

MINUTES OF THE ANNUAL GENERAL BODY MEETING OF H. & A. CELL OF AMC

The Annual General body Meeting of the H. & A. Cell of AMC was held on Sunday July 21st 2024 at 11.15 A.M.at Hotel Karl Residency, Lallubhai Park, Andheri (west) Mumbai.

The following members attended the meeting

- 1) Member's Attendance :-
 - 1) Dr. Smita Sharma
 - 2) Dr. Suhas Kate
 - 3) Dr. Jayesh Shah
 - 4) Dr. Vivek Dwivedi
 - 5) Dr. Vikrant Desai
 - 6) Dr. Sujata Rao
 - 7) Dr. Mukesh Gupta
 - 8) Dr. Ajay Hariani
 - 9) Dr. Nitin Rao
 - 10) Dr. Niranjan Agarwal
 - 11) Dr. Shrikant Badwe
 - 12) Dr. Sudhir Naik
 - 13) Dr. Lalit Kapoor
 - 14) Dr. Deepak Vaidya
 - 15) Dr. Hemant Joshi
 - 16) Dr. Archana Joshi
 - 17) Dr .Pravin Shah

2) Agent Attendance :

- 1) Mr. Sanjay Sureka
- 2) Mr. Sagar Mestry
- 3) Mr. Krishnakant Garodia
- 4) Mr. Kuldeep Bisht
- 5) Mr. Harbinder Singh
- 6) Mr. Sachin Patkar
- 7) Mr. Shailesh Mawani
- 8) Mr. Jitendra Udeshi
- 9) Mrs. Trupti Sampat
- 10) Mr. Shobha Shah
- 11) Mrs. Apeksha Sanghavi

The President Dr. Vivek Dwivedi President welcomed the house and called upon Chairperson of the Health and Accident Cell Dr Smita Sharma to conduct the meeting. Dr Smita Sharma welcomed the house and started the meeting



ASSOCIATION OF MEDICAL CONSULTANTS MUMBAI

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The following agenda was transacted

Condolences:
 Dr. Arvind J. Kamdar
 Dr. Achut Nayak
 Dr. P.P. Ashok
 Dr. Vipin C. Shah
 Dr. Fateh Naranjan Singh
 Dr. Jyoti B. Joglekar
 Dr. Jagadish B. Barfiwala
 Dr. Abdul Aziz Abdul Wahed Hakim
 Dr. Anant K. Chaudri
 Dr. P.N. Rao
 Dr. Harsha Hathi
 Dr. Meena Girish Dani
 H Dr Ashok Babubhai Vaidya

The House Observed 2 Minutes Silence to Pay Respect To The Departed Souls

Dr Smita Sharma informed the house that in March 2024 Dr Suhas Kate completed his 9 years as Chairman and Dr Smita Sharma took over from April 2024

2) <u>To read & confirm the Draft Minutes of Last AGM held on 16/07/2023. (Draft Minutes attached)</u>.

As the Draft minutes of the July 2023 were being read, Dr Niranjan Agarwal brought to the notice of the house that he has been misquoted in the minutes. "Dr Niranjan Agarwal appreciated the efforts of the Health and Accident Cell and specially Dr Suresh Rao. Dr Niranjan Agarwal said that while we are giving Benefits to younger members, we should not pass the benefits to their parents" he said that this is not what he meant and this sentence should be deleted. What he said and in effect meant that that" frequent claimants should not get benefits as compared to occasional claimants." To this Dr Kate and Dr Smita explained to him that we are already doing it. If a member has no claim for 10 years they do not pay copayment and get 100% of the lodged claim. Similarly, if a member has not claimed for 5 years he pays only 5% copayment on the lodged claim. Similar benefits are there for capped ailments and mentioned in brochure. Dr Niranjan Agarwal said that he is satisfied with this. However, the sentence mentioned in last year's minutes is misrepresentative and should be deleted. The H& A committee agreed to the same and the above-mentioned sentence STANDS DELETED.

Proposed by Dr Lalit Kapoor Seconded by Dr Niranjan Agarwal

3) **Business arising out of the Draft minutes of Last AGM;**

Dr Smita Sharma said that we need to give the proper follow up to the house. The discussions that were done and presentations made in the AGM of July 2023 regarding moving to the floater policy and what finally happened and was implemented was very different. The presentation done was that there will be one family floater and all members will be in one policy.



What subsequently happened when the premiums unfolded was that those members who are in their 40s and 50s and their parents in 70s and 80s ended up having an exorbitant premium as the premiums are calculated with the 1st and 2nd member as the eldest (Highest age) premium. Hence it created a lot of upset. Those members who did not have parents in the policy were satisfied. There were too many complaints and discontentment with this. What we realized as a committee that no matter what policy you bring 50% of our members will be happy with the floater and 50% definitely felt that the earlier Individual policy was much better. However, for the current year our most important task was to remove the parents from the floater group and restructure the policy into 2 policies. It required series and series of tough negotiations with Oriental, and with the help of Marsh we were able to bring out 2 policies.

