CAA and SAC 2017 Fall Meeting with the Federal Healthcare Partnership

NIHB/CAF/VAC

1. I would like clarification on entry level 1 vs entry level 2. My understanding is that NIHB always gets entry level 1 and DVA entry level 2 and that even if DVA does not want any accessories at the time of order that we should still choose entry level 2 for the extra warranty and option to add accessories at a later date if wanted/required.

   VAC: VAC expects that most Veterans will take advantage of the offer of free accessories. If they choose just one accessory, manufacturers have agreed to provide the additional two accessories if they make the request within 6 months from the time they receive their hearing aid. If a Veteran does not choose any accessories, and the hearing aid needs to be repaired in the 3rd year of warranty, VAC will cover the cost of the repair. VAC will be monitoring the Veteran's uptake of the free accessories with the manufacturers.

   CAF: To date, all CAF members have wanted the accessories.

   RCMP: To date, RCMP members have wanted the accessories though they must qualify per the criteria for Level 2

Nova Scotia

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2. Here is the situation we ran into with NIHB.

   We have a child who was seen for a hearing aid performance check in August last year in preparation for the beginning of school. We had prior authorization for this service in place. We saw the child and did the necessary faxing after the appointment showing that the services had been rendered. At this point we wait for a return fax that shows the authorization number has been "released" and we can actually send in our billing. This return fax was a while in coming and the paperwork was faxed again. We finally got the fax back in October which released the authorization number and now allowed us to bill for our services. We now find out this year when requesting prior authorization again that he is not eligible for the same services until October, when the authorization was finally released. I called NIHB and questioned this and was told this is their policy. I was told that normally this would only be a couple of days (this has not been my experience). Even though the delay was on their end, the child has to wait until October to get the services.

   NIHB Response

   Hearing performance test is eligible for coverage annually. Client eligibility date is based on the date of service. Procedures for hearing aid performance check approval will be reviewed to streamline the process. For questions concerning client eligibility, providers are invited to contact the Ontario regional office at 1-800-881-3921. This has been in effect for a couple of months and was communicated in the newsletter.

The newsletter goes out quarterly and is often different depending on the region where you live. Here is a link to where you can find the newsletter if you are not receiving it: http://provider.express-scripts.ca/medical-supplies-and-equipment/newsletters.

The other concern is with DVA.

When trying to make corrections with DVA it is very cumbersome. If you enter anything incorrectly, you cannot easily go in and do a reversal or correction. You need to send them a note through the portal and it can take up to 10 days. You can fax the correction in, which takes a little less time but there is still a wait. It would be nice to have access to make corrections the same day.

Medavie: We are aware of the concerns, we are looking at this corporately.

Ontario

VAC

3. VAC removed the requirement for pre-authorization for cerumen management which is wonderful but it seems unnecessary to need a new prescription every year.

VAC: If the health professional submitting for payment is the AU or HS who provided the service, it is not necessary for a prescription to be on file. The provider just needs to indicate that they have a prescription when they submit for payment. Evidence of need for cerumen management will be in the provider's client notes. You must submit a request for authorization once a year. You can request multiple instances in one calendar year if you deem it necessary.

Nova Scotia

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4. When we have a private pay patient who has lost their hearing aid, we charge a deductible and a refitting fee. VAC has negotiated no deductible with the hearing aid manufacturers, but are we ok to charge the patient the refitting fee. Or does VAC have a code for this charge?

VAC: VAC would not cover the refitting fee in the first year as it's covered in the bundle for the hearing aid. However, in the second year, the fitting fee could be billed using codes: 328373 FEES – OUT OF OFFICE SERVICE FEE – LEFT and 328375 FEES OUT OF OFFICE SERVICE FEE – RIGHT ($62.00) payable once per Calendar Year.

There is a Note 6 on each of the above codes indicating: TESTING AND HANDLING ASSOCIATED WITH A HEARING AID THAT MUST BE RETURNED TO THE MANAFACTURER FOR REPAIRS/RE-MAKE OR A HEARING AID THAT MUST BE REPLACED IN THE SECOND YEAR UNDER THE LOST OR DAMAGED WARRANTY AND THE MANUFACTURER IS BILLING THE $250 DEDUCTIBLE. FEE IS ONLY PAYABLE TO PROVIDER WHEN REPAIRS ARE REQUIRED TO BE MADE AND BILLED BY THE MANUFACTURER.

RCMP: RCMP would not cover the refitting fee in the first year as it is covered in the bundle for the hearing aid. However, in the second year, the fitting fee could be billed using codes: 341343 Fee post-fitting left -$84.00 341345 Fee post-fitting right -$84.00

Nova Scotia

VAC/RCMP

5. **Due for a fee increase** - The last fee increase provided by VAC/RCMP was established in 2010. It was a very low fee increase spread over 3 years for a total of 4%, I believe, and below the average cost-of-living increases at that time. There has not been any fee increases since 2012 but our expenses for running a practice continue to rise. With the increases to minimum wage, longer vacation periods, and personal days taking effect in 2018, our day-to-day expenses will be rising again. (note: I advised the member about the recent announcement of fee increases. CK)

   The fees should be in-line with our provincial fee schedule. They should reflect the amount of work and expertise needed to provide these services. Counselling is an important and essential part of hearing healthcare, this takes time that is not factored into the current fee schedule yet requires educated and trained professionals to be effective. In addition, some services are no longer covered but are expected to be provided "free of charge". Many of our colleagues have refused to provide service because remuneration is too low.

