



2019/20

Vaccination Subsidy Scheme

Operation Issues

July 2019



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- **1. Consent forms**
- **2. VSS outreach activities**
 - School Outreach
(Extra Charge Allowed) Programme
- **3. Common problems in subsidy claims**



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1. CONSENT FORMS



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1. Consent Forms

- Consent Form for Elderly (SI and PV) **remains the same**
- Consent Form for other target groups (SIV) revised to **include LAIV**
- New Consent Form for:
Vaccination Subsidy Scheme (VSS)
School Outreach (Extra Charge Allowed) Programme

Sample of Consent Form for Elderly

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疫苗資助計劃
使用疫苗資助同意書

適用於年屆 65 歲或以上長者

Check the target group

醫健通 (資助) 交易號碼 (由醫生填寫)

每次只可填寫一個交易號碼

ONE

Transaction
number for

ONE Consent
Form

注意：請用黑色或藍色筆以正楷填寫本同意書。**同時接種兩劑資助疫苗可填寫一份同意書，否則須重新填寫一份同意書。**
在簽署本同意書前，請先閱讀有關上述資助計劃及所接種疫苗資料的單張。
請在適當位置加上“✓”號及 * 刪去不適用者。

本人同意使用政府在疫苗資助計劃下提供的資助，為本人接種本年度的季節性流感疫苗 / 肺炎球菌疫苗，詳情如下：

醫生姓名		接種日期	
接種疫苗地點名稱			
疫苗種類 (請在適當位置加上“✓”號)			
<input checked="" type="checkbox"/> 四價季節性流感疫苗	或	<input type="checkbox"/> 三價季節性流感疫苗	
<input type="checkbox"/> 23 價肺炎球菌多醣疫苗 (23 價疫苗)#	或	<input checked="" type="checkbox"/> 13 價肺炎球菌結合疫苗 (13 價疫苗)#	
# 沒有高風險情況的長者可獲資助接種一劑 23 價疫苗； 有高風險情況的長者可獲資助接種一劑 13 價疫苗及一年後接種一劑 23 價疫苗。兩劑的接種最少相隔一年時間。			
<input checked="" type="checkbox"/> 登記參與計劃的主診醫生確認長者有高風險情況：		SIGNATURE 登記參與計劃的主診醫生簽署確認	

Tick as
appropriate

Sign to confirm the recipient is
of high risk condition

(Tentative)

Sample of Consent Form (Including LAIV)

衛生署 疫苗資助計劃 使用疫苗資助同意書

適用於 65 歲以下人士

Check the target group

醫健通 (資助) 交易號碼 (由醫生填寫)

每次只可填寫一個交易號碼

ONE

Transaction
number for
ONE Consent
Form

注意：請用黑色或藍色筆以正楷填寫本同意書。接種兩劑資助疫苗須填寫兩份同意書。

在簽署本同意書前，請先閱讀有關上述資助計劃及所接種疫苗資料的單張。

請在適當位置加上“✓”號及 * 刪去不適用者。

本人同意使用政府在疫苗資助計劃下提供的資助，為本人 / 本人的子女 / 受監護者 * 接種本年度的季節性流感疫苗，詳情如下：

醫生姓名		接種日期	
接種疫苗地點名稱			
季節性流感疫苗種類及劑數 (請在適當位置加上“✓”號)			
<input checked="" type="checkbox"/> 滅活注射式疫苗 <input checked="" type="checkbox"/> 四價 <input type="checkbox"/> 三價 <input type="checkbox"/> 滅活四價噴鼻式疫苗		任何 9 歲或以上人士；或 9 歲以下兒童但過往季度曾接種季節性流感疫苗： <input type="checkbox"/> 本季度唯一一劑 任何 9 歲以下兒童並從未接種季節性流感疫苗： <input checked="" type="checkbox"/> 本季度第一劑 <input type="checkbox"/> 本季度第二劑	

Tally with
information in
notification form

Tick as
appropriate



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(Tentative)

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2. VSS OUTREACH ACTIVITIES



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Subsidy level: **\$210**

Notification: **2 weeks** before the activity

Clinical waste: arranged **by doctors**

- *Publicity material should **NOT** contain logo/ name of any government department/ public organization.*
- *VO might conduct on-site inspections with prior notification.*
- *Besides, EPD might conduct **surprise on-site inspections** to ensure the compliance of the Clinical Waste Disposal Ordinance.*

