

醫療索償數據知多少？

2016年醫療索償數據調查

Medical Claims Statistics 2016



香港灣仔駱克道353號三湘大廈29樓
29/F Sunshine Plaza
353 Lockhart Road, Wanchai, Hong Kong
電話 Tel: 2520 1868 傳真 Fax: 2520 1967
網址 Website: <http://www.hkfi.org.hk>
電郵 E-mail: hkfi@hkfi.org.hk



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1. 提綱

書中刊載 2016 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 17 家醫療承保商提供，佔 2016 年醫療保險市場保費收入超過 70%。

書中包括以下分析：

- 團體及個人醫療保單的私家醫療開支總覽
- 手術費用調查

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)
	(千港元)	%	(宗)	%	
2016 年					
住院	3,828,836	49%	214,420	2%	17,857
門診	3,931,070	51%	9,733,412	98%	404
總數	7,759,906	100%	9,947,832	100%	780
2015 年					
住院	3,390,606	48%	184,327	2%	18,395
門診	3,682,059	52%	9,195,206	98%	400
總數	7,072,665	100%	9,379,533	100%	754

備註：(1) 因調整為整數的關係，以上數字可能與實際數目有所出入。

(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。

由於剔除了是次調查中發現的拒絕索償記錄，本書所列的 2015 年團體保單調查結果已作修正。表 2.1 的數據顯示在 2016 年的私家醫療開支中，住院索償佔 49%，而門診索償佔 51%。然而，住院個案僅佔所有個案的 2%。

每宗個案之手術費調查

手術費用涵蓋 2,000 多種手術，有關的賬面金額摘要見表 2.2。手術費賬面金額因應入住三等房、二等房及頭等房而遞增。

住院級別	手術費 (港元)		個案數目
	中位數	平均數	
2016 年			
頭等房	25,000	41,371	1,953
二等房	15,000	24,524	6,955
三等房	11,000	17,818	43,160
診所小手術	2,500	4,484	91,329
2015 年			
頭等房	22,000	40,060	1,756
二等房	15,000	24,636	6,548
三等房	10,000	16,934	41,130
診所小手術	2,200	4,285	78,134

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 2015 年與 2016 年的平均賬面金額、實際償付金額及其相對比率。相對比率以三等房之平均賬面或實際償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 208%，即頭等房住院個案之平均賬面金額是三等房的 208%。

住院級別	賬面金額 (港元)		實付金額 (港元)		償付比率 %
	賬面金額	相對比率	實付金額	相對比率	
2016 年					
頭等房	78,746	208%	52,297	185%	66%
二等房	45,906	121%	34,868	123%	76%
三等房	37,829	100%	28,260	100%	75%
診所小手術	5,449	14%	4,787	17%	88%
2015 年					
頭等房	78,231	214%	53,595	196%	69%
二等房	49,135	134%	36,523	134%	74%
三等房	36,558	100%	27,303	100%	75%
診所小手術	5,578	15%	4,895	18%	88%

備註：(1) 相對比率 - 三等房 = 100%。

(2) 因調整為整數的關係，以上數字可能與實際數目有所出入。

圖 2.1

2015年及2016年團體保單每宗個案之平均賬面金額及實付金額(港元)

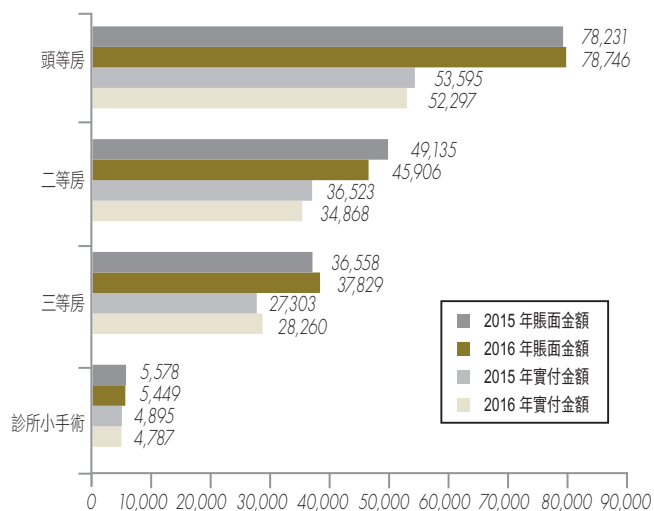
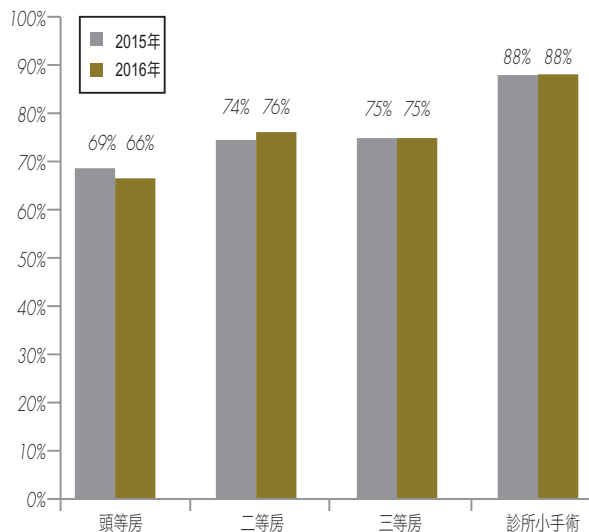


