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Panel on Health Services

Updated background brief prepared by the Legislative Council Secretariat for the meeting on 18 March 2019

Elderly Health Care Voucher Scheme

Purpose

This paper provides background information and summarizes the concerns of members of the Panel on Health Services ("the Panel") on the Elderly Health Care Voucher Scheme ("the EHV Scheme").

Background

2. Following the announcement in the 2007-2008 Policy Address, the Administration launched an Elderly Health Care Voucher Pilot Scheme ("the EHV Pilot Scheme") in January 2009 for an initial period of three years up to December 2011. The EHV Pilot Scheme aimed to implement the "money follow patient" concept through providing health care vouchers to elders for the purchase of primary healthcare services (but not for solely purchasing medication and other medical items or paying for subsidized public healthcare services) in their local communities. It was expected that the EHV Pilot Scheme could encourage the building up of a continuum of care relationship and reduce the reliance of elders on public healthcare services. Based on the findings of the interim review, the Administration decided in 2011 to extend the EHV Pilot Scheme for another three years (i.e. from January 2012 to December 2014) to allow further evaluation of whether the policy objectives would be achieved, and whether there would be any behavourial changes on the part of the users and the providers of private healthcare services[1]. It was announced in the

[1] At the start of the Pilot Scheme, eligible service providers included Western medicine practitioners, Chinese medicine practitioners, dentists, chiropractors, nurses, occupational therapists, physiotherapists, radiographers and medical laboratory technologists. Starting from January 2012, optometrists (in Part I of the register) have been included to facilitate the greater use of preventive care services concerning eye conditions of elders, such as visual acuity examination for patients suffering from cataract and diabetes.

2014 Policy Address that the EHV Pilot Scheme would become a regular support programme for elders starting from 2014. In October 2015, a pilot scheme was launched to allow eligible elders to use the health care vouchers to pay for designated outpatient services at the University of Hong Kong – Shenzhen Hospital.

3. The eligible age for health care vouchers was maintained at 70 from the start of the EHV Pilot Scheme until July 2017 when the eligible age was lowered to 65. The annual voucher amount for each eligible elder has been increased progressively from $250 to the present level of $2,000.[2] Any unspent amount of the vouchers can be carried forward, subject to a financial cap on the cumulative amount which is currently set at $5,000.[3] Separately, unveiled by the Financial Secretary as a one-off measure in the 2018-2019 Budget, an additional $1,000 worth of vouchers was deposited to the account of each eligible elder on 8 June 2018. All vouchers are issued and used through the eHealth System (Subsidies).[4] Eligible elders can use the vouchers by showing their Hong Kong Identity Cards and undergoing a simple registration process at the practices of the enrolled private healthcare service providers.

4. As at end-2018, over 7 900 healthcare service providers had enrolled in the EHV Scheme. A breakdown of the number of the enrolled healthcare service providers by types of healthcare professionals from 2013 to 2018 is in **Appendix I**. The number of eligible elders and statistics on the usage of the health care vouchers from 2013 to 2017 were set out in **Appendix II**. The estimated expenditure for the EHV Scheme for the 2018-2019 financial year is around $3,156 million.

Deliberations of the Panel

5. The Panel discussed issues relating to the EHV Pilot Scheme and the EHV Scheme at a number of meetings between 2007 and 2018. The deliberations and concerns of members are summarized below.

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[2] At the start of the EHV Pilot Scheme, each eligible elder was provided with five vouchers of $50 each per year. The annual voucher amount was increased to $500 in 2012, and further increased to $1,000 in 2013. The amount was increased to $2,000 in July 2014, with the face value of each voucher changed from $50 to $1 to give elders greater flexibility in using the vouchers and to reduce the administrative burden on enrolled healthcare service providers.

[3] Under the EHV Pilot Scheme, the accumulation limit of unspent voucher value for each user was set as $2,250 by end-2014. Following the increase of the annual voucher amount to $2,000 in 2014, the accumulation limit was correspondingly adjusted to $4,000. Since 8 June 2018, the accumulation limit of the vouchers has been increased to $5,000.

