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EVALUATING THE EFFICACY OF CASHLESS HEALTH INSURANCE SERVICES IN INDIA

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Keywords	Abstract
Health Insurance, Cashless, Consumers.	Health insurance is a rapidly developing service sector in India. As India's economy expands people in both urban and rural regions becoming more educated and health-conscious, contributing to increased demand for better healthcare and health insurance. In India, both the government and commercial sectors offer health insurance options. Since deregulation, private sector insurance enterprises have entered into the market, offering innovative remedies for consumers with excellent product. Liberalization encouraged foreign businesses to enter the health insurance industry. Government recently announced 100% FDI towards the health insurance sector. As a result, the health insurance business has been growing. The Indian government is working on improving healthcare and insurance services. The present government recently proposed comprehensive health insurance. Through new scheme Ayushman Bharat, Government tried to provide free medical care, including insurance for serious diseases, to the poor population and government servants. The increasing number of educated young, awareness regarding lifestyle diseases, and tax advantages have prompted growth in the health insurance market, leading it to be the fastest growing non-life insurance category. Companies are concentrating on customer satisfaction, decreasing costs, and incorporating new technologies to generate prosperity. Due to certain difficulties faced by the consumers' while lodging a claim in reimbursement process and getting the amount of claim. Cashless service was introduced by the service providers to minimise those issues faced by their consumers. The insurance companies are providing this cashless feature to the customers for their convenience during sudden hospitalisation. This article examines the current state of cashless health insurance in India, including their future prospects and difficulties.



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1.INTRODUCTION

The health insurance policy covers future medical expenses of the purchaser and his family within the period of the policy. Nowadays health insurance become familiar among the individuals as it will reduce the burden of medical cost in case of sudden hospitalization. To get the benefits from the health insurance, the policyholders mandatorily needed to pay certain amount as premium as per the prescribed rate of the insurer. According to the latest role of IRDAI health insurance can safeguards policyholders from permanent disability of policyholders, hospital costs, doctor fees, ambulance fees, annual health check-up, etc. Afterall, all the future medical cost of policyholders transferred to the insurer as soon as purchasing a policy. Another advantage of purchasing a health plan is that the premiums are exempted under income tax act.

Indian citizen are not wanted to purchase health policy after gaining the indepth knowledge regarding the importance of the health insurance. Only 37.0% of Indian citizens are covered by different health plan (Forbes, 2023). This will show an accurate picture of Indian people's consciousness towards buying health plan. The Indian insurance industry is governed by both public and private sectors. Govt. is providing free health care services to the general people by allocating a huge fund towards this sector, and only those people who are not financially sound are opting for these facilities provided by the Govt. at free cost, and the reason behind that wealthy people cannot entertain these Govt. schemes. The public health care system of India is facing the problem of insufficient funding, and the public health care system is not equipped with the latest technology. Among the private and public health insurance players, the majority of Indians choose insurance coverage from the private sector as they provide timely and quality service to their customers.

The insurance companies are introducing updated their strategies to attract new customers and retain existing customers. Previously, the customers raised health insurance claims after taking the medical treatment; it means all medical expenses are first paid by the claimant, and then insurance providers recover it. By adopting the new technology insurer disbursed the health care cost of insure as soon as taking discharge from the hospitals. Cashless technology helps providers to settled the claim immediately after getting the intimation of claim from the clients. Therefore, the customers having cashless health insurance policy are free from paying any medical expenses.

