Customer Experience Survey among Insured People Regarding Health Insurance in Jaipur

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Abstract— **In India, generally individual have less knowledge regarding health insurance as well not feel the importance of it. Market also could not understand individual need, priority and other factor what keep health insurance at lower side as compare to other requirement. This project focus on consumer behavior, awareness, problem, preference, satisfaction level and consumption patterns.**

Data and Method: Sample size consist of 100 individual of all who are above 18 year in the city of Jaipur. Random sampling were used for the study. Self-prepared questionnaire were prepared to collect the data and excel was used for the analysis.

Index Terms—**Awareness, health, insurance, market, problem**

I. INTRODUCTION

Insurance can be defined as:- "Pre-Payment of small amount by many individuals into a common fund pool that can finance health care costs of enrolled members later if required."
The health care system of India is recognized by systems of medicine, mixed ownership patterns and different kinds of delivery structures. Health financing systems have mainly three functions – revenue collection, pooling of revenue, and purchasing of healthcare. The revenue collection is way in which health system receives money from households, enterprises and donors.It could be done by taxes, contributions to health insurance or out-of-pocket expenses. Accumulation and management of revenues ensure risk of paying for healthcare is borne by all individual of the pool and not by any individual contributor. In tax-based systems, pooling is done through ministry but in insurance schemes, pooling is done by the insurer.

Health insurance pays against risk to health or medical expenses.. Everytime, beneficiary or an individuals pay taxes/premium to protect themselves from unknown healthcare expenses. Such kind of benefits paid for health expenses can be provided by social welfare programs which are generally funded by the central or state government. By calculating every risk factor of health or medical expenses, a routine finance structure is developed which ensure that money is always available against covered medical or healthcare expenses(include specifically in agreement). The benefit is administered by a government agency, private business, or not-for-profit sector.

Health insurance is launched at 1986 and it grown very fast due to expanding awareness and liberalization of economy.In India, Insurance Regulatory and Development Authority keep an eye on the work of Insurance company whether it is private or govt. insurance company.IRDA have made certain rules and Policy to regulate the work of any kind of health insurance.
In India,healthcare is financed mainly through out of pocket expenses.Central and state govt. scheme ad external aid. In India it is very hard for the poor population to buy the health insurance therefore central and state govt. is targeting toward poor family by providing free aid or social health insurance scheme by what the poor people can do the arrangement for their recovery or treatment of their illness.In India,Health insurance generally cover for hospitalization and earlier outpatient services were not covered but nowadays this service is also being covered to people with certain age group. For OPD services premium also varies(fixed amount),as he/she is older the premium also increases. In 2000, IRDA allowed private company to invest in the health insurance which bring a great hindrance or competition in the market due to what ultimately beneficiary get benefited.Private insurance company have bring many changes in health industry as they have bring the introduction of many new plan like cashless services,critical illness plan,pre-existing disease [1].
In India, the health insurance come under three categories – Private Health Insurance,Public Health Insurance and Micro health insurance. In India there are mainly 30 Private Health Insurance Company and 4 PSU. Around 65% of business of insurance work is covered by PSU.In market, ICICI Lombard GIC ltd,Apollo Munich Health Insurance,Star Health Insurance,Max Bupa Health Insurance scheme, Chola Mandlam,IIFCO Tokiyo,Bajaj Allianz General Insurance company are the team leader in the market who are giving great competition in the market to attract customer [2].

A customer may be defined as someone who: has a direct relationship with, or is directly affected by an agency and receives or relies on one or more of your agencys services or products [3]. The Behaviour of customer is the study of organizations or individuals, and the processes of consumers is used to find, choose, and dispose of the products, services and experience.Customer word is very specific to brand or store. It refers a person who regularly buy particular brand, purchases from specific company's product, or buy from specific shop. Thus an individual who buys health insurance policy or who purchase motor insurance is a customer of same firms. On other side,the consumer' is a person who get

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engaged in activities - find, choose, use as well as dispose of products,experience [4].

The complaint of customer is one of the essential thing for customer services and retention of the customer[5].There are lot of similar grievance or complaint of customer in association with the product and services.Availability of path in place which find way to similar complaints provide help to solve the problem in fast as well as in effective manner[6].

