

## **Minutes of October 16, 2020 Fall FHP-CAA-SAC teleconference meeting**

### **Host CAA**

**Date:** October 16<sup>th</sup>, 2020

**Time:** 1:00 EDT

**Present:** Barb Bentley, Justyn Pisa – CAA, Chantal Kealey – SAC, Colleen Fahey-Budd, Andree McLennan- Medavie Blue Cross, Maryanne MacEachern, Shauna – VAC, Franz Hubert-Sully – NIHB, Karin Herusch, RCMP

### **Member questions:**

#### **VAC:**

I recently fit a veteran with a loaner hearing aid when he was denied entry back to his care home where he left his aids. Unfortunately, he then lost this loaner aid. He was able later to obtain his original aids. I wonder if there could be any compensation for the lost hardware? I believe I did bill for a hearing retest and a reprogramming fee. By hardware I mean the hearing aid. I would charge a private client between \$150 - \$600 for the loss depending on make and model. The veteran lost a device that was \$150 value. (BC)

#### **VAC Response:**

In general, VAC does not cover loaner hearing aids as they are a non-benefit item and we cannot accept responsibility as a result of any losses of loaned equipment. As well, service fees related to loaned equipment should not be billed by providers as they are for services provided for a non-benefit item.

Given that this Veteran was unable to access his hearing aids, we would like to discuss this inquiry further with you to see if an exceptional approval can be provided in this case.

#### **NIHB: n/a**

NIHB reported that non-implantable BAHA will be added to the benefit list and will be announced soon

#### **Medavie Blue Cross:**

1. For Medavie Blue Cross - I would like to know why we cannot submit a payment online for people with blue cross as their health insurance plan since we can with VAC, RCMP, etc. (NS)

## **Medavie Blue Cross Response:**

Audiology will not be implemented this year, however we are looking at expanding to other provider types. We are currently working with our Management team and doing the analysis to see when and how this can be implemented. We will ensure to inform the associations as soon as the situation changes.

**DND: n/a**

**RCMP: n/a**

## **FNHA:**

BC-FNHA September 25, 2020

I forwarded this comment last year and received a response essentially stating that FNHA has a good system and that I should familiarize with the FNHA guidelines. I am familiar with the terms of the FNHA program and base my concerns on that familiarity. I will try to provide more detail this year, as the system that FNHA has in place is a problem for service providers and for FNHA benefit recipients for whom the program is responsible. I will try to be clearer in this resubmission of my concerns.

The FNHA is responsible for providing hearing aid services to First Nations benefit recipients.

When an individual receives hearing amplification, there is currently a \$300. service fee limit per 5-year period for all services provided to that hearing instrument. When this total amount is reached, no further services are funded unless by separate submission request. This is a problem.

When a benefit recipient shows up for hearing services neither the benefit recipient nor the service provider knows the amount that remains within the individual's \$300 fee limit. I may know the amount that I may have submitted in the past, but I will not know if any other service provider has provided service and submitted for that service.

As an example, a hearing instrument is serviced by any other service provider for an inhouse repair and a total billing has been submitted for \$70. There would be \$230 remaining in that individual's limit. If that individual comes to me and the instrument needs recasting, I have no idea that my fee with the manufacturer fee of \$270 will be over their remaining limit. There is no way to quickly get the information that I need. At that time, I have already provided services by evaluating the instrument.

-I can provide the service and risk refusal of payment. If we are refused payment, we have made a submission after the fact. We have been refused payment in these cases.

-I can make a submission to ensure that the remaining funding will be there before providing the service. This takes my time and FNHA's time and potentially leaves the hearing individual without hearing for an extended time. If the amount will be covered it is a waste of everyone's time as we could have proceeded with the service.

The FNHA must realize that the population that they serve often live in remote communities with limited services. There is always a greater time that the hearing-impaired individual must endure, without hearing, when there is an equipment failure. With the delays that are in place with the current FNHA system, with verification of benefit, the benefit recipient's time is only lengthened.

We have had manufacturer denial of repairs based solely on the FNHA fee schedule. This means that there is a significant limit to our services, Audiologic services, that can be performed to ensure the instrument continues to function to prescriptive specifications. We have already been in the position

were an individual's hearing instruments have been refused repair and refused service provision by the FNHA. When being put into this position, "exception" requests to FNHA for repair or replacement are then refused by the FNHA after the fact. We try to put the benefit recipient's needs first but this is becoming increasingly difficult when the services end up not being funded.

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 non-functional hearing instrument and a hearing-impaired individual left without the help they need. Part of the problem is in the fact that fees for Audiology service is tied to manufacturer warranty periods. This should not be the case. 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 (a fee that is not covered), receive and provide the instrument to the user. Often this requires quality control checks and programming. 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. The FNHA may feel that they have a good service delivery model but in fact, in reality, on a daily basis, it is filled with flaws. There are unnecessary costs involved for all who are involved, including to the FNHA.

Another issue: The FNHA does not pay for postage, or any other deliver cost, of hearing related product or hearing aids. In the current pandemic situation, there is a greatly increased need for remote services. A hearing instrument that is in need of repair needs to be transported to and from the patient. When we, as the service provider, end up paying the transportation costs for services for FNHA and the patient our services end up not being covered at all. This is not sustainable. Chances are that restrictions related to the current pandemic situation will be long-term. Forcing individuals to deliver items in person, when this can be done, increases personal risk to all involved.

I would welcome the opportunity to discuss any of this with the FNHA.

Christopher Snively, Audiologist, M.S., Au.D.

Aud(C), CCC-A, FAAA, RAUD/Registered, RHIP

**FNHA:** Unfortunately, we were unable to get a response to this question. FNHA indicated they would reach out to the above audiologist and discuss this with them.