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Analyzing the Impact of Health Insurance Policy Structures on Service Accessibility and Satisfaction

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Abstract

The current research deals with the indispensable linkage between the health insurance policy framework, service access, and patient satisfaction. Due to constant changes in the healthcare arena, it has become very crucial to study the policy attributes, namely reimbursement efficiency, network adequacy, and co-payment structure, and how it affect the beneficiary experience. A descriptive study was conducted for which the data were collected through a self-structured, Likert scale questionnaire from 200 policyholders within the Ernakulam district using a purposive sampling. All the required insurance types were included, and for each, a decent distribution among different demographic segments and among policy types was ensured. The data collected were analyzed by the use of principal component analysis (PCA) and one-way ANOVA in order to find out the association between them. The study showed that service accessibility and customer satisfaction are dependent on each other; the entire variance in the data could be explained by the two components (83.75% of total). The one-way ANOVA test also indicated ($p<0.001$) the relation among policy access factors and customers' satisfaction, thereby the null hypothesis was rejected. The results prove that the intricacy of policy is key to determining health experiences. Recommendations for both providers and policyholders/insurers include promoting clear policies, simplifying claims procedures, minimizing direct patient cost sharing, and staff training to improve compassionate delivery of services. Changing the emphasis to be service-centered and preventative instead of episodic in nature can lead to provider reputation benefits and patient loyalty over the long run. This research can inform health care policy and reforms aimed at improving health care delivery.

Keywords: Health Insurance Policy, Service Accessibility, Patient Satisfaction, Healthcare Reform, Consumer Experience, Cost-Sharing, Network Adequacy.

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Introduction

Research Significance

Health insurance is also needed to ensure patients get good health services, medical facilities, and a high degree of patient satisfaction (Badu et al., 2019). This research intends to analyze the complicated relationship between service accessibility, patient satisfaction, and health insurance policy design. It is important to understand the influence of health insurance policy design, characteristics, and attributes on an individual's experiences within the constantly changing health context. Identify areas where improvement is needed and healthcare service accessibility at different policy settings and patient satisfaction levels. To understand how health policy and facilities can change according to the situation in the health field. The objectives of this research are to examine the relation between health care services accessibility under different policy designs, the patients' satisfaction, and to make recommendations for the enhancement (Fenton et al., 2012). By examining these issues, the research intends to provide a useful input for the health insurance supply, aiming towards improved health for individuals (Cha et al., 2023; Andreyeva et al., 2025). As time moves on and the health system evolves, it becomes ever more significant to determine the impact that the nature and structure of health insurance have on the population (Orfield et al., 2015). Through this comprehensive research, the main goal is to determine which sectors are potentially subject to reforms, and how well people are accessing health services under different types of policies and their levels of contentment.

To collect effective data from respondents, a number of quantitative techniques, such as the Likert scale questionnaire, are used. This study is intended to utilize the data gathered to provide a clearer picture of the strengths and weaknesses of present health insurance programs. A deeper knowledge of these strengths and weaknesses is beneficial in understanding their impact on the accessibility and satisfaction of patients (Mohammed et al., 2011). The following sections will briefly describe the research methods, studies already performed, major results, and conclusions that can be drawn. The purpose of this paper is to provide valuable information and insight into the discussion surrounding health insurance plans and their impact on the health sector.

Unique Contribution

The paper's implied unique contributions are as follows:

- Unlike previous studies that often examine service accessibility and patient satisfaction in isolation, this research develops a comprehensive, interconnected model that links policy design, external influences, service accessibility, and satisfaction factors into a single cohesive framework.
- The study provides statistical validation (via factor analysis and ANOVA) of the specific, complex interplay between health insurance policy structures (such as coverage breadth and cost-sharing) and the resultant service delivery outcomes.
- The research introduces a modern perspective by acknowledging the need to account for rapidly evolving technological and digital service environments in the assessment of insurance satisfaction, an area previously under-researched in the existing literature.
- By utilizing primary data from a diverse respondent demographic, the study offers actionable, evidence-based recommendations tailored for stakeholders, legislators, and insurance providers to optimize policy frameworks and improve benchmark service delivery.

