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Factors Influencing Portability of Health Insurance Policy: A Study in Mumbai City

This study attempted to explore the factors which influence portability of indemnity-based health insurance policies. The researcher used a descriptive research design and collected primary data by surveying 385 Mumbaiker respondents who opted for health insurance policies in Mumbai city. The five portability related factors identified were (i) service quality, (ii) inadequate coverage, (iii) claim related issues, (iv) customization of cover, and (v) lower premium. The most important factor influencing the choice of portability was service quality, followed by inadequate coverage, claim-related customization of cover and lower premium. It was assumed that these five factors should be considered by health insurers who can ensure to retain their policyholders and render the desired customer service promptly and efficiently.

Keywords: Portability – Service Quality – Coverage – Premium – Claim

1. Introduction

Health insurance provides coverage for medical emergencies such as illnesses and accidental injuries. Health insurance pays for hospital bills, consultation fees, and medicines, etc. Choosing the right health insurance plan for self and family may be time consuming because you have to compare the offerings of different health insurers with reference to coverage, premium, exclusions, policy bindings, and reviews, etc. However, due to the changing lifestyles, your policy may not be adequate to meet your needs in the current context, and, this can result in disappointment and frustration. There could be several factors resulting in dissatisfaction with your current insurance policy or with your

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health insurer and you may feel the need and urge to change your health insurance provider. Hence, the Insurance Regulatory and Development Authority (IRDAI) has in the year 2011 introduced the option of portability of health insurance policies to meet the specific needs of policyholders.

Portability is the right given to health insurance policyholders (including family floater policy) to shift their policies from one insurer to another insurer along with transfer of credit gained for pre-existing conditions and time-bound exclusions. Porting is nothing but carrying over of your current sum insured, accumulated no-claim bonus, current insured members, waiting period of covered pre-existing diseases, waiting period of covered specific diseases, and waiting period of maternity benefit (Jadhav, 2022). This study will attempt to find out factors which influence portability of indemnity-based individual health insurance policies, including family-floater policies by knowing the opinions of health insurance policyholders on factors which can facilitate portability of their 'current' health insurance policies. The variations of the policyholder's perception on factors influencing portability will provide a useful insight to the insurers selling health insurance.

2. Scope and Significance of Study

The scope of this study is limited to policyholders of individual health insurance including family floater policy of those who reside in Mumbai City. This study attempts to find out various factors which influence policyholders' decision to port their individual health insurance policy including family floater policy. The study is expected to enable health insurers to incorporate various portability related factors in their service to policyholders. This will help insurers to retain the health insurance policyholders and prevent them from being ported to other health insurers.

3. Research Objectives

- To identify the various factors influencing health insurance policyholder's choice for portability of health insurance.
- To study the perception of gender on factors influencing choice for portability of health insurance.

- To compare the perceptions and factors influencing the choice for portability of health insurance policyholders who have claimed and those who have not claimed for portability of health insurance.

4. Literature Review

Marisha Bhatt (2023), in the on-line study titled, “Health Insurance Portability in India: All You Need to Know About It”, has discussed health insurance portability and its prime importance and need. The author believes that primary need for health insurance portability was to give an option to policyholders to choose between upgraded plans meeting their needs and budget. The author further mentioned that there are several factors that are to be considered before opting for health insurance portability, such as claim settlement ratio, customer service, waiting period, coverage, premium to be paid, and additional benefits. The author further mentioned the rules for health insurance portability framed by IRDAI. Finally, the author concluded by reviewing the pros and cons of health insurance portability prior to opting for it.

Story Tailors (2022) in the online study, “Pros and Cons of Health Insurance Portability : when and how to port”, published on CNBC TV 18, explained health insurance portability and mentioned the reasons for porting, such as the insurer not delivering the promised quality of service, slow claim settlement; another insurer offering better services for the premium that the policyholder is paying for the existing policy. The author further mentioned other advantages of health insurance portability, such as policyholders getting existing benefits at lower prices, existing sum insured and no claim bonus getting added to the accrued bonus and also allowing the policyholder to choose alternate insurer offering better terms and faster claim settlements. Finally, the author also mentioned the disadvantages of porting, such as policyholders can port only similar types of health policy, and, at times the insureds have to pay higher premium for enjoying the additional benefits which nullifies the deemed monetary benefit from porting.

