

## **Federal Healthcare Partners Spring Meeting Summary**

**Date:** Friday May 12, 2023

**Time:** 2:00 p.m. – 4:00 p.m. EST

**Location:** Marriott Downtown at CF Toronto Eaton Centre (York A meeting room)  
and by teleconference

**Host:** Speech-Language & Audiology Canada

### **Members in attendance in person:**

Non-Insured Health Benefits

Medavie-BlueCross

Veterans Affairs of Canada

Speech-Language & Audiology Canada

### **Members in attendance via teleconference:**

Department of National Defense

Canadian Academy of Audiology

## **Updates**

### **VAC updates:**

- As part of the MOU with HIAC which took effect November 15, 2022, the manufacturers have reduced the number of complimentary accessories from 3 to 2 for all Entry Level Category 2 hearing aids.
- VAC will continue to cover the cost of a 3<sup>rd</sup> accessory with pre-authorization and justification.
- A bulletin will be sent out later this spring/summer with a summary of these changes.

### **NIHB updates:**

#### **1. Revised Adult Hearing Loss Criteria**

NIHB has revised the adult hearing loss criteria to qualify for hearing aids. The NIHB adult hearing loss criteria have been changed to the following:

- A total hearing loss of 100 dB or more (total of the thresholds at 500 Hz, 1000 Hz, 2000 Hz and 3000 Hz) OR high-frequency hearing loss of 40 dB or more at 2 frequencies from 3000 to 6000 Hz.
- Providers should conduct a needs assessment using a standardized tool which includes Client motivation to use a hearing device (e.g. total or screening versions of the Hearing Handicap Inventory, the Client Oriented Scale of Improvement (COSI)). The needs assessment should be kept in the Client file and submitted if requested for verification purposes.

2. Effective July 1, 2022, tele-audiology will become a permanent Program policy. The following benefits are available under this service delivery:

- Fitting and Dispensing fees for hearing aids and FM systems
- Hearing aid performance check and readjustment must be client initiated

Services provided by tele-audiology are for clients who live in remote areas, are covered at the same rate as in-person services, will follow existing frequency guidelines and require prior approval.

3. Terminology Change for Frequency Modulation (FM) Systems

NIHB refers to this benefit as 'Remote microphone-complete system.' No changes were made to codes, frequency guidelines, eligibility criteria or prices. This new benefit name encompasses a broad range of wireless remote microphone systems including those using FM, as well as digital modulation (DM) which can be digital adaptive and non-adaptive transmission including Bluetooth.

4. With the new MOU with hearing aids manufacturers NIHB has created a new benefit code for remake only (L – 99401371 and R – 99401372) with a unit price of \$51. These codes are for hearing aids that do not require repairs and that are no longer under warranty.

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5. The Remake with repair by a manufacturer (benefit codes 99401122 and 99401123) have been renamed "Remake with repair-Left" and "Remake with repair-Right".

## Questions and Answers

### VAC

#### Question 1:

Wax filters are essential to the use of receiver-in-the-ear and custom style hearing aids. Their maintenance and upkeep is necessary for optimal function and are required by every individual using these devices. We are seeking clarification as to why wax filters are not covered on DVA/VAC Benefit Grids as special dispensation on a case-by-case basis is impractical (i.e. time consuming for clinicians to complete these requests for every single patient and causes service delivery delays for the patient).

\*\*\*please note that this same question was asked by several different members\*\*\*

#### Response:

VAC appreciates that wax filters are important to help maintain optimal function of hearing aids. We will explore the possibility of adding this to the benefit grid.

***Note: SAC will gather some information from members and other third party payers about the cost of filters. It was suggested during the meeting that VAC could try and negotiate with manufacturers to include cleaning supplies and wax guards.***

VAC is seeking information from SAC and CAA regarding average use (e.g. number of wax filters needed/year for the average client) and cost of wax filters as we understand that there is much variability in how many wax filters are used by different individuals.