This paper has been divided into several significant sections to make an exhaustive analysis. Section 1, or Introduction, clearly states the problem statement, importance, and objectives of the study. Section 2, or Review of Literature, encompasses all the previous studies conducted in the areas of health insurance and health service access. Section 3 covers the Methodology, including the data and sampling methodology. In Section 4, the Results and discussion have been done using factor analysis and ANOVA. Section 5, Suggestions, concludes with recommendations and scope for future study.

Review of Literature

Customer loyalty and experience are emphasized by companies and the success of each business depends on happy customer. The SERVEQUAL model is used in order to examine Policyholders' satisfaction in Iran on supplemental health insurance services (Hamzeh et al., 2023). A significant and negative gap exists on every dimensions of service quality and, a descriptive survey was performed with 686 policyholders. In order to minimize financial risk, and

enhance Lao people's access to health care where a lot of treatments are out-of-pocket health insurance was studied (Bodhisane & Pongpanich, 2017; Caldwell et al., 2016; Wen et al., 2015).

Within the same study sites, a cross sectional design was employed on financial protection against risk and access to care for Laotian individuals primarily spending on private financing of health expenses Bodhisane & Pongpanich, (2017). Two comparisons of insured families and uninsured families totaling 126 families each within the same study sites, the cross sectional study design was used. Because of persistent catastrophic expenditures, insurance was found to improve access and protect neither. It appears insured households have a decreased probability of falling into ruin than the uninsured. Brevity is a function that describes the range of benefits and treatment coverage limits offered in a health insurance plan; it is one of the most crucial factors in determining Courtemanche et al., (2017).

Plans that cover at a higher level provide a wider variety of services and therefore the individual will receive the care they need without worrying about reaching their payment threshold as revealed in the study conducted. However, the likely reason for this would be that as there are fewer coverages the poorer and vulnerable groups of the population will take longer to access healthcare, or will not at all (McMorrow et al., 2016; Lieff et al., 2024; Olfson et al., 2018).

The programs combining Copayment, Coinsurance and Deductible significantly influence the access of service and satisfaction with service. High out-of-pocket spending has led to the decreasing access of essential health services, may cause poor health outcomes and financial burden (Sommers et al., 2016; Winkelman & Chang, 2018; Breslau et al., 2020). Moreover, complexity of cost sharing schemes is a barrier to the ability of beneficiaries to comprehend health insurance benefits and utilize those benefits; and thus affects beneficiaries' satisfaction (Choi et al., 2015).

Lack of a network is also becoming an issue to services' accessibility within health insurance coverage (Kaluski et al., 2015; Haeder et al., 2015). It has been linked research that service access increases together with beneficiaries satisfaction, as well as through broad network policies. However, limited selection and satisfaction have been recorded in smaller networks particularly in rural areas and under-served regions with lack of health care providers.

The level of satisfaction of the beneficiaries with the insurance plans is due to the process of reimbursement which is an effective and transparent process. The delayed process and rejection in receiving the reimbursement could affect the policyholders and lead them to lose confidence and patience towards the insurers and this may affect the stance of the policyholders toward insurance. Plans with an effective reimbursement process and a well established channel for communication resulted in increase in the satisfaction and confidence.

Statement of the Problem

Health care services must be accessible and beneficiaries are content with excellent healthcare service. But it is unclear as there are various ambiguities with regard to how these parameters are impacted by the designs of health insurance. Coverage expansion and cost reduction notwithstanding, variations of health service availability and beneficiaries' satisfaction levels about their health insurance benefits vary extensively. One needs to pay close attention to how health insurance benefits have implications with regard to the coverage scope, cost-sharing, network appropriateness, and payment arrangements to understand the level of health service availability and beneficiaries' satisfaction levels about them. In addition, considering the ongoing health reform discussion and the efforts to enhance the functionality of health insurance programs, one should focus on maximizing policy design to improve beneficiaries' healthcare experience at its best. The objective of the study is to investigate the intertwined relationship between health insurance policy schemes and service satisfaction with the view of informing policy choices by providing empirical evidence and uplifting the health service standards. Health insurance policies have considerable influence over individuals' interpretation of a dynamically evolving healthcare system when they seek medical care. Others have conducted research with regards to how different insurance schemes influence health service accessibility and beneficiaries' satisfaction levels, although health insurance serves a crucial role in society. Variables such as intricacy of policy language, clarity of benefit information, responsiveness of insurance providers to beneficiaries' concerns should be diligently studied.

