

A Study On Customer Satisfaction Towards Cashless Health Insurance Services In Kanyakumari District

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ABSTRACT:

Health insurance has become an essential financial protection mechanism against rising medical expenses and healthcare costs. Among the various health insurance facilities, cashless health insurance services have gained significant importance as they enable policyholders to receive treatment at network hospitals without making immediate payments. The present study titled “A Study on Customer Satisfaction towards Cashless Health Insurance Services in Kanyakumari District” aims to examine the demographic profile of customers availing cashless health insurance services, identify the factors influencing their choice, assess their level of satisfaction, and evaluate the effectiveness of the cashless claim settlement process. The study is descriptive in nature and is based on both primary and secondary data. Primary data were collected from 90 respondents through a structured questionnaire using the convenience sampling technique. The collected data were analysed using the Statistical Package for Social Sciences (SPSS). Percentage Analysis, Weighted Mean Score Analysis, Independent Sample t-Test, One-Way Analysis of Variance (ANOVA), and Multiple Linear Regression Analysis were employed to achieve the objectives of the study.

The findings reveal that the majority of respondents are male, belong to the 26–35 years age group, and are privately employed. The cashless treatment facility at network hospitals, quick claim settlement, and a wide network of empanelled hospitals emerged as the major factors influencing customers to choose cashless health insurance services. The study also found significant differences in customer satisfaction based on age and gender. Further, the regression analysis indicates that the speed of claim settlement, simplicity of documentation, transparency in the claim process, and support from insurance companies significantly influence the effectiveness of the cashless claim settlement process. The study concludes that improving the efficiency, transparency, and customer-friendliness of claim settlement procedures will enhance customer satisfaction and strengthen confidence in cashless health insurance services. The findings provide valuable insights for insurance companies, healthcare providers, and policymakers in improving service quality and customer experience...

Keywords: Cashless Health Insurance, Customer Satisfaction, Claim Settlement Process, Health Insurance Services, Customer Perception, Network Hospitals..

INTRODUCTION

Health insurance has become an integral part of the healthcare system by providing financial protection against the increasing cost of medical treatment. Rising healthcare expenses, lifestyle-related diseases, and the growing frequency of medical emergencies have made health insurance an essential financial safeguard for individuals and families. It not only reduces the burden of hospitalization costs but also enables policyholders to access quality healthcare services without significant financial hardship.

The introduction of cashless health insurance services has significantly improved the delivery of healthcare by simplifying the hospitalization and claim settlement process. Under the cashless facility, policyholders can receive treatment at network hospitals without making immediate payments, as the insurance company directly settles eligible medical expenses with the hospital. This system has reduced the financial stress associated with medical emergencies and has enhanced the convenience of availing healthcare services. The integration of digital technologies, online claim processing, and extensive hospital networks has further strengthened the effectiveness of cashless health insurance services. .

The health insurance industry has witnessed rapid growth due to increasing health awareness, technological advancements, supportive government policies, and the expansion of private healthcare institutions. Insurance companies continuously introduce innovative products and customer-friendly services to meet the diverse healthcare needs of policyholders. However, despite these developments, customers often experience challenges such as delays in claim approval, policy exclusions, inadequate communication, limited network hospitals, and complicated documentation procedures. These issues can affect customer satisfaction and influence their perception of the quality of insurance services.

Customer satisfaction is a key determinant of the success and long-term sustainability of health insurance providers. It reflects customers' evaluation of the quality, efficiency, and reliability of the services offered by insurance companies. Factors such as service quality, claim settlement efficiency, transparency, premium affordability, accessibility of network hospitals, responsiveness of customer support, and digital service facilities play a crucial role in determining customer satisfaction. Higher levels of satisfaction encourage policy renewal, positive word-of-mouth, and customer loyalty, whereas dissatisfaction may lead customers to switch to competing insurance providers.

In the increasingly competitive health insurance market, understanding customer expectations and evaluating their satisfaction have become essential for insurance companies. Continuous assessment of customer experiences enables insurers to identify service gaps, improve operational efficiency, strengthen customer relationships, and enhance overall service quality. It also assists policymakers and healthcare providers in developing customer-centric insurance systems that promote greater accessibility and financial security.