[4] The System provides an electronic platform on which enrolled private healthcare service providers can manage the registration of the eHealth accounts for the elders and submit claims to the Department of Health on the vouchers used by the elders.

Scope of the EHV Scheme

6. Members had all long held a strong view that the eligibility for the EHV Scheme should be extended to cover elders aged 65 or above, having regard to the fact that the eligible age for receiving the Old Age Allowance was 65 or above. There was a further suggestion that the eligible age should be lowered to 60. Members were pleased to learn that the age limit of the EHV Scheme was lowered in July 2017 from 70 to 65 years old to allow more elderly to make use of health care vouchers to purchase private primary care services.

7. Given that the public dental care services was far from adequate to meet the needs of elders, some members urged the Administration to provide separate dental care vouchers to subsidize elders to use private dental care services. There was an alternate suggestion that the financial cap on the cumulative amount of health care vouchers should be adjusted upward, say, to $8,000 so as to encourage more elders to make use of the vouchers for dental care services. The Administration advised that eligible elders could use the vouchers to receive private dental services. It would keep in view the operation of the EHV Scheme and introduce enhancement measures in a targeted manner as and when necessary.

8. There was a suggestion that the scope of the EHV Scheme should be expanded to allow eligible elders to make use of the health care vouchers to pay for healthcare services provided by clinics set up by Hong Kong healthcare service providers in Guangdong. Following the launch of the Guangdong Scheme in October 2013 which enabled eligible Hong Kong elders aged 65 or above who chose to reside in Guangdong to receive Old Age Allowance without the need to return to Hong Kong each year, there was a view that elders participated in the Guangdong Scheme should be allowed to use private primary care services provided on the Mainland.

9. Members were advised that to facilitate Hong Kong elders who resided regularly in Shenzhen to seek outpatient treatment locally without having to travel back to Hong Kong, a pilot scheme was launched in October 2015 with the University of Hong Kong – Shenzhen Hospital to allow eligible elders to use their health care vouchers to meet the fees for outpatient services provided by the Hospital. While not objecting to the pilot scheme, most members were of the view that the EHV Scheme should cover healthcare service providers which were more easily accessible by Hong Kong elders residing on the Mainland, especially those service providers located in the Guangdong Province.

10. The Administration explained that the issues to be considered in expanding the scope of the EHV Scheme to allow eligible Hong Kong elders to make use of health care vouchers on the Mainland included, among others,

whether the healthcare service providers concerned would accept the use of health care vouchers, their accessibility to the eHealth System (Subsidies) and exchange rate of Renminbi against Hong Kong Dollars. As a first step, the pilot scheme was launched at the University of Hong Kong – Shenzhen Hospital which had a clinical governance structure similar to that of Hong Kong.

Value and use of the health care vouchers

11. There had been repeated calls from members to raise the annual health care voucher amount since the launch of the EHV Pilot Scheme. According to the Administration, the health care vouchers were not meant to provide full subsidy for seeking private healthcare services, but to provide partial subsidy with a view to promoting the concept of shared responsibility for health care among patients, particularly the concept of co-payment to ensure appropriate use of health care. In response to the call from members and the community, there had been a progressive increase in the annual voucher amount to $2,000.

12. Some members were of the view that consideration should be given to removing the financial cap on the unspent voucher amount to be carried forward and accumulated by an eligible elder. There was another suggestion that the financial ceiling on unspent voucher value should be increased to $6,000. In the Administration's view, the imposition of a ceiling on the total cumulative value of the vouchers could encourage the eligible elders to make more frequent use of the vouchers for primary care services, in particular preventive care, instead of saving the vouchers for the management of acute episodic condition.

13. On the use of the health care vouchers, some members considered that the restriction on the use of health care vouchers to pay for healthcare services provided by public general outpatient clinics and for the purchase of medication at pharmacies or other medical items should be removed. Members were advised that the aim of restricting the use of vouchers for the purchase of medication at pharmacies was to avoid self-prescription.

