



## Patients Experience Towards Medclaim Facilities at Private Hospitals in Coimbatore City

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### ABSTRACT

Mediclaime generally covers the insured person's hospitalization expenses and provides medical reimbursement facility for expenses incurred due to sickness. With the increasing expenses of medical treatments and the urgency to protect the pursuit of one's family wellbeing, the need for insurance coverage is becoming necessary for secured life. This study aims to analyses the patients' experiences towards mediclaime facilities at private hospitals in Coimbatore city.

### KEYWORDS

#### Introduction

From the elaborate study it has been inferred that 63.33 per cent of the surveyed populations have opined that the medic-claim reimbursement facilities offered at private hospitals as goods. Day by day, health is becoming all the more valuable and disease all the more expensive. As a method of risk transfer, many people plan and opt for medi-claim (also called as private health insurance) which is the insurance against the risk of incurring medical expenses. It is seen as a cost-effective way of supporting financial resources available for medical care. Mediclaime generally covers the insured person's hospitalization expenses and provides medical reimbursement facility for expenses incurred due to sickness. With the increasing expenses of medical treatments and the urgency to protect the pursuit of one's family wellbeing, the need for insurance coverage is becoming necessary for secured life.

#### Statement of Problem

Healthcare is being promoted as a branded product. Indian patients are notoriously price sensitive. Hospital patients generally experiences variation in prices for common health care services i.e. the cost of the service from one hospital to another and from public hospitals to private hospitals. Since people are very much sensitive to prices. Small change in price can bring a big change in demand that is termed as the price elasticity of demand. Since hospital bills are spinning out of control, medical insurance is an effective mechanism used by health care institutions and individuals to meet their unexpected medical treatment i.e., hospitalization costs. Based on this issues discussed above this study aims to analyze the patients experiences towards mediclaime facilities at private hospitals in Coimbatore city.

#### Objective of the Study

This study aims to analyze the patients' experiences towards mediclaime facilities at private hospitals in Coimbatore city.

#### Research Methodology

The current study is both explorative and descriptive in nature. Two techniques were adopted for literature review collection and for collection of primary data, through the filed survey. The study is concentrated on multi-specialty private hospitals currently functioning in Coimbatore city. Two stage of sampling techniques were adopted for the effective conduct of the study. One was to identify the hospitals based on wide segment of hospitals, where the researcher adopted clustered based random sampling for identification of hospitals, its grouping and operational status of hospital in Coimbatore

city. In the second stage of research the researcher adopted convenience sampling technique for collection of data from the mediclaime patients.

There are seven hospitals in the Coimbatore region that offer exclusive multi-specialties services. These hospitals provide effective health care specialty services in the following areas: Cardiology and Cardiovascular, Chest Medicine, Neurology & Neuro-Surgery, Physiotherapy, Nephrology & Kidney Transplant, Orthopedics and Replacement Surgery, Nuclear Medicine & RIA, Cancer Clinic, Gynecology, child-birth & Vitro Fertilization (IVF), pediatric medicine and all types of Diagnostic Services. Out of the seven hospitals, only six hospitals provided permission to interact with their patients to get their opinion on health care cost and utilization of health insurance services. These six hospitals with 3300 bedding capacity were selected as samples. A small sample of twenty patients was surveyed from these six hospitals that was summed to 120 sample respondents in total.

#### Results and Discussion

Cost of healthcare services depends upon a host of modalities including the disease condition, insurance coverage, age of the individual, etc. In addition, cost of healthcare is influenced by other institutional factors namely the service mix, the treatment modalities, brand image of the institution, etc. Descriptive analysis presented in this section of the study aims to portraits the demographic, socio-economic status of the private hospital patients and their level of experience regarding practice uses by their private health care providers while facilitating mediclaime services.