If a customer is facing any kind of difficulty then he or she also expects resolution of the problem as well[7].Bad services to customer is common complaint and it generally occur when the activities of customer services do not match with the standard exist in direct marketing association [8]

Customer satisfaction signify hows customers are satisfied with the products or services what they received from organization.Satisfaction can be calculated by the quality plus kind of their experience and expectations. There are numerous factor which influence the satisfaction of customer.Like: knowledge,fairness, outcome along with timeliness. There are mainly some key steps for measuring satisfaction of customer.

Step 1 A plan is develop
Step 2 Finds the best way for assessing satisfaction
Step 3 Ask the feedback from custoimer
Step 4 Convert feedback into useful and relevant data or information
Step 5 Shows the figure or results and make improvement in service [9]

II. Objective of this Study

General Objective:-

To identify and evaluate the Customer awareness,experience and preferences regarding Health Insurance in Jaipur, in order to meet the needs of the Customer Deliver Quality Service to the Customer .

Specific Objective:-

To know the experience of the customers regarding Health Insurance in Jaipur.

To Know the awareness level of of the customers regarding Health Insurance in Jaipur

To know the perception of the customer regarding Health Insurance in Jaipur

III. Methods and Data

Study Design - The research design of the study will be of descriptive cross-sectional design.

Study area-The sample for study will be carried out in Jaipur city.

Sample size- 100 individual will be selected for the sample size.

Study Population – The study will be conducted Insured People in the city of Jaipur (18 Yrs and above).

Sample technique- Convenient sampling will be used for the study and sample will be selected according to the availability.

Data collection tool and technique-

Method of Data collection: In this study, the instrument which has been used for the collection of qualitative will be of Interviewing of individual what will consist of open ended and closed ended questionnaire and the SPSS will be used out for the analysis.

The study uses primary data to understand the various dimensions involved in the functioning of RSBY and its impact on the health and overall spending of poor households Study Design- This is a Descriptive Study which includes surveys and fact finding enquiries. The major purpose of descriptive research is description of state of affairs as it exists at present.

The study will be conducted in Jaipur district of Rajasthan. The study will cover four types of location (Primary Sampling Unit-PSU) to cover the sample size of 100 customers in the study area.

These four locations are:

1. Corporate Offices 2. Movie hall 3. Market place 4. Bus stop

The total sample will be equally distributed in these four PSUs and thus, each PSU will cover 25 respondents (consumers). The required number of target respondents in each PSU will be selected randomly from the common gathering at different PSU locations. At district hospital, 25 respondents will be interviewed using structured questionnaire, at their exit. For other three locations, interview of the required number of respondents will be done using structured questionnaires. As mentioned earlier, people above 18 years, can participate in the survey.

Data Collection Tools- Semi-Structured Questionnaire

Methods **of** Data Analysis:-

Statistical Tools like Bar-Diagram, Pie Chart, Graphs and Ranking Scale will be used for data analysis.

Type and Source of Data:-

Primary Data collected through Personal Interview using Semi-Structured Questionnaire.

IV. General Findings

1. Less awareness among beneficiary regarding Health Insurance

71% of the people were not aware about Health Insurance.Clearly,the level of awareness among the beneficiary is very low. Many of beneficiary even do not know about the main characteristic like which hospital are empanelled for what they are entitled to avail the scheme, which disease are covered and how much is the coverage amount etc. It seems many of the card holder just take the health insurance product but they have less knowledge orincomplete information about the health insurance product what they have purchased due to what the beneficiary could not have able to keep maximum benefit from the health insurance scheme which do not show the good picture.

2. Bad experience felt during hospitalization65% of people or their family member have availed the benefit of the health insurance.The services of hospital were not up to the mark and they faced a lot of difficulty in hospital due to many reason like

1. Unavailability of doctor - 61% of patient faced difficulty during hospitalization as there were no doctor present in emergency or no. of doctor were very less in their IPD room. Doctor takes more than 1 hour to reach the patient when condition of patient is not bad. The attendant convey the complaint of any pain or unconscious to paramedical staff and

paramedical staff also conveyed the same message to paramedical staff but due to busy scheduled or OPD trimming, the doctor could not have reached to the patient on immediate basis. Such facility keep the morale down of patient along with attendant and keep them worried till the time patient hospitalized or remain in the hospital for treatment.