Participation and utilization rates

14. Members were concerned about the participation of private healthcare providers, in particular medical practitioners and Chinese medicine practitioners ("CMPs") whose services were most in demand by elders, in the EHV Scheme. Some members surmised that the low participation rate of CMPs in the Pilot Scheme was due to the lack of computers in their clinics for accessing the eHealth System (Subsidies). The Administration advised that it would look into ways to provide more support to encourage healthcare service providers, including CMPs, to participate in the Scheme. Some CMPs had indicated that apart from the lack of computers to access the eHealth System (Subsidies), their consultation fees were already very low and they did not intend to accept the health care vouchers.

15. To lessen the burden on the public healthcare sector, members urged the Administration to encourage more eligible elders to use the health care vouchers. The Administration advised that the Department of Health ("DH") would launch a series of promotional activities, including broadcasting television and radio announcements of public interest; distributing posters and leaflets through public clinics and hospitals, elderly centres, residential care homes for the elderly; and launching poster campaigns at malls of various public housing developments.

16. There was a suggestion that the Administration should publicize a list of enrolled healthcare providers and their fee schedules to facilitate eligible elders to choose the healthcare services that met their needs. The Administration advised that the enrolled healthcare service providers would be issued with the scheme logo for display outside their practices for identification, and they would be encouraged to increase the transparency of their fees and charges.

Monitoring of voucher claims

17. Noting that there were cases of fraudulent practices by some enrolled healthcare service providers, members expressed concern about the measures put in place by DH to prevent fraud and abuse. According to the Administration, DH had put in place various measures and procedures for checking and auditing voucher claims to ensure proper disbursement of public monies for voucher reimbursement. These included routine checking, monitoring and investigation of aberrant patterns of transactions and, where necessary, investigation of complaints. DH would regularly analyse the consent forms signed by the elders before deducting vouchers from their accounts and relevant information. This was to ensure that consent of the elderly persons concerned had been obtained when the service providers claimed for reimbursement for the health care vouchers and the providers concerned had provided the elders concerned with health care services in compliance with the requirements for the use of the vouchers. In addition, key statistics on voucher usage had been uploaded to the EHV Scheme website to help elders to better understand the Scheme.

Effectiveness of the EHV Scheme

18. Members noted that a way forward recommended by the Administration in 2011 based on the findings of the interim review of the EHV Pilot Scheme was to forge closer collaboration with private healthcare service providers to promote the use of the health care vouchers for protocol-based elderly health check. However, most of the claim transactions made under the EHV Scheme were still for management of acute episodic conditions rather than for preventive care. Some members considered that to ensure prudent use of public funds, the

Administration should conduct an in-depth assessment on the effectiveness of the EHV Scheme, in particular on whether, and if so, how it had altered the primary healthcare seeking behaviour among elders and reduced their reliance on pubic healthcare services.

19. The Administration advised that in collaboration with The Chinese University of Hong Kong's Jockey Club School of Public Health and Primary Care, DH was conducting a review of the EHV Scheme covering views of elders and healthcare professionals, utilization pattern of vouchers and operational arrangements for the Scheme. It was expected that the review would be completed by early 2019.

Recent developments

20. Three written questions concerning the monitoring of the use of health care vouchers were raised at the Council meetings on 12 April 2017, 6 December 2017 and 21 March 2018. The questions and the Administration's replies are in **Appendices III, IV and V** respectively.

21. The Financial Secretary announced in the 2019-2020 Budget that an additional one-off $1,000 worth of health care vouchers will be provided to each eligible elder and the accumulation limit of vouchers will be raised to $8,000 to allow users greater flexibility.

22. The Administration will brief the Panel on the findings of the latest review on the EHV Scheme and the proposed enhancement measures to refine the Scheme's operation on 18 March 2019.