圖 2.2

2015年及2016年團體保單之償付比率



(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。各級住院之住院日數摘要見表 2.5。

住院級別	賬面金額		賬面金額 (港元)			
	(千港元)	個案數目 (宗)	平均數	中位數	低位	高位
2016 年						
頭等房	80,798	1,953	41,371	25,000	15,120	40,000
二等房	170,564	6,955	24,524	15,000	9,600	24,000
三等房	769,035	43,160	17,818	11,000	7,200	16,500
診所小手術	409,530	91,329	4,484	2,500	1,300	4,800
2015 年						
頭等房	70,345	1,756	40,060	22,000	14,500	38,000
二等房	161,315	6,548	24,636	15,000	9,500	24,000
三等房	696,496	41,130	16,934	10,000	7,000	16,000
診所小手術	334,822	78,134	4,285	2,200	1,200	4,375

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。

住院級別	平均住院日數
2016 年	
頭等房	3.3
二等房	3.1
三等房	2.5
診所小手術	0.0
2015 年	
頭等房	3.2
二等房	3.0
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費用水平

表 2.6 的數據是按住院級別和醫療收費類別，計算住院索償中第 70 百分位數的賬面醫療費用水平。表 2.6 所列的金額預計足以支付七成住院治療個案中的實際賬面開支。

醫療收費類別	頭等房	二等房	三等房
2016 年			
每日住院及膳食費用	3,261	1,577	825
手術費	40,000	24,000	16,500
每日醫生巡房費	3,435	1,924	1,180
麻醉師費用	13,814	8,324	6,000
手術室費用	13,948	8,478	6,250
住院費用	26,490	18,742	14,190
專科醫生費用	6,000	4,000	2,840
2015 年			
每日住院及膳食費用	3,107	1,547	792
手術費	38,000	24,000	16,000
每日醫生巡房費	3,268	2,000	1,100
麻醉師費用	13,200	9,000	6,000
手術室費用	12,700	8,580	5,980
住院費用	25,454	18,633	13,706
專科醫生費用	6,170	3,750	2,800

(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 2015 年及 2016 年的平均使用率見表 2.7。

治療年度	診所小手術	住院
2016 年	6.7%	5.2%
2015 年	5.9%	5.1%

備註：2016 年使用率 = 2016 年的治療數目 / 2016 年保單之滿期受保人數。

2.2.2 門診個案

(i) 以診症分類

門診個案可細分為以下七類治療：

- 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) 每宗個案之平均費用

表 2.8 和圖 2.3 顯示每宗門診個案之平均賬面金額及實際償付金額，償付百分比見圖 2.4。2016 年各項治療的賬面金額和實際償付金額均較 2015 年的為高。

治療項目	2016 年		2015 年		15-16 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	402	138%	386	128%	4.2%
普通科醫生	291	100%	300	100%	(3.1%)
專科醫生	700	241%	672	224%	4.2%
物理治療師	502	173%	492	164%	2.1%
脊醫	755	259%	709	236%	6.6%
X光/化驗室	880	302%	930	310%	(5.4%)
牙醫	988	339%	952	317%	3.7%
門診總數	404	139%	400	133%	0.9%

備註：(1) 普通科醫生相對比率 = 100%。

(2) 因調整為整數的關係，以上數字可能與實際數目有所出入。

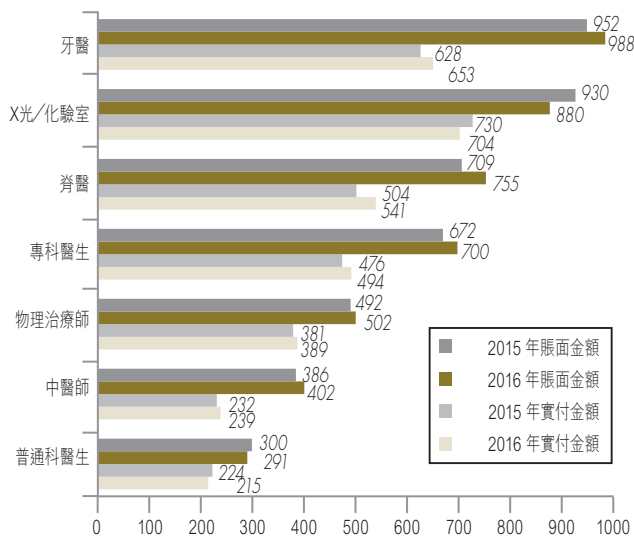
治療項目	2016 年		2015 年		15-16 年 變化
	實付金額 (港元)	相對比率	實付金額 (港元)	相對比率	
中醫師	239	111%	232	104%	3.2%
普通科醫生	215	100%	224	100%	(3.7%)
專科醫生	494	230%	476	213%	3.8%
物理治療師	389	181%	381	170%	2.2%
脊醫	541	251%	504	225%	7.4%
X光/化驗室	704	327%	730	326%	(3.5%)
牙醫	653	303%	628	281%	3.9%
門診總數	287	133%	285	128%	0.4%

