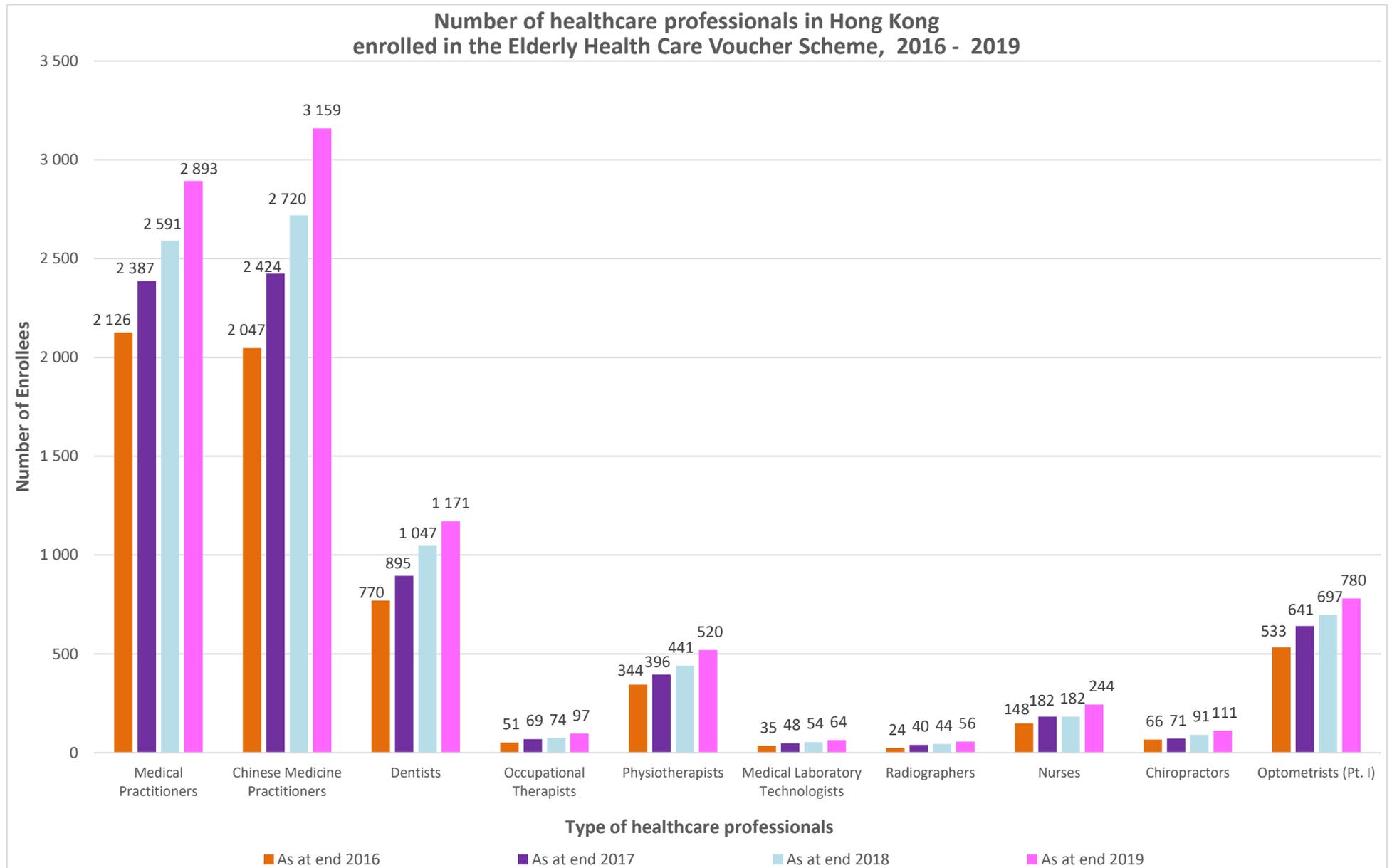
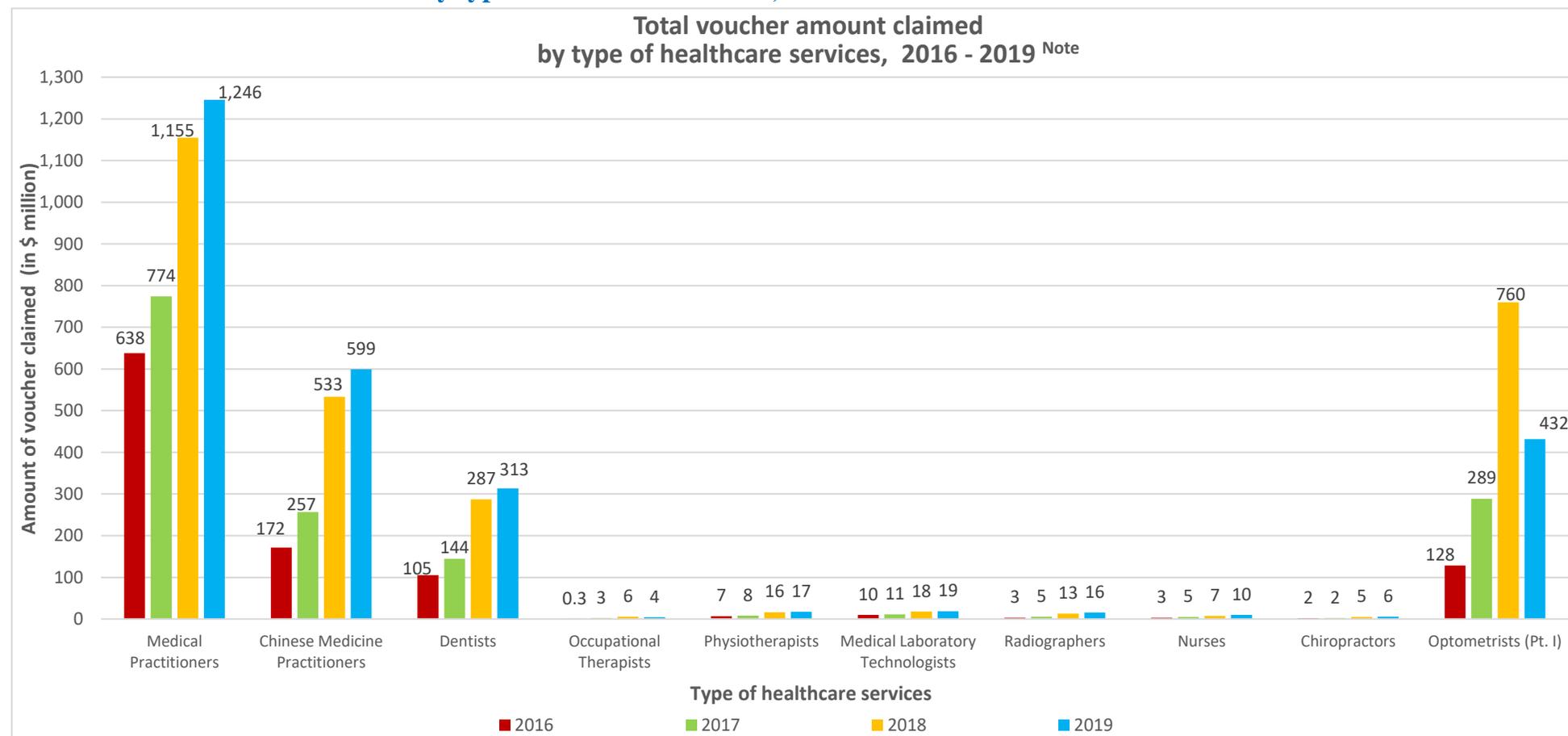