Aakansha Jain (2022) in the online study, “Key Things to Know while Porting or Migrating your Health Insurance Policy”, explains the difference in migration and portability in health insurance policy. The author mentions that migration enables you to shift your existing health insurance policy to a similar policy with the same insurer. On

the other hand, portability is the transfer of your current health insurance policy to a plan with another insurer. For portability, policyholder must inform the insurance company 45 days prior to the renewal date. On the other hand, for migration, policyholder must inform the insurance company 30 days prior to the renewal date. The author is of the opinion that migration and portability might look easy on paper but they both are complicated and at times not feasible and beneficial.

Teena Jain Kaushal (2022), in the online study, “Here's why more people are now porting their health insurance policies”, published in Business Today mentioned that insurance portability is affected when a policyholder switches the insurance policy from one service provider to another with no loss of benefits accrued in the existing policy. The author mentioned that covid pandemic had made more people aware of the need to have adequate coverage, better beneficial features and seamless customer services which led more people to port their health insurance policies during covid times. There has been a rise in portability after IRDAI came up with a standardized portability process which allowed the insured to carry forward benefits such as waiting period waiver. The author further mentioned that once the new insurer receives application for portability, the company has the right to accept or reject the portability application. The author concluded that policyholders must carefully assess the pros and cons of switching their health insurance policy so that they can get better and broader coverage than their existing health insurance policy.

Priyadarshini Maji (2022), in the online study “Key advantages and disadvantages of switching your health insurance policy”, mentioned that to protect consumer's interest, IRDAI allowed portability of health insurance policies. The author mentioned that portability is the right given to individual health insurance policyholders to shift their health policy to another insurer with the transfer of credit gained for pre-existing conditions and time-bound exclusions. The author believed that portability can be helpful when policyholders are dissatisfied with policy servicing, when there is lack of transparency in policy clauses or conditions, and, when better and competitive offering in terms of policy features are assured. However, the author mentioned that portability is limited to provide cover to only similar risks. The author concluded that portability has no additional cost involved because the policyholder pays only the premium opted for.

Ketki Jadhav (2022), in the online study, “Here's How to Port Your Health Insurance for Better Benefits,” mentions that porting is nothing but porting your current sum insured, accumulated no claim bonus, current insured members, waiting period of covered pre-existing diseases, waiting period of covered specific diseases, and the waiting period of maternity benefit. The author mentioned that policyholder should port if there is poor customer service, hidden terms and unfavourable conditions, slow claim settlement, higher premium, additional cover requirement, and if the new insurance policy has a better value by way of overall policy offerings. The author further mentioned the limitations of portability of health insurance policy such as policy can be ported only at the time of renewal; portability is allowed only across similar policy types, added benefits or coverage that will result in higher premium, and losing certain benefits when porting for lower premium health insurance policy.

Deepak Upadhyay (2021), in the online study, “Porting your health insurance policy? Key Things to Know”, published in Mint, mentions that sometimes policyholders are not satisfied with the current health insurance policy because existing insurance company is charging more premium but providing less service than the competitor/s. In such cases, the author mentions that policyholders can port their health insurance policy just like they port their mobile numbers. The author mentions that porting credits on time-bound exclusions and no-claim bonus is allowed, but it is important to note that the features of your existing policy are not portable. The author mentions that policyholders should apply for portability at least 45 days prior to the expiry of current policy.

Deepak P. Singh (2021), in the online study, “Some Facts Related to Portability of Insurance Policies”, mentioned that portability is the right given by insurance regulator – IRDAI – to port your insurance policy from one insurance company to another company. The author mentioned that if the policyholder is young with clean medical history, then it is advisable to port the policy. However, if the age is above 45 years and no clean medical history, there may be chances that portability application will be rejected. The author also mentioned that during the portability period, policyholder continues to be insured with the existing insurance company. It is to be noted that coverage with a new insurer will start only from the acceptance date of the proposal by the new insurance company. The author advised the applicant to act in advance so as not to lose your existing insurance coverage in transition.