備註：(1) 普通科醫生相對比率 = 100%。

(2) 因調整為整數的關係，以上數字可能與實際數目有所出入。

圖2.3

2015年及2016年團體保單每宗個案之平均賬面和實付金額（港元）

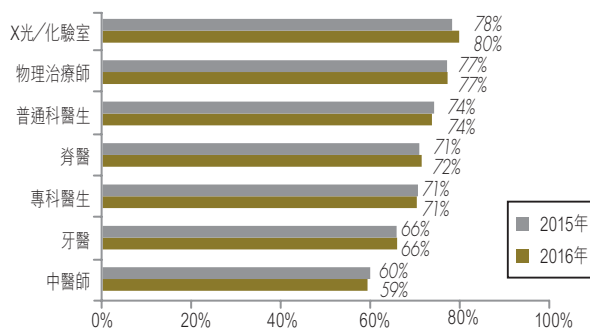


從圖2.3可見，在所有門診個案中，牙醫費用的平均賬面金額最高，普通科醫生費用則最低。

圖2.4顯示，2016年普通科醫生的償付比率維持在74%的水平；X光/化驗室費用的償付比率最高，達80%，而中醫師的償付比率則最低，只有59%。

圖2.4

2015年及2016年團體保單之償付比率



(iii) 第 70 百分位數之賬面門診醫療費用水平

第 70 百分位數之賬面醫療費用顯示，若投保金額達至此水平，預計足以支付七成門診索償中的實際賬面醫療開支；七類門診醫療費用的第 70 百分位數水平見表 2.9。

醫療費用類別	2016 年	2015 年
中醫師	400	390
普通科醫生	290	280
專科醫生	730	700
物理治療師	550	550
脊醫	706	700
X光/化驗室	860	900
牙醫	800	800

(iv) 門診醫療服務使用率

在 2016 年及 2015 年，按服務類型分類的門診醫療服務使用率，見表 2.10。

醫療服務類別	2016 年	2015 年
中醫師	114.2%	116.5%
普通科醫生	388.1%	412.4%
專科醫生	52.7%	56.9%
物理治療師	18.9%	18.4%
脊醫	2.5%	3.0%
X光/化驗室	22.9%	23.1%
牙醫	44.0%	45.3%

備註：2016年的使用率 = 2016年的治療數目 / 2016年保單之滿期受保人數。

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)
	(千港元)	%	(宗)	%	
2016 年					
住院	5,716,247	99%	187,573	65%	30,475
門診	85,741	1%	100,313	35%	855
總數	5,801,988	100%	287,886	100%	20,154
2015 年					
住院	5,245,233	98%	175,571	65%	29,875
門診	83,596	2%	94,861	35%	881
總數	5,328,829	100%	270,432	100%	19,705

備註：因調整為整數的關係，以上數字可能與實際數目有所出入。

表 3.1 的數據顯示在 2016 年的私家醫療開支中，住院索償佔 99%，而門診索償僅佔 1%。這符合個別成員通常只購買住院保障的市場慣例。住院個案佔所有個案的 65%。

每宗個案之手術費調查

手術費用涵蓋 2,000 多種手術，有關的賬面金額摘要見表 3.2。手術費賬面金額因應入住三等房、二等房及頭等房而遞增。

住院級別	手術費 (港元)		個案數目
	中位數	平均數	
2016 年			
頭等房	25,000	39,798	3,516
二等房	13,200	22,212	10,311
三等房	11,000	16,084	73,302
診所小手術	5,000	8,260	33,985
2015 年			
頭等房	24,000	39,251	3,071
二等房	12,600	21,164	10,154
三等房	10,000	15,365	72,987
診所小手術	4,720	7,909	29,132

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 2015 年與 2016 年的平均賬面金額、實際償付金額及其相對比率。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 263%，即頭等房住院個案之平均賬面金額是三等房的 263%。

住院級別	賬面金額		實付金額		償付比率 %
	(港元)	相對比率	(港元)	相對比率	
2016 年					
頭等房	95,682	263%	78,086	260%	82%
二等房	43,517	119%	34,786	116%	80%
三等房	36,440	100%	29,993	100%	82%
診所小手術	9,802	27%	8,589	29%	88%
2015 年					
頭等房	95,643	276%	73,635	256%	77%
二等房	42,852	124%	34,114	118%	80%
三等房	34,616	100%	28,818	100%	83%
診所小手術	9,414	27%	7,984	28%	85%

備註：(1) 相對比率 - 三等房 = 100%。

(2) 因調整為整數的關係，以上數字可能與實際數目有所出入。

圖 3.1

2015 年及 2016 年個人保單每宗個案之平均賬面金額及實付金額(港元)

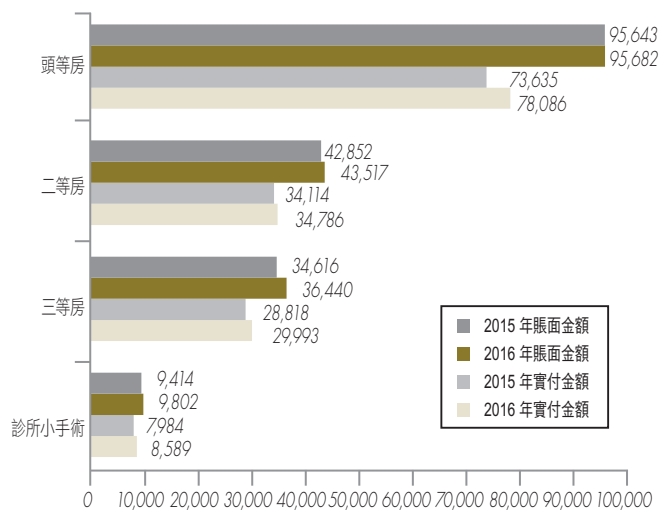
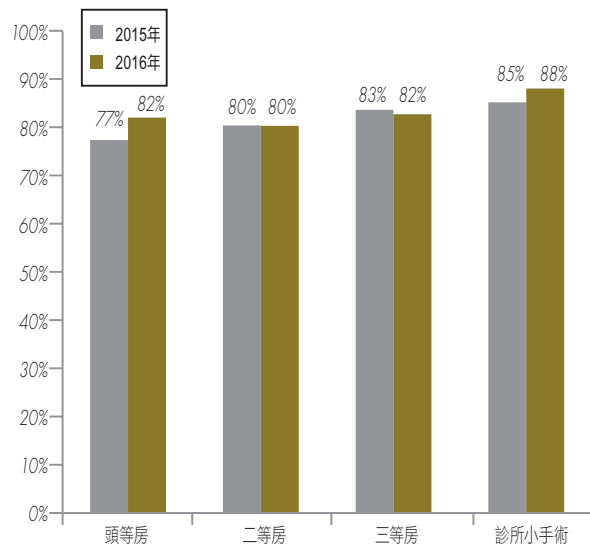


