

2020 Meeting with the Federal Healthcare Partnership

SAC Teleconference host

Date: May 21, 2020

Time: 1:00-2:00 EST

Meeting Notes:

Attendees:

1. Chantal Kealey SAC (host)
2. Candace Leake SAC
3. Andrea Bull SAC
4. Barb Bentley CAA
5. Justyn Pisa CAA
6. Erica Zaia CAA
7. Sue Schlatter CAA
8. Mary Anne MacEachern VAC
9. Peggy McDougall NIHB
10. Frantz-Hubert Sully NIHB
11. Denise Dupont NIHB
12. Colleen Fahey-Budd Medavie Blue Cross
13. Andrée McLellan Medavie Blue Cross
14. Connie Chong FNHA BC
15. Caitlyn O'Leary FNHA BC
16. Karin Herusch RCMP

VAC

1. I recently was asked to provide an opinion on a diagnosis of Central Auditory Processing Disorder on a veteran who was submitting a claim for TBI (which VAC changed to Post-Concussion Syndrome) and Central Auditory Processing Disorder and Speech Discrimination issues. This was completed in conjunction with the veteran's psychologist. The veteran sent me the decision and the following quote is taken directly from the decision. "...however Veterans Affairs Canada only accepts the diagnoses of

Hearing Loss and Tinnitus from an Audiologist, not a diagnosis of Central Auditory Processing Disorder. A diagnosis must be provided by a qualified medical doctor” ...“new medical evidence, from a qualified medical doctor, that confirms a diagnosis of Central Auditory Processing Disorder and new evidence to provide a relationship to service...”

Does VAC understand that CAPD is within the scope of practise for audiologists?

VAC Response: *We have forwarded your question to VAC’s Disability Program and received the following response: Currently VAC accepts a diagnosis for the conditions of Hearing Loss and Tinnitus from registered audiologists. We appreciate the feedback and will look into adding the condition of Central Auditory Processing Disorder to the list of conditions.*

NIHB

1. I would like to know why there is a discrepancy between provinces on pricing for hearing aid related products. An example is earmold replacement costs. In AB they are able to get \$95 per ear (to cover cost of impression, impression material, and visit) while in SK we only get \$52. (When earmolds cost between 45-55/ear depending on manufacturer and style material this deficit in SK is great). If this truly is a federal program why are prices different per province? (SK)

NIHB Response:

The discrepancy that exists between provinces in the pricing of a small group of hearing aid related services (earmolds and service fees) is attributable to a few different factors.

NIHB established price files by reviewing all prices paid by the Program for these services in each province. The analysis also included pricing of other public health care plans, and the cost of living which is not consistent across the provinces. This is not typical to the medical supplies and equipment benefits since prices for dental services and drugs prices under the Program are provincially/territorially based.

Please note prices for audiology services have increased by 1.9% on April 1, 2020.

Earmold replacement cost is now \$58.59 in Saskatchewan.

NIHB prices for each province is listed on the ESC Canada website at

<https://provider.express-scripts.ca/medical-supplies-and-equipment/price-files>

2. Please clarify why prior approval is needed to order replacements hearing aids for someone who has had them in the past and that was at least 5 years ago? With VAC, if a

person is eligible, one can go ahead and order aids without adding extra time waiting for approval as long as you choose something from the pre-approved grid. I had an individual who I saw in November whose aids were almost 6 years old and non-functioning. We started the process of all of the various steps and only received approval at the beginning of March. By the time the aids got ordered, COVID-19 was here and she still has not been fit as her aids are not capable of being fit remotely. Had we not had to wait 4 months for approval she would have had them, instead she has gone without for almost 6 months now. (ON)

NIHB Response:

The Program has made changes that improved approval times for hearing aid renewal, both with our internal processes, and with the documentation required from ADP. We would appreciate the particulars of this request so that we can investigate the cause of the delay.

BC FNHA

To the BC-FNHA:

3. There have been recent changes in funding for services in BC that significantly decrease services to First Nations benefit recipients. The result of these changes have already left some individuals with hearing instruments that cannot be serviced or replaced. At a minimum, this has left individuals with hearing loss without their hearing instruments, resulting in social and safety concerns.

The FNHA has tied the provision of hearing instrument services to the hearing instrument manufacturer's product warranty periods. There is now a \$300. Service fee limit per 5-year period for all services provided to a hearing instrument. When this total amount is reached, no further services are funded.

As an example, when a single manufacturer hearing instrument "remake" is performed the total fee is \$239. This then leaves \$61 for all audiology services over the life of the instrument. This means no further manufacturer repairs can be performed. We have had manufacturer denial of repairs based solely on the FNHA fee schedule. This means that there is a significant limit to the audiologic services that can occur to insure the instrument continues to function to prescription specifications.

We have already been in the position where an individual's hearing instruments have been refused repair and refused service provision by the FNHA. When being put into this position a request for replacement is then refused by the FNHA.

FNHA provides hearing instruments through their benefits program. It is unclear why instruments are provided, with the stage set where the instruments cannot be appropriately serviced. The end result is a nonfunctional hearing instrument and a hearing impaired individual left without the help they need. With research increasingly relating hearing loss to depression, cognition and increased risk of falls this is a breathtaking failure of service provision.

Audiology service provision should *not* be based on the manufacturer warranty periods. These are not related. Fees for audiology services are just that, fees for services provided. If a manufacturer failure occurs in an instrument, the audiologist must still investigate to determine the issue, handle the instrument and transport to the manufacturer, receive and provide the instrument to the user. Often this requires quality control checks and programming. This will require a minimum of 2 audiology appointment visits. When this happens under the manufacturer warranty there cannot be an audiologist fee charged through no fault of the audiologist.

I request that the FNHA review this recently created funding policy. This policy may attempt to save program costs but it does so at a significant cost to the hearing impaired benefit recipient.

BC

FNHA response: As of September 16, 2019, First Nations Health Authority (FNHA) transitioned the adjudication of its audiology benefits to Pacific Blue Cross (PBC). The FNHA audiology plan is designed to reduce access barriers for clients, by establishing a set of principles, including:

- a) Reduce access barriers for clients;
- b) Minimize client's out-of-pocket expenses; and
- c) Offer administrative simplicity for providers.

As such, FNHA has lifted prior approval requirements for most audiology benefits including hearing instruments and supplies. Additionally, the new plan allows for hearing instrument services such as repairs and remakes, outside of manufacturer's warranty period. According to the current [FNHA Audiology Fee Supplement](#), FNHA allows:

- a) Coverage of up to \$300 **without PA requirement**. By lifting PA requirements, FNHA intends to ensure that clients with immediate needs have access to hearing instrument services without having to wait for approvals through the PA process.

- b) In addition to the initial \$300 threshold, clients who require additional hearing instrument services can have their providers submit a prior approval request. (See FNHA Audiology Fee Supplement: Repair Rule A, pg. 4).

FNHA is committed to continually improving its audiology coverage and encourages providers to regularly consult the [FNHA Audiology Fee Supplement](#). Providers having challenges navigating the claims process are encouraged to contact FNHA at 1-855-550-5454.

RCMP (no questions)

DND/CAF (no questions)

The next meeting will be hosted by CAA and will likely be by teleconference. The meeting is set for October 16, 2020 at 1:00 EST.