Objectives and Hypothesis of the Study

To determine the service accessibility with various health insurance policy frameworks.

H0: There is no significant difference between the service accessibility and satisfaction.

H1: Service satisfaction and accessibility are significantly different between each other.

Scope of the Study

Two such characteristics that will be considered in this research are service accessibility and satisfaction because it apply to various health insurance policy systems. This will include examining different aspects, such as how different policy structures influence the access to healthcare services by insured people, how certain policy features relate to patient satisfaction, whether there are any differences in service accessibility and satisfaction between different demographic groups, and how policy parameters, such as copayments, deductibles, and out-of-pocket limits, influence these factors.

Research Gap

There is a significant knowledge gap on how these aspects interrelate within a holistic model, even though previous studies have already examined a number of areas in which service accessibility is considered and the impact of such service accessibility on customer satisfaction. Moreover, the effect of accessibility of digital services in the environment of rapidly evolving technical environments has not been given significant attention through studies. In addition, insufficient research has been conducted on the impact of demographic and psychographic factors on this association. Addressing these gaps may result in a more detailed understanding of how the experience of being a customer is affected by the accessibility of services in different consumer groups and contexts. The research can contribute to the present body of knowledge and offer some valuable information about the relationship between customer pleasure and service accessibility through identification and resolution.

Materials and Methods

In fig. 1 depicts the relationships among exogenous influences, policy components, service availability, and satisfaction. In fig. 1 depicts the relationship among different fields of concern by box and arrow to indicate the direction of impacts. Table 1 lists the demographic characteristics of the respondents.

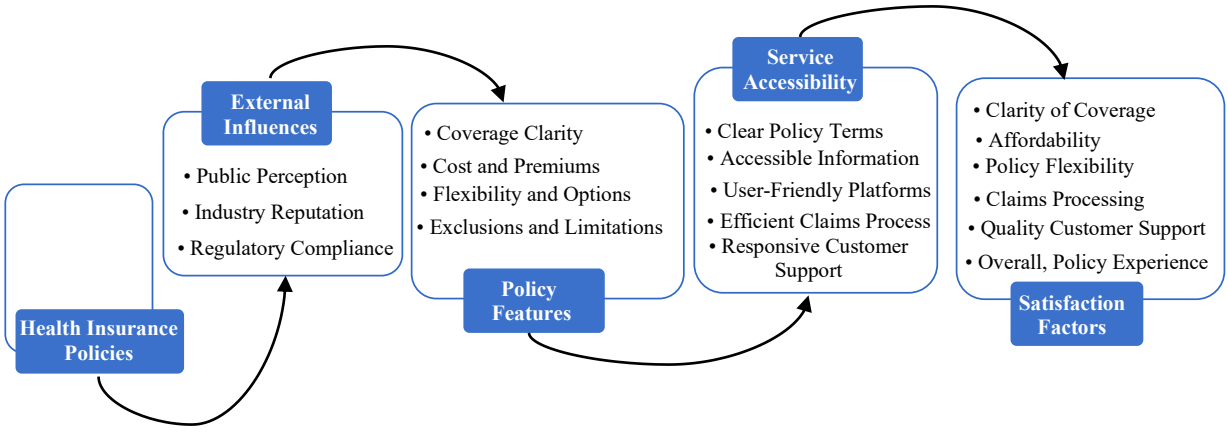

Fig. 1: Health Insurance Satisfaction Framework

Research Design

A descriptive research design has been adopted for the present study, in order to investigate the differences in knowledge and perception between males and females. A descriptive study design is beneficial, in that it permits the examination of the people's beliefs, attitudes toward government sponsored health insurance schemes and their relationship with their gender, and in carrying out statistical analysis to measure awareness level.

Study Area

This study will be conducted in the Ernakulam district in the state of Kerala, India. Ernakulam was chosen to be the area of study because it has a multifaceted healthcare delivery system in that insurance, both public and private, is heavily used by its population, the level of engagement with digital and literacy aspects among people is quite high, thereby forming a sample size and a setting that is indicative for the complex relationship of health insurance policy making, service delivery and patient satisfaction.