***Note: SAC/CAA will reach out to the members who asked the question to provide more information.***

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### NIHB

#### Question 1:

We would like to acknowledge the efforts of NIHB in streamlining the billing process via online services. We hope that efforts might be made to decrease the time required by clinicians to use this service effectively. In its current state this process is more cumbersome than paper entry. Would it be possible to streamline the system so that invoicing registration can be completed in a more logical manner (e.g. 1 billing invoice number required for right OR left OR binaural as opposed to having to bill for each ear separately)?

**Response:**

NIHB is working on simplifying the claim submission for hearing aids in the current fiscal year. This may include making improvements to our benefits list, such as the creation of new benefit codes and bundles which would streamline the process of submitting claims.

Additionally, the Program is currently working on the following to streamline the billing process for Providers via online services:

1. Enhancing all the MSE Prior Approval forms to allow providers to submit data once rather than having to duplicate the information on both the form and the website.
2. Exploring the possibility of increasing the timeline to submit a claim online from 30 days to a year.
3. Reorganizing the general layout and design of the MSE Claim Reimbursement page for clearer data entry requirements and clearer results after submission.

**Question 2:**

Cost of earmolds has gone up, the invoice cost/mold is more than 45.00/mold. It usually comes around 75-80/ mold depending on material and style. We have to use an earmolds lab and not the manufacturers such as Phonak or Oticon as they do not make earmolds for kids. NIHB currently pays 45/mold for original fitting which is not realistic. NIHB pays up to 75.00/ mold when a mold is replaced- this amount barely pays the invoice cost and nothing for our service fee/fitting fee of mold.

**Response:**

The price for earmolds (\$ 45) is part of the agreement with HIAC (hearing industry association of Canada), per the MOU, so this price cannot change until the next round of negotiations. We are bound by those prices until such time as a change of price is implemented in future negotiations.

The impression fee for new earmolds is built into the cost of the Fit and Dispense fee. The cost of a replacement earmold is higher because it includes both the earmold and the impression fee.

**Question 3:**

Recently, NIHB has added the Oticon Edumic transmitter with 5-year repair warranty on their grid. If the edumic has 5 years warranty we are not able to invoice any out of office repair fee for 5 years; is NIHB expecting us to provide repair services without being paid for 5 years? NIHB

same as other third parties such as VAC should in this case allow out of office service fee to be billed, so that we are reimbursed for our services.

**Response (VAC):**

VAC does not have a code for providers to bill for their professional time when returning a device (Edumic or other) for repair if the device is still under warranty. We will take this under advisement. In the interim, providers may contact the Medical Authorization Centre (MAC) for consideration on a case-by-case basis.

***Note: It was suggested that dispensing fee of the equipment could be increased upfront to cover the cost of servicing the device for 5 years.***

**Response (NIHB):**

The manufacturer has established a 5-year warranty period for the **Edumic Classroom Bundle Extended**. The NIHB Program does not cover service charges for items under warranty.

**Question 4:**

IFH program also pays very little for molds which again does not even cover the cost of invoice.

**Response:**

This question refers to the Interim Federal Health (IFH) program for refugees and does not apply to NIHB.

***Note: There was a discussion on whether IFH should be invited to join FHP and the consensus is that all members of FHP are part of MOU with HIAC so it would not be appropriate for IFH to be a member. Jeff will forward an IFH contact to Yinda incase SAC wishes to connect with IFH.***

**Additional Discussion**

1. What do members think about the VAC portal?

Front office staff who do billing say it's easier.

2. What do member think about the new NIHB renewal process for hearing aids (no need for prior approval when replacing hearing aids after 5 years, for adults only)?

SAC and CAA will ask members for feedback.

### 3. Discussion on ADP and NIHB funding

It was suggested that ADP sits down with NIHB regarding co-operative support of the individual with hearing loss. Other provincial groups (e.g. WSIB, ODSP, ACSD) appear to have negotiated agreements with ADP such that patients can access funds from both agencies. It may be in everyone's best interest for ADP and NIHB to establish a similar partnership.

### 4. Discussion on insurance and NIHB

It was suggested that negotiations with HIAC could include NIHB paying for amount not covered by insurance and supplies like batteries, even if the aids are not on NIHB grid.