International Institute of Health Management Research (IIHMR), New Delhi
POSTGRADUATE DIPLOMA HOSPITAL AND HEALTH MANAGEMENT
(Batch 2019-2021)
Health Insurance and Managed Care
HOM/HEM/HIT 710
SET-A

End Term Examination
Time allowed 2 hrs   **Max. Marks: 70**

Note: If you wish to upload a picture/graph for a specific question, please mention the Question Number and Your Enrolment Number, and upload the picture/graph drawn on a paper. The interpretation, however, should be provided in the Box/Space provided in the question paper.

PART A: Fill-in the blanks.   **(15*1 = 15 marks)**

1) Anticipated loss ratio in a given insurance premium structure is called:
_____

2) An estimate of future insurance claim is called:
_____

3) A claim for which a potentially responsible party has not received notification is called:
_____

4) Internal health insurance fraud is committed by:
_____

5) "Supressing of material facts and previous illness" – This fraud is committed by:
_____

6) US regulatory requirement for small managed care companies to meet medical loss ratio is:
_____

7) Health insurance is a tool to minimize:
_____

And

_____

8) Total number of standalone insurers, operating in India, is:
_____

9) The market share of standalone health insurers in total health insurance premium in India is:
_____

10) Government spends:

_____ % of GDP on health, as compared to global average of:

_____% of GDP on health.

11) OOP spending on health (NSSO 2014) as a proportion of total health spending is:
_____%, as compared to global average of:

_____%.

12) Which broad function of Health Insurance Organization deals with 'new product designing'?
_____

13) Which broad function of Health Insurance Organization deals with 'risk acceptance/denial'?
_____

14) If referral is made to a private facility by a member/beneficiary, on an average, how much cost is actually reimbursed by CGHS?
_____

15) In 2016, what proportion of India's population is covered under CBHI?
_____

PART B: Short Questions (Attempt any five)   **(5*5 = 25 marks)**

16) Pricing of health insurance

17) Claims Audit

18) Consumer Driven Health Plans

19) CGHS

20) IT systems for claims management

21) ESIS

PART C: Long Questions (Attempt any two)   **(2*15 = 30 marks)**

22) What is health insurance underwriting? Discuss various underwriting principles.

23) Discuss the claim life cycle and claim process flow in health insurance claims management.

24) As defined by IRDA, what are the different types of fraud in health insurance? How does IRDA manage and control insurance fraud?