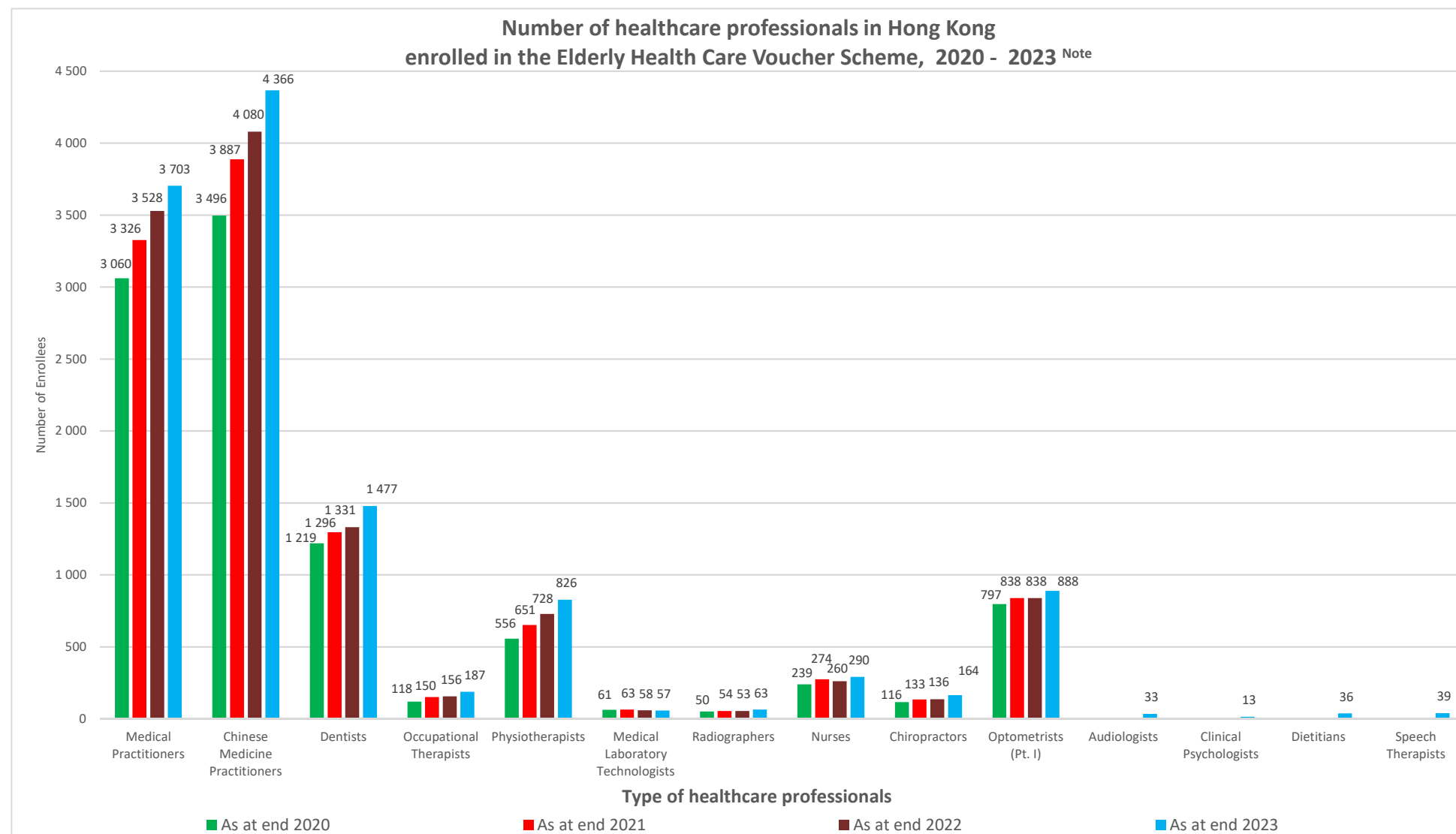


I. Key Statistics on the Elderly Health Care Voucher Scheme for 2020 – 2023

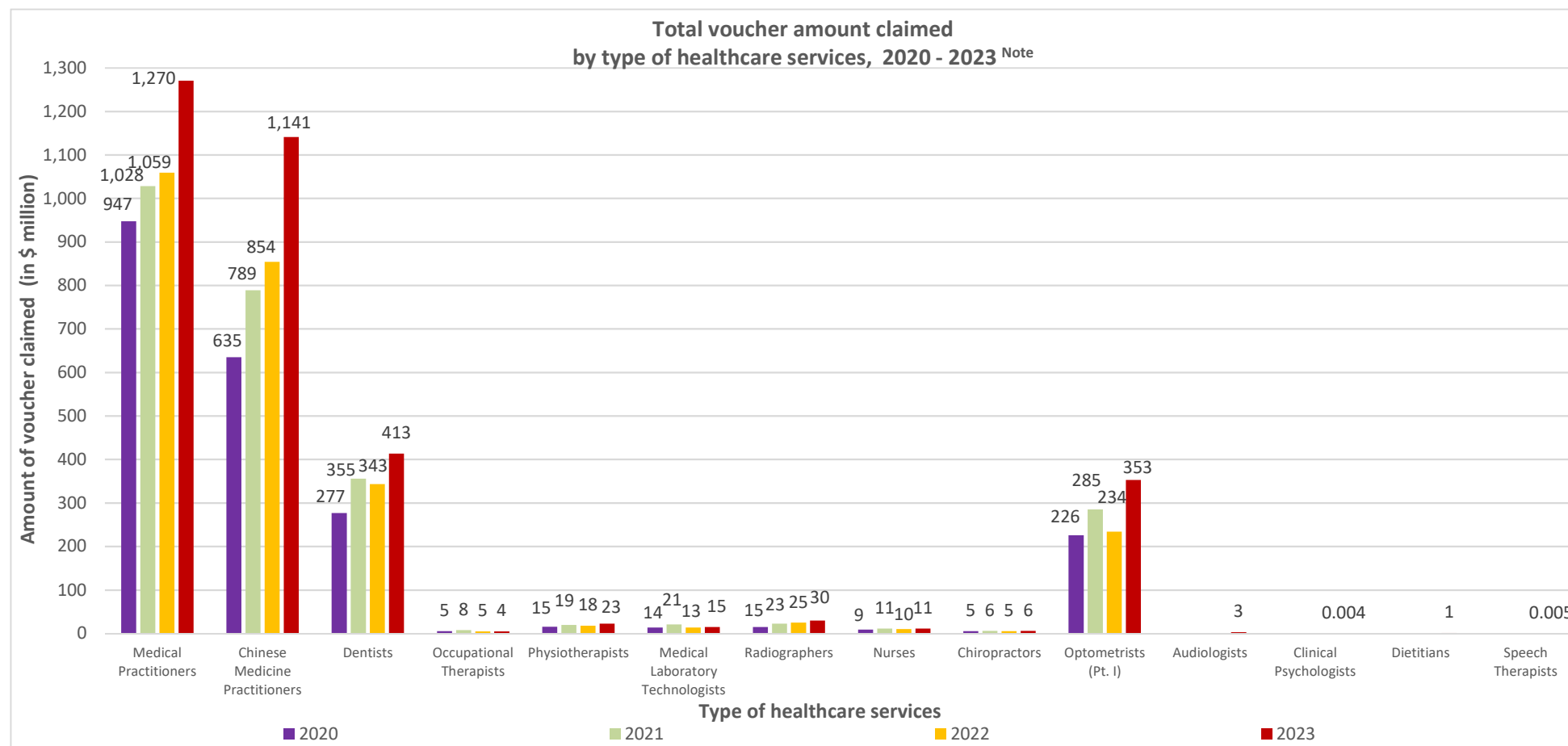
A. Number of healthcare professionals in Hong Kong enrolled in the Elderly Health Care Voucher Scheme, 2020 – 2023



Note :

1. Since 28 April 2023, coverage of the Elderly Health Care