SUMMER INTERNSHIP PROGRAM

At

Care Health Insurance, Gurgaon

From 12th of May, 2025 to 11th of July,2025

A REPORT BY

Shashtika Bhardwaj

Master of Business Administration

In Hospital and Health

Roll no: 2074

2024-26

under the Mentorship of

Dr. Goutam Sadhu

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

July 11,2025

Ms. Shashtika Bhardwaj

Dear Shashtika,

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. Shashtika Bhardwaj** of the academic year 2024-26 **Institute of Health Management Research, IIHMR University, JAIPUR** 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

G. Sadhu 29/7/2025

Dr. Goutam Sadhu

Professor & Proctor

IIHMR University, Jaipur

Uncovering Billing Discrepancies: A Recovery Audit of Cashless Hospital Claims

Presented by: Dr. Shashtika Bhardwaj
MBA HM 29, 2074
Faculty mentor: Dr. Goutam Sadhu
Organisation mentor: Mr. Rishav Singh

Brief History

Care Health Insurance, formerly known as Religare Health Insurance, was established in 2012 as a standalone health insurance company in India. Initially promoted by Religare Enterprises along with Union Bank of India and Corporation Bank, the company rebranded to Care Health Insurance in 2020 to reflect its growing focus on healthcare and customer well-being. Over the years, it has expanded its offerings to include retail health, top-up, maternity, personal accident, critical illness, and group health insurance products. Known for its strong digital presence, wide hospital network, and efficient claims service, Care Health Insurance has positioned itself as a key player in India's health insurance sector.

Vision

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

Mission

- To deliver solutions, beneficial to all stakeholders: our customers, our distributors, our employees and our shareholders.
- To ensure, as part of the above, that all parts of society benefit from our developments and proposition e.g. rural areas, and the social sector.
- To become an exemplary health insurance company, setting industry benchmarks in the area of customer care, products offering, communication clarity, along with customer treatment and engagement.

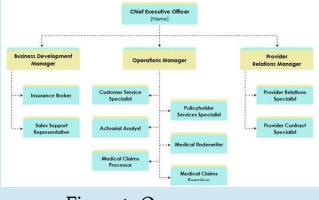

Figure1: Organogram

Objective

To analyze already paid hospital claims at Care Health Insurance in order to identify billing inflation, overcharging patterns, and potential recovery opportunities by auditing claim data from major hospitals, with the aim of improving cost containment, strengthening adjudication processes, and enhancing provider accountability.

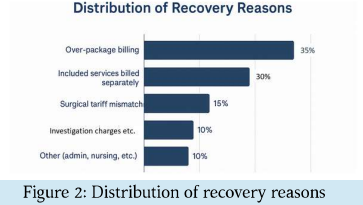

Figure 2: Distribution of recovery reasons

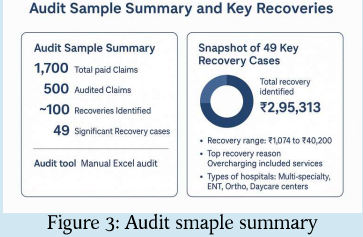

Figure 3: Audit smaple summary

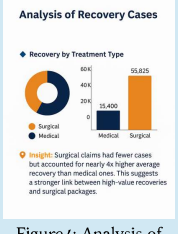

Figure4: Analysis of cases

Figure5: SWOT Analysis

TOWS ANALYSIS: Recovery Audit	Strengths (S)	Weaknesses (W)
Opportunities (O)	**S-O Strategies** • Use strong analytical skills and claim insights to develop fraud detection tools. • Collaborate with tech teams to automate audit flags based on your recovery patterns.	**W-O Strategies** • Improve documentation and communication formats using digital tools. • Address limited hospital-side access by proposing digital query systems.
Threats (T)	**S-T Strategies** • Use learnings from recovery patterns to minimize future billing abuse. • Train internal teams to detect early signs of inflated bills.	**W-T Strategies** • Reduce over-dependence on Excel by pushing for integrated audit platforms. • Streamline unclear hospital documentation with standard formats.