I. Key Statistics on the Elderly Health Care Voucher Scheme for 2016 – 2019

A. Number of healthcare professionals in Hong Kong enrolled in the Elderly Health Care Voucher Scheme, 2016 - 2019



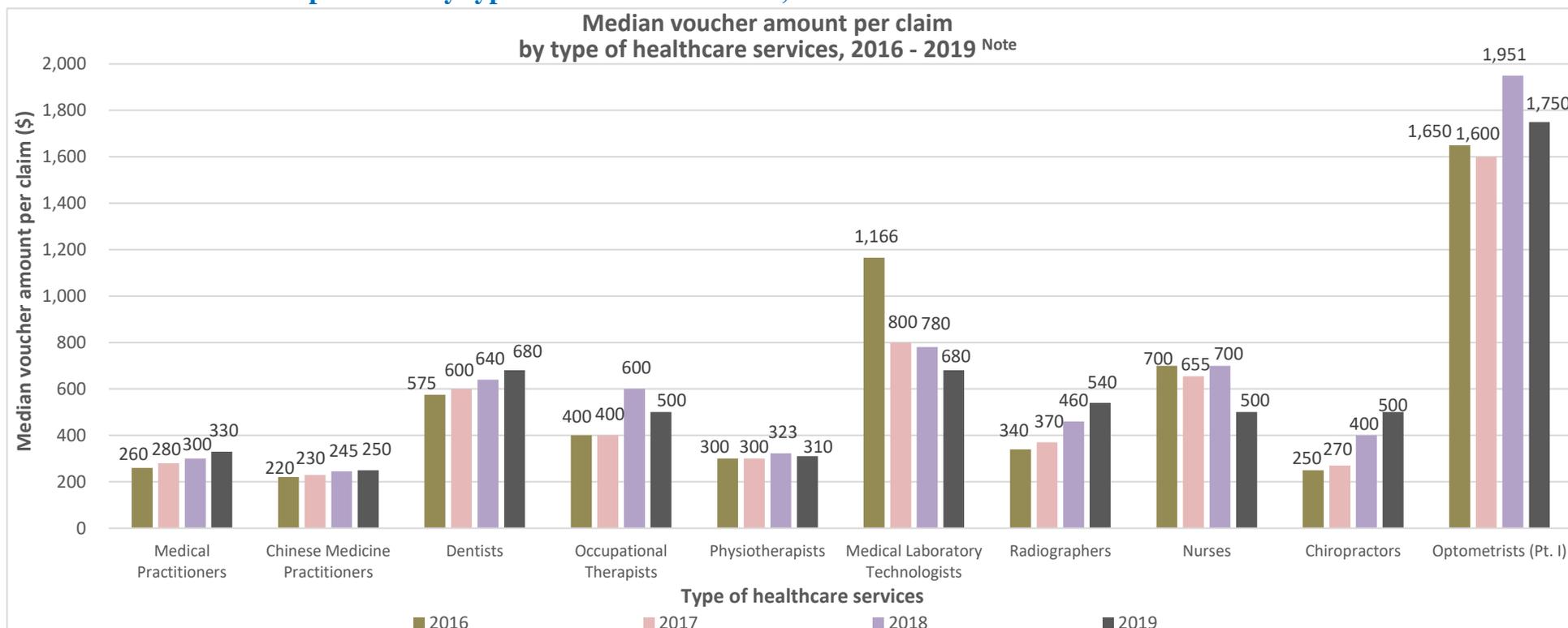
B. Total voucher amount claimed by type of healthcare services, 2016 - 2019