Relevant papers

23. A list of the relevant papers on the Legislative Council website is in **Appendix VI**.

Council Business Division 2
Legislative Council Secretariat
14 March 2019

Appendix I

The number of healthcare service providers enrolled in the Elderly Health Care Voucher Scheme from 2013 to 2018 (by types of healthcare professionals)

	As at 31.12.2013	As at 31.12.2014	As at 31.12.2015	As at 31.12.2016	As at 31.12.2017	As at 31.12.2018
Medical Practitioners	1 645	1 782	1 936	2 126	2 387	2 591
Chinese Medicine Practitioners	1 282	1 559	1 826	2 047	2 424	2 720
Dentists	408	548	646	770	895	1 047
Occupational Therapists	39	45	45	51	69	74
Physiotherapists	267	306	312	344	396	441
Medical Laboratory Technologists	25	26	30	35	48	54
Radiographers	19	21	21	24	40	44
Nurses	79	108	124	148	182	182
Chiropractors	45	51	54	66	71	91
Optometrists	167	185	265	533	641	697
University of Hong Kong - Shenzhen Hospital [Note]	-	-	NA	NA	NA	NA
Total:	**3 976**	**4 631**	**5 259**	**6 144**	**7 153**	**7 941**

Note: The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015.

Sources: - Information extracted from the Administration's replies to Members' initial written questions during examination of estimates of expenditure 2018-2019

- The Administration's paper entitled "Review on the Elderly Health Care Voucher Scheme" (LC Paper No. CB(2)962/18-19(01))

Appendix II

The number of eligible elders, the number and percentage of elders who made use of vouchers and the cumulative voucher amount involved from 2013 to 2017

	2013			2014			2015			2016			2017		
	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year^ (in $'000)	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year^ (in $'000)	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year^ (in $'000)	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year^ (in $'000)	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year^ (in $'000)
a. Number of eligible elders (i.e. elders aged 65/70[Note] or above)*	724 000	-	-	737 000	-	-	760 000	-	-	775 000	-	-	1 221 000	-	-
b. Cumulative number of elders who made use of vouchers by the end of the year	488 000	67%	629,814	551 000	75%	1,194,029	600 000	79%	2,034,342	649 000	84%	3,002,792	953 000	78%	4,361,095
(i) By gender															
- Male	211 000	65%	263,482	242 000	73%	504,467	266 000	77%	871,622	290 000	83%	1,300,122	430 000	75%	1,905,267
- Female	277 000	70%	366,332	309 000	76%	689,562	334 000	80%	1,162,720	359 000	85%	1,702,670	523 000	80%	2,455,828
(ii) By age group															
- 65 – 69[Note]	-	-	-	-	-	-	-	-	-	-	-	-	239 000	58%	278,966
- 70 – 74	124 000	58%	133,323	142 000	67%	249,793	158 000	74%	429,291	183 000	82%	636,517	225 000	90%	870,863
- 75 – 79	150 000	71%	209,470	164 000	78%	389,961	172 000	82%	644,873	174 000	84%	910,025	175 000	88%	1,178,283
- 80 – 84	119 000	75%	164,669	133 000	81%	314,084	142 000	85%	529,917	150 000	89%	786,312	157 000	91%	1,069,326
- 85 or above	95 000	66%	122,352	112 000	74%	240,191	128 000	77%	430,261	142 000	80%	669,938	157 000	84%	963,657

Note: The eligibility age for the Elderly Health Care Voucher (EHV) Scheme has been lowered from 70 to 65 with effect from 1 July 2017.
* Source: Hong Kong Population Projections 2012 – 2041, Hong Kong Population Projections 2015 – 2064 and Hong Kong Population Projections 2017 – 2066, Census and Statistics Department
^ Face value of each voucher was changed from $50 to $1 on 1 July 2014.

Source: Information extracted from the Administration's replies to Members' initial written questions during examination of estimates of expenditure 2018-2019

Press Releases *12 April 2017*

LCQ1: Elderly Health Care Vouchers Scheme
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Following is a question by the Hon Wilson Or and a written reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (April 12):

Question:

Under the Elderly Health Care Voucher Scheme (EHCVS), the Government provides health care vouchers with a total value of $2,000 per person annually to eligible elderly persons aged 70 or above to subsidise their use of private primary care services. In this connection, will the Government inform this Council:

(1) as it has been reported that some service providers charge elderly persons using health care vouchers consultation or service fees which are higher than those they charge other service users, and I have also often received such kind of enquiries or complaints, whether the authorities conducted any survey in the past three years on the levels of fees charged for various kinds of services; and

(2) of the progress of the review of EHCVS conducted by the authorities, including (i) whether any study has been conducted on extending the scope of application of health care vouchers to cover the costs for buying medical equipment (such as hearing aids), and (ii) what measures are in place to monitor the fees charged by service providers?