圖 3.2

2015 年及 2016 年個人保單之償付比率



(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。各級住院之住院日數摘要見表 3.5。

住院級別	賬面金額		賬面金額 (港元)			
	(千港元)	個案數目 (宗)	平均數	中位數	低位	高位
2016 年						
頭等房	139,930	3,516	39,798	25,000	18,000	36,000
二等房	229,032	10,311	22,212	13,200	8,500	20,000
三等房	1,178,968	73,302	16,084	11,000	7,000	15,000
診所小手術	280,707	33,985	8,260	5,000	3,000	8,000
2015 年						
頭等房	120,541	3,071	39,251	24,000	16,000	34,000
二等房	214,895	10,154	21,164	12,600	8,000	20,000
三等房	1,121,411	72,987	15,365	10,000	6,600	14,500
診所小手術	230,391	29,132	7,909	4,720	2,700	7,500

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。

住院級別	平均住院日數
2016 年	
頭等房	3.2
二等房	2.8
三等房	2.5
診所小手術	0.0
2015 年	
頭等房	3.2
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費用水平

表 3.6 的數據是按住院級別和醫療收費類別，計算住院索償中第 70 百分位數的賬面醫療費用水平。表 3.6 所列的金額預計足以支付七成住院治療個案中的實際賬面開支。

醫療收費類別	頭等房	二等房	三等房
2016 年			
每日住院及膳食費用	3,973	1,408	823
手術費	36,000	20,000	15,000
每日醫生巡房費	4,550	2,000	1,200
麻醉師費用	12,000	7,300	5,000
手術室費用	14,650	8,080	5,743
住院費用	30,312	17,734	14,175
專科醫生費用	8,000	3,600	2,840
2015 年			
每日住院及膳食費用	3,850	1,335	792
手術費	34,000	20,000	14,500
每日醫生巡房費	4,500	2,000	1,160
麻醉師費用	12,000	7,000	5,000
手術室費用	13,747	7,700	5,667
住院費用	29,251	17,406	13,418
專科醫生費用	7,700	3,500	2,840

(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 2015 年及 2016 年的平均使用率見表 3.7。

治療年度	診所小手術	住院
2016 年	2.5%	7.9%
2015 年	2.4%	8.4%

備註：2016 年使用率 = 2016 年的治療數目 / 2016 年保單之滿期受保人數。

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 2016 provided by 17 of the largest medical underwriters in Hong Kong, which represent a total of about 70% of the medical insurance market written premium in 2016.

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

TABLE 2.1

Summary of Total Billed Amount and Average Cost – Group Policies

Description	Total Billed Amount		Number of Cases		Average Cost Per Claim (HK\$)
	(HK\$000's)	%	(Number)	%	
2016					
In-Patient	3,828,836	49%	214,420	2%	17,857
Out-Patient	3,931,070	51%	9,733,412	98%	404
Total	7,759,906	100%	9,947,832	100%	780
2015					
In-Patient	3,390,606	48%	184,327	2%	18,395
Out-Patient	3,682,059	52%	9,195,206	98%	400
Total	7,072,665	100%	9,379,533	100%	754

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 2015 results for group policies are modified and different from the last survey due to the removal of declined claim records discovered in this survey. 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 2016. However, in-patient treatments accounted for only 2% of the total 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 Surgeons' Fees. The billed Surgeons' Fees increased with the level of accommodation received from Ward to Semi-Private to Private.

TABLE 2.2

Summary of Surgeons' Fees – Group Policies

Level of Accommodation	Surgeons' Fees (HK\$)		Number of Cases
	Median	Mean	
2016			
Private	25,000	41,371	1,953
Semi-Private	15,000	24,524	6,955
Ward	11,000	17,818	43,160
Day Case	2,500	4,484	91,329
2015			
Private	22,000	40,060	1,756
Semi-Private	15,000	24,636	6,548
Ward	10,000	16,934	41,130
Day Case	2,200	4,285	78,134

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 208% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 208% of that of a Ward case.

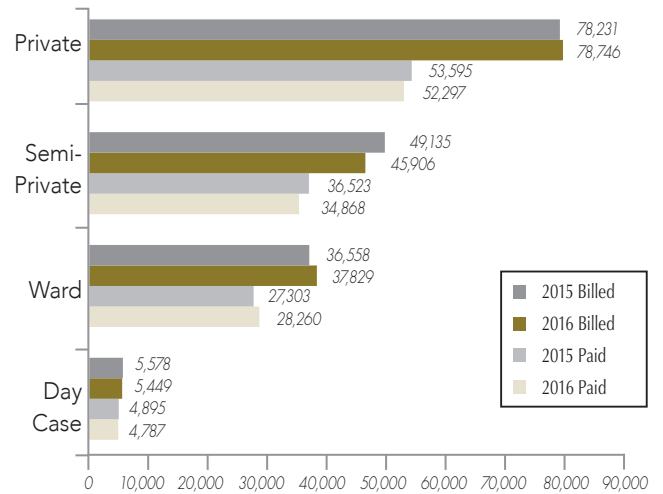
Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
2016					
Private	78,746	208%	52,297	185%	66%
Semi-Private	45,906	121%	34,868	123%	76%
Ward	37,829	100%	28,260	100%	75%
Day Case	5,449	14%	4,787	17%	88%
2015					
Private	78,231	214%	53,595	196%	69%
Semi-Private	49,135	134%	36,523	134%	74%
Ward	36,558	100%	27,303	100%	75%
Day Case	5,578	15%	4,895	18%	88%

Note: (1) Relativity – Ward = 100%.

