

A Study on Patient Satisfaction Towards Insurance Cashless Service in A Multispecialty Hospital at Kochi

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ABSTRACT:

Cashless insurance services have become an essential part of modern healthcare, allowing patients to receive treatment without upfront payments. And also it depends on various factors such as approval time, clarity of process, and coordination between hospitals and insurers. This study aims to evaluate patient satisfaction with cashless insurance services and identify areas for improvement to enhance the overall patient experience. This descriptive study aims to investigate the challenges they faced during insurance cashless service in the hospital. A sample size of 150 with structured feedback questionnaire used to gather and analyze data from patients within the multispecialty hospital. The results of study was found despite occasional delays, patient satisfaction levels vary. Factors such as the overall speed of the process, challenges in obtaining approvals, and clarity in claim processing procedures play a crucial role.

Key words: Healthcare, Insurance, Patient satisfaction

I. INTRODUCTION :

Health insurance plays a vital role in making healthcare more affordable and accessible. Among its services, cashless insurance has gained popularity by allowing patients to receive treatment without paying upfront, as the expenses are directly settled between the hospital and the insurer. However, the efficiency and transparency of this service greatly influence patient satisfaction.

II. STATEMENT OF PROBLEM

The growing dependence on health insurance within hospital environments has made cashless services an essential aspect of patient care. These cashless insurance options aim to alleviate financial stress and ensure easy access to medical services, minimizing the need for patients to make upfront payments. However, despite their advantages, issues such as delays in claim processing, lack of transparency, coordination problems between hospitals and insurers, and limited patient awareness can negatively impact overall satisfaction.

It is crucial to understand patient satisfaction with cashless insurance services to enhance service efficiency, improve the patient experience, and facilitate a smoother financial process. This study seeks to evaluate patient perceptions, pinpoint significant challenges, and recommend enhancements to optimize the cashless insurance service experience. By tackling these issues, hospitals can improve operational efficiency and foster greater trust among patients using insurance for their medical cost.

III. OBJECTIVES

1. To study the patient satisfaction on insurance cashless service
2. To analyze the factors influencing satisfaction on insurance cashless service

3. To suggest measures to improve satisfaction on insurance cashless services.

IV. REVIEW OF LITERATURE

According to **Andaleeb (2001)** emphasized that patient satisfaction in healthcare is significantly influenced by the behavior of service providers and the efficiency of administrative processes. In the context of insurance cashless services, timely approval and transparent communication are crucial. Patient's perceptions about health services seem to have been largely ignored by health care providers in developing countries. That such perceptions, especially about service quality, might shape confidence and subsequent behaviors with regard to choice and usage of the available health care facilities is reflected in the fact that many patients avoid the system or avail it only as a measure of last resort. Those who can afford it seek help in other countries, while preventive care or early detection simply falls by the wayside. Patient's voice must begin to play a greater role in the design of health care service delivery processes in the developing countries.

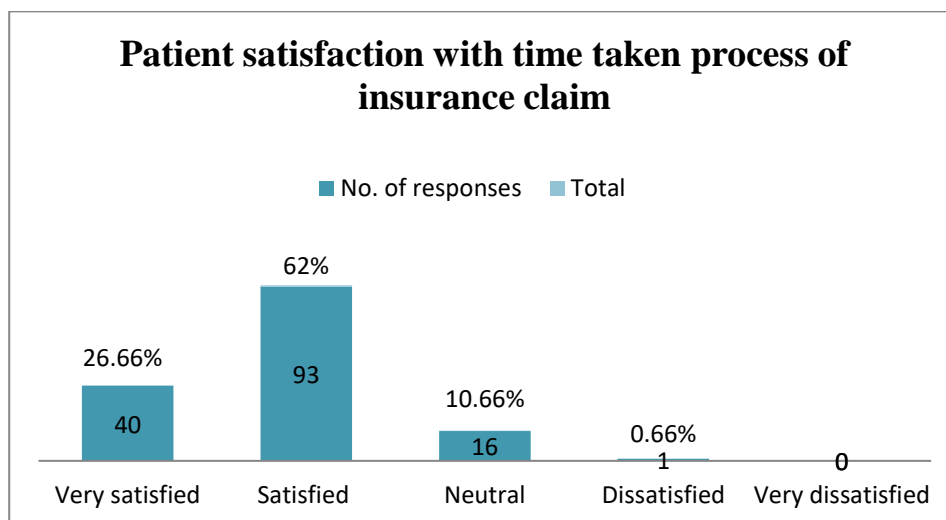
According to **Padma et al. (2010)** analyzed service quality in Indian hospitals and found that assurance and empathy were the most critical factors for insured patients. Insurance services that are perceived as empathetic and trustworthy tend to generate higher satisfaction levels. The study has captured only the perceptions of service receivers – patients and attendants; and sample size of the study – 204 patients and 204 attendants – due to limited response rate and other operational constraints. Practical implications – The present study allows the hospital administrators to benchmark their hospitals with those of their competitors by comparing the mean values of the dimensions of SQ. The study also allows a comparison of the performance of government and private hospitals in terms of the services offered.