Voucher Scheme has been extended to include primary healthcare services provided by four categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (i.e. audiologists, clinical psychologists, dietitians and speech therapists).

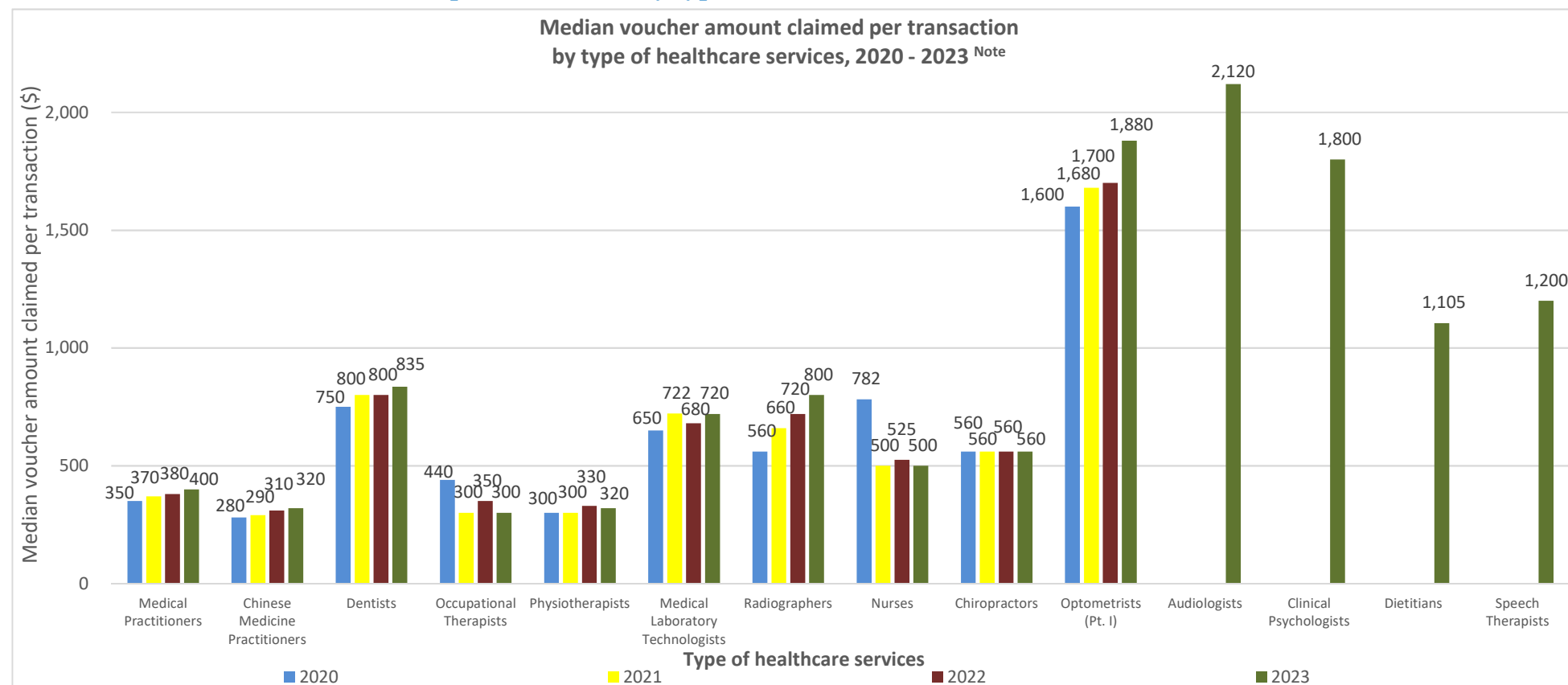
B. Total voucher amount claimed by type of healthcare services, 2020 – 2023



