HEALTH INSURANCE MARKETING - A SERVICE QUALITY PERSPECTIVE

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Abstract
Commercial health insurance is significant in a State of Kerala where all the kind of health development indices are at par with the developed nations. Proper marketing of insurance products are necessary for covering more segment of the population in the health insurance portfolio. Service quality is the most crucial element in the success and effectiveness of every service organisation and the same applies to insurance marketing. Health insurance is a form of insurance where a third party decides the claim and it always decides the profitability of the insurer and the satisfaction of the insured. This paper attempts to address the problems exists in health insurance marketing in the state of Kerala and the application of service quality dimension in creating a better marketing which is useful to the companies and the prospective and existing customers of insurance companies. The present paper attempts to identify the problems of information asymmetry, adverse selection and moral hazard.

Key Words : Health insurance, Service Quality, Information asymmetry, Adverse selection.

Introduction

Service Quality is the most significant component in the system of external relations of every organization, and today it largely determines its competitiveness. The desire to manage relationships with customers leads to the fact that organizations have started to pay attention to the development and implementation of service standards. Reviewing standards of service quality as part of the corporate culture of the organization allows finding more effective approaches to its development and implementation. It is necessary from the many existing literature that health insurance is in the early stage of its development in India and as it grows it has to experience different kind of problems. Sometimes it may be similar to the problems of other nations and other states. There are chances that public companies may have to learn something from private companies and vice versa.
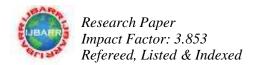
Service quality is a complex and dynamic construct, which has been the focus of a number of studies in the services marketing literature. Two schools of thought dominate this literature: the Nordic school of thought and the North American school of thought. Specifically, the Nordic school of thought is based upon Gronroos (2005) two-dimensional model while the North American school of thought is based upon Parasuraman et.al (1985) five-dimensional Serv Qual model. Other significant conceptual and empirical studies in this research stream suggest that service quality is comprised of service product, service environment, and service delivery, or consists of interaction quality, physical environment quality, and outcome quality (Karatepe)

Significance of the Study

Customers do not buy goods or services, they buy the benefits goods and services provided them with. They buy offerings consisting of goods, services, information, personal attention and other elements. Policyholders are lifeblood of any insurance organization, and without them, a firm has no revenues, no profits, and therefore no market value. To satisfy its customers, the company must listen and accept their feedback and improve the services if it needed to be so. Health insurance products are offered in different forms and the market is evolving slowly by experiencing many changes according to the variations of requirements and changing dimensions of the demand. Academic interventions and market researches of different nature will help the industry to perform well and grow quickly by covering more and offering better products and excellent services.

The Research Problem

Health insurance market is the fastest growing segment amongst the service industry in the state of Kerala. Mix of products offered by Government, employers, community organisations and commercial health insurance companies are working together in the market to meet the different insurance needs of the people. Different components like policy reforms, government interventions, competitions between the companies, market practices of the companies and service quality dimensions decides the expansion or contraction of the segment. The sector is growing but the magnitude is not up to the improved per capita income and increasing health care expenditure in the country. As most of the population in the State depends on commercial health insurers the service quality dimension of different companies are studied in this paper to find out its relevance and scope in ensuring better products in the health insurance.

Objectives of the Paper
The objectives of the present paper are
1. To identify the problems in the marketing of health insurance products in Kerala.
2. To examine the relevance of service quality in addressing the problems in health insurance marketing.
3. To understand the difference between the public and private health insurance companies in offering service quality.
4. To suggest measures to improve the general atmosphere in the health insurance market.

The Scope of the Study
The scope of the study is confined to the service quality of health insurance companies in the State of Kerala. The health insurance companies in the state include general insurance companies, life insurance companies and standalone health insurance companies. It includes both public sector and private sector companies. The study intends to know the unfulfilled customer needs and the role of service quality in improving the business of the company. The companies were selected on the basis of their market share and their coverage in the state of Kerala. Service quality of the companies as measured through the dimensions like reliability, assurance, responsiveness and professionalism in this study. The study is conducted among the individual customers of health insurance policies in the state of Kerala.