Note :

1. The above only reflects the amount of fees settled by vouchers and does not include any out-of-pocket payment (i.e. co-payment) made by elders for each consultation, if any.
2. The eligibility age for the Elderly Health Care Voucher Scheme was lowered from 70 to 65 on 1 July 2017.
3. On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000.
4. On 26 June 2019, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

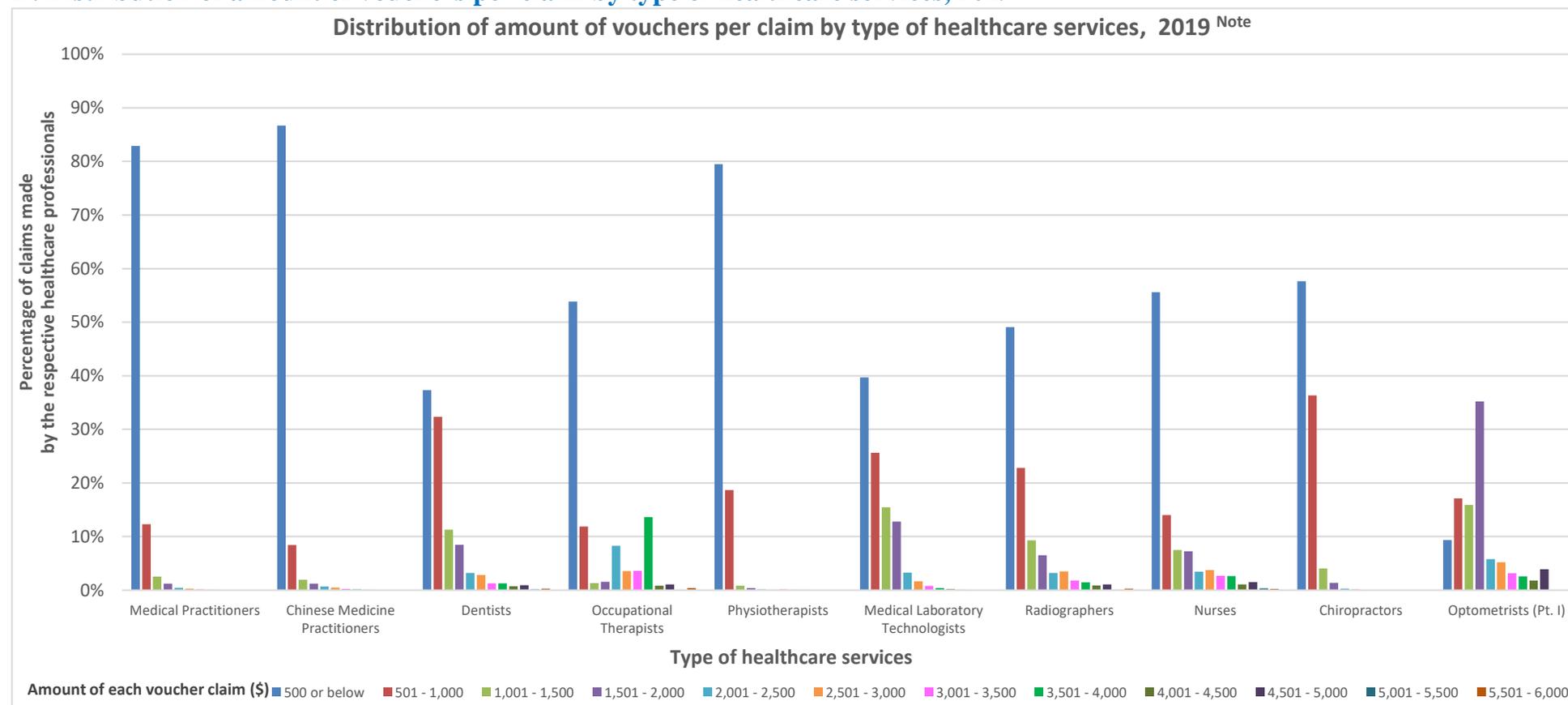
C. Median voucher amount per claim by type of healthcare services, 2016 - 2019



Note :

1. The above only reflects the amount of fees settled by vouchers and does not include any out-of-pocket payment (i.e. co-payment) made by elders for each consultation, if any.
2. The above statistical data are compiled based on the actual voucher claims made by the healthcare service providers and should not be interpreted as fees recommended by the Government. The amount of healthcare service fees can be affected by various factors, such as the individual elder's health condition, the complexity of the case, and the healthcare treatment/ management options involved.
3. The eligibility age for the Elderly Health Care Voucher Scheme was lowered from 70 to 65 on 1 July 2017.
4. On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000.
5. On 26 June 2019, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was further increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

