Elderly Health Care Voucher Pilot Scheme
Healthcare Service Providers Frequently Asked Questions and Answers

I. Enrolment

Q1: Who are eligible healthcare service providers?
A: The following healthcare professionals who are registered in Hong Kong and practise in private sector are eligible to enrol in the Scheme: western medical practitioners, registered Chinese medicine practitioners, dentists, chiropractors, registered nurses and enrolled nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists, and optometrists (in Part I of the register).

Q2: Why is advance enrolment necessary for healthcare service providers?
A: Advance enrolment of service providers participating in the Scheme is required to facilitate the creation of service provider account to access the electronic eHealth System as well as the distribution of the Scheme logo, authentication token and Smart ID Card reader, etc.

Q3: How long will it take for healthcare service providers to know the results of their applications after they have submitted the application forms for enrolment?
A: Upon receipt of all the information and supporting documentary proof required for processing the applications, DH will inform healthcare service providers the result of their application in writing within 14 working days.
Q4: If the healthcare service provider has been successfully enrolled, should the staff responsible for data entry enrol with DH in advance?

A: To facilitate the administrative work for processing claims and reimbursement of health care vouchers, the enrolled healthcare service provider can create “data entry accounts” for delegating the data management work to data entry clerks. The enrolled service provider should log in the eHealth System daily for checking and confirming the voucher account being created and claims information entered through the “data entry accounts”. Advance enrolment is not required for data entry clerks.

Q5: If there are several healthcare service providers practising in a private hospital, should each interested healthcare service provider enrol in the Scheme or should the enrolment be made solely by the hospital as a single unit?

A: Enrolment to the Scheme is not made solely in the name of a clinic or a hospital. Healthcare service providers practising in a medical organization should be enrolled as individual healthcare professionals plus the medical organization. The place of practice (e.g. the clinic) as well as the bank account designated for the reimbursement of the voucher claims should be specified during enrolment.

II. Services covered by the Scheme

Q6: Can health care vouchers be used for healthcare services provided by charitable organizations, non-profit making
organizations or other non-government organizations?

A: Health care vouchers can be used for private (unsubsidized) healthcare services. Based on principle of avoiding double subsidy by the Government, vouchers cannot be used for public services or those directly subsidized by the Government (including the publicly subsidized healthcare services purchased from the private sector). Health care vouchers can be used for healthcare services provided by charitable organizations, non-profit making organizations or other non-government organizations as long as the aforesaid principle is complied with.

Q7: Can the elders aged 70 use health care vouchers to pay for the fees of community nurses?

A: It depends on the nature of the organizations by which the community nurses are employed. The eligible person can use health care vouchers to pay the services provided by the community nurses employed by private institutions. The principle is to avoid double subsidy by the Government.

Q8: Can health care vouchers be used for in-patient services?

A: No. The Elderly Health Care Voucher Pilot Scheme aims at enhancing the primary healthcare services for the elders. Therefore the voucher cannot be used for in-patient services.

Q9: Can health care vouchers be used for Accident & Emergency (A&E) services provided by private hospitals?
A: Yes, if the A&E services belong to out-patient services and no in-patient services are involved, the voucher can then be used for paying such services. Yet, as the Elderly Health Care Voucher Pilot Scheme aims at enhancing the primary healthcare services for the elders, we hope that healthcare service providers can recommend elders to use their health care vouchers for primary healthcare services.

Q10: Can health care vouchers be used for minor surgeries performed at private out-patient clinics?
A: Yes. Health care vouchers can be used for preventive and curative services performed at private out-patient clinics.

Q11: Can health care vouchers be used for day surgery, e.g. cataract surgery?
A: No. The Elderly Health Care Voucher Pilot Scheme aims at enhancing the primary healthcare services for elders and therefore is not applicable to in-patient services.

Q12: Can health care vouchers be used for solely purchasing products?
A: No. Health care vouchers are for use in private healthcare “services”, and cannot be used for solely purchasing products such as medications, spectacles, dried seafood or medical equipment.
III. Handling health care vouchers

Q13: Within how many days should a service provider account be activated in eHealth System upon receiving the “Account Confirmation Letter of Health Care Service Provider Enrolment”? Should healthcare service providers re-apply for enrolment if it is not activated within the designated period?

A: Activation of the service provider account should be done within 21 days of the date of issuance of the confirmation letter. If an account is not activated within 21 days, the application for enrolment may be regarded as withdrawn and the healthcare service provider may have to re-apply for enrolment.

Q14: What are the purposes of requiring elders to sign on the consent form?

A: The purposes of requiring elders to sign on the consent form are for future inspection to ensure that public funds are properly used.