Reply:

President,

In the 2017 Policy Address, the Government proposed to lower the eligibility age for the Elderly Health Care Vouchers (EHV) Scheme from 70 to 65. It is expected that about 400 000 more elderly persons will benefit from it. Subject to the passage of the Appropriation Bill 2017, this enhancement measure will be implemented within 2017.

My reply to the Hon Wilson Or's question is as follows:

(1) At present, health care vouchers can be used for private primary care services provided by 10 categories of locally registered healthcare professionals, namely medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors and optometrists. It may not be feasible to regulate or investigate the items of fees included and the levels of fees charged by private service providers under the EHV Scheme. However, the Department of Health (DH) has issued letters to participating service providers to remind them of the proper practices in making voucher claims, e.g. not imposing different charges on voucher users and non-users, enhancing the transparency of service charges as far as possible, explaining the charges to patients at their request before providing service, and allowing patients to make choices of different management plans which may have different service charges upon explanation by healthcare staff.

(2) (i) Under the existing EHV Scheme, vouchers cannot be used solely for purchasing medications or other medical equipment or products. However, vouchers can be used for preventive, curative and rehabilitative services, including the treatments provided by healthcare service providers in their professional capacities to meet the healthcare needs of elderly patients after consultation, as well as the medications and medical products, etc. provided to patients during the course of treatment. In this regard, healthcare service providers should assume professional responsibility towards their patients. Such arrangements serve to protect patients' rights while allowing a certain extent of flexibility to facilitate the use of vouchers by the elderly to pay for various private primary care services.

(ii) To protect the interests of the elderly, it is stipulated in the

terms and conditions of the EHV Scheme Agreement that participating 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 any fees for creating a voucher account or using vouchers. Generally speaking, if any participating service provider fails to comply with the terms and conditions of the EHV Scheme Agreement, the voucher claims will not be reimbursed by the Government. In case the reimbursement has been made, the Government will recover the amount from the service provider concerned. A service provider suspected of fraud or professional misconduct will be referred by the DH to the Police and/or relevant statutory organisations (such as the Medical Council of Hong Kong) for follow-up, which may lead to disqualification from participating in the scheme. Besides, registered healthcare professionals have to abide by their codes of professional conduct and ethics and to fulfil their professional obligations.

The DH is currently conducting a review of the EHV Scheme in collaboration with The Jockey Club School of Public Health and Primary Care of The Chinese University of Hong Kong. The review covers the impacts of the vouchers on primary care services for the elderly, e.g. any change in the health-seeking behaviour of voucher users. We will consider enhancing the Scheme as appropriate taking into account the review findings and the Government's overall fiscal condition.

Ends/Wednesday, April 12, 2017
Issued at HKT 12:40

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Press Releases *6 December 2017*

LCQ14: Elderly Health Care Voucher Scheme
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Following is a question by the Hon Chan Hak-kan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (December 6):

Question:

The Elderly Health Care Voucher Scheme (EHCVS) aims to supplement the existing public healthcare services by providing financial incentive to enable the elderly to choose private healthcare services that best suit their needs, including preventive care. It has been reported that there are cases of abusive use of the health care vouchers (HCVs). Examples include: a Chinese medicine practitioner tricked an elderly person into buying expensive Chinese medicine powders using her HCVs; an optometrist disregarded an elderly person's eye disease and merely checked his eyesight and prescribed glasses for him in return for his HCVs, without referring that elderly person to an ophthalmologist for follow-up which resulted in his becoming blind due to delay in diagnosis and treatment; and another optometrist misled an elderly person into being prescribed a pair of expensive brand-name glasses using his HCVs. Moreover, there are views that the Government should increase the annual voucher amount in order to relieve the financial pressure on the elderly with chronic diseases, and should also raise the accumulation limit of HCVs to help the elderly cope with unexpected and expensive medical expenses. In this connection, will the Government inform this Council:

(1) of the number of complaints about HCVs received by the Government in each year since the launch of EHCVS in 2009, with a breakdown by nature of the complaint;