The policyholders become secure after covering under a best health plan with cashless facility. The reason behind that future medical expenses will be compensate by the insurance service providers in case of unforeseen hospitalization. This cashless settlement system is favourable for the policyholders because of they do not requisite to pay any medical expenses in case of taking treatment on the diseases covered by the policy in the network hospitals of the insurer. Cashless settlement service can be operated by the health insurer as their own or through the third-party administrators. The companies issued A PVC card to their customers for getting cashless medical treatment in their network hospitals across the country. All the health insurance companies



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operating in India are compulsorily providing cashless settlement services to their customers as per the latest regulations implemented by IRDAI. After the inclusion of cashless settlement system the rate of acquiring health plan by the peoples in India growing rapidly. Customers constant buying comportment towards cashless health policy keeping in mind this feature inclusion will contribute a lot towards the uplifting of consumers base of medical insurance. Many Mediclaim insurance providers adopted cashless settlement service in recent times; therefore, it is essential to ascertain efficacy of cashless system of claim settlement.

2.LITERATURE REVIEW

A cross-sectional study conducted by Wadhwa et al. (2018) among the health care specialists to evaluate the knowledge, awareness and use of digital payment in their day to day life. The medical doctors, Nurses, psychologist, physiotherapists, dentists, and technicians are using the e-wallet mode of payment for the purpose of paying insurance premium and medical bills. However, difference awareness level was found among the physiotherapist, dentist and medical doctors regarding the adoption of digital payment mode. They come to the conclusion that generating awareness through awareness campaign, seminars, and advertisement can help to bridge this knowledge gap. Pathak, G.P. et al. (2023) perform research to better understand the healthcare accessibility through cashless payment gateways. The research revealed the primary challenges to the adoption of cashless payments are digital awareness gap, security issue, disparities in utilization among the lower socio-economic and rural population, technical challenge like connectivity issues, and sluggish grievance redressal process. In the worldwide context, 65% of health customers choose advanced digital payment alternatives. Cashless payments gateways in India have become a timely choice for the common people with the latest features such as transparency, easy access, and heightened patient experiences. Binny et al. (2017) aimed to identify numerous difficulties and opportunities in the medical insurance business. They highlighted ten choices of opportunities for health insurance survival as well as nine challenges that health insurance companies confront when conducting business in India. According to the study, a health insurance firm can only stay in business by launching new and innovative products in the market. In the present day, a company can increase its market potential by being more customer-centric and introducing market survey plan. Ukale, S. D. (2020) in his descriptive based paper wanted to identify the issues faced by the health insurance sector in India. By using secondary data in the paper, the relative consequence of Mediclaim insurance in Indian circumstances was generalized. The study explains health policies available in the market and their usefulness for diverse policyholders at large. The study has found that lack of sufficient consumers awareness and poor infrastructure development of this sector dominate the advancement of health insurance industry. Bhavesh D. et al. (2013) tried to know the awareness level of the individuals on health insurance, its coverage in the study area, problems faced by the policyholders during the claiming for reimbursement. The study location was Surat, and a cross-sectional design was employed to collect the necessary information using the cluster sampling technique. The study