Navneet Dubey (2020), in the online study, “IRDAI makes it easier for you to port your health insurance policy to a different insurer”, published in the Economic Times mentions about the IRDAI circular in which portability is offered as the right given to individual health insurance policyholders for transferring the credit gained for pre-existing conditions and time-bound exclusion from the existing insurer to the new insurer. The author mentions that in 2011, the definition of portability had the break in policy clause which “occurs when the premium due on a given policy is not paid on or before the premium renewal date or within 30 days thereof.” However, the latest definition of portability has removed the break in policy clause. The author explains that, if the policyholders had deferred or missed premium payments with the current insurer, policyholders can still port their health insurance policy easily to a different insurer.

NDTV Profit Team (2017), in their online study, “How to Port Your Medical Insurance Policy”, mentioned the advantages of porting a medical insurance policy. The author is of the opinion that the best part of porting was getting the benefit of 'continuity'. The author believes it was easier for young adults in comparison to senior citizens to port health insurance policy. However, the author mentioned that one should examine features of the new insurance policy with reference to the waiting period, co-payments, and permanent exclusions. The author, further clarified, that before porting, one must check the incurred claims ratio of the new insurer. The author concluded by mentioning that all applications for portability must be acknowledged by insurers within three working days as per IRDAI circular.

5. Research Methodology

The researcher surveyed 385 respondents who had health insurance policies in the city of Mumbai for primary data to know their opinions regarding factors influencing portability. It is to be noted that the minimum sample size is 384 for population above 10,00,000 (Krejcie & Morgan, 1970).

5.1 Research Design

The research design used was descriptive in nature and various factors were considered for understanding the reasons for portability.

5.2 Research Instrument

A survey questionnaire was prepared, based on the research objectives. The demographic details were asked, such as age, income, and education. The questions asked were about the factors that influenced the respondent-customer's need for portability. The respondents were asked to rate, based on the 5-point Likert-type scale, their responses, from : strongly agree (=5) to strongly disagree (=1). The data of demographic details was analysed using Microsoft Excel, and, SPSS was used for exploratory factor analysis, checking normality of data using One-Sample Kolmogorov-Smirnov Test, and the hypotheses framed were tested using Mann-Whitney U Test as the data was not normally distributed.

5.3 Sample and Data Collection

The present study has been conducted in Mumbai City in the state of Maharashtra. A non-probabilistic convenience sampling of 385 health insurance policyholders were done with respect to the reasons they would consider while porting their health insurance policies. The primary data was collected from policyholders through Google Forms of health insurance companies operating in Mumbai City. The period of data collection was from January to March 2024.

6. Data Analysis

The researcher used the Principal Component Analysis (PCA) to find out the health insurance policyholders' perception regarding when they will port their health insurance policies.

For reducing large number of variables to fewer underlying factors, a multivariate statistical method of PCA was used by the researcher. There were a total 19 perception statements related to portability in the main model of the researcher. These were reduced to 5 factors using PCA.

In order to find the appropriateness of using factor analysis using PCA, Bartlett test of sphericity and Kaiser-Meyer-Olkin measure (KMO) of sampling adequacy were used by the researcher.

As seen in the Table 1, Bartlett's Test of Sphericity is significant ($p < 0.001$). This means

that the variables are sufficiently correlated and suitable for factor analysis. Furthermore, KMO is 0.84 which is closer to 1 and indicates that variables have enough variance to justify factor analysis.

A total of 19 Statements were categorized into 5 factors. These 5 Factors had Eigenvalues greater than 1 using varimax rotation with Kaiser normalization. These Eigenvalues greater than 1 reflected the importance of a factor. Cronbach's Alpha is 0.878, which is highly acceptable.

Table 1: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.841
Bartlett's Test of Sphericity	Approx. Chi-Square	3296.087
	df	171
	Sig.	.000

Source: Primary Data SPSS Computation

Table 2 shows the communalities of the variables which represent the proportion of variance in each variable accounted for by the common factor. All the variables have communalities greater than or equal to 0.5 which means that variables have a substantial proportion of variances explained by the underlying factors. In other words, it indicates that 50% of the variance in that variable is explained by the extracted factors.