Figure6: TOWS Analysis

- Though fewer in number, Tier 3 cities (like Amravati, Karim Nagar) showed very high average recoveries, likely due to:
  - Overcharging despite weaker infrastructure.
  - Loose billing controls or monitoring.

Key Observations from Findings

- Surgical packages in Tier 3 cities often showed overbilling (Balloon charges, Tariff difference, Extra surgery costs).
- Medical treatment cases had lower recoveries and were mostly from Tier 1/Tier 2 cities.
- Most miscellaneous charges were flagged in Tier 1 cities (BMW, X-ray, registration, MRD).

Practical Exposure vs Theoretical Learning

Theoretical Learning	Practical Exposure
• Studied claim lifecycle, hospital billing practices, and cost control methods. • Learned about CGHS/DPCO rates, package pricing, and fraud detection. • Gained Excel and data analysis skills in classroom settings	• Audited 500+ paid claims using CLAIMSLIVE and Excel. • Identified inflated billing, tariff mismatches, and recovery opportunities. • Applied policies to real cases to detect non-payables and overcharges.

Learnings during Internship

- Gained insights into hospital billing patterns and claim processing.
- Understood causes of claim inflation and recovery mechanisms.
- Hands-on experience in claim audit using CLAIMSLIVE and Excel.
- Identified gaps between hospital billing and package inclusions.

Challenges Faced during Internship

- Delay in access to complete claim files/data.
- Unstructured claim documentation in some cases.
- Limited access to hospital-side information for clarification.

Suggestions to Organization

- Standardize and digitize hospital billing formats.
- Develop a robust flagging system for common inflation patterns.
- Conduct regular audits and training for claim adjudication teams.
- Promote collaboration between underwriting and audit teams.

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1. Compiled Report

4.1. Activity Done

During my nine-week summer internship at Care Health Insurance, Gurugram, I worked extensively in the Claims Department on a project focused on identifying inflation in hospital billing and auditing cashless claims for recovery opportunities. The internship involved two core components: analyzing the inflation of tariffs in hospital bills—specifically in the city of Indore—and conducting detailed audits of already settled cashless claims from the first half of 2025 (January to June). The ultimate objective was to identify cases of overbilling and recommend recovery wherever policy deviations or billing violations were found.

In the first week, I was oriented with the functioning of the claims department, the end-to-end process of claim settlement, and how claim files are evaluated. I was introduced to the CLAIMSLIVE software, the internal platform used for reviewing and processing claims. I was also briefed about my project objectives. I was assigned the city of Indore for analyzing the causes behind inflation in hospital bills. I began by examining claims related to common procedures such as laparoscopic cholecystectomy, cesarean sections, and hernia repair surgeries. I compared billed amounts against policy-approved packages and noted several variations. Many claims from Indore hospitals indicated rising costs of room charges, consumables, diagnostics, and miscellaneous items over the past two years. For instance, consumables—which should form a minimal percentage of total billing in package cases—were contributing anywhere from 20% to 35% of the total hospital bill, an unusual and inflationary trend.

By the second week, I had received a batch of about 100 claims from Indore hospitals, all from different billing periods between 2023 and 2025. I started extracting key data from each bill to track increases in charges for various cost heads. These included room rent, professional fees, surgical kit costs, diagnostic tests, and miscellaneous charges. The trend was clear: hospitals were increasingly shifting towards “open billing” where each service and item was billed separately, even when a package had been pre-approved by the insurer. Diagnostic charges for procedures like MRI showed an increase of 15–20% between FY 2023 and FY 2025. In some cases, items that were supposed to be included in the approved package—such as gloves, IV sets, or syringes—were being charged separately, adding to the overall billing amount without clinical justification.

In the third week, I transitioned into the audit phase of my internship. I received access to the full dataset of settled cashless claims from January to June 2025, totaling approximately 1,700 claims. My role was to audit these claims—post-payment—and identify cases where billing had exceeded what was permissible under the policy or package. I began manually reviewing claims through CLAIMSLIVE. In the initial 100 files, I noted discrepancies such as inappropriate room rent charges, duplicate entries for consumables, additional consultation fees during inpatient care, and unexplained charges for OT linen or dressing kits. One particularly concerning trend was the billing of “non-payable” items—those clearly excluded in the insurance terms—like admission kits or documentation charges.