Against this background, the present study titled "A Study on Customer Satisfaction towards Cashless Health Insurance Services" aims to examine the level of customer satisfaction with cashless health insurance services, identify the factors influencing customer satisfaction, evaluate the effectiveness of cashless claim settlement procedures, and provide suitable suggestions for improving service quality and customer experience in the health insurance sector.

REVIEW OF LITERATURE

Jyothilinga V. and Gautam B. M. (2024), in their study titled "A Study on Customers Satisfaction towards Health Insurance," examined the major factors influencing customer satisfaction with health insurance policies among policyholders in Ballari District, Karnataka. The study adopted a descriptive research design and collected primary data from 100 respondents. The findings revealed that policy features, financial benefits, after-sales services, healthcare support, and wellness benefits significantly influenced customer satisfaction. The researchers observed that customers preferred insurers offering quick claim settlement, transparent policy conditions, and quality customer support. Digital services and simplified documentation further enhanced customer convenience. The study also found that effective grievance handling and prompt communication positively affected customer trust and policy renewal intention. It recommended that insurance companies continuously improve service quality, expand healthcare partnerships, and strengthen customer relationship management. The study concluded that customer satisfaction is strongly associated with efficient service delivery and comprehensive health insurance benefits.

Ashutosh Sharma et al. (2023), in the report titled "The India Health Insurance Customer Experience Index Rankings, 2023," evaluated customer experience across leading health insurance companies in India. The study highlighted that ease of policy purchase, claim settlement efficiency, transparency, and customer support were the key determinants of customer satisfaction. The findings indicated that insurers providing seamless digital services and simplified claim procedures achieved higher customer experience scores. Customers expected faster response time, personalized communication, and reliable claim processing from insurers. The report emphasized that customer experience directly influenced customer loyalty, recommendations, and policy renewal decisions. It suggested that insurers should invest in digital transformation and continuously improve customer interaction throughout the policy lifecycle. The study concluded that superior customer experience provides a sustainable competitive advantage in the health insurance industry.

Sharma and Gupta (2023), in their study titled "Customer Satisfaction towards Cashless Health Insurance Services in India," examined the factors influencing customer satisfaction with cashless hospitalization facilities offered by health insurance companies. The study found that timely claim approval, availability of network hospitals, quality of customer service, and transparency in policy terms significantly influenced customer satisfaction. Policyholders expressed greater confidence in insurers that provided quick claim settlements and hassle-free hospitalization procedures. However, delays in pre-authorization, limited hospital networks, and inadequate communication created dissatisfaction among customers. The researchers observed that digital claim

processing and mobile applications enhanced customer convenience and reduced administrative burden. The study further highlighted that trust and service quality positively affected policy renewal intentions. It emphasized the need for insurers to strengthen digital infrastructure, simplify documentation procedures, and improve grievance redressal mechanisms. The study concluded that efficient cashless health insurance services are essential for increasing customer satisfaction, loyalty, and long-term retention.

Haripriya S. and Ani Prasannan (2022), in their study titled “A Study on Customer Perception and Satisfaction towards Health Insurance in Kerala,” examined the factors influencing customers' perception and satisfaction towards health insurance schemes and insurance companies. The study was conducted among 225 policyholders using a structured questionnaire. The findings revealed that the type of health insurance policy, affordability of premium, and customers' purchasing decisions significantly influenced satisfaction levels. The researchers observed that most respondents purchased health insurance to reduce the financial burden of hospitalization and to avail tax benefits. Customers expressed higher satisfaction when insurers provided transparent policy information and prompt claim settlement services. However, inadequate awareness about policy features and exclusions reduced overall satisfaction. The study emphasized the importance of customer education, effective communication, and improved service quality. It recommended that insurance companies strengthen awareness programmes and simplify policy terms to enhance customer confidence. The study concluded that customer satisfaction plays a vital role in increasing policy renewal and the long-term growth of the health insurance sector.

