

STELLA MARIS COLLEGE (AUTONOMOUS) CHENNAI – 600 086
(For candidates admitted during the academic year 2019-2020)

COURSE CODE: 19VB/VM/HI66

B.VOC DEGREE EXAMINATION – APRIL 2022
BANKING, FINANCIAL SERVICES AND INSURANCE
SIXTH SEMESTER

COURSE : MAJOR – CORE
PAPER : HEALTH INSURANCE
TIME : 3 HOURS

MAX. MARKS: 100

Section A

Answer ALL questions

(10x2=20)

1. What is rural health care?
2. Define claim.
3. What is meant by coinsurance?
4. Who are dependents?
5. What is group health insurance?
6. Bring out the meaning of pre-existing disease.
7. Define micro insurance.
8. What are the two types of under writing decisions?
9. State the types of risk in health.
10. List the two types of claims.

Section B

Answer any FIVE questions

(5x4=20)

11. Explain the evolution and growth of Health Insurance in India.
12. Discuss the functions of Government Health Insurance Department.
13. Explain health insurance mechanism and financial protection.
14. Discuss about the available health insurance products for all in India.
15. Explain the importance of health insurance in India.
16. Discuss the claim servicing process.
17. Explain the role of IRDAI in initiatives for standardization.

Section C

Answer any TWO questions

(2x15=30)

18. Write in detail about private and public healthcare centers and providers.
19. Elaborate on health insurance under writing, its process, methods and types of under writing decisions.
20. Explain about reinsurance and social Insurance.

Section D

21. Case Study Analysis

(1x30=30)

A 23 year old woman suffered from a variety of symptoms, including extreme fatigue, dizziness, and joint pain, symptoms that increased in type and frequency and grew to include headaches, memory loss, difficulties concentrating, hair loss, facial and extremity numbness, blurry vision, and chest pain over the course of 2 years. Attempting to find a cause and treatment for her symptoms, the patient consulted a number of physicians from internists to rheumatologists and infectious disease specialists.

A multitude of blood tests were conducted with no diagnosis. She was treated for Lyme Disease twice, but the symptoms continued. An exacerbation of her symptoms that suggested that she might have experienced a stroke, sent her to the emergency room. She still had no answer.

On the recommendation of a family member, the patient scheduled an appointment with a well-known and highly regarded internist in the community. He determined that she should undergo an MRI of the brain.

This procedure needed to be authorized in order for her insurance to pay for the procedure. The doctor submitted a request for the authorization, but it was denied. Before the office was able to appeal the denial, the patient scheduled the MRI at the local hospital. When she arrived there, she was told that the procedure was not authorized. The only way the hospital would move ahead with the MRI was if the patient paid in full for the procedure. Being frozen by fear for her health and overwhelmed by the nearly 2 year process leading up to this point and desperate for an answer, the patient paid Rs 9,000 and proceeded to have the MRI.

By the time the claim reached the insurance company, the authorization, originally denied, was overturned as a result of the prescribing physician's appeal. This enabled the claim to be paid in full by the insurance company.

Questions:

- Define claimant. Who is the claimant in the above case? (5 marks)
- In the above case, how the claim is treated? (5 marks)
- What is the difference between cashless and reimbursement claim? (5 marks)
- Write about the procedure followed in this claim process. (5 marks)
- Is policy holder was protected in the above case. If so how? (5 marks)
- Write about IRDAI s role in claim processing. (5 marks)