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

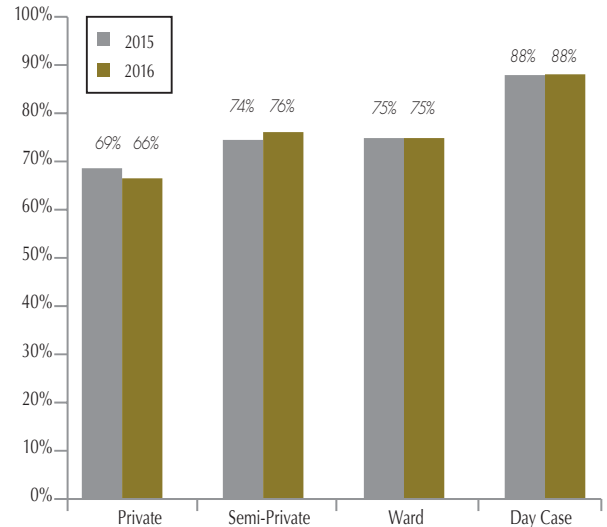
GRAPH 2.1

Average Billed and Paid Amounts per Case (HK\$) in 2015 and 2016 – Group Policies



GRAPH 2.2

Reimbursement Ratios in 2015 and 2016 – 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\$000's)	Number of Cases	Billed Amount (HK\$)			
			Mean	Median	Low	High
2016						
Private	80,798	1,953	41,371	25,000	15,120	40,000
Semi-Private	170,564	6,955	24,524	15,000	9,600	24,000
Ward	769,035	43,160	17,818	11,000	7,200	16,500
Day Case	409,530	91,329	4,484	2,500	1,300	4,800
2015						
Private	70,345	1,756	40,060	22,000	14,500	38,000
Semi-Private	161,315	6,548	24,636	15,000	9,500	24,000
Ward	696,496	41,130	16,934	10,000	7,000	16,000
Day Case	334,822	78,134	4,285	2,200	1,200	4,375

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

Level of Accommodation	Average Number of Days of Hospital Confinement
2016	
Private	3.3
Semi-Private	3.1
Ward	2.5
Day Case	0.0
2015	
Private	3.2
Semi-Private	3.0
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
2016			
Room & Board Cost Per Day	3,261	1,577	825
Surgeons' Fees	40,000	24,000	16,500
Physicians' Fees Per Day	3,435	1,924	1,180
Anesthetists' Fees	13,814	8,324	6,000
Operating Theatre Expenses	13,948	8,478	6,250
Hospital Expenses	26,490	18,742	14,190
Specialists' Fees	6,000	4,000	2,840
2015			
Room & Board Cost Per Day	3,107	1,547	792
Surgeons' Fees	38,000	24,000	16,000
Physicians' Fees Per Day	3,268	2,000	1,100
Anesthetists' Fees	13,200	9,000	6,000
Operating Theatre Expenses	12,700	8,580	5,980
Hospital Expenses	25,454	18,633	13,706
Specialists' Fees	6,170	3,750	2,800

(v) Utilization Rates of In-Patient Medical Services

In-patient medical services consist of day cases and hospital confinements. The average utilization rates of day cases and hospital confinements in 2015 and 2016 are summarized in Table 2.7.

Treatment Year	Day Cases	Hospital Confinements
2016	6.7%	5.2%
2015	5.9%	5.1%

Note: Utilization for 2016 = No. of treatment in 2016 / No. of insured earned in 2016.

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 2015 to 2016.

Treatment	2016		2015		15-16 Change
	Billed (HK\$)	Relativity	Billed (HK\$)	Relativity	
Chinese Medicine Practitioners	402	138%	386	128%	4.2%
General Practitioners	291	100%	300	100%	(3.1%)
Specialists	700	241%	672	224%	4.2%
Physiotherapists	502	173%	492	164%	2.1%
Chiropractors	755	259%	709	236%	6.6%
X-ray/Laboratory	880	302%	930	310%	(5.4%)
Dentists	988	339%	952	317%	3.7%
Out-Patient Total	404	139%	400	133%	0.9%

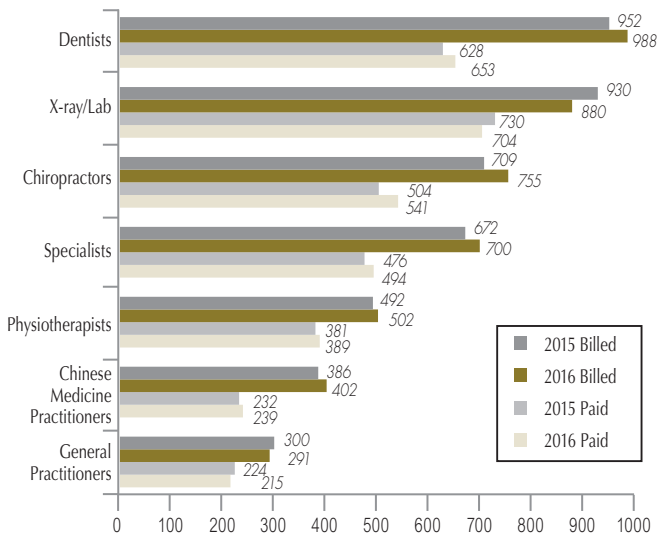
Note: (1) Relativity of General Practitioners = 100%.

