

本署檔號 Our Ref. : (3) in DH/PMPD/P6-4/9

30 July 2009

Dear Doctor,

**Invitation to private doctors**  
**Enrol in Vaccination Subsidy Schemes 2009/10**

This letter serves to invite private doctors' enrolment in two vaccination subsidy schemes for the year 2009/10. They are (I) Childhood Influenza Vaccination Subsidy Scheme, and (II) Elderly Vaccination Subsidy Scheme cum Human Swine Influenza Vaccination Subsidy Scheme.

**About the Schemes**

**I. Childhood Influenza Vaccination Subsidy Scheme (CIVSS)**

Under the Childhood Influenza Vaccination Subsidy Scheme (CIVSS), eligible children between the age of 6 months and less than 6 years OR attending a kindergarten or a child care centre in Hong Kong will receive a HK\$80 Government subsidy per dose of seasonal influenza vaccine received from private medical practitioners enrolled in the CIVSS. The vaccination period will be from 19 October 2009 to 31 March 2010. The Government will reimburse the enrolled doctors. This scheme is similar to the one administered in 2008/09, except that this time it operates on an electronic platform to facilitate reimbursement and other procedures.

**II. Elderly Vaccination Subsidy Scheme (EVSS) cum Human Swine Influenza Vaccination Subsidy Scheme (HSIVSS)**

This new scheme has two parts which are to be enrolled in one piece. The Elderly Vaccination Subsidy Scheme (EVSS) will be introduced on 19 October 2009 to provide Government subsidy to eligible elders aged 65 or above for seasonal influenza (HK\$130 per dose) and pneumococcal (23-valent polysaccharide) (HK\$190 per dose) vaccinations received from enrolled



private medical practitioners. These subsidy amounts are inclusive of a HK\$50 injection subsidy per dose of vaccine given. The vaccination period will be from 19 October 2009 to 31 March 2010 for seasonal influenza vaccination but lasts throughout the year for pneumococcal vaccination. The second part is the Human Swine Influenza Vaccination Subsidy Scheme (HSIVSS) which provides subsidy to members of eligible target groups for human swine influenza vaccination received in the private sector. HSIVSS is expected to be launched towards the end of 2009 when the human swine influenza vaccine becomes available. We will inform you the details including subsidy levels in due course.

Please visit the Centre for Health Protection (CHP) website at [www.chp.gov.hk](http://www.chp.gov.hk) for more details about the schemes.

### **Invitation to Enrolment**

You may enrol and participate in either or both of the following subsidy schemes if you are holding a valid annual practising certificate and working in the private medical sector (including university and non-government organisations):-

- Childhood Influenza Vaccination Subsidy Scheme; and
- Elderly Vaccination Subsidy Scheme cum Human Swine Influenza Vaccination Subsidy Scheme.

To participate, prior enrolment is required which will start on 1 September 2009 onwards. Please refer to the attached Enrolment Guide (Annex I) and visit <http://vs.chp.gov.hk/enrolment> for details.

You are strongly advised to place early purchase orders for seasonal influenza (children, elderly) and pneumococcal polysaccharide vaccines (elderly) with your vaccine suppliers (e.g. before mid-August) to ensure their timely delivery.

Centre for Health Protection will organise two identical briefing sessions to introduce the vaccination schemes with details as follows:-

#### **Session One**

Date: 14 August 2009 (Friday)  
Time: 2 pm – 3:30 pm  
Venue: Lecture Theatre, G/F, Hong Kong Central Library,

66 Causeway Road, Causeway Bay, Hong Kong

Capacity: About 290 seats

**Session Two**

Date: 18 August 2009 (Tuesday)

Time: 2 pm – 3:30 pm

Venue: Lecture Theatre, M/F, Hospital Authority Building,  
147B Argyle Street, Kowloon

Capacity: About 322 seats

To reserve seats for briefing sessions(s), please complete the reply slip at Annex II and return it to DH by fax 2713 9576. We will contact you only if your first/only choice of briefing session is full. For enquiries, please contact the Vaccination Office at 2125 2125.