Sampling Frame

Population: The target audience of this survey was people from Ernakulam District. Representation from all sections is balanced by the judgment sampling method. The target population was 200 health insurance policyholders from Ernakulam district, Kerala. These respondents were purposively chosen on the basis that current users of a health

insurance policy, either an individual policy, an employer-sponsored policy, or a government scheme, so that firsthand experience of the policy-dependent access to healthcare. In addition, this sample was stratified by various demographic characteristics, such as occupation and income, in order to obtain a representative sample of the district's socioeconomic environment.

Data Collection

The primary data were collected through a structured questionnaire with a Likert scale to obtain objective measures of the respondents' attitudes and opinions towards the health insurance plans. In order to maintain high-quality, concrete, and actionable data for the study, a sample of 200 policyholders was surveyed. This primary data collection was supplemented by the systematic collection of secondary data from various reliable sources, such as academic journal publications, official industry Websites, and company annual reports, to build an evidence base.

Data Analysis

Data that was studied using statistical techniques like Percentage Analysis, Factor Analysis, and ANOVA. The data collected were analyzed with the following statistical models:

Percentage Analysis was used to interpret the frequency and distribution of the profiles of the sample (Age, gender, profession, income, etc.) of 200 respondents.

Factor Analysis, also known as Principal Component Analysis, was used to simplify the data by grouping the variables into two main factors that affect service accessibility and customer satisfaction using Varimax rotation on the factors for easier interpretation. Suitability for this factor was verified using the KMO measure of sampling adequacy (value =0.768) and Bartlett's Test of Sphericity ($p<0.001$).

One-Way ANOVA: used for hypothesis testing on the equality of means for service accessibility and customer satisfaction.

Table 1: The Respondents' Demographic Profile (N=200)

Dimensions		Frequency	Percentage
Gender	Male	161	80.5
	Female	39	19.5
Age	Below 30	25	12.5
	30 - 40	71	35.5
	41- 50	89	44.5
	Above 50	15	7.5
Educational Qualification	Up to SSLC/Higher secondary	15	7.5
	Graduation	70	35
	Post Graduation	107	53.5
	Ph.D/ M. Phil	8	4
Occupation	Private Employee	43	21.5
	Government Employee	20	10.0
	Business	91	45.5
	Professional	46	23.0
Monthly income	Below 25000	18	9.0
	25001-50000	53	26.5
	50001-75000	67	33.5
	75001-100000	11	5.5
	Above 100000	51	25.5
Types of insurance	Public	34	17.0
	Private	143	71.5
	Both	23	11.5
Kinds of Insurance Policy	Employer-sponsored health insurance	33	16.5
	Individual health insurance	130	65.0
	Government-sponsored health insurance	18	9.0
	Other	19	9.5

Source: Primary data

For the health insurance satisfaction research most of the respondent were male they were 80.5% and female respondents were 19.5%. In regard to age the respondent age distributed as below: respondent below the age 30 are 12.5%, age between 30 to 40 were 35.5% and age between 40 to 50 were 44.5% while those of 50 and above were

7.5%. Regarding the education post-graduation is the largest respondents (53.5%) followed by graduation (35%). Higher secondary are 7.5%, and doctorate respondents were 4%. Among the occupation of respondents those in business are 45.5%, while private sector employees were 21.5% and government employees were 10%. In regard to monthly income 50001 to 75000 has largest response of 33.5% followed by above 100000 respondents 25.5%,25001 to 50000 were 26.5%. Respondents with below 25000 are 9%,while 75001 to 100000 respondents are 5.5%In regard to insurance type, private insurance respondents were highest (71.5%), public respondents are 17% while both are 11.5%. Insurance policy type individual health insurance is most (65%), employers health insurance respondents are 16.5%, Government health insurance respondents were 9%, other respondents are 9.5% of them have other types of insurance.

Results and Discussion

Factor Analysis of Service Accessibility on Satisfaction

Kaiser-Meyer-Olkin (KMO) measure. It can be used to examine if the data used are appropriate for factor analysis. KMO is from 0 to 1. If the KMO values are larger than 0.5, can be used to perform factor analysis. If between 0.5 and 0.7, mediocre; between 0.7 and 0.8, good; between 0.8 and 0.9, superb; if higher than 0.9, it is quite good for the analysis. Total matrix: KMO value is 0.768. This means that the data is significant and it can be analyzed using factor analysis.