(2) whether a mechanism is currently put in place to monitor, on a regular basis, if there is any abusive use of HCVs; if so, of the details; if not, the reasons for that;

(3) whether the authorities will, in the light of the aforesaid press reports, step up the monitoring on the use of HCVs; if so, of the details and whether they will employ the tactic of posing as customers for the collection of evidence; if they will not step up the monitoring, the reasons for that;

(4) of the ordinances that may be invoked by the authorities at present to institute prosecutions against private service providers who have tricked elderly persons into using HCVs improperly, the details of the relevant law enforcement actions, as well as the penalties generally imposed on the convicted persons; and

(5) whether it will adjust upward both the annual voucher amount and the accumulation limit of HCVs; if so, of the details; if not, the reasons for that?

Reply:

President,

The Government launched the Elderly Health Care Voucher (EHV) Pilot Scheme in 2009 to subsidise Hong Kong elders aged 70 or above to use primary care services provided by the private sector. The scheme was converted from a pilot project into a recurrent programme in 2014. Since the implementation of the EHV Scheme, we have introduced various enhancement measures. For examples, the annual voucher amount for an eligible elder has increased progressively from the initial sum of $250 to $2,000, and the financial cap has been revised upward from $3,000 to $4,000. The face value of each voucher was changed from $50 to $1 in 2014 to make it more convenient for the elders to use the vouchers. Moreover, the eligibility age for the EHV Scheme has been lowered from

70 to 65 since July 1, 2017. Details of actual voucher expenditure since the launch of the Scheme in 2009 are at the Annex.

My reply to various parts of the question is as follows:

(1) According to the available statistics, the Department of Health (DH) dealt with 11, 24, 42 and 51 complaints about the EHV Scheme in the respective years from 2014 to 2017 (as at end of October). The complaints involve the coverage of the scheme, operational procedures, administrative and supporting services, suspected fraud, improper voucher claims and issues related to service charges of participating service providers, etc.

(2), (3) and (4) To protect the interests of the elderly, it is stipulated in the terms and conditions of the EHV Scheme Agreement that participating 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 any fees for creating a voucher account or using vouchers. The DH issues regularly to participating service providers a set of Proper Practices under the EHV Scheme, which include reiterating that they shall not charge the elderly any fees for creating a voucher account or using vouchers. It has also issued letters to participating service providers to remind them of the proper practices in making voucher claims, which include not imposing different levels of fees based on whether vouchers are used or not, enhancing the transparency of service charges as far as possible, explaining the charges to patients at their request before providing service, and allowing patients to make choices of different healthcare treatment/ management options which may have different service charges upon explanation by healthcare staff. Besides, registered healthcare professionals have to abide by their codes of professional conduct and ethics and to fulfil their professional obligations. The DH also advises elders to ask service providers about the service charges before they give consent to use their vouchers.

To ensure proper reimbursement of voucher claims to participating service providers and prudent use of public money, the DH has put in place measures and procedures for checking and auditing voucher claims. These include conducting routine inspections to service providers, monitoring and surveillance to detect aberrant patterns of transactions so as to take timely follow-up actions and necessary investigation; and conducting investigations into the complaints received.

The DH will take appropriate follow-up actions in respect of any complaint, media report and related information about the EHV Scheme. Generally speaking, if any participating service provider is found to have failed to comply with the terms and conditions of the EHV Scheme Agreement, the voucher claims will not be reimbursed by the Government. In case the reimbursement has been made, the Government will recover the amount from the service provider concerned. For any service provider suspected of fraud, the DH will refer the case to the Police and/or relevant law enforcement agencies for follow-up and for consideration of any necessary enforcement actions (including whether to conduct a decoy operation). The DH may also disqualify the service provider concerned from participating in the EHV Scheme. For any service provider suspected of professional misconduct, the DH will refer the case to the relevant professional regulatory board/council for follow-up.

According to the record of the DH, as at the end of October 2017, one service provider was prosecuted and sentenced to imprisonment for making false voucher claims.