D. Distribution of amount of vouchers per claim by type of healthcare services, 2019

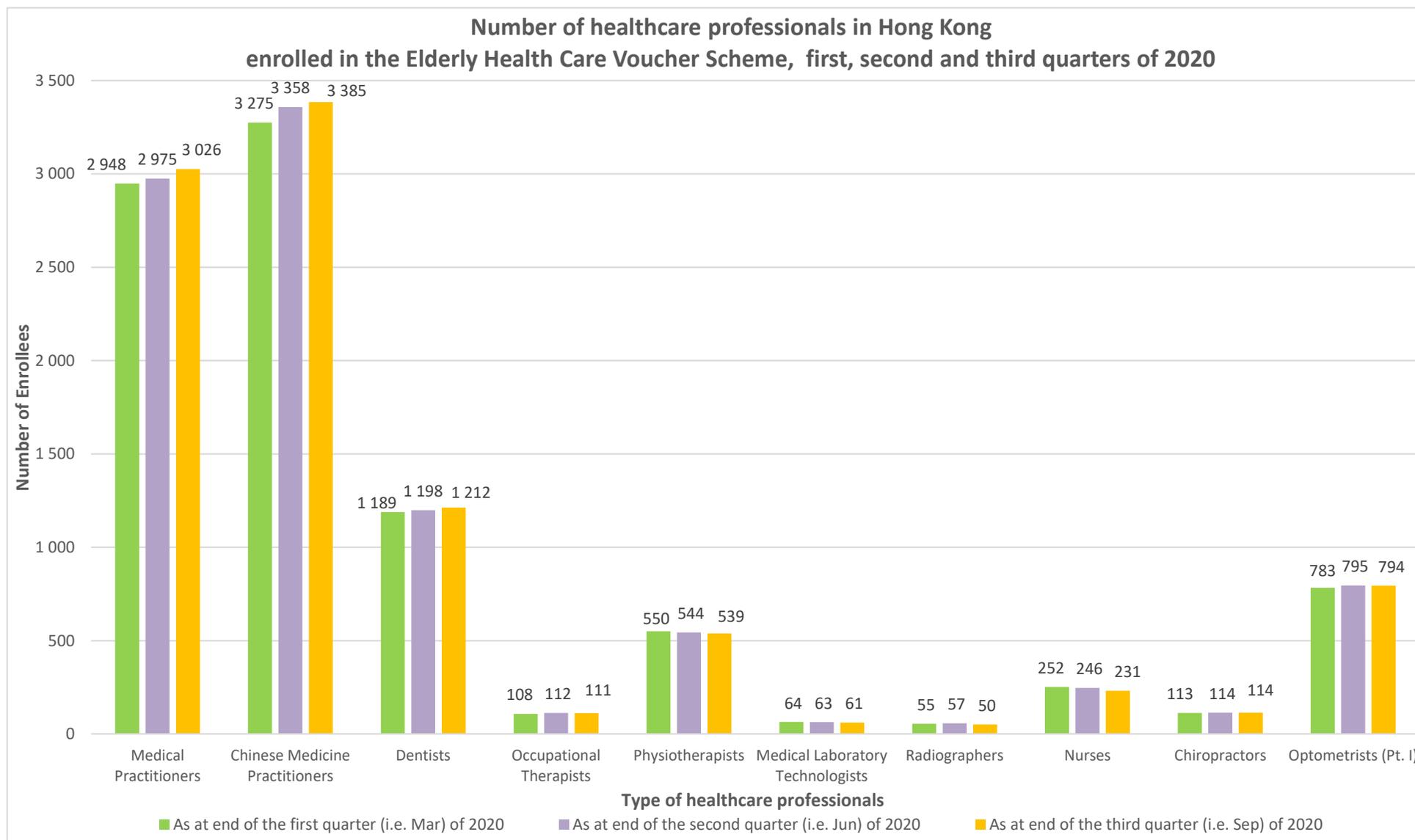


Note :

