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Health Insurance in India : A Review of Literature

KEY WORDS: .

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Jani (2016) has examined public and private sector non-life insurance company's performance in terms of service quality. Researcher is of the opinion that public sector non-life Insurance are better due to most convenient branch office location, good reputation in market, sound financial strength, regular correspondence with agents by meetings; accurate presentation of product line and correct information about plan. Present insurers are of the opinion that there are several areas needs to be improved for better service quality which includes technical advancement of insurance,employee's neat and clean appearances, and convenience in premium payment,effective customer awareness programmes,commitment and ethical behaviour. Strength of private sector non-life insurance companies are slightly different as to its counterpart. Private sector non-life insurance differentiate themselves by better physical layout for business purposes, error free information,quick service, availability of employees on time,settlement of claims on time,individual attention to customers,effective investment advice and guidance. Insurance policy holders' private sectors expect improvement in safety and security of investments; branch location, accurate information through media, diversified product line suitable to specific customers to make services to create customer delight.

Anjor, Ali, Kumar, Verma (2014) have examined service quality of life insurance and concluded that that the expectation are higher than perception in terms of service quality in insurance sector, that is communication gap and service delivery aspect is the most important factor in terms of customer expectation, therefore these factors need to be reviewed. It has been analysed that seven factors are from customer perception and six factors are for customer expectation. The research resulted in the development of a reliable and valid instrument for assessing customer perceived service quality for life insurance services. On the basis of the research marketers or insurance service providers need to develop specific strategies for the creating better service experience to create competitive advantage and in long run it will help you in retaining customers. Service expectations and perceptions are known to be affected by customers" immediate reaction to specific service encounters. The results confirm that service quality is crucial to acquire loyal consumers, as well as the influence of service convenience on consumer loyalty.The result indicates that improved service convenience is successful in turning consumers into loyal consumers. Service providers realize well the positive influence of convenience on consumer value and loyalty. Moreover, researchers have mentioned that in homogeneous markets, where service providing was similar as well as not main competitive source. Hence, once service providers provide greater service convenience, they would benefit more and earn competitive advantage.

Goel (2014) had depicted that health insurance companies should come out with clear cut policy details. Researcher has studied consumer behaviour of residents of rohatak (Haryana –one of the richest area of north India) towards health insurance. Respondents had indistinct ideas (unclear) about the various benefits and risks involved in a policy. The middle and low socio-economic groups are a potential market to be tapped as they are ready to spend a reasonable amount as premium payable per annum rather than huge medical expenses in case of any adversities. Researcher has revealed that trust is one the key factor for attracting consumers in health insurance business. Private insurance players should try to absorb trust in the people as most

of the respondents preferred government health insurance schemes, the reason being guarantee fortheir capital. To develop a viable health insurance scheme, it is important to understand people's perceptions and develop a package that is accessible, available, affordable and acceptable to all sections of the society. To conclude, most of the respondents were of the opinion that government should come out with a clear cut policy, where the public can be made to contribute compulsorily to a health insurance scheme to ensure unnecessary out-of-pocket expenditures and also better utilization of their health care facilities.

Allahham (2013) has revealed that the consumer satisfaction for health services is highly depend upon price charged from him or value delivered by health care institutions. Resea4rcher has established direct relationship with the satisfaction level and brand loyalty in the research work done in the context of Syrian resident and Syrian health care service providers. Healthcare organization in Syria wishing to achieve competitive advantage through customer satisfaction must be focus on the determinants of patient's satisfaction such as service quality by narrowing the gap between the expectations of the patients and perception.

Frontish (2012) on conclusion of his longitudinal survey of health care insurance satisfaction concluded that overall satisfaction with health coverage, traditional-plan of health insurance were more likely than consumer-driven health plans or high-deductible health plans enrollees to be extremely or very satisfied with the overall plan in all years of the survey. It is further revealed that satisfaction levels were trending up in most years of the survey among consumer-driven health plans enrollees, and trending down among traditional-plan enrollees. Consumers or insurers have dissatisfaction with out-of-pocket costs even after health insurance coverage or protection. Even though main results are not matching with the observation in general as overall satisfaction rates, satisfaction rates for out-of-pocket costs appear to be trending downward among those with traditional coverage and upward for those with a consumer-driven health plans. Initial differences in satisfaction rates with respect to quality of care disappeared between traditional plan and consumer-driven health plans enroilees, and there were high satisfaction rates with respect to access to doctors regardless of plan type.