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

Treatment	2016		2015		15-16 Change
	Paid (HK\$)	Relativity	Paid (HK\$)	Relativity	
Chinese Medicine Practitioners	239	111%	232	104%	3.2%
General Practitioners	215	100%	224	100%	(3.7%)
Specialists	494	230%	476	213%	3.8%
Physiotherapists	389	181%	381	170%	2.2%
Chiropractors	541	251%	504	225%	7.4%
X-ray/Laboratory	704	327%	730	326%	(3.5%)
Dentists	653	303%	628	281%	3.9%
Out-Patient Total	287	133%	285	128%	0.4%

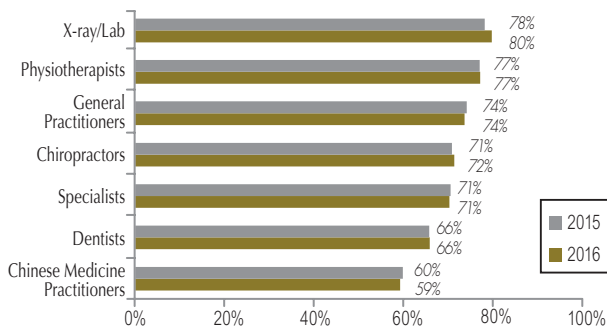
Note: (1) Relativity of General Practitioners = 100%.

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

GRAPH 2.3**Average Billed and Paid Amounts per Case (HK\$) in 2015 and 2016 – Group Policies**

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

The reimbursement ratio of general practitioners remains 74% in 2016. The X-ray/Laboratory receive the highest reimbursement ratio of 80%, while the Chinese Medicine Practitioners receive the lowest reimbursement ratio of 59% in 2016 (Graph 2.4).

GRAPH 2.4**Reimbursement Ratios in 2014 and 2015 – 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	2016	2015
Chinese Medicine Practitioners' Fees	400	390
General Practitioners' Fees	290	280
Specialists' Fees	730	700
Physiotherapists' Fees	550	550
Chiropractors' Fees	706	700
X-ray/Laboratory Expenses	860	900
Dentists' Fees	800	800

(iv) Utilization Rates of Out-Patient Medical Services

The utilization rates of out-patient medical services by service category in 2015 and 2016 are summarized in Table 2.10.

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

Category of Medical Services	2016	2015
Chinese Medicine Practitioners	114.2%	116.5%
General Practitioners	388.1%	412.4%
Specialists	52.7%	56.9%
Physiotherapists	18.9%	18.4%
Chiropractors	2.5%	3.0%
X-ray/Laboratory	22.9%	23.1%
Dental	44.0%	45.3%

Note: Utilization for 2016 = No. of treatment in 2016 / No. of insured earned in 2016.

3. RESULTS OF SURVEY – INDIVIDUAL POLICIES

3.1 Summary of Findings

Overview of Private Medical Expenses

Description	Total Billed (HK\$000's)		Number of Cases (Number)		Average Cost Per Claim (HK\$)
		%		%	
2016					
In-Patient	5,716,247	99%	187,573	65%	30,475
Out-Patient	85,741	1%	100,313	35%	855
Total	5,801,988	100%	287,886	100%	20,154
2015					
In-Patient	5,245,233	98%	175,571	65%	29,875
Out-Patient	83,596	2%	94,861	35%	881
Total	5,328,829	100%	270,432	100%	19,705

Note: Figures may not be additive due to rounding.

The figures in Table 3.1 indicate that 99% of the total medical cost was for in-patient services and the remaining 1% for out-patient services in 2016. This is consistent with market practice that individual members usually purchase only in-patient cover. Inpatient treatments accounted for about 65% of the total 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.

Level of Accommodation	Surgeons' Fees (HK\$)		Number of Cases
	Median	Mean	
2016			
Private	25,000	39,798	3,516
Semi-Private	13,200	22,212	10,311
Ward	11,000	16,084	73,302
Day Case	5,000	8,260	33,985
2015			
Private	24,000	39,251	3,071
Semi-Private	12,600	21,164	10,154
Ward	10,000	15,365	72,987
Day Case	4,720	7,909	29,132

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

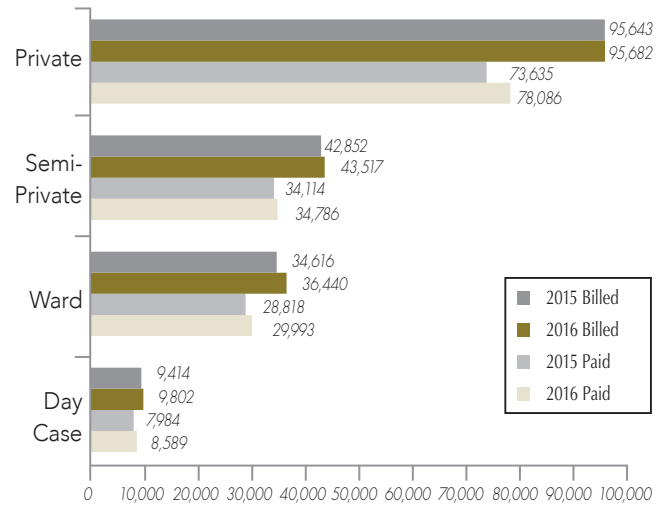
The average billed and paid amounts and their relativity factors for each level of accommodation are displayed in Table 3.3 and Graph 3.1 for the current and previous studies. The relativity factor is expressed as a percentage of the average billed or paid amount of a specific level of accommodation to that of the Ward accommodation. For example, the billed relativity factor of 263% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 263% of that of a Ward case.

