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 – 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

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 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

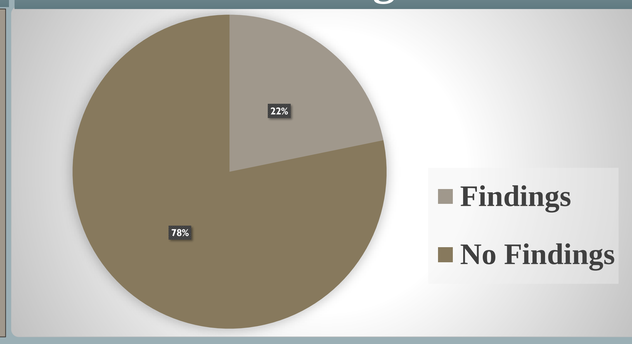
- Create value for all stakeholders.
- Extend benefits to rural and social sectors.
- Lead in customer care, products, and communication.

Objectives

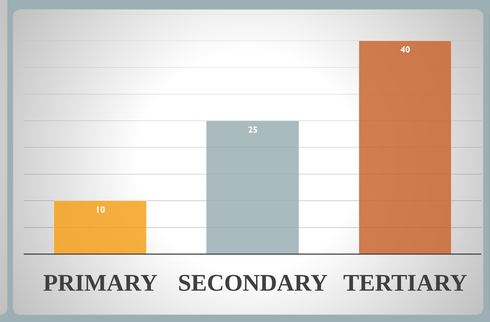
- To quantify inflation in Average Claim Size in Hyderabad hospitals
- To identify the clinical, operational, and billing reasons behind this inflation
- To differentiate patterns by hospital type, specialty, and procedure

Overview of Total audited cases

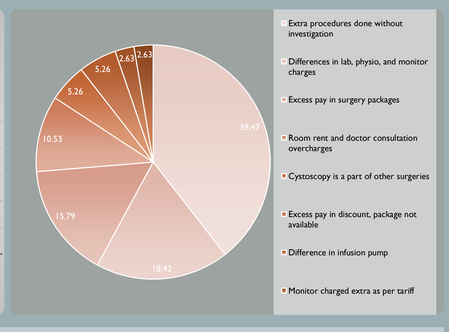
Audit Outcome: Findings vs. No Findings



Discrepancy Rate by Hospital Level



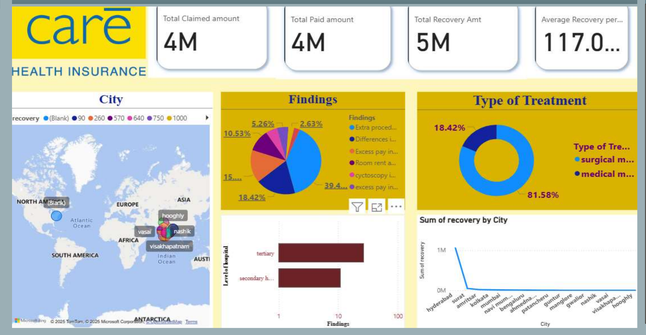
Findings Breakdown



Work Done During the Project

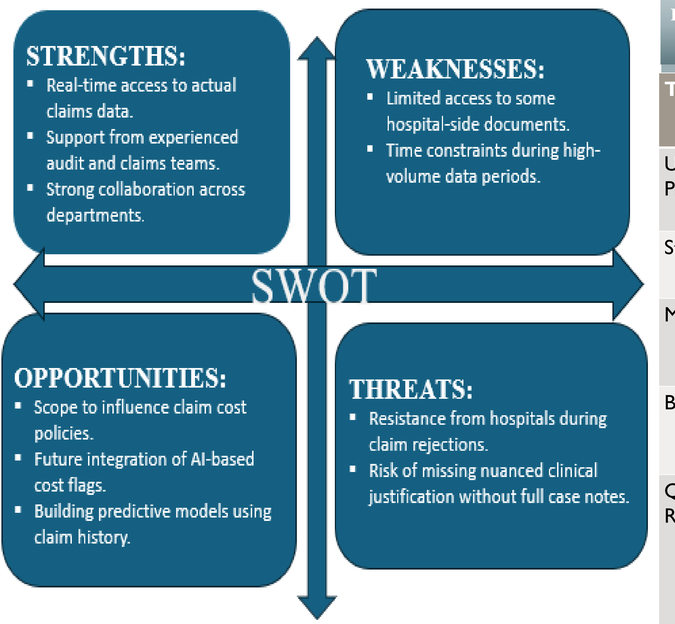
- **Audited 459 case and identified 100 cases for recovery**
- **Verified hospital bills against approved tariffs and packages**
- **Calculated recovery amounts and documented findings**
- **Created dashboards using Power BI for analysis**
- **Analyzed trends by hospital level and city**
- **Suggested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

Power BI Dashboard



Usefulness of the Internship

- Gained practical exposure to real-world health insurance operations
- Improved skills in auditing
- Learned how to detect cost leakages and billing frauds
- Applied classroom knowledge to real cases using tools like Excel and Power BI
- Understood the importance of compliance in claim processing
- Developed professional communication and reporting skills



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

- **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**

Common leakage

External	Internal
Overbilling,	**Weak claims audits,**
room rent manipulation,	**No system alerts,**
OPD,	**Poor checking of claims,**
Inflated doctor visits,	**slow or no action on wrong billing**
Open billing instead of packages	

Challenges Faced

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

Suggestions

- **Enforce tariff and package adherence via system-based checks**
- **Introduce real-time billing audits before claim approval**
- **Penalize repeat defaulters 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**