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revealed that peoples living in the study area are concerned about medical insurance, with 69% of the respondents have active health insurance policy and 75% of the respondents having no problems filing claims; thus, the customers feel secure after taking a health plan. Ahire, N. and Pathak, R. (2020) in their exploratory research, they attempted to determine the levels of satisfaction of health insurance customer's with the claim settlement procedure, as well as identify the primary areas of dissatisfaction and weakness in the claim process. The author recommended that the claim settlement process be clearer and reliable. The TPA and hospital authority required to provide some quality services to the customers so that they can avail the benefits of health insurance. The dissatisfaction issues discovered in the survey include that hospitals charges more if the patients have a health insurance policy and the documentation procedure is exceedingly slow; resulting in negative perceptions among the respondents. The performance of the Indian health insurance industry was explored by Dutta, M.M. (2020) by using IRDA annual reports and different publications data. The regression results revealed that the Covid-19 scenario has a significant influence on this industry as health insurance providers need to pay more due to increasing the claim ratio. After the covid-19 new customers are rapidly obtaining health policies. The insurance industry earnings have been increasing at a rapid pace as the number of policy purchases has increased. Sigal, N. et al. (2023) aimed to identify the policyholder's expectations and experience with claim settlement. They emphasized the difficulties policyholders faced during the pandemic, such as the lengthy claim settlement process because they were admitted for COVID-19-positive cases. The person who was insured admitted to the hospital for various diseases had no problem with the claim settlement process. The reason underlying this is due to the insure, the insured, and the industry had never seen a worldwide outbreak like this before. In their research paper Vishweswarsaty, V.N. and Harshin A.S. (2019) attempted to identify the private sector claim settlement mechanism, LIC, as well as anticipate future claims using strategic decision-making. After the data analysis it was found that there is a gap between the claims released by the insurance provider and claims incurred for the last ten years. According to the data, group health insurance claims exceeded those for individual health insurance. The prediction of health insurance claims and the actual claims that occurred are closely associated with the study. The LIC has a higher claim settlement ratio than the other private health insurance firms. A comparative study was done by Yadav, R.K., and Mohania, S. (2015) on LIC and ICICI prudential life insurance company's claim settlement process. The results of the chi-square test revealed that government insurance company LIC's claim settlement process is very effective, but it is not as transparent or convenient as the leading private sector company ICICI prudential life insurance. This company has updated their claim data on time compared to the LIC. LIC of India's claim settlement rate is higher than that of the ICICI Prudential. They concluded by stating that better claim settlement can be used as successful marketing tactic because buyers are becoming more concerned with a health insurance company claim settlement rate when acquiring a policy.



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3. RESEARCH GAP

Through an exhaustive literature study, it became evident that few studies had been done to analyze the opportunities and challenges of health insurance mechanism. However, no significant research had been conducted on cashless settlement services provided by health insurance corporations. The majority of studies in this field dealt with consumer behavior toward health insurance, comparing the performance of both private and public companies, health insurance claim settlements, the organizational structure of health insurance, and policyholders' satisfaction with insurance settlement. As a result, the researcher identified a research gap in determining the challenges and opportunities of cashless services provided by the health policy. The research paper aims to identify prospects for cashless claim settlement procedures for health insurance coverage. The study also seeks to discover the challenges that consumers face during the cashless settlement.

4. OBJECTIVES

- (i) To analyze the growth opportunities cashless health insurance.
- (ii) To identify the challenges faced by the cashless health insurance.

5. MATERIALS AND METHODS

The present study is descriptive in nature. The researcher used secondary data sources for creating the research more meaningful and gaining in-depth knowledge about cashless health insurance mechanism. Secondary data sources are governments reports, annual financial statements of insurance companies, IRDA reports, insurance company's annual reports or audit reports, government proceedings, insurance related journals, conference proceedings, daily newspapers, books, and various websites. To analyze the growth opportunities of cashless health insurance and identify the challenges faced by the cashless health insurance SWOT analysis adopted in the present research study.

6. DISCUSSION

The medical expenses become increasing day by days and therefore the growth of health insurance sector is found in a positive way. This sector has been witnessing a potential; growth and there are many opportunities of growing in near future as well (Ranjith, P. 2021). Innovation of service distribution channel of product in the field of health insurance helps in growing this sector rapidly. To mitigate the competition in the field of health insurance the service providers are trying to capture the market through market research (Jayanthi, K. C. 2021). Due to certain difficulties faced by the consumers' while lodging a claim in reimbursement health insurance and getting the amount of claim by them. Cashless service was introduced by the service providers to minimise those issues faced by their consumers. The insurance companies are providing this new feature to the customers for their convenience during sudden hospitalisation. The competition among the service providers is increasing day by day and therefore almost all the companies are including this benefit to their service plan.