TABLE 3.3
Average Billed and Paid Amounts by Level of Accommodation – Individual Policies

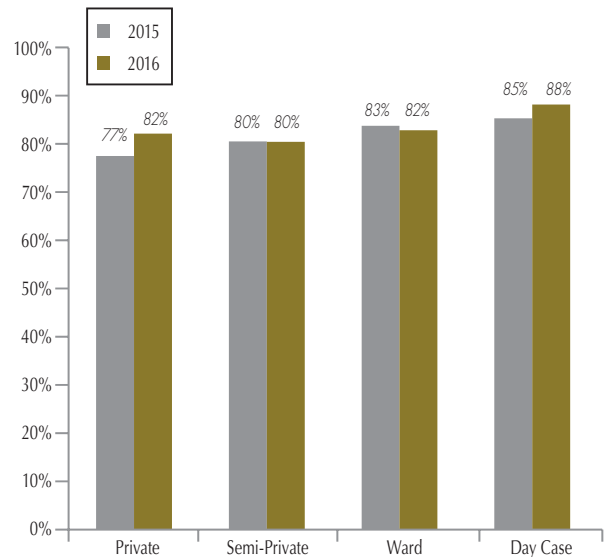
Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
2016					
Private	95,682	263%	78,086	260%	82%
Semi-Private	43,517	119%	34,786	116%	80%
Ward	36,440	100%	29,993	100%	82%
Day Case	9,802	27%	8,589	29%	88%
2015					
Private	95,643	276%	73,635	256%	77%
Semi-Private	42,852	124%	34,114	118%	80%
Ward	34,616	100%	28,818	100%	83%
Day Case	9,414	27%	7,984	28%	85%

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 2015 and 2016 – Individual Policies



GRAPH 3.2
Reimbursement Ratios in 2015 and 2016 – 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\$000's)	Number of Cases	Billed Amount (HK\$)			
			Mean	Median	Low	High
2016						
Private	139,930	3,516	39,798	25,000	18,000	36,000
Semi-Private	229,032	10,311	22,212	13,200	8,500	20,000
Ward	1,178,968	73,302	16,084	11,000	7,000	15,000
Day Case	280,707	33,985	8,260	5,000	3,000	8,000
2015						
Private	120,541	3,071	39,251	24,000	16,000	34,000
Semi-Private	214,895	10,154	21,164	12,600	8,000	20,000
Ward	1,121,411	72,987	15,365	10,000	6,600	14,500
Day Case	230,391	29,132	7,909	4,720	2,700	7,500

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

Level of Accommodation	Average Number of Days of Hospital Confinement
2016	
Private	3.2
Semi-Private	2.8
Ward	2.5
Day Case	0.0
2015	
Private	3.2
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
2016			
Room & Board Cost Per Day	3,973	1,408	823
Surgeons' Fees	36,000	20,000	15,000
Physicians' Fees Per Day	4,550	2,000	1,200
Anesthetists' Fees	12,000	7,300	5,000
Operating Theatre Expenses	14,650	8,080	5,743
Hospital Expenses	30,312	17,734	14,175
Specialists' Fees	8,000	3,600	2,840
2015			
Room & Board Cost Per Day	3,850	1,335	792
Surgeons' Fees	34,000	20,000	14,500
Physicians' Fees Per Day	4,500	2,000	1,160
Anesthetists' Fees	12,000	7,000	5,000
Operating Theatre Expenses	13,747	7,700	5,667
Hospital Expenses	29,251	17,406	13,418
Specialists' Fees	7,700	3,500	2,840

(v) Utilization Rates of In-Patient Medical Services

In-patient medical services consist of day cases and hospital confinements. The average utilization rates of day cases and hospital confinements in 2015 and 2016 are summarized in Table 3.7.

Treatment Year	Day Cases	Hospital Confinements
2016	2.5%	7.9%
2015	2.4%	8.4%

Note: Utilization for 2016 = No. of treatment in 2016 / No. of insured earned in 2016.

