

醫療索償數據知多少？

2014年醫療索償數據調查

Medical Claims Statistics 2014



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書中所載數據由專業顧問收集及分析，香港保險業聯會（保聯）於編纂過程中已竭盡所能，確保資料準確無誤，惟保聯或顧問未能保證有關內容準確無誤，亦概不負責因內容謬誤或遺漏而導致的任何虧損或損失。

1. 提綱

書中刊載 2014 年 1 月至 12 月期間團體及個人醫療保單的索償數據，由本港 18 家醫療承保商提供，佔 2014 年醫療保險市場保費收入超過 80%。

書中包括以下分析：

- 團體醫療保單及個人醫療保單的私家醫療開支總覽
- 手術費用的調查

2. 團體保單調查結果

2.1 調查結果摘要

私家醫療開支總覽

項目	賬面總額		個案數目		每宗個案 平均收費 (港元)
	金額 (千港元)	%	數目	%	
2014 年					
住院	3,333,550	49%	189,148	2%	17,624
門診	3,479,103	51%	9,110,903	98%	382
總數	6,812,654	100%	9,300,051	100%	733
2013 年					
住院	3,059,582	49%	192,082	2%	15,929
門診	3,160,932	51%	9,025,945	98%	350
總數	6,220,514	100%	9,218,027	100%	675

備註：(1) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

(2) 額外醫療保障紀錄及資料不詳之首次索償均被剔除在分析之外。

表 2.1 的數據顯示在 2014 年的總賬面醫療收費中，住院服務佔 49%，而門診服務佔 51%，但是住院個案的數目僅佔所有個案的 2%。

每宗個案之手術費調查

手術費用細分為超過 2,000 種類別，手術費的賬面金額摘要，詳見表 2.2。手術費賬面金額因應入住的是三等房、二等房，以至頭等房而增加。

住院級別	手術費 (港元)		個案數目
	中位數	平均數	
2014 年			
頭等房	20,000	35,292	2,455
二等房	14,000	23,106	6,061
三等房	9,800	15,908	41,534
診所小手術	2,030	4,141	81,917
2013 年			
頭等房	19,025	33,760	2,337
二等房	13,000	21,886	5,990
三等房	9,000	14,864	40,691
診所小手術	1,650	3,514	89,117

備註：上表的分析並不包括手術費賬面金額為「0」的個案。

2.2 分析

2.2.1 住院個案

(i) 以服務分類

每個住院個案的索償費用皆細分為以下七個類別：

- 住院及膳食費用
- 住院雜費
- 手術費
- 麻醉師費用
- 手術室費用
- 醫生巡房費
- 專科醫生費用

(ii) 每宗個案之平均費用

表 2.3 及圖 2.1 詳列各級住院個案在 2013 年與 2014 年的平均實付金額、賬面金額及相對比率。相對比率以三等房之平均賬面或實付金額作百分比基準（即 100%）顯示，舉例說：頭等房之賬面金額相對比率為 237%，即入住頭等房之病人須付出之平均賬面金額是三等房病人的 237%。

各級住院	賬面金額 (港元)		實付金額 (港元)		償付百分率 %
	賬面金額	相對比率	實付金額	相對比率	
2014 年					
頭等房	80,204	237%	40,900	169%	51%
二等房	42,573	126%	31,375	130%	74%
三等房	33,828	100%	24,154	100%	71%
診所小手術	5,500	16%	4,547	19%	83%
2013 年					
頭等房	71,992	225%	36,965	160%	51%
二等房	41,089	128%	30,021	130%	73%
三等房	32,042	100%	23,127	100%	72%
診所小手術	4,648	15%	3,930	17%	85%

備註：(1) 相對比率 - 三等房 = 100%。

(2) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

圖 2.1

2013 年及 2014 年團體保單每宗個案之平均實付金額及賬面金額(港元)

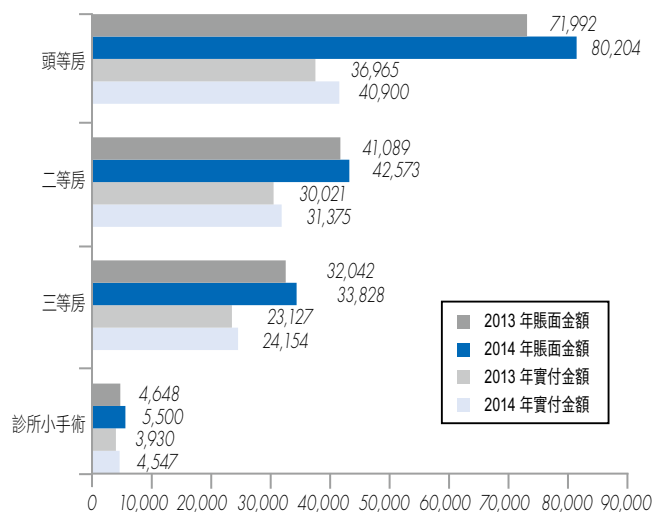
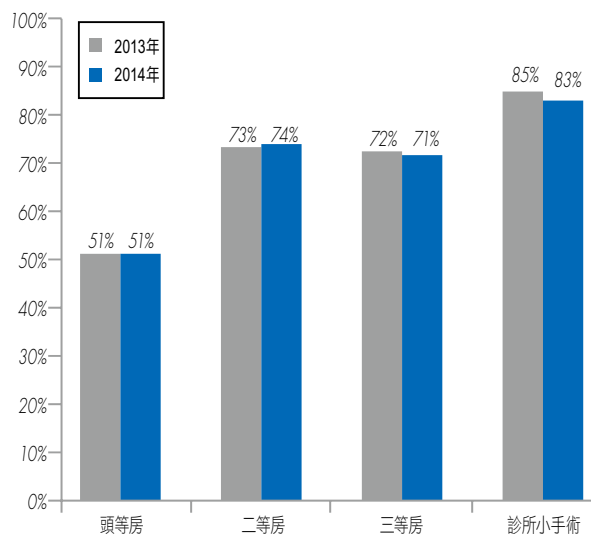


圖 2.2

2013 年及 2014 年團體保單償付百分率



(iii) 手術費調查

此部分將 2,023 種常見手術類別歸納為 425 個組別，並羅列四類住院級別的收費標準。由於本調查以私家醫院之手術費為主，故此並不包括在政府醫院進行的治療。調查結果摘錄見表 2.4。同時，表 2.5 顯示為各級住院之住院日數摘要。

各級住院	賬面金額		賬面金額 (港元)			
	(千港元)	個案數目	平均數	中位數	低位	高位
2014 年						
頭等房	86,642	2,455	35,292	20,000	12,000	35,000
二等房	140,043	6,061	23,106	14,000	9,000	22,500
三等房	660,726	41,534	15,908	9,800	6,500	15,000
診所小手術	339,244	81,917	4,141	2,030	1,200	4,000
2013 年						
頭等房	78,898	2,337	33,760	19,025	11,890	33,973
二等房	131,097	5,990	21,886	13,000	8,100	22,000
三等房	604,841	40,691	14,864	9,000	6,000	15,000
診所小手術	313,200	89,117	3,514	1,650	950	3,300