Methodology and Database
The method of the study is descriptive in nature based on both secondary and primary data. The sampling method followed is stratified random sampling. The primary data is collected through pre-tested interview schedule. The service quality scale has 19 statements having 4 dimensions of service quality. All the statements were positively worded except the question No. 19 (which is in reverse order). Respondents were asked to mark on the five point scale ranging from highly agree to highly disagree (**5. Highly Agree, 4. Agree, 3. Neutral, 2. Disagree, 1. Highly Disagree**) Apart from the above, personal interviews and discussions were also made with leading public and private sector insurance executives and hospital officials. The secondary data is gathered from the books, various articles from journals, reports of various international and Government agencies and other valid online sources.

Data were collected between January 2016 and June 2016 personally by the researcher. Interview schedule focused on the demographic profile of the respondents, service quality dimensions studied through aspects like Reliability, Assurance, Responsiveness and Professionalism. Primary data is collected by employing the method of undisguised personal interview. The data have been analysed by using percentages, cross tabulation, averaging and standard deviation.

Review of Literature
1. Priya Kapoor & Nupur Anand (2011) the article discussed the issue of no claim bonus. The bonus is provided to the existing insured if the insured has not availed any claim in the year of policy. Many people tolerate bad service from their health insurers because they don't want to lose out on the benefits of the existing policy if they move to another company. So far, switching insurers has meant that you are considered a new customer and have to go through the requisite waiting period of one to three years after buying the policy in order to cover your pre-existing diseases. The health insurance portability has helped to reduce the problems in this front but still there need more transparent measures in this direction. Soon medical insurance holders will have the flexibility to switchover to another company, thanks to the guidelines for portability of health insurance policies issued by the Insurance Regulatory and Development Authority recently.
2. Bhat (2012) conducted a study on claim settlement process of insurance companies in the country. More focus is given on the time taken for the settlement of claims. The background of the study derives on the reason that time taken for claim settlement has a direct bearing on better health insurance penetration. The article state that insurance companies took on an average 121 days to settle the claim. IRDA's proposal to ensure payment settlement within 7 days is highly ambitious. It also suggests the formation of a monitoring committee and customer grievance mechanism to ensure the compalaince of the timeline.
3. Dr. R.Kavitha, (2012) studied the role of service quality in the hospitals to understand the customer loyalty towards the hospitals. In today's highly competitive situation, hospitals are increasingly realizing the need to focus on service quality as a measure to improve their competitive position. In this research paper, the researcher presents a service quality study undertaken in two hospitals in Salem city. In the report the SERVQUAL questionnaire was used for measurement of Gap 1 Viz., difference between management's perception of patients' expectations & patients' expectations. An analysis covering a sample of 400 patients and 50 doctors revealed that a gap between managements' perception about patients' expectations and patients' expectations of service quality exists.
4. Aanchal Aggarwal1, Nupur Kapoor and Anchal Gupta (2013) the article examines innovations in the health insurance sector in India and the service quality of insurance companies. The prominent challenge faced by the insurance industry in India as per the study is the lack of product innovation. The study found that as the health

insurers focus on the immediate challenge of developing India's health insurance market profitably the long term growth is affected. For the Indians the health insurance is the need of the hour. Many International companies like prudential, Allianz, AIG have expanded their operations in the Indian market years and established local operations by seeing the opportunities in the Indian market. The government is also encouraging growth in the sector, creating a high number of compelling opportunities, such as developing new infrastructure, expanding the reach of healthcare to remote areas via Information Communication Technology and providing innovative medical equipment solutions.

The studies examining the comparative presence and effectiveness of public and private sector companies in health insurance marketing have not been addressed properly in the state of Kerala. Hence there is a research gap and the study is meant to fill the gap.

Service Quality- the Concept
According to Parasuraman et al. (1991), companies can ensure their competitive advantage by using the technology for the purpose of enhancing service quality and gathering market demand. For decades, many researchers have developed a service perspective (Zeithaml, 2009, Ramsaran and Fowdar, 2007). Chang (2008) describes that the concept of service quality should be generally approached from the customer's point of view because they may have different values, different ground of assessment, and different circumstances. Parasuraman, Zeithaml and Berry (1990) mention that service quality is an extrinsically perceived attribution based on the customer's experience about the service that the customer perceived through the service encounter. According to the work of Kumra (2008), service quality is not only involved in the final product and service, but also involved in the production and delivery process, thus employee involvement in process redesign and commitment is important to produce final tourism products or services.

