**SAC and CAA member questions: Meeting with the Federal Healthcare Partnership**

**October 29, 2019 CAA conference**

**Present:** Barb Bentley, Erica Zaia, Justyn Pisa – CAA, Colleen Fahey-Budd, Andrée McLellan – Medavie Blue Cross, Chantal Kealey – SAC, Franz Hubert-Sully – NIHB, Sue Schlatter-CAA, Donna Koughan, Peggy Callahan – VAC, Connie Chong – FNHA

Regrets: Dragana Pantic – RCMP, Aatma Seegobin - FNHA, Candace Leake, Amanda Reindorp-Young - SAC

**VAC and DND/CF**

1. Is it possible to have more notice of changes to contracts, etc.  Last minute changes can have impact on the services for my patients/clients as the options I have discussed with them may no longer be covered, additionally it can cause other administrative issues.
2. Can VAC provide guidance for their operations (billing, approval process, etc.) involving foreign clients, for example British and/or American veterans.

**VAC Response:**

1. **VAC strives to have all bulletins out to the various associations in a timely manner to advise of any changes to services and benefits. All of these bulletins are available on the Medavie Blue Cross website under the Health Professional Section. If there is a specific situation where VAC is not doing this, please advise and we can certainly look into the matter.**
2. **Foreign Country Veterans are required to obtain and submit prior written approval from their home country of service. It is the Veterans’ responsibility to get approval from their country of service.**

**ON**

**DND**

None

**VAC**

VAC will pay for CIC aids if we can write a convincing enough letter for the special request. I have written letters for people needing amplification who do flight simulations under headphones in their post-release service to the Canadian Forces and been turned down for CIC aids. I don't understand the need for the special request for CIC aids anymore. They don't cost more anymore. Repairs are covered under warranty for most of their usable life. There is no reason for their prescription to be restricted anymore as far as I can see. The current policy just does a dis-service for the few people for whom we would recommend this type of aid.

**VAC Response:**

**We would like to discuss this further at our upcoming meeting. We would be interested in seeing manufacturer repair data that shows the frequency of repairs made to CICs.**

**RCMP**

None

**NIHB**

1. I would like the issue of the NIHB requirement for preapproval for all hearing aids to be raised. This is a major impediment to the provision of amplification for Canadians living in remote communities.

For Inuit in Nunavut this NIHB rule means months of delay in getting hearing aids to members of this vulnerable population. As you know from when I was on the AdHoc committee with you looking at services for FN, Inuit and Métis, there is a lack of services for these remote communities.

I am part of a team of audiologists that will be doing clinics in these fly-in communities. Because the clinics are only one week, we do not usually hear back from NIHB about approval until after we have left the community. Which means someone else orders the hearing aid ...IF there is another audiologist there. If not they wait months until the next audiologist is there. This delays the order considerably.

Why do we need approval for all new aids? Shouldn’t it be like DVA or workers comp where if the audiologist determines a need and they meet an eligibility criteria (e.g. once every 5 years) we should be able to order the hearing aids.

Response:

The NIHB Program requires prior approval for hearing aids in order to determine if Program criteria are met.

In order to expedite the approval process, the provider is encouraged to inform the regional office when community visits are planned. In such situations, prior approval for hearing devices can be sent for review to the regional office as ‘urgent’ which would indicate a high priority for adjudication.

2. Accessories not included. This is a major issue. Again, because we are not there often to serve our clients, they may need to change the volume or an extra charging pack for their rechargeable aid. I do not understand why accessories are not included. They are a necessity in the North.

I would appreciate it if you could bring these issues forward. I have cced the primary audiologist in Nunavut.

Response:

Accessories are covered as an open benefit (no prior approval required – up to $50) under the NIHB Program separately from hearing aids. The Program will explore the coverage of additional accessories with the upcoming negotiations with hearing aids manufacturer.

3. When replacing an earmold for a child under First Nations Benefits, we are only allowed to bill $75 which barely covers the invoice cost for the mold and the shipping and no fitting fee or replacement fee is allowed. For e.g. ordering a mold from Oticon or Phonak the invoice cost is $50 + $15, so this is already $65 - does that mean we work for $10 replacement fee?

Response:

The NIHB Program will consider reviewing the coverage for ear mold replacement and associated costs.

4) We are not sure why FM systems are not approved for children of all ages when they have a hearing loss. We are asked to provide audiograms for children with BAHA or cochlear implants when requesting an FM, this is reasonable, however in some cases with atresia or cochlear implants, a hearing assessment cannot be frequently performed - can this be an exception in their request for audiograms?

Response:

FM systems are covered as a limited use benefit (prior approval required) under the NIHB Program for all ages and environments.  The coverage also includes accessories and a fitting fee for the FM system.