備註：(1) 上述分析並不包括手術費賬面金額為「0」之個案。

(2) 低位 = 第30 百分位數；高位 = 第70 百分位數。

各級住院	平均住院日數
2014 年	
頭等房	3.3
二等房	2.9
三等房	2.5
診所小手術	0.0
2013 年	
頭等房	3.2
二等房	2.9
三等房	2.5
診所小手術	0.0

(iv) 第 70 百分位數的賬面住院醫療收費水平

表 2.6 的數據是按住院級別和醫療收費的類型，計算第 70 百分位數水平的住院索償的賬面醫療收費水平，表 2.6 所列的金額預計有七成機會足以支付住院索償的實際賬面醫療開支。

醫療收費類別	頭等房	二等房	三等房
2014 年			
每日住院及膳食費用	4,809	1,437	757
手術費	35,000	22,500	15,000
每日醫生巡房費	2,885	1,800	1,000
麻醉師費用	12,630	9,000	6,000
手術室費用	12,982	8,473	5,910
住院費用	23,551	17,795	13,088
專科醫生費用	6,000	3,702	2,644
2013 年			
每日住院及膳食費用	4,200	1,400	747
手術費	33,973	22,000	15,000
每日醫生巡房費	2,857	1,767	1,000
麻醉師費用	12,000	8,500	6,000
手術室費用	11,950	8,139	5,677
住院費用	23,227	16,816	12,457
專科醫生費用	5,780	3,365	2,520

(v) 住院醫療服務使用率

住院醫療服務使用率包括診所小手術及住院項目，兩者在 2013 年及 2014 年的平均使用率見表 2.7。

治療年度	診所小手術	住院
2014 年	6.2%	5.4%
2013 年	6.6%	5.2%

備註：(1) 2014 年使用率 = 2014 年的治療數目 / 2014 年保單之滿期受保人數。

(2) 由於參與調查的會員公司數目改變，所以 2013 年的使用率跟往年所顯示的不同。

2.2.2 門診個案

(i) 以診症分類

門診個案可細分為以下七個類別：

- 中醫師費用
- 普通科醫生費用
- 專科醫生費用
- 物理治療師費用
- 脊醫費用
- X光/化驗室費用
- 牙醫費用

(ii) 每宗個案平均費用

表 2.8 和圖 2.3 顯示每宗門診個案之平均賬面金額及實付金額，索償百分比見圖 2.4。醫療服務的賬面金額和實付金額在 2014 年，均較 2013 年的為高。

治療項目	2014 年		2013 年		13-14 年 變化
	賬面金額 (港元)	相對比率	賬面金額 (港元)	相對比率	
中醫師	368	126%	334	124%	10.0%
普通科醫生	292	100%	269	100%	8.5%
專科醫生	643	220%	588	218%	9.3%
物理治療師	469	160%	396	147%	18.4%
脊醫	695	238%	693	258%	0.3%
X光/化驗室	908	311%	771	286%	17.8%
牙醫	892	305%	838	311%	6.4%
門診總數	382	131%	350	130%	9.0%

備註：(1) 普通科醫生相對比率 = 100%。

(2) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

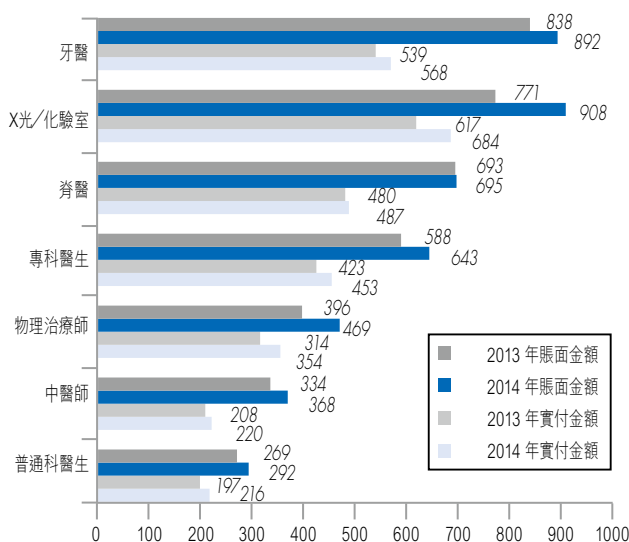
治療項目	2014 年		2013 年		13-14 年 變化
	實付金額 (港元)	相對比率	實付金額 (港元)	相對比率	
中醫師	220	102%	208	105%	5.9%
普通科醫生	216	100%	197	100%	9.5%
專科醫生	453	210%	423	215%	7.0%
物理治療師	354	164%	314	159%	12.5%
脊醫	487	225%	480	243%	1.5%
X光/化驗室	684	317%	617	313%	10.8%
牙醫	568	263%	539	273%	5.4%
門診總數	270	125%	251	127%	7.5%

備註：(1) 普通科醫生相對比率 = 100%。

(2) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

圖2.3

2013年及2014年團體保單每宗個案平均賬面和實付金額（港元）

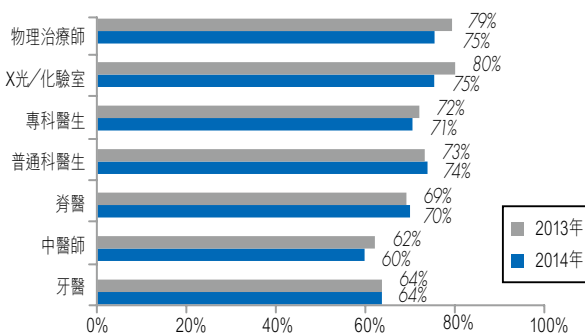


從圖2.3可見，在所有門診個案中，X光/化驗室費用的平均賬面金額最高，普通科醫生費用則最低。

在償付百分率方面，普通科醫生的償付百分率由2013年的73%增加至2014年的74%；X光/化驗室費用及物理治療師費用的償付百分率最高，為75%，而中醫師的償付百分率則最低，只有60%（見圖2.4）。

圖2.4

2013年及2014年團體保單償付百分率



(iii) 第70百分位數之賬面門診醫療收費水平

第70百分位數之賬面醫療收費水平指，投保金額若達致此水平，預計有七成機會足以支付實際的門診醫療費用；七類門診醫療費用的第70百分位數的水平見表2.9。

表2.9 團體保單第70百分位數之賬面醫療收費水平（港元）

醫療收費類別	2014年	2013年
中醫師	375	331
普通科醫生	270	250
專科醫生	680	600
物理治療師	500	400
脊醫	700	680
X光/化驗室	864	720
牙醫	700	650

