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## BRAINWARE UNIVERSITY

Term End Examination 2024-2025

Programme – MBA(HM)-2023

Course Name – Health Insurance

Course Code - MBAHM401

( Semester IV )

Full Marks : 60

Time : 2:30 Hours

[The figure in the margin indicates full marks. Candidates are required to give their answers in their own words as far as practicable.]

### Group-A

(Multiple Choice Type Question)

1 x 15=15

1. Choose the correct alternative from the following :

- (i) Which type of health insurance plan requires the insured to choose a primary care physician (PCP) and obtain referrals for specialists?
  - a) Health Maintenance Organization (HMO).
  - b) Preferred Provider Organization (PPO).
  - c) Exclusive Provider Organization (EPO).
  - d) Point of Service (POS) plan.
- (ii) Relate the presence of insurance to individual's utilization of healthcare services according to the conventional theory.
  - a) It decreases utilization due to increased out-of-pocket costs.
  - b) It increases utilization due to reduced financial barriers.
  - c) It has no effect on utilization as individuals maintain the same level of care.
  - d) It leads to selective utilization of only essential healthcare services.
- (iii) Show the connection between underwriting and risk assessment in health insurance.
  - a) Underwriting determines the marketing strategy.
  - b) Underwriting is unrelated to risk assessment.
  - c) Underwriting evaluates the risk to set premiums.
  - d) Underwriting only focuses on claims history.
- (iv) Choose the significance of offering plans for HIV and Diabetes in specific ailment-based products.
  - a) They are less profitable than general health plans.
  - b) They address the unique healthcare needs of affected populations.
  - c) They are not necessary in health insurance.
  - d) They complicate the underwriting process.
- (v) Assess from the following, the role played by insurance aggregators in the health insurance sector in India.
  - a) They provide medical services directly to customers
  - b) They regulate insurance premiums charged by insurers
  - c) They compare and sell insurance policies from various insurers
  - d) They negotiate reimbursement rates with healthcare providers

- (vi) Interpret the common challenge faced by individuals seeking health insurance for HIV related care.
- a) Availability of comprehensive coverage options.
  - b) Stigma and discrimination in the underwriting process.
  - c) High premiums for all health insurance products.
  - d) None of these
- (vii) Interpret the potential barrier to accessing health insurance for individuals having HIV.
- a) Comprehensive coverage options.
  - b) High out-of-pocket costs and premiums.
  - c) Support from community health programs
  - d) All of these.
- (viii) Assess the primary feature of health insurance products specifically created for individuals having HIV.
- a) Coverage for all medical expenses without limits.
  - b) Exclusion of all pre-existing conditions.
  - c) Access to specialized care and medications tailored for HIV treatment.
  - d) Higher premiums than standard health insurance plans.
- (ix) Interpret from the below listed options, the meaning of the term "claim" in the context of health insurance.
- a) A request for payment submitted by the insured to the insurance company for covered services.
  - b) The total amount paid by the insured for healthcare services.
  - c) All of these.
  - d) None of these.
- (x) In case of misrepresentation by the insured, extend from the following the correct action that the insurer may take.
- a) Avoid the contract
  - b) Reduce the sum insured
  - c) Terminate the policy
  - d) All of these
- (xi) Apply the knowledge of the Insurance Ombudsman to get to know its impact on consumer trust in the insurance industry from the following.
- a) Duty of disclosure
  - b) Duty of good faith
  - c) Duty of care
  - d) Duty of indemnity
- (xii) Relate from the below given options, the significance of training for healthcare providers in preventing insurance fraud.
- a) Training is unnecessary for fraud prevention.
  - b) Training only benefits administrative staff, not providers.
  - c) Training only benefits TPA.
  - d) Educated providers are more likely to recognize and report fraudulent activities.
- (xiii) Extend from the following, the one measure that can help individuals protect their personal information to prevent identity theft-related health insurance fraud.
- a) Sharing personal information on social media platforms
  - b) Using weak passwords for online accounts
  - c) Shredding documents containing sensitive information
  - d) Storing personal information openly in public places
- (xiv) Select from the following, the primary technology used in the IT control of health insurance fraud.
- a) Manual record-keeping systems.
  - b) Basic spreadsheet software.
  - c) Data analytics and machine learning algorithms.
  - d) None of these.
- (xv) Utilize your understanding of case studies to infer the impact of fraud on the insurance industry.
- a) Fraud has no impact on the industry.
  - b) Fraud leads to increased costs and can undermine consumer trust.
  - c) Fraud only affects administrative costs.
  - d) Fraud reduces overall healthcare costs.

**Group-B**

(Short Answer Type Questions)

2. Construct a brief overview of the International Classification of Diseases (ICD) and its significance in health insurance. (3)
3. Managed care like Preferred Provider Organizations (PPOs), manages to reduce rising healthcare costs. Explain the meaning of the statement. (3)
4. List down the significance of the Central Government Health Scheme (CGHS) in 1986 in India's healthcare landscape. (3)
5. Criticize the current challenges faced in administering health insurance in India. (3)
6. "The principle of utmost good faith is crucial in health insurance to ensure transparency between insurers and policyholders", justify the statement in your own words. (3)

OR

Explain the basic principles of general insurance and their relevance specifically to health insurance. (3)

**Group-C**

(Long Answer Type Questions)

5 x 6=30

7. Determine a framework for assessing the effectiveness of health insurance marketing strategies in reaching diverse consumer segments, and explain its significance. (5)
8. Develop a strategy for effective provider management in the health insurance industry. (5)
9. Evaluate the role of health insurance in the healthcare system and its significance for both individuals and society. (5)
10. Recommend innovative approaches that the health insurance industry can adopt to increase consumer engagement and improve health outcomes in the context of health production. (5)
11. Illustrate the key principles and functions of Ombudsman offices to ensure the smooth functioning of the insurance industry. (5)
12. Evaluate the potential impact of integrating technology, such as telemedicine and health apps, on the pricing and accessibility of health insurance products. (5)

OR

Assess the role of underwriting in the health insurance industry and its impact on risk management. (5)

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