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PATIENT PERCEPTIONS AND SATISFACTION TOWARDS CASHLESS HEALTH INSURANCE SERVICES IN DELHI NCR

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ABSTRACT

Nowadays, health insurance is a crucial part of healthcare systems since it protects people financially from the ever-increasing expense of medical treatment and hospitalisation. For insured patients, the ability to get qualifying treatment at network hospitals without having to pay immediately is a major perk of cashless health insurance, which stands out among other health insurance options. Satisfaction with cashless health insurance services among Delhi NCR patients is the focus of this research. Evaluation of the efficiency of the claim processing and identification of the key elements impacting patients' choice for cashless insurance are the primary goals of the research. Utilising a standardised questionnaire, 270 participants who have utilised cashless health insurance services provided primary data for this descriptive study. After a broad network of empanelled institutions and fast claim settlement, people valued cashless treatment at network hospitals the highest. The success of the service is greatly affected by factors such as the timeliness of claim settlement, the ease of paperwork, transparency, and the assistance of the insurance company, according to the regression results.

Keywords: Patient Satisfaction, Health Insurance, Settlement, Network, Service

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I. INTRODUCTION

An integral part of today's healthcare system, health insurance shields individuals and families from the ever-increasing expense of medical care. Health insurance is more important in India than ever before due to rising healthcare costs, an increase in the number of people living with chronic and lifestyle-related diseases, and the pressing need for quick access to high-quality medical treatment. Cashless treatment is one of the most important health insurance benefits as it allows insured people to get medical care at hospitals in the network without having to pay the whole amount all at once. The policy's terms, restrictions, exclusions, and coverage limitations govern this arrangement, which involves the insurer or Third-Party Administrator (TPA) settling qualified medical bills with the empanelled hospital. Therefore, the goal of the cashless facility is to make healthcare more accessible and easy while simultaneously reducing the immediate financial strain on patients.

The increase of health insurance coverage, rising consumer awareness, expanding hospital networks, and technical developments in insurance administration have all contributed to the development of cashless health insurance services. Dedicated insurance desks or computerised coordination of pre-authorization, billing, and payment processes are making it easier for patients to access hospitals. But just because a cashless facility is available doesn't mean patients will have a good experience there. Several factors can be used by patients to assess the service: how long it takes to get cashless approval, how long it takes for pre-authorization, how clear the information is from the hospital and insurance, what paperwork is needed, how well the policy is explained, how transparent the deductions are, how good the administrative support is, and how quickly the claim is settled. As a result, gauging the real efficacy of cashless health insurance services now requires an awareness of patient views.

How people perceive the healthcare and insurance services they get includes their understanding, interpretation, and evaluation of such services. Factors that could impact how patients perceive cashless health insurance include their familiarity with the concept, their degree of knowledge, their financial expectations, their interactions with hospital personnel, their conversations with insurance agents, and the difficulty of the claim process. Positive impressions of the cashless facility are more likely to emerge from patients who experience prompt permission, accurate information, helpful staff, and easy paperwork. On the other side, even if the treatment is good, discontent may still arise due to delays, misunderstandings, unanticipated costs, claim limits, or problems with approval. Therefore, the whole administrative and financial experience linked with the cashless service is considered by the patient, not only the medical treatment itself.

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An additional critical component of health insurance service effectiveness evaluations is patient satisfaction. How well the service meets or beyond the expectations of patients is reflected in their level of satisfaction. Financial relief, accessibility, ease, transparency, responsiveness, and the quality of assistance offered by hospitals and insurance companies are some factors that might determine satisfaction with cashless healthcare. Since patients and their families do not have to instantly come up with the whole amount for treatment, a good cashless experience might alleviate some of the anxiety that comes with being hospitalised. It can also boost policyholders' faith in health insurance and get them to seek medical attention in hospitals and clinics more often. Conversely, patients may become dissatisfied when they encounter unclear exclusions, lengthy administrative procedures, incomplete claim clearance, unanticipated out-of-pocket expenses, or poorly explained insurance conditions.

II. REVIEW OF LITERATURE

Dutta, Anupam & Singha, Seema. (2025). In India, the health insurance industry is expanding quickly. People in both urban and rural areas of India are becoming more educated and health-conscious as the country's economy grows, which is driving up demand for better healthcare and health insurance. Health insurance is available in India from both the public and private sectors. Private sector insurance companies have joined the market since deregulation, providing customers with superior products and creative solutions. Foreign companies entered the health insurance market as a result of liberalisation. The government recently declared that the health insurance industry will get 100% FDI. The health insurance industry has been expanding as a consequence. The Indian government is attempting to enhance insurance and healthcare services. Recently, comprehensive health insurance was recommended by the current administration. The government attempted to provide the underprivileged and government employees free medical care, including insurance for major illnesses, under a new program called Ayushman Bharat. The health insurance market is the fastest-growing non-life insurance category due to factors including the rising number of educated youth, knowledge of lifestyle illnesses, and tax benefits. In order to create prosperity, businesses are focusing on patient happiness, cutting expenses, and using new technology. due to specific challenges that customers have while submitting a claim for reimbursement and receiving the claim amount. The service providers used cashless services to reduce the problems that their customers encountered. For patients' comfort during unexpected hospital stays, insurance firms are offering this cashless function. The present situation of cashless health insurance in India is examined in this article, along with its opportunities and challenges.