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 elderly persons for each consultation, if any.
2. Since 28 April 2023, coverage of the Elderly Health Care Voucher Scheme has been extended to include primary healthcare services provided by four categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (i.e. audiologists, clinical psychologists, dietitians and speech therapists).
3. Starting from 28 July 2023, the Elderly Health Care Voucher Scheme allowed shared use of vouchers between two eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts.
4. A 3-year pilot scheme was rolled out on 13 November 2023 to automatically allot \$500 reward to an eligible elderly person's voucher account upon using at least \$1,000 voucher within the same year on designated primary healthcare services. The reward could be used for those designated services and would expire by the end of the following year.

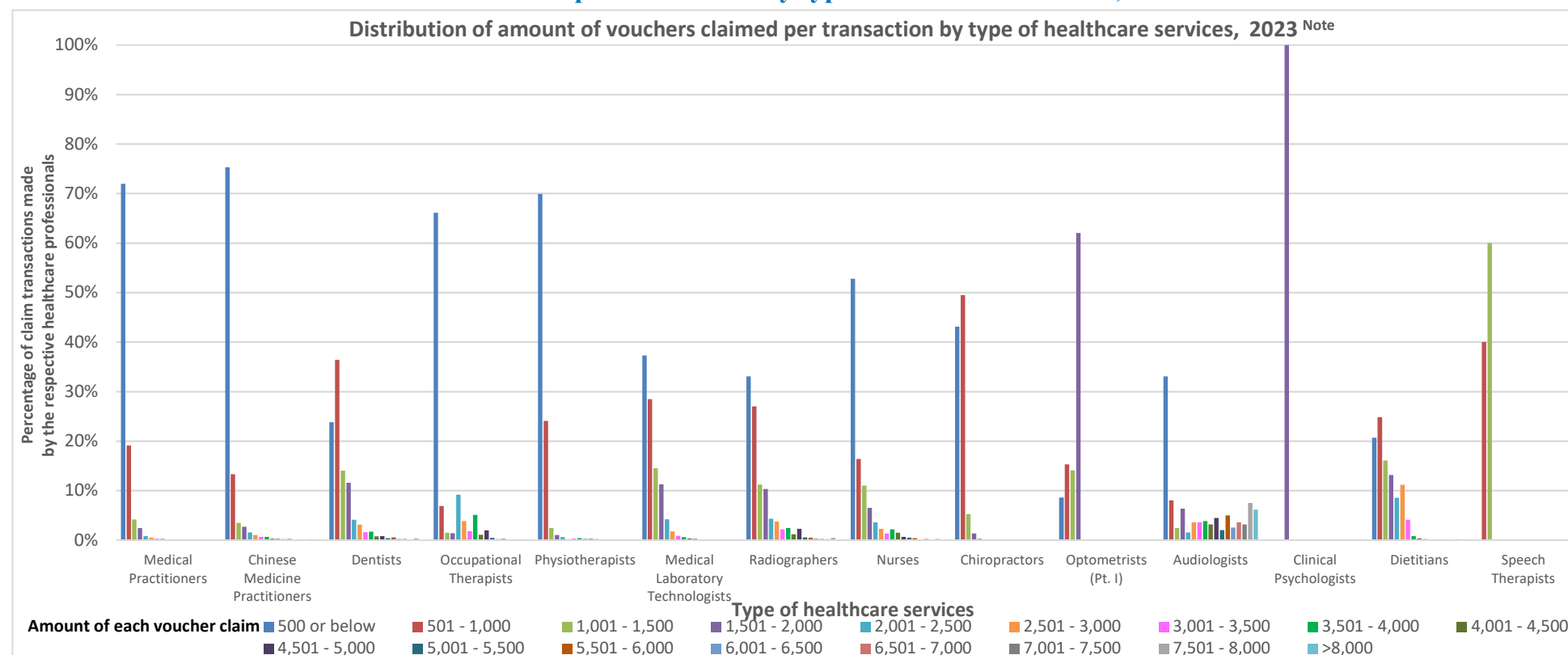
C. Median voucher amount claimed per transaction by type of healthcare services, 2020 – 2023



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 elderly persons for each consultation, if any.
2. The above statistical data are compiled based on the actual voucher claim transactions 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 elderly person's health condition, the complexity of the case, and the healthcare treatment/ management options involved.
3. Since 28 April 2023, coverage of the Elderly Health Care Voucher Scheme has been extended to include primary healthcare services provided by four categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (i.e. audiologists, clinical psychologists, dietitians and speech therapists).
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D. Distribution of amount of vouchers claimed per transaction by type of healthcare services, 2023