2. Unhygienic condition of the room – 57% of patient felt bad experience due to unhygienic condition of the room. Patient and their attended complaint regarding the same to concerned staff member but nothing great could not have been done by the staff as maximum time the cleaning staff member give excuses or reluctant toward the work. Many time the staff stated the next cleaning staff member will come to clean the room because his/her shift is over and the cleaning staff member keep the patient and attendant in the same condition for a long time
3. Unclean bed sheet – 24% of beneficiary stated bed sheet of their bed were not changed on daily basis or whenever bedsheet got spoiled due to any reason – like blood then hospital staff always remain unwilling to change as they say they have no spare bed sheet and will be only possible to change the bedsheet when they will get bed sheet after washing from the laundry.Such attitude or services show a negative sign toward the concern of patient as if bedsheet get spoiled and get contaminated then patient become more prone to be infected and the condition of the patient could be worsened.
4. Bad quality of food in canteen – 57% of the patient sated the kind of food they got from canteen during hospitalization was not up to the mark as the quality of the food keeps patient unwilling to take due to stale,bad taste or unhygienic. It become more hard for any of the patient to recover on fast basis if patient remain weak or do not take food during hospitalization.Generally the hospital remain more worried about the patient treatment but could not keep other services.

3 Health is at least Least priority

Beneficiary gives less priority as compare to food, shelter and clothes,education and job. They are more interested to purchase the product or policy with minimum premium or benefitand they think they feel they should spend or invest the company on such policy or sector where money get multiply with good rate.They are less concern toward health as they feel they have purchased health product so they are covered and will get the treatment at free of cost through insurance company.They even could not keep the date of expiry of policy and the insurance company make them remind for the renewal of the policy.They feel the importance only when someone get admitted or the time when age of any family member get around 50 years before this situation they were less concern about health

4 Provide assurance in case of any need

Figure show undoubtedly people rely more on health insurance as it assure them they could avail the cashless services in case of any emergency/accident.In current scenario,the treatment of health expensive is one of the highest expense as compare to others where any of person can spend all their saving. As it is very hard for any of people to arrange the money in short duration of the money for the treatment of any illness.The beneficiary feels assured that health insurance will help them in this stage. The beneficiary can choose the cashless service or reimbursement,the way they feel comfortable.

5 Need of OPD Services

From Figure it clearly observed beneficiary need OPD Services as it is the need what they need on regular basis and it make very costly them to pay for medicine as charges of medicine are more expensive then consultation charges of doctor and it is very hard for any beneficiary to arrange the money for their routine OPD expenses. It may be expected the number of visit of OPD would be more than IPD Cases and if OPD Services could be covered in the scheme then more no. of people would be more interested purchase the health insurance product and the utilization of the scheme will be increased .

6 Ready to continue with health insurance

It is quite clear most of the beneficiary are ready to purchas the health insurance product for themselves and their family member which mean people see the health insurance with the positive point or with a hope where they feel tension free as they get coverage against any of disease or the risk/emergency or for treatment in case of any need. Such attitude create positive impact in the society which boost or push other person to avail the benefit of the product.

7 Difficulty in approval(cashless and reimbursement)

27% of the Study Population strongly believes that there should be ease in PreAuth and Claims/Reimbursement Process.It is very hard for any of the patient to follow up the treatment and insurance company to process the cases simultaneously.Many of time the cashless team(insurance company) raised a queryand do not process the case till the time reply of query is not given.Sometime if insurance company are not sartisfied with the reply of query then insurance company reject the case also.

8 Income tax benefit

19% of the study population thinks that income tax benefits/savings is the main parameter to buy a Health Policy. People believes buying health insurance product on one side they are getting the coverage against the disease as well as it help to get the rebate in tax.They have also many other option to get the rebate but many people generally choose the health insurance product to buy.

9 Insurance company follow up renewal of the policy

As the date for renewal approaches,the insurance company approaches the people for the renewal.Till the time,beneficiary do not give the payment to agent or insurance team member they keep trying to memorize them.In renewal cases,the insurance company provide them more benefit and it keeps attracting the insured people to purchase the product foe next year.