V. METHODOLOGY

Research Design : Descriptive Research
Sampling Method : Simple Random Sampling
Sample Size : 150
Method of Data Collection : Feedback Questionnaire (Primary Data)

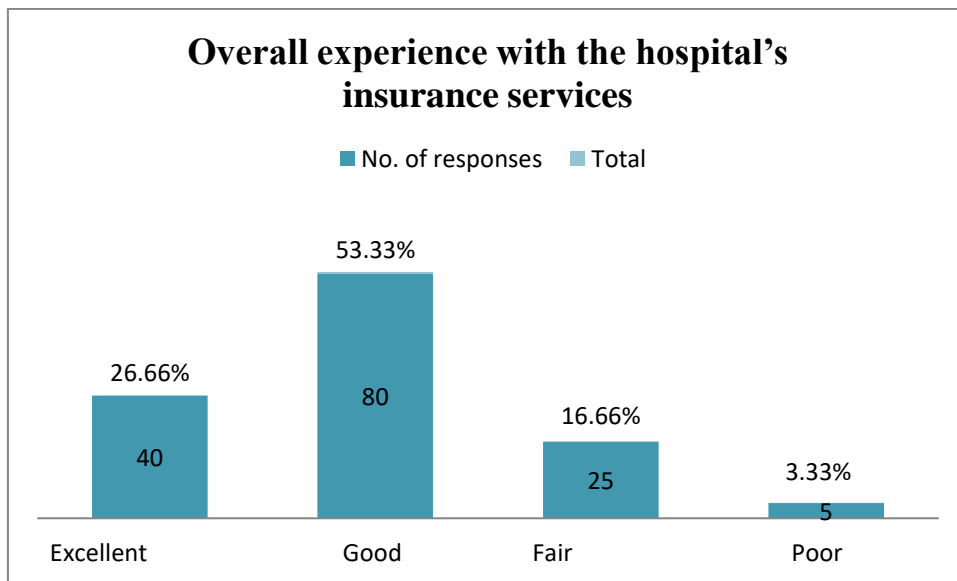
VI. ANALYSIS

Chart – I. The chart showing the patient satisfaction with time taken process of insurance claim