Weeks four and five were heavily focused on expanding the audit and developing structured documentation. I had by then audited a total of 500 claim files and had flagged around 100 for having irregularities or overbilling. Out of these, 49 cases were finalized for recovery, with all necessary proof and screenshots attached. I developed a detailed Excel tracker that included claim IDs, patient details, hospital names, billing anomalies, and the amount that could potentially be recovered. Each claim was analyzed head by head—whether the overcharge was on room rent, diagnostics, or consumables—and matched with the corresponding policy limit or package approval. I also began noting the hospitals that had recurring patterns of overbilling. In some claims, consumables were charged over ₹10,000 for minor surgeries. Others billed for consultation and nursing charges separately, even when those services were already covered in the surgical package. I recorded one notable case where the hospital billed ₹41,000 extra by breaking down package inclusions into separately billed items.

By week six, I received a new set of claims from tertiary hospitals. I updated the tracker with new variables, including hospital-level categorization, and created formulas in Excel to calculate weekly recovery amounts. In week six alone, I found claims worth ₹1.2 lakhs in recoverable value, and in week seven, the recovery potential increased to ₹1.8 lakhs. The most common discrepancies included billing beyond approved packages, separate billing of items that were included in packages, and mismatch in room category billing. I also began converting this data into visual formats—pie charts, bar graphs, and hospital-wise summaries—that would be useful for reporting and presentation.

Week seven and eight were dedicated to compiling all my work into a comprehensive PowerPoint presentation. I finalized the structure to include a project overview, objectives, methodology, sample claim screenshots, recovery graphs, and insights from the tariff analysis in Indore. The final presentation included actual claim comparisons from FY 2023 and FY 2025 to show tariff inflation. I also added five case studies of major recovery cases—each illustrated with bill sections, policy limits, and calculated overcharges. The presentation was submitted to and approved by the audit mentors and received appreciation for being both structured and data-rich.

In the final week (week nine), I presented my findings to the claims audit team. I walked them through the recovery trends, billing anomalies, hospital-wise gaps, and overall summary of how **₹3 lakhs in recoverable amounts** had been identified in **49 confirmed cases**. The presentation was followed by a feedback discussion where suggestions were given on how audit findings could be shared with provider relations teams and used to improve future policy designs. I also completed all claim case documentation, closed my tracker, and had a final interaction with my mentor to reflect on the overall learning experience.

By the end of the internship, I had reviewed **500 detailed claims**, flagged **100 for discrepancies**, and finalized **49 strong recovery cases**. The **total potential recovery value stood at ₹3 lakhs**. This activity not only strengthened my understanding of health insurance processes but also gave me hands-on expertise in detecting billing errors, managing data in Excel, communicating audit outcomes, and linking classroom learning with practical healthcare operations.

City	Tier	No. of Recovery Cases	Total Recovery Amount (₹)	Average Recovery per Case (₹)
Amravati	Tier 3	2	₹22,500	₹11,250
Karimnagar	Tier 3	1	₹15,000	₹15,000
Sambalpur	Tier 3	1	₹15,300	₹15,300
Bhubaneswar	Tier 2	2	₹4,500	₹2,250
Indore	Tier 2	4	₹5,825	₹1,456
Gurgaon	Tier 1	2	₹2,800	₹1,400
Jaipur	Tier 1	3	₹9,800	₹3,267
Nagpur	Tier 2	2	₹3,400	₹1,700
Delhi	Tier 1	1	₹1,000	₹1,000
Noida	Tier 1	1	₹1,000	₹1,000

Insights:

- **Tier 3 cities** (Amravati, Karimnagar, Sambalpur) had the **highest average recovery** per case (₹13,200).
- **Indore** (Tier 2) had 4 recovery cases, mostly involving minor overcharges and unjustified consumables.
- **Gurgaon and Jaipur** (Tier 1) contributed several **miscellaneous overcharges** (e.g., admin, MRD, BMW).
- **Total Recovery across Cities** (from these listed): **₹96,125** across **19 cases**.