1) Floater policy & 2) Parents and parents in law policy

4) <u>Current Status of the Scheme</u>

This year we have bifurcated our members into 2 policies to get optimum premiums for both categories

- 1) **Floater Policy**-Primary members, spouse, son, daughter, son in law, daughter in Law and grandchildren
- 2) **Parents (Individual Policy**) Parents and Parents in law. Old other relatives. No new other relatives will be added

Policy Type	Existing Members who have Renewed as on 30/09/2023	New Entrants Oct 2023 To June- 2024	Total
FLOATER GROUP	4341	201	4542
INDIVIDUAL GROUP	425	02	427
TOTAL	4766	203	4969

We have a mixed bag of members young, middle aged and elder members in the floater policy. There is a fair number of young members about 1200 as they have really got the policy at a very discounted rate. Dr Sudhir Naik asked how many people left the policy? To this Dr Smita said that the drop out was more than 200 whereas the average drop out in other years is about 150. She specifically said that Shobha Shah had the maximum drop out of 16 families and about 100 members as they felt that 20 lacs was too small an amount to restrict the families particularly when only the primary member is an AMC member. Dr Smita said that we have to admit where we have gone wrong. We will review and look for corrective measures in the coming year.

Dr Sujata Rao said how many new members have joined. To which Dr Smita said that we have had a membership drive only after February due to several logistic reasons and we have had a robust 200 members joining the policy in 4 months.

The discussion on the claim status was as follows:

Dr Smita Sharma informed the house based on claim statistics that we have always been saying that elderly parents are draining the policy. In fact, it is our primary members today who are taking good treatment for all their ailments and naturally they would, it is their entitlement and they deserve it. The highest claim frequency is 36% above the age 75. If required we may be compelled to increase the premium in this age higher age groups. Dr Smita asked the house if the house agrees that we can increase premiums or we should take support from the corpus. President Dr Dwivedi said that we should follow market trends and charge premium accordingly.



Dr Smita Sharma wanted to the house to know that marked premiums are exclusive of GST and our premiums are **inclusive of GST**. Dr Niranjan Agarwal wanted to know how do we differentiate between claimants and nonclaimants. To this Dr Smita said that she specifically asked Dr Suresh Rao whether we should introduce loading. To this his reply was that we have stopped loading, now why reinvent the wheel? Dr Kate said that we do not want to put loading.

Dr Dwivedi asked if there are people who are claiming every year and we should have some mechanism to restrict them. To which Dr Smita said that yes, we will think about it.

Dr Sudhir Naik said that we should identify those who are claiming for frivolous reasons and look into it. To this Dr Smita said that this is already being done. These people have been identified. From June onwards some members get admitted for fever, hypertension, vertigo, generalized weakness and just do routine tests we have already started scrutinizing these claims. The first check in place I have put is stop the cashless and the second check is that we do not pay for unrelated investigations and treatments. There was a lot of discussion on whether we should restrict CSI of chronic claimants and the general feeling of the house is that in view of medical inflation we should not. The general trend is that most of our members go larger tertiary hospitals and hence the bills are on the higher side.

Dr Smita Sharma informed the house that there is a sudden surge of bills for fractures. Nowadays fractures cost about 3 to 5 lacs. Dr Dwivedi and Dr Kate that genuine fractures are justified but high claims for fever are not. Dr Dwivedi said that we should look for red flags we should be more watchful. Dr Smita said that we do follow the red flag system. Dr Mukesh Gupta suggested more robust investigations. In addition, the house suggested that the hospitals large or small misusing the claims or putting unreasonable claims in cashless can be warned and if we needed can withdraw their cashless facility. Dr Sudhir suggested that we send a strongly worded letter both to the hospital and member. We can label them "under suspicion."

Dr Mukesh Gupta said that we can write to such members that we are regularly doing our internal audit. IRDA also does its routine audit. This helps to pick up irregularities. The AGM actually empowered the H&A committee to take appropriate action. There was also a mention of the role of use of Artificial Intelligence. Dr Smita Shama acknowledged the efforts of Dr Jayesh Shah for his deep study of claims and Dr Ajay Hariani for his committee effort every week in seeing 25 to 30 files in the office.

The data presented showed that more cashless claims come from Tertiary hospital and hence bills are larger. Dr Smita urged the Association and particularly the NoAH cell to see that more nursing homes get empanelment and that will help the members and the policy as well.

Dr Smita Sharma then introduced Dr Rajesh Shukla and Ms. Vaishnavi from Marsh. Dr Smita Sharma asked Dr Shukla is there is a *reasonable and customary* clause for fracture. Dr Rajesh Shukla gave a few suggestions to improve the scope of the scheme.