Table 2: Test of KMO and Bartlett's

Test of "KMO and Bartlett's"		
Sampling Adequacy Measure – "Kaiser-Meyer-Olkin"		.768
Bartlett's Test of Sphericity	Approx. Chi-Square	2907.397
	df	36
	Sig.	.000

In table 2 demonstrates there is a good relation between variables. The value for KMO statistic is 0.768. Therefore, data is appropriate for factor analysis. In this case null hypothesis of the Bartlett test was rejected because p-value is less than 0.001. It would be justified to proceed with factor analysis.

Table 3: Total Variance Explained

Total Variance Explained						
Component	**"Initial Eigenvalues"**			**"Rotation Sums of Squared Loadings"**		
	Total	**Percentage of Variance**	**Cumulative Percentage**	**Total**	**Percentage of Variance**	**Cumulative Percentage**
1	6.409	71.207	71.207	4.538	50.424	50.424
2	1.129	12.547	83.754	3.000	33.329	83.754
3	.564	6.272	90.025			
4	.480	5.337	95.363			
5	.258	2.868	98.231			
6	.092	1.024	99.254			
7	.036	.398	99.653			
8	.022	.245	99.898			
9	.009	.102	100.000			
Extraction Method: "Principal Component Analysis."						

In table 3 displays the eigenvalues, the percentage of variance explained by each component, both prior to and post-rotation. The first two components combined account for 71.207% of the total variance for the data, and when summed the two components represent 83.753% of the variance. Post-rotation, the first component accounts for 50.424% of the variance, and the second explains 33.329% of the variance. The sums account for a total of 83.753%. This principal component analysis would suggest that the first two components account for approximately 83% of the variance within the data set.

From table 4, the two factors discovered had component loadings for location which had an eigenvalue >1. Components with component loadings of .5 or greater are significant, which impacts health insurance satisfaction. From the rotated component matrix, components such as "How satisfied are you with the overall quality of health care services covered by your health insurance policy?", "Overall quality of health care services covered by your health insurance policy?", and "Health insurance policy meets your expectations of covering medical services?" all had

component loadings greater than .5. As a result, the six components that make up the first factor are significant. The second factor "Health insurance policy allows you to receive the healthcare services you need without significant cost to you" is also significant. In addition, "How satisfied are you with the accessibility of health care services provided by your health insurance policy?" and "Empathy and understanding shown by staff at your health insurance provider" are found to be significant.

Factor one accounts for 50.424% of determinants influencing satisfaction with health insurance access. The remaining factors account for 33.329% of health insurance access related determinants. The sum cumulative percentage of determinants that account for health insurance access satisfaction is 83.754%.

Table 4: Rotated Component Matrix

Rotated Component Matrix		
	Component	
	1	2
How satisfied are you with the responsiveness of your health insurance policy in addressing your healthcare needs?	.937	.111
Overall quality of healthcare services covered by your health insurance policy	.879	.369
Convenience of the healthcare service providers within your health insurance network	.855	.369
Health insurance policy meets your expectations for coverage of medical services	.820	.245
How satisfied are you with the overall quality of healthcare services covered by your health insurance policy?	.746	.614
Health insurance policy provides adequate coverage for preventive healthcare services?	.695	.521
Health insurance policy enables you to access the necessary healthcare services without significant financial burden?	.265	.924
How satisfied are you with the accessibility of healthcare services provided by your health insurance policy?	.203	.899
Empathy and understanding displayed by the staff of your health insurance provider	.596	.598
Extraction Method: Principal Component Analysis. Rotation Method: “Varimax with Kaiser Normalization.”		
a. Rotation converged in 3 iterations.		

Anova

H0: Accessibility and satisfaction of service do not have a significant difference between each other.

H1: Service accessibility and satisfaction are not similar to each other.

