



ORIGINAL RESEARCH PAPER

Commerce

MEDI-CLAIM UTILISATION PRACTICES AMONG THE PATIENTS OF PRIVATE HOSPITALS IN COIMBATORE CITY
KEY WORDS: Health Insurance, Private Hospitals, Medical Expenses

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ABSTRACT

This study aims to analyse the medi-claim utilisation practice among the private hospital patients in Coimbatore city. The study found that only 3.59% of the respondents' opined that the costs and services charged in multi-speciality hospitals in Coimbatore city are very high. Followed by 33.85% respondents opined to be high and 59.10% respondents as moderate and 3.46% respondents opined to be low on the expenses covered in their health insurance policy. The study, further, found that 91 per cent of the policy holders surveyed have opined that their health insurance policy covers boarding expenses, 84.33 per cent of sample subjects have said that their policy covers surgical procedures charges like: surgery, consultation, anaesthetists charges and 83.33 per cent of the policy holders felt that the intensive care unit charges are covered by their health insurance. The study also revealed that during the claim process, the insurance companies hike the service charges. Few private hospitals exaggerate the medical treatment even for simple diseases and charge more, especially when a patient uses medi-claims for reimbursement of their expenses and the respondents also claim that few hospitals offering extra services under medi claim stands. The study suggested that India offers greater opportunity for the private health insurance companies to tap uninsured potential markets.

Introduction

Financial burden due to health care cost is continuing as a major issue for middle class population in India. Therefore, health insurance has emerged as an alternative of reducing the financial burden of the people or their family members suffering from various illnesses. In India the existing health insurance coverage is insufficient, still now India is far away from achieving universal health insurance coverage to all of its citizens. In India, where the health system is highly privatised and insurance coverage is low, it is important that people, particularly poor / and middle class are protected from high out-of-pocket payment for health care. Currently health insurance coverage is largely limited to small proportion of people in the organised sector, especially the employees working in big corporates or in private sectors. Based on this situation it can be rightly claimed that health insurance is the most emerging sector in India nowadays due to increasing rates of illness and diseases and high expenses incurred in hospitalization and treatments for these diseases. Various health insurance schemes are available in the markets which are providing benefits from an individual to an entire family also called family floater policies. A health insurance policy like other policies is a contract between an insurer and an individual / group, in which the insurer agrees to provide specified health insurance cover at a particular "premium" subject to terms and conditions specified in the policy. Health insurance in India is considered same as "hospitalisation", where the policy covers the hospitalisation expenses such as hospital bed, nursing, surgeon's fees, consultant doctor's fees, cost of blood, operation theatre charges etc. With the increasing expenses of medical treatments and the urgency to protect the pursuit of self or one's family wellbeing, the need for insurance coverage is becoming necessary for the secured life.

Review of Literature

Few of the literature available on the study issues is briefly discussed in this section of the study.

Thomas K.T. and R.Sakthi Vel (2011) / in their study drew a detailed discussion on the emerging business models in Private health insurance in India. The study observed that health insurance business in India suffers from certain drawbacks like: lack of standard terminology and improper protocol for treatment and billing of common illnesses. The study also claimed that many of private health insurance companies use different terms and follow different treatment protocols and charges, for treating the same medical condition, this creates confusion among the service users and hospitals does not allow the customers to reimburse their charges.

Amsaveni R. and Gomathi S. (2013) / in their study attempted to find out medi-claim policy holder satisfaction and to identify the reason for preferring medi-claim policy to safe guard themselves and avoid future risk. The study found that majority of the respondents has taken personal protection policy through their employers. The study listed the major problems faced by the respondents are: lack of timely communication and limited expenses of hospitals covered by the insurance companies.

Tanuj Mathur (2015) study designed to investigate into the socio-economic factors, individuals' health insurance product perception and individuals' personality traits of health insurance policy holders in Lucknow. The study findings revealed that the respondents' age, dependent family members, medical expenditure, health status and individual's product perception were found to be significantly associated with health insurance subscription in the region. Personality traits have also showed a positive relationship with respondent's insurance status. The study found those socio-economic factors, individuals' product perception and personality traits induces health insurance policy subscription in the region.

