

Assessing the Factors Contributing to High Medical Insurance Claims: The Role of Hospitals and Individuals

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Abstract:

The primary objective of this study is to examine the underlying factors contributing to the increasing number and value of medical insurance claims, with a particular focus on determining whether hospitals, healthcare providers, or individuals play a greater role in driving these claims. Rising healthcare expenditures have become a significant global concern, placing considerable financial pressure on governments, insurance providers, healthcare institutions, and patients. Medical insurance claims represent one of the key contributors to escalating healthcare costs, making it essential to understand the factors influencing their frequency and magnitude. This study investigates a range of factors, including the extent of insurance coverage, the cost of medical procedures, hospital pricing and billing practices, insurance premium structures, healthcare utilization patterns, and individual patient behavior. In addition, the research considers the potential influence of unnecessary medical procedures, overutilization of healthcare services, fraudulent claims, and moral hazard associated with comprehensive insurance coverage. By examining these interrelated factors, the study seeks to identify the primary drivers of high medical insurance claims and assess the extent to which each stakeholder contributes to rising healthcare expenditures. The findings of this research are expected to provide valuable insights into the complex relationship between healthcare providers, insurers, and insured individuals in shaping medical insurance costs. The study will contribute to the existing body of knowledge by offering evidencebased recommendations for improving cost efficiency, minimizing unnecessary claims, and promoting greater transparency and accountability within the healthcare system. Furthermore, the results will assist policymakers, insurance companies, healthcare providers, and regulatory authorities in developing effective strategies to manage healthcare expenditures, strengthen insurance policies, reduce fraudulent or unnecessary claims, and ensure that healthcare remains affordable, equitable, and accessible to all members of society.

Keywords:

Insurance Fraud, Healthcare, High Claims, Overuse Of Insurance, Insurance Policies.