Inference

Table 5: Anova Test Between Service Accessibility Factors and Satisfaction

Anova					
Satisfaction					
	Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Between Groups	8772.910	11	797.537	33.061	.000
Within Groups	4511.000	187	24.123		
Total	13283.910	198			

In table 5 shows a one-way ANOVA was used to check the satisfaction level with the present health insurance system. The null hypothesis implies that there is no significant difference between accessibility of service and customer satisfaction. Yet the ANOVA gave a P value of less than 0.01; therefore the null hypothesis cannot be rejected. It means that average level of satisfaction in the health insurance system is affected by the factors of service accessibility. Because both factor analysis and ANOVA give us the fact that all factors of service accessibility are significantly related to customer satisfaction, must reject H0, and accept H1. That means there is an actual significant relation between service accessibility and customer satisfaction.

Determinants in Health Insurance Satisfaction

The design of core health insurance policy strongly positively correlates with patient satisfaction as indicated in fig. 2. The chart displays that factors such as "Access to service", "Transparency of policy," and "Network adequacy" are significantly associated with the "Patient Satisfaction" variable. The calculations verify the finding from the

hypothesis stating that insurers can enhance beneficiary satisfaction and build a lasting relationship with them through easy policy interpretation and network access.

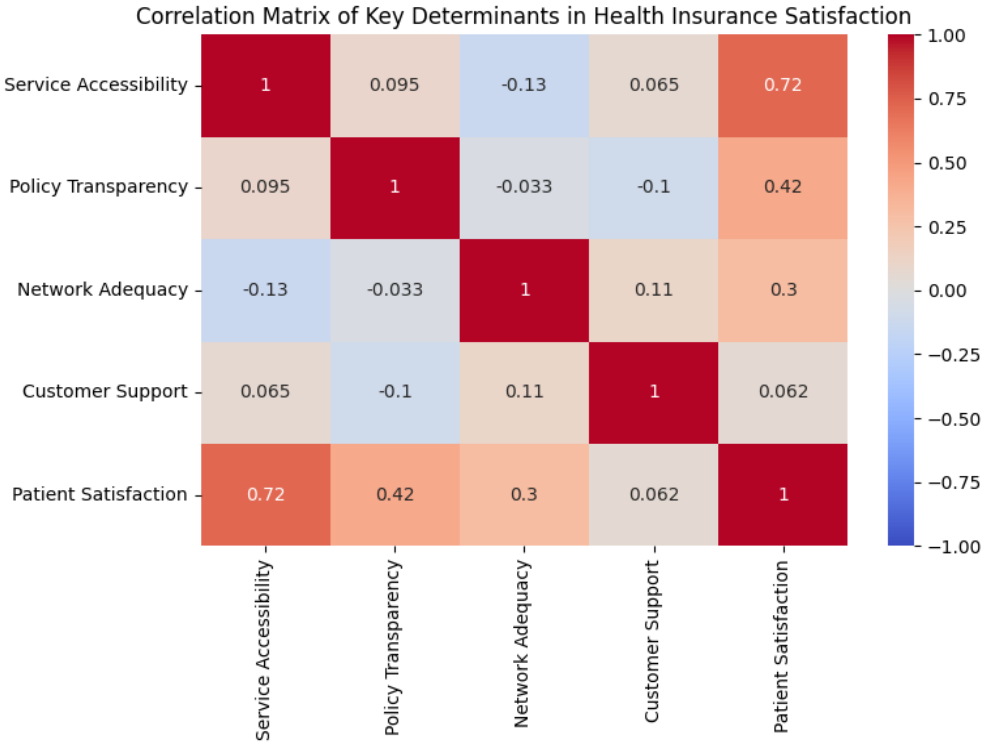

Fig. 2: Correlation Matrix of Key Determinants in Health Insurance Satisfaction

Discussion

Interpretation of Results

This analysis has shown a great deal of alignment between the design of health insurance policies and the satisfaction of the policyholders. Based on the Principal Component Analysis, the two main components driving patient satisfaction, totaling 83.75% of the variation, werecore service quality/expectationsandfinancial/empathic accessibility. Among these components, respondents emphasize responsiveness, convenient provider networks, and unambiguous policy terms as key drivers of satisfaction. Additionally, the results from the ANOVA show that accessibility is not a secondary factor; reject the null hypothesis. The service accessibility was a critical aspect driving patient satisfaction with $p < 0.01$, allowing us to reject the null hypothesis.