Venugopal, Dhayalan et al., (2025). Access to high-quality healthcare and financial stability are

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made possible in large part by health insurance. Understanding the growing need for health care, particularly in the post-pandemic environment, In order for insurance companies to maintain and expand their patient base, patient happiness has become crucial. Examining important elements such policy benefits, premium cost, claim settlement procedures, patient service quality, and network hospital availability, this research aims to assess patient satisfaction with health insurance services. Both primary and secondary data serve as the foundation for the study. Structured questionnaires were used to collect primary data from a wide range of policyholders. Transparency of policy terms, simplicity of acquiring and renewing policies, claim experience, and support staff response were among the satisfaction factors examined by the poll. The study was bolstered by secondary data from industry publications and regulatory sources. The results show that while many patients appreciate extensive network coverage, online services, and cashless hospitalisation, they also voice concerns about expensive renewal rates, hidden clauses, and claim settlement delays. A significant problem throughout the policy selection process was the absence of clear information and direction, particularly for older folks. In summary, this research helps health insurers improve their services by offering insights into patient expectations and satisfaction levels. Long-term success in the health insurance sector depends on a patient-centric strategy backed by open and accommodating service procedures.

Singh, Ankit et al., (2019). A cross-sectional investigation of patient satisfaction indicators with a tertiary care hospital's internal Third-Party Administrator (TPA) department. Journal of Healthcare Management International. 14. 1-7. 10.1080/20479700.2019.1679519. India has made significant progress in improving health during the last 67 years. India's insurance sector has expanded significantly after liberalisation in 2000 because to a number of advantageous demographic and economic variables. The Indian health insurance market saw the fastest growth of any insurance sector during the review period, growing at a CAGR (Compound Annual Growth Rate) of 34.00 percent. Over the projection period, it is anticipated to increase at a CAGR of 23.51 percent. In addition to increasing the number of individuals with health insurance, the insurance industry's liberalisation has generated cash inflows for more hospitals, better medical equipment, etc. Alongside all of this will come intermediaries such as service providers and other intermediaries like health management organisations, preferred provider organisations, third party administrators, etc. who will help to improve the quality of overall medical services as well as increase coverage. With a focus on Coimbatore City specifically, the research attempts to critically assess patients' perceptions of the health insurance services provided by several governmental and private health insurance organisations functioning in India. According to the study, patients greatly value the risk coverage feature provided by the different health insurance companies, and there is a strong

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correlation between the patients' level of satisfaction with the various features of the services provided by the health insurance company and their overall level of satisfaction.

Mathivanan, R & Devi D, Sasi. (2013). A hospital's internal Third-Party Administrator (TPA) department is essential to providing patients with hassle-free, cashless insurance services. The purpose of this research is to identify the variables related to a hospital's internal TPA department that influence patients' general loyalty to the facility in order to get future medical care via private health insurance. Methods: A 25-item scale is used to measure two domains: satisfaction with the hospital's in-house TPA services (22 items) and patient loyalty to the hospital for health insurance services (3 items). Following scale purification, 15 elements are used to gauge how satisfied patients are with the hospital's TPA services. Multivariate methods are used, including Hierarchical Regression Analysis and Principal Component Analysis with Varimax Rotation. Findings: "Physical evidence" and "professionalism" are two distinct categories that accounted for 57% of the overall variation. The loyalty of insured patients to the hospital has been considerably and favourably impacted by these two distinct elements. Originality/Novelty: As far as the authors are aware, this is the first study of its sort that attempts to determine the variables influencing patient satisfaction with in-house TPA services.

III. RESEARCH METHODOLOGY

Research Design

The nature of the current research is descriptive.

Study Area

The study was conducted in Dehli NCR.

Sources of Data

The study is based on both primary and secondary data.

Primary Data: Using a well-designed questionnaire, primary data was obtained directly from the participants.

Secondary Data: Health insurance and cashless claim settlement services-related secondary sources of information include books, journals, research articles, insurance company reports, yearly reports, IRDAI publications, government reports, periodicals, newspapers, and legitimate

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websites.

