

2019 Meeting with the Federal Healthcare Partnership

The SAC Audiology Event, Montréal, QC

Date: Friday May 10, 2019

Time: 1:30-2:30 EST

Attendees: Chantal Kealey SAC (in person), Barb Bentley CAA (by teleconference), Peggy McDougall NIHB (by teleconference), Frantz-Hubert Sully NIHB (by teleconference), Colleen Fahey-Budd, Medavie (in person), Andrée McLellan, Medavie (in person), Candace Leake, SAC (teleconference), Sue Schlatter, CAA (in person), Pierre Lamontagne DND (by teleconference), Donna Koughan VAC (in person), Connie Chong FNHA BC (teleconference)

Regrets: Dragana Pantic and Amy Moser (RCMP)

Agenda:

1. Welcome and Introductions
2. FHP and associations' updates:
 - a. VAC/Medavie
 - i. Desiccant Pucks – The MAC (medical authorization centre) will now approve these using benefit code 320100. An authorization can be obtained by calling the MAC toll free line (1-866-811-6060 option #3). We prefer to see Veterans receive the more expensive options for free accessories and approve the desiccant pucks separately.
 - ii. Oto-clips – The MAC (medical authorization centre) will now approve these using benefit code 320100. An authorization can be obtained by calling the MAC toll free line (1-866-811-6060 option #3).
 - iii. Mental health services for Tinnitus – Clients who are eligible may now be authorized for mental health services (i.e. psychology and psychotherapy services) to help cope with tinnitus.
 - b. CAF: n/a
 - c. RCMP: n/a
 - d. NIHB
 - i. Cochlear implants processors and Bone Anchored Hearing Systems processors (including the soft band if required) are now limited use benefits (requiring

prior approval) with frequency guidelines of 5 years. Details concerning coverage criteria, information required, provider/prescriber requirements and recommended replacement guidelines can be found in the [Guide for Medical Supplies and Equipment Benefits](#) and the [Medical Supplies and Equipment Benefit Lists](#).

- ii. FM Systems – Covered on a case by case basis (prior approval required) with a frequency guideline of 5 years. Currently covered for children under the age of 18 years or an individual under 25 years, who is in full-time education.

e. FNHA-BC:

- i. FNHA is in the process of redesigning and re-launching our Medical Supplies and Equipment benefit plan (including audiology) this September through our recently announced partnership with Pacific Blue Cross. Those interested should stay tuned for announcements about changes to the plan.

- f. Canadian Auditory Equipment Association (CAEA) is now the Hearing Industry Association of Canada (next MOU due 2020)

2. Review of member questions:

VAC and CAF/DND

1. The CF is being sued by members regarding quinism, a condition resulting from the antimalarial medication that members were required to take, which mimics PTSD and APD, causes tinnitus, anxiety and depression and a host of other serious mental health conditions. Many former/members have been granted permanent disability in recognition of the severity and degenerative nature of the consequences on the members' health. If we document that members took the quinine based antimalarial, can CF/VAC expedite the approval process for amplification/tinnitus masking? It may help to keep the members/veterans functioning at an optimal level at least as far as audiology can contribute to their habilitation. (ON)

CAF Answer: There are many drugs, including Mefloquin, which could cause tinnitus. We all know that there is no cure for tinnitus. Using amplification/tinnitus masking in the absence of hearing loss is not covered by the CAF and no change to this policy is anticipated.

VAC Answer: I have referred this question to VAC's Disability Program for their review and hope to have a response prior to the meeting.

2. We are having great success fitting 'hearing aids' AKA tinnitus maskers on "normal hearing" veterans". VAC will fit maskers on normal hearing individuals but not hearing aids for hidden hearing loss. CF will allow hearing aids on recognized minimal hearing loss (H2?) if we request it, which we often do to deal with the members' tinnitus, but will not authorize maskers for tinnitus. Members have to apply to VAC while they are active CF members to deal with tinnitus. Can we get the CF to recognize that tinnitus occurs in audiogram-normal-typical people?

The terminology-Hearing aid vs masker-is somewhat problematic. Fitting a masker alone denies the member so many other potential benefits. Most hearing aids have some built in masking sound, but even if they do not, we know that enhanced environmental sounds are among the least annoying/most effective tinnitus maskers. To satisfy the funders, we have to remember to call a hearing aid a masker. Could we get CF and VAC to just recognize that hearing aids ARE a type of masker?

Re: ADP, we would recommend APD to be a normal covered benefit. We thought that the number of members we are seeing with suspected APD/hidden hearing loss was due to their noise exposure. Now we have to wonder if it is drug related.