   Specifically, the fitting fee needs to increase to $967.50 per aid. The current recommended fee is $1290 per ear. $967.50 represents a 25 % discount for that service. The fee VAC provides is $489 – almost a 1/3 of the recommended provincial fee.

   The hearing test should be covered every year as hearing changes – it is not static. Generally, the groups of individuals using Indian Affairs or VAC are among special populations and have more ear/hearing issues due to changing health needs and/or cognitive decline. As such, they should be able to access proper treatments which consists of updated hearing assessment data.

   Hearing aid cleanings and counselling take time – and these services need to be covered.

   If a patient requires additional services outside the DVA/NIHB contract, we should be able to bill the patient. Dentists bill patients for services/fees that are not covered through insurance. We, as professionals, must be allowed to do the same. This is becoming a bigger issue as reimbursement through federal plans are quite low and we are not able to cover our expenses adequately anymore. Often, we lose money when we see these patient groups and many clinics have decided not to provide service to them.

Please use the bundle codes. There is a binaural bundle when fitting binaurally as opposed to using the code for right and left bundle. A fee increase has been set to increase over 3 years. Visit this link to see the full grid: http://pub.medavie.bluecross.ca/pub/0001/publicdocuments/VAC%20poc%2003%20ON%20English.pdf.

6. **Third party fee schedules** - Audiologists are expected to provide a more comprehensive assessment and treatment for the hearing impaired, as compared to dispensers, but we are reimbursed at the rate of a less educated/trained tradesman that is not required to have the same equipment nor provide the same degree of service. Generally, government acknowledges education as an important factor in remuneration but it does not appear to be acknowledged in our field. Health professionals in other areas of healthcare, with differing scopes of practice and education, have different fee schedules to reflect these differences – examples include dentists and dental hygienists, physiotherapists and massage therapists, etc. This differences should apply to the field of audiology as well; different fee schedules should be insisted upon by government agencies for our field to reflect differences between audiologists and dispensers. It is unfair that we are expected to provide more in-depth testing and treatment but not be reimbursed for the fuller service. If we are only being paid to perform the minimal amount of service, then we should not be expected to have additional equipment and provide a higher level of service. (See the ADP requirements – dispensers do not have to have to have the same equipment as audiologists, for example).

   VAC and CAF: If would be helpful to have additional clarification, including some specific examples. Benefit codes have definitions which state what needs to be done to be eligible to bill for that code. Generally, if a provider has the equipment / training to perform the service, the code can be billed.

   RCMP: We agree with VAC and CAF comments

7. **A fee for counselling/training** should be included in the fee schedule as it also takes time. Replacement of parts on hearing aids also take time, it is not just the cost of the item but time to change the parts and, of course, counselling and review of maintenance.

   VAC and CAF: Providers are compensated for their time as part of the repair code; hearing aid bundles; and or in the 25% markup on the accessory code (when accessory is not received with the hearing aid).

   RCMP: We agree with VAC and CAF comments

8. How do we address **battery purchases** for those who go away during the winter months? The patient does not want to pay for batteries – they expected that VAC will cover the cost up front. We should be able to bill for additional batteries for snowbirds, as we used to in the past. It would be better to be able to bill whenever batteries are needed and have a yearly allotment, instead of a 3 month allotment as it stands now.

VAC: The provider may simply contact Medavie Blue Cross to request an authorization in advance of the Veteran's trip.

CAF: This is not applicable to CAF.

9. **Tinnitus testing and treatment** requires specialized training and should not be covered by those with limited training. It requires more extensive knowledge of the auditory system, advanced knowledge of auditory problems, and specialized testing and treatment, which are not covered in basic hearing aid classes. This area of expertise is also outside the scope of dispensers. It will be a disservice to the public if those with insufficient training and knowledge provide counselling and services in areas outside of their scope of practice.

   VAC: VAC does not currently require a prescriber for a complete tinnitus evaluation for Veterans with either A or B eligibility, however VAC requires an ENT or AU prescriber for the tinnitus retraining therapy. VAC is looking at changing the description of benefit code 600446 from tinnitus retraining therapy code to tinnitus therapy.

   CAF: This is not applicable to CAF.

   RCMP: We agree with VAC comments.

Ontario

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10. The hearing aid manufacturers have negotiated new pricing with VAC, where VAC will now pay $795/hearing aid and the client has their choice of up to three wireless accessories.

    This is a step forward, but my issue is that the fitting/dispensing fee has not increased proportionately. Historically we were reimbursed for the time to set up the additional assistive devices and instruct the patient on usage under one of the following codes: 322714 - $38.06, 320812 - $81.51, 320631 - $163.02. Now we will have to schedule additional time with the client and not be reimbursed. Because the items come in at $0, they don't correspond with any of the cost based codes so there isn't a way to bill. It is a big step backward for audiologists to not be compensated for the time and expertise required to provide these wireless products.

    Recommended: Increase the fitting/dispensing fee to allow the additional time required to program, pair, and instruct on the additional devices.

    VAC: We need to look at this.

    RCMP: Needs to be discussed further.