4.2. Linking Theory (Classroom Learning) with Practice at the Organisation

The internship gave me the opportunity to directly apply academic learnings from my MBA-HM coursework in a real-world insurance and healthcare operations setting. Here's how I connected theory with practice:

a) Hospital Billing & Coding (Health Economics)

Classroom concepts related to hospital packages, bundled pricing, DRG-based costing, and cost variation helped me analyze differences in package vs. open billing. I understood how inflation impacts pricing strategy and patient cost burden.

b) Insurance Management & Policy Analysis

In class, we studied the structure of health insurance policies, terms and conditions, inclusions, and exclusions. This directly applied to claim file auditing, especially understanding:

- Room rent limits (e.g., ₹4,000/day for semi-private room category)
- Non-payable items (administrative fees, gloves, admission kits)
- Guidelines on what's included in surgical packages

c) Financial Management & Cost Control

While auditing bills, I analyzed trends in overcharging. In several claims, overbilling of ₹15,000–₹40,000 was traced to inflated diagnostic and consumables charges. This reinforced classroom lessons about cost control mechanisms and the financial risk of leakages in provider reimbursements.

d) Data Management in Excel

My data handling skills were sharpened by preparing and maintaining Excel trackers for each claim. I created columns for policy details, discrepancy type, billing head, recovery amount, and status. I also used filters, pivot tables, and charts to summarize trends.

e) PowerPoint Skills

For the final presentation, I applied communication and visual storytelling techniques learned in our communication labs. My slides were built using real claim cases, graphs showing hospital-wise billing trends, and comparison of 2023 vs 2025 tariffs.

4.3. Gaps Identified in the Working Area

Through my detailed analysis and field observation, I noticed several gaps in the current claim processing and hospital billing management processes. These gaps, if addressed, could lead to better claim outcomes, cost savings, and efficiency improvements:

1) Delayed Detection of Billing Errors

Most errors—such as open billing over packages, billing of non-payables, and inflated consumables—were identified only in the post-payment audit. There was no real-time validation tool during adjudication.

2) Non-Standardized Billing Formats

Hospitals use varying formats for invoices, which makes it difficult to compare or validate charges. Some bills lacked detailed breakups, hiding cost inflation in bundled line items.

3) Manual Recovery Tracking

Recovery cases were managed using Excel trackers and email reminders. There is no centralized digital tool that automates follow-ups, updates status, and triggers alerts.

4) Weak Feedback Loop Between Teams

The audit findings were not regularly or formally shared with provider relationship teams. Hence, hospitals with repeated overbilling practices were not penalized or warned.

5) Limited Training for New Staff

There were no structured audit guides, examples, or common billing error libraries available to help new joiners. Most of the learning happened on the job, leading to inconsistent reviews.

4.4. Suggestions for Improvement

Based on the above gaps, I would like to recommend the following improvements to streamline the billing review process and reduce cost leakages:

1) Integrate Red Flag Indicators into CLAIMSLIVE

Introduce auto-alerts during claim adjudication. For example, if room rent exceeds the policy limit or consumables exceed ₹10,000 in a package claim, a pop-up alert can notify the reviewer.

2) Standard Billing Templates for Hospitals

Develop a standard bill format with itemized charges that empaneled hospitals must follow. This should include details of items included in the package, consumables, and bifurcation of service components.

3) Create a Digital Recovery Tracker

Implement a web-based tracker for all recovery cases, allowing tagging of claim IDs, auto-alerts for follow-ups, and dashboard view of recovery status.

4) Monthly Feedback Loop with Hospital Relations Team

Set up monthly meetings where audit findings are shared with the provider management team. This can help in escalating repeated billing offenses and enforcing penalties where required.

5) Develop an Audit Learning Library

Compile real claim examples of billing errors into a structured learning module. This should be used to train new claim processors and interns in recognizing inflation patterns.

6) Use AI for Pattern Detection

Deploy machine learning to detect unusual billing patterns. For example, if a hospital consistently bills ₹5,000+ on gloves or kits for minor surgeries, the system can flag this for audit review.

