

Meeting with the Federal Healthcare Partnership - CAA conference 2015

Sheraton on the Falls Hotel, Niagara Falls
Friday October 23rd 9:00 – 10:00 am Eastern

Present in person:

Carri Johnson (CAA), Barb Bentley (CAA), Sue Schlatter (CAA), Pierre Lamontange (DND), Andree McClelland (Bluecross-Medavie), Darcy Dunn(VAC)

Teleconference:

Chantal Kealey (SAC), Dragana Pantic (RCMP)

Not in Attendance: Frantz-Hubert Scully, Sean Daley and Patricia Hoes (NIHB)

Updates from FHP members, CAA and SAC

VAC: investigating online authorizations

CAA/SAC:

1. World Congress of Audiology, hosted by both organizations will take place September 16-22, 2016 in Vancouver, BC. <http://www.wca2016.ca/>
2. We have been asked to participate in an independent interview/review of the NIHB process.

General for all FHP

1. The FHP MOU with CAEA was renegotiated January 2015. Are there any significant changes that should be brought to the attention of audiologists? When does this agreement expire?
DND/RCMP/VAC: The new FHP MOU with CAEA has not yet been finalized. The current agreement still applies and it is anticipated that the new agreement will come into force on January 1, 2016.

NIHB: The Government is currently in a transition period but a verbal agreement has been reached with the CAEA pending final approval and signature. NIHB will provide an update as soon as possible. We would be happy to discuss further and to provide an update at the next meeting of the NIHB / SAC / CAA working group. We will be in contact with SAC and CAA in November to arrange a meeting of this group.

2. Bluetooth Devices. Has there been any change to the policies regarding these assistive technologies? There was discussion in the past about adding these technologies to the benefit grids.
DND/RCMP/VAC: More information will be available on the accessibility of Bluetooth devices following the finalization of the new MOU with the CAEA.

NIHB: Bluetooth devices are not currently eligible for coverage under the NIHB Program. As technology changes and evolves NIHB updates its benefit list to ensure that items covered are in line with the standard of care. There are no plans at this time to add Bluetooth devices to the NIHB Program's benefit list.

3. Benefit grid and description of benefits. At our last meeting we had discussed the possibility of having accurate descriptions of what specific benefits include (i.e complete hearing assessment vs. re-assessment, Hearing aid performance check, complete tinnitus assessment)

VAC: In conjunction with the changes resulting from a potential new CAEA agreement, VAC is planning some updates to the current benefit grid to remove obsolete codes, etc. In addition, VAC plans on releasing an updated copy of its definitions guide to ensure clarity of all benefit codes for its providers.

NIHB: These issues will be addressed at the NIHB / SAC / CAA working group.

4. At our last meeting in May the start of the new Medavie/Blue Cross online billing was announced. Can you provide an update on this?

BC/M:

- a. Total of 1000 audio providers are now registered to submit online (represents close to 50% of total audio providers).
- b. Provider payment summary will be available on the Portal soon.
- c. The overall feedback is very positive.
- d. It is important to read the "notes section" of approvals for clarification on what exactly is approved. We are looking at a new field on the initial screen to clarify this.
- e. Providers are encouraged to sign up and use the portal to increase speed and accuracy of processing.

Questions from past meetings

1. **(VAC)** Coverage for cerumen removal for VAC patients has been discussed in the past. At the meeting at the CAA conference in October 2014, it was stated that this might be added to the benefit grid in January, 2015. I have not found this on the website, can you please give us an update?

VAC: A benefit code for cerumen removal will be implemented with the changes indicated earlier in this document.

2. **(VAC)** Based on discussions at the last meeting at SAC in May, 2015, VAC mentioned that it would consider adding a code for CI processors. Any updates?

VAC: A benefit code for CI processors will be implemented with the changes anticipated for Jan 1, 2016.

3. **(NIHB)** Update from NIHB on the larger scale NIHB Working Group meeting that was originally targeted for spring 2015? This would include AFN etc.

Next steps to be discussed at the next NIHB / SAC / CAA working group meeting.

