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# Customers' Grievances and Redressal Mechanism in the Indian Health Insurance Industry - An Analysis

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## ARTICLE DETAILS

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## ABSTRACT

Health insurance plans, being a complex financial product, needs a lot of understanding, awareness and updating among customers. Towards the end of March 2017, there are 29 General insurance players functioning in India; of which 4 are Public players, 17 are Private players, 2 specialized insurers and 6 are health insurance players absolutely doing health insurance business. The four public sector companies contribute 47% to the industry and the outstanding part is covered by the 17 private sector companies and 2 specialized insurers in 2016-17, and the share of the Health segment is 27%. Customer satisfaction is the key hole and customer retention is the critical and the main desire of every service oriented organization. Due to some fraudulent unethical practices by some of the Insurers in India, customer dissatisfaction and grievance are on the rise. The authorities are trying to create awareness among customers and to curb such unholy practices. So, an execution of the well-equipped Customer Relationship Management (CRM) and Grievance Redressal policy will support the companies to speedily raise the satisfaction and loyalty of customers. In order to remove various hurdles faced by the customers, the Insurance Regulatory and Development Authority (IRDA) issues guidelines regarding Grievance Redressal to the insurers. This study is diagnostic and exploratory in nature and essentially makes use of primary and secondary data. The study provides the details of the awareness regarding the grievances settlement operations, causes of dissatisfaction among customers, various measures taken to resolve the issues and data related to grievances in the health insurance industry. The study suggests that the health insurance industry need to create awareness among the customers with respect to redressal of their grievances and the policy holders need to be more alert while obtaining Health insurance products.

## 1. Introduction

The economic amelioration originated in the early 90s concrete the mode for the development and opening up of the financial sector, which directed to a continued era of economic magnification. The entrances of the insurance industry were liberating for private players in the year 2000, and have seen surprising progress over the past decade with the entry of global insurance companies. As the companies understand the customers very well, the expenses or efforts incurred for settlement of grievances were easy and they never come gain with complaints. When new players are entering with innovating products into the market, they have to concentrate more into Customer Relationship Management. (Amarpreet Singh Ghura and Shradha M. Bhome, 2004). In order to ensure customer loyalty and profitability insurer should focussed on redressal of customer grievances. In service oriented industries, redressal of customer grievances are more essential. In fact, customer grievance redressal by companies is an effective technique of self-regulation, which is advantageous not only for the customers but also for the company.

In order to better serve the interests of the customer and to settle their disputes, Consumer Council and other authoritative mechanism are also being established. In an insurance industry, the Consumer Affairs Department of IRDA handles policyholders' (insurance consumers) grievances. The

Grievance Cell looks into the complaints from policyholders against life and non-life insurance companies.

### - 'Grievance/Complaint'

A "Grievance/complaint" means any form of communication that states discontent about an act or lack of act, about the standard of service/shortage of service of an insurance company and/or any middleman or asks for corrective action. (Source: IRDA Guidelines for Grievance Redressal by Insurance Companies). In other words, Grievance may be the displeasure arisen due to dearth of service provided to the customer by the insurance company or its representative. Grievances are clearly distinguished from investigations and desires. In this Era of large volume of insurance transactions and huge customer size, the major difficulties faced by every insurance company is rising number of policyholder grievances. (R. K. Yadav, S. Mohania, 2013).

Grievance in health care means a complaint about the way in which medicare health plan gives attention. According to the Managed Care Reform Act, all decisions apart from the decision denying claims for services on the grounds that the services are not "medically necessary" can be challenged and also the denials of referrals to specialists and denial of services on the grounds that they are not protected under a patient's insurance contract, on facing any grievance on calling the plan and when a staff person at the plan behaves in an hopeless mode. (www.uslegal.com)