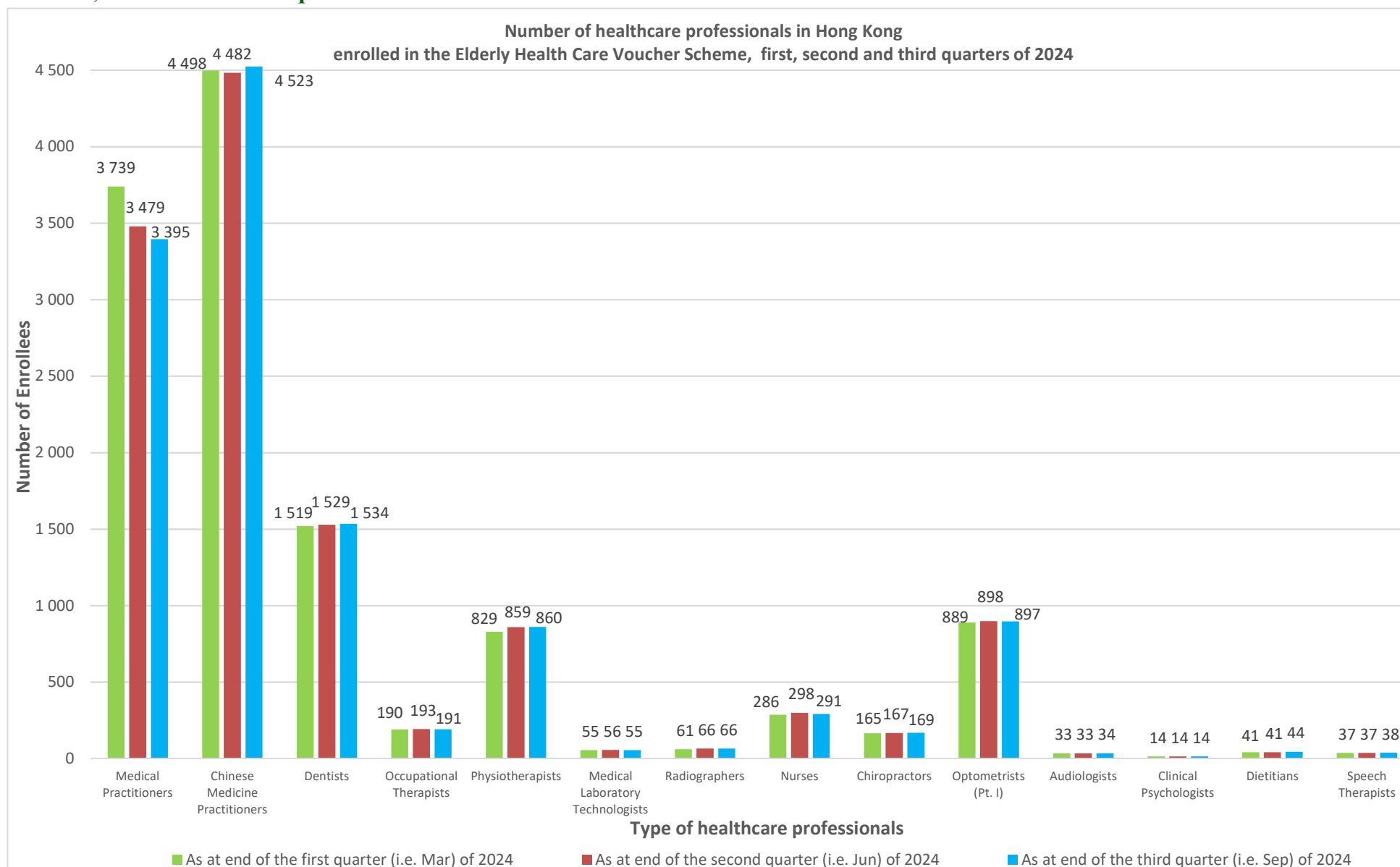


Note :

