1. Introduction

The Indian health insurance landscape has seen transformative growth in the last decade, catalyzed by rising healthcare costs, regulatory reforms from the Insurance Regulatory and Development Authority of India (IRDAI), and increasing public awareness. Health insurance is now a key financial safeguard rather than a corporate privilege.

A major determinant of policyholder satisfaction lies in the mode of claim settlement—cashless or reimbursement. Cashless claims enable direct insurer-hospital transactions, while reimbursement claims require upfront patient payment followed by documentation for refund. This study seeks to analyze how these claim types influence customer experience, satisfaction, and financial burden.

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2. Research Question

- How do cashless and reimbursement claim mechanisms differ in efficiency, communication, and policyholder satisfaction?
- What operational challenges are experienced in each method?
- What improvements are needed in current health insurance claim settlement systems?

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3. Objectives

- To analyze the socio-demographic profile of health insurance claimants using both cashless and reimbursement modes.
- To compare efficiency and transparency in claim processing timelines and communication.
- To assess satisfaction levels associated with both claim types.
- To identify key difficulties faced by policyholders and propose recommendations for systemic improvements.

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4. Materials and Methods

Study Design:

Cross-sectional, descriptive research design.

Study Setting:

Data collected both online (Google Forms, email, social media) and offline (through insurance agents and health workers in semi-urban areas).

Study Population:

Health insurance policyholders in India who have made at least one claim between March 2022 and March 2025.

Inclusion Criteria:

- Adults aged 18 years and above.
- At least one health insurance claim (cashless or reimbursement) filed in the last three years.
- Provided informed consent.

Exclusion Criteria:

- Individuals who never filed a claim.
- Incomplete questionnaire responses.

Sample Size:

34 valid responses.

Sampling Technique:

Purposive sampling through insurance agents, digital networks, and community forums.

Study Tools:

Structured bilingual (English and Hindi) questionnaire including:

- Demographics
- Multiple-choice and Likert-scale items (for satisfaction, ease, transparency)
- Open-ended feedback questions

Duration of Study:

March 10 – June 10, 2025

Data Collection Procedure:

Respondents self-administered the questionnaire through online and offline mediums. Data was reviewed and filtered for consistency before analysis.

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5. Operational Definitions

- Cashless Claim: Insurance claim settled directly between hospital and insurer, with minimal upfront cost to patient.
- Reimbursement Claim: Insurance claim where the patient pays medical costs and submits documents for reimbursement later.
- Turnaround Time (TAT): Time taken from claim initiation to final settlement/discharge.

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6. Data Analysis Plan

- Quantitative Analysis: Descriptive statistics such as frequency, percentages, mean, and standard deviation using Microsoft Excel and Google Sheets.
- Qualitative Analysis: Open-ended responses analyzed through thematic clustering.
- Software: Microsoft Excel 365 and Google Sheets
- Level of Significance: Not applicable as only univariate descriptive statistics were applied.

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7. Ethical Considerations

- Informed consent obtained verbally and in writing.
- Anonymity and confidentiality assured.
- Voluntary participation emphasized, with the right to withdraw at any point.

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8. Implications of the Research

- For Policymakers: Enhance transparency and enforce IRDAI guidelines for real-time settlement.
- For Insurers: Digitize reimbursement workflows and improve communication.
- For Consumers: Raise awareness about hospital networks and claim procedures.
- This research will support reforms toward universal, equitable, and efficient insurance claim experiences across India.

9. References

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4. Sengupta A, Nandraj S. Financial risk protection…
5. PwC India Health Insurance Survey 2022