Enrolment – Non-clinic Practice

- For doctors who **have not joined VSS**:
- Application form (Appendix A+B)
<https://www.chp.gov.hk/en/features/45858.html>
 1. Complete **Appendix A** and **Appendix B**
 2. Fill in **non-clinic practice details** in **Part II (E) of App. A**,
Put down a **remark** or use the blanks in **Practice No. 5 (p.10)**
 3. Submit application form to VO with **supporting documents**

Practice No. (5): (only applicable to outreaching vaccination at non-clinic setting under VSS)

(5) Name (in English): _____

Name (in Chinese): _____

Address (in English): _____

Address (in Chinese): _____

District: _____

Telephone no.: _____

Enrolment – Non-clinic Practice

- For doctors who **have joined VSS**:
- Request to Change Particulars (Change form)
<https://www.chp.gov.hk/files/pdf/changeform.pdf>
 1. Complete change form with details of new practice in **Part C**
 2. **Circle** to indicate that the practice will be for **non-clinic setting**
 3. Submit application form to VO with **supporting documents**

Practice tel. no. : _____

☐ Please deliver the Smart IC Card Reader to the new practice via post.

Scheme(s)/ Programme to which this new practice relates:

<input type="checkbox"/> HCVS	<input checked="" type="checkbox"/> VSS (Clinic setting Non-clinic setting ^{##})
<input type="checkbox"/> RVP	<input checked="" type="checkbox"/> PCD (Non-governmental Organisation / Private / School ^{##})

^{##} Please circle as appropriate.

VSS Service Fees Schedule (For new practice relevant to VSS)

[N.B. Service fees include **ALL** fees related to the vaccination but **EXCLUSIVE** of Government subsidy; and The service fees information for use of QIV will be displayed in the [on-line directory of the CHP website.](#)]

<input type="checkbox"/> Pregnant Women	TIV \$ _____	QIV \$ _____
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Notification Form – Points to Note

General Information

(Please attach a copy of the flyer/ poster/ other publicity materials for the vaccination activity if available)

A. Type of Vaccination Activity (please ✓ in the appropriate box)

☐ VSS Outreach

☒ School Outreach (Extra Charge Allowed) Programme

Date: _____ (dd/mm/yyyy)

Time: From _____ to _____

Venue Name: _____

Address: _____

Session (Please **circle** as appropriate): 1st / 2nd / 3rd / 4th / 5th session

Estimated Number of Vaccine Recipients: **School children: 100; Elderly: 8; Others: 20**

- Provide the best estimation 2 weeks before the activity
- Revise if the figure varies greatly after the activity

(Tentative)

Notification Form – Points to Note

D. Management of the Vaccination Activity

Staff Support: Number of on-site staff provided on the day of vaccination	Qualifications of the on-site staff	Numbers
	Doctor	
	Registered Nurse	
	Enrolled Nurse	
	Clinic Staff	
	Other Supporting Staff	
	Total	

Service Fees Information:	Vaccine Type	Service Fees (Persons eligible to use subsidy)	Service Fees (Persons NOT eligible to use subsidy)
	QIV (Injection)	\$	\$
	QIV(Nasal Spray)	\$	\$
	TIV	\$	\$
	23vPPV	\$	\$
	PCV13	\$	\$

(Tentative)



2.1 SCHOOL OUTREACH (EXTRA CHARGE ALLOWED) PROGRAMME



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VSS School Outreach (Extra Charge Allowed) Programme

- Covers -
 - 1) Primary schools
 - 2) Kindergartens, kindergarten-cum-child care centres and child care centres
- All **school children** regardless of resident status are eligible for vaccination subsidy
- **No restriction** on the **fees** to be charged and the **type of influenza vaccine** to be used (e.g. LAIV or IIV)

VSS School Outreach (Extra Charge Allowed) Programme

- Claim submission **similar to routine VSS:**
No batch upload
- School children **who are non-HK residents** are required to submit a copy of their identity proof to VO for manual validation:
For example,
 - ☐ two-way permit
 - ☐ Recognizance, Form No. 8 (俗稱行街紙), etc.
- **List of doctors providing service** under this scheme will be displayed at the CHP website