Sampling Technique

For this study, we used a convenience sampling technique to choose our respondents since it works well for gathering information from people who use cashless health insurance.

Sample Size

The study consists of 270 respondents who have availed cashless health insurance services.

Statistical Tools Used

- Percentage Analysis
- Weighted Mean Score Analysis
- Multiple Linear Regression Analysis

IV. DATA ANALYSIS AND INTERPRETATION

Table 1: Gender-wise Distribution of Respondents

Particular	Frequency	Percentage
Male	144	53.3
Female	126	46.7
Total	**270**	**100.0**

Table 1 displays the breakdown of the 270 respondents by gender. There were 144 men and 126 females among the total responders, making up 53.3% and 46.7%, respectively. A somewhat larger percentage of the sample consisted of male respondents than female respondents. There was a sufficient number of male and female participants in the research, according to the distribution.

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Table 2: Age-wise Distribution of Respondents

Particular	Frequency	Percentage
Below 25	54	20.0
25–35	96	35.5
36–45	72	26.7
Above 45	48	17.8
Total	**270**	**100.0**

The table presents the age-wise distribution of the 270 respondents included in the study. The findings show that the largest proportion of respondents, 96 (35.5%), belonged to the 25–35 years age group. This was followed by 72 (26.7%) respondents in the 36–45 years age group. A total of 54 (20.0%) respondents were below 25 years, while 48 (17.8%) respondents were above 45 years. Thus, many respondents (62.3%) were between 25 and 45 years of age, indicating that the study sample was predominantly represented by middle-aged and young-adult respondents.

Table 3: Educational Qualification-wise Distribution of Respondents

Particular	Frequency	Percentage
School Level	36	13.4
Undergraduate	84	31.1
Postgraduate	114	42.2
Professional Degree	36	13.3
Total	**270**	**100.0**

The educational background of the 270 participants is shown in Table 3. Of the total responders, 114 (42.2%) had a master's degree or above. After this came the 84 responders (31.1%) with bachelor's degrees. Out of the total number of respondents, 36 (13.4%) had completed some kind of secondary education, and another 36 (13.3%) had a bachelor's or higher degree.

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Table 4: Factors Influencing Patients 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
	Recommendation from friends and relatives	3.84	VII
8	Easy documentation process	3.71	VIII

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 Patients. comparatively, easy documentation process received the lowest mean score (3.71) and was ranked eighth. The findings indicate that Patients primarily prefer cashless health insurance services for the convenience, speed, and accessibility they provide during medical emergencies.

Table 5: Difference in Patient Satisfaction Based on Gender

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

The Independent Samples t-test results indicate that the p-value (0.033) is less than the 5% level of

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significance (0.05). Therefore, the null hypothesis is rejected, indicating that there is a statistically significant difference in patient 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). This finding suggests that male respondents were relatively more satisfied with cashless health insurance services than female respondents. Thus, gender appears to have a significant influence on the level of patient satisfaction with cashless health insurance services.

Table 6: 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

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

The Multiple Linear Regression Analysis indicates that the overall regression model is statistically significant ($F = 35.674$, $p < 0.001$). The R^2 value of 0.627 indicates that approximately 62.7% of the variation in the effectiveness of the cashless claim settlement process is explained by the selected independent variables, while the remaining 37.3% may be attributed to other factors not included in the model. Among the predictors, speed of claim settlement emerged as the most influential factor, with the highest standardized beta coefficient ($\beta = 0.426$, $p < 0.001$). This indicates that faster claim settlement is strongly associated with greater effectiveness of the

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cashless claim settlement process. Simplicity of documentation (β = 0.279, p = 0.002), transparency in the claim process (β = 0.241, p = 0.006), and support from the insurance company (β = 0.198, p = 0.028) also show significant positive effects. Since the p-values for all the predictors are less than 0.05, the null hypothesis is rejected. Therefore, it is concluded that speed of claim settlement, simplicity of documentation, transparency in the claim process, and support from the insurance company significantly and positively influence the effectiveness of cashless claim settlement services in health insurance. Among these factors, speed of claim settlement is the strongest predictor.

V. CONCLUSION

The analysis finds that cashless health insurance services substantially improve patients' monetary convenience and simplify healthcare access. Patients mostly like cashless medical services, swift claims processing, and broad hospital network availability. The research reveals that swift claim processing, uncomplicated paperwork, clear protocols, and competent help from insurers are significant contributors to patient satisfaction. Thus, insurance providers and TPAs must concentrate on alleviating delays associated with claims, refining processes, bolstering communication, and offering explicit details regarding policy stipulations and coverage. Fortifying the synergy between hospitals, TPAs, and insurance firms may significantly enhance the whole cashless experience.

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