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➤ Opportunities of Cashless Health Insurance

Extensive coverage during medical emergencies: -Because medical emergencies are typically unplanned and unexpected, having a backup health insurance policy is crucial, especially during times of crisis. Given the high costs of healthcare, two or three days in the hospital can wipe out a large portion of one's hard-earned savings. The health insurer are introducing new product specification for providing fast services to the customers at low cost during medical emergency. To establish themselves in the competitive market the service providers are trying to introduce new strategy for the customers like bearing the medical expenses prior and post hospitalisation. Inclusion of Air Ambulance cost, transportation cost of attendant, purchase of blood expenses, Donor expenses, disability allowances will benefit the customers of the health insurance. Some of the insurer including the expenses of outpatient expenses, Ayurvedic treatment, homeopathy and physiotherapy treatment in their policies to be covered.

During covid period we have seen covid care plan was also introduce by the health insurance companies. Moreover, some special illness treatments are also covered under health insurance plan. Another innovation like preventive health check-up at affordable cost for the policyholders upto a certain limit is available. These all benefits are provided by the health insurance service providers through cashless mode.

Increase in Literacy rate/ Health Literacy:- The present literacy rate of India is 86.2% as per the report of Ministry of statistics and programme implementation. Due to which the people are concern regarding future health related challenges occurrence and their cost of treatment. Internet also helps them to know the recent development and innovation in the insurance sector. Advertisement and publicity also help the common people to get knowledge about the product upgradation and innovation. Through websites and mobile apps, the future customers can compare the price of product and their specification within a short period of time which probably help them to buy product at low cost. Now a days prospecting customers are opting for the cashless health insurance plan because of it is more beneficial than the reimbursement plan. The increasing literacy rate helps in selling the cashless plan to the prospecting customers.

High Potential Market:- Most of the health insurance market was unexplored by the insurance services providers like life insurance. Presently health insurance market is constantly uplift with an annual growth rate i.e. 11.55% (CAGR). Most of the common people of India bear health care expenditure from their own pocket.

Previously health insurance is not considered as basic needs by the common people. Now a days due to hiking the price of medicines and chronic diseases treatment cost, it becomes more popular among the middle-class people of the society. The premium collected in the financial year 2021-22 is Rs.80502 crore and the premium growing to Rs.97633 crore for the Financial Year 2022-23, the growth rate is 21.32%. This indicates that the growth rate of health insurance market is very high. It also signifies that new insurer can enter the market with innovative products and they can capture the market as well.



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The per capita income of the present generation is also increasing year by year. With an increasing the per capita income of the people their purchase power is also rising. Therefore, the people have higher income can easily buy a health insurance plan.

The rate of diseases among the people also increasing due to changing the lifestyle. Also, with the inclusion of latest technology the cost of health care is accelerating and for which covered under a better cashless health insurance plan essential for getting better treatment in case of emergency hospitalisation. The best way to cover these medical expenses is with health insurance. Health insurance guards against unforeseen expenses. With the aid of new schemes, insurance firms are covering more ailments, which makes the market highly appealing to consumers. As individuals become more conscious and choose more advanced plans, businesses are now compelled to offer more features at lower costs.

The better way for covering medical expenses is with cashless health insurance. To guard against the unforeseen expenses insurer introduce new schemes, insurance firms are covering more ailments, which makes the market highly appealing to consumers. As individuals are now mostly conscious and choose more advanced plans, businesses are now compelled to offer more features at lower costs.

Awareness and Easy accessibility towards quality healthcare: - The amount of consumer consciousness is rising in the present era. Social media is a key component of it. Businesses that provide health insurance are placing ads on social media. Business have been running more ads, especially ones that are memorable to customers. By seeing those ads peoples are becoming concern about the necessity of health insurance. Health insurance companies are also expanding their business for the benefits of the customers so that everyone can easily buy a health insurance policy (Fakru, Khan, Y. 2022)

Both the government and private companies are trying to promote their affordable products in the rural markets and different locations across the country. To draw the attention of the customer the business is lowering the price of their products. Companies that offer health insurance are increasingly partnering with banks that already have operations in outlying areas. The NCAER estimates that there were 267 million middle-class people in India in 2016, and that number might double by 2025. Those middle-class people may face severe financial issue during the period of sudden hospitalisation. Therefore, it is very much essential to buy a cashless health insurance plan for avoiding such financial issue.