3.2.2 Out-Patient Cases

No further analysis will be conducted for outpatient 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	418	2.2	31,500	20,000	16,000
Anus 肛門					
Excision 切除	1,655	2.4	35,000	16,400	14,500
Appendix 盲腸					
Excision 切除	309	4.3	50,000	30,000	22,000
Biliary Tract 膽道疾病					
Endoscopy 內窺鏡檢法	650	3.3	60,000	35,000	28,000
Excision 切除	190	4.4	84,000	42,000	30,000
Esophagus 食道					
Endoscopy 內窺鏡檢法	23,568	1.9	24,000	12,000	10,000
Intestines (Except Rectum) 腸 (直腸除外)					
Excision 切除	182	8.8	140,000	92,200	60,000
Pharynx, Adenoids, and Tonsils 咽部、腺樣增殖 (體) 及扁桃腺					
Excision, Destruction 切除、破除	584	2.4	27,500	10,000	10,000
Rectum 直腸					
Endoscopy 內窺鏡檢法	17,488	1.8	18,000	10,200	7,500
Repair 修復					
Hernioplasty, Herniorrhaphy, Herniotomy 疝整復術、疝縫合術、疝切開術	252	2.3	36,000	30,000	18,000
Salivary gland and Ducts 唾液腺及唾液導管					
Excision 切除	167	3.3	46,120	30,800	30,405
ENDOCRINE SYSTEM 分泌系統					
Thyroid Gland 甲狀腺					
Excision 切除	785	3.5	60,000	40,000	35,000
EYE AND OCULAR ADNEXA 眼球及眼副體					
Eyelids 眼皮					
Excision 切除	210	1.2	14,500	9,000	7,000
Lens 晶體					
Removal Cataract 割除白內障	897	1.4	38,700	25,000	20,000
Posterior Segment 後部					
Vitreous 玻璃體手術	460	1.6	110,000	70,000	50,000
Retina or Choroid 視網膜或脈絡膜					
Repair 修復	277	1.7	27,400	30,000	27,000

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)		
			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	2,025	2.5	85,000	53,100	40,190
FEMALE GENITAL SYSTEM 女性生殖系統					
Cervix Uteri 子宮頸					
Excision 切除	184	1.5	22,000	12,000	9,000
Corpus Uteri 子宮體					
Excision 切除	1,232	4.1	74,352	39,654	35,000
Repair 修復	2,585	1.8	24,500	16,000	10,000
Ovary 卵巢					
Excision 切除	286	4.5	33,000	28,250	36,000
Oviduct 輸卵管					
Incision 切割	393	2.9	40,848	35,000	30,000
Vagina 陰道					
Endoscopy 內窺鏡檢法	999	1.4	20,225	9,000	8,000
Vulva, Perineu and Introitus 外陰、會陰及陰道口					
Incision 切割	188	1.7	17,500	8,000	9,000
Laparoscopy/Hysteroscopy 腹腔鏡檢查/子宮鏡檢查	1,381	2.4	40,000	30,000	18,000
INTEGUMENTARY SYSTEM 皮膚系統					
Breast 乳房					
Excision 切除	2,083	3.0	40,000	18,000	18,000
Destruction 破除					
Destruction, Benign or Premalignant Lesions 破除、良性或癌前病變	190	1.7	19,000	12,000	7,000
Repair (Closure) 修復 (縫合)					
Repair - Simple 修復 - 簡單	483	1.7	18,000	10,000	8,150
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	2,472	1.7	19,000	9,000	8,000
Incision and Drainage 切割及排水	420	3.2	10,000	9,000	7,500
Nails 指 (趾) 甲	199	1.5	22,500	10,750	6,900
MALE GENITAL SYSTEM 男性生殖系統					
Penis 陰莖					
Excision 切除	879	1.7	20,000	10,000	9,000
MEDIASTINUM AND DIAPHRAGM 縱膈及橫膈					
Diaphragm 橫膈					
Repair 修復	335	2.3	25,000	13,000	12,000
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	307	5.6	48,300	47,000	45,000

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)		
			Private 頭等房	Semi-Private 二等房	Ward 三等房
Forearm and Wrist 前臂及手腕					
Excision 切除	295	2.0	30,000	12,000	8,000
Fracture and/or Dislocation 骨折及/或脫位	288	2.7	38,000	30,000	24,000
General 全身					
Introduction or Removal 導藥法或割除	467	2.3	29,000	9,000	10,000
Lower Extremity 下肢					
Endoscopy/Arthroscopy 內窺鏡/關節鏡檢查	1,112	2.8	50,000	38,500	30,000
Hand and Fingers 手部及手指					
Incision 切割	178	1.4	18,000	8,000	9,000
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	271	4.8	100,000	60,000	50,000
Skull, Meninges, and Brain 頭顱、腦脊髓膜及腦部					
Craniectomy or Craniotomy 顱骨切除術或顱骨切開術	229	10.9	113,400	110,000	90,000
Destruction by Neurolytic Agent (eg, Chemical, Thermal, Electrical, Radiofrequency) 破壞神經劑 (如化學、熱力、電力、放射電頻)					
Neuroplasty (Exploration, Neurolysis or Nerve Decompression) 神經成形術 (探索法、神經鬆解術或神經減壓法)	171	1.7	32,650	17,000	12,000
RESPIRATORY SYSTEM 呼吸系統					
Larynx 喉					
Endoscopy 內窺鏡檢法	824	2.0	10,320	6,000	6,000
Nose 鼻					
Endoscopy 內窺鏡檢法	806	2.2	11,425	7,705	7,295
Repair 修復	235	2.7	50,000	45,000	27,000
Trachea and Bronchi 氣管及支氣管					
Endoscopy 內窺鏡檢法	748	3.5	18,000	10,000	7,000
URINARY SYSTEM 泌尿系統					
Kidney 腎臟					
Endoscopy 內窺鏡檢法	1,303	2.2	35,000	20,000	18,000
Ureter 尿管					
Endoscopy – Cystoscopy, Urethroscopy, Cystourethroscopy 內窺鏡檢法 - 膀胱鏡檢法、尿道鏡檢法、膀胱尿道鏡檢法	841	2.0	18,000	6,250	7,000
Repair 修復	716	1.7	14,769	9,516	6,600
Urethra and Bladder 尿道及膀胱					
Transurethral Surgery 經由尿道進行之手術	318	2.3	21,725	13,907	8,000

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。