Table 2: Communalities of the Variable that Constituted Factors

Statements	Initial	Extraction
Inadequate Coverage for Domiciliary (at home) treatment	1	0.831
Higher Upper Limit on Hospital Room Rent	1	0.843
Inadequate Coverage for Day-Care	1	0.746
Inadequate Coverage for your specific age group	1	0.548
Specific Exclusions in Policy	1	0.688
No customization of riders	1	0.678
No customization of add-on covers	1	0.692
Lower Premium for same coverage	1	0.637

Lower Premium for better coverage	1	0.739
Slow Claim Settlement Process	1	0.567
Complex Claim Settlement Process	1	0.665
No Proximity to Network Hospital for Cashless Claim	1	0.666
No Proximity to Branch of Insurer for Claim Settlement	1	0.593
Lack of transparency by Insurer	1	0.5
Negative Reputation of Insurer	1	0.631
No Track Record of Consistent Service Delivery of Insurer	1	0.653
No Established Brand of Insurer	1	0.682
No Consistent Service Delivery of Health Insurance Intermediary	1	0.63
Poor Customer Service of Health Insurance Intermediary during claim	1	0.656

Extraction Method: Principal Component Analysis

Table 3 shows that 5 factors explained 66.545% of cumulative variance. The eigenvalues indicate the variance explained by each component or factor and eigenvalues greater than 1 are retained in the analysis. The reason for retention is that eigenvalues greater than or equal to 1 explains at least as much variance as one of the original variables. The most important factor is Component 1, which explains 31.586% of variance. This component is named as 'service quality' by researchers. The second important component is Component 2 which explained 13.931% of variance. This component is named as an inadequate coverage by researchers. The third important component is Component 3 which explained 8.915% of variance. This component is named as 'claim related' by researchers. The fourth important component is Component 4 which explained 6.287% of variance. This component is named as 'customization' of cover by researchers. The fifth important component is Component 4 which explained 5.827% of variance. This component is named as 'lower premium' by researchers.

Table 3: Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	6.001	31.586	31.586	6.001	31.586	31.586	3.624	19.073	19.073
2	2.647	13.931	45.517	2.647	13.931	45.517	2.844	14.966	34.040
3	1.694	8.915	54.432	1.694	8.915	54.432	2.392	12.589	46.629
4	1.195	6.287	60.719	1.195	6.287	60.719	2.010	10.577	57.205
5	1.107	5.827	66.545	1.107	5.827	66.545	1.775	9.340	66.545
6	0.747	3.933	70.478						
7	0.737	3.877	74.356						
8	0.708	3.724	78.080						
9	0.588	3.093	81.173						
10	0.512	2.696	83.869						
11	0.489	2.572	86.441						
12	0.452	2.379	88.819						
13	0.419	2.204	91.024						
14	0.380	2.000	93.023						
15	0.338	1.781	94.805						
16	0.307	1.618	96.422						
17	0.293	1.541	97.963						
18	0.236	1.244	99.207						
19	0.151	0.793	100.000						

Extraction Method: Principal Component Analysis

Table 4 shows the results of the Principal Component Analysis and also the correlation of the variables (test items) with the five factors (different groups), namely, (i) Service Quality, (ii) Inadequate Coverage, (iii) Claim related issues, (iv) Customization of Cover, and (v) Lower Premium. This rotated component matrix as seen in Table 4 provides a shorter summary of factor loadings after rotation. This helps to identify the meaningful factors by grouping together similar variables that share relationships or patterns.