Another research study on service quality is presented by Gronroos (2007) who focuses on a model that is a comparison between customer expectations of the service and their experience of the service they have received before. This model is named "total perceived service quality". As he emphasizes on what customer is really looking for and what they evaluate, the service quality is based on two dimensions. The first dimension is the technical quality and this dimension refers to the outcome, what is delivered or what the customer gets from the service. The next dimension is the functional quality which refers to the manner in which the service is delivered or how it is delivered. Both dimensions affect the corporate image and the perception of quality in various ways. According to total perceived service quality model, perceived quality of a service is not only affected by the experiences of the quality dimensions that the consumer used for evaluating whether quality is perceived as good, neutral, or bad. It is al also affected by the perceived quality of given service as well as the outcome of the evaluation process.

Different Perspective of Service Quality
The word quality means different things to people according to the context. Lovelock and wirtz (2007) mention that David Garvin identifies five perspectives on quality.
1. **The transaction view** of quality is synonymous with innate excellence: a mark of uncompromising standards and high achievement. This viewpoint is often applied to the performing and performing of visual arts. It is argued that people learn to recognize quality only through the experience gained from repeated exposure and managers or customers will also know quality when they see it is not very helpful.
2. **The product based approach** sees quality as a precise and measurable variable. Differences in quality, it is argued, reflect differences in the amount of an ingredient or attribute possessed by the product or service. Because this view is totally objective, it fails to account for differences in the tests, needs, and preferences of individual customers or even entire market segments.
3. **User based definitions** starts with the premise that quality lies in the eyes of the beholder. These definitions equate quality with maximum satisfaction. This subjective, demand oriented perspective recognizes that different customers have different wants and needs.
4. **The manufacturing based approach** is supply based and is concerned primarily with engineering and manufacturing practices, quality is also operation driven.
5. **Value based definitions** define quality in terms of value and price. By considering the trade off between perception and price, quality comes to be defined as "affordable".

In the study described by Gronroos (1983) ten determinants of service quality was identified: *Reliability* that is connected to the consistency of performance and dependability. Here it is determined if the company give the service in the right way the first time and keeps to its promises. Responsiveness: This factor concerns to what extent the employees are prepared to provide service. This involves factors such as mailing a transaction slip immediately, calling a customer back in short time and giving prompt service. Competence: Competence is connected the knowledge and skills of contact personnel, operational support personnel (and also research capability) that are needed for delivering the service.

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Access: This factor is connected to the approachability which means for example if the operating hours are convenient, the location of the facilities are convenient, the waiting times are short and also easy access by telephone. Courtesy: This factor involves politeness, respect, consideration, friendliness of contact personnel (including receptionists, telephone operators and so on). Communication: This is about keeping the customer informed in a language they can understand and also listen to the customer. The company may have to make some adjustments in order to include foreign customers.

Credibility: Factors such as trustworthiness, believability and honesty are included. It means to the level the company has the customer's best interest at heart. Factors that affect the credibility are the company name, reputation, personal characteristics and the degree to which the hard sell is connected to interactions with customers. Security: Security means freedom from danger, risk or doubt. Factors included are: physical safety, financial security and confidentiality. Understanding the customer: This is about making an effort to understand the customer which involves learning about specific requirements, providing individualized attention and recognizing also the regular customer. Tangible: they include physical aspects of the service such as physical facilities, appearance of personnel, tools or equipment that is used to provide the service, physical representations or other customers in the service facility.