Lastly, for your information, we have uploaded the Scientific Committee on Vaccine Preventable Disease (SCVPD) updated recommendations on the use of seasonal influenza vaccine for 2009/10 season at [www.chp.gov.hk/files/pdf/SCVPD\\_09\\_flu\\_vaccine\\_recommendation.pdf](http://www.chp.gov.hk/files/pdf/SCVPD_09_flu_vaccine_recommendation.pdf). The recommended target groups are the same as that of last year's. Furthermore, the Government will introduce pneumococcal conjugate vaccine in the Childhood Immunisation Programme (CIP) starting from 1 September 2009. Eligible children will receive the vaccines at DH's Maternal and Child Health Centres. Please visit CHP's website [www.chp.gov.hk](http://www.chp.gov.hk) for details.

We look forward to your support in the Vaccination Subsidy Schemes to protect health of our community. Thank you for your attention.

Yours faithfully,



(Dr Thomas TSANG)

Controller, Centre for Health Protection  
Department of Health

## Enrolment Guide

- Health care service providers are required to be enrolled with the Department of Health if they are interested to participate in any of the schemes designated in the “Covering Notes for Application to enrol in the Health Care Voucher Scheme and Vaccination Schemes” and use the relevant functions in the eHealth System. They should complete and sign the enrolment forms for enrolment as individual healthcare professionals. If the health care service providers are employed or engaged by a medical organization (whether it is incorporated or not) to provide relevant services with respect to the scheme(s) or if they provide such services under the name of a medical organization (whether as a sole proprietor, partner, shareholder, director or other officer of the medical organization, and whether the medical organization is incorporated or not), the medical organization should also complete and sign the enrolment forms.
- The enrolment forms can be submitted through electronic application or paper application.
- Health care service providers applying for enrolment are required to-
  - Complete the “Application Form” (either online or through paper application); *[Appendix A]*
  - Complete the “Authority for Payment to a Bank” (either online or through paper application); *[Appendix B]*
  - Supply documentary proof (including Hong Kong Identity Card; address proof of both the applicant and medical organization; business registration certificate of the medical organization, document on the bank account nominated for reimbursement payment.); and
  - Send the above forms and documents to the Department of Health.
- The “Application Form” and the “Authority for Payment to a Bank” should be signed by **both** the health care service provider and the medical organization which employs or engages him/her to provide relevant services with respect to the scheme(s).
- Personal particulars together with the professional registration information will be validated through computerized verification with the database of the respective professional Boards and Councils, to verify the professional registration status of participating healthcare providers.

## **Enrolment through electronic application (online enrolment)**

- (1) Enter the enrolment function through either one of the following websites:**
  - HCVS website ([www.hcv.gov.hk](http://www.hcv.gov.hk))
  - CHP website ([www.chp.gov.hk](http://www.chp.gov.hk))
- (2) Type in the required information regarding the personal and professional particulars, medical organization and place(s) of practice**
- (3) Type in the required information regarding the nominated bank account(s) for reimbursement**

*\* Upon electronic submission of the enrolment application, the e-Health system would provide an “enrolment reference number”*
- (4) Print out the completed enrolment forms**
- (5) Sign the “Application Form” (Part V – “Execution”)**
  - By the applicant and the authorized signatory of the medical organization
- (6) Sign the “Authority for Payment to a Bank” (Part 2 – “Declaration”)**
  - By the applicant and the authorized signatory of the medical organization
- (7) Send the following information to the Department of Health (DH) by mail-**
  - The completed “Application Form” (with Part V – “Execution” signed)
  - The completed “Authority for Payment to a Bank” (with Part 2 “Declaration” signed)
  - The required documentary proofs\* including
    - Hong Kong Identity Card (copy)
    - Address proof of the applicant and medical organization(e.g. copy of public utilities bill)
    - Business registration certificate of the medical organization (copy)
    - Bank account information document (e.g. certified true copy<sup>1</sup> of bank correspondence showing the bank name, bank account number, name of the account holder)

[\*Not required for applicant who is an enrolled medical practitioner of the Health Care Voucher Scheme and / or has joined Influenza Vaccination Subsidy Scheme (IVSS) 2008/09 and has no change on the information already submitted.]