Table 4: Results of Principal Component Analysis

Rotated Component Matrix ^a					
	Component				
	1	2	3	4	5
	Service Quality	Inadequate Coverage	Claim Related	Customization of Cover	Lower Premium
No Established Brand of Insurer	0.797				
No Track Record of Consistent Service Delivery of Insurer	0.788				
No Consistent Service Delivery of Health Insurance Intermediary	0.765				
Poor Customer Service of Health Insurance Intermediary during claim	0.745				
Negative Reputation of Insurer	0.735				
Lack of transparency by Insurer	0.635				
Inadequate Coverage for Domiciliary (at home) treatment		0.887			
Higher Upper Limit on Hospital Room Rent		0.886			
Inadequate Coverage for Day -Care		0.837			
Inadequate Coverage for your specific age group		0.551			
Complex Claim Settlement Process			0.793		
No Proximity to Network Hospital for Cashless Claim			0.772		
No Proximity to Branch of Insurer for Claim Settlement			0.703		
Slow Claim Settlement Process			0.647		
No customization of add on covers				0.792	
No customization of riders				0.743	
Specific Exclusions in Policy				0.729	
Lower Premium for better coverage					0.799
Lower Premium for same coverage					0.738

Extraction Method: Principal Component Analysis

Rotation Method: Varimax with Kaiser Normalization

a. Rotation converged in 6 iterations.

After identifying the 5 factors using PCA, the researcher checked whether these 5 factors

are normally distributed using one-sample Kolmogorov-Smirnov test. As can be seen in Table 5, the mean is zero. This is due to the fact that factor analysis follows the process of standardization to balance the factor scores for avoiding systematic bias towards negative or positive values. Furthermore, standard deviation is 1 which is due to the rescaling of the dispersion of factor scores to make it consistent across factors. However, it must be noted that factor scores cannot be normally distributed even when mean and standard deviation are 0 and 1, respectively, due to standardization. Hence, the researcher used One-Sample Kolmogorov-Smirnov Test to check normality of data. All the five factors, namely, service quality, claim-related issues, inadequate coverage, customization of cover, and lower premium do not follow the normal distribution pattern as the p-value in all the cases is less than 0.05. Hence, the researcher used non-parametric test of Mann-Whitney U-Test to compare the policyholders who have claimed and those who have not claimed.

Table 5: One Sample Kolmogorov-Smirnov Test

		Service Quality	Claim Related	Inadequate Coverage	Customization of Cover	Lower Premium
N		385	385	385	385	385
Normal Parameters ^{a,b}	Mean	.0000000	.0000000	.0000000	.0000000	.0000000
	Std. Deviation	1.0000000 0	1.0000000 0	1.0000000	1.0000000	1.0000000 0
Most Extreme Differences	Absolute	.109	.058	.099	.060	.047
	Positive	.053	.030	.049	.034	.046
	Negative	-.109	-.058	-.099	-.060	-.047
Test Statistic		.109	.058	.099	.060	.047
Asymp. Sig. (2-tailed)		.000 ^c	.004 ^c	.000 ^c	.002 ^c	.041 ^c

a Test distribution is Normal

b. Calculated from data

c. Lilliefors Significance Correction

Table 6 below shows the demographic characteristics of the 385 respondents of the survey. They were 46% males and 54% females. It is to be noted that 29% of the respondents belonged to the age group of 31-40 years. Furthermore, 61% of the respondents were graduates. Also 39% of the respondents earned between Rs 20,000 to 40,000 per month.

Table 6: Characteristics of the Respondent (Out of N=385)

Category	Sub-Category	Count	Percentage
Gender	Male	178	46%
	Female	207	54%
Age	20-30	64	17%
	31-40	112	29%
	41-50	68	18%
	51-60	60	16%
	61-70	46	12%
	71 and above	35	9%
Educational Qualification	Illiterate	0	0%
	Undergraduate	3	1%
	Graduate	236	61%
	Postgraduate	146	38%
Occupation	Service	204	53%
	Businessman	77	20%
	Retired/Pensioner	77	20%
	Others	27	7%
Monthly Income	Under 20,000	47	12%
	20,000-40,000	151	39%
	40,000-60,000	107	28%
	60,000-80,000	32	8%
	80,000 and above	48	12%

Source: Primary Data

Table 7 shows the health insurance policy details of 385 Respondents who participated in the survey. 67% of the respondents had the assured policy sum between Rs 5 to 20 lakh. 63.6% of respondents had a dedicated agent as their intermediary. 84.4% of the respondents never ported their policy and 56.9% had claimed their health insurance policy in the past.