Q15: If the elder is illiterate, how can he/she sign on the consent form?

A: If the elder is illiterate, he/she can put a mark or fingerprint on the space for signature to indicate that he/she agrees with the number of vouchers deducted. The process needs to be witnessed by an adult who should put his/her name, HKIC number and sign on the consent form as well.

Q16: If the elder is illiterate, can staff of medical organizations (e.g.
nurses) be the witness in the consent form?

A: Yes. The witness has to write down his/her name, HKIC number and sign on the consent form.

Q17: What should healthcare service providers do for a temporary eHealth account which failed validation?

A: This may be caused by errors in the elders’ data inputted by the enrolled healthcare service provider through the eHealth System. We recommend that the enrolled healthcare service provider should check for any discrepancy between the data inputted and that of the elder’s existing records in the clinic (e.g. medical record). The elder concerned should be contacted for rectification if required and then rectify the elder’s inputted data as soon as possible. To avoid possible errors through manual input of elders’ data, enrolled healthcare service providers are recommended to make use of the Smart ID Card reader provided and request the elders to insert their HKID card into the reader for direct capturing of the required data into the eHealth System.

Q18: If an elder fails to present or forgets to bring a valid HKID card but insists to claim his/her health care vouchers when seeking consultation, what should the healthcare service provider do?

A: Explain to the elder that health care vouchers can only be claimed upon presentation of a valid HKID card or Certificate of Exemption.

Q19: If the value of health care vouchers to be claimed by an elder is higher than the consultation fee, e.g. the consultation fee is $130 and
only two vouchers can be deducted originally but the elder insists that three should be deducted and refuses to pay the remaining $30, what should be done?

A: The Terms and Conditions of Agreement stipulates that the enrolled healthcare service provider shall ensure that total value of the vouchers used by a voucher recipient to settle the fees shall not exceed the amount of fees charged. Enrolled healthcare service provider should explain this to the elder.

Q20: If healthcare service providers offering consultation by home visit do not have a computer or a printer, how can they claim vouchers for the elders?

A: For those who do not have a computer, they can use personal digital assistants, 3G mobile phones, or any device with internet access. They can also process claims via the Interactive Voice Response System by telephone. Remaining balance of the elder’s voucher account can be checked instantly and the number of vouchers for the visit concerned can be deducted through the eHealth System. The Interactive Voice Response System is restricted only to claiming vouchers for elders who already have validated voucher accounts but not for processing creation of eHealth accounts. For those who do not have a printer, they can bring along with them pre-printed consent forms and write down the elders’ basic information (e.g. the name, HKIC number and the number of vouchers to be deducted, etc.) for signing by the elder. The transaction number generated by the eHealth System after the transaction should be marked on the consent form accordingly.
Q21: If an elder who has created a eHealth account refuses to deduct any health care voucher for the visit, what should the healthcare service provider do?
A: The will of the elder should be respected.

Q22: How can the mentally incapacitated elders (including those who are mentally handicapped and mentally disordered) use the vouchers?
A: Guardians are given the legal power by the Guardianship Board to make important decisions relating to personal circumstances for such adults about his/her place of residence or consenting to his/her medical or dental treatment. Guardians may also be given legal power to manage a limited amount of that person’s money. For cases with the Director of Social Welfare as the legal guardian, they will be followed up by social workers of the Social Welfare Department.

Regarding elders who are incapable of making their own decisions and have no legal guardian, issues concerned are usually handled by their family members or social workers (not duly authorized) on the premise that the benefit and welfare of the elders are safeguarded.

Q23: Can enrolled healthcare service providers delegate other subordinates/staff of the clinic to input data of the elders or to create eHealth account for them?
A: Yes, the enrolled healthcare service providers have to create “data entry accounts” for the data entry clerks. Enrolled healthcare service
providers should check and confirm the transaction information entered in the eHealth System daily.

**Q24: If the material provided by the Department of Health is lost, what should the enrolled service provider do?**

**A:** If the enrolled service provider loses the material provided by the Department of Health, he/she should approach the Health Care Voucher Unit (HCVU) to report the loss and request for replacement. HCVU may collect fee from the service provider for the replacement of the material.

**IV. Reimbursement**

**Q25: How can medical organizations and their healthcare service providers share the payment of vouchers?**

**A:** Mutual agreement on the reimbursement arrangement between the healthcare service providers and medical organizations should be sought between the two parties. They can choose to collect reimbursement through the account of one of the concerned parties. The nominated account for reimbursement should be indicated in the “Authority for Payment to a Bank” Form by both healthcare service providers and their medical organizations during the enrolment application.