5) <u>New proposal by H. & A. Cell, for consideration & adoption by the AGM.</u>

- In the floater we have introduced the 25 and 30 lac structure
- In the parent's policy we have introduced the 7 lac structure
- We have decided to discontinue the Top up



Dr Niranjan Agarwal asked about bed charges. To this Dr Smita Sharma explained that there is slight irregularity in the running policy of giving a 1.5% of CSI only in 10 lac policy and this was bleeding the policy. The bed charges table is now regularized and we are uniformly giving 1% of CSI for all. The bed charges are capped at Rs 25,000 as there is no bed higher than that. This is the highest market rate. As the bed charges go up, we will keep up with the market.

Sum Insured	Cataract Per Eye	All Cardiac claims	Jt. Replacement per joint	Robotic Surgery Per Year
300,000	35,000	225,000	225,000	225,000
400,000	45,000	300,000	300,000	300,000
500,000	50,000	375,000	375,000	375,000
600,000	55,000	450,000	450,000	450,000
700,000	60,000	525,000	525,000	525,000
800,000	65,000	600,000	600,000	600,000
900,000	70,000	675,000	675,000	675,000
1,000,000	75,000	7,50,000	7,50,000	7,50,000
1,200,000	80,000	9,00,000	7,50,000	7,50,000
1,500,000	100,000	9,00,000	7,50,000	7,50,000
20,00,000	125,000	9,00,000	7,50,000	7,50,000
2,500,000	125,000	9,00,000	7,50,000	7,50,000
3,000,000	125,000	9,00,000	7,50,000	7,50,000

The rates of Capped ailments were revised and the revised tables is as follows:

Dr Smita Sharma informed the house that we have addressed the following

Cataract rates have been increased appropriate with the market need.

Cardiac claims are restricted to Rs 9 lacs

Knee joints have been restricted to 7.5 lacs in keeping with the cost of knee joint replacement in the current scenario. The govt has capped at Rs 2.5 lacs and hence joint replacement cannot cost more than Rs 7.5 lacs. Dr Jayesh Shah informed the house if we do not restrict hospitals with open billing the surgeons and other doctors will charge more.

Dr Niranjan Agarwal was also concerned about the restrictions. To which Dr Smita Sharma informed him that yes in principle Rs 9 lacs limit for cardiac is less. However, at the moment the policy is bleeding and we have to will have to wait and see. If the claim ratios permit, we would want to increase the limits for cardiac to match the original trends.

Dr Sudhir Naik strongly felt the need to have a super top up of AMC. However, the H&A committee had several reservations. The committee also said that the Covid top up set us back financially and was a very bad experience of claiming in our policy. Dr Sujata Rao and Dr Sudhir strongly advocated for Top up. There were some more discussions



Dr Smita Sharma said that she wants to put on record her views and takes complete responsibility for her views-"The concept of top up and super top up in the context of AMC policy does not work. Even though members have top of policies *in excess of a certain CSI* most claims come to base policy. Our members do not take the trouble to activate top up and continue to take from AMC policy. Also, our numbers are too small to be able to take the risk of the claim ratio. In case the claim ratios go up our policy will bleed with irreparable damage. So we should not look at the premium we may collect and we should not expose ourselves to so much risk. A few big claims will disturb the claim ratio very adversely. This is because a group of 5000 is too small for absorbing the risk." There was a lot of discussion on this topic of top-up and super-top up and all the views were contradictory and non-conclusive. All this discussion is available in the recording for anyone who was present in the AGM to listen. Dr Rajesh Shukla explained that we should have a super top up and Marsh may be able to negotiate good premiums.

Dr Suhas Kate and Dr Jayesh Shah said that we should study it better in the context of our policy.

Dr Rajesh Shukla promised on good pricing negotiations for the forthcoming policy. He also discussed the different mechanisms of calculating premium. He also requested the members present to understand the policy well and spread the accurate message across regarding the policy

Dr Smita Sharma also thanked Dr Sudhir Naik for his active involvement on her specific request in the policy. Because of his vast experience of Chairing the PI cell and his financial wisdom

Dr Jayesh Shah summed up with his observations of claiming patterns and said that if we wish to give a good product you have to charge premiums appropriately.

- 6) <u>To inform the house about the new Chairman of Health and Accident Scheme</u> Dr Smita Sharma has become the Chairman from April 2024
- 7) To inform the house about the New Advisor of Health and Accident Scheme Dr Suhas Kate has taken over as the Advisor Dr Suresh Rao continues as Patron
- 8) <u>To inform the house about the appointment of Marsh as Broker in the policy</u>
- 9) <u>Any other matter with the permission of the Chair; -</u>Dr Pravin Shah a member had come to the AGM He wants to go to Ombudsman for a past claim which did not come in the purview of payable at the time of the claim. It is a new payable as per IRDA. He wanted the beneficiary chart to be shared. Dr Smita Sharma informed him that once he goes to Ombudsman he is in fact contesting against Oriental Insurance and it is Oriental's prerogative to share the Beneficiary chart with Ombudsman.

10) Vote of thanks

The vote of thanks was delivered by Hon Secretary Dr Vikrant Desai