Quality and value-added services:- With product innovation companies are doing value addition to their products and also offering health wellness programme. Now health insurance sector moving towards health care of their customers. In coming years, health insurance executives will be there for helping customers deal with lifestyle diseases and reduce their out-of-pocket spending towards healthcare. Value-added services like discounts on OPD and IPD treatments, Pharmacies, Health checkup, eye and dental treatment, etc. are already provided by businesses nowadays. They are concentrating on providing their customers with a range of wellness services, such as discount



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on spa, wellness medications, Gym exercise, and yoga classes, etc. These all-innovative practices of health insurance companies are providing through the cashless mode.

Increasing demand for quality health care:- The desire for higher and quality health care is growing as population is becoming more educated and more health conscious. Private hospitals are now offer services comparable to those of five-star hotels. The health care sector is experiencing growth, which is assisting the insurance industry in capitalizing on this potential. As the cost of quality healthcare services rises, customers are increasingly opting for cashless health insurance. One can easily access the standard quality of health services through the cashless health insurance policy upto a certain limit.

Digitization: - Over the past 20 years, consumer behavior has evolved due to technological advancements and the internet. Globally the things are changing dramatically. Technology upgradation helps consumers to access the information about the product specification. After the mass advertising through social media and web browsers anyone can come to know the different product of the health insurance frequently. Presently companies are launching the apps of their own so that consumers can easily lodge a claim and through this procedure consumers got instant claim acceptance and preventive healthcare options. Upgradation of mobile technology empowers insurance companies to contact a large number of clients. The health insurance industry will be fueled by technology, personalized products, and services beyond insurance. Some sites like insurancedekho.com, policybazaar.com provides a for buying and selling insurance from various businesses, as well as comparing pricing.

Government Initiative:- The government, both national and state, plays a major role in the insurance business. The government is implementing new programs and plans to benefit those who are poor, such as: Ayushman bharat for the poor peoples of the country. But this scheme not covered APL population of the country therefore these people required to go for buying a health insurance policy. These prospects are positively impacting the health insurance business. The health insurance business has a long way to go. To reach the biggest amount of clients, companies must reinvent their offerings.

Customer-centric approach: - As per the latest IRDA regulation a big opportunity for the health insurance sector is that a customer can switch from one insurer to another as well as from one insurance plan to another. If a customer wants to opt other companies' innovative product, then they can easily go for it. Also, a customer can easily opt for another insurance plan of the same insurer after completion of the term of the policy. This will help customer to extent the coverage of the policy at minimum cost. It also helps them to get coverage under an innovative and latest plan.

One of the initiative's primary benefits is the relative simplicity of the whole claims procedure. Policyholders who seek care at hospitals outside the network will no longer be confronted with reimbursement claims and long wait times. Instead, consumers may enjoy a pleasant and effective



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claims procedure, decreasing the strain on finances and uncertainty that comes with acquiring medical care.

➤ **Issues & Challenges of Cashless Health Insurance**

Less effective Distribution channels:- Health insurance is distributed primarily by the employees, agents and third-party administrators. But they are unable to convince the common people to buy a health insurance plan with minimal effort. The lack of education and product expertise among the sales agents is a major barrier to selling a health insurance policy. Companies are not given proper training to their sales force so that they can capture the market through proper skills and product knowledge. Also, some sales agents are unresponsive or uncooperative might generate complications with insurance firms. Without proper sales force insurance firms are facing huge problem of convincing the customers at large. Though the customers of present generation are fully concern about the specification of a product and therefore it becomes huge difficulty of selling a health product them.

High Incurred Claim Ratio:- The incurred claim ratio (ICR) compares the total value of claims paid or settled to total premium collected in a given year. A company's ICR indicates the profitability, higher the ICR indicates low profitability and otherwise lower the ICR indicates high profitability. Sometimes the insurer rejecting claims for increase the ICR which directly increase the profit. Rejecting claim solely based on profit margins is not a viable strategy and its effect reputation of the firm.