(iv) 門診醫療服務使用率

在2014年及2013年，按服務類型分類的門診醫療服務使用率，詳見表2.10。

表2.10 團體保單門診醫療服務平均使用率

醫療服務類別	2014年	2013年
中醫師	122.8%	125.7%
普通科醫生	422.0%	443.4%
專科醫生	52.0%	51.4%
物理治療師	21.1%	21.0%
脊醫	2.2%	2.1%
X光/化驗室	24.6%	25.2%
牙醫	53.2%	58.1%

備註：(1) 2014年的使用率 = 2014年的治療數目/2014年保單之滿期受保人數。
(2) 由於參與調查的會員公司數目改變，所以2013年的使用率跟往年所顯示的不同。

3. 個人保單調查結果

3.1 調查結果摘要

私家醫療開支總覽

項目	賬面總額		個案數目		每宗個案 平均收費 (港元)
	金額 (千港元)	%	數目	%	
2014 年					
住院	4,652,300	98%	166,971	61%	27,863
門診	83,891	2%	104,856	39%	800
總數	4,736,191	100%	271,827	100%	17,424
2013 年					
住院	4,338,516	98%	164,088	63%	26,440
門診	79,424	2%	95,847	37%	829
總數	4,417,939	100%	259,935	100%	16,996

備註：因需要調整為整數的關係，以上數字可能與實際數目有出入。

表 3.1 的數據顯示在 2014 年的總賬面醫療收費中，住院服務佔 98%，而門診服務僅佔 2%，這符合市場慣例，個別成員通常只購買住院保障。住院個案的數目佔所有個案的 61%。

每宗個案之手術費調查

手術費用細分為超過 2,000 種類別，手術費的賬面金額摘要，詳見表 3.2。手術費賬面金額因應入住的是三等房、二等房，以至頭等房而增加。

住院級別	手術費 (港元)		個案數目
	中位數	平均數	
2014 年			
頭等房	22,000	35,064	2,564
二等房	12,000	20,234	8,638
三等房	10,000	14,741	71,821
診所小手術	4,500	7,425	23,334
2013 年			
頭等房	20,000	34,334	2,284
二等房	11,500	18,694	8,292
三等房	9,200	14,014	71,570
診所小手術	4,000	6,799	20,301

備註：上表的分析並不包括手術費賬面金額為「0」的個案。

3.2 分析

3.2.1 住院個案

(i) 以服務分類

每個住院個案的索償費用皆細分為以下七個類別：

- 住院及膳食費用
- 住院雜費
- 手術費
- 麻醉師費用
- 手術室費用
- 醫生巡房費
- 專科醫生費用

(ii) 每宗個案之平均費用

表 3.3 及圖 3.1 詳列各級住院個案在 2013 年與 2014 年的平均實付金額、賬面金額及相對比率。相對比率以三等房之平均賬面或實付金額作百分比基準（即 100%）顯示，舉例說：頭等房之賬面金額相對比率為 247%，即入住頭等房之病人須付出之平均賬面金額是二等房病人的 247%。

各級住院	賬面金額		實付金額		償付百分率 %
	(港元)	相對比率	(港元)	相對比率	
2014 年					
頭等房	80,905	247%	63,882	232%	79%
二等房	39,874	122%	31,670	115%	79%
三等房	32,792	100%	27,493	100%	84%
診所小手術	8,763	27%	7,429	27%	85%
2013 年					
頭等房	78,304	253%	58,161	224%	74%
二等房	36,618	118%	29,259	113%	80%
三等房	30,906	100%	25,998	100%	84%
診所小手術	7,953	26%	6,646	26%	84%

備註：(1) 相對比率 - 三等房 = 100%。

(2) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

圖3.1

2013年及2014年個人保單每宗個案之平均賬面金額及實付金額(港元)

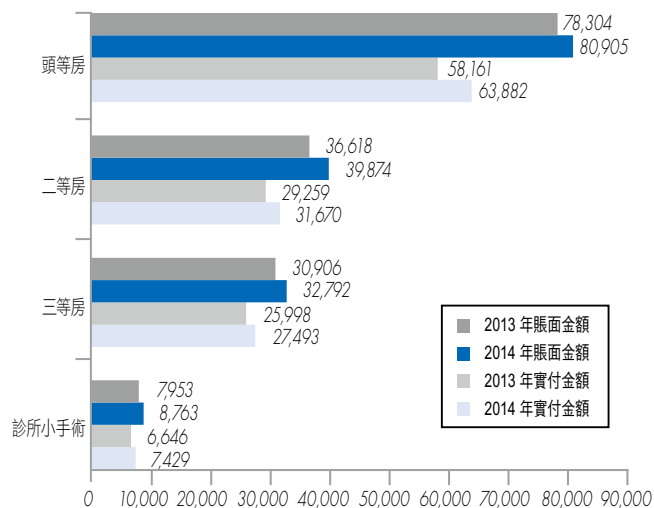
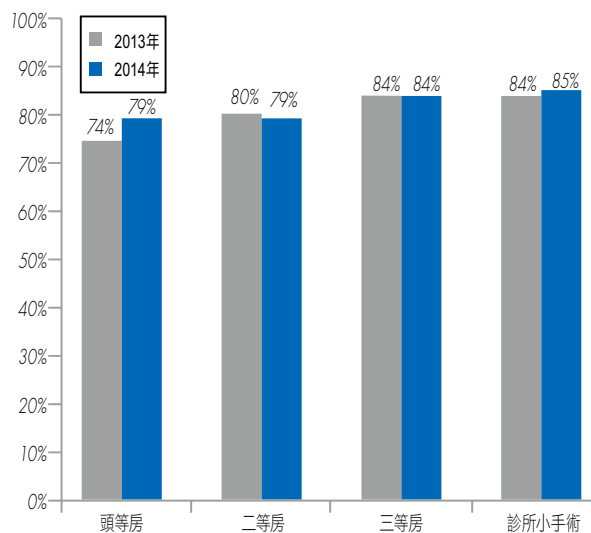


圖3.2

2013年及2014年個人保單償付百分率



(iii) 手術費調查

此部分將 2,023 種常見手術類別歸納為 425 個組別，並羅列四類住院級別的收費標準。由於本調查以私家醫院之手術費為主，故此並不包括在政府醫院進行的治療。調查結果摘錄見表 3.4。同時，表 3.5 顯示為各級住院之住院日數摘要。

各級住院	賬面金額		賬面金額 (港元)			
	(千港元)	個案數目	平均數	中位數	低位	高位
2014 年						
頭等房	89,903	2,564	35,064	22,000	15,000	33,000
二等房	174,778	8,638	20,234	12,000	8,000	19,000
三等房	1,058,747	71,821	14,741	10,000	6,360	14,000
診所小手術	173,257	23,334	7,425	4,500	2,500	7,000
2013 年						
頭等房	78,419	2,284	34,334	20,000	14,000	31,500
二等房	155,007	8,292	18,694	11,500	7,500	17,570
三等房	1,003,007	71,570	14,014	9,200	6,000	14,000
診所小手術	138,025	20,301	6,799	4,000	2,100	6,465