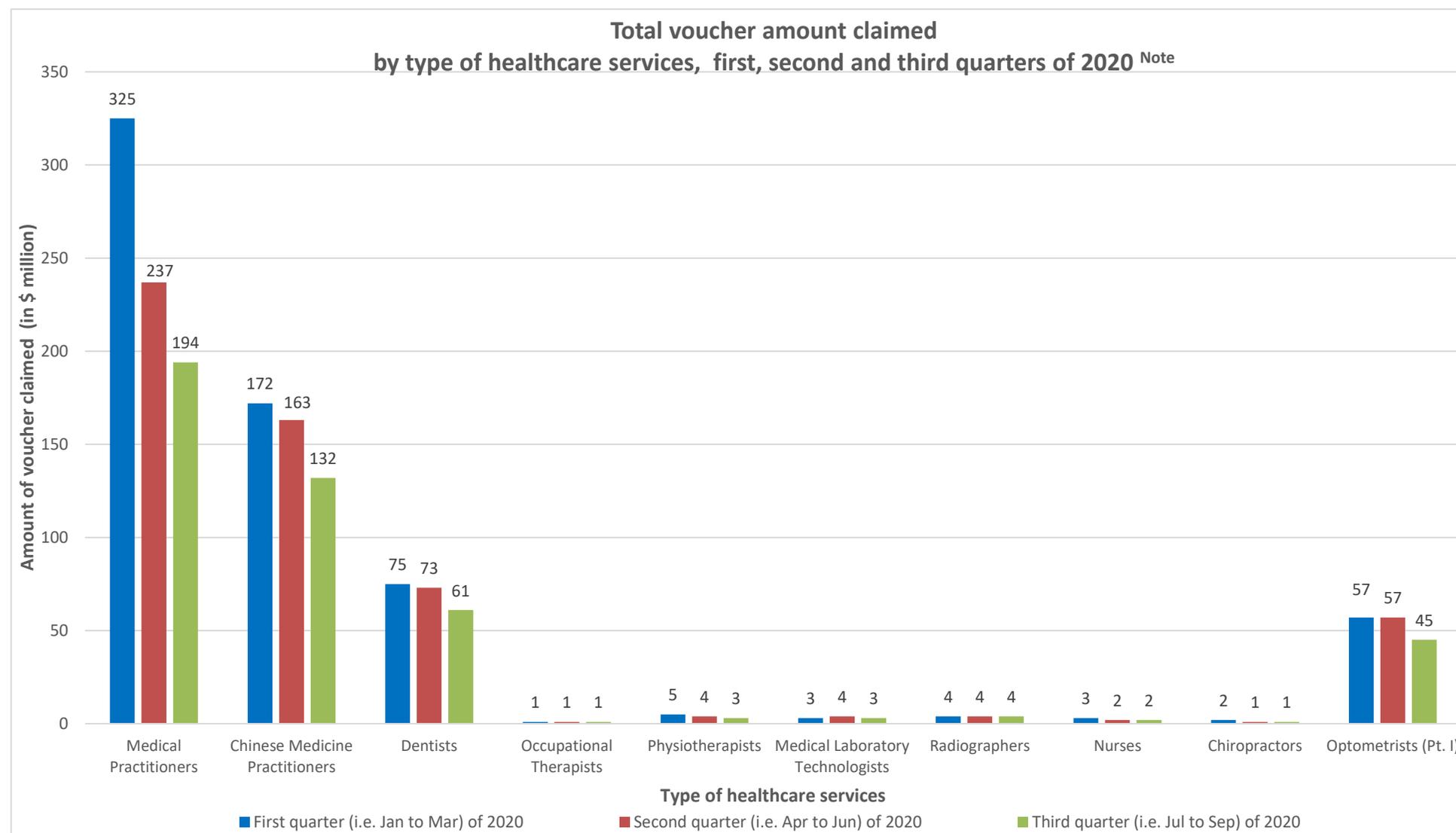
1. The above only reflects the amount of fees settled by vouchers and does not include any out-of-pocket payment (i.e. co-payment) made by elders for each consultation, if any.
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3. The eligibility age for the Elderly Health Care Voucher Scheme was lowered from 70 to 65 on 1 July 2017.
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5. The accumulation limit of vouchers was \$5,000 between 1 January 2019 and 25 June 2019. With the provision of a one-off voucher amount of \$1,000 on 26 June 2019, the maximum amount of vouchers that could be accumulated in an elder's voucher account was generally \$6,000 between 26 June 2019 and 31 December 2019.

II. Key Statistics on the Elderly Health Care Voucher Scheme for the First, Second and Third Quarters of 2020

A. Number of healthcare professionals in Hong Kong enrolled in the Elderly Health Care Voucher Scheme, first, second and third quarters of 2020



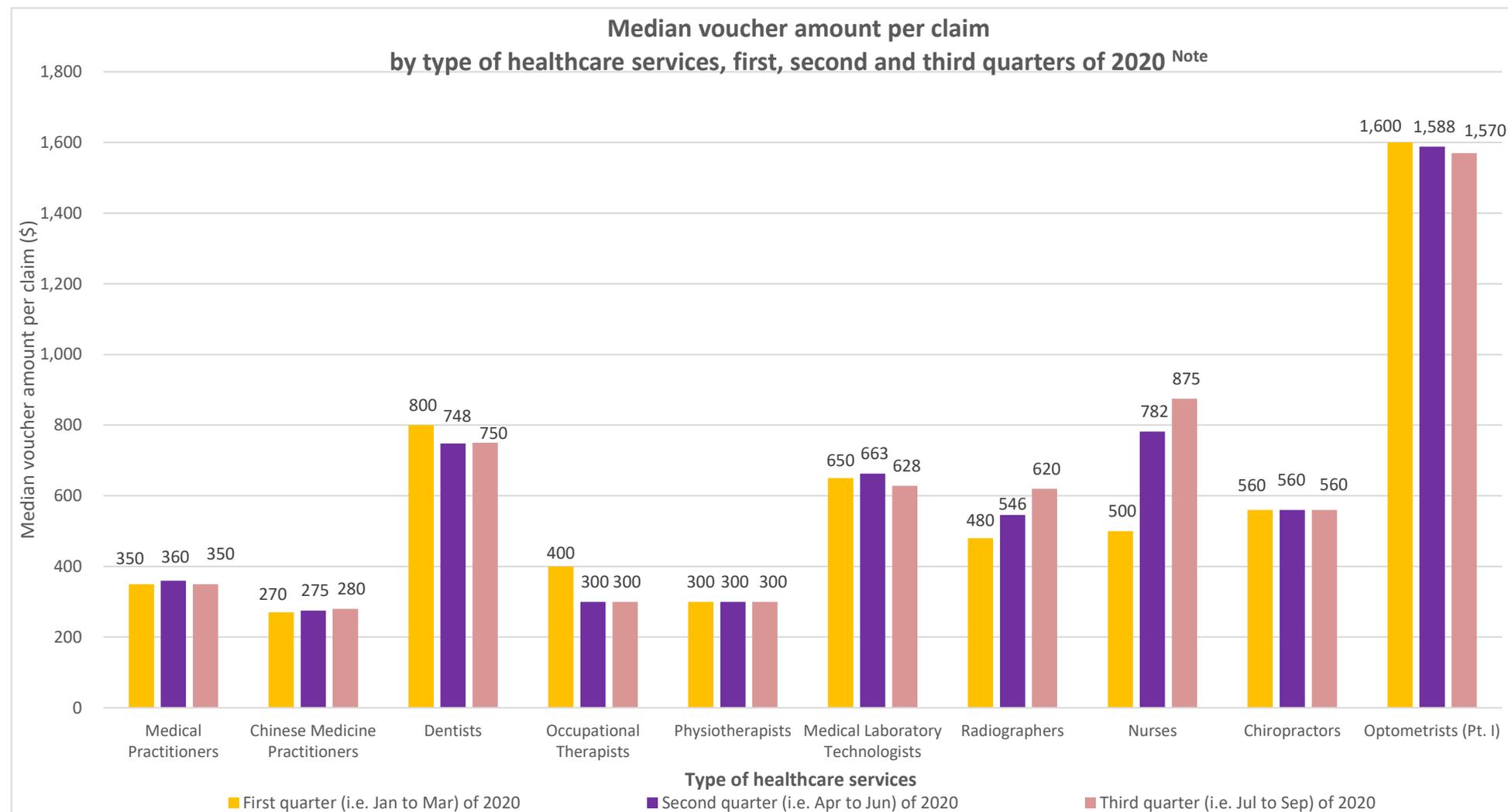
B. Total voucher amount claimed by type of healthcare services, first, second and third quarters of 2020