Table 7: Health Insurance Policy Details (Out of N=385)

Category	Sub-Category	Count	Percentage
Sum Assured	< 5 lakhs	92	24%
	5 lakhs -10 lakhs	258	67%
	10 lakhs -20 lakhs	35	9%
Intermediary Name	Individual Agent s	245	63.6%
	Corporate Agent s –Bank s	137	35.6%
	Corporate Agent s – Not Banks	1	0.3%
	Insurance Marketing Firm s	1	0.3%
	Others	1	0.3%
Portability of Policy in Past	No	325	84.4%
	Yes	60	15.6%
Made Health Insurance Claim	No	166	43.1%
	Yes	219	56.9%

Source: Primary Data.

Table 8 below shows the names of health insurance companies whose 385 policyholders participated in the study.

Table 8: Health Insurance Company Details (Out of N=385)

Name	Count	Percentage
Niva Bupa Health Insurance	4	1.0%
Tata AIG General Insurance	16	4.2%
Aditya Birla Health Insurance	10	2.6%
Bajaj Allianz General Insurance	52	13.5%
Care Health Insurance Ltd	40	10.4%
Cholamandalam MS General Insurance	2	0.5%
Future Generali India Insurance	1	0.3%
HDFC ERGO General Insurance Company	38	9.9%
ICICI Lombard	30	7.8%
IFFCO TOKIO General Insurance	1	0.3%
Kotak Mahindra General Insurance	17	4.4%
Manipal Cigna Health Insurance Company Limited	1	0.3%
National Insurance Company	1	0.3%
New India Assurance	67	17.4%
Reliance General Insurance	1	0.3%
Royal Sundaram General Insurance	4	1.0%
SBI General Insurance	30	7.8%

Star Health and Allied Insurance	25	6.5%
The Oriental Insurance Company	11	2.9%
Universal Sampo General Insurance Company	34	8.8%

Source: Primary Data.

Hypothesis 1

- H0: There is no significant difference on mean rank of factors influencing portability based on gender.
- H1: There is significant difference on mean rank of factors influencing portability based on gender.

As evidenced in Table 9, the five identified factors were tested using Mann-Whitney U Test, namely, for service quality, inadequate coverage, claim related, customization of cover, and lower premium to check whether perception related to portability is different based on gender.

Table 9: Testing of Hypothesis through Mann-Whitney U Test Ranks

Factors Tested	Gender	N	Mean Rank	Sum of Ranks	Mann - Whitney U	Asymp. Sig. (2-tailed)	Accept or Reject Hypothesis
Service Quality	Male	178	198.10	35262.00	17515	0.404	Fail to reject Null Hypothesis in all cases as p-value is greater than 0.05
	Female	207	188.61	39043.00			
	Total	385					
Inadequate Coverage	Male	178	192.57	34277.00	18346	0.9436	
	Female	207	193.37	40028.00			
	Total	385					
Claim Related	Male	178	186.77	33245.00	17314	0.3084	
	Female	207	198.36	41060.00			
	Total	385					
Customization of Cover	Male	178	194.15	34558.00	18219	0.8514	
	Female	207	192.01	39747.00			
	Total	385					
Lower Premium	Male	178	191.98	34172.00	18241	0.8672	
	Female	207	193.88	40133.00			
	Total	385					

Source: Primary Data SPSS Computation

As seen in the above Table 9, it can be said that there is no significant difference on mean rank of factors influencing portability based on gender.

Hypothesis 2

- H0: There is no significant difference on mean rank of factors influencing portability based on health insurance policyholders who have claimed and not claimed.
- H1: There is significant difference on mean rank of factors influencing portability based on health insurance policyholders who have claimed and not claimed.