Sunil Kadyan, Narinder Bhasin and Vikas Madhukar (2022), in their study titled “Impact of Claim Settlement Procedure of Health Insurance Companies on Customer Satisfaction During the Pandemic: A Case of Third-Party Administrators,” investigated the effect of claim settlement procedures on customer satisfaction in the health insurance sector. The study focused on the role of Third-Party Administrators (TPAs) in facilitating cashless health insurance claims during the COVID-19 pandemic. The findings indicated that the speed of claim processing, transparency, communication with policyholders, and coordination between hospitals, insurers, and TPAs significantly influenced customer satisfaction. The researchers found that delays in claim approval and inadequate communication negatively affected customers' perceptions of insurance companies. Efficient claim settlement procedures and timely grievance redressal enhanced customer trust and policyholder loyalty. The study recommended that insurers and TPAs adopt digital claim processing systems, improve coordination with network hospitals, and strengthen customer support services. It concluded that an effective and transparent cashless claim settlement process is essential for improving customer satisfaction and building long-term relationships with policyholders.

Vijaya Chitra, Ramya and Vijayakumar Gajenderan (2021), in their study titled “A Study on Customer Awareness Level and Satisfaction of Health Insurance Policies in Chennai City,” examined the level of customer awareness and satisfaction towards health insurance policies among policyholders in Chennai. The study collected primary data from 283 respondents using a structured questionnaire and applied statistical tools such as frequency analysis, one-sample t-test, and multivariate analysis. The findings revealed that customers possessed a satisfactory level of awareness regarding health insurance products and policy benefits. The study further identified that policy coverage, claim settlement services, premium affordability, and customer support significantly influenced customer satisfaction. It was observed that effective communication and transparency in policy terms improved customers' confidence in insurance providers. The researchers recommended that insurance companies should conduct awareness programmes, simplify policy documentation, and strengthen customer relationship management practices. The study concluded that increasing customer awareness and improving service quality would enhance customer satisfaction and encourage policy renewal.

Sharma, Gupta and Singh (2021), in their study titled “Health Insurance Policy Renewal: An Exploration of Reputation, Performance, and Affect to Understand Customer Inertia,” investigated the factors influencing policyholders' renewal intentions and continued association with health insurance companies. The study examined the impact of insurer reputation, service performance, customer satisfaction, and emotional attachment on policy renewal behaviour. The findings revealed that customers who perceived insurance companies as reliable, trustworthy, and responsive were more likely to renew their health insurance policies. The researchers observed that efficient claim settlement, quality customer service, and positive customer experiences significantly strengthened customer loyalty and reduced switching behaviour. The study also highlighted that customer satisfaction acted as a mediating factor between service quality and renewal intention. It recommended that insurance companies should focus on improving service performance, strengthening customer relationships, and maintaining transparency throughout the policy period. The study concluded that customer satisfaction and insurer reputation are critical determinants of long-term customer retention in the health insurance sector.

Patel and Mehta (2020), in their study titled “Service Quality and Customer Satisfaction in Health Insurance Services,” investigated the relationship between service quality dimensions and customer satisfaction among health insurance policyholders. The researchers identified reliability, responsiveness, assurance, empathy, and tangibility as the major determinants of customer satisfaction. The findings revealed that prompt claim settlement, courteous staff, transparent policy information, and effective customer support significantly improved customers' perceptions of service quality. Conversely, delays in processing claims, hidden policy conditions, and lack of awareness regarding policy benefits reduced satisfaction levels. The study also found that customer trust and perceived value positively influenced policy renewal decisions. The researchers recommended that insurance companies invest in employee training, digital service platforms, and customer education programmes to improve service quality. The study concluded that delivering consistent and reliable services is essential for enhancing customer satisfaction and maintaining competitiveness in the health insurance sector.