備註：(1) 上述分析並不包括手術費賬面金額為「0」之個案。

(2) 低位 = 第30 百分位數；高位 = 第70 百分位數。

各級住院	平均住院日數
2014 年	
頭等房	3.2
二等房	2.8
三等房	2.4
診所小手術	0.0
2013 年	
頭等房	3.1
二等房	2.8
三等房	2.4
診所小手術	0.0

(iv) 第 70 百分位數的賬面住院醫療收費水平

表 3.6 的數據是按住院級別和醫療收費的類型，計算第 70 百分位數水平的住院索償的賬面醫療收費水平，表 3.6 所列的金額預計有七成機會足以支付住院索償的實際賬面醫療開支。

醫療收費類別	頭等房	二等房	三等房
2014 年			
每日住院及膳食費用	3,760	1,300	763
手術費	33,000	19,000	14,000
每日醫生巡房費	4,000	1,800	1,080
麻醉師費用	11,700	6,800	5,000
手術室費用	12,696	7,659	5,595
住院費用	26,622	16,705	12,748
專科醫生費用	7,795	3,360	2,800
2013 年			
每日住院及膳食費用	3,360	1,185	701
手術費	31,500	17,570	14,000
每日醫生巡房費	3,870	1,600	1,067
麻醉師費用	12,000	6,300	5,000
手術室費用	12,400	6,746	5,408
住院費用	26,447	15,710	12,192
專科醫生費用	6,790	3,000	2,676

(v) 住院醫療服務使用率

住院醫療服務使用率包括診所小手術及住院項目，兩者在 2013 年及 2014 年的平均使用率見表 3.7。

治療年度	診所小手術	住院
2014 年	1.9%	8.2%
2013 年	2.0%	7.8%

備註：(1) 2014 年使用率 = 2014 年的治療數目 / 2014 年保單之滿期受保人數。

(2) 由於參與調查的會員公司數目改變，所以 2013 年的使用率跟往年所顯示的不同。

3.2.2 門診個案

由於門診個案數據量有限，遂未能就有關服務作進一步分析。

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The statistics in this booklet have been collected and compiled by a professional consultant. While every effort has been made to ensure the accuracy of the information contained, neither the Hong Kong Federation of Insurers nor the consultant guarantees its accuracy or accepts any liability for any loss or damage arising from any inaccuracies or omissions.

1. EXECUTIVE SUMMARY

This booklet contains the compilation of the group and individual medical claims statistics for the period from Jan to Dec 2014 provided by 18 medical underwriters in Hong Kong, representing more than 80% of the medical insurance market in 2014.

This booklet includes analyses of:

- Overview of private medical expenses of group and individual insurance policies
- Survey of Surgeons' Fees

2. RESULTS OF SURVEY – GROUP POLICIES

2.1 Summary of Findings

Overview of Private Medical Expenses

Description	Total Billed Amount		Number of Cases		Average Cost Per Claim (HK\$)
	Amount (HK\$000's)	%	Number	%	
2014					
In-Patient	3,333,550	49%	189,148	2%	17,624
Out-Patient	3,479,103	51%	9,110,903	98%	382
Total	6,812,654	100%	9,300,051	100%	733
2013					
In-Patient	3,059,582	49%	192,082	2%	15,929
Out-Patient	3,160,932	51%	9,025,945	98%	350
Total	6,220,514	100%	9,218,027	100%	675

Note: (1) Figures may not be additive due to rounding.

(2) Supplementary Major Medical ("SMM") records with unknown primary claims were excluded from the analysis.

The figures in Table 2.1 indicate that 49% of the total cost was attributed to in-patient services and the remaining 51% out-patient services in 2014. However, in-patient treatments accounted for only 2% of the cases.

Survey of Surgeons' Fees per Case

The Surgeons' Fees were categorized into more than 2,000 surgical procedures. Table 2.2 summarizes the billed amount of Surgeon's Fees. The billed Surgeons' Fees increased with the level of accommodation received from Ward to Semi-Private to Private.

Level of Accommodation	Surgeons' Fees (HK\$)		Number of Cases
	Median	Mean	
2014			
Private	20,000	35,292	2,455
Semi-Private	14,000	23,106	6,061
Ward	9,800	15,908	41,534
Day Case	2,030	4,141	81,917
2013			
Private	19,025	33,760	2,337
Semi-Private	13,000	21,886	5,990
Ward	9,000	14,864	40,691
Day Case	1,650	3,514	89,117

Note: The above analysis excludes those cases with zero billed surgeons' fee.

2.2 Analysis

2.2.1 In-Patient Cases

(i) Distribution by Type of Service

The cost of each in-patient claim is separated into the following seven categories:

- Room & Board Cost
- Hospital Expenses
- Surgeons' Fees
- Anaesthetists' Fees
- Operating Theatre Cost
- Physicians' Fees
- Specialists' Fees

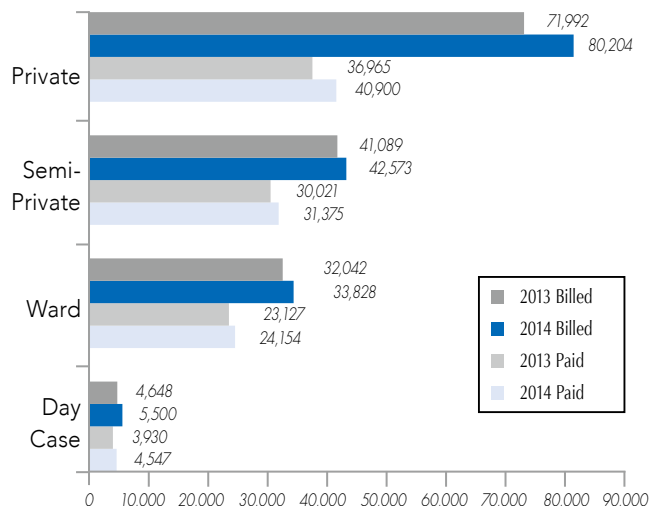
(ii) Average Cost per Case

The average billed and paid amounts and their relativity factors for each level of accommodation are displayed in Table 2.3 and Graph 2.1 for the current and previous studies. The relativity factor is expressed as a percentage of the average billed or paid amount of a specific level of accommodation to that of the Ward accommodation. For example, the billed relativity factor of 237% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 237% of that of a Ward case.