Note :

1. The above only reflects the amount of fees settled by vouchers and does not include any out-of-pocket payment (i.e. co-payment) made by elders for each consultation, if any.

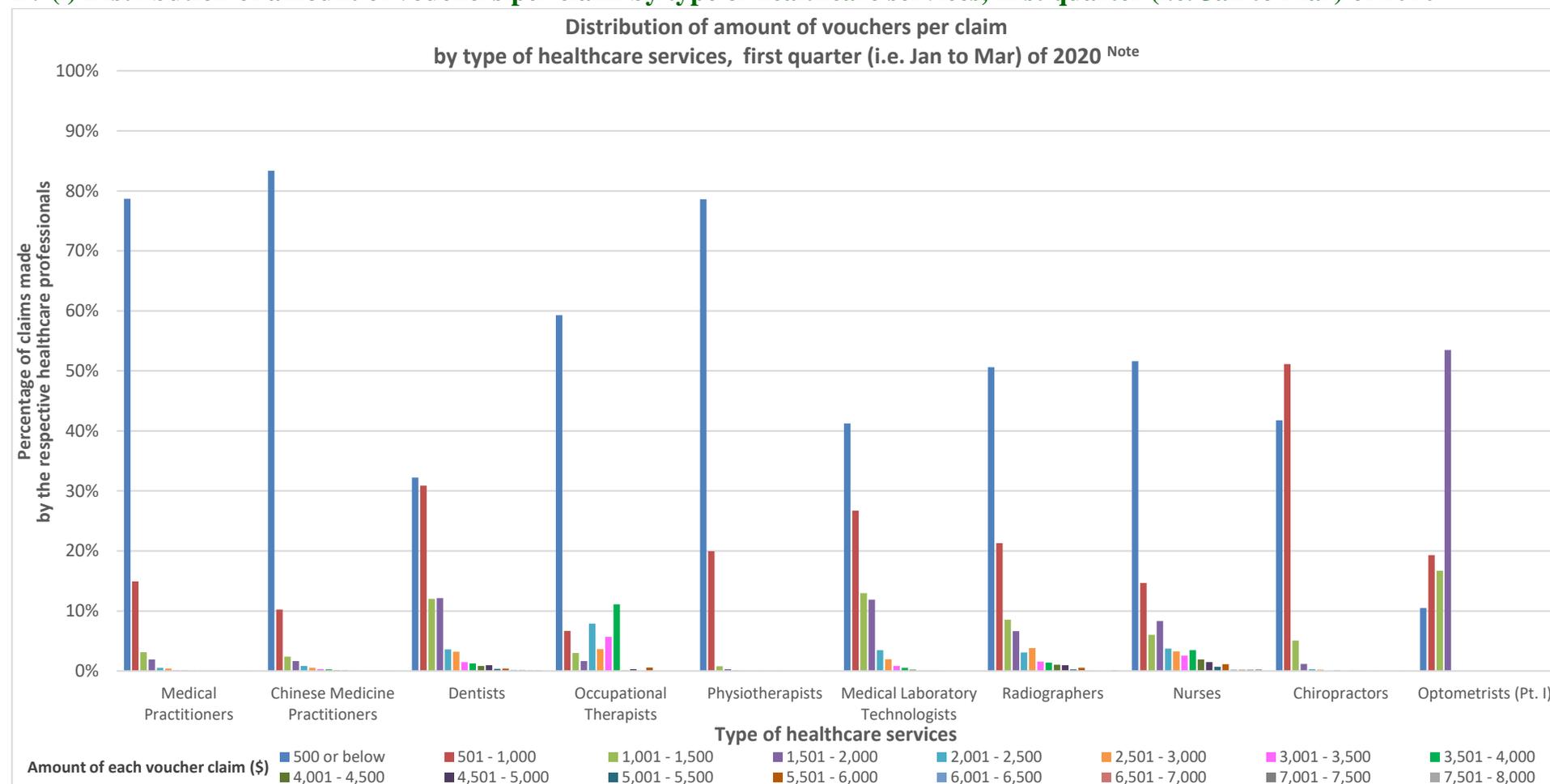
C. Median voucher amount per claim by type of healthcare services, first, second and third quarters of 2020



Note :

1. The above only reflects the amount of fees settled by vouchers and does not include any out-of-pocket payment (i.e. co-payment) made by elders for each consultation, if any.
2. The above statistical data are compiled based on the actual voucher claims made by the healthcare service providers and should not be interpreted as fees recommended by the Government. The amount of healthcare service fees can be affected by various factors, such as the individual elder's health condition, the complexity of the case, and the healthcare treatment/ management options involved.