(5) There is currently no restriction on the number of years that an elder may carry forward the unspent vouchers but the cumulative amount of vouchers in a voucher account cannot exceed $4,000. Raising the accumulation limit further may not be conducive to achieving the aim of encouraging elderly persons to make more frequent use of the vouchers on primary care services (including preventive care services). Moreover, with an ageing population and the implementation of the enhancement measure in 2017 to lower the eligibility age for the EHV Scheme from 70

to 65, we anticipate that both the number of elders using the vouchers and the annual financial commitments involved will continue to increase substantially. In considering whether to increase the annual voucher amount and put in place other enhancement measures, we will need to assess in details the long-term financial implications on the Government.

Thank you, President.

Ends/Wednesday, December 6, 2017
Issued at HKT 16:30

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Annex

Actual Elderly Health Care Voucher (EHV) Expenditure

(as at end October 2017)

Calendar Year	Number of eligible persons[1]	Actual Expenditure ($ million)	Financial Year	Actual Expenditure ($ million)
			2008-09 (Jan-Mar 2009 only)	6.6
2009[2]	671 000	36.0	2009-10	49.0
2010	688 000	65.7	2010-11	72.0
2011	707 000	87.9	2011-12	104.1
2012[3]	714 000	158.6	2012-13	196.0
2013[4]	724 000	298.5	2013-14	341.0
2014[5]	737 000	554.8	2014-15	682.2
2015	760 000	868.6	2015-16	914.5
2016	775 000	1,042.4	2016-17	1,102.3
2017 *(up to end Oct 2017)*	1 221 000[6]	1,149.9	2017-18 *(up to end Oct 2017)*	794.7
Total	-	**4,262.4**	Total	**4,262.4**

[1] Source: Hong Kong Population Projections issued by Census and Statistics Department (C&SD).
[2] Annual voucher amount for an eligible elder was $250.
[3] Annual voucher amount increased to $500.
[4] Annual voucher amount increased to $1,000.
[5] Annual voucher amount adjusted upward to $2,000
[6] Since 1 July 2017, the eligibility age for the EHV Scheme has been lowered from 70 to 65. According to "Hong Kong Population Projections 2017-2066" issued by C&SD, the number of eligible persons for the EHV Scheme has significantly increased from 775 000 in 2016 to 1 221 000 in 2017.

Press Releases *21 March 2018*

LCQ8: Elderly Health Care Voucher Scheme
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Following is a question by the Hon Holden Chow and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (March 21):

Question:

The Elderly Health Care Voucher Scheme (ECV Scheme) aims to supplement the existing public healthcare services by providing financial incentive to enable the elderly to choose private healthcare services, including preventive care, that best suit their needs. At present, each eligible elderly person is allotted ECVs of a total value of $2,000 each year, with the cumulative total value of ECVs being capped at $4,000. It has been reported that the number of complaints about ECVs received by the Department of Health (DH) increased substantially year on year in each of the past three years, and quite a number of which involved abusive use of ECVs. In this connection, will the Government inform this Council:

(1) of (i) the number of complaints about ECVs received and (ii) the number of such complaints into which investigations were conducted, by DH in each of the past three years (with a tabulated breakdown by nature of the complaints);

(2) whether it has examined the implementation of specific measures to further prevent the abusive use of ECVs, and whether it will step up its monitoring of the service providers for the ECV Scheme; and

(3) whether it will consider afresh raising the cap on the cumulative total value of ECVs, so as to prevent service providers from persuading elderly people into using their ECVs indiscriminately by taking advantage of their mentality that those ECVs above the cap will anyway be nullified?

Reply:

President,

The Government launched the Elderly Health Care Voucher (EHCV) Scheme in 2009 to subsidise Hong Kong elders aged 70 or above to use primary care services provided by the private sector. Since July 1, 2017, the eligibility age for the EHCV Scheme has been lowered from 70 to 65. The number of elders who can benefit from the EHCV Scheme has increased to about 1.2 million. As at end December 2017, more than 950 000 elders had made use of vouchers. To ensure prudent use of public money, the Department of Health (DH) has put in place measures and procedures for checking and auditing voucher claims, and conduct investigations into the complaints received. The DH will review and enhance its monitoring mechanism from time to time to guard against abuse of vouchers.