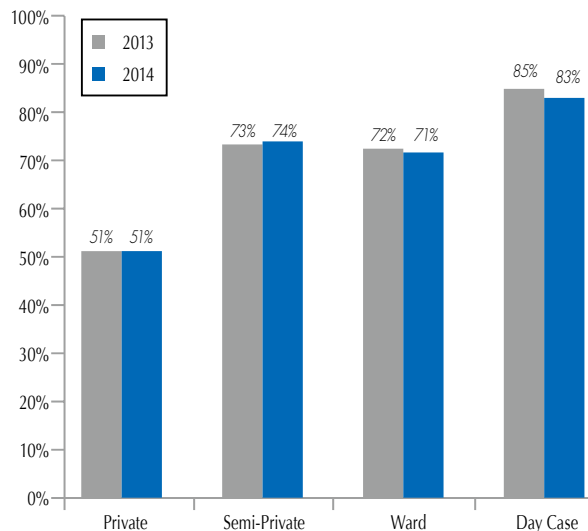
Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
2014					
Private	80,204	237%	40,900	169%	51%
Semi-Private	42,573	126%	31,375	130%	74%
Ward	33,828	100%	24,154	100%	71%
Day Case	5,500	16%	4,547	19%	83%
2013					
Private	71,992	225%	36,965	160%	51%
Semi-Private	41,089	128%	30,021	130%	73%
Ward	32,042	100%	23,127	100%	72%
Day Case	4,648	15%	3,930	17%	85%

Note: (1) Relativity – Ward = 100%.
(2) Figures may not be additive due to rounding.

**GRAPH 2.1
Average Billed and Paid Amounts per Case (HK\$) in 2013 and 2014 – Group Policies**



**GRAPH 2.2
Reimbursement Ratios in 2013 and 2014 – Group Policies**



(iii) Survey of Surgeons' Fees

A total of 2,023 surgical procedures with different descriptors were categorized into 425 groupings and four different levels of accommodation. Because of the scope of this survey being private medical fees, all treatments performed in Government Ward were excluded from the survey. The results are summarized in Table 2.4. The summary of hospital days by level of accommodation are illustrated in Table 2.5.

Level of Accommodation	Billed Amount (HK\$000s)	Number of Cases	Billed Amount (HK\$)			
			Mean	Median	Low	High
2014						
Private	86,642	2,455	35,292	20,000	12,000	35,000
Semi-Private	140,043	6,061	23,106	14,000	9,000	22,500
Ward	660,726	41,534	15,908	9,800	6,500	15,000
Day Case	339,244	81,917	4,141	2,030	1,200	4,000
2013						
Private	78,898	2,337	33,760	19,025	11,890	33,973
Semi-Private	131,097	5,990	21,886	13,000	8,100	22,000
Ward	604,841	40,691	14,864	9,000	6,000	15,000
Day Case	313,200	89,117	3,514	1,650	950	3,300

Note: The above analysis excludes those cases with zero billed surgeons' fee. Low=30 Percentile, High=70 Percentile.

Level of Accommodation	Average Number of Days of Hospital Confinement
2014	
Private	3.3
Semi-Private	2.9
Ward	2.5
Day Case	0.0
2013	
Private	3.2
Semi-Private	2.9
Ward	2.5
Day Case	0.0

(iv) Seventieth Percentile Level of Billed Medical Fees

The seventieth percentiles of billed medical fees of in-patient claims by level of accommodation and category are displayed in Table 2.6. It is expected that the billed amounts displayed in Table 2.6 would cover the actual billed cost for 70% of all in-patient treatments.

Category of Medical Fees	Private	Semi-Private	Ward
2014			
Room & Board Cost Per Day	4,809	1,437	757
Surgeons' Fees	35,000	22,500	15,000
Physicians' Fees Per Day	2,885	1,800	1,000
Anesthetists' Fees	12,630	9,000	6,000
Operating Theatre Expenses	12,982	8,473	5,910
Hospital Expenses	23,551	17,795	13,088
Specialists' Fees	6,000	3,702	2,644
2013			
Room & Board Cost Per Day	4,200	1,400	747
Surgeons' Fees	33,973	22,000	15,000
Physicians' Fees Per Day	2,857	1,767	1,000
Anesthetists' Fees	12,000	8,500	6,000
Operating Theatre Expenses	11,950	8,139	5,677
Hospital Expenses	23,227	16,816	12,457
Specialists' Fees	5,780	3,365	2,520

(v) Utilization Rates of In-Patient Medical Services

In-patient medical services consist of clinical surgeries and hospital confinements. The average utilization rates of clinical surgeries and hospital confinements in 2013 and 2014 are summarized in Table 2.7.

Treatment Year	Clinical Surgeries	Hospital Confinements
2014	6.2%	5.4%
2013	6.6%	5.2%

Note: (1) Utilization for 2014 = No. of treatment in 2014 / No. of insured earned in 2014.

(2) The Utilization Rates in 2013 are different from the last survey due to changes in participating member companies.

2.2.2 Out-Patient Cases

(i) Distribution by Type of Service

The out-patient cases are separated into the following seven categories of treatment:

- Chinese Medical Practitioners' Fees
- General Practitioners' Fees
- Specialists' Fees
- Physiotherapists' Fees
- Chiropractors' Fees
- X-ray/Laboratory Expenses
- Dentists' Fees

(ii) Average Cost per Case

The average billed and paid amounts per case are summarized in Table 2.8 and Graph 2.3. The reimbursement percentages are displayed in Graph 2.4. The average billed and paid amounts for all types of treatments increased from 2013 to 2014.

TABLE 2.8a
Average Billed Amounts per Case – Group Policies

Treatment	2014		2013		13-14 Change
	Billed (HK\$)	Relativity	Billed (HK\$)	Relativity	
Chinese Medicine Practitioners	368	126%	334	124%	10.0%
General Practitioners	292	100%	269	100%	8.5%
Specialists	643	220%	588	218%	9.3%
Physiotherapists	469	160%	396	147%	18.4%
Chiropractors	695	238%	693	258%	0.3%
X-ray/Laboratory	908	311%	771	286%	17.8%
Dentists	892	305%	838	311%	6.4%
Out-Patient Total	382	131%	350	130%	9.0%

Note: (1) Relativity of General Practitioners = 100%.

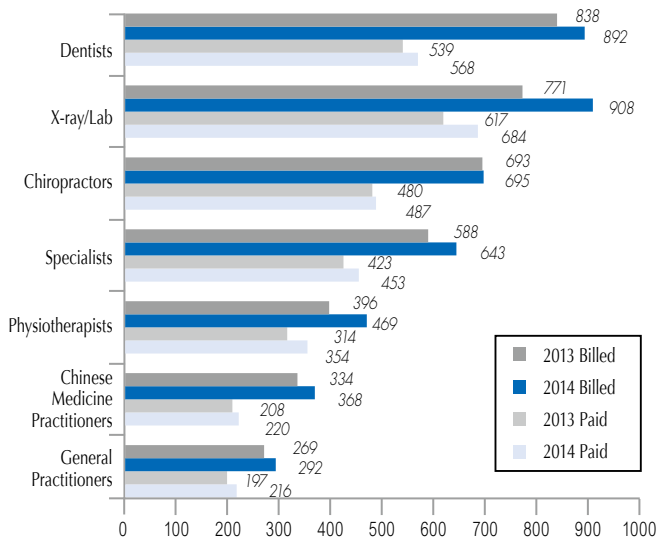
(2) Figures may not be additive due to rounding.