Anandalakshmy .A and Brindha .K (2017) / in their research article aimed to analyse the policy holders' awareness and factors influencing purchase decision towards health insurance in Coimbatore District. The study found that policy holders gained awareness about health insurance through agents and the risk coverage of the policy is the main factor that influenced them to own a health insurance policy. The study found that most of the respondents were satisfied with their agents' service.

The reviews presented in this section of the study provides a brief discussion on the status of health insurance business in India, the influences of demographic and socio-economic factors on the common individual to own a health insurance policy and nature of problems faced by the policy holders. These reviews supported the researcher in identification of research gap and the variables to be assessed in the current research article.

Statement of Problem and Aim of the Study

From the above discussion it can be claimed that day-to-day, health is becoming all the more valuable and disease all the more expensive. As a method of risk transfer, many people plan to avail medi-claim which is the insurance against the risk of incurring medical expenses. This study aims to analyse the medi-claim utilisation practice among the private hospital patients in Coimbatore city.

Research Methodology

The current study is both explorative and descriptive in nature. This stage of the research was exploratory in nature. This was done in two phase. The initial phase was to undertake detailed secondary search literature survey on the study and in the second stage a descriptive research was carried out by applying a survey method. The study is focused on the private multi-specialty hospitals functioning in Coimbatore city. Two stage random sampling techniques have been applied for the effective conduct of this study. In the first stage of the research, a list of private multi-specialty and general hospitals functioning in Coimbatore short listed by the district collector for the disaster management was taken into consideration. In which, 35 hospitals were found to be multi-specialty and general hospitals. These 35 hospitals are considered as population for the study. In the second stage out of 35 hospitals, five hospitals were chosen as sample based on the lottery draw method. The study constituted 780 respondents in total.

Research Discussion

The survey was conducted among 780 health care policy holders in Coimbatore city, of which 52.82 per cent of respondents are female and 47.18 per cent of respondents are male. The study found that 29.87 per cent of respondents belong to the age group of 51 years and above and 24.10 per cent of respondents' are under the age category of 41-50 years. Further, it has been observed that 33.85 per cent of the respondents are well educated. And 27.95 per cent of the respondents are employed in government organisation. It has been inferred that, most of the sample respondents / (37.44%) have opted star insurance their company has opted Star Health Insurance Company. The study revealed that 43.33 per cent of the patients' have sourced information through others like agent. The study also indicated that 51.15 per cent of respondents' availed insurance plans offered by private organisations and 58.08 per cent of patients' have said that they own group policy and the remaining 41.92 per cent of them have owned personal policy.

TABLE: 1 PATIENTS OPINION ON TOTAL EXPENSES INCURRED IN THE HOSPITAL

Sl. No	Opinion	No. of. Respondents	Percentage
1.	Very High	28	3.59
2.	High	264	33.85
3.	Moderate	461	59.10
4.	Low	27	3.46
	Total	780	100

Source: Primary Data

It is evident from the above table that, 59.10 per cent of the patients' have said that they are well versed of charges collected in multi-specialty hospitals are moderate as it adopts advanced technologies to cure disease. Followed by, 33.85 per cent of the sample subjects' feel that the service charges of multi-specialty hospital are fairly high towards total expenses. Similarly 3.59 per cent of the respondents' exhibit that the costs and services charged is very high in Coimbatore. Remaining 3.46 per cent of the patients' have said that the service charges of multi- specialty hospital as low.

TABLE: 2 PATIENTS OPINION ON NATURE OF EXPENSES COVERED BY THE HEALTH INSURANCE CLAIM

Expenses	Sum	Mean	Rank	%
Boarding and nursing expenses	2126	2.73	1	91.00
Surgery, Consultation, Anaesthetists Charges	1975	2.53	2	84.33
Cost of medicines and drugs	1908	2.45	4	81.67
Emergency ambulance charges for transporting the insured patient	1728	2.22	13	74.00
Pre-hospitalization expenses up to 30 days before the date of admission into the hospital	1766	2.26	11	75.33
Room rent, boarding expenses and nursing expenses up to 1% of sum	1776	2.28	10	76.00

insured per day. It also includes nursing care, RMO charges, Fluid/Blood Resident Medical officer				
Transfusion/Injection administration charges	1834	2.35	6	78.33
In case of admitted in ICU, the double the sum insured per day	1947	2.50	3	83.33
Surgeon/Anaesthetists/Consultants/Medical Practitioner/Specialist Fees	1853	2.38	5	79.33
Anaesthetists, blood, oxygen, operation theatre charges, surgical appliances, cost of medicines and drugs, diagnostic materials, x-ray, dialysis, chemotherapy, radiotherapy, artificial limbs, pacemaker and other similar expenses	1817	2.33	7	77.67
Hospitalization expenses (excluding cost of organ) incurred for donor in respect of organ transplant	1805	2.31	8	77.00
Critical illnesses are covered under a sub limit of each hospitalization	1796	2.30	9	76.67
Others	1756	2.25	12	75.00