4. **(NIHB)** The NIHB Program stated they have initiated a review of the MS&E Benefit which includes price files. When price files for audiology will be reviewed, SAC and CAA will be consulted for their input. Once finalized, providers will be informed of the prices through the NIHB Newsletter and the price file will be posted on the Health Canada website. What is the status of this?

These issues will be addressed at the NIHB / SAC / CAA working group meeting.

Questions Submitted by Members

1. **(NIHB)** Could you please ask the NIHB representative what is the cost that we can charge for hearing aid batteries, and where can we find this information? We contacted our local office and no one there knew the answer. We were told by an Express Scripts auditor that it was listed under the Manitoba Society of Pharmacists agreement. We cannot access the information without being a member which means paying dues to the Manitoba Pharmaceutical Association and being a licensed pharmacist.
NIHB HQ has contacted the Manitoba regional office and confirmed that the region has communication material related to the Manitoba Society of Pharmacists mark-up agreement. A copy of the fax broadcast has been attached. Please contact the Manitoba regional office with any questions regarding this information. Contact information for all Health Canada regional offices can be found at <http://www.hc-sc.gc.ca/contact/fniah-spnia/fnih-spni/nihbr-ssnar-eng.php>
2. **(NIHB)** I would like to put forth the following issue at the Federal Partners meeting. NIHB policy indicates that hearing aids ordered prior to the approval date will be denied. That is, if hearing aids are ordered for a client before the actual authorization is received, regardless of whether or not they are dispensed, the claim is denied. It should be up to the clinic to decide whether or not they want to actually order the devices prior to receiving approval. The devices could, of course, be returned if approval is not received. If not returned in the event that approval is not received, it is the clinic's own issue and expense. In the case of pediatrics, it is not appropriate to wait for approval. Given that the approval process can take several weeks or months, a child may be without amplification unnecessarily. I would recommend that this policy be changed to reflect the following: hearing aids for adults that are DISPENSED prior to approval being received would be denied. Hearing aids for children are approved regardless of date ordered or dispensed (providing the child meets other appropriate NIHB criteria).
Where appropriate, the NIHB Program uses the prior approval process to ensure client and benefit eligibility before services are rendered. Specific urgent client cases and prior approval processing questions should be brought to the attention of the regional offices. Contact information for all Health Canada regional offices can be found at <http://www.hc-sc.gc.ca/contact/fniah-spnia/fnih-spni/nihbr-ssnar-eng.php>
3. **(NIHB)** I don't have any issues with VAC and do very little of DND. I continue to have issues with NIHB.
 - a. NIHB won't pay for a hearing assessment (in Ontario anyway). When contacted, we were told that their code for assessments is invalid because there is coverage

through OHIP when the hearing test is performed through an ENT office. We live in northern Ontario where access to ENT services is very limited, if available at all, and takes over a year to see one. What ENT wants to waste his/her time for a 'free' hearing test? It bogs down the medical system in terms of time and money. Why is NIHB, a government agency, relying on another government agency, OHIP, to pay for services for their people? Or, relying on small business to offer that service for 'free'? How do you justify paying for a hearing aid but not the test necessary to prescribe the proper aid?

While we understand your concern regarding NIHB coverage of audiology testing, it is outside of NIHB's mandate to cover services (such as audiology testing) that are insured by the Province or Territory.