4.5. Key Learnings

This internship gave me real exposure to how a health insurance company functions in detail and the importance of accurate claims processing. Here are my top learnings:

- **How to Audit Claims:** I now have practical skills in claim review, policy interpretation, detecting discrepancies, and calculating recovery amounts. I can confidently audit hospital bills using digital tools.
- **Understanding of Hospital Billing Practices:** I observed how some hospitals exploit loopholes in packages, overcharge for basic items, and push for open billing even when package approval exists.
- **Clarity on Insurance Workflows:** From pre-auth to final settlement and audit, I understood how decisions are made and where checks and balances are needed.
- **Improved Excel & Data Skills:** I strengthened my Excel proficiency by preparing analysis sheets, applying filters, summarizing weekly recoveries, and visualizing recovery trends.
- **Presentation & Communication Confidence:** Preparing a detailed, data-backed presentation and delivering it to senior team members helped build my public speaking and analytical communication skills.
- **Collaborative Work Ethics:** I learned to work with claim officers, auditors, and hospital teams. The mentorship I received was extremely helpful in guiding me step by step.

Signature of the Student: Dr. Shashtika Bhardwaj

Approved by the IIHMR University's Mentor

Weekly Report 1

Name of the Organisation: Care health insurance, Gurugram

Area/ Department/ Project of Summer Internship Program: Claims department

Name of the Student: Dr. Shashtika Bhardwaj

Roll no: 2074 **Stream: MBA-HM**

Week no: 1 From: 13/05/2025 to: 16/-5/2025

Activity Done	My internship at Care Health Insurance began with a warm welcome and induction into the claims department. Over the first few days, I observed and engaged with the team to understand the **claims processing workflow**, from initial claim intimation to final settlement. Alongside shadowing claims executives and familiarizing myself with policy interpretations, I also began initial groundwork on my **project: "Understanding the Rising Tariffs and Inflation in Hospital Bills across Major Indian Cities."**
Linking theory (Classroom learning) with practice at your organisation	From our **Health Economics** classes, I could now relate to real-world inflation indicators affecting healthcare costs. I also recognized how tools from our **Healthcare Data Analytics** sessions could be applied to analyse claim trends and cost spikes.
Gaps identified on the working area.	A **gap in communication** persists between insurance coordinators at hospitals and the claims desk, especially during emergencies or high-cost procedures.
Suggestions for improvement	Enhance **coordination mechanisms** through a digital interface connecting hospitals, TPAs, and claim handlers to ensure faster and more transparent interactions.
Plan for the next week	Dive deeper into **hospital billing structures** across metros and tier-1 cities to understand the root causes of tariff hikes.

Weekly Report 2

Name of the Organisation: Care health insurance, Gurugram

Area/ Department/ Project of Summer Internship Program: Claims department

Name of the Student: Dr. Shashtika Bhardwaj

Roll no: 2074 **Stream: MBA-HM**

Week no: 2 From: 19/05/2025 to: 24/05/2025

Activity Done	This week, I officially started working on my project and was assigned **Indore** as my focus city. I received anonymized **claims data** from the last year, specifically for hospitals based in Indore. The data included details like: • Type of treatment (surgery, diagnostics, maternity, etc.) • Claimed amount vs. amount approved • Hospital names and billing details • Type of claim (cashless or reimbursement) I began organizing the data and comparing costs across hospitals in Indore. I noticed that even for the same treatment, there were big differences in hospital tariffs. In some cases, charges were much higher than expected, which raised questions about overbilling. I also joined a few claim review meetings this week, which gave me an idea of how the team handles complex or high-value claims. It's clear that rising hospital costs directly affect claim approvals and overall patient satisfaction.
Linking theory (Classroom learning) with practice at your organisation	The Excel and analytics training we had in class helped me work with real data this week—especially in sorting, filtering, and finding patterns. I could connect real cases to what we learned in hospital billing systems and health policy interpretation. The challenges faced by the claims team also reminded me of our discussions on healthcare ethics and the importance of fair pricing.

Gaps identified on the working area.	There is no fixed standard for hospital charges in Indore, so hospitals bill as per their own pricing, which can lead to inflated claims. Some hospital bills were not itemized, making it hard to understand what exactly was being charged. Data formatting was inconsistent, which slowed down the analysis process.
Suggestions for improvement	Encourage hospitals to provide clear, item-wise bills, especially for high-cost treatments. Use technology to build a tariff comparison tool that helps identify average procedure costs in cities like Indore.
Plan for the next week	Focus more closely on common procedures in Indore like knee replacement, C-sections, gall bladder surgeries, and diagnostics. Build a comparison sheet showing cost variation across different hospitals for the same treatments.