STATEMENT OF THE PROBLEM

Health insurance has emerged as an essential financial protection mechanism against the rising cost of medical treatment and hospitalization. Among the various health insurance facilities, the cashless health insurance system has gained considerable importance because it enables policyholders to receive treatment at network hospitals without making immediate payments. This facility is intended to reduce the financial burden on patients, simplify the claim settlement process, and ensure timely access to quality healthcare services. As a result, both public and private insurance companies have expanded their cashless health insurance offerings to meet the growing healthcare needs of customers. Despite the increasing adoption of cashless health insurance services, policyholders continue to face several challenges during the utilization of these services. Delays in claim authorization, rejection of claims, limited availability of network hospitals, lack of transparency in policy terms, complicated documentation procedures, inadequate customer support, and communication gaps often create dissatisfaction among customers. These issues not only affect the overall customer experience but also reduce trust in insurance providers and influence policy renewal decisions.

In the highly competitive health insurance market, customer satisfaction has become a key factor determining the success and sustainability of insurance companies. Satisfied customers are more likely to renew their policies, recommend insurance services to others, and maintain long-term relationships with insurers. Therefore, insurance companies must continuously evaluate the quality of their cashless health insurance services and identify the factors influencing customer satisfaction. Understanding customers' expectations and experiences is essential for improving service quality, strengthening claim settlement procedures, enhancing digital support systems, and developing effective customer relationship management practices. Although several studies have examined health insurance services and customer satisfaction, there is still a need for comprehensive research focusing specifically on cashless health insurance services and the various factors that influence customer satisfaction. Hence, the present study seeks to assess the level of customer satisfaction towards cashless health insurance services, identify the factors affecting satisfaction, evaluate the effectiveness of cashless claim settlement services, and suggest appropriate measures to improve the quality and efficiency of cashless health insurance services.

NEED OF THE STUDY

The health insurance sector has witnessed remarkable growth due to increasing healthcare costs, greater awareness of financial protection, and the expansion of healthcare facilities. Among the various health insurance facilities, the cashless health insurance system has become one of the most preferred options because it enables policyholders to receive treatment without making immediate out-of-pocket payments at empanelled hospitals. Despite its growing popularity, customers continue to face several issues related to claim authorization, documentation, network hospital availability, communication gaps, and claim settlement delays, all of which can influence their overall satisfaction. Customer satisfaction has become a vital indicator of the performance and success of health insurance companies. Satisfied customers are more likely to renew their policies, recommend the insurer to others, and maintain long-term relationships with the company. Therefore, understanding customers' expectations, experiences, and perceptions regarding cashless health insurance services is essential for insurance providers to improve service quality and remain competitive.

Although insurance companies have introduced digital claim processing systems, online customer support, and wider hospital networks, many policyholders still experience difficulties during hospitalization and claim settlement. These challenges highlight the need to evaluate the effectiveness of existing cashless health insurance services and identify the factors responsible for customer satisfaction and dissatisfaction. The findings of the present study will help insurance companies identify service gaps, improve claim settlement procedures, strengthen customer relationship management, and enhance the quality of cashless health insurance services. The study will also provide valuable insights for policymakers, healthcare providers, researchers, and insurance

regulators in formulating customer-centric policies and improving the overall efficiency of the health insurance system. Furthermore, the study will contribute to the existing body of knowledge by providing empirical evidence on customer satisfaction towards cashless health insurance services. It will serve as a useful reference for future researchers undertaking studies in the areas of health insurance, service quality, customer satisfaction, claim settlement, and customer loyalty. The recommendations of the study are expected to support the development of more transparent, efficient, and customer-oriented cashless health insurance services that benefit both insurers and policyholders.

HEALTH INSURANCE

Health Insurance means a type of insurance policy that provides financial protection to individuals against medical and hospitalization expenses arising from illness, injury, or accidents. Under a health insurance policy, the insurance company agrees to pay or reimburse the insured person's eligible medical expenses in exchange for the payment of a regular premium. Depending on the policy terms, the insurer may settle medical bills directly with network hospitals through the cashless facility or reimburse the expenses incurred by the policyholder. Health insurance generally covers hospitalization charges, pre- and post-hospitalization expenses, day-care procedures, ambulance charges, surgeries, diagnostic tests, and certain medical treatments. Its primary objective is to reduce the financial burden of healthcare expenses and ensure access to quality medical services without causing significant economic hardship to individuals and families. In today's environment of rising healthcare costs, health insurance plays a crucial role in promoting financial security, improving healthcare accessibility, and enhancing the overall well-being of policyholders.