TABLE 2.8b
Average Paid Amounts per Case – Group Policies

Treatment	2014		2013		13-14 Change
	Paid (HK\$)	Relativity	Paid (HK\$)	Relativity	
Chinese Medicine Practitioners	220	102%	208	105%	5.9%
General Practitioners	216	100%	197	100%	9.5%
Specialists	453	210%	423	215%	7.0%
Physiotherapists	354	164%	314	159%	12.5%
Chiropractors	487	225%	480	243%	1.5%
X-ray/Laboratory	684	317%	617	313%	10.8%
Dentists	568	263%	539	273%	5.4%
Out-Patient Total	270	125%	251	127%	7.5%

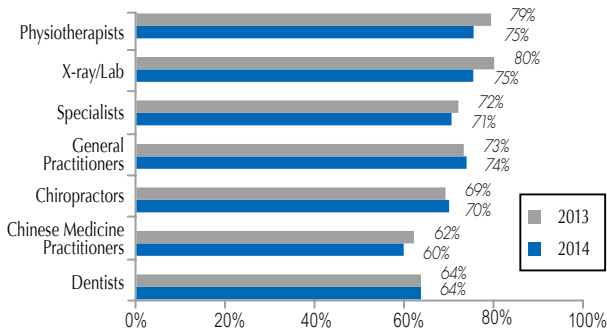
Note: (1) Relativity of General Practitioners = 100%.

(2) Figures may not be additive due to rounding.

GRAPH 2.3**Average Billed and Paid Amounts per Case (HK\$) in 2013 and 2014 – Group Policies**

The average billed amount of X-ray/Laboratory is the highest, and of the General Practitioners' Fees the lowest among all out-patient cases.

The reimbursement ratio of general practitioners increases from 73% in 2013 to 74% in 2014. The X-ray/Laboratory and Physiotherapists receive the highest reimbursement ratio of 75%, while the Chinese Medicine Practitioners receive the lowest reimbursement ratio of 60% in 2014 (Graph 2.4).

GRAPH 2.4**Reimbursement Ratios in 2013 and 2014 – Group Policies****(iii) Seventieth Percentile Level of Billed Medical Fees**

The seventieth percentile of billed medical fees represents the amount, which is expected to be sufficient to cover the actual billed cost of medical treatment for 70% of all out-patient claims. The seventieth percentile level of medical fees for each of the seven categories is summarized in Table 2.9.

TABLE 2.9**Seventieth Percentile of Out-Patient Billed Medical Fees (HK\$) – Group Policies**

Category of Medical Fees	2014	2013
Chinese Medicine Practitioners' Fees	375	331
General Practitioners' Fees	270	250
Specialists' Fees	680	600
Physiotherapists' Fees	500	400
Chiropractors' Fees	700	680
X-ray/Laboratory Expenses	864	720
Dentists' Fees	700	650

(iv) Utilization Rates of Out-Patient Medical Services

The utilization rates of out-patient medical services by service category in 2013 and 2014 are summarized in Table 2.10.

TABLE 2.10**Average Utilization Rates of Out-Patient Medical Services – Group Policies**

Category of Medical Services	2014	2013
Chinese Medicine Practitioners	122.8%	125.7%
General Practitioners	422.0%	443.4%
Specialists	52.0%	51.4%
Physiotherapists	21.1%	21.0%
Chiropractors	2.2%	2.1%
X-ray/Laboratory	24.6%	25.2%
Dental	53.2%	58.1%

Note: (1) Utilization for 2014 = No. of treatment in 2014 / No. of insured earned in 2014.
 (2) The Utilization Rates in 2013 are different from the last survey due to changes in participating member companies.

3. RESULTS OF SURVEY – INDIVIDUAL POLICIES

3.1 Summary of Findings

Overview of Private Medical Expenses

TABLE 3.1
Summary of Total Billed Amount and Average Cost – Individual Policies

Description	Total Billed		Number of Cases		Average Cost Per Claim (HK\$)
	Amount (HK\$000's)	%	Number	%	
2014					
In-Patient	4,652,300	98%	166,971	61%	27,863
Out-Patient	83,891	2%	104,856	39%	800
Total	4,736,191	100%	271,827	100%	17,424
2013					
In-Patient	4,338,516	98%	164,088	63%	26,440
Out-Patient	79,424	2%	95,847	37%	829
Total	4,417,939	100%	259,935	100%	16,996

Note: Figures may not be additive due to rounding.

The figures in Table 3.1 indicate that 98% of the total medical cost was for in-patient services and the remaining 2% for out-patient services in 2014. This is consistent with market practice that individual members usually purchase only in-patient cover. In-patient treatments accounted for about 61% of the number of cases.

Survey of Surgeons' Fees per Case

The Surgeons' Fees were categorized into more than 2,000 surgical procedures. Table 3.2 summarizes the billed amount of Surgeon's Fees. The billed Surgeons' Fees increased with the level of accommodation received from Ward to Semi-Private to Private.

TABLE 3.2
Summary of Surgeons' Fees – Individual Policies

Level of Accommodation	Surgeons' Fees (HK\$)		Number of Cases
	Median	Mean	
2014			
Private	22,000	35,064	2,564
Semi-Private	12,000	20,234	8,638
Ward	10,000	14,741	71,821
Day Case	4,500	7,425	23,334
2013			
Private	20,000	34,334	2,284
Semi-Private	11,500	18,694	8,292
Ward	9,200	14,014	71,570
Day Case	4,000	6,799	20,301

Note: The above analysis excludes those cases with zero billed surgeons' fee.

3.2 Analysis

3.2.1 In-Patient Cases

(i) Distribution by Type of Service

The cost of each in-patient claim is separated into the following seven categories:

- Room & Board Cost
- Hospital Expenses
- Surgeons' Fees
- Anaesthetists' Fees
- Operating Theatre Cost
- Physicians' Fees
- Specialists' Fees

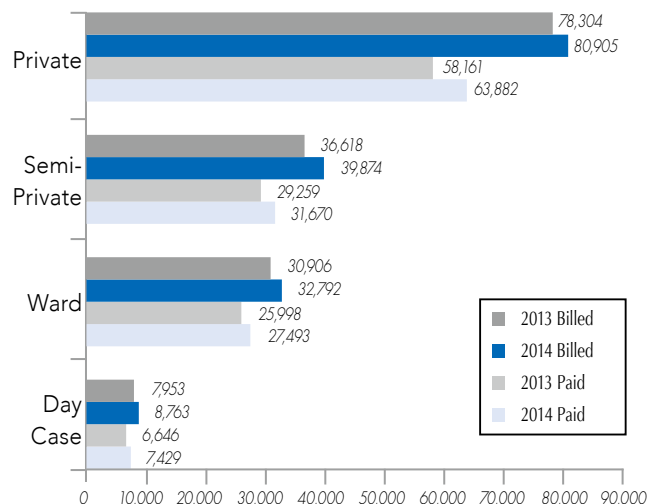
(ii) Average Cost per Case

The average billed and paid amounts and their relativity factors for each level of accommodation are displayed in Table 3.3 and Graph 3.1 for the current and previous studies. The relativity factor is expressed as a percentage of the average billed or paid amount of a specific level of accommodation to that of the Ward accommodation. For example, the billed relativity factor of 247% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 247% of that of a Ward case.

