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2017年2月19日

友邦香港就香港醫學會今天有關住院「醫療所需」的醫療保險賠償立場,現作出以下回應:

友邦香港一向尊重醫生專業、合理、充分及符合「醫療需要」的決定。本公司必須嚴正澄清,我們絕對同意及支持醫生以最專業意見為病人作最適切的治療,不論是過去、現在及將來,我們均秉持此原則為理賠依據。我們絕對相信醫生們的專業判斷,今次致函予醫生之目的,是有鑑於近年出現欠缺合理、充分及符合專業「醫療需要」的入院個案,及不合理過高的醫療收費情況日趨嚴重,故希望藉此函與醫生們加強溝通,彼此了解及達成共識,從而令理賠金額保持於合理水平,同時亦減低相關醫療保費需每年大幅加價的壓力。

此外, 友邦香港從來沒有要求如醫學會所指, 要求醫生以「最低護理水平場所」「最便宜的場所」 為病人進行醫療程序, 更絕無要求醫生們只在極危急或嚴重病例的情況下方可安排病人入院。同 時, 我們是極之支持醫學會所表示的一些案例, 如睡眠窒息症、正服薄血藥等, 絕對是應安排在 醫院進行相關診治, 而我們一向就此等有合理醫療需要的索賠, 根據保單條款作出賠償。

我們重申, AIA 尊重醫學界的專業判斷, 假若主診醫主認為住院為必需並能提供詳細及合理解釋, AIA 定必根據保單條款作出賠償。如主診醫生未能提供詳細解釋留院理由, 我們仍會根據一般醫院及非醫院的日間手術中心收費作出合理及慣常賠償。

保險公司會每年根據所有醫療保單的理賠經驗調整醫療保險保費。如果我們能控制醫療費用的上升便可以減慢保費的增長,從而令客戶有所得益,節省保費開支。作為負責任的保險公司,我們有需要為客户提供合理保障及符合合理水平保費的產品。所以我們要對索償個案作出合理監管,並與醫生們作適時溝通,亦期望雙方配合,為整體病人取得長遠及可持續的最大利益。

根據過去一年內部統計數字,在個人保險腸胃鏡索償中,90%皆為住院索償。相反,其他發達國家,大部份腸胃鏡於醫院及非醫院的日間手術中心進行。而每個住院索償個案中,平均索償額約為三萬港元,為一般醫院及非醫院的日間手術中心收費的三倍。再者,住私家房的收費約為一般個案之兩倍。此類腸胃鏡若於私家病房進行,則平均私家房住院個案索償可達超過六萬元,為日間手術中心的平均費用的六倍。

過往大部份索償表格上,我們發現醫生並未能合理解釋醫療所需(medically necessary) 住院的理由,我們曾收到醫生提供住院理由包括「無原因,個人喜好」及「舒適」等,並未能進一步合理解釋住院之需要。在這情况下,我們需要再聯絡醫生作出跟進,因而加長了理賠程序。我們希望通過改善與醫生的溝通,從而提高理賠效率及服務質素。

「友邦香港」或「公司」是指友邦保險(國際)有限公司(於百慕達註冊成立之有限公司)。

在過去的索償個案中,我們亦有很多高索償額但未有提供特別原因的個案。

例一: 普通胆囊切除手術費為港元 400,000(並不包括其他相關住院費用), 其他個案一般收費為五至八萬港元。

例二:一次住院的腸鏡加胃鏡的總索償額為港元 177,900, 而一般醫院及非醫院的日間手術中心 收費約為一萬港元。

例三: 普通腸胃炎, 兩天巡房費為港元 30,000。

至於住院的醫療所需,我們提供的並非全部情況。只為一般參考,我們亦收到不少醫生的正面及有建設性的回應,歡迎醫學界繼續提供意見。

最後,我們重申,友邦香港百分百尊重醫生專業及合理,並符合「醫療需要」的判斷。我們去函醫生之目的,是希望能夠與醫生們一起努力,相互溝通,達成共識,為病人提供最專業適切的治療及保障,並能有效控制醫療通脹,令理賠金額保持於合理水平。我們誠意祈望得到醫學界的支持,鼓勵有效地運用醫療資源及服務,AIA將盡力以一個合理的保費令所有客戶享有最佳的保障。

# 關於友邦香港及澳門

友邦香港及澳門友邦保險是友邦保險集團附屬公司,友邦保險集團於 1931 年開始經營香港的業務。我們於香港及澳門擁有逾 13,000 名財務策劃顧問\*,加上獨立理財顧問、經紀和銀行保險網絡,為逾 180 萬客戶提供不同類型的產品,包括個人壽險、團體人壽、意外、醫療、個人財物保險及多款投資選擇的投資連繫壽險計劃。我們亦專注為高端客戶之特有財務需要設計超卓產品方案。