With respect to the request for an exception to the requirement for a recent audiogram (within the last 6 months), when it is difficult to obtain one, such requests may be reviewed/approved on a case by case basis.  In such situations, a rationale explaining why an audiogram within the last 6 months cannot be obtained should be provided.  It would also be necessary to provide the most recent audiogram, relevant information describing the condition of the child which justifies the need for an FM system, and if applicable, an indication that the child wears a hearing device.

ON (+NU)

AUDIOLOGY BENEFITS Hearing Reassessment – New Recommended Frequency Guidelines for Pediatrics. Effective November 18, 2019, new recommended frequency guidelines have been implemented for hearing reassessments for the pediatric population under 18 years of age with a hearing device. For more information and the applicable new codes, please refer to the Guide for Medical Supplies and Equipment Benefits (<https://www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health/reports-publications/non-insured-health-benefits/guide-medical-supplies-equipment-benefits-non-insured-health-benefits-2017.html#a3> ) and the Medical Supplies and Equipment Benefit Lists (<https://www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health/non-insured-health-benefits/health-provider-information/medical-supplies-equipment-information/benefits-criteria/audiology-benefits-list-health-provider-information-non-insured-health-benefits-first-nations-inuit-health-canada.html> ).

**BC FNHA and Pacific Blue Cross**

The First Nations Health transition to Blue Cross for claims approval and billing was supposed to make things easier.  Instead it has left me wondering if I can even provide services to First Nations anymore.

First, every claim I have submitted electronically has been rejected.  I have called PBC and all they say is to (snail) mail in the claim request - this includes previously no-prior-authorization-items like minor, in office repairs.

So, for example, in the past if a hearing aid user had minor repair issue with their aid, as long as it was only every so many months since their last service, I could provide the repair on the spot.

Now I have to (snail) MAIL a paper in, wait until someone sees the paper, enters it into the computer then, after having given PBC a an indeterminate period of time (week or so?), I have to **TRY to submit a claim** just to see if it is rejected (I have been told by PBC that repeated submission and repeated rejection is the only way I can know if it is approved).

Meanwhile, the client has had to make at least two visits to my clinic (once for the request and once to get the service) and has been deaf for two weeks because they have had to wait for the paper kerfuffle. The same general process will have to occur for even hearing aid batteries.  Many of my clients live a distance from town and/or do not have ready transportation.  Coming in repeatedly is a challenge and an impediment to their accessing help for their hearing.

In this electronic age this is a ridiculous, time-consuming hassle for the client and for our clinic.   My calls to PBC have been met with apparent confusion as to why this back and forth is such a problem.  I suppose if I just provided my services and materials for free, there would be no problem.  However, I would like to stay in business and with five First Nations around my clinic, there will be a lot of unhappy people I will have to turn away if this cannot be fixed.

I have communicated my concerns to First Nations Health but if there is some way SAC could communicate with them as well about the procedure problems, it would be appreciated by both me as well as the First Nations clients I can no longer effectively serve

BC

The new FNHA hearing fee supplement can be found on: <https://www.pac.bluecross.ca/provider>

Most hearing aids and assessments no longer require a pre-determination/prior approval. The only time a pre-determination is required now is for any new hearing products we’ve added to the plan or for accessories if PBC has no history of an hearing aid on file. We’ve loaded 2 years of client history into PBC’s system.

Right now pre-determinations can only be mailed or faxed to PBC but starting mid-November, PBC’s system will support electronic pre-determinations. We will be notifying providers once electronic pre-determinations are available on PBC’s PROVIDERnet portal.

If past claims are being rejected, the provider can contact me at provider@fnha.ca so we can work with PBC to figure out the cause.

**ALL FHP**

NIHB has recently started covering the cost of upgrades for Bone Anchored Hearing Devices and Cochlear Implants.  Do any of the other federal partners have plans to do the same?

**VAC Response:**

**VAC currently has Cochlear Implants on the Benefit Grid as one per lifetime. Any requests for upgrades for those as well as Bone Anchored Hearing Devices would be reviewed on an exceptional basis.**

When a provider requires clarification regarding the authorization process, we highly encourage them to contact the Medical Authorization Centre (MAC).  The Medical Authorization Centre (MAC) can be reached at 1-866-811-6060 (option 3 on the menu).  If a Veteran requires a product that is not a standard VAC benefit (i.e. no benefit code on the VAC grid), a request for consideration can always be submitted in writing to the MAC.  We encourage providers to contact us should they have questions and would like to remind them that all requests are considered with supporting documentation.

The MAC Analysts are happy to answers any inquiries from provider, below are some examples of questions we are asked on a daily basis.

·         What benefit code should I use or does a code exist for the product I am requesting?

·         Is an authorization required for the benefit I would like to dispense?

·         What documents do I need to submit with my authorization request (ie audiogram, manufacturer’s invoice, declaration letter from client, etc.)?

**Next meeting: Spring teleconference**