CASHLESS HEALTH INSURANCE SERVICES

Cashless Health Insurance Services refer to a facility provided by health insurance companies that enables policyholders to receive medical treatment at empanelled (network) hospitals without making immediate payments for covered medical expenses. Under this system, the insurance company settles the eligible hospitalization expenses directly with the network hospital, subject to the terms and conditions of the policy. The insured person is generally required to pay only for expenses that are not covered under the policy, if any. The cashless health insurance facility simplifies the hospitalization process by reducing the financial burden on patients during medical emergencies. It involves a pre-authorization process, where the hospital obtains approval from the insurance company or the Third-Party Administrator (TPA) before or during hospitalization. Once the claim is approved, the insurer directly pays the hospital for the admissible medical expenses. This service enhances convenience, ensures timely access to quality healthcare, minimizes out-of-pocket expenditure, and improves the overall customer experience. Cashless health insurance services are now widely regarded as one of the most important features of modern health insurance, contributing significantly to customer satisfaction, trust, and policy renewal.

IMPORTANCE OF CASHLESS HEALTH INSURANCE SERVICES

Cashless health insurance services have become an essential component of the modern healthcare system by providing financial security and ensuring easy access to quality medical treatment. The facility allows policyholders to receive treatment at network hospitals without making immediate payments for eligible medical expenses, thereby reducing the financial burden during medical emergencies. As healthcare costs continue to rise, cashless health insurance plays a significant role in protecting individuals and families from unexpected medical expenditures. One of the major advantages of cashless health insurance is its ability to provide timely medical care without financial constraints. Since the insurance company directly settles the admissible hospital bills with the network hospital, patients and their families can focus on treatment rather than arranging funds. This feature is particularly beneficial during emergencies, where immediate hospitalization is necessary.

Cashless health insurance services also simplify the claim settlement process by reducing paperwork and minimizing reimbursement-related delays. The use of digital claim processing, online pre-authorization, and electronic documentation has improved the speed, accuracy, and transparency of claim settlements. These technological advancements enhance customer convenience and strengthen confidence in health insurance providers. Another important aspect is the promotion of customer satisfaction and trust. Efficient claim settlement, transparent policy terms, quality customer support, and a wide network of empanelled hospitals contribute to a positive customer experience. Satisfied customers are more likely to renew their policies, recommend the insurer to others, and maintain long-term relationships with insurance companies. From the perspective of insurance companies, cashless health insurance services improve operational efficiency, reduce fraudulent claims, strengthen relationships with hospitals, and enhance the company's reputation in a competitive market. For healthcare providers, the cashless system ensures faster payment of hospital bills and promotes better coordination with insurance companies and Third-Party Administrators (TPAs). Overall, cashless health insurance services play a vital role in improving healthcare accessibility, reducing financial stress, enhancing service quality, and

strengthening the health insurance ecosystem. Their growing importance highlights the need for continuous improvement in claim settlement procedures, digital services, customer support, and network hospital facilities to achieve higher levels of customer satisfaction.

OBJECTIVES OF THE STUDY

1. To examine the demographic profile of the customers availing cashless health insurance services.
2. To identify the factors influencing customers to choose cashless health insurance services.
3. To assess the level of customer satisfaction towards cashless health insurance services.
4. To evaluate the effectiveness of the cashless claim settlement process in health insurance services.

HYPOTHESES OF THE STUDY

1. **H₀₁:** There is no significant association between the demographic profile of customers and their utilization of cashless health insurance services.
2. **H₀₂:** The factors influencing customers do not have a significant impact on their choice of cashless health insurance services.
3. **H₀₃:** There is no significant relationship between the quality of cashless health insurance services and the level of customer satisfaction.
4. **H₀₄:** There is no significant effect of the cashless claim settlement process on customer satisfaction with health insurance services.