Sample of Consent Form for VSS School Outreach (Extra Charge Allowed) Programme

本人同意使用政府在疫苗資助計劃下提供的資助，為本人的子女 / 受監護者 * 接種本年度的季節性流感疫苗，詳情如下：

醫生姓名		接種日期	
就讀學校名稱	<i>Name of School in <u>full</u></i>		
季節性流感疫苗種類及劑數 (請在適當位置加上“✓”號)			
<input type="checkbox"/> 滅活注射式疫苗 <input type="checkbox"/> 四價 <input type="checkbox"/> 三價 <input checked="" type="checkbox"/> 滅活四價噴鼻式疫苗		任何 9 歲或以上學童；或 9 歲以下學童但過往季度曾接種季節性流感疫苗： <input checked="" type="checkbox"/> 本季度唯一一劑 任何 9 歲以下學童並從未接種季節性流感疫苗： <input type="checkbox"/> 本季度第一劑 <input type="checkbox"/> 本季度第二劑	

(Tentative)

Sample of Consent Form for VSS School Outreach (Extra Charge Allowed) Programme

身份證明文件 (請選擇下列其中一項身份證明文件，在適當位置加上“✓”號及填寫所需資料)

☐ 香港出生證明書登記號碼：
[][] [][] [][] [][] [][] ()

☐ 香港居民身份證號碼：
簽發日期：____/____/____ (日日/月月/年年)
身份證符號標記：☐ A ☐ R ☐ C ☐ U

☐ 香港特別行政區回港證號碼：
簽發日期：____/____/____ (日日/月月/年年年年)

☐ 香港特別行政區簽證身份書證件號碼：
簽發日期：____/____/____ (日日/月月/年年)

☐ 香港居留期許可證 (ID 235B) 出生登記編號：
獲准逗留至：____/____/____ (日日/月月/年年年年)

☐ 非香港旅遊證件號碼簽證 / 參考編號：
簽證 / 參考編號：
[][][][] - [][][][][][][][][][] - [][] ()

☐ 生死登記處發出被領養兒童的領養證明書記項編號：
[][][][][][][][][][] / [][][][][][][][][][]

☒ 如未持有以上證件，
請附上其他身份證明文件副本：
證件號碼： **A123456**

(Tentative)

Claim Procedures for Non-HK Resident Students

Submission of consent form
with identity document copy

Manual validation by VO

Reimbursement of subsidy



3. COMMON PROBLEMS IN MAKING SUBSIDY CLAIMS



Common problems

1. Omission of checking for vaccination history and availability of subsidy (**BEFORE vaccination / making claims**)
2. **Late submission** of claims (beyond **7 days** of vaccination)
3. **Delay confirmation** of claims by enrolled doctors (after entry by clinic staff)

Common problems

4. Wrong entry of the **identity document type**

Examples of common wrong entry found :

1. Hong Kong Identity Document vs Hong Kong Birth Certificate

Tips : Document number with prefix “M” or “R” should be Hong Kong Identity Card.

2. Hong Kong SAR Re-entry Permit vs Document of Identity

Tips : Document number with prefix “RM” should be Hong Kong SAR Re-entry Permit.

Document number with D or DJ should be document of identity

Please refer to the Doctors' Guide Appendix for samples of the identity documents



Identity Documents

HKIC Symbol
(**First alphabet**
below date of birth)

*HKIC Issue
Date*



*HKIC
Number*

Hong Kong Identity Card

Identity Documents

*Flip to back
for card
reading*

HKIC Symbol

*(**First alphabet***

below date of birth)

*HKIC Issue
Date*

*HKIC
Number*



New Hong Kong Identity Card

Identity Documents – HKIC Symbol

Health System
(Subsidies)

KUNG, CHUNG KONG
Home Inbox Logout

Claim

1. Search eHealth (Subsidies) Account >>> 2. Enter Details 3. Example:

Enter Details

Account Information

Document Type: Hong Kong Identity Card

Name: CHAN, TAI MAN (陳太文)

HKIC No.: UP162XXX(X) / C

Date of Birth / Gender: 01-01-1930 / Male

Date of Issue: 05-05-05

Claim Information

Practice: KUNG CHUNG KONG - ... Clinic (2)