\*截至2016年11月

# 友邦保險簡介

友邦保險控股有限公司及其附屬公司(統稱「友邦保險」或「本集團」)是最大的泛亞地區獨立上市人壽保險集團,覆蓋亞太區內 18 個市場,包括在香港、泰國、新加坡、馬來西亞、中國、韓國、菲律賓、澳洲、印尼、台灣、越南、新西蘭、澳門和汶萊擁有全資的分公司及附屬公司、斯里蘭卡附屬公司的 97%權益、印度合資公司的 49%權益,以及在緬甸和柬埔寨的代表處。

友邦保險今日的業務成就可追溯近一世紀前於上海的發源地。按壽險保費計算,集團在亞太地區 (日本除外)領先同業,並於大部分市場穩佔領導地位。截至 2016 年 5 月 31 日,集團總資產值 為 1,810 億美元。

友邦保險提供一系列的產品及服務,涵蓋壽險、意外及醫療保險和儲蓄計劃,以滿足個人客戶在長期儲蓄及保障方面的需要。此外,本集團亦為企業客戶提供僱員福利、信貸保險和退休保障服務。集團透過遍佈亞太區的龐大專屬代理、夥伴及員工網絡,為超過 2,900 萬份個人保單的持有人及逾 1,600 萬名團體保險計劃的參與成員提供服務。

友邦保險控股有限公司於香港聯合交易所有限公司主板上市(股份代號為「1299」); 其美國預託證券(一級)於場外交易市場進行買賣(交易編號為「AAGIY」)。

### 傳媒聯絡:

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27 January, 2017

Happy Chinese New Year!

Thank you for your ongoing support in providing a high quality medical service to all our customers.

It is well known in the medical profession and by the general public that advances in medical technology now allow simple surgical procedures to be conducted in an outpatient setting. To adapt to these changes, we announced in April 2014 that coverage of all our hospitalisation products includes medically necessary surgeries performed by a registered medical practitioner in an outpatient setting. And, we would like to clarify this include surgeries performed in both day surgery centre in hospital and outpatient surgery centre. This is in line with the standard of medical services in many developed countries such as Hong Kong, which encourages the use of outpatient facilities for simple surgeries, through the Voluntary Health Insurance Scheme proposed by the Government.

Over the past two years however, we have observed that the majority of claims for such procedures are still performed on an inpatient basis and without clear reasons that admission and the length of stay is medically necessary. This has driven up medical costs for the customer as well as reduced the availability of hospital beds.

In order to maintain a sustainable and efficient healthcare system, we suggest that you recommend inpatient care only for cases where it is medically necessary. For such cases, please also assess the appropriate length of stay, overnight stay may not be necessary. By avoiding unnecessary and costly admission, we hope to contain medical inflation and hence the future cost of insurance, and to increase the availability of hospital beds in Hong Kong.

## We would like to highlight that:

- Claims for procedures performed in hospital when it is not medically necessary may not be eligible for reimbursement for hospital confinement. This includes simple procedure that can be performed safely in an outpatient surgery centre or day surgery centre in hospital, such as colonoscopy, oesophago-gastro-duodenoscopy, and for cataracts.
- This type of procedure and / or any eligible hospital confinement will be covered, subject to the principle of medical necessity and at a reasonable level; this means at the level of a day surgery or outpatient facility.
- The general indications for inpatient hospital admission are:
  - Procedure performed under general anaesthesia Monitored Anaesthesia Care excluded
  - 2. Equipment for the procedure is available only in hospital and cannot be done on an outpatient basis

- 3. Presence of significant comorbidity
- 4. Acute conditions that can be managed only in hospital (Please refer to the appendix for further explanation on condition 3 & 4)

We would also like to take this opportunity to introduce our newly appointed Chief Medical Officer and Corporate Advisor, Dr. Chow Yat-Ngok, York. As a seasoned medical professional, we believe that he should be no stranger to you. Going forward, he will act as the bridge between AIA and our medical partners. Through this strengthened collaboration, we believe that we can collectively make a difference and help people live healthier, better and happier lives.

Together with your professional support in encouraging the efficient use of medical services, AIA aims to provide the best protection to all customers for an affordable premium.

If you have any suggestions or questions regarding this letter, please contact the dedicated hotline on 2232-8160 at your convenience.

Yours sincerely,

mal.

Ip Man Kit

Chief Technology and Operations Officer

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## Appendix - further explanation on conditions for hospital admission

### For condition 3

- a. Diabetes Mellitus on insulin,
- b. Chronic obstructive airways disease on mobile oxygen,
- c. History of stroke or acute myocardial infarction in recent 6 months,
- d. History of coronary artery bypass graft surgery, percutaneous coronary intervention, surgery for stroke in the past 6 months,
- e. On radio-chemotherapy,
- f. Atrial fibrillation with/without pacemaker, history of paroxysmal tachycardia,
- g. Chronic renal failure on dialysis.

#### For condition 4

- a. Acute organ failure heart, lung, kidney or liver,
- b. Acute abdominal conditions appendicitis, cholecystitis, cholangitis, pancreatitis, perforation of gut, intestinal obstruction, pelvic peritonitis, torsion or rupture of ovarian cyst, ruptured ectopic pregnancy,
- c. Pneumonia,
- d. Acute myocardial infarction,
- e. Stroke.