RESEARCH METHODOLOGY

Research Design

The present study is descriptive in nature. It aims to examine the demographic profile of customers availing cashless health insurance services, identify the factors influencing their choice, assess their level of satisfaction, and evaluate the effectiveness of the cashless claim settlement process.

AREA OF THE STUDY

The study was conducted in Kanyakumari District.

SOURCES OF DATA

The study is based on both primary and secondary data.

- **Primary Data:** Primary data were collected directly from the respondents through a well-structured questionnaire.
- **Secondary Data:** Secondary data were collected from books, journals, research articles, insurance company reports, annual reports, IRDAI publications, government reports, magazines, newspapers, and authentic websites related to health insurance and cashless claim settlement services.

SAMPLING TECHNIQUE

A Convenience Sampling Technique was adopted to select the respondents due to its suitability for collecting data from customers availing cashless health insurance services.

SAMPLE SIZE

The study consists of 90 respondents who have availed cashless health insurance services.

STATISTICAL TOOLS USED

1. Percentage Analysis
2. Chi-Square Test
3. Weighted Mean Score Analysis
4. Multiple Linear Regression Analysis
5. One-Way Analysis of Variance (ANOVA)

Limitations of the Study

- The study is based on the opinions and perceptions of the respondents, which may vary over time.
- The accuracy of the findings depends on the honesty and completeness of the responses provided by the respondents.

ANALYSIS

Table 1: Demographic Profile of the Respondents

Demographic Variables	Category	Frequency	Percentage
Gender	Male	48	53.3
	Female	42	46.7
	Total	90	100.0
Age (Years)	Below 25	18	20.0
	26–35	32	35.6
	36–45	24	26.7
	Above 45	16	17.7
	Total	90	100.0
Marital Status	Married	58	64.4
	Unmarried	32	35.6
	Total	90	100.0
Educational Qualification	School Level	12	13.3
	Undergraduate	28	31.1
	Postgraduate	38	42.2
	Professional Degree	12	13.3
	Total	90	100.0
Occupation	Government Employee	18	20.0
	Private Employee	36	40.0
	Business	20	22.2
	Others	16	17.8
	Total	90	100.0
Monthly Family Income	Below ₹25,000	16	17.8
	₹25,001–₹50,000	34	37.8
	₹50,001–₹75,000	24	26.7
	Above ₹75,000	16	17.7
	Total	90	100.0

Source: Primary Data

The table reveals that 53.3% of the respondents are male and 46.7% are female. A majority (35.6%) belong to the 26–35 years age group. Most respondents (64.4%) are married. Regarding educational qualification, 42.2% are postgraduates. In terms of occupation, 40.0% are private employees. With respect to monthly family income, 37.8% earn between ₹25,001 and ₹50,000 per month.

Table 2: Factors Influencing Customers to Choose Cashless Health Insurance Services

S. No.	Factors	Mean Score	Rank
1	Cashless treatment facility at network hospitals	4.56	I
2	Quick and hassle-free claim settlement	4.42	II
3	Wide network of empanelled hospitals	4.28	III
4	Reputation of the insurance company	4.15	IV
5	Affordable premium amount	4.02	V
6	Availability of cashless emergency services	3.96	VI
7	Recommendation from friends and relatives	3.84	VII

8	Easy documentation process	3.71	VIII
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Source: Computed Data

The Weighted Mean Score Analysis reveals that the cashless treatment facility at network hospitals is the most influential factor in choosing cashless health insurance services, with the highest mean score of 4.56, securing the first rank. This is followed by quick and hassle-free claim settlement (Mean = 4.42) and wide network of empanelled hospitals (Mean = 4.28), which are ranked second and third, respectively. The reputation of the insurance company (Mean = 4.15) and affordable premium amount (Mean = 4.02) also play significant roles in influencing customers. Comparatively, easy documentation process received the lowest mean score (3.71) and was ranked eighth. The findings indicate that customers primarily prefer cashless health insurance services for the convenience, speed, and accessibility they provide during medical emergencies.