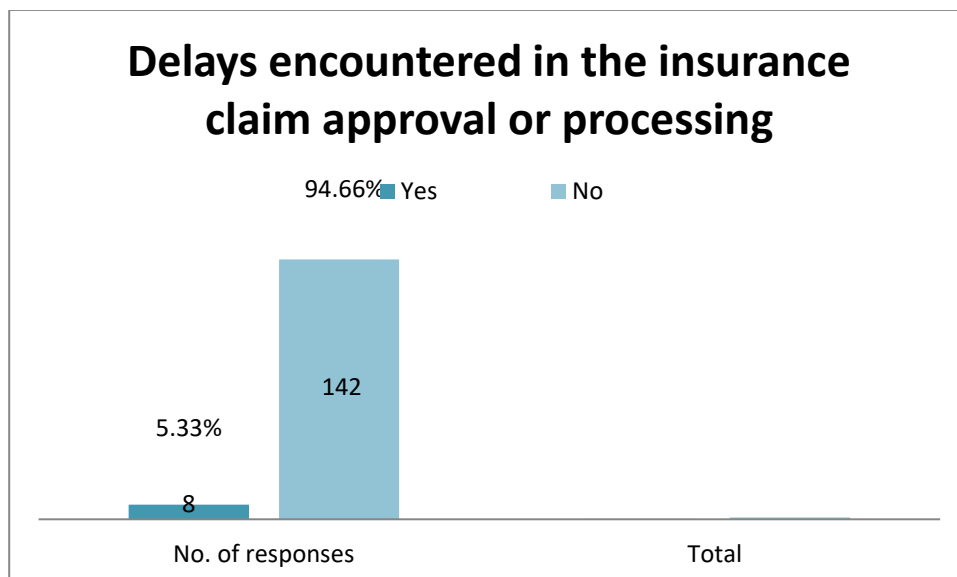
The above chart shows that 26.66% of the respondents very satisfied with the time taken process of insurance claim, 62% of the respondents satisfied, 10.66% of the respondent neutrally got, 0.66% of the respondents dissatisfied to the time taken process of insurance claim.

Chart – II. Chart showing the overall experience with the hospital’s insurance services



The above chart shows that 26.66 % of the respondents have overall excellent experience with the hospital’s insurance services, 53.33 % of the respondents experience good, 16.66% of the respondents give fair and 3.33% of respondents experiences poor overall experience with the hospital’s insurance services

Chart – III. Chart showing the delays encountered in the insurance claim approval or processing



The above chart shows that 5.33% of the respondents faced delay in their insurance claim approval/ processing, 94.66% of the respondents not faced any delays.

VII. FINDINGS AND RECOMMENDATIONS

1. **Claim Processing Time:** The majority of respondents expressed satisfaction with the time taken for insurance claim processing, with only minimal dissatisfaction reported. This indicates an overall positive experience regarding efficiency
2. **Overall Experience with Insurance Services:** A significant number of respondents rated their overall experience positively, with only a small percentage expressing dissatisfaction. This suggests that the insurance cashless processing is generally effective and meets patient expectations.

3. **Timeliness of Claim Processing:** The vast majority of respondents did not encounter delays in claim approvals or processing, indicating a well-functioning and efficient claim management system. Only a minor portion faced delays.

The recommendations include,

1. Considering the need to improve the approval turnaround time and meet the expectations of the 11.33% of respondents who are not fully satisfied, the hospital has introduced the “ALDUN –INSTANT DISCHARGE” service. This initiative aims to expedite the discharge process for insurance patients, ensuring a faster and more efficient experience.

2. Focus on addressing the challenges faced by 28.6% of respondents who were unable to obtain cashless insurance approval and had to opt for reimbursement. Agents and insurance companies play a major role in educating policyholders about their policy conditions. Enhancing awareness and transparency regarding coverage, waiting periods, exclusions, and claim procedures can help reduce misunderstandings and improve the overall cashless approval process.

3. Only 5.33% of respondents are unlikely to recommend the hospital’s insurance department. By addressing the concerns of this small percentage and enhancing their experience, the department can work towards achieving full satisfaction and increasing the likelihood of recommendations to others

4. Reducing the turnaround time for TPAs and insurance companies in processing insurance claims is crucial. Faster claim approvals will significantly enhance patient satisfaction and improve the overall efficiency of the insurance system

VIII. CONCLUSION

A research study on patient satisfaction with cashless insurance services identifies important elements that affect patient experiences, such as the simplicity of processing, clarity, time taken for approvals, and the coordination between hospitals and insurance providers. The study delves into the complex factors that contribute to patient satisfaction, especially regarding delays in processing cashless insurance claims. The analysis revealed that while there are occasional delays, levels of patient satisfaction can differ. Key aspects like the overall speed of the process, difficulties in securing approvals, and the transparency of claim processing procedures significantly impact satisfaction. These results highlight the importance of insurance companies taking proactive steps to reduce delays and enhance the patient experience. By ensuring a smooth and straightforward cashless insurance process, patient satisfaction can be improved, and trust in the healthcare system can be reinforced.

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