My reply to various parts of the question is as follows:

(1) The DH received 24, 42 and 72 complaints about the EHCV Scheme in 2015, 2016 and 2017 respectively. The complaints involved the coverage of the scheme, operational procedures, administrative and supporting services, suspected fraud, improper voucher claims and issues related to service charges of participating service providers, some of which involved more than one area of concern. For each complaint received, the Health Care Voucher Unit of the DH would contact the person concerned/complainant for further details and take appropriate follow-up actions.

(2) and (3) There is currently no restriction on the number of years that an elderly person may carry forward the unspent vouchers, but the cumulative amount of vouchers in a voucher account cannot exceed $4,000. As proposed in the 2018-19 Budget, the Government will raise the accumulation limit of vouchers from $4,000 to $5,000 from 2018

onwards to allow greater flexibility in using vouchers, and provide, on a one-off basis, an additional $1,000 worth of vouchers for each eligible elderly person in 2018. The above proposals will be implemented upon the passage of the Appropriation Bill.

To protect the interests of the elderly, it is stipulated in the terms and conditions of the EHCV Scheme Agreement that participating 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 any fees for creating a voucher account or using vouchers. The DH issues regularly to participating service providers a set of Proper Practices under the EHCV Scheme to remind them of the proper practices in making voucher claims, which include not imposing different levels of fees based on whether vouchers are used or not, enhancing the transparency of service charges as far as possible, explaining the charges to patients at their request before providing service, and allowing patients to choose from different healthcare treatment/management options which may have different service charges after considering the explanation provided by healthcare staff. Besides, registered healthcare professionals have to abide by their codes of professional conduct and ethics and to fulfil their professional obligations.

To ensure proper reimbursement of voucher claims to participating service providers and prudent use of public money, the DH has put in place measures and procedures for checking and auditing voucher claims. These include conducting routine inspections of service providers, monitoring and surveillance to detect aberrant patterns of transactions so as to take timely follow-up actions and necessary investigation, and conducting investigations into complaints received. Generally speaking, if any participating service provider is found to have failed to comply with the terms and conditions of the EHCV Scheme Agreement, the voucher claims will not be reimbursed by the Government. In case the reimbursement has been made, the Government will recover the amount from the service provider concerned. The DH will also issue an advisory/warning letter to the service provider concerned as appropriate. In addition, if any service provider is suspected of fraud, the DH will refer the case to the Police and/or relevant law enforcement agencies for follow-up. The DH may also disqualify the service provider concerned from participating in the EHCV Scheme. If any service provider is suspected of professional misconduct, the DH will refer the case to the relevant professional regulatory board/council for follow-up.

Apart from the above monitoring mechanism, the DH has also stepped up public education on the EHCV Scheme. For examples, since July 2017, elderly persons have been reminded of the points to note when using vouchers (including asking service providers about the details of service charges before giving consent to use vouchers, and checking the information on the consent form before signing) through talks held for them and their caregivers at District Elderly Community Centres, Neighbourhood Elderly Centres, residential care homes for the elderly and DH's Elderly Health Centres, as well as publications targeted at the elderly and relevant stakeholders. In addition, the DH has produced a new Announcement in the Public Interest for broadcasting on television and radio starting from March 1 this year as another way to remind elderly persons of the above points to note. To enhance transparency, the DH is collating some voucher claim statistics for uploading onto the EHCV Scheme's website for public reference.

Ends/Wednesday, March 21, 2018
Issued at HKT 18:14

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Appendix VI

Relevant papers on the Elderly Health Care Voucher Scheme

Committee	Date of meeting	Paper
Panel on Health Services	12.11.2007 (Item IV)	Agenda Minutes
	14.4.2008 (Item IV)	Agenda Minutes
	14.3.2011 (Item V)	Agenda Minutes CB(2)1538/10-11(01)
	19.11.2012 (Item IV)	Agenda Minutes CB(2)309/12-13(01)
	20.1.2014 (Item III)	Agenda Minutes
	19.1.2015 (Item III)	Agenda Minutes
	16.11.2015 (Item VI)	Agenda Minutes
	15.10.2018 (Item III)	Agenda

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