

SUMMER INTERNSHIP PROGRAM

at

CARE HEALTH INSURANCE



From May 12 to July 11, 2025

A REPORT BY

Pooja

Master of Business Administration

Hospital and Health Management

Roll no- 2020

2024-26

under the Mentorship of

Dr. Anoop Khanna



July 11,2025

Ms. Pooja

Dear Pooja,

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)

Care Health Insurance Limited

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IRDAI Regn. No. 148 | CIN: U66000DL2007PLC161503

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WhatsApp - **8860402452**



Care Health - Customer App:
<https://careinsurance.app.link/3QB1xwRrNPb>



www.careinsurance.com/self-help-portal.html



Submit Your Queries/Requests:
www.careinsurance.com/contact-us.html

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Pooja** of 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: 30/07/2025

A blue ink signature of Dr. Anoop Khanna, consisting of a stylized 'A' followed by a series of loops and a horizontal stroke.

Dr. Anoop Khanna

Professor



About

Care Health Insurance is a specialized health insurer offering products in the retail segment for 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 at the Global Financial Planner's Summit 2024.

History

Care Health Insurance (formerly known as Religare Health Insurance) was established in 2012. It is a specialized health insurer in India, offering products for health, personal accident, top-up coverage, and maternity. It was rebranded to Care Health Insurance in 2020 after Religare Enterprises exited the business. The company is a part of the Care Group, which also operates multi-specialty hospitals across India.

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.

Objectives

- To quantify inflation in Average Claim Size in Hyderabad hospitals.
- To identify the clinical, operational, and billing reasons behind this inflation.
- To differentiate patterns by hospital type, specialty, and procedure.

Project Title

A Comprehensive Study on the Factors Contributing to Inflation in Health Insurance Payouts

Name of the organization - Care Health Insurance
Presented by – Dr. POOJA
Stream - MBA (HM-29)
Roll Number - 2020
University Mentor – Dr. Anoop Khanna

Organization Mentor – Rishay Singh

Audit Outcome: Findings vs. No Findings

Overview of Total audited cases

Findings

Total audited cases - 459

Cases with findings - 100

Cases with no findings - 359

25%

75%

Findings

No Findings



Discrepancy Rate by Hospital Level

Findings Breakdown

PRIMARY

SECONDARY

TERTIARY

46

25

46

25%

25%

25%

25%

25%

25%

25%

25%

25%

25%

Basic procedures done without investigations

Differences in lab, physical, and monitor charges

Excess pay in surgery packages

Room rent and doctor consultation overcharges

Cytoproscopy is a part of other surgeries

Excess pay to diagnostic package not available

Difference in infusion pump

*Monitor charged extra as per tariff

Board of Directors
(Strategy & Governance)

Managing Director & CEO
(Company-wide Oversight)

Executive Leadership Team
(Heads of Underwriting, Claims, Sales & Distribution, etc.)

Underwriting
(Risk & Premium Assessment)

Claims
(Claims Process & Settlement)

Marketing
(Brand & Lead Gen)

Finance & Legal

Customer Service

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.

OPPORTUNITIES:

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

THREATS:

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

SWOT

Work Done During the Project

Power BI Dashboard

- Audited 459 case and identified 100 cases for recovery
- Verified hospital bills against approved tariffs and packages
- Calculated recovery amounts and documented findings
- Created dashboards using Power BI for analysis
 - Analyzed trends by hospital level and city
 - Suggested measures to reduce claim inflation

Difference Between Practical Exposure at SIP Organization and Theoretical Understanding from IIHMR University

Theoretical Understanding (IIHMR)

Practical Exposure (Care Insurance SIP)

Understood hospital package guidelines, PMJAY, IRDAI regulations

Applied these regulations to evaluate claim validity and excess payments

Studied Excel, SPSS, Power BI basics

Used Power BI dashboards for audit insights and visualizations

Marketing Concepts

Applied SWOT analysis for recovery department evaluation

Biostatistics & Data Presentation

Created pie charts, bar graphs using Power BI and Excel for audit findings

Qualitative Research and Quantitative Research

Analyzed hospital-level practices, documented observations on billing behaviors and Used large-scale claim data (11,000+ cases) to measure discrepancy trends and outcomes

Major Learnings

Challenges Faced

- Real Life audit work
- How billing errors cause extra insurance costs
- How recovery helps control these costs
- Use of tools like Power BI
- Better understanding of insurance and claim rules
- Improved observation and analysis skills

- Getting complete billing details
- Manual checking was slow
- Billing differed by city and hospital
- Delay in hospital replies
- Adapting to new audit formats

Common leakage

Suggestions

External

Internal

- Overbilling,
- room rent manipulation,
- OPD,
- Inflated doctor visits,
- Open billing instead of packages

- Weak claims audits,
- No system alerts,
- Poor checking of claims,
- slow or no action on wrong billing