Problems of Health Insurance in India
Insurance is a complex business neither buyer nor seller appear to have much information as they need. By going through some of the problems in the Indian insurance market information problems are prominent and needs immediate attention by the policyholders. Information problems are Asymmetric Information Problem arises when one party to a transaction has relevant information that the other does not have. Asymmetric Information Problems drive most insurer operations and also are the bane of most life and health insurance customers driving much of the regulation in insurance. Three types of other such problems exist namely:
   a). Lemons problems
   b). Adverse selection problems
   c). Moral hazard problems
   a. **Lemons problems**: Lemons problem is where the insurance customer knows less than the seller, about the seller and its products. This happens because of the basic nature of health insurance contract that makes a present promise of future performance on the occurrence of stipulated events. The lemons problem for insurance customers acts as the basis for the majority of insurance regulation. Insurers and their representatives mostly agents have little incentive to disclose adverse information to potential customers because doing so will affect their sales. Hence government intervenes to rectify these unequal positions between insurance buyer and seller by making certain disclosures mandatory, by monitoring insurer's financial condition and by regulating and controlling insurer marketing practices.
   b. **Adverse selection problem:** This arises when the buyer knows more than the seller about his or her own condition. This is the most prominent problem faced by insurers worldwide and is the main reason why insurers seek such extensive information about the proposed insured. Insurance company collects as much information as possible about the insured to assess the loss potential of the insured. This extensive information helps them to charge equitable prices that reflect the expected value of the proposed insured's loss. The price charged will be fair to the proposed insured and to others in the insurance pool; hence the premium one pays is based on their potential loss. If some insured are able to secure a price that is lower than the expected value of their losses, they impose costs on other insured's and cause a distortion of pricing. Adverse selection can cause the insurance mechanism to break down altogether as evident in many cases. The major challenge for insurers is to obtain sufficient information to assess insurability and this has to be done without incurring unwarranted expense. The adverse selection problem is another reason for the private insurers to refuse certain insurance offers which further affecting the customer satisfaction and customer retention.
   c. **Moral hazard problems**: Moral hazard problem is the tendency of individuals to change their behaviour because of insurance; this is critical information problem for insurers especially in health insurance. The insured may select a multi-specialty hospital and undergo unnecessary medical tests and extend their stay in the hospital just because they have medical insurance. One of the major tasks of claims settlement department is to discourage and identify incidents of moral hazard. This may sometimes be practiced with the help of hospitals too. A humble attempt is done in this study to understand the role of hospitals in this regard.

The Results and Discussions
The Reliability of the scale has been tested and resulted with a Cronbach's alpha. According to Bryman (2004, P.72) the figure 0.70 is typically treated as a ruler of thump to denote an acceptable level of internal reliability. The result is shown in table 1.

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Table 1- Reliability Statistics

Number of statements	Cronbach's Alpha
19	.784

Table 2- Premium paid per year

	Frequency	Percent	Valid Percent	Cumulative Percent
Less than 5000	152	39.0	39.0	39.0
5001-10000	144	36.9	36.9	75.9
More than 10000	94	24.1	24.1	100.0
Total	390	100.0	100.0	

Among the total number of respondents 39.0 percent pays an annual premium below Rs 5000, Rs 36.9 percent pays premium 'between' 5001-10000, 24.1 percent pays a premium of more than Rs 10000.earns annual income between above 900000.

Table 3- Type of policy People Prefer

		Frequency	Percent	Valid Percent	Cumulative Percent
	Individual Health Plan	85	21.8	21.8	21.8
	Family Floater Scheme	269	69.0	69.0	90.8
Valid	Group Health Insurance	9	2.3	2.3	93.1
	Senior Citizens' Plan	27	6.9	6.9	100.0
	Total	390	100.0	100.0	

Table shows that companies can focus on family floater policies as they are more preferred by the customers in the state of Kerala**.**

Table 4- Factors considered for buying a health insurance policy

		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
	Premium	71	18.2	18.2	18.2
	Disease covered	47	12.1	12.1	30.3
	Hospitals covered	56	14.4	14.4	44.6
	Agent advice	42	10.8	10.8	55.4
Valid	Company services	33	8.5	8.5	63.8
	Family income	37	9.5	9.5	73.3
	Tax savings	39	10.0	10.0	83.3
	Future safety	65	16.7	16.7	100.0
	Total	390	100.0	100.0	

The people considers premium charged by companies before buying the policy. Future safety is also equally considered by the people. It is an indication that the market is growing but it depends on the amount of premium fixed by the companies. People are price conscious in health insurance.