Signature of the Student: Dr. Shashtika Bhardwaj

Weekly Report 3

Name of the Organisation: Care health insurance, Gurugram

Area/ Department/ Project of Summer Internship Program: Claims department

Name of the Student: Dr. Shashtika Bhardwaj

Roll no: 2074 **Stream: MBA-HM**

Week no: 3 From: 26/05/2025 to 31/05/2025

Activity Done	This week, I continued working on my **project related to rising hospital tariffs in Indore**. I focused on analyzing the cost trends of common procedures like **knee replacement, C-section deliveries, gall bladder surgeries**, and **diagnostic packages**. I organized the data hospital-wise and started preparing **comparative charts** to visually show cost differences across facilities. On **Thursday**, my reporting manager assigned me a new task—to assist in **auditing paid claims** and identifying **recovery amounts** where overpayment or billing errors may have occurred. I was given a batch of already settled claims to cross-check: • Whether the approved amount matched the policy terms • If hospitals had overcharged for consumables or room rent • Whether any recovery was possible from the hospital or patient
Linking theory (Classroom learning) with practice at your organisation	• Our **Excel practice** helped me filter and sort through data quickly. I'm using pivot tables regularly now. • I also remembered our classroom discussions on **cost control and ethics**—especially when I found bills with vague charges or inflated consumables. It made me think from both the insurers and the patient's perspective. • Overall, it felt nice to see how the theory is useful in real working conditions.

Gaps identified on the working area.	• In a few cases, **overcharging wasn't noticed** when the claim was first processed—so money was paid that might now need to be recovered. • There isn't an automated system to quickly flag unusual billing—this slows things down and increases workload. • Recoveries are being tracked mostly manually, which could lead to follow-ups getting missed.
Suggestions for improvement	• Introduce a **simple digital checklist or tool** that can flag suspicious billing at the time of processing. • Encourage hospitals to follow a **standard bill format** with full transparency. • Build a **tracker for recoveries** to know which cases are pending and how much has been recovered so far.
Plan for the next week	• Wrap up the **tariff comparison** for Indore and start writing the key findings and observations from the data. • Keep helping the team with **claim audits** and learn more about how recoveries are followed up with hospitals.

Signature of the Student: Dr. Shashtika Bhardwaj

Weekly Report 4

Name of the Organisation: Care Health Insurance, Gurugram

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

Name of the Student: Dr. Shashtika Bhardwaj

Roll no: 2074 **Stream: MBA-HM**

Week no: 4 From: 2/06/2025 to 7/06/2025

Activity Done	This week, I continued working on **claim audits**, specifically focusing on identifying **discrepancies in paid claims** and calculating **recovery amounts** wherever possible. Now that I've become more comfortable with the process, I was able to look at each case more closely and understand the reasons behind incorrect billing. In many cases, I found **minor overcharges**—like extra consumables, duplicate entries, or inflated room rent—which often go unnoticed during the initial claim settlement. In some larger claims, the difference between the billed amount and what was actually allowed as per the policy was significant, pointing towards a clear need for **recovery** from the hospital.
Linking theory (Classroom learning) with practice at your organisation	**Health Economics & Cost Containment** Our health economics module helped me grasp **why rising costs matter**—not just to patients, but to insurers and the healthcare system overall. Working on my project related to **tariff inflation in Indore**, and connecting it with real billing patterns during audits, brought these concepts to life.
Gaps identified on the working area.	• Some hospitals tend to **bundle charges under broad terms** like "miscellaneous," which hides actual costs and leads to confusion. • There's **no set checklist** during initial claim processing to catch common errors—something that could reduce the need for later recovery.

Suggestions for improvement	• **Introduce a Pre-Audit Checklist for High-Value Claims** • Before a high-cost claim is approved, a short checklist can help the claim processor verify common red flags (bundled charges, unusually high consumables, room rent mismatch). • This reduces the need for later recovery and makes the process more proactive than reactive.
Plan for the next week	• Help prepare a **summary report** on the total recovery amount identified during my audit work. • Work with the team to understand how recoveries are communicated to hospitals and what follow-up looks like. • Begin preparing for my **final project presentation**, including graphs, key takeaways, and suggestions based on my internship experience.