Implications

The results of the current research are quite important for both healthcare providers and policymakers. In the first place, these findings present a clear business imperative for insurers to go beyond "covering" patients and design "experience-centric" schemes based on transparency and responsiveness. On the other hand, the results indicate that policymakers should take measures to simplify the language used in policy wording and reimbursement mechanisms so as to narrow the distance between what policyholders expect and what service providers do. Thirdly, the impact of network adequacy is so great on patient satisfaction that health providers should broaden their networks so as to facilitate access in both rural and urban areas.

Suggestions

To ensure enhanced customer satisfaction and retention, insurers should focus on service quality dimensions such as responsiveness, ease of accessibility, coverage, and compassion. In addition, service providers must enlarge service coverage and reduce out-of-pocket expenses by means of financial aid to policyholders. Investment in staff training is essential to enhance communication skills and understanding of policyholders' demands. Service quality audits and the provision of preventive services by way of education and reward programs are necessary to maintain continuous improvement of service quality toward policyholders' expectations. At the end, clear guidelines for the service process

and consistent measurement of service satisfaction will help make plans in order to better meet policyholders' needs and build a better bond with policyholders.

Conclusion

This study provides evidence for a positive relationship between health insurance policy structure, access to services, and patient satisfaction. It shows that two major factors are responsible for 83.75% of the overall variation in patient experience using Principal Component Analysis. Two factors have been identified as determinants of patient satisfaction: responsiveness, quality, and empathetic interaction. Also using one-way ANOVA, able to identify that patient satisfaction was heavily influenced by access to services and had a significant effect ($p<0.001$), thus allowing the rejection of the null hypothesis. Also, it indicates that health care system efficiency was greatly influenced by health policy complexity, and takes into account the level of clarity of policy, efficiency of the claim process, and compassionate care providers in the health care system. Adoption of these evidence-based recommendations-including lowering out-of-pocket costs and emphasizing prevention-will be critical to enhancing beneficiary loyalty. The field of health insurance, moving forward, will benefit from long-term studies to assess policy reform effects on service access over time. Comparative research across varying insurance plans and qualitative studies of underlying sources of satisfaction would greatly add to this work. Moreover, an application of behavioral economics might clarify beneficiaries' complex choice decisions regarding insurance design. These issues will contribute to a superior, more research-oriented approach to enhancing healthcare system quality and responsiveness.

References

Mohammed, S., Sambo, M. N., & Dong, H. (2011). Understanding client satisfaction with a health insurance scheme in Nigeria: factors and enrollees experiences. *Health research policy and systems*, *9*(1), 20. https://doi.org/10.1186/1478-4505-9-20

Badu, E., Agyei-Baffour, P., Ofori Acheampong, I., Opoku, M. P., & Addai-Donkor, K. (2019). Perceived satisfaction with health services under National Health Insurance Scheme: Clients' perspectives. *The International journal of health planning and management*, *34*(1), e964-e975. https://doi.org/10.1002/hpm.2711

Bodhisane, S., & Pongpanich, S. (2017). The impact of community based health insurance in enhancing better accessibility and lowering the chance of having financial catastrophe due to health service utilization: a case study of Savannakhet province, Laos. *International Journal of Health Services*, *47*(3), 504-518. https://doi.org/10.1177/0020731415595609

Kaluski, D. N., Stojanovski, K., McWeeney, G., Paunovic, E., Ostlin, P., Licari, L., & Jakab, Z. (2015). Health insurance and accessibility to health services among Roma in settlements in Belgrade, Serbia—the journey from data to policy making. *Health policy and planning*, *30*(8), 976-984. https://doi.org/10.1093/heapol/czu101

Hamzeh, A., Hozarmoghadam, N., & Ghanbarzadeh, M. (2023). Investigating the level of satisfaction of policyholders with supplementary health insurance in Iran. *BMC Health Services Research*, *23*(1), 1242. https://doi.org/10.1186/s12913-023-10134-1

Orfield, C., Hula, L., Barna, M., & Hoag, S. (2015). The Affordable Care Act and access to care for people changing coverage sources. *American Journal of Public Health*, *105*(S5), S651-S657. https://doi.org/10.2105/AJPH.2015.302867