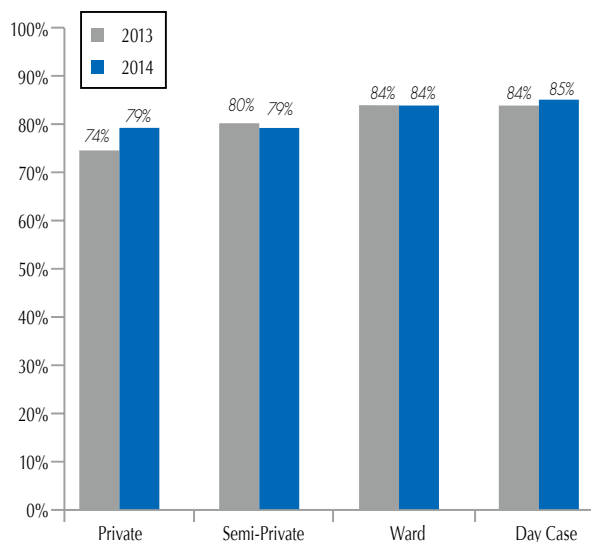
Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
2014					
Private	80,905	247%	63,882	232%	79%
Semi-Private	39,874	122%	31,670	115%	79%
Ward	32,792	100%	27,493	100%	84%
Day Case	8,763	27%	7,429	27%	85%
2013					
Private	78,304	253%	58,161	224%	74%
Semi-Private	36,618	118%	29,259	113%	80%
Ward	30,906	100%	25,998	100%	84%
Day Case	7,953	26%	6,646	26%	84%

Note: (1) Relativity – Ward = 100%.
 (2) Figures may not be additive due to rounding.

**GRAPH 3.1
Average Billed and Paid Amounts per Case (HK\$) in 2013 and 2014 – Individual Policies**



**GRAPH 3.2
Reimbursement Ratios in 2013 and 2014 – Individual Policies**



(iii) Survey of Surgeons' Fees

A total of 2,023 surgical procedures with different descriptors were categorized into 425 groupings and four different levels of accommodation. Because of the scope of this survey being private medical fees, all treatments performed in Government Ward were excluded from the survey. The results are summarized in Table 3.4. The summary of hospital days by level of accommodation are illustrated in Table 3.5.

Level of Accommodation	Billed Amount (HK\$000s)	Number of Cases	Billed Amount (HK\$)			
			Mean	Median	Low	High
2014						
Private	89,903	2,564	35,064	22,000	15,000	33,000
Semi-Private	174,778	8,638	20,234	12,000	8,000	19,000
Ward	1,058,747	71,821	14,741	10,000	6,360	14,000
Day Case	173,257	23,334	7,425	4,500	2,500	7,000
2013						
Private	78,419	2,284	34,334	20,000	14,000	31,500
Semi-Private	155,007	8,292	18,694	11,500	7,500	17,570
Ward	1,003,007	71,570	14,014	9,200	6,000	14,000
Day Case	138,025	20,301	6,799	4,000	2,100	6,465

Note: The above analysis excludes those cases with zero billed surgeons' fee. Low=30 Percentile, High=70 Percentile.

Level of Accommodation	Average Number of Days of Hospital Confinement
2014	
Private	3.2
Semi-Private	2.8
Ward	2.4
Day Case	0.0
2013	
Private	3.1
Semi-Private	2.8
Ward	2.4
Day Case	0.0

(iv) Seventieth Percentile Level of Billed Medical Fees

The seventieth percentiles of billed medical fees of in-patient claims by level of accommodation and category are displayed in Table 3.6. It is expected that the billed amounts displayed in Table 3.6 would cover the actual billed cost for 70% of all in-patient treatments.

Category of Medical Fees	Private	Semi-Private	Ward
2014			
Room & Board Cost Per Day	3,760	1,300	763
Surgeons' Fees	33,000	19,000	14,000
Physicians' Fees Per Day	4,000	1,800	1,080
Anesthetists' Fees	11,700	6,800	5,000
Operating Theatre Expenses	12,696	7,659	5,595
Hospital Expenses	26,622	16,705	12,748
Specialists' Fees	7,795	3,360	2,800
2013			
Room & Board Cost Per Day	3,360	1,185	701
Surgeons' Fees	31,500	17,570	14,000
Physicians' Fees Per Day	3,870	1,600	1,067
Anesthetists' Fees	12,000	6,300	5,000
Operating Theatre Expenses	12,400	6,746	5,408
Hospital Expenses	26,447	15,710	12,192
Specialists' Fees	6,790	3,000	2,676

(v) Utilization Rates of In-Patient Medical Services

In-patient medical services consist of clinical surgeries and hospital confinements. The average utilization rates of clinical surgeries and hospital confinements in 2013 and 2014 are summarized in Table 3.7.

Treatment Year	Clinical Surgeries	Hospital Confinements
2014	1.9%	8.2%
2013	2.0%	7.8%

Note: (1) Utilization for 2014 = No. of treatment in 2014 / No. of insured earned in 2014.
(2) The Utilization Rates in 2013 are different from the last survey due to changes in participating member companies.

3.2.2 Out-Patient Cases

No further analysis will be conducted for out-patient services of individual policies due to limited data volume.

