into groups according to procedure (open vs. laparoscopic), hospital type, and disease.<br><br>ACS Comparison: Year-over-year comparisons were made between package rates and final billed amounts.<br><br>Inflation Tracking: To evaluate their contribution to claim inflation, components such pharmacies, implants, professional fees, and duplicate operations were separated out. |
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| | Case-level Review: In order to determine the causes of billing escalations, comprehensive audit logs and bills were reviewed.<br><br>Anonymized Hospital Tagging: In order to prevent bias and preserve confidentiality while comparing trends, hospitals were assigned the designations H1–H10.<br><br>3. **Evaluation Procedure:** Every case was assessed using the following criteria:<br><br>Tariff compliance versus the amount actually billed<br><br>Whether the process adhered to normal protocol (e.g., separate billing for cystoscopies versus RIRS)<br><br>Additional fees that are not included in the package (such as service fees or a cath lab)<br><br>Changes in treatment complexity or length of stay<br><br>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.<br><br>While watching real-time claim operations, I put my classroom understanding of provider contracting, pricing structures, and the claims lifecycle to use. For instance:<br><br>Real-time audit dashboards and notifications reflected the cost containment strategy.<br><br>To verify that linked procedures were being paid accurately, procedure coding and DRG mapping—which were taught in theory—were employed.<br><br>The work relied heavily on data triangulation, from audit remarks to discharge summaries to claim amounts.<br><br>This hands-on experience aided in bridging the gap between the |

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| | 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.<br><br>**Inadequate package management**: Open billing without accompanying documentation resulted in package violations.<br><br>T**he majority of checks are done manually:** Automated cost alert triggers were absent from pre-authorization.<br><br>**Audit fatigue**: Most problems were discovered after payment, and recurring inconsistencies were not proactively highlighted.<br><br>**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.<br><br>**Digital Package Lock System**: If a package is chosen, it will freeze to prevent duplicate payment unless it is overridden with a valid reason.<br><br>**Hospital billing scorecard:** assigns monthly grades to hospitals based on audit responsiveness, documentation, and cost compliance.<br><br>Real-time tariff infractions and unusual billing patterns by hospital or treatment are flagged via the Live Tariff Monitoring Dashboard.<br><br>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.<br><br>**Healthcare Operations Insight:** Recognized how provider relationships, billing arrangements, and paperwork affect the resolution of claims.<br><br>**Technical Proficiency:** Proficient in conditional formatting, pivoting, Excel, and claims software for data visualization.<br><br>**Professional Communication**: Acquired the ability to clearly and |

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| | gracefully convey audit results.<br><br>**Exposure to the Industry**: Recognized how hospital billing practices and insurer protections interact to affect both parties' financial results. |