PGDM-IBM, 2017-19

Adv. Health Insurance (Elective)

INS-404A

Trimester – IV, End-Term Examination: September 2018

Time allowed: 2 Hrs 30 Min

Roll No: ______

Max Marks: 50

Instruction: Students are required to write Roll No on every page of the question paper, writing anything except the Roll No will be treated as **Unfair Means.** All other instructions on the reverse of Admit Card should be followed meticulously.

Sections	No. of Questions to attempt	Marks	Marks
A	3 out of 5 (Short Questions)	5 Marks each	3*5 = 15
B	2 out of 3 (Long Questions)	10 Marks each	2*10 = 20
C	Compulsory Case Study	15 Marks	15
		Total Marks	**50**

Section-A

A1. A man enrolled in a health insurance policy was found on scrutiny , not entitled to get this policy. What would be the fate of the claim and also the policy?

A2 "Health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity" .Briefly describe the various dimension of morbidity in the context of above definition.

A3. In a group health insurance policy, a claim was registered by the claimant for his brother by impersonation. Dose this amounts to fraud or abuse ? Justify your answer by stating its nature.

A4. Describe the various characters of ICD-10-PCS with a suitable example.

A5. ICD -10 identifies laterality. Clarify the implication of this statement by differentiating between ICD-9 & ICD -10

Section-B

B1. a) Differentiate between Attack Rate and Secondary Attack Rate with an adequate example.

b) There was an outbreak of Encephalitis, an inflammation of the brain. There are several causes, but the most common is viral infection in which 20 persons in 16 different households all became ill. Let us presume the population of the community was 1,000. One incubation period later, 17 persons in the same households as these "primary" cases developed Encephalitis. If the 16 households included 74 persons, calculate the attack rate and secondary attack rate

B2. a) Clearly bring out the difference between DALE and DALY with appropriate examples.

b) At the age of 30, a man sustained a knee injury and his health is jeopardized with a weighted severity of 0.1. During the years he suffers from the knee injury his health is only 0.9 of the maximum of 1.0. At the age 35 he is successfully operated and recovers completely. In terms of years lost due to disability this man suffers from the knee injury and his health is only 0.9 of the maximum of 1.0 for the 5-year period.

Illustrate through diagrams his life years lost due to disability, and YLDs .

B3. A health Insurance Product is priced at Rs.2000 per person. Diabetes mellitus is the widely present symptom with prevalence rate of 30% and, therefore contributing significantly in the claim cost. The tests carried out are Fasting blood sugar (FBS) ,Hemoglobin A1c (HbA1c) and Glucose tolerance test (GTT)
Consider the sensitivity of HbA1c to be 75% and specificity to be 80% .The cost of HbA1c is Rs.200/- and forms part of the premium. What result would you expect if 1000 potential customers of whom 300 are diabetics are screened with HbA1c?.

Section-C

Case Study Compulsory:-

India's march towards Universal Health finally comes true on 25th September 2018 with the launch of Ayushman Bharat –National Health Protection Scheme. This will be the world's largest government funded health care programme both in terms of its size and magnitude. The sheer volume itself raises lots of expectations among millions of deprived people who are unable to meet their healthcare needs and unfortunately fall into debt trap every year. But at the same time, the scheme also raises apprehensions particularly about the successful implementation given the current level of healthcare infrastructure and health manpower availability. The task ahead is daunting, if not impossible.
The ambitious scheme, also known as Modicare, aims to offer an annual health cover of ₹5 lakh per family, targeting more than 100 million families belonging to the poor and vulnerable sections of the population, based on Socio-Economic Caste Census (SECC) database. The ministry of health and family welfare will be implementing the scheme.
The annual health cover of ₹5 lakh per family will allow beneficiaries to avail cashless benefits from any public or private empanelled hospital in India. It is an entitlement-based scheme which was drafted on the basis of the deprivation criteria in the SECC database. The expenditure incurred in premium payment will be shared by the central and state governments.
The scheme focuses on cooperative federalism and flexibility to states. At the national level, an AB-NHPM agency will be established. States and Union territories (UTs) will be advised to implement the scheme through a dedicated entity, the state health agency (SHA). They can either use an existing trust, society, not-for-profit company, state nodal agency (SNA) or set up a new entity to implement the scheme. States and UTs can decide to implement the scheme through an insurance company or directly through a trust or society, or use an integrated model. For giving policy directions and fostering coordination between the centre and states, it has proposed to set up an AB-NHPM council at the apex level, chaired by the Union health and family welfare minister. To ensure that the funds reach SHA on time, the transfer of funds from the central government through Ayushman Bharat to state health agencies may be done through an escrow account. In partnership with NITI Aayog, a robust,

modular, scalable and interoperable IT platform has been made operational, which will entail paperless and cashless transactions.

Impact

With effective implementation, the scheme may have a positive impact on reducing out-of-pocket expenditure. The government argues that the poorest and the vulnerable will have health insurance. The scheme will initially cover nearly 40% of the population. Barring a few procedures, the scheme covers almost all secondary and many tertiary hospitalizations, which in normal circumstances, bankrupt poor people.

This can have a cumulative positive effect on increased access to quality health and medication. In addition, the unmet needs of the population, which remained hidden due to lack of financial resources, will be catered to. This may lead to timely treatments, improvements in health outcomes, patient satisfaction, improvement in productivity and efficiency, and job creation, leading to improvement in overall quality of life.

The challenge ahead

In order to introduce a scheme of this size, the government will require the right infrastructure to meet the new bed capacity demand. At least 33% of the people covered by the scheme will have no previous health insurance coverage and will have a hospital admission incidence rate of 6% with an average three-day stay.

The execution of the scheme would involve and identifying of critical success factors , allocating optimum budgetary support, incentivising all stakeholders

Q_ 1 .Identify the major problems associated with Universal Health Coverage?

Q -2 How can the above health system be financed?

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