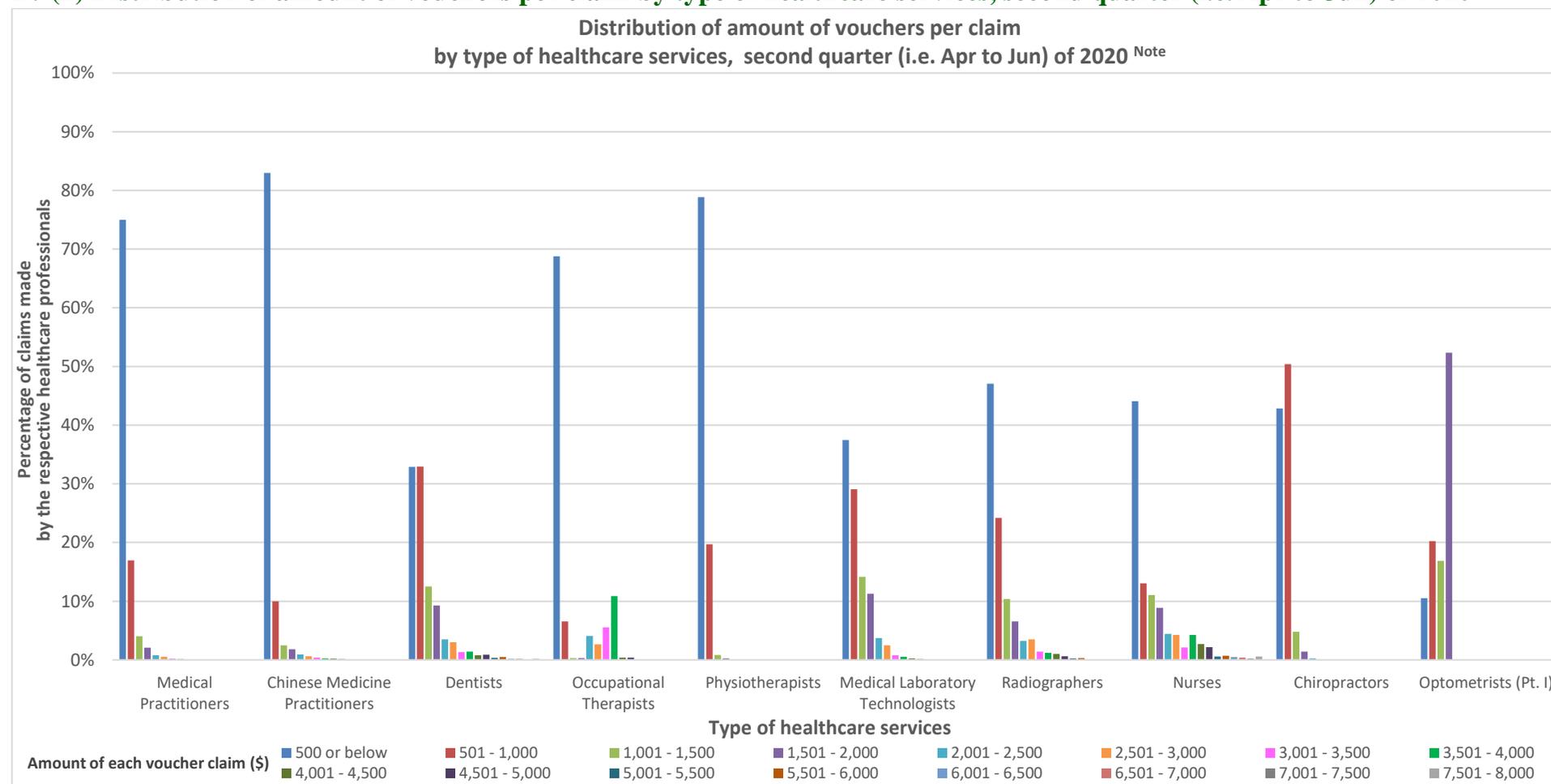
D. (i) Distribution of amount of vouchers per claim by type of healthcare services, first quarter (i.e. Jan to Mar) of 2020



Note :

1. The above only reflects the amount of fees settled by vouchers and does not include any out-of-pocket payment (i.e. co-payment) made by elders for each consultation, if any.
2. The above statistical data are compiled based on the actual voucher claims made by the healthcare service providers and should not be interpreted as fees recommended by the Government. The amount of healthcare service fees can be affected by various factors, such as the individual elder's health condition, the complexity of the case, and the healthcare treatment/ management options involved.
3. Since 26 June 2019, the accumulation limit of vouchers has been increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

D. (ii) Distribution of amount of vouchers per claim by type of healthcare services, second quarter (i.e. Apr to Jun) of 2020



Note :

1. The above only reflects the amount of fees settled by vouchers and does not include any out-of-pocket payment (i.e. co-payment) made by elders for each consultation, if any.
2. The above statistical data are compiled based on the actual voucher claims made by the healthcare service providers and should not be interpreted as fees recommended by the Government. The amount of healthcare service fees can be affected by various factors, such as the individual elder's health condition, the complexity of the case, and the healthcare treatment/ management options involved.
3. Since 26 June 2019, the accumulation limit of vouchers has been increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

D. (iii) Distribution of amount of vouchers per claim by type of healthcare services, third quarter (i.e. Jul to Sep) of 2020



Note :

1. The above only reflects the amount of fees settled by vouchers and does not include any out-of-pocket payment (i.e. co-payment) made by elders for each consultation, if any.
2. The above statistical data are compiled based on the actual voucher claims made by the healthcare service providers and should not be interpreted as fees recommended by the Government. The amount of healthcare service fees can be affected by various factors, such as the individual elder's health condition, the complexity of the case, and the healthcare treatment/ management options involved.
3. Since 26 June 2019, the accumulation limit of vouchers has been increased to \$8,000. Besides, a cap of \$2,000 every 2 years on the voucher amount that can be spent on optometry services by each eligible elder was introduced on the same day.

