



Meeting Minutes - Federal Health Partners Meeting October 25th, 2024

Representatives	Canadian Academy of Audiology, Department of National Defense,
present	Medavie-BlueCross, Phonak/Sonova, Speech and Audiology Canada,
	Veterans Affairs, Roy Canadian Mountie Police, National Insured
	Health Benefits

Questions directed towards and responded to by representatives of National Insured Health Benefits (NIHB).

Clinicians have noted challenges in accessing timely response to claims when submitting via fax. Does the NIHB have recommendations regarding actions that can be taken to expediate the submission process if access to the online portal is not available to a particular clinic/clinician?

The NIHB recommends that all faxed items be directed to the <u>regional office</u>. If a clinician notes a prolonged wait in receiving a response, please connect directly with the regional office to expedite the process. The NIHB strongly encourages CAA and SAC members to seek resolution for these types of issues with NIHB.

For NIHB funding, is it possible to institute a drop-down list or other input model in place of manually entering multiple 8-digit item codes? The current risk of application errors due to typos is very high, especially for online prior approvals, which require entering all the same information twice.

The NIHB will follow-up with vendor (ExpressScript) regarding the possibility of implementing a drop-down list for the input of codes. The NIHB would like CAA and SAC members to be aware that the system applies system controls that do not allow for invalid item codes to be used within the PA report. Clinicians are unable to proceed with submission if invalid codes are entered in the PA. The NIHB would also like CAA and SAC members to be aware that once the PA report has been approved the item code does not need to be re-entered.







Would NIHB consider reviewing fee guide to include coverage of chargers used for hearing aids with built-in rechargeable batteries? For reference, clinicians are seeking alignment for coverage of rechargeable batteries with other health partners (e.g. VAC, RCMP, etc.). Chargers are necessary for the functionality of the rechargeable hearing aid and are typically only warrantied for 2 years. Unfortunately, the lifespan of chargers is typically less than the 5-year period for accessing NIHB support for device replacement.

The NIHB would consider a case such as the one described above as a request for early replacement for the battery charger. Discussion regarding clinical workflows in place in clinics was had to provide the NIHB with further insights. Specifically, the NIHB has been made aware that clinics often have chargers on-site that can be provided to clients. This allows clients to have timely access to care needs as opposed to being without functional equipment while waiting for the NIHB review process to take place.

Further discussion addressed concerns regarding troubleshooting and noting issues with the rechargeable batteries themselves. It was indicated that if the rechargeable batteries are identified as the nonfunctional part of the system that a request for repair using the appropriate repair code could be completed. The NIHB indicates that there is a strong recommendation to pursue early replacement in lieu of processing a repair code when it is appropriate (e.g., the device is close to the replacement period).

NIHB update: The submission system has been updated to allow for an increased window length for claim payment submission up to 1 year after delivery of service.

NIHB request: The NIHB continues to seek information from pediatric audiologists regarding prescription, fitting, and billing for earmolds.

It was indicated that questions previously asked by the NIHB have been distributed and responses have been obtained. This information will be shared with the NIHB immediately.





Questions directed towards and responded to by representatives of Veteran's Affairs Canada

Is VAC considering increasing research funding associated with improvement in hearing healthcare outcomes for military personnel and veterans? It appears that research funding opportunities in this area focus on many important health issues but rarely address hearing health. Due to high incidence of occupational noise exposure in this population, research funding for hearing health care initiatives in this population is important.

Veterans Affairs Canada provided context regarding the groups involved in addressing this question. Specifically, it is the role of the VAC Research Directorate

to initiate and review

needs associated with research projects initiated by VAC. The member inquiry was forwarded to the the VAC Research Directorate. If any further communications are received from the Research Directorate, the VAC FHP representatives will disseminate the response to this group