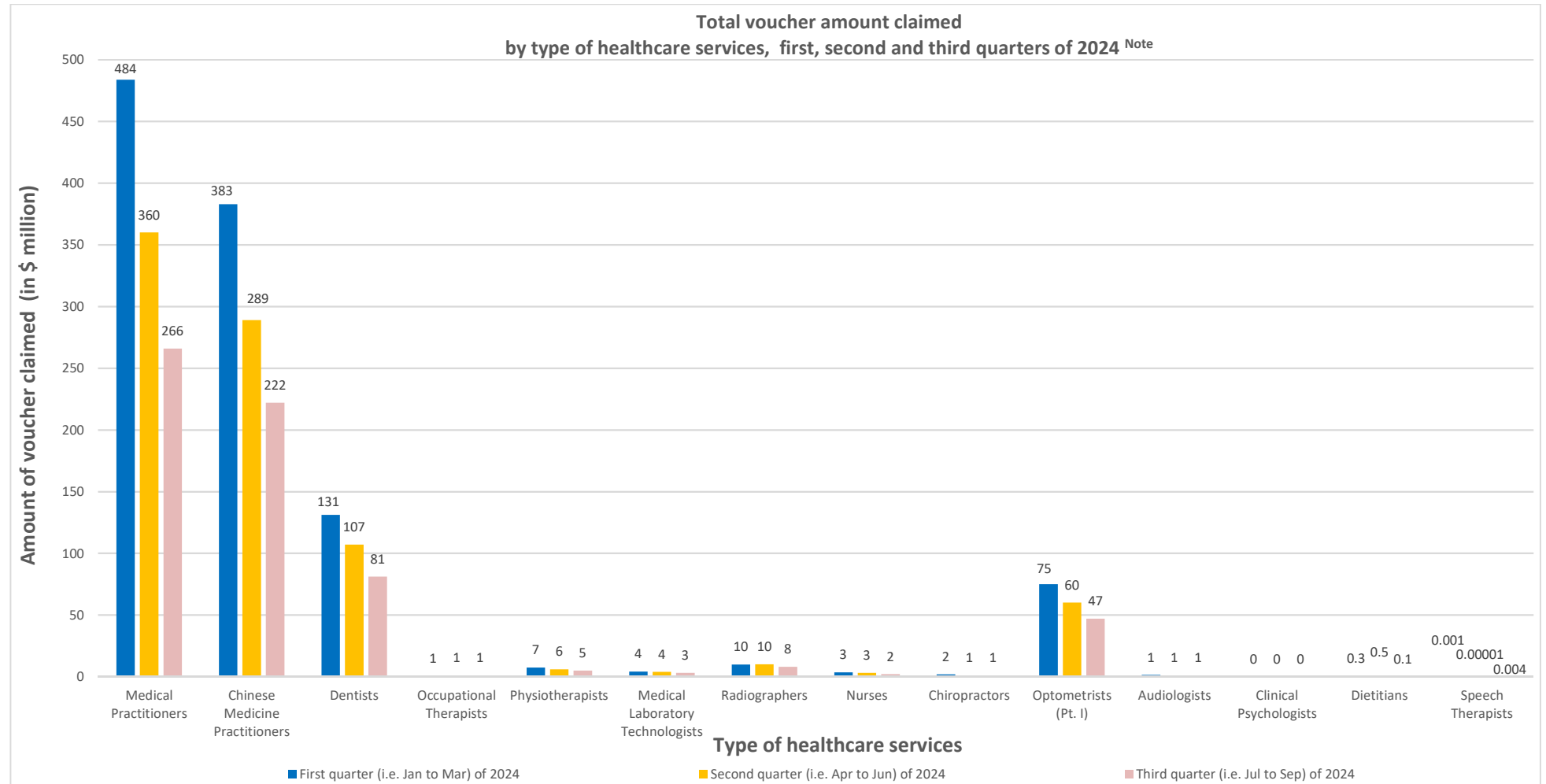
1. The above only reflects the amount of fees settled by vouchers and does not include any out-of-pocket payment (i.e. co-payment) made by elderly persons for each consultation, if any.
2. The above statistical data are compiled based on the actual voucher claim transactions made by the healthcare service 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 elderly person'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 elderly person was introduced on the same day.
4. Since 28 April 2023, coverage of the Elderly Health Care Voucher Scheme has been extended to include primary healthcare services provided by four categories of healthcare professions under the Accredited Registers Scheme for Healthcare Professions (i.e. audiologists, clinical psychologists, dietitians and speech therapists).
5. Starting from 28 July 2023, the Elderly Health Care Voucher Scheme allowed shared use of vouchers between two eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts.
6. A 3-year pilot scheme was rolled out on 13 November 2023 to automatically allot \$500 reward to an eligible elderly person's voucher account upon using at least \$1,000 voucher within the same year on designated primary healthcare services. The reward could be used for those designated services and would expire by the end of the following year.

II. Key Statistics on the Elderly Health Care Voucher Scheme for the First, Second and Third Quarters of 2024

A. Number of healthcare professionals in Hong Kong enrolled in the Elderly Health Care Voucher Scheme, first, second and third quarters of 2024



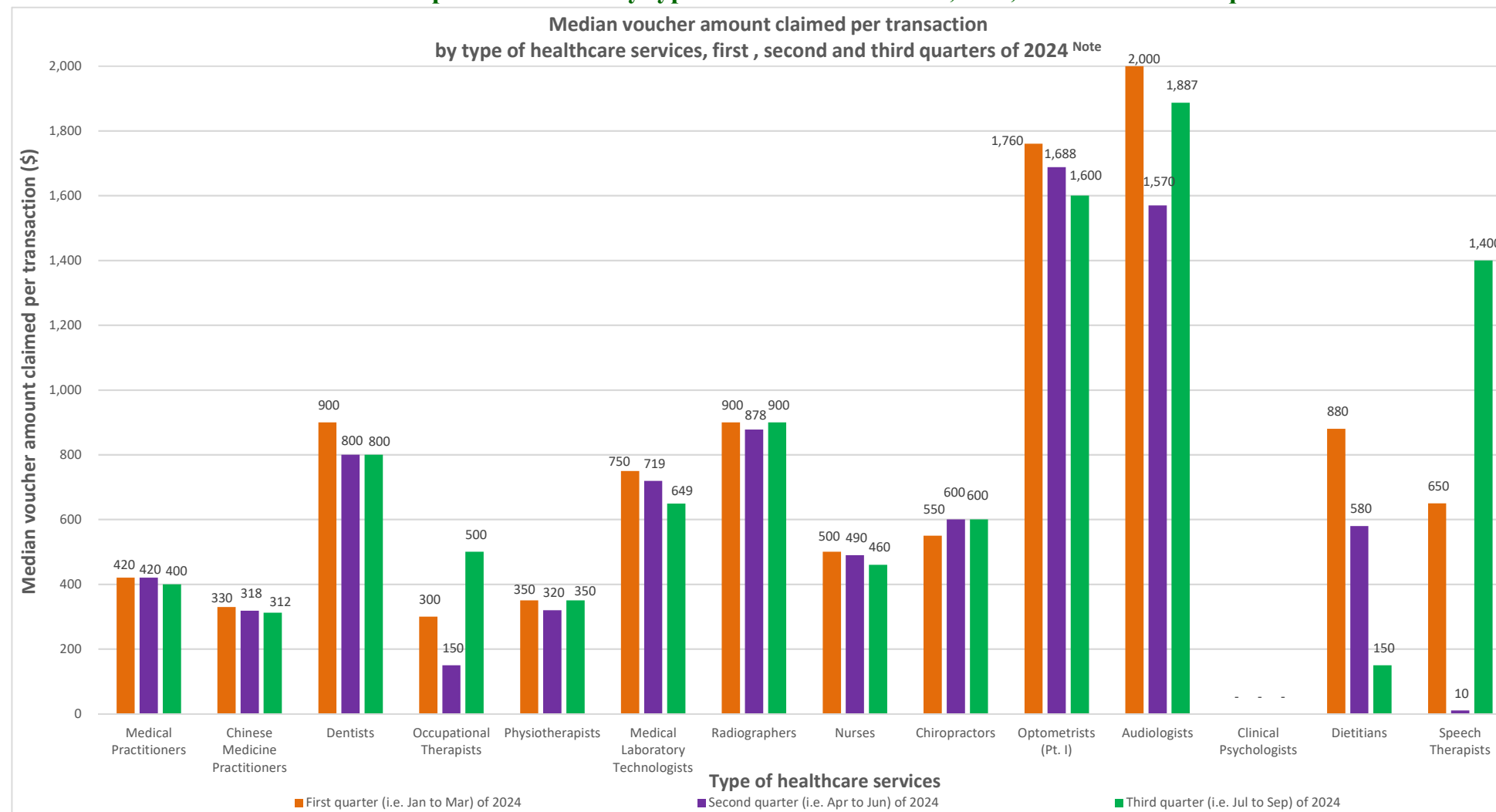
B. Total voucher amount claimed by type of healthcare services, first, second and third quarters of 2024