- b. They STILL will not accept an audiologist as the prescriber. They will deny approval for funding for hearing aids if the ADP form (in Ontario) is signed by a 3rd party audiologist. They require a family physician be the signing authority on the ADP form (and we must fax them a copy as proof, another ridiculous and time consuming step in the approval process). Many of our native populations living in remote regions do not have easy access to a family physician, so now there is an unnecessary trip to a walk-in clinic or Emerg just for a signature, further bogging down the medical system.
Effective January 1, 2012, the NIHB Program recognized audiologists as valid prescribers of audiology equipment and supplies. The NIHB Program suggests that the member follow-up directly with the Supervisor, NIHB Ontario Region at 613-952-0145.
 - c. The process for obtaining approval for hearing aids is time consuming. We must first request pre-approval, then request approval and then get confirmation and fax that confirmation back to them. Why must there be so many steps? Unnecessary and just plain dumb.
The NIHB Program worked in collaboration with Speech-Language and Audiology Canada (SAC) and the Canadian Academy of Audiology (CAA) to streamline the prior approval (PA) process for hearing aids. The NIHB Program suggests that the member follow-up directly with the Supervisor, NIHB Ontario Region at 613-952-0145 for process related questions.
 - d. They have not increased their fees since this national pricing took effect. VAC periodically increases their fees but we've never had an increase from NIHB.
This issue will be addressed at the NIHB / SAC / CAA working group meeting.
4. **(NIHB)** While I thank you for asking for input to provide to the FHP re: audiology and hearing aids, I fear that I have become waaaaay to cynical to expect anything but more of the same. Over the years we have put much effort into forming questions to pose to NIHB (mostly) but also DVA. The FHP (mostly NIHB) obviously do not care about the providers with whom they entrust the care of their charges, and as a result I in turn do not trust the FHP. I think that if they were to show some interest in advancement of quality of care, such as mandating verification and administration of outcome measures, and associated fee increases, I might feel differently. Alas, I do not - heavy sigh!!!
The NIHB Program has established a Joint Working Group with CAA and SAC to address audiology related issues.

5. The population of Inuit in Ottawa is now greater than it is in some of the Nunavut communities. They are finding that they cannot access service at any service provider (pharmacy, dentist, hearing specialist, etc.) in Ottawa and there is a general lack of knowledge about the NIHB program at the front line of many service providers. Is the program mandatory for all service providers? If not, does this mean that First Nations people are being unjustly limited in the range of services providers that they can access?

There are a number of issues when filling out the paperwork to access NIHB benefits. Do any Inuit have a card that has their N number on it? My cousin who adopted 3 Inuit children has to carry around a letter issued by the federal government to get service for her children. Inuit don't have band numbers. This causes issues for Southerners filling out NIHB forms and requires a great deal of explaining for Inuit and can result in them giving up on service that they are entitled to just to avoid what they might construe as a conflict situation. What kind of education is available to health care providers on the front line to address these issues?

Inuit from Nunavut don't necessarily have a provincial health card or carry their territorial health card for many reasons. In the North, they don't need to carry a territorial health card since the local health centre already has their number and the number is usually communicated by health care providers to health services outside of the community. In the South, this delays their getting service from a federal program. Many Inuit don't understand why they need a provincial card since their health care is a federal responsibility as the letter my cousin has to carry would confirm.

Why is there a co-pay between provinces and NIHB? It would seem that First Nations people are treated like B class veterans. Even a B class veteran does not have to jump through the hoops of seeing a family MD to get a referral to an ENT to get a hearing assessment? Why is this necessary for a member of a First Nation?

From the point of view of a service provider, I would like to know why benefits can be approved in 2 weeks or less when I am working in Nunavut, but it can take 2 months in the Ottawa Valley? If the person is entitled to the benefits, who is doing the approving in our area and how can that process be expedited?

I would very much appreciate some insight into these matters.

In order to improve Inuit awareness of benefits, Health Canada and the Inuit Tapiriit Kanatami (ITK) jointly developed a handbook entitled "Your Health Benefits--A Guide for Inuit to Access Non-Insured Health Benefits."

This handbook provides an overview of these three non-insured health benefit programs available to Inuit and explains:

- Who is eligible;
- What is covered;
- What is expected;
- How to access benefits;
- The procedure for appeals; and
- Who to contact when you need information.

A copy of this handbook may be found online at: <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss-inuit/index-eng.php>

The NIHB Program also published a client newsletter article in December 2014 addressing issues Inuit clients may face using an N-number outside of NWT or Nunavut. This article may be accessed at: <http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/newsletter-bulletin-eng.php#dec14a31>

With respect to co-payment between the province and the NIHB Program, it is the position of the NIHB Program that clients must exhaust all available coverage before accessing coverage through the NIHB Program.

With respect to specific client cases and prior approval turn-around times, NIHB suggests that the member follow-up directly with the Supervisor, NIHB Ontario Region at 613-952-0145.