Research shows that there is an interaction between tinnitus and PTSD. They can amplify each other. Widex has research that shows that their zen tones can reduce anxiety. Minimal amplification with speech processing in noise is a known treatment for APD. Giving members/veterans hearing aids with minimal amplification, speech processing in noise and with the ability to stream the soothing sound of their choice while being able to hear what is going on around them (unlike with headphones) gives them more control over their life, can reduce the tinnitus, reduce anxiety, increase relaxation, and reduce communication frustration/improve interpersonal connectedness. We can provide a tool that will assist the psychologists who are using CBT and relaxation techniques to assist members to cope with their symptoms. (ON)

CAF Answer: The CAF actually allows hearing aids for members who have been assigned a hearing category of H-3, although some exceptions can be made for borderline H-2 to H-3. These are reviewed on a case-by-case. The CAF does not dispute the fact that tinnitus could be present in normal hearing individuals but hearing aids are designed to correct hearing loss, not manage tinnitus. Hearing aids will not be issued in the absence of hearing loss.

VAC Answer: VAC recognizes hearing aids as a type of masker. The Benefit Code is 600445 – Tinnitus Masker (no amplification). Requires a prescriber of Clinical Audiologist or Medical Doctor. Pre-auth is required for both A and B clients for the initial request only.

DND/CAF

3. Outdated disability criteria (e.g. DVA, federal/provincial disability); when was this last examined and revised? (NB)

CAF Answer: Please elaborate on your question! SAC has reached out to the member for further clarification; no response yet.

VAC

4. Why are we not allowed to bill for impressions when we are first fitting new aids? The Bundle price (either Bundle 1 or 2) is lumping in the cost to take an impression (i.e. impression material, mixing nozzles if using a gun, otoblock, paperwork, clinician time & expertise of taking impression and front staff time to handle the administration), which means the clinics are absorbing the cost. This is fine for clinics who tend to fit mostly open style fittings with non-custom tips, but for clinics who do more custom fittings this is biased. VAC should not be asking business to absorb the cost of doing business for their clients. This practice needs to change. (NS)

VAC Answer: We can discuss this further. One option is that for clients who are receiving custom fitted products, the provider could contact the MAC for authorization of the impression fee as an exception.

5. Why are we not allow to bill for REM? In situations where a patient's hearing has changed and they are outside of their 1 year there is no code for use to be able to bill for REM. If that patient's hearing was assessed and results indicated a significant enough change in hearing that required re-programming, we would also want to run REM again (standard practice for many clinics whether third party or private) to ensure we are getting an appropriate frequency response especially if the acoustics needed to also be changed to accommodate the change in hearing. At this point, again, as a clinic we absorb that cost. (NS)

VAC Answer: VAC will take this into consideration.

6. Also we are not allowed to add a markup to the cost of the manufacturer's earmold charge when the patient requires new earmolds. We are only allowed to add an impression fee of \$35.00, which as my point #4 stated that doesn't even cover the supplies and time involved. (NS)

VAC Answer: VAC will take this into consideration.

RCMP (no questions submitted)

NIHB

7. Is there any way I can find out for NIHB if there is a better way to obtain prior approval for a hearing test/evaluation rather than calling on the day of service to find out eligibility? We have found we get the verbal ok, then are denied b/c the patient is out of frequency as the previous clinic hadn't had their billing in when we called. (SK)

NIHB Reply:

- Complete hearing assessment is now listed as an open benefit (no prior approval is required) since February 4, 2019.
- To ensure that the client is eligible for coverage, the provider should contact Express Script Canada to determine client eligibility.
- The providers are encouraged to contact Express Script Canada in advance of the assessment to confirm eligibility and should confirm with the client if an assessment was not performed in the past five years before proceeding with the assessment.

8. From the October 2018 FHP notes it states that:
 - a. NIHB has initiated a review of the coverage policy for accessories and that SAC and CAA will be notified when this is done. What is the status?

NIHB Reply:

- Due to a number of priorities related to audiology, the review of the addition of accessories to the NIHB benefit list was postponed for the fiscal year 2019-2020.
- b. NIHB will implement a new process in the fall whereby requests for hearing aid replacement for adults that are within the frequency guidelines will no longer be reviewed by NIHB audiology consultants. These will be reviewed at the regional level which would expedite the prior approval process. Is this now being done?

NIHB Reply:

- Requests for hearing aid replacement for adults that are within the frequency guidelines are now reviewed at the regional level since February 28, 2018.
- c. NIHB was initiating work to assess the feasibility of development requirements that are specific to the pediatric population with a target of early 2019. What is the status? (ON)

NIHB Reply:

- The development of criteria that are specific to a pediatric population will be performed this fiscal year.

9. We have several NIHB clients who would prefer to have the best available hearing aid technology. NIHB prevents any cost-sharing suggesting that our clients should be fine with what is on the grid.