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 elderly persons for each consultation, if any.
2. Starting from 28 July 2023, the Elderly Health Care Voucher Scheme allowed shared use of vouchers between two eligible elderly persons in spousal relationship upon their mutual consent and completion of procedures to pair up their voucher accounts.
3. A 3-year pilot scheme was rolled out on 13 November 2023 to automatically allot \$500 reward to an eligible elderly person's voucher account upon using at least \$1,000 voucher within the same year on designated primary healthcare services. The reward could be used for those designated services and would expire by the end of the following year.

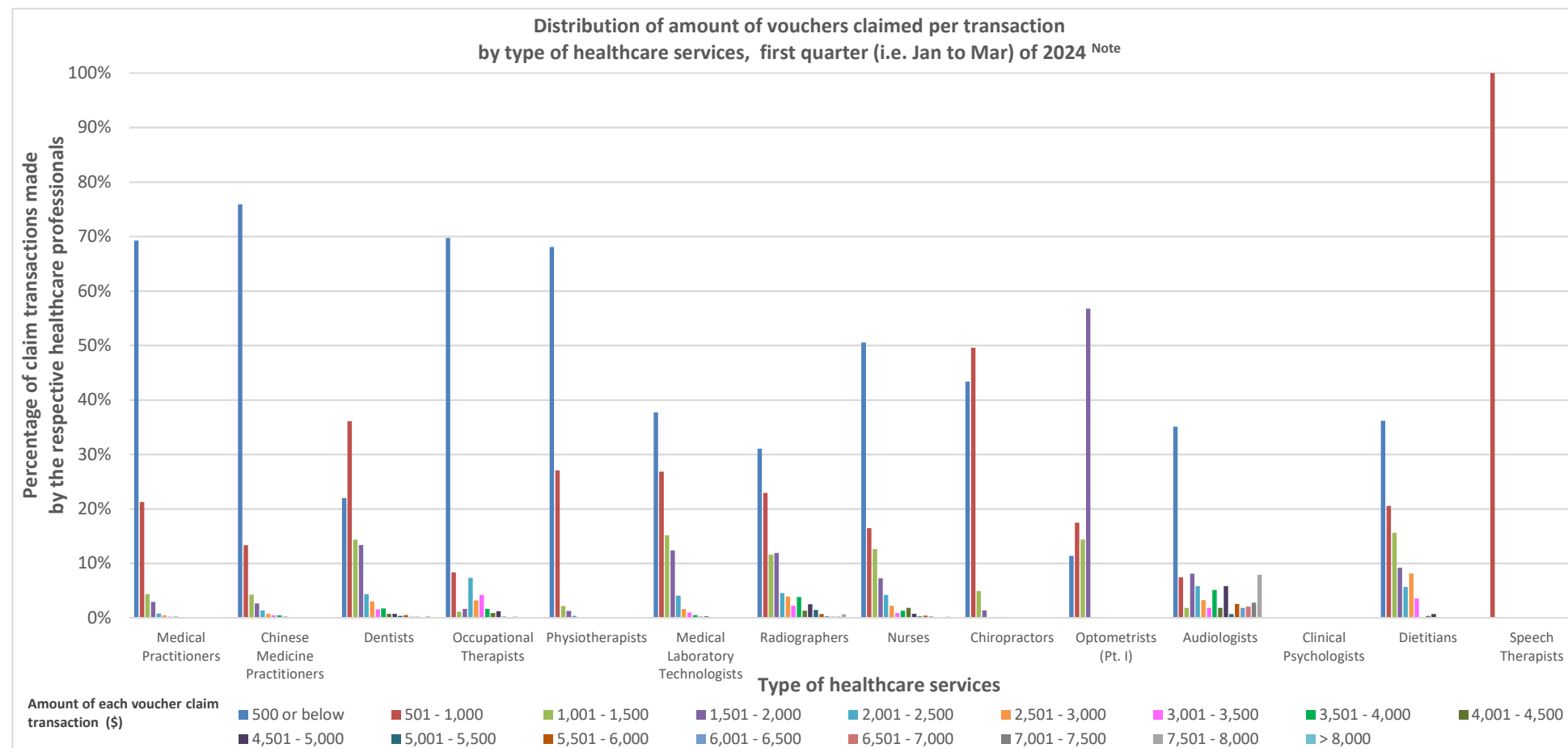
C. Median voucher amount claimed per transaction by type of healthcare services, first, second and third quarters of 2024



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 elderly persons for each consultation, if any.
2. The above statistical data are compiled based on the actual voucher claim transactions 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 elderly person’s health condition, the complexity of the case, and the healthcare treatment/ management options involved.