- Enforce tariff and package adherence via system-based checks
- Introduce real-time billing audits before claim approval
- Penalize repeat defaulter and reward compliant hospitals
- Use AI-based analytics to flag high-risk claims
- Standardize package elements clearly with all hospitals
- Strengthen recovery follow-ups with proper documentation trail

WEEKLY REPORT

Name of the organization: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims

Name of the Student: Dr. Pooja

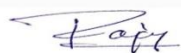
Roll no: 2020

Stream: Hospital and Health Management

Week no: 1

From: 12/05/25 to 17/05/25

Activity Done	• Orientation, by company • Project was assigned by mentor • Introduction with team & mentor, Meeting with the claims head • Allotment of assets • Received dataset • Learned medical package guidelines • Assigned various hospital list for review the bills • Mentor assigned the city for review the claims
Linking theory (Classroom learning) with practice at your organisation	• Applied knowledge of public health policy and insurance to real-world data and coverage terms.
Gaps identified on the working area.	• Initial unfamiliarity with portal and policy interpretation.
Suggestions for improvement	• No suggestion with in first week
Plan for the next week	• Thorough evaluation of the bills and discharge summery



WEEKLY REPORT

Name of the organization: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims

Name of the Student: Dr. Pooja

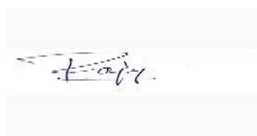
Roll no: 2020

Stream: Hospital and Health Management

Week no:2

From: 19/05/25 to 24/05/25

Activity Done	• Review meeting with the mentors and senior of our college. • Start auditing the claims, final bills, discharge summary, pre auth and final settlement letter. • Found mismatch in room rent, tariffs, packages • Clarification on hospital tariffs • Interacted with staff to understand insurance operations. • Reviewed discharge summaries of the hospital • Found many recoveries cases • Learning with the other interns from the symbiosis college • Meeting with the cashless claims head for more clarification on the cashless flow.
Linking theory (Classroom learning) with practice at your organisation	• Use knowledge of excel in maintaining the record of the claims • Health financing and claims knowledge applied to real-time inflation factor study. • Communication skills which were taught in the communication class
Gaps identified on the working area.	• Improper training of the executives • Data access limitations and documentation format issues.
Suggestions for improvement	• Provide mock data and standard formats • Provide proper training of the executive regarding claims processing and tariffs so that they came with good claim processing
Plan for the next week	• Continue claim comparisons and start recovery involvement.



WEEKLY REPORT

Name of the organization: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims

Name of the Student: Dr. Pooja

Roll no: 2020

Stream: Hospital and Health Management

Week no:3

From: 26 may to 31 may

Activity Done	- Continued research, escalated recovery work with a new team. Started working on 6-month recovery data with daily targets. - Cross-verified discharge summary vs bill - review two financial year sheets for an insurance company (FY 2023–24 and FY 2024–25), especially for claim recovery analysis - review many articles about insurance sector, claims live
Linking theory (Classroom learning) with practice at your organisation	- Claims recovery and fraud concepts practiced in live projects. - Health related knowledge
Gaps identified on the working area.	- Initial lack of clarity in recovery procedures - Lack of data accuracy in hospital tariffs
Suggestions for improvement	Visual SOPs and case study exposure
Plan for the next week	Track recovery patterns and support daily targets.



WEEKLY REPORT

Name of the organization: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims

Name of the Student: Dr. Pooja

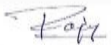
Roll no: 2020

Stream: Hospital and Health Management

Week no:4

From: 2 June to 7 June

Activity Done	• Focused audit on high-value maternity cases • Participated in internal team discussions • Continuation of the recovery analysis of the claims • Hospital-wise comparison • Analysed regional trends in claims inflation
Linking theory (Classroom learning) with practice at your organisation	• Merged medical learning with policy understanding to decode claims better.
Gaps identified on the working area.	• Variation in claim documents and medical term usage • Lack of communication
Suggestions for improvement	• Glossary of common terms and standard claim templates. • Proper communication
Plan for the next week	• Categorize recoveries and link diseases to policy coverage



WEEKLY REPORT

Name of the organization: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims

Name of the Student: Dr. Pooja

Roll no: 2020

Stream: Hospital and Health Management

Week no: 5

From: 9 June to 14 June

Activity Done	• Categorized discrepancies • Hospital-level analysis helped understand pattern of overbilling • Create visuals for report • Studied methods for structuring project reports
Linking theory (Classroom learning) with practice at your organisation	• Applied medical learning and communication theories to work and peer interactions.
Gaps identified on the working area.	• Lack of clarity in summarizing technical work • Lack of knowledge • Lack of understanding power
Suggestions for improvement	• Templates for presenting technical projects. • Proper training regarding the technical skills
Plan for the next week	• Start working on presentation and report framework.



