A PROJECT REPORT ON

Quality and quantity management in claim processing: analysing the efficiency of group health insurance department (reimbursement team) at Care Health insurance

PREPARED BY

Rutika Ravi Gupta

MBA-Hospital and Health Management

IIHMR-UNIVERSITY, JAIPUR.

UNDER SUPERVISION AND GUIDANCE OF

Dr Barkha Gupta

MANAGER MEDICAL CLAMS AT CARE HEALTH INSURANCE

2025

INTERNSHIP REPORT

Introduction:

During my internship at **CARE Health Insurance**, I gained valuable insights into the workings of the insurance sector. I particularly focused on understanding different types of claims, the reimbursement process, and medical claims adjudication. This report summarizes what I learned and experienced during my internship.

Care Health Insurance (Formerly Religare Health Insurance) has been a subsidiary of Religare Enterprise. It got its IRDAI registration on 26 April 2012 and has been among the five private sector insurers to underwrite policies exclusively in health, personal accident, and travel insurance segments. In 2021, Religare Health Insurance had a claims settlement ratio of 95.25% for the 2024 fiscal year.

Products

Care Health Insurance currently offers 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.

KEY LEARNINGS DURING INTERNSHIP:

Understanding the Insurance Sector: The insurance sector plays a crucial role in managing risk and providing financial protection against unforeseen events. At CARE Health Insurance, I learned about the fundamental principles of insurance, including risk pooling, underwriting, and claims management. Understanding these concepts was essential to grasp how insurance products are designed and priced to meet customer needs while ensuring the financial sustainability of the company.

Learning Different Types of Claims:

One of the key aspects of my internship was gaining knowledge about different types of insurance claims.

CARE Health Insurance deals with various types of claims, including Health Insurance Claims, which include both cashless claims and reimbursement claims. I was exposed to the processes involved in reimbursement claims, from initial filing to final settlement, which provided me with a comprehensive understanding of how insurance claims are managed.

Reimbursement Processing of Claims:

At CARE Health Insurance, I had the opportunity to learn about reimbursement processing in detail. This process involves reviewing the claim for accuracy, verifying the medical necessity of treatments or services provided, and calculating the eligible reimbursement amount based on policy terms and conditions.

I gained hands-on experience in: Document Verification: Checking the checklist of the documents – pre-auth claim forms, medical bills, investigation reports, Final consolidated bills, cash-paid receipt, cancelled cheque, KYC details, ensuring completeness and accuracy.

Coding and Billing: Understanding medical codes and billing procedures used to process healthcare claims efficiently.

Adjudication: Evaluating claims against policy guidelines to determine coverage eligibility and payment amounts. This experience enhanced my attention to detail and analytical skills, as accuracy is crucial in reimbursement processing to prevent fraud and ensure fairness to policyholders.

Learning How to Adjudicate Medical Claims: Adjudicating medical claims involves making decisions on the validity and coverage of claims submitted by policyholders. During my internship, I learned the process of medical claims adjudication, which includes:

Policy Interpretation: Understanding the terms and conditions of insurance policies to determine coverage limits and exclusions.

Medical Review: Assessing medical records, diagnosis codes, and treatment details to verify the necessity and appropriateness of healthcare services claimed.

Decision Making: Applying insurance policies and guidelines to determine whether to approve, deny, or modify claims based on the information provided.

This aspect of my internship provided me with insights into the importance of fairness and transparency in claims adjudication, ensuring that policyholders receive timely and accurate reimbursements for covered expenses.

CONCLUSION:

My internship at **CARE Health Insurance** was a valuable learning experience that deepened my understanding of the insurance sector, claims management, reimbursement processing, and medical claims adjudication. I developed practical skills in reviewing claims, interpreting policy guidelines, and applying critical thinking to assess claim validity. These skills are essential for a career in the insurance industry, and I am grateful for the opportunity to have gained such hands-on experience during my internship. This report reflects my journey and growth during the internship, highlighting the knowledge gained and the skills developed through practical exposure to insurance operations at CARE Health Insurance.