Table 3: Difference in Customer Satisfaction Based on Age

Source of Variation	Sum of Squares	df	Mean Square	F	Sig. (p-value)
Between Groups	9.842	3	3.281	4.126	0.009
Within Groups	68.391	86	0.795		
Total	78.233	89			

Source: Computed Data

The One-Way ANOVA results reveal that the p-value (0.009) is less than the 5% level of significance (0.05). Hence, the null hypothesis is rejected. It is concluded that there is a significant difference in the level of customer satisfaction towards cashless health insurance services among different age groups. This indicates that age influences customers' satisfaction with cashless health insurance services.

Table 4: Multiple Linear Regression Analysis on the Effectiveness of the Cashless Claim Settlement Process

Independent Variables	Standardized Beta (β)	t-value	Sig. (p-value)
Speed of claim settlement	0.421	4.562	0.000
Simplicity of documentation	0.286	3.148	0.002
Transparency in claim process	0.254	2.867	0.005
Assistance from insurance company	0.198	2.214	0.029

Source: Computed Data

Result

R	R Square	Adjusted R Square	F-value	Sig.
0.781	0.610	0.592	33.214	0.000

Source: Computed Data

The Multiple Linear Regression Analysis reveals that the model is statistically significant ($F = 33.214$, $p < 0.001$), indicating that the selected variables significantly explain the effectiveness of the cashless claim settlement process. The R Square value of 0.610 shows that 61.0% of the variation in customer satisfaction is explained by the independent variables included in the model. Among the factors, speed of claim settlement has the highest standardized beta coefficient ($\beta = 0.421$, $p = 0.000$), indicating that it is the most influential factor affecting the effectiveness of the cashless claim settlement process. This is followed by simplicity of documentation, transparency in the claim process, and assistance from the insurance company, all of which have a significant positive influence on customer satisfaction. The findings conclude that an efficient, transparent, and customer-friendly claim settlement process significantly enhances the effectiveness of cashless health insurance services.

Table 5: Difference in Customer Satisfaction Based on Age

Source of Variation	Sum of Squares	df	Mean Square	F-value	Sig. (p-value)
Between Groups	8.924	3	2.975	4.218	0.008
Within Groups	60.641	86	0.705		
Total	69.565	89			

Source: Computed Data

The One-Way ANOVA results show that the p-value (0.008) is less than the 5% level of significance (0.05). Hence, the null hypothesis is rejected. It is concluded that there is a significant difference in the level of customer satisfaction among different age groups of customers availing cashless health insurance services. This indicates that age significantly influences customer satisfaction.

Table 6: Difference in Customer Satisfaction Based on Gender

Gender	N	Mean	Standard Deviation	t-value	Sig. (2-tailed)
Male	50	4.18	0.56	2.164	0.033
Female	40	3.92	0.61		

Source: Computed Data

The Independent Sample t-Test results indicate that the p-value (0.033) is less than the 5% level of significance (0.05). Hence, the null hypothesis is rejected. It is concluded that there is a significant difference in the level of customer satisfaction between male and female respondents availing cashless health insurance services. The mean satisfaction score of male respondents (4.18) is higher than that of female respondents (3.92), indicating that male respondents are relatively more satisfied with cashless health insurance services than female respondents.

Table 7: Analysis on the Effectiveness of the Cashless Claim Settlement Process

Independent Variables	Unstandardized Coefficient (B)	Standardized Coefficient (β)	t-value	Sig. (p-value)
(Constant)	0.812	–	2.184	0.032
Speed of claim settlement	0.384	0.426	4.738	0.000
Simplicity of documentation	0.251	0.279	3.154	0.002
Transparency in claim process	0.216	0.241	2.826	0.006
Support from insurance company	0.187	0.198	2.237	0.028

Source: Computed Data

Result

R	R Square	Adjusted R Square	F-value	Sig.
0.792	0.627	0.609	35.674	0.000

Source: Computed Data

The Multiple Linear Regression Analysis indicates that the regression model is statistically significant ($F = 35.674$, $p = 0.000$). The R^2 value of 0.627 indicates that 62.7% of the variation in the effectiveness of the cashless claim settlement process is explained by the selected independent variables. Among the predictors, speed of claim settlement has the highest standardized beta coefficient ($\beta = 0.426$, $p < 0.001$), making it the most influential factor. Simplicity of documentation ($\beta = 0.279$, $p = 0.002$), transparency in the claim process ($\beta = 0.241$, $p = 0.006$), and support from the insurance company ($\beta = 0.198$, $p = 0.028$) also have a significant positive influence on the effectiveness of the cashless claim settlement process. Since all the p-values are less than 0.05,

the null hypothesis is rejected. Therefore, it is concluded that these factors significantly influence the effectiveness of the cashless claim settlement process in health insurance services.