Insurer	Incurred Claim Ratio	Insurer	Incurred Claim Ratio
Acko General Insurance	56.91%	National Insurance Co.	103.30%
Aditya Birla Health Insurance	49.08%	Oriental	90.18%
Bajaj Allianz General Insurance	81.96%	Raheja QBE	93.30%
Bharti AXA General Insurance	77.50%	Reliance	98.65%
Cholamandalam MS	93.23%	HDFC ERGO General	100%
Edelweiss General Insurance	113.05%	Royal Sundaram General	81.50%
HDFC ERGO General Insurance	73.69%	SBI General	95.04%
ICICI Lombard General Insurance	69.90%	Star Health Insurance	65.91%
IFFCO Tokio General Insurance	95.66%	Tata AIG General	66.61%
Kotak Mahindra General Insurance	49.22%	The Oriental Insurance	92.71%
Manipal Cigma	99.90%	United India Insurance	104.24%
Max Bupa	99.99%	Raheja DBE General	97.22

Source: Internet



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Claim Settlement Issues:- Consumers frequently experience troubles during claiming settlement from companies. Clients often make fraudulent representations due to inadequate terms and conditions. Customers experience challenges when companies refuse to deliver their claims. Some companies rejected claims without stating a valid reason. There is no dedicated method for tracking the status of claims. Consumers frequently experience troubles claiming settlement from companies. Clients often make fraudulent representations due to inadequate terms and conditions. Customers experience challenges when companies refuse to deliver their claims. Some companies rejecting claims without stating a reason. There is no standard method for tracking the status of the claims.

A fairly usual occurrence is that the mediclaim insurance pays only a portion of the total expenditures spent. For example, you may be hospitalized for appendicitis, for which the insurer will pay around Rs.25,000. However, you suffer a problem after surgery, resulting in a longer hospital stay and a total expense of Rs.40,000, of which the mediclaim insurance pays only Rs.25,000 as a cashless claim, and the remaining amount is subsequently reimbursed.

Insurance Companies	Claim Settlement Ratio	Insurance Companies	Claim Settlement Ratio
Aditya Birla Health Insurance	98%	Manipal Cigna Health Insurance	91%
Bajaj Allianz Health Insurance	98%	National Health Insurance	95.9%
Bharti AXA Health Insurance	92.37%	New India Assurance Health	97%
Care Health Insurance	95%	Oriental Health Insurance	89%
Chola MS Health Insurance	95%	Raheja QBE Health Insurance	80%
Digit Health Insurance	96%	Royal Sundaram Health	85%
Edelweiss Health Insurance	99.23	Reliance Health Insurance	100%
Future Generali Health	92%	Star Health Insurance	90%
IFFCO Tokio Health	95.82%	SBI Health Insurance	88.4%
Kotak Mahindra Health	98.29%	Tata AIG Health Insurance	96%
HDFC Ergo	99.16%	United India Insurance Co.	96.33%
Liberty Health Insurance	88%	Niva Bupa Health Insurance	96%

Source: Internet

Rising cost:- One of the biggest challenges of insurance industry is the growing the price of the products and premium after the inclusion of cashless settlement services. Many people frequently



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forget to plan for health-related expenses, after that they fall in additional financial hardship. They discovered that the price and premium of the products are often huge and therefore peoples unable to go for buy those health insurance products. The present rate of GST for the health insurance product is 18%. This, become difficulty for the insurance firms to sell their product to those middle-class consumers.

Documentation Issue:- Cashless treatment necessitate adherence to documentation, particularly the pre-authorization form, which must be provided to the TPA. Policyholders, being uneducated, fail to follow the documents, which leads to difficulty in obtaining a cashless claim.