- (8) Please mail the forms and documents to the following address:**

Vaccination Office  
Centre for Health Protection  
Department of Health

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<sup>1</sup> If the bank correspondence relates to the applicant, the copy must be certified by the applicant. If the bank correspondence relates to a medical organization, the copy must be certified by the authorized signatory of the medical organization appearing in Part 2 – declaration of the “Authority for Payment to Bank” form

4/F, 147C, Argyle Street, Kowloon

### **Flow chart for enrolment through electronic application (online enrolment)**

Enter the enrolment function through either HCVS website [[www.hcv.gov.hk](http://www.hcv.gov.hk)] or CHP website

[[www.chp.gov.hk](http://www.chp.gov.hk)]



Type in the required information regarding the personal and professional particulars, medical organization and place(s) of practice



Type in the required information regarding the nominated bank account(s) for reimbursement  
*(upon electronic submission of the enrolment application,  
an “enrolment reference number” would be provided)*



Print out the completed enrolment forms



Sign the “Application Form” (Part V – “Execution”)

*(to be signed by both the applicant and the authorized signatory of the medical organization)*



Sign the “Authority for Payment to a Bank” (Part 2 – “Declaration”)

*(to be signed by both the applicant and the authorized signatory of the medical organization)*



Send the following information to Department of Health by mail-

- The completed “Application Form” (with Part V – “Execution” signed)
- The completed “Authority for Payment to a Bank” (with Part 2 “Declaration” signed)
- The required documentary proof (including)
  - Hong Kong Identity Card (copy)
  - Address proof of the applicant and medical organization (e.g. copy of public utilities bill)
  - Business registration certificate of the medical organization (copy)
  - Bank account information document (e.g. certified true copy of bank correspondence showing the bank name, bank account number, name of the account holder)

## **Enrolment through paper application (paper enrolment)**

**(1) Visit either one of the websites:**

- HCVS website ([www.hcv.gov.hk](http://www.hcv.gov.hk))
- CHP website ([www.chp.gov.hk](http://www.chp.gov.hk))

**(2) Download and print the enrolment forms**

**(3) Complete the “Application Form”**

*[\*For paper application, the field for “enrolment reference number” should be left blank]*

**(4) Sign the “Application Form” (Part V – “Execution”)**

- By the applicant and the authorized signatory of the medical organization

**(5) Complete the “Authority for Payment to a Bank”**

**(6) Sign the “Authority for Payment to a Bank” (Part 2 – “Declaration”)**

- By the applicant and the authorized signatory of the medical organization

**(7) Send the following information to the Department of Health by mail-**

- The completed “Application Form” (with Part V – “Execution” signed)
- The completed “Authority for Payment to a Bank” (with Part 2 - “Declaration” signed)
- The required documentary proofs\* including
  - Hong Kong Identity Card (copy)
  - Address proof of the applicant and medical organization (e.g. copy of public utilities bill)
  - Business registration certificate of the medical organization (copy)
  - Bank account information document (e.g. certified true copy<sup>2</sup> of bank correspondence showing the bank name, bank account number, name of the account holder)

[\*Not required for applicant who is an enrolled medical practitioner of the Health Care Voucher Scheme and/or has joined Influenza Vaccination Subsidy Scheme (IVSS) 2008/09 and has no change on the information already submitted.]