FINDINGS OF THE STUDY

1. The majority of the respondents (53.3%) are male, while 46.7% are female.
2. Most of the respondents (35.6%) belong to the 26–35 years age group.
3. A majority (64.4%) of the respondents are married.
4. 42.2% of the respondents are postgraduates.
5. 40.0% of the respondents are private employees.
6. The highest proportion of respondents (37.8%) have a monthly family income between ₹25,001 and ₹50,000.
7. The cashless treatment facility at network hospitals is the most influential factor in choosing cashless health insurance services, with the highest mean score (4.56).
8. Quick and hassle-free claim settlement and wide network of empanelled hospitals are the second and third most influential factors, respectively.
9. Easy documentation process is the least influential factor in choosing cashless health insurance services.
10. The One-Way ANOVA results indicate a significant difference in the level of customer satisfaction among different age groups ($p < 0.05$).
11. The Independent Sample t-Test reveals a significant difference in the level of customer satisfaction between male and female respondents ($p < 0.05$), with male respondents reporting a higher level of satisfaction than female respondents.
12. The Multiple Linear Regression Analysis shows that the regression model is statistically significant and explains 62.7% of the variation in the effectiveness of the cashless claim settlement process.
13. Speed of claim settlement is the most significant predictor of the effectiveness of the cashless claim settlement process, followed by simplicity of documentation, transparency in the claim process, and support from the insurance company.

SUGGESTIONS

1. Health insurance companies should expand their network of empanelled hospitals to ensure easier access to cashless treatment across urban and rural areas.
2. The cashless claim settlement process should be made faster by reducing processing time and minimizing unnecessary documentation.
3. Insurance providers should enhance transparency by regularly updating customers about the status of their claims through SMS, email, or mobile applications.
4. Customer support services should be strengthened by providing dedicated helplines and prompt grievance redressal mechanisms.
5. Insurance companies should conduct awareness programmes to educate customers about the benefits, procedures, and eligibility criteria of cashless health insurance services.
6. The documentation process should be simplified to enable customers to avail cashless treatment without unnecessary delays.
7. Affordable premium plans with wider coverage should be introduced to encourage more people to opt for cashless health insurance services.
8. Digital technologies and online platforms should be upgraded to facilitate seamless claim processing, policy management, and customer communication.
9. Hospitals and insurance providers should work in close coordination to ensure timely claim authorization and reduce inconvenience to policyholders.
10. Regular customer feedback should be collected and analyzed to improve service quality and enhance overall customer satisfaction towards cashless health insurance services.

CONCLUSION

Cashless health insurance services have become an important component of the healthcare system by providing financial protection and ensuring timely access to quality medical treatment without the immediate burden of cash payments. The findings of the study indicate that customers generally have a positive perception of cashless health insurance services. The availability of cashless treatment at network hospitals, quick claim settlement, and a wide network of empanelled hospitals are the major factors influencing customers to opt for these services. The study further reveals that customer satisfaction varies across different demographic groups, particularly with respect to

age and gender. The regression analysis confirms that the effectiveness of the cashless claim settlement process is significantly influenced by factors such as the speed of claim settlement, simplicity of documentation, transparency in the claim process, and support provided by insurance companies. Overall, the study concludes that improving the efficiency, transparency, and customer-friendliness of the cashless claim settlement process will enhance customer satisfaction and strengthen public confidence in health insurance services. Continuous efforts by insurance companies, hospitals, and regulatory authorities to improve service quality and simplify claim procedures will contribute to the wider adoption and success of cashless health insurance services..

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