Insurance firms suffer major difficulties due to insufficient infrastructure. Consumers sometimes misrepresent minor illness, leading to inaccurate premium estimates due to corporations lack of comprehensive understanding of their profile. Uncertain disease patterns may result in inaccurate premium choices and claim rejections. Customers with pre-existing illnesses are considered high-risk by insurers, leading to higher premiums and increased costs. To avoid high premiums, customers often provide incomplete information, leading to increased company losses.

In general, policy issuance is delayed due to excessive formalities and paperwork. The policy document contains a large number of terms and conditions that may be difficult for non-experts to understand properly. As a results, many people refrain from purchasing insurance plans.

Changing needs of customers:- Nowadays, customers are well-educated and conscious about the health insurance because of large number of advertisement and publicity done by the industry. Technology provides clients with the ability to compare many insurance providers policies and benefits. Health insurance is a customer-centric sector. If customers are dissatisfied with the firm's policies and services, they may switch to another company. With more choices, complexity, and, uncertainty the customers are confused and they are losing their peace of mind. To meet demand from customers, insurance businesses must be better prepared and create customer-specific products.

Competition from foreign Players:- As the economy has opened up, private and international firms have entered the market. As per the new budget 2024-25 finance ministry announced that the insurance sector is now open for 100% foreign investment. This creates a competitive environment between foreign and domestic insurance providers. Some organizations use various marketing methods to gain customers. All aim to acquire prospective customers and keep existing ones satisfied.

Lack of transparency in customer Grievance Management System:- This is the greatest challenge for insurance companies while providing the cashless facilities to the customers. Customers are the ultimate ruler of the service industry. Companies lacks of proper grievance management systems. The system should be more transparent to ensure consumer satisfaction with the company's cashless services. Health insurance firms deal with several obstacles, including expanding hospital networks, developing new plans for older citizens, restricting government backing, and ensuring quality services.



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7. RECOMMENDATIONS

The Indian health insurance market is expanding. In order to expand their insurance company and client base, organizations have to implement innovative business strategies. Companies may improve sales through providing innovative goods and services. In India, universal health insurance programs are necessary for enhancing access to healthcare, particularly for low-income households. Since medical tourism develops, companies have to expand their range of services to meet customer requirements. Health insurers have to develop confidence in consumers. The company required to offer personalized plans, coverage, and premiums based on the individual's specific profile and health history. The most promising prospects include innovative goods, services, distribution network, and a trained labour. Providing quality service, controlling costs, and meeting client needs are essential for a successful future. The health insurance industry faces challenges such as high claim ratios, insufficient data, claim settlement, and disease patterns. To address these issues, companies should establish a common information bank to help them assess prices, quality, and services.

8. CONCLUSION

Insurance companies play a significant role in pioneering the 'Cashless Everywhere' idea by encouraging solid relationships with hospitals and healthcare companies to provide a smooth, cashless hospitalization experience for policyholders. Their responsibilities extended beyond merely developing networks; they actively participate in extensive discussions to get advantageous rates, which help policyholders by minimizing out-of-pocket expenses. Furthermore, these companies are responsible for establishing clear communication channels between all parties involved, ensuring that each stage of the claim process, from pre-authorization to final payout, is accomplished efficiently. This characteristic is essential to eliminating existing obstacles and accelerating the transition to a fully connected cashless healthcare environment. The favourable public view of cashless facilities as a symbol of modern technology and customer-oriented services may significantly improve brand loyalty and attract prospective consumers, hence stimulating market growth and competitiveness in the marketplace. The shift to cashless transactions enables insurers to establish new partnerships and employ technology to deliver value-added services, setting up the foundation for unprecedented growth in the insurance industry.

9. AUTHOR(S) CONTRIBUTION

The writers affirm that they have no connections to, or engagement with, any group or body that provides financial or non-financial assistance for the topics or resources covered in this manuscript.

10. CONFLICTS OF INTEREST

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.



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11. PLAGIARISM POLICY

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