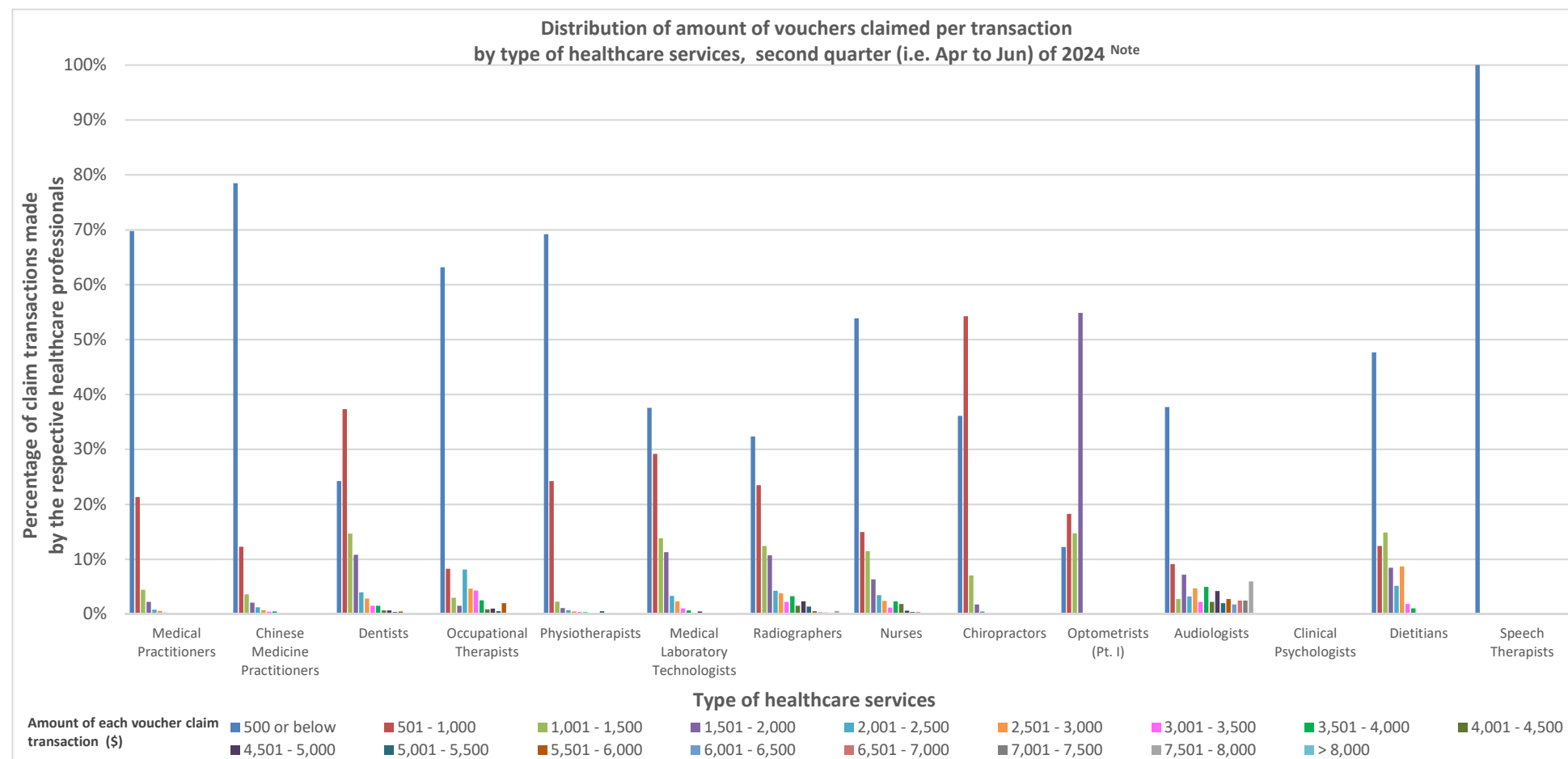
D. (i) Distribution of amount of vouchers claimed per transaction by type of healthcare services, first quarter (i.e. Jan to Mar) of 2024



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 elderly persons for each consultation, if any.
2. The above statistical data are compiled based on the actual voucher claim transactions 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 elderly person’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 elderly person was introduced on the same day.