III. Frequently Asked Questions

1. Do the statistics on the median voucher amount per claim by type of healthcare services represent the healthcare service fees recommended by the Government?

- The above statistical data are compiled based on the actual voucher claims made by the healthcare service providers and should not be interpreted as fees recommended by the Government. The amount of healthcare service fees can be affected by various factors, such as the individual elder's health condition, the complexity of the case, and the healthcare treatment/ management options involved.

2. Would the Government regulate the fee items included and the levels of fees charged by healthcare service providers enrolled under the Elderly Health Care Voucher Scheme (HCVS)?

- At present, vouchers can be used for private primary care services provided by 10 categories of locally registered healthcare professionals, including medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors and optometrists. As healthcare services provided to different patients by healthcare professionals come in different forms, it may not be practicable to regulate the fee items included and the levels of fees charged by all healthcare service providers enrolled under the HCVS.
- However, the Department of Health (DH) regularly reminds participating healthcare service providers of the proper practices in making voucher claims, including not charging an elder who uses vouchers at a higher rate (whether directly or indirectly) than the fees of equivalent healthcare services provided to a person who does not use any vouchers/ who is not a voucher recipient, enhancing the transparency of service charges, clearly explaining the charges to patients before providing services, and allowing patients to choose from different healthcare treatment/ management options which may have different service charges upon explanation by healthcare staff.
- Besides, registered healthcare professionals must abide by their codes of professional conduct and fulfil their professional obligations and ethics.
- The DH will also continue to enhance public education through different channels to remind elders to ask healthcare service providers to advise on the service fees before giving consent to using vouchers.

3. How should elders protect their own interests when using vouchers?

- It is stipulated in the terms and conditions of the HCVS Agreement that participating healthcare service providers shall ensure that the voucher amount used by an elder does not exceed the fee for the healthcare service received on a particular occasion. They shall not charge the elder any fees for creating a voucher account or using vouchers.
- Elders who already have their voucher accounts created can check their voucher balance, the amount of vouchers that can be used for optometry services, the amount of vouchers to be deposited in their accounts on 1 January of the coming year and the amount of vouchers expected to be forfeited on that day due to the accumulation limit being exceeded through the Scheme's website (www.hcv.gov.hk) and Interactive Voice Response System (2838 0511).
- Before using vouchers, elders are advised to ask the healthcare service provider to advise on the service details and the charges involved. Elders have the absolute discretion to decide whether to use vouchers or not. If vouchers are used, elders also have the absolute discretion to determine the voucher amount to be used each time, subject to the elder's available voucher balance and the available quota on optometry services, if applicable.
- Before signing a consent form to use vouchers, elders should check the information on the consent form, including the voucher amount to be used, name of the healthcare service provider, as well as the name and Hong Kong Identity Card Number of the elder himself/ herself. Elders should also provide a contact phone number on the consent form so that DH staff can verify the details of their use of vouchers when necessary.

4. If a healthcare service provider participating in the HCVS is found in breach of the law/ scheme rules, what actions will be taken by the DH?

- Generally speaking, if any participating healthcare service provider fails to comply with the terms and conditions of the HCVS Agreement, the relevant voucher claims will not be reimbursed by the Government. In case the reimbursement has been made, the Government will recover the amount from the healthcare service provider concerned. The DH will also issue advisory letters/ warning letters to relevant healthcare service providers as appropriate. A healthcare service provider suspected of fraud or professional misconduct will be referred by the DH to the Police and/ or relevant professional regulatory board/ council for follow-up, and might be disqualified from participating in the HCVS.

- 5. A cap of \$2,000 every two years on the voucher amount that can be spent on optometry services has been introduced. How is the two-year period calculated?**
- A cap of \$2,000 every two years on the voucher amount that can be spent on optometry services has been introduced to encourage elderly people to use the vouchers on different primary healthcare services.
 - For elderly people who are eligible to use vouchers in 2019 (i.e. those born in 1954 or before), the first cycle runs from 26 June 2019 to 31 December 2020 (i.e. the capping amount is still \$2,000 despite the first cycle being less than two years), while the second cycle will run from 1 January 2021 to 31 December 2022, and so on. For elderly people born in 1955 or after, the relevant cycle is counted from 1 January of the year in which they become eligible to use vouchers.
- 6. How can members of the public lodge a complaint against a participating healthcare service provider for suspected violation of the rules under the HCVS?**
- To report any suspected cases, you can provide relevant information and details to the DH by phone (2838 2311), email (hcvd@dh.gov.hk), fax (3582 4115) or mail (Suites 901-4, 9/F, AXA Tower, Landmark East, 100 How Ming Street, Kwun Tong, Kowloon). For the complaints received, the DH will gather further information and investigate based on the situation.

Health Care Voucher Division
Department of Health
October 2020