WEEKLY REPORT

Name of the organization: Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims

Name of the Student: Dr. Pooja

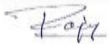
Roll no: 2020

Stream: Hospital and Health Management

Week no:6

From: 16 June to 21 June

Activity Done	• Focussed on hospital which follow same pattern for making fraud • Understood fraud red flags • I discussed my project details with my mentor for better understanding and guidance • make some changes in my presentation as per the mentor guidance • Project title updated to focus on missed deductions
Linking theory (Classroom learning) with practice at your organisation	• Negotiation, policy understanding, and audit methods applied.
Gaps identified on the working area.	• Interpretation of billing and procedural codes.
Suggestions for improvement	• SOP for recovery billing review.
Plan for the next week	• Categorize cases and begin summarizing insights



WEEKLY REPORT

Name of the organization : Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims

Name of the Student: Dr. Pooja

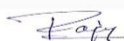
Roll no: 2020

Stream: Hospital and Health Management

Week no:7

From: 23 June to 28 June

Activity Done	• Conducted in-depth data analysis • Began outlining final presentation structure • Documented findings with supporting data • Designed Power BI dashboard on total claims amount vs approved amount
Linking theory (Classroom learning) with practice at your organisation	• Research, presentation planning, and strategic framing of findings implemented.
Gaps identified on the working area.	• Difficulty in converting field work into a crisp presentation.
Suggestions for improvement	• Guidance on content curation and storyboarding
Plan for the next week	• Finalize report, prepare slides, and conduct mock reviews.



WEEKLY REPORT

Name of the organization : Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims

Name of the Student: Dr. Pooja

Roll no: 2020

Stream: Hospital and Health Management

Week no:8

From: 30 June to 5 July

Activity Done	• Finalized project content, completed report and PPT preparation. • Reviewed findings and structured key points for presentation.
Linking theory (Classroom learning) with practice at your organisation	• Combined field experience and policy understanding into a formal project.
Gaps identified on the working area.	• Slight difficulty in summarizing large data into concise content.
Suggestions for improvement	• Use structured report formats early during the internship.
Plan for the next week	• Deliver presentation and conclude internship



WEEKLY REPORT

Name of the organization : Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims

Name of the Student: Dr. Pooja

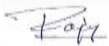
Roll no: 2020

Stream: Hospital and Health Management

Week no:9

From: 7 July to 11 July

Activity Done	• Presented final SIP project and shared insights with mentors. • Participated in closing discussions and received feedback
Linking theory (Classroom learning) with practice at your organisation	• Applied academic, analytical, and communication skills during final presentation • Applied presentation skills which were taught in the class
Gaps identified on the working area.	• Minor hesitation during delivery; otherwise, smooth execution.
Suggestions for improvement	• Introduce mock presentation sessions for better preparation.
Plan for the next week	• Internship completed; final submission and reflection.



Compiled Reporting Format

Name of the organization : Care Health Insurance

Area/ Department/ Project of Summer Internship Program: Claims

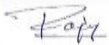
Name of the Student: Dr. Pooja

Roll no: 2020

Stream: Hospital and Health Management

Activity Done	• Orientation with the members of the Claims and recovery department. • Audited over 459 claim files across cities and hospital levels. • Identified recovery cases include room rent mismatches, tariff violations, and unbundled procedure billing. • Created Power BI dashboards to visualize findings. • Participated in weekly review meetings, mid-project evaluations, and prepared a final internship report and poster. • Analysed common issues leading to insurance inflation and summarized city-wise, hospital-wise trends.
Linking theory (Classroom learning) with practice at your organization	• Applied healthcare finance and insurance management concepts in identifying claim discrepancies. • Used data validation skills (Excel) and visualization techniques (Power BI) taught during coursework. • Practiced real-world audit methodologies using standard medical billing norms and discharge summaries. • Integrated concepts from health laws, operations management, and fraud detection into practical case review. • Understood how regulatory compliance and ethical billing practices influence financial performance in health insurance.
Gaps identified on the working area.	• Frequent non-compliance to standardized tariff and package guidelines by hospitals. • Absence of real-time validation tools during claim approvals. • Lack of awareness among hospital billing staff about claim package rules.

	• Delayed communication between claims and audit teams affecting timely recovery. • Manual auditing was time-consuming and prone to missing systemic patterns.
Suggestions for improvement	• Implement automated checks and AI-based alerts for high-risk claims at pre-authorization and settlement stages. • Enforce tariff adherence through pre-defined system flags and training modules for empanelled hospitals. • Introduce a graded compliance scoring system for hospitals to monitor and encourage standard billing behavior. • Conduct monthly audit reviews for top high-cost claim hospitals and cities. • Improve document standardization and initiate digital claims audit workflows.
Key Learnings	• Gained practical insights into the claim's life cycle from document review to final settlement. • Understood how hospital behaviour directly influences insurance costs. • Developed skills in root-cause analysis, data summarization, and report presentation. • Learned the value of internal audit in cost control and how fraud detection saves resources. • Recognized the importance of cross-functional communication between audit, claims, and provider network teams.



Approved by the IIHMR University's Mentor -