Jain and Lodha (2012) has conducted survey about customer satisfaction for the general insurance. The study reveals that there is good awareness regarding General Insurance products among thepeople of Rajasthan. Majority of the customers were satisfied with the features and the coverprovided by General insurance products to protect against rising costs of expenses and to meetexpenses related to any unexpected event. The satisfaction level of consumers of Rajasthan is highly influenced by Quality of Service, Qualityproducts, Knowledge of employees & agents, Sincerity, and Promptness. The researcher is of the opinion that in the general insurance there is great opinion of people.

Earns and Young and CII (2011) had critically evaluated health insurance sector. Joint efforts has pointed out that that TPA claims administration involves a lot of inefficiencies including improper motivation to control claims, minimalscrutiny of claims, and tying up withclaims value. Recognizing the problemswith respect to TPAs, the standalonehealth insurers who control around 60%of the health insurance market haveabstained from availing the

servicesof TPAs. The researchers are of the opinion that the regulator's proposal of a standardized format ofservice agreements to bring downbanning services of TPAs from operatingas intermediary for the governmentsponsoredhealth insurance schemes toensure orderly growth of the industry. Researchers have observed that due non-standardisation of the procedure of claim settlement fraudulent activities had been increased, customer complaints are also increased against TPAs. The role of TPAs are need to be redefined as per researcher's conclusion.

Gautam and Vikas (2011) has examined service quality of public sector and private sector insurance companies and concluded thatthe insurance companies in the public sector should focus more on improving the infrastructure. The infrastructure not only involves the information technology input in the branches, regional offices and head office, but also the physical evidence, ambience and layout. It is observed by the researchers that insurance services also the internal ambience of the organization has a positive impact on the customers.The customers trust the public sector insurance companies since these insurance companies have existed in the market for a longer period than the private sector insurance companies. The reliability factor is a positive factor for these public sector insurance companies. These public sector insurance companies need to position themselves in the market and promote themselves aggressively. This step will help them in survival and can compete in the market. Another observation is that the customer base of the public sector insurance companies is very large as compared to the private sector insurance companies; therefore it is important to retain and satisfy those customers with insurance companies. It has become dire need of the hour for the public sector companies to train their employees to treat the customers with empathy. This can give the required leading edge and finally the competitive advantage to the public sector insurance companies.However, in order to be successful in the market, the private sector insurance companies shall have to be more innovative in terms of the insurance product offers to customers and compete with full strength in the market.

Miller, Klaus; Hofstetter, Reto; Krohmer, Harley & Zhang, John (2011) This study compares the performance of four commonly used approaches to measure consumers' willingness to pay with real purchase data ,the open-ended, question format; choice-based conjointanalysis; Becker, DeGroot, and Marschak'sincentive-compatible mechanism; and incentive-aligned choice-based conjoint analysis. With this five-in-one approach, the authors test the relative strengths of the four measurement methods, using real purchase data as the benchmark, on the basis of statistical criteria and decision-relevant metrics. The results indicate that the Becker, DeGroot, and Marschak's and incentive-aligned choice-based conjoint approaches can pass statistical and decision-oriented tests. The authors find that respondents are more price sensitive in incentive-aligned settings than in non-incentive-aligned settings and the real purchase data setting. Furthermore, they find a large number of "none" choices under incentive-aligned choice-based conjoint than under hypothetical conjoint analysis. This study uncovers an intriguing possibility: Even when the open ended format and choice based conjoint analysis generate hypothetical bias, they may still lead to the right demand curves and right pricing decisions.

Sandhu and Bala (2011) had examined service quality of life insurance corporation on the basis of seven-factors which consist of 34 parameters representing Proficiency; Media and presentations; Physical and ethical excellence; Service delivery process and purpose; Security, and dynamic operations; Credibility; and Functionality. Among these factors, three viz., Proficiency; Physical and ethical excellence; and Functionality have significant impact on the overall service quality of Life Insurance Corporation of India. Researchers have observed that that Proficiency has the highest impact and Functionality has the lowest one, while the role of Service delivery process and purpose; Media and presentations; Security and dynamic operations; and

Credibility are not confirmed by the data. The study further revealed that the number and nature of the dimensions varied, depending on the service context; indeed, they varied even within the same service industry. Moreover, one has to bear in mind that the notion of service quality is industry and country specific. Further, for service quality modelling, a set of dimensions is required, but these dimensions should be changed as per type of services. Researcher have recommended that parameters on the basis of which service quality is examined needs to be re-define and to be adjusted as per Indian conditions for the evaluation of Indian conditions.

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