As seen in Table 10, the five identified factors tested using Mann-Whitney U Test were namely, service quality, inadequate coverage, claim related, customization of cover, and lower premium to check whether perception related to portability is different for policyholders who have claimed and those who have not claimed

Table 10: Testing of Hypothesis through Mann-Whitney U Test Ranks

Made Claim related to Health Insurance Policy		N	Mean Rank	Sum of Ranks	Mann - Whitney U	Asymp. Sig. (2-tailed)	Accept or Reject Hypothesis
Service Quality	Yes	219	195.61	42839.50	17604.5	0.597	Fail to reject Null Hypothesis in all cases since p-value greater than 0.05
	No	166	189.55	31465.50			
	Total	385					
Inadequate Coverage	Yes	219	186.91	40932.50	16842.5	0.217	
	No	166	201.04	33372.50			
	Total	385					
Claim Related	Yes	219	192.15	42081.50	17991.5	0.864	
	No	166	194.12	32223.50			
	Total	385					
Customization of Cover	Yes	219	200.34	43875.50	16568.5	0.137	
	No	166	183.31	30429.50			
	Total	385					
Lower Premium	Yes	219	196.87	43113.50	17330.5	0.434	
	No	166	187.90	31191.50			
	Total	385					

Source: Primary Data SPSS Computation

As seen in the above Table 10, it can be said that there is no significant difference on mean rank of factors influencing portability based on policyholders who have claimed and those who have not claimed

7. Summary and Conclusion

Porting is nothing but migrating your current sum insured, the accumulated no-claim bonus, current insured members, ensuring the waiting period of (a) covered pre-existing diseases, (b) specific diseases, and (c) maternity benefit (Jadhav, 2022). This study has attempted to identify the various factors which influence portability of indemnity-based individual health insurance policies including family floater policies on the basis of the opinion of health insurance policyholders on factors which can influence portability of their health insurance policies. For this objective, the researcher has surveyed 385 respondents having health insurance policy in the city of Mumbai for primary data to assess their opinions regarding factors influencing portability.

The researcher used a descriptive research design. The respondents were asked to rate them based on the 5-point Likert-type scale ranging from “strongly agree” (=5) to “strongly disagree” (=1). The 19 statements related to portability were combined to 5 factors using PCA.

The five factors are named as (i) Service Quality, (ii) Inadequate Coverage, (iii) Claim Related, (iv) Customization of Cover, and (v) Lower Premium. These combined set of five factors explained 66.545% of the variances. Though these five factors were expected to influence customers' choice of portability, the researcher however found that service quality to be the most important and relevant factor influencing the option of portability, followed by inadequate coverage, claim related, customization of cover and lower premium in descending order of importance. The policyholder's perception on factors influencing portability will provide a useful insight to the insurers for canvassing and popularizing health insurance. The researcher, however, found no significant difference on factors influencing insurance policyholders' choice for portability of health insurance policy with respect to gender and between those who claimed and those who did not claimed.

8. Managerial Implications and Suggestions

The researchers found that service quality was the most critical factor affecting ease of portability of health insurance. Hence, insurers must focus on providing dedicated and excellent customer service with focus on building their brands and sustaining the

reputation and maintaining the track record of consistent and prompt service delivery. Insurers must assess their coverage plans regularly to meet the evolving need of health insurance policyholders. Priority should be given to claim processing, streamlining and resolving claim-related disputes efficiently, promptly and quickly. Insurers, if possible, should try to customize their coverage to meet the needs of health insurance policyholders with reference to riders and supplement the coverage regularly. Furthermore, premiums should be competitively attractive without sacrificing the quality of coverage. It is suggested that these five factors; Service Quality, Inadequate Coverage, Claim-related Issues, Customization of Cover, and Lower Premium, should be taken into consideration and efforts must be mobilized to their advantage by health insurers rendering service to policyholders. This will prevent their policyholders from migrating their health insurance policies to different insurers and help them to retain the loyalty of their policyholders.

9. Limitations of the Study and Scope for Further Research

The study is confined to health insurance policyholders of the City of Mumbai only. Based on the researcher's industry experience, a comprehensive list of factors, influencing policy-holder's decision regarding portability were considered. However, there is a possibility that other aspects and factors related to portability have not been considered here which need to be explored and studied. A similar study can be carried out in a different city to know the factors influencing portability of the health insurance policyholders. Furthermore, a detailed study can also be carried out for a single health insurance company to know the reasons and factors which are causing its policyholders' tendency to port their health insurance policy to a different insurer.

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