Service Quality Measurement

Table 6- Reliability

Type of the company		Provision of the required information about the policy	Pointing out the best choice for me	Confident when purchasing a policy from this company	The Company's promises are reliable	consistency in providing quality services
Public sector	Mean	3.67	2.90	3.06	2.91	2.57
	N	195	195	195	195	195
	Std. Deviation	1.078	1.210	1.182	1.222	1.111
Private sector	Mean	2.62	2.56	2.42	2.34	2.28
	N	195	195	195	195	195
	Std. Deviation	1.260	1.070	1.134	1.088	1.105
Total	Mean	3.14	2.73	2.74	2.63	2.43
	N	390	390	390	390	390
	Std. Deviation	1.284	1.153	1.201	1.191	1.117

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The table deals with the mean and standard deviation on the reliability dimension of service quality received by policy holders of the insurance policy. It is seen that in most cases policy holders are not agreeing with the reliability dimension in the service quality. While comparing the public and private, public sector companies are more reliable in comparison to private sector companies. Hence it is advisable to give more focus on this dimension.

Table 7- Assurance

Type of the company		feel that I can always trust this company	The company follows the motto " customer is the king"	Sincere commitment in servicing The claims	The company deserves recommendation	Company gives more importance to the satisfaction of customers
Public sector	Mean	2.45	2.31	2.25	2.34	2.36
	N	195	195	195	195	195
	Std. Deviation	1.056	1.073	1.042	1.102	1.062
Private sector	Mean	2.32	2.40	2.45	2.25	2.39
	N	195	195	195	195	194
	Std. Deviation	1.090	1.072	2.291	1.027	1.073
Total	Mean	2.38	2.35	2.35	2.29	2.37
	N	390	390	390	390	389
	Std. Deviation	1.074	1.072	1.780	1.065	1.066

The table deals with the mean and standard deviation on the assurance dimension of service quality received by policy holders of the insurance policy. It is seen that in all the cases policy holders are not satisfied with the assurance dimensions. Public companies are fairly good in trust and recommendation, while private companies are comparatively good in customer focus, sincerity and importance to customers. Hence it is advisable to give better strategies on this dimension.

Table 8- Responsiveness

Type of the company		Tries to understand The specific needs	The company actively responds to The inquiries	The company timely informs about the new offers	Informs me as and when my policy becomes due	Information provided is always accurate
Public sector	Mean	2.35	2.92	3.22	3.24	2.74
	N	195	195	195	195	195
	Std. Deviation	1.190	1.335	1.314	1.239	1.121
Private sector	Mean	2.45	2.95	3.02	3.24	2.96
	N	195	195	195	195	195
	Std. Deviation	1.215	1.217	1.450	1.377	2.247
Total	Mean	2.40	2.94	3.12	3.24	2.85
	N	390	390	390	390	390
	Std. Deviation	1.202	1.276	1.385	1.308	1.777

The table deals with the mean and standard deviation on the responsiveness dimension of service quality received by policy holders of the insurance policy. It is seen that in all the cases policy holders are fairly satisfied with the responsiveness dimensions. Private companies have good focus in responding to various requirements of the customers. Hence it is advisable to private sector to improve a little and public sector to emulate the private sector companies.

Table 9- Professionalism

Type of the company		Provision of correct information about the service charges	Timely informs any new Government Regulations	I never felt any communication problem from the company	The company tries to avoid conflicts
Public sector	Mean	2.58	2.52	2.48	2.41
	N	195	194	195	195
	Std. Deviation	1.161	1.280	1.967	1.013
Private sector	Mean	2.72	2.72	2.65	2.66
	N	195	195	195	195
	Std. Deviation	1.353	1.229	2.448	2.567
Total	Mean	2.65	2.62	2.56	2.53
	N	390	389	390	390
	Std. Deviation	1.261	1.257	2.219	1.953

The table deals with the mean and standard deviation on the professionalism of service quality received by policy holders of the insurance policy. It is seen that in all the cases policy holders are not satisfied with the professionalism. It is high time for

all the types of companies to be professional by changing the work culture and also by increasing the investments in human resource of the companies.

