Question Paper

Exam Date & Time: 17-Dec-2021 (10:00 AM - 01:00 PM)

30 days



MANIPAL ACADEMY OF HIGHER EDUCATION

FIRST SEMESTER MASTERS IN HOSPITAL ADMINISTRATION DEGREE EXAMINATIONS - DECEMBER 2021 SUBJECT: MHA 532.2 - HEALTH INSURANCE BLOCK - III

Marks: 60	Duration:	180 mins.
Answer the follo	owing questions by selecting the most suitable alternative.	
1A)	The most peripheral public health institution available to the rural health population is: Rural dispensary Sub Center Primary Health Center Community health Center	(1)
1B)	Which was the first standardized health insurance product launched by insurance companies for individuals and their families in the Indian market and in which year? Medipharma, 1954 Life insurance, 1973 Jeevan Arogya, 1981 Mediclaim, 1986	(1)
1C)	Micro insurance products are designed to aim for the protection of: Minors Senior citizens High income people from urban areas Low income people from rural areas	(1)
1D)	Products which reimburse some of the actual costs due to hospitalization rather than lump sum payout are called: Benefit Products Indemnity Products Personal Accident Products Life Insurance Products	(1)
1E)	The regulator has mandated a "Free Look" period of days for all health insurance policies issued for a period of 1 year or more. 15 days 20 days	(1)

	60 days	
1F)	Offsite monitoring done by the regulators does not involve detailed examination of the following documents.	(1)
	MIS Reports Accounts Personal income statements of the board members Reinsurance contracts	
1G)	This would enable an insurance company to verify whether an individual has a good insurance track record or not.	(1)
	CIBIL Banks An online fraud database Insurance regulators	
1H)	Which category of the fraud is a deliberate attempt either to stage an event or an accident requiring hospitalization that would be covered under a medical insurance policy?	(1)
	Internal fraud External fraud Hard fraud Soft Fraud	
11)	Written Premium means:	(1)
	The portion of an insurance premium which is considered 'earned' by the insurer, based on the ratio of the time elapsed on the policy to its effective life. Premium received by an insurer in a particular period (policy year). Earned but not received. Received but not earned.	
1J)	The International Statistical classification of diseases and related health problems (most commonly known by the abbreviation ICD) provides codes to classify diseases and a wide variety of signs, symptoms, abnormal findings, complaints, social circumstance and external causes of injury or disease. ICD 10 ICD 20 ICD 05 ICD 15	(1)
	LL questions. ble examples and working notes wherever necessary.	
2)	Economists describe health insurance as an "imperfect market"- analyse.	(5)
3)	Explain the health infrastructure at Village level.	(5)
4)	Write note on: a. High Deductible Hospital Indemnity cover. b. Daily Hospitalization Cash benefit cover.	(5)

Discuss personal accident cover under health insurance.

competitive insurance market"- analyse.

"Effective policyholder protection is one of the most important components of a sound and

5)

6)

(5)

(5)

7) "There are various types of risks which a health insurer is required to manage in addition, and to ensure that the insurers do their task effectively which requires regulatory oversight". Evaluate the statement in the light of health insurance.

8) Enumerate the triggers to detect fraud claims in health insurance.

9) What is a Data Warehouse? Explain the components of a good Data warehouse.

(5)

10) Explain in brief the performance of Indian Insurance industry.

(10)

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