

Federal Healthcare Partners (Virtual) Spring Meeting Minutes: 03-MAY-2024

Host: SAC

Committee Chairs: Bonnie Cooke (SAC) & Kassandra Kaminskas (CAA)

Attendees:

Organization
Department of National Defense (DND)
Medavie Blue Cross
Non-Insured Health Benefits (NIHB)
Royal Canadian Mounted Police (RCMP)
Veterans Affairs Canada (VAC)
Canadian Academy of Audiology (CAA)
Speech Language & Audiology Canada (SAC)
Phonak/Sonova
Private Practice Audiologists

Approval of Previous Meeting Minutes

NIHB: Funding supports for children services: Poll was to be conducted of community Audiologists regarding needs and funding. This was to be passed on by Bonnie/Kassandra for review.

FHP Partner Updates

VAC: Update since last meeting. FHP has been reviewing fees for Audiology Services and things that are not part of MOU with HIAC. VAC, RCMP, DND looking to share an update regarding fee structures over the next few months.

General Questions

Q1: Member Question to ALL Federal Health Partners

Is there something that we can do as service providers to help ensure more streamlined and prompt payment for provision of services?

NIHB: Encourage providers to set up an account with *Express Scripts Canada (ESC)* so that claims are processed in a more efficient and timelier manner. Additionally, please ensure that all forms are fully completed. Please add all required information listed on the (ESC) website. Any missing information should be provided in a timely manner to the NIHB. Please use the new PA form to expedite the review process. Please note that the current PA form is dated as *Prior Approval Form January 2024*.

Updates to NIHB practice changes: hearing loss has lost its status as a permanent disability so new forms are needed. Prior approval now needs to be submitted for any new equipment. Requests have been put in for Pas submitted by an Audiologist are now being reviewed at the regional offices.

VAC: Using the portal for submission of applications is a more efficient way for streamlining services. The goal is that payment turn-around time would be better with this method. Based on statistics viewed to date suggests that many Audiology users are using Medavie Blue Cross portal. There has been positive feedback about this. Service level for turnaround is under 10 days for benefits to be processed. There are differences between pension and treatment related services.

DND: see VAC response given partnership in place.

RCMP: see VAC response given partnership in place.

Q2: Member Questions to Non-Insured Health Benefits (NIHB)

A) Where does it state in NIHB's billing documents the fees associated with the purchase of batteries for hearing aids, bone conduction devices, and/or cochlear implants?

Pricing information for batteries is included in the NIHB price file (found on the ESC website). Price for batteries is determined by a calculation based on providers *Actual Acquisition Cost* (AAC) and NIHB mark-up. There is a price maximum cannot be exceeded under the NIHB.

Working on a new version of the *Guide and Benefits List* for fee structures under the NIHB. The AAC references costs of the company providing batteries to the actual provider. This does not include shipping related costs, taxes, etc. This new document is anticipated to be accessible as of June 2024.

B) Does NIHB allow their clients to pay out-of-pocket and submit documentation for reimbursement following the purchase? If so, what does this process look like?

The basis of NIHB program is that the client should not be paying directly out-of-pocket. NIHB's goal is to work with enrolled service providers to allow for this goal to be achieved. However, not all providers are not enrolled under NIHB. In some situations, the client may pay out-of-pocket. In this case, clients must go through a compensation process with NIHB directly. This requires the clinician working with the client to provide equipment or services as per the NIHB *Guide and Benefits List* in order for the client to receive full coverage for the equipment up to the NIHB maximum. NIHB also covers repair and remakes. This is not necessarily included in services offered by all Audiology clinics.

Question from panelist: When can we reapply for support to replace a device that is no longer functional outside of the warranty period if an application was previously denied? NIHB can have replacement for devices covered within 1 year for children and 2 years for adults. NIHB to follow-up with the clinician directly for more specifics on the case discussed. Applications for special request may be needed (e.g., emergency situations such as flooding, fire, etc.).

C) Are there any updates being proposed to NIHB's process that might allow for more rapid response times in the approval of claims and reimbursement?

The team is working very hard to improve the system (ESC). NIHB is very appreciative of comments being submitted to their group for improvements. ESC process is completed on a 2-week cycle. There are therefore time limits applied to processing based on submission of an application. If there are time sensitive issues that are not being handled in an appropriate manner, please reach out to NIHB.

There have been some updates added to the *Prior Approval, Account Status Page* to make this system more efficient. Currently you are only able to submit a claim within 30 days but there are efforts being made to have this changed to a 1-year term.

There are new search parameters available in ESC to review status of your claims and which ones have been submitted. You can opt to have emails sent directly to you for verification status which would allow direct link to ESC. There will also be a submission for verification prior to submission to be sure that the client is able to access funding supports under NIHB. There is currently no specific date for launch of this change to the system.

Instructional videos are also under development at this time. This will be available on ESC website to help inform providers on use of this system and how to troubleshoot issues in the submission and review of current documents.

Please review the NIHB newsletter as they are released as it will highlight any system changes being made.

D) Is there a possibility of updating the portal to allow for direct upload of documentation needed to support a claim?

Unsure of how to answer this question as *Prior Approval* allows for documentation to be provided. However, for *Claim for Reimbursement* there is no documentation needed. Please review with member who submitted the question for further details. NIHB will be happy to provide an answer with a better understanding of what is being asked.

Q3: Member Question to Veterans Affairs Canada (VAC)

A) What factors are taken into account associated with the approval of different form factors for an already approved level of technology? Example: Signia devices have approval for a particular level of technology, but pre-approval was needed for the Silk Form Factor which was not on the grid at the time of the request.

Devices get on the FHP grid in the same manner for all Federal Partners in the group. A manufacturer must provide a draft product and price list with effective date to the FHP. Each department is responsible for doing a review to determine if an approval is being granted by DND, VAC, NIHB, and RCMP.

As a part of the review process the Federal Healthcare Partnership group must determine if a device is following category definitions (i.e., class 2 medical device under Health Canada), appropriate technology level, authorization guidelines for the department are met, details on warranties and accessories.

Response from Audiologist on the call:

1. IICs and CICs need pre-approval regardless.
2. Manufacturers may also not be interested in applying to have certain devices put on the grid.

Action Items

1. Chair to follow-up with NIHB regarding information for pediatric earmould needs.
2. Chair to connect NIHB with panelist regarding questions on approval for a particular case.