

Roll. No. \_\_\_\_\_



**International Institute of Health Management Research (IIHMR), New Delhi**  
**POSTGRADUATE DIPLOMA HOSPITAL AND HEALTH MANAGEMENT**  
**(Batch 2017-2019)**  
**Health Insurance and Managed Care**  
**HOM/HEM/HIT 710**

**End Term Examination**

**Time allowed: 3 hrs**

**Max. Marks: 70**

**Instructions for Test**

*Questions 1 and 2 are compulsory. Attempt any three questions, out of the remaining four.*

1. Fill in the blanks:

1 x 20 = 20 marks

- a. Government health spending as % of GDP: India \_\_\_\_\_; World \_\_\_\_\_
- b. OOP spending as % of total health spending: India \_\_\_\_\_; World \_\_\_\_\_
- c. Majority of OOP spending ( \_\_\_\_\_ %) is on \_\_\_\_\_ in India.
- d. During 2004-14, at individual level, OOP spending on health increased by \_\_\_\_\_ % in India.
- e. During 2004-14, at household level, OOP spending on outpatient care is \_\_\_\_\_ times that for OOP spending on inpatient care in India.
- f. At all-India level in 2014, when health expenditures are included in consumption expenditures, proportion of population below the Poverty Line increased from \_\_\_\_\_ % (before) to \_\_\_\_\_ % (after).
- g. More than \_\_\_\_\_ million persons pushed into poverty every year due to health care in India.
- h. Three basic functions of a health financing system are (i) \_\_\_\_\_, (ii) \_\_\_\_\_, and (iii) \_\_\_\_\_.
- i. Health insurance is a tool to minimize uncertainty of \_\_\_\_\_ and \_\_\_\_\_.
- j. Percentage share of health insurance premium in India in 2015: Government \_\_\_\_\_ %; Group (other than Government) \_\_\_\_\_ %; Individual \_\_\_\_\_ %.
- k. Health insurance penetration in India in 2015: Government \_\_\_\_\_ %; Group (other than Government) \_\_\_\_\_ %; Individual \_\_\_\_\_ %.
- l. Health insurance coverage in India in 2016: \_\_\_\_\_ million insured people; \_\_\_\_\_ % of population.
- m. Total number of beneficiaries in ESIS in India in 2016 \_\_\_\_\_.
- n. Eligibility criteria of beneficiaries for National Health Protection Scheme will be determined from \_\_\_\_\_.
- o. Provide the names of two public-sector non-life insurance companies in India who provide private voluntary health insurance: \_\_\_\_\_ and \_\_\_\_\_.

- p. Provide the names of two private-sector non-life insurance companies in India who provide private voluntary health insurance: \_\_\_\_\_ and \_\_\_\_\_.
- q. Provide the names of two private-sector health insurance companies in India who provide private voluntary health insurance: \_\_\_\_\_ and \_\_\_\_\_.
- r. TPA acts as a health insurance services integrator with (a) \_\_\_\_\_, (b) \_\_\_\_\_, and (c) \_\_\_\_\_.
- s. At least one director in a TPA in India should be a qualified doctor registered with \_\_\_\_\_.
- t. Payment arrangement between HMOs and Physicians is through \_\_\_\_\_, and payment arrangement between PPOs and Physicians is through \_\_\_\_\_.

2. Write short notes on:

4 x 5 = 20 marks

- (A). Functions and Working of Health Insurance Organization
- (B). Consumer Driven Health Plans (CDHPs)
- (C). MIS and report management by TPA
- (D). National Health Protection Scheme (NHPS)
- (E). Community Health Insurance Schemes – Type II Model

- 3. Graphically show the contributions of various health insurance schemes in India in terms of (a) percentage of population insured, (b) percentage of insured across income groups, and (c) scope of insurance expansion in India. 10 marks
- 4. Discuss the various steps involved in the implementation process of community-based health insurance (CBHI) scheme in India. 10 marks
- 5. Explain graphically how TPA is a health insurance services integrator. Discuss the various roles of a TPA. 10 marks
- 6. What are the three general forms of Managed Care plans? Discuss and compare the four HMO models. 10 marks