Caldwell, J. T., Ford, C. L., Wallace, S. P., Wang, M. C., & Takahashi, L. M. (2016). Intersection of living in a rural versus urban area and race/ethnicity in explaining access to health care in the United States. *American journal of public health*, *106*(8), 1463-1469. https://doi.org/10.2105/AJPH.2016.303212

Haeder, S. F., Weimer, D. L., & Mukamel, D. B. (2015). Narrow networks and the affordable care act. *JAMA*, *314*(7), 669-670. https://doi.org/10.1001/jama.2015.6807

Choi, Y., Kim, J. H., Yoo, K. B., Cho, K. H., Choi, J. W., Lee, T. H., ... & Park, E. C. (2015). The effect of cost-sharing in private health insurance on the utilization of health care services between private insurance purchasers and non-purchasers: a study of the Korean health panel survey (2008–2012). *BMC health services research*, *15*(1), 489. https://doi.org/10.1186/s12913-015-1153-0

Sommers, B. D., Blendon, R. J., Orav, E. J., & Epstein, A. M. (2016). Changes in utilization and health among low-income adults after Medicaid expansion or expanded private insurance. *JAMA internal medicine*, *176*(10), 1501-1509. https://doi.org/10.1001/jamainternmed.2016.4419

Fenton, J. J., Jerant, A. F., Bertakis, K. D., & Franks, P. (2012). The cost of satisfaction: a national study of patient satisfaction, health care utilization, expenditures, and mortality. *Archives of internal medicine*, *172*(5), 405-411. https://doi.org/10.1001/archinternmed.2011.1662

Courtemanche, C., Marton, J., Ukert, B., Yelowitz, A., & Zapata, D. (2017). Early impacts of the Affordable Care Act on health insurance coverage in Medicaid expansion and non-expansion states. *Journal of Policy Analysis and Management*, *36*(1), 178-210. https://doi.org/10.1002/pam.21961

McMorrow, S., Kenney, G. M., Long, S. K., & Goin, D. E. (2016). Medicaid expansions from 1997 to 2009 increased coverage and improved access and mental health outcomes for low-income parents. *Health services research*, *51*(4), 1347-1367. https://doi.org/10.1111/1475-6773.12432

Wen, H., Druss, B. G., & Cummings, J. R. (2015). Effect of Medicaid expansions on health insurance coverage and access to care among low-income adults with behavioral health conditions. *Health Services Research*, *50*(6), 1787-1809. https://doi.org/10.1111/1475-6773.12411

Cha, P., Danielson, C., & Escarce, J. J. (2023). Young Children's Mental Health Improves Following Medicaid Expansion to Low-Income Adults. *Academic pediatrics*, *23*(3), 686-691. https://doi.org/10.1016/j.acap.2022.09.009

Lieff, S. A., Mijanovich, T., Yang, L., & Silver, D. (2024). Impacts of the affordable care act Medicaid expansion on mental health treatment among low-income adults across racial/ethnic subgroups, 2010–2017. *The Journal of Behavioral Health Services & Research*, *51*(1), 57-73. 10.1007/s11414-023-09861-4

Andreyeva, E., Rochford, H. I., & Marthey, D. J. (2025). Examining the Impact of ACA Medicaid Expansion on Insurance Coverage, Access to Care and Health of Low-Income Parents. *Health Services Research*, *60*(5), e14625. https://doi.org/10.1111/1475-6773.14625

Olfson, M., Wall, M., Barry, C. L., Mauro, C., & Mojtabai, R. (2018). Impact of Medicaid expansion on coverage and treatment of low-income adults with substance use disorders. *Health Affairs*, *37*(8), 1208-1215. https://doi.org/10.1377/hlthaff.2018.0124

Winkelman, T. N., & Chang, V. W. (2018). Medicaid expansion, mental health, and access to care among childless adults with and without chronic conditions. *Journal of general internal medicine*, *33*(3), 376-383. https://doi.org/10.1007/s11606-017-4217-5

Breslau, J., Han, B., Lai, J., & Yu, H. (2020). Impact of the Affordable Care Act Medicaid expansion on utilization of mental health care. *Medical care*, *58*(9), 757-762. https://doi.org/10.1097/MLR.0000000000001373