Source: Primary Data

The detailed descriptive data analysis reveals the nature of expenses covered by the health insurance claim. It has been inferred that in the majority i.e., 91 per cent of the policy holders surveyed have opined that their health insurance policy covers boarding expenses, which has ranked in the first place with the mean score of 2.73. Followed by, 84.33 per cent of sample subjects have said that their policy covers surgical procedures charges like: surgery, consultation, anaesthetists charges have ranked in the second place with the mean score of 2.53. Further, 83.33 per cent of the policy holders felt that the intensive care unit charges are covered by their health insurance. It has been ranked in the third place with the mean score of 2.50. Subsequently, policy holders revealed that the cost of medicines and drugs (81.67 per cent), Medical practitioners' fees like: Surgeon /Anaesthetists / Consultants / Medical Practitioner / Specialist Fees (79.33 per cent) and Transfusion/Injection administration charges (78.33 per cent) can be claimed through their health insurance policy, these variables are rated in the fourth, fifth and sixth places with the mean score of 2.45, 2.38 and 2.35, respectively. Whereas, 77.67 per cent of the policy holders have said that the medical expenses like Anaesthetists, blood, oxygen, operation theatre charges, surgical appliances, cost of medicines and drugs will be reimbursed, where it stands in the seventh place with the mean score of 2.33. It has been found that majority i.e. 77 per cent of the medical insurance policy holders have opined that the organs like: heart, kidneys, liver, lungs intestine transplantation could be reimbursed through medi claim. It has ranked in the eighth place with the mean score of 2.31. A batch of 76.67 per cent of the policy holders have said that they can claim through their insurance for any type of critical illnesses ranks, it is ranked in ninth position with the mean score of 2.30. Further it has been observed that 76 per cent of the medical insurance policy holders said that it covers in-patient expenses like: Room rent, boarding expenses and nursing expenses also ranks in the tenth place with the mean score of 2.28. Moreover around 75.33 per cent of the policy holders have said that the charges for general check-up before admitting in the hospitals could also be claimed, it has been ranked in the eleventh position with the mean score of 2.26. Followed by 75.33 per cent of the policy holders surveyed said that their medical insurance policy covers for other genuine reasons, the variable has been ranked in the twelfth place with the mean score of 2.25. Finally 74 per cent of the policy holders have said that charges for emergency ambulance while transporting the insured patient can be claimed through their policy and this variable has been ranked in thirteenth place with mean score of 2.22.

Findings

The study found that only 3.59 per cent of the respondents' exhibit high degrees towards the costs and services charged in Multi-Speciality Hospital in Coimbatore and rest of the respondents have either high or moderate level on the expenses covered in their

health insurance policy. The study, further, found that 91 per cent of the policy holders surveyed have opined that their health insurance policy covers boarding expenses, 84.33 per cent of sample subjects have said that their policy covers surgical procedures charges like: surgery, consultation, anaesthetists charges and 83.33 per cent of the policy holders felt that the intensive care unit charges are covered by their health insurance. The study also revealed that during the claim process, the insurance agencies hike the service charges. Few private hospitals exaggerate the medical reasons even for simple diseases and charge more, especially when a patient uses medi-claims for reimbursement of their expenses and the respondents also claim that few hospitals offering extra services under medi claim stands

Conclusion

The study concluded by stating that there is a demand for health insurance policy among the common middle income families in India. Individuals prefer owning a health insurance policy to need their unexpected and unwanted medical expenses. It is a greater opportunity for the private health insurance companies to tap these potential markets, but they have understood the fact by cheating or promotion false policies they can survey in the market in the long-run. The private insurance have to design customer friendly and conducive policy that does not claim additional charges from the customers for any valid service rendered to them, it has to effectively and clearly list out the deceases and illness covered by the policy, nature of claims customers can make etc.

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