**TABLE: 1**  
**DEMOGRAPHIC & SOCIO-ECONOMIC PROFILE OF THE PATIENTS**

Variables	Particulars	No. of Respondents	Percentage
Gender	Male	65	54.17
	Female	55	45.83
	Total	120	100
Age	Below 30 years	30	25.00
	31-40 years	18	15.00
	41-50 years	29	24.17
	Above 51 years	43	35.82
	Total	120	100

Marital status	Married	101	84.17
	Unmarried	19	15.83
	Total	120	100
Family Type	Nuclear Family	73	60.83
	Joint Family	47	39.17
	Total	120	100
Educational qualification	Uneducated	2	1.67
	Primary Level	36	30.00
	High School	13	10.83
	Higher Level	8	6.67
	Degree	61	50.83
Total	120	100	
Occupation	Agriculture	15	12.50
	Business	20	16.67
	Government Employees	16	13.33
	Private Employees	28	23.33
	Student	10	8.33
	Others	31	25.83
Total	120	100	
Monthly income level	Less than Rs.10000	31	25.83
	Rs.10001-Rs.20000	33	27.50
	Rs.20001 -Rs.30000	22	18.33
	Rs.30001 & Above	34	28.33
Total	120	100	
Place of Hailing	Rural	16	13.33
	Sub-Urban	15	12.50
	Urban	89	74.17
	Total	120	100

Source: Primary Data

Descriptive analysis of the data reveals the fact that 54.17 per cent of the samples subjects were male and rest of the 45.83 per cent were female. Seventy percent of health insurance service users are matured adults i.e., aged above 31 years, married (84.17 per cent) and majority of them form part of nuclear family style (60.83 per cent). It was observed that nearly 90 per cent of the patients surveyed were well educated and employed in diverse occupations. The study found the majority of the policy holders' money earning start from `10001-`20000 (27.50 per cent) to `30001 & above (28.33 per cent). Majority of urban (74.17 per cent) households prefer to avail private hospital service taker with the support of mediclaim policies.

**TABLE: 2**  
**PURPOSE OF POLICY UTILISATION BY THE PATIENTS**

Sl. No	Longevity of Usage	No. of Respondents	Percentage
1.	For Accidental Claim	4	3.34
2.	Medi-Claim	112	93.33
3.	Other	4	3.33
	Total	120	100

Source: Primary Data

Mediclaim policy is a hospitalization benefit that is offered by both public and private sector general insurance companies in India. The mediclaim insurance policy takes care of expenses following hospitalization/domiciliary hospitalization in case of any of the following situations: (i) in case of sudden illness or surgery (ii) in case of an accident and (iii) in case of any surgery during the policy tenure. It has been observed that majority i.e., 93.33 per cent of the patient have utilized the health insurance claims for medi-claim i.e., for sudden illness. While, 3.34 per cent of the patient have said they had utilized medi-claim policy benefits for reimbursement of their accident health service bills and 3.33 per cent of the patients have utilised medic-claim facilities for meeting out their surgery ex-

penses.

**TABLE: 3 PATIENTS' OPINION ON FUNCTIONING OF MEDI-CLAIM DEPARTMENT IN PRIVATE HOSPITALS**

Sl. No	Functioning of Insurance	No. of Respondents	Percentage
1.	Very Good	13	10.83
2.	Good	76	63.33
3.	Moderate	28	23.33
4.	Poor	3	2.51
	Total	120	100

Source: Primary Data

The above table indicates that 63.33 per cent of the surveyed populations have opined that the medic-claim reimbursement facilities offered at private hospitals as goods. On the contrary, two different set of population grows claims it either as very goods (10.83 per cent) or moderates (23.33 per cent).