10 Salesmen of insurance company did not share the characteristic of the policy

The salesmen they never take interested to share the key feature or benefit of the policy. They did not share on the add

on benefits..At the time of need they do not show any interest by discussing on the capping of the room rent,treatment,out of pocket expense due to what the customer feel helpless and frightened.The customer came to know about the reality when any other family member get admitted in the hospital .\and they pay from their own pocket or copayment.

V. RECOMMENDATIONS

1. Create awareness among people regarding Health Insurance

Proper awareness initiatives should be taken from the Health Insurance Companies side as people were not aware about the benefits of Health Insurance according to the study. Awareness about Health Insurance can be increased vastly through advertising and media publicity most of the study population knew about Health Insurance through Advertisements. For better penetration Marketing activation Activities such as Health Check up Camps, Awareness Programmes in Offices and educational instituitions.

2. Beneficiary audit

Insurance company can also do beneficiary visit by visiting beneficiary house to know about their experience during hospitalization under the. The insurance company should ask the feedback of the services from the beneficiary after getting discharged from the hospital as in hospital beneficiary may do not give the real feed back of the services.There should be certain question what can be asked by the beneficiary to know their experience like food services, patient care, kind of services provided by medical and paramedical staff as by doing such kind of audit the hospital also remain worry and try to give best from their own side.

3. Toll free number

In case of need beneficiary or attendant feel helpless whenever he/she have any query in his/her mind and have no idea where to contact due to what much time get delayed by asking query from other. Toll free number should be started by the insurance company where the beneficiary can contact easily to the insurance company to know about the empanelled hospital so that in case of any need the beneficiary do not go far away from their residing place,to know anything about the services or the beneficiary can ask certain queries related to the policy,validity of product..In toll Free number, the beneficiary should be allowed to file a complaint against any of the hospital if he or she have not get the benefit of the scheme or if any of the hospital denied to treat the patient under the scheme or if any hospital asked for the payment for the treatment of any disease.

4. Processing and settling of case

Pre-Auth Process and Claims Reimbursement Process are one of the main services wherein the client comes in direct contact with the Health Insurance Companies as most of people faced problems during Pre-Auth/Claims Settlements.For Better Services clients should be assisted during Pre-Authorizations and Claims Settlement by one of the representatives of the Health Insurance Company. This will further help in building a strong relationship between the company and the client. Such customer focused approach will lead to increased customer satisfaction.

5. Create competition among hospital

As we know the private hospital always try to attract the customer by proving good quality of patient care, luxury comfort. In the same way the insurance company can create competition among hospital by offering some benefit (like by gifting them any medical device) to such hospital whose feedback is very good and where maximum beneficiary visiting to hospital for their treatment or by honouring the hospital in public places for their fine services .

The insurance company can assign the rating or stars to hospital on basis of patient feedback, quality of services, medical and paramedical staff plus this rating should be given or assigned to hospital on monthly basis and this rating could help the beneficiary to judge to visit the hospital for the treatment of any disease. Such kind of step will encourage the private hospital to boost up to improve their services and will try to provide as best comfort from their side to get higher rating. As rating will reflect the image of the hospital in market so we can expect no hospital is going to make a compromise with the performance or services.At the time of renewal the insurance company or govt. agency can give second thought to empanel the same hospital and if the insurance company have not received fine report in last tenure then insurance company can make a list of fine hospital.

6. Transparency at the point of sales is an important decision parameter for buying a policy.

There should be maximum transparency regarding the terms and conditions, exclusions, waiting periods. High transparency levels should be initiated direct at the point of sales. This will further help in hassle free servicing of the policy mainly in terms of ease in re-authorization and claims/reimbursement process, ultimately increasing customer satisfaction and higher retention of customers and increase in renewals.

7. Scope of more enrolment under health insurance

As there is Emerging Income classes in India, specially the middle income class, it will result into increase in personal disposable income has resulted in increased household expenditure as well as savings. Therefore people have better financial capacity to invest in Health Policies.

VI. RESULT

Around 71% of the same were not aware about the Benefits of Health Insurance. Almost 77% of respondent availed the services of the scheme, out of which 54% had faced Problems during Pre-Auth/Claims Settlement. A sizeable 68% of the respondents were not satisfied with the service of their current Health Insurer.

VII. CONCLUSION

The study reflect not a good image of determinants of image of a Health Insurance as individual are not keen or motivated to know regarding health insurance,awareness level which keep all them away to avail the maximum benefit at the time of need.

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