Signature of the Student: Dr. Shashtika Bhardwaj

Weekly Report 5

Name of the Organisation: Care Health Insurance, Gurugram

Week no: 5 From: 09/06/2025 to 13/06/2025

Activity Done	This week, I continued working closely on **recovery audits**, which has now become a key part of my learning during this internship. With each case, I felt more confident in spotting red flags. I also added these cases to the **recovery tracking log** I've been maintaining, along with suggested action points and follow-up status. Alongside audit work, I made further progress on my **Indore tariff comparison project** and started working on my **final presentation**. I've included some examples from the audit work in my presentation to make it more practical and grounded in real cases.
Linking theory (Classroom learning) with practice at your organisation	What we learned in class: NABH standards, internal audits, documentation, and compliance systems were emphasized as tools for maintaining service and billing quality. What I saw in practice: Insurance audits are a compliance safety net for catching billing gaps. I also realized that some hospitals regularly repeat mistakes, but there's no structured feedback loop yet. This showed me the need for cross-institutional quality improvement.
Gaps identified on the working area.	• **No Pattern Recognition of Repeat Billing Errors** There is no system in place to flag **repeat billing issues** from specific hospitals. Even when hospitals are found overcharging repeatedly, there's no structured record or consequence system in place for such patterns.

Suggestions for improvement	• **Automate Recovery Tracking Dashboard** • Move away from manual Excel tracking. Use a simple dashboard to track: • Recovery amount identified • Status (Initiated, In Discussion, Recovered) • Hospital name and contact status • Days pending since identification • This increases accountability and speeds up communication.
Plan for the next week	• **Continue with recovery audits** – review more paid claims, identify new discrepancies, and update recovery tracker. • **Start structuring final project report** – outline sections: introduction, methodology, tariff analysis, audit findings, suggestions. • **Draft the flow of your final presentation** – decide slide topics and begin organizing key data and visuals.

Signature of the Student: Dr. Shashtika Bhardwaj

Weekly Report 6

Name of the Organisation: Care Health Insurance, Gurugram

Week no: 6 From: 16/06/2025 to 21/06/2025

Activity Done	This week, I continued working on **auditing already paid claims** to find mistakes in billing and calculate recovery amounts. I reviewed more files and added new cases to my recovery tracker—some included high room rents, repeated charges, or non-payable items like general consumables. I also started preparing the outline for my **final report and presentation**, which will include all my learnings from the Indore hospital tariff study and audit work. On **Friday**, we received a **new set of claims data**, which I've started going through. This will give me more cases to work on and help make my report even stronger.
Linking theory (Classroom learning) with practice at your organisation	• Applied **Excel and data analysis skills** to organize and track the recovery work. • Understood how rising healthcare costs—something we learned in **health economics**—affects insurance claims.
Gaps identified on the working area.	• Some high-cost claims are paid without enough checks. • Hospital bills are still hard to read—no standard format. • No proper system to flag hospitals that repeat billing mistakes.
Suggestions for improvement	• Create a list of hospitals with frequent errors for quick reference. • Train new staff using real examples from past audits. • Use audit findings to review hospital performance every few months.

Plan for the next week	• Start a detailed review of the new claim files we got on Friday. • Continue building my final report and work on presentation slides. • Discuss patterns and findings with the audit team.