Scheme: Vaccination Subsidy Scheme

Service Date: 27-08-2018

Category:

- ☒ Persons aged 50 - 64 years
- ☐ Persons with Intellectual Disability
- ☐ Persons receiving Disability Allowance

Subsidy	Dose	Subsidy Amount
<input type="checkbox"/> QIV-A 2018/19	Only Dose	\$210
<input type="checkbox"/> TIV-A 2018/19	Only Dose	\$210
Total Subsidy Amount		\$0

Cancel Claim

In claim page

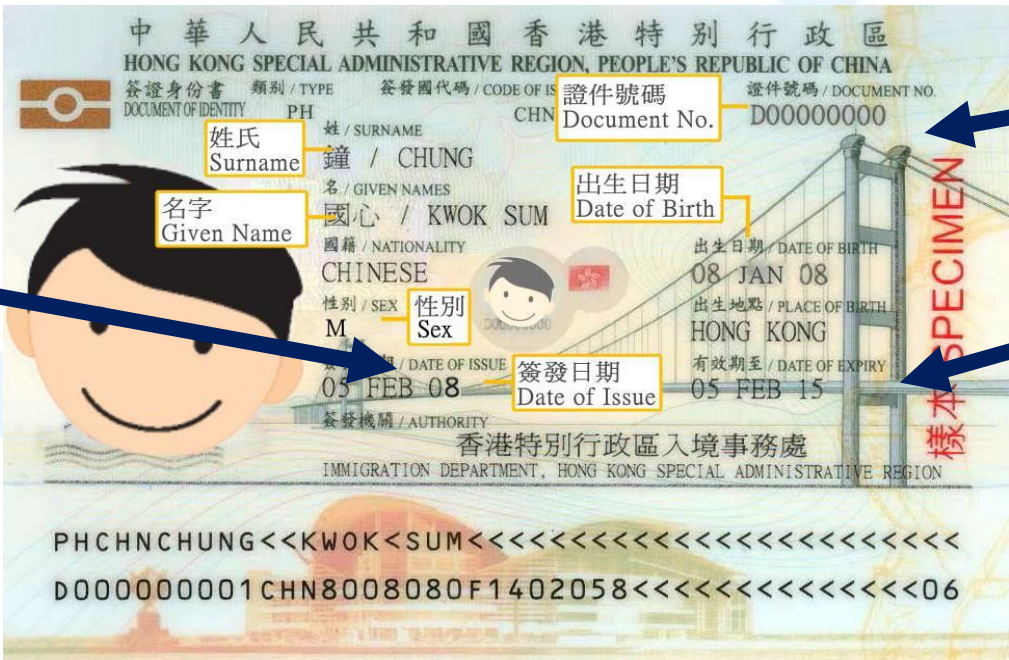
The inputted HKIC Symbol will be displayed in Account information section and next to "HKIC No."

Example:

HKIC No. / Symbol UP162XXX(X) / C



Identity Documents



*Issue Date
Valid for 5
years*

*Document
Number Starting
with Prefix D or
DJ*

Expiry Date

Hong Kong Document of Identity (簽證身份書)
(with prefix “D”)

Identity Documents

*Visa
Reference*

*Limit of
Stay*



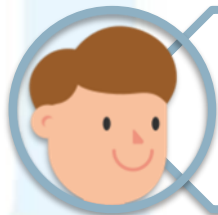
Overseas Passport with Visa Label

Points to Note - General

- Check the updated VSS agreement
- Consent to Use Vaccination Subsidy forms



Elderly aged 65 years or above



Non-elderly aged under 65 years



School children under VSS School Outreach
(Extra Charge Allowed) Programme

Points to Note - General

- Doctor enroll to the VSS can provide subsidised vaccinations to **all target groups** and **using all influenza vaccines** covered by the scheme
- Doctor need to **specify the service fee** of the target group / vaccine he would provide under VSS
- Service fee means **ALL** fees related to the vaccination, including booking fees, health assessment fees or any fees

Points to Note – Submit claims

- Claims should only be made **after vaccination has been given**
- Make claims **immediately** (within 7 days) after the vaccination
- Keep record for **at least 7 years**



New Designated Hotline for Enrolled Doctors

Tel: 2125 2299



THANK YOU