Major Findings
The fixation of premium is very significant and from this study it is clear that people are not willing to pay huge amount as premium. As the market is in the growing stage it is necessary to adopt a market penetration strategy. As majority of the people prefers family floater policy companies can introduce different kinds of such policies without keeping limits on the number of family members and sub limits in the policy. It is found that policy holders are not satisfied with the reliability of the services offered by the companies. Public sector companies are more reliable in comparison to private sector companies. Policy holders are not satisfied with the assurance dimensions also.

Customers have a feeling that many times assurances are not meat by the companies. Responsiveness is the only dimension where the customers are fairly satisfied in comparison to other dimensions. Private companies have good focus in at least responding to various requirements of the customers. It is seen that in all the cases policy holders are not satisfied with the professionalism. It is high time for all the types of companies to be professional by changing the work culture and also by increasing the investments in human resource of the companies.

Conclusion
Better service quality can surely helps the insurance entities to increase its business and it has a direct connection with the many number of problems existing in the insurance industry today. The problems like information asymmetry can be solved by incentivising the intermediaries through proper mechanisms and also by penalising the non disclosures. Adverse selection problem can be tackled by a professional approach by the companies. Moral hazard can be reduced only by being reliable to the demands of the customers and keeping proper liaison with the network of hospitals. As health insurance is assuming greater role and importance, it is time for the regulator to design and execute a frame work for operating the health insurance schemes. IRDA may have to evolve mechanism so that the private insurance companies do not skim the market by focusing on upper and middle class clients and in the process neglect a major section of India's population.

Commercial health insurance players' especially private players will redefine their core competencies with consumer-centric themes. To cater to a diverse population, healthcare entities need to calculate risk and subsequently position products and policies through an effective under-writing process to the exact needs of the population segments. It is necessary for all the stakeholders especially the government and prominent players to come together to drive a few key initiatives that will form the buildings blocks and take the industry in the desired and expected direction.

References
1. Aanchal Aggarwal,Nupur Kapoor & Anchal Gupta (2013), *Health Insurance: Innovation and Challenges ahead*, Global Journal of Management and Business Studies,pp 28-34.
2. Bhat, Ramesh & Reuban, Elan (2012), *"Management of claim and reimbursements: the case of mediclaim insurance policy"*, Helponet, Vol 27,No 4, pp.16-28.
3. Edvardsson, B., 1996*, "Making Service Quality Improvement Work",* Managing Service Quality, Volume 6(1), P. 49-52. Priya Kapoor & Nupur Anand (2011), Health insurance portability: how to switch your health insurer September 26, Economic Times Bureau.
4. Fisher, C, 2007*," Researching and Writing Dissertation: A Guild Book for Business Students"*, Pearson Education Limited, England, P.359.
5. Gronroos, C, 2007, *"Service Management and Marketing: Customer Management in Service Competition"*, 3rd Edition, John Wiley & Sons Ltd., England, P. 483.
6. Kavitha, (2012), *Service Quality Measurement in Health Care System- A Study in Select Hospitals in Salem City, Tamil Nadu* , IOSR Journal of Business and Management (IOSRJBM) ISSN: 2278-487X Volume 2, Issue 1, pp. 37-43.
7. Kumra, R., 2008, *"Service Quality in Rural Tourism: A Perspective Approach"*. Conference on Tourism in India-Challenges Ahead, Idia, P. 424-431.
8. Lovelock Christoffer & Wirtz Jochen, 2007, *Service Marketing- People, Technology, Strategy*, Pearson Prentice Hall
9. Oliver RL, 1993, *"A conceptual model of service quality and service satisfaction: Compatible goals, different concepts"*, Advances in Service Marketing management, Volume 2, P. 65-85.
10. Parasuraman, A., Zeithaml, V. A., & Berry, L. L, (1988), *"SERVQUAL: A multiple item scale for measuring consumer perceptions of service quality",* Journal of Retailing, Volume 64(1), P. 12-40.
11. Zeithaml, V. A., 2009, *"Service Quality, Profitability, and the Economic Worth of Customers: What We Know and What We Need to Learn"*, Journal of Academy of Marketing Science, Volume 28(1), P.67-85.
12. Karatepe, M. 2013. *Service Quality, Customer Satisfaction and Loyalty: The Moderating Role of gender*.http://www.questia.com/library/1G1-267133418/service-quality-customer-satisfaction-and-loyalty. Accessed on 28 August 2013.