Signature of the Student: Dr. Shashtika Bhardwaj

Weekly Report 7

Name of the Organisation: Care Health Insurance, Gurugram

Week no: 7 From: 23/06/2025 to 28/06/2025

Activity Done	This week, I continued working on the **new set of claims** we received last Friday. I reviewed each file carefully, looking for overbilling, repeated charges, and items not covered under policy rules. Some cases showed extra charges for things like disposables, room upgrades, or services that were already part of a package. I also spent time updating and organizing the **recovery tracker**, noting down recovery amounts, types of errors, and whether follow-up was needed with the hospital. In parallel, I continued working on my **project report** and started designing my **PowerPoint slides** for the final presentation.
Linking theory (Classroom learning) with practice at your organisation	• Practiced **Excel skills** learned in class—sorting, filtering, using formulas, and preparing structured audit logs and summaries. • Applied **PowerPoint presentation skills** to design professional, data-driven slides for my final report, using graphs, tables, and key findings to tell a clear story.
Gaps identified on the working area.	• Lack of standardization in bill format makes audits time-consuming. • Follow-up on recovery communication with hospitals can be delayed.
Suggestions for improvement	• Introduce reminders for pending recoveries to avoid missed timelines. • Train claim processors using common billing error examples. • Maintain a hospital-wide billing issue tracker to identify repeat concerns.

Plan for the next week	• Finalize the **full project report** and complete all presentation slides. • Review everything with my mentor and prepare for the **final project presentation**. • Add 2–3 strong case studies to support the key findings in my slides.

Signature of the Student: Dr. Shashtika Bhardwaj

Weekly Report 8

Name of the Organisation: Care Health Insurance, Gurugram

Week no: 8 From: 30/06/2025 to 4/07/2025

Activity Done	This week was focused on **finalizing my project presentation and report**. I compiled all the key data points, graphs, and recovery case examples from my audit work and the Indore hospital tariff analysis. I worked on making the presentation more clear, structured, and visually appealing—using bar charts, case summaries, and comparison visuals to highlight important findings. Once the presentation was complete, I shared it with my **organizational mentors and reporting manager**. I received valuable feedback, made a few edits, and got the final version **approved for the SIP presentation**.
Linking theory (Classroom learning) with practice at your organisation	• Used **Excel** to format audit data, calculate recovery trends, and create visuals like bar graphs and pivot tables. • Applied **PowerPoint skills** to design a well-organized presentation, combining analysis, real cases, and suggestions. • Practiced **communication and presentation planning** to ensure my slides told a clear, logical story.
Gaps identified on the working area.	• Some recovery cases took time to finalize due to pending communication with hospitals. • Visualizing too much data on one slide made it difficult to present clearly at first—but was corrected after feedback.
Suggestions for improvement	• Make a simple **template for recovery audit summaries** with key columns like discrepancy, recovery value, and billing type. • Add a **visual library of common billing errors** to use for future presentations and training sessions.

Plan for the next week	• Prepare and rehearse for the **final SIP presentation**. • Collect all documents and case records for submission. • Take final feedback from mentors and wrap up pending tasks.

Signature of the Student: Dr. Shashtika Bhardwaj

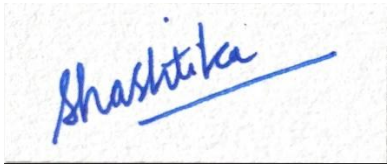
Weekly Report 9

Name of the Organisation: Care Health Insurance, Gurugram

Week no: 9 From: 07/07/2025 to 11/07/2025

Activity Done	This was the **final week** of my internship. I delivered my **SIP project presentation** to the claims department team, which included my detailed analysis of hospital tariff inflation in Indore, audit findings, and the recovery amounts identified from paid claims. The presentation included real billing case examples, graphs, and suggestions for improvement. I received **positive feedback** for the clarity of the data, depth of analysis, and the practical recommendations shared.
Linking theory (Classroom learning) with practice at your organisation	• Practiced **data presentation and communication skills** from our management modules. • Used **Excel and PowerPoint** to confidently explain trends, audit results, and financial impact in a visual format.
Gaps identified on the working area.	• Most discrepancies are identified after claims are settled, during audits. • No automated system exists to flag unusual or inflated charges at the processing stage.

Suggestions for improvement	• **Add automated checks** to flag billing errors during claim processing. • **Standardize billing format** across empaneled hospitals. • **Create a digital recovery tracker** with alerts and status updates.
Plan for the next week	Ending this internship felt like completing a meaningful journey. I started with limited knowledge of claim audits and finished with real skills in recovery tracking, hospital billing analysis, and professional presentation. I'm truly grateful to my mentors and the team at Care Health Insurance for the guidance and support.



Signature of the Student: Dr. Shashtika Bhardwaj