Our clients are asking that NIHB pay what they would normally pay for a new hearing aid and that they are allowed to pay the difference to get the technology they want. So far this request has been denied. (AB)

NIHB Reply:

- The NIHB Program covers the full price of items that are eligible under the Program. This includes a full range of hearing aids that meets the audiological needs of most clients. NIHB also pays for supplies such as batteries and molds as well as repairs and remakes. The NIHB does not allow cost sharing.

10. We understand that the process for approval of hearing tests has changed. We have been told 2 different things. Can you clarify this process, please? We also understand that the process for approval of hearing aids has changed. Can you outline the steps in this process, please? (ON)

NIHB Reply

- Ontario benefit analysts have been informing providers to submit complete hearing assessment requests to ESC since this service is now an open benefit (no prior approval required).
- The region is also informing our providers that they are no longer required to submit the hearing aid manufacturer invoice to the region before the prior approval can be settled. Nevertheless, providers are required to keep the hearing aid manufacturer invoice on file as the regional offices have the discretion to request the manufacturer invoice for repair and remake to validate that the most recent aids are being sent to the manufacturer to be restored. (see attached process flowchart)

11. Frequency for adult ear molds should change to one per ear every year instead of every two years. (VAC is once per year)

NIHB Reply:

- The NIHB Program will need to review the scientific evidence and clinical guideline concerning the frequency guidelines for ear molds. If the manufacturer has any supporting evidence that they would be willing to share, NIHB would be willing to consider it.
- a. Swim molds are not on the NIHB Grid – they should consider them especially to children and or prescribed by an ENT for preventative measures. (MB)

NIHB Reply:

- The NIHB Program covers swim molds on a case-by-case basis when supported by appropriate medical justification. NIHB does not fund custom or over the counter earplugs for leisure or sports related to activities such as swimming and diving.

12. #10 battery frequency should be increased – kids who have a #10 battery and use a FM System in school it drains the batteries a lot quicker (MB)

NIHB Reply:

- The NIHB Program will review the frequency guideline for batteries to ensure that client needs are met.

13. Children’s eligibility date for hearing aid coverage should be every 4 years (instead of 5 years) to coordinate with MB Health. (MB)

NIHB Reply:

- The frequency guideline for the coverage of hearing aids for children will be part of the larger review of the coverage of hearing aids for a pediatric population.

14. Children should have the option to receive a free accessory with hearing aid order (manufacture cost at no charge) – for example you can have a child who is covered under MB Health in the same class room as a child who is covered under NIHB and the MB Health child gets a free accessory with their hearing aid order to use but not the NIHB covered child (MB)

NIHB Reply:

- The requirement for a free accessory would be part of the larger review of the coverage of hearing aids for a pediatric population.

15. NIHB E prior approval and Confirmations are VERY delayed. For example prior approvals for repaired hearing aids use to take a couple days and are now taking over a month (MB)

NIHB Reply:

- Requests for prior approval for repairs will be prioritized by Manitoba region to ensure that there is no more delay.
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BC FNHA

16. Wait times for NIHB Prior authorization for manufacturer, out-of-warranty hearing aid repairs and hearing re-evaluations are excessive.

Could NIHB possibly support an automatically-authorized number of out-of-warranty hearing aid repairs and/or hearing re-evaluations over a set period of time? BC

FNHA is in the process of redesigning and re-launching our Medical Supplies and Equipment benefit plan (including audiology) this September through our recently announced partnership with Pacific Blue Cross. We don't have a shareable response to the query that was provided but those interested should stay tuned for announcements about changes to the plan.

ALL FHP

17. Amount of hearing aid funding and coverage falls short (e.g. Medavie);

VAC Answer: Please clarify your question. Are you referring to service fees and rates for time spent with Veterans?

18. Lack of coverage and/or inconsistent coverage for Implant technology across the board (NB)

VAC Answer: Requests for coverage of Cochlear Implants are reviewed to determine if the Veteran has been properly assessed for candidacy, and whether the assessment has shown that

the Veteran has met all candidacy criteria as well as what the report recommendations are. Limited benefit from hearing aids, etc. are included in the Cochlear Implant assessment / criteria for candidacy and this is why it is used as a key resource when reviewing CI requests.

19. Our understanding is that Entry level Category 1 @ \$575 are aids with no accessories and shorter warranties. Entry Level Category 2 @\$795 has up to 3 accessories and longer warranties. Some manufacturers have different models in Category 1 and 2. We have argued with ReSound and Starkey. Why is this the case? (ON)

VAC Answer: This question may be best answered by CAEA as the partner departments do not decide which hearing aids the manufacturers offer in each of the categories.

20. FHP should consider coverage for swim molds especially when prescribed by an ENT for adults and children (MB)

VAC Answer: VAC will always review requests when rationale is provided.

ONTARIO REGION PRIOR APPROVAL PROCESS FOR INITIAL HEARING AIDS