**(8) Please mail the forms and documents to the following address:**

Vaccination Office  
Centre for Health Protection  
Department of Health  
4/F, 147C, Argyle Street, Kowloon

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<sup>2</sup> If the bank correspondence relates to the applicant, the copy must be certified by the applicant. If the bank correspondence relates to a medical organization, the copy must be certified by the authorized signatory of the medical organization appearing in Part 2 – declaration of the “Authority for Payment to Bank” form

## **Flow chart for enrolment through paper application (paper enrolment)**

Visit either HCVS website [[www.hcv.gov.hk](http://www.hcv.gov.hk)] or CHP website [[www.chp.gov.hk](http://www.chp.gov.hk)]



Download and print the enrolment forms



Complete the “Application Form”

(the field for “enrolment reference number” should be left blank)



Sign the “Application Form” (Part V – “Execution”)

(to be signed by both the applicant and the authorized signatory of the medical organization)



Complete the “Authority for Payment to a Bank”



Sign the “Authority for Payment to a Bank” (Part 2 – “Declaration”)

(to be signed by both the applicant and the authorized signatory of the medical organization)



Send the following information to Department of Health by mail-

- The completed “Application Form” ( with Part V – “Execution” signed)
- The completed “Authority for Payment to a Bank” (with Part 2 “Declaration” signed)
- The required documentary proof (including)
  - Hong Kong Identity Card (copy)
  - Address proof of the applicant and medical organization (e.g. copy of public utilities bill)
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## Activation of service provider account

For each enrolled health care service provider, a “service provider account” will be created for using the relevant functions in the eHealth System. On completion of the enrolment process, the enrolled health care service provider will receive a confirmation letter and an electronic mail on the scheme(s) which he/she has been successfully enrolled in. For those enrolled health care service providers who have already had an activated service provider account, they can use the account for using the relevant eHealth functions of the newly enrolled scheme(s). For those who have not previously had a service provider account, they can enter the eHealth System through a hyperlink provided in the electronic mail for activation of the service provider account using also the Service Provider ID and authentication token received with the confirmation letter.

- To activate the service provider account, an enrolled health care service provider should :
  - Check the electronic mail sent to the email address provided by health care service provider in the enrolment forms;
  - Click on the hyperlink provided in the electronic mail for accessing the designated eHealth webpage; and
  - Enter the following information into the data field of the webpage:
    - \* Service Provider ID (shown on the confirmation letter)
    - \* Token passcode (shown on the authentication token)
    - \* Own password for accessing the provider account in the future
- Activation of the service provider account should be done **within 21 days** of the date of issuance of the confirmation letter.

**Briefing Sessions on**  
**Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and**  
**Elderly vaccination Subsidy Scheme (EVSS)**  
**Reply Slip**

*Please return the completed reply slip to the Vaccination Office*  
*(Fax. No.: 2713 9576) before 10 August 2009*

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To: Vaccination Office,  
 Centre for Health Protection,  
 Department of Health

Please reserve \_\_\_\_\_ seat(s) for me in the briefing session on CIVSS and EVSS.

*(Please put a “ ✓ ” inside one of the boxes or indicate the order of preference by marking “1” and “2” inside the boxes)*

<input type="checkbox"/> <b>Session One</b> Date: 14 August 2009 (Friday) Time: 2 pm – 3:30 pm Venue: Lecture Theatre, G/F, Hong Kong Central Library, 66 Causeway Road, Causeway Bay, Hong Kong Capacity: about 290 seats	<input type="checkbox"/> <b>Session Two</b> Date: 18 August 2009 (Tuesday) Time: 2 pm – 3:30 pm Venue: Lecture Theatre, M/F, Hospital Authority Building, 147B Argyle Street, Kowloon Capacity: about 322 seats
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Doctor's Name: \_\_\_\_\_

Contact Tel. No.: \_\_\_\_\_

\_\_\_\_\_ (office)

\_\_\_\_\_ (mobile phone)

Email address: \_\_\_\_\_

Fax no.: \_\_\_\_\_