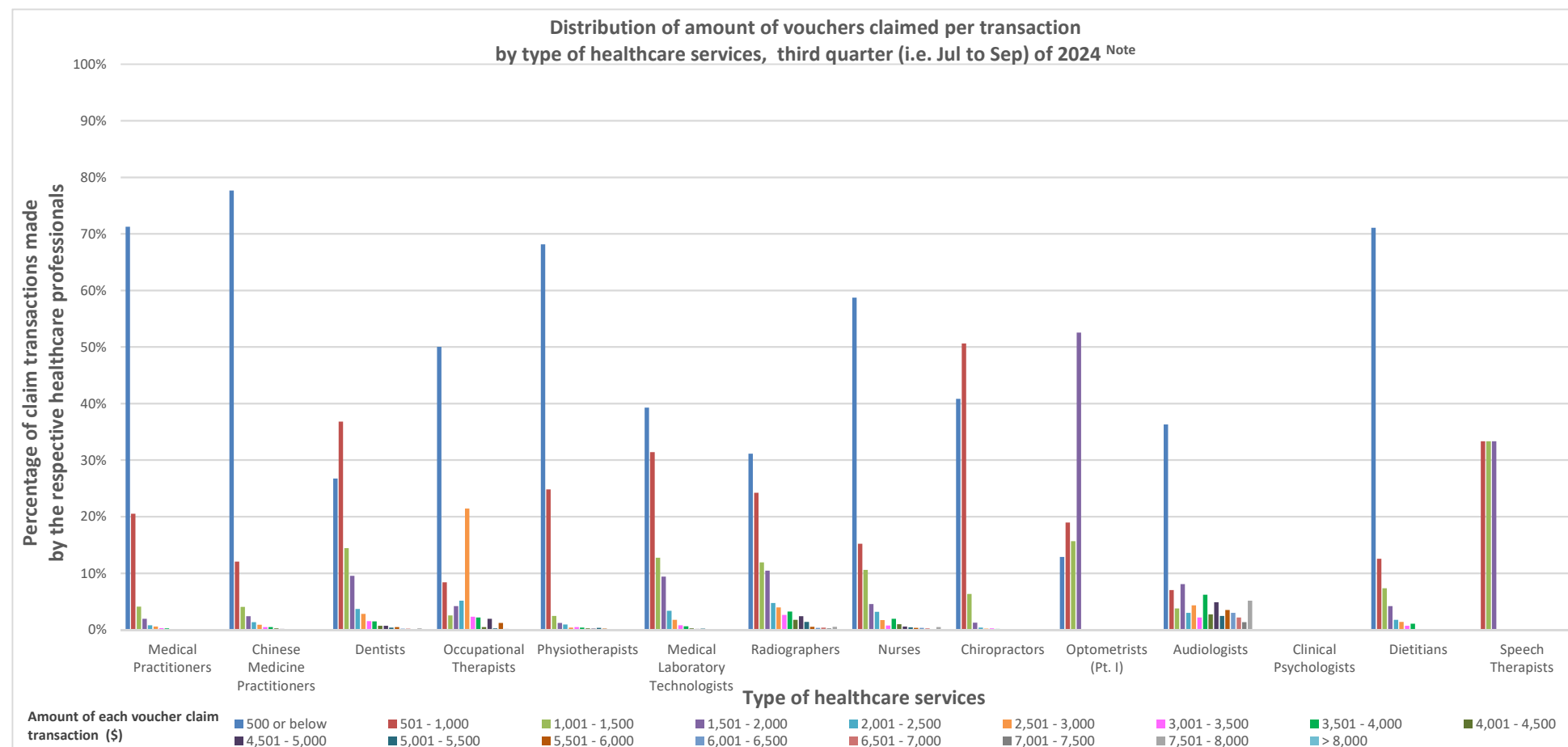
D. (ii) Distribution of amount of vouchers claimed per transaction by type of healthcare services, second quarter (i.e. Apr to Jun) of 2024



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 elderly persons for each consultation, if any.
2. The above statistical data are compiled based on the actual voucher claim transactions 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 elderly person'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 elderly person was introduced on the same day.

D. (iii) Distribution of amount of vouchers claimed per transaction by type of healthcare services, third quarter (i.e. Jul to Sep) of 2024



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 elderly persons for each consultation, if any.
2. The above statistical data are compiled based on the actual voucher claim transactions 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 elderly person’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 elderly person was introduced on the same day.

III. Frequently Asked Questions

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

- The above statistical data is compiled based on the actual voucher claim transactions 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 elderly person'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 14 categories of locally registered healthcare professionals, including medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors, optometrists, audiologists, clinical psychologists, dietitians and speech therapists. 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 elderly person 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 elderly persons to ask healthcare service providers to advise on the service fees before giving consent to using vouchers.

3. How should elderly persons 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 elderly person does not exceed the fee for the healthcare service received on a particular occasion. They shall not charge the elderly person any fees for creating a voucher account, pairing up voucher accounts, changing pairing of voucher accounts or using vouchers.
- Elderly persons who already have their voucher accounts created can check their voucher balance (and the voucher balance in spouse account, if applicable), 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), the Interactive Voice Response System (2838 0511) and the eHealth mobile app.
- Before using vouchers, elderly persons are advised to ask the healthcare service provider to advise on the service details and the charges involved. Elderly persons have the absolute discretion to decide whether to use vouchers or not. If vouchers are used, elderly persons also have the absolute discretion to determine the voucher amount to be used each time, subject to the available voucher balance of the elderly person (and his/ her spouse, if applicable) and his/ her available quota on optometry services, if applicable.
- Before indicating consent to use vouchers, elderly persons should understand and agree to the voucher amount to be used and provide an SMS-enabled Hong Kong mobile phone number for receiving SMS notification on use of vouchers.

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 claim transactions 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. There is a cap of \$2,000 every two years on the voucher amount that can be spent on optometry services. 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 since 26 June 2019 to encourage elderly persons to use the vouchers on different primary healthcare services.
 - For elderly persons who were eligible to use vouchers in 2019 (i.e. those born in 1954 or before), the first cycle ran from 26 June 2019 to 31 December 2020 (i.e. the capping amount was still \$2,000 despite the first cycle being less than two years), while the second cycle runs from 1 January 2021 to 31 December 2022, and so on. For elderly persons 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
November 2024