**TABLE: 4**  
**PATIENTS LEVEL OF EXPERIENCE REGARDING PRACTICE USES BY THEIR PRIVATE HEALTH CARE PROVIDERS WHILE FACILITATING MEDICLAIM SERVICES**

Expenses	Mean	Satisfied (%)	Dissatisfied (%)
<b>Time Taken for processing Medi-claims</b>	1.70	43.33	56.67
<b>Exaggerating/distorting the clinical presentation</b>	1.50	50.00	50.00
<b>Hiking charges for the services availed</b>	1.44	52.00	48.00
<b>Adding charges for the services not actually availed</b>	1.23	59.00	41.00
<b>Keeping patient hospitalized for longer duration</b>	1.24	58.67	41.33
<b>Offering extra services coverable under mediclaim</b>	1.24	58.67	41.33
<b>Claiming extra charges for non-coverable Diseases /Test</b>	1.34	55.33	44.67
<b>Providing undesirable facts coming across during hospital stay, in the discharge summary</b>	1.24	58.67	41.33
<b>Hiding undesirable charges</b>	1.15	61.67	38.33
<b>Hiding undesirable investigation reports</b>	1.11	63.00	37.00
<b>Hiding pre-existing diseases</b>	1.17	61.00	39.00
<b>Concealing correct durations of pre-existing diseases</b>	1.18	60.67	39.33
<b>Malpractices in clinical presentation</b>	1.20	60.00	40.00
<b>Planning with third party administrators to collect more money</b>	1.14	62.00	38.00

Source: Primary Data

**Values in parenthesis are in Per Cent**

Mediclaim generally covers the insured person's hospitalization expenses and provides medical reimbursement facility for expenses incurred due to sickness. The survey result reveals that though most of the patients surveyed had express their satisfaction towards medi-claim reimbursement or cashless facilities utilization at private hospitals. However, it has been observed that majority patient express dissatisfaction towards time taken for processing mediclaim bills, exaggerating the clinical presentation and hiking charges for the services availed.

**Findings and its Implication**

From the elaborate study it has been inferred that 63.33 per cent of the surveyed populations have opined that the medic-claim reimbursement facilities offered at private hospitals as good. The study finding also reveals that though maximum number of patients surveyed had express satisfaction towards medic-claim facilities reimbursement at private hospitals, the patients were found inconveniences in availing medic-claim

facilities at hospitals, like: delay in processing medi-claims, exaggerating/distorting the clinical presentation, hiking charges for the services availed, adding charges for the services not actually availed, keeping patient hospitalized for longer duration, not-offering extra services coverable under mediclaim, claiming extra charges for non-coverable Diseases /Test, providing undesirable information in the discharge summary, hiding undesirable charges, hiding undesirable investigation reports, concealing correct durations of pre-existing diseases, malpractices in clinical presentation and planning with third party administrators to collect more money.

It is disheartening to note that in spite of knowing the importance of proper record keeping it is still in a nascent stage in Indian private hospitals. Improper record keeping can result in declining medical claims. The private hospitals are suggested to control their operational cost and should aim to provide quality health care, proper diagnosis of diseases and should aim to always provide right treatment at right time, which may save the valuable human lives.

### Conclusion

As the private sector increasingly dominates this business in India, the rules of the game are changing. Profiteering has taken center stage for all private sectors operating in India. Health insurance premiums are rapidly increasing, more and more conditionality's / exclusions are being added, and claim reimbursements are being delayed and / or short – paid. On the other hand, the private health care providers remain good. Given such an environment, the current fracas was bound to happen. The only people who suffer as a result are the patients who despite paying heavy premiums for years end up being short-changed when they seek the benefits of their policy. The hospital gets its money even if they have overcharged; the TPA (Third Party Agencies) makes deals with both hospitals and insurance companies and facilitates reduced cashless payments, transferring the burden to patients. Amidst this rigmarole, the insurance companies gain by reimbursing a lower claim.

The above notwithstanding, health insurance has come to stay – for the middle classes and those working in the organized sector it is a tool to access high-end private health care. For the latter, health insurance is a great boon as it helps boost occupancy rates of private hospitals. The private hospital sector today cannot survive without health insurance and the latter requires the former to stay in business and make profits. Both private insurance and health care service providers should work with certain ethics and they should consider customer satisfaction and their good will as primary importance for their survival.

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