APPENDIX 附表

Results by Operation 各類手術費

Region of Body / Detailed Anatomy / Type of Procedure 人體系統/詳細部位/手術名稱	Number of Cases 個案數目	Average No. of Days in Hospital 平均住院日數	Median (HK\$) 中位數 (港元)		
			Private 頭等房	Semi-Private 二等房	Ward 三等房
DIGESTIVE SYSTEM 消化系統					
Abdomen, Peritoneum, and Omentum 腹、腹膜及網膜					
Introduction, Revision, and/or Removal 導藥法、二度置換及/或割除	341	2.2	29,000	18,000	15,000
Anus 肛門					
Excision 切除	1,997	2.6	29,000	17,090	14,000
Suture 縫線	193	2.2	33,285	16,849	13,800
Appendix 盲腸					
Excision 切除	366	4.3	42,350	27,000	21,000
Biliary Tract 膽道疾病					
Endoscopy 內窺鏡檢法	629	3.3	51,000	35,000	25,100
Excision 切除	242	4.3	72,000	38,000	28,741
Esophagus 食道					
Endoscopy 內窺鏡檢法	22,559	1.9	20,000	10,600	8,500
Intestines (Except Rectum) 腸 (直腸除外)					
Excision 切除	220	9.1	110,729	69,000	50,000
Pharynx, Adenoids, and Tonsils 咽部、腺樣增殖 (體) 及扁桃腺					
Excision, Destruction 切除、破除	782	2.3	N/A	12,290	7,000
Rectum 直腸					
Endoscopy 內窺鏡檢法	19,482	1.8	13,675	10,000	7,000
Repair 修復					
Hernioplasty, Herniorrhaphy, Herniotomy 疝整復術、疝縫合術、疝切開術	357	2.4	37,000	30,000	17,000
ENDOCRINE SYSTEM 分泌系統					
Thyroid Gland 甲狀腺					
Excision 切除	864	3.4	45,000	35,050	30,000
EYE AND OCULAR ADNEXA 眼球及眼副體					
Eyelids 眼皮					
Excision 切除	202	1.3	9,500	8,000	6,000
Lens 晶體					
Removal Cataract 割除白內障	1,048	1.4	34,000	25,000	19,000
Posterior Segment 後部					
Vitreous 玻璃體手術	293	2.0	N/A	79,000	60,000
Retina or Choroid 視網膜或脈絡膜					
Repair 修復	335	1.9	36,000	31,000	12,900

Region of Body / Detailed Anatomy / Type of Procedure 人體系統/詳細部位/手術名稱	Number of Cases 個案數目	Average No. of Days in Hospital 平均住院日數	Median (HK\$) 中位數 (港元)		
			Private 頭等房	Semi-Private 二等房	Ward 三等房
AUDITORY SYSTEM 聽覺系統					
Inner Ear 內耳					
Temporal Bone, Middle Fossa Approach 顳骨、顳中窩入路手術	1,943	2.3	N/A	N/A	30,013
FEMALE GENITAL SYSTEM 女性生殖系統					
Cervix Uteri 子宮頸					
Excision 切除	198	1.5	13,500	10,000	8,000
Corpus Uteri 子宮體					
Excision 切除	1,671	3.9	52,500	40,000	28,000
Repair 修復	2,028	1.9	21,000	14,000	10,000
Ovary 卵巢					
Excision 切除	430	3.9	54,703	48,000	28,000
Oviduct 輸卵管					
Incision 切割	272	3.1	46,150	31,590	25,400
Vagina 陰道					
Endoscopy 內窺鏡檢法	921	1.4	15,000	10,000	7,500
Vulva, Perineu and Introitus 外陰、會陰及陰道口					
Incision 切割	181	1.6	12,500	10,920	6,000
Laparoscopy/Hysteroscopy 腹腔鏡檢查/子宮鏡檢查	1,372	2.4	39,000	25,000	15,000
INTEGUMENTARY SYSTEM 皮膚系統					
Breast 乳房					
Excision 切除	2,250	3.0	35,000	24,900	17,000
Destruction 破除					
Destruction, Benign or Premalignant Lesions 破除、良性或癌前病變	256	1.7	14,000	7,000	6,000
Repair (Closure) 修復 (縫合)					
Repair - Simple 修復 - 簡單	461	1.8	13,750	8,000	8,000
Skin, Subcutaneous and Accessory Structures 皮膚、皮下組織及皮膚副體					
Excision - Benign Lesions 切除 - 良性病變	3,119	1.7	12,000	9,000	7,000
Incision and Drainage 切割及排水	449	2.8	9,700	7,200	7,000
Nails 指 (趾) 甲	233	1.6	11,400	8,750	6,300
MALE GENITAL SYSTEM 男性生殖系統					
Penis 陰莖					
Excision 切除	995	1.7	18,000	10,000	8,500
Prostate 前列腺					
Excision 切除	180	3.9	124,300	10,000	7,000
MEDIASTINUM AND DIAPHRAGM 縱膈及橫膈					
Diaphragm 橫膈					
Repair 修復	440	2.2	17,250	12,500	10,000

Region of Body / Detailed Anatomy / Type of Procedure 人體系統/詳細部位/手術名稱	Number of Cases 個案數目	Average No. of Days in Hospital 平均住院日數	Median (HK\$) 中位數 (港元)		
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MUSCULOSKELETAL SYSTEM 肌肉骨骼系統					
Femur (Thigh Region) and Knee Joint 股骨(股)及膝關節					
Repair, Revision, and/or Reconstruction 修復、二度置換及/或重建	282	5.7	75,000	46,500	36,000
Forearm and Wrist 前臂及手腕					
Excision 切除	355	1.9	45,000	10,000	7,850
Fracture and/or Dislocation 骨折及/或脫位	290	2.7	45,000	30,000	21,000
General 全身					
Introduction or Removal 導藥法或割除	443	2.3	17,600	8,000	8,000
Lower Extremity 下肢					
Endoscopy/Arthroscopy 內窺鏡/關節鏡檢查	1,113	3.0	49,896	38,000	25,100
NERVOUS SYSTEM 神經系統					
Spine and Spinal Cord 脊椎及脊髓					
Posterior Extradural Laminotomy or Laminectomy for Exploration/ Decompression of Neural Elements or Excision of Herniated Intervertebral Disks 後硬膜外椎板切開或椎板切除術探索/神經系元素壓迫症或椎間盤凸出切除	266	4.9	79,872	54,550	45,112
RESPIRATORY SYSTEM 呼吸系統					
Larynx 喉					
Endoscopy 內窺鏡檢法	677	2.0	N/A	N/A	8,380
Nose 鼻					
Endoscopy 內窺鏡檢法	798	2.2	19,250	7,000	6,000
Excision 切除	186	2.5	35,000	30,000	21,500
Repair 修復	253	2.9	50,000	38,000	27,050
Trachea and Bronchi 氣管及支氣管					
Endoscopy 內窺鏡檢法	558	3.9	15,000	10,000	7,000
URINARY SYSTEM 泌尿系統					
Kidney 腎臟					
Endoscopy 內窺鏡檢法	1,172	2.2	30,000	N/A	16,000
Ureter 尿管					
Endoscopy – Cystoscopy, Urethroscopy, Cystourethroscopy 內窺鏡檢法 - 膀胱鏡檢法、尿道鏡檢法、膀胱尿道檢法	755	2.1	15,000	7,250	6,900
Repair 修復	683	1.6	10,000	8,800	6,000
Ureter and Pelvis 尿管及股盆					
Introduction 導藥法	190	2.5	28,000	21,000	18,000
Urethra and Bladder 尿道及膀胱					
Transurethral Surgery 經由尿道進行之手術	562	2.2	27,902	20,000	10,760

Note: Figures for Private are subjected to larger uncertainty due to small volume of data.

備註：由於調查數據量少，頭等房手術費的統計數字或會出現較大的不確定性。





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