



Compliance Update 2020-21

The Department of Health administers the Australian Government Hearing Services Program (the program). Program services are delivered by contracted service providers (providers). The program works proactively with providers to support their compliance with program requirements, through a range of supports including education and awareness raising. The program monitors provider compliance in accordance with the [Compliance Monitoring and Support Framework](#) (the framework). Updates regarding program requirements related to Coronavirus (COVID-19) are available on the [COVID-19 Provider Factsheet](#).

This Compliance Update includes information on the support available lessons learnt from compliance support and monitoring activities, and key priorities for compliance monitoring for 2020-21.

Program Support

The program is committed to ensuring quality hearing services are delivered to program clients in compliance with the program requirements. The program has a broad range of support available to assist providers and their staff with program compliance. These include:

- the program website – www.hearingservices.gov.au
- Contact Information Centre – hearing@health.gov.au or 1800 500 726
- [Provider Factsheets](#) and [Contracted Service Provider Notices](#)
- [Portal User Guides and Quick Reference Guides](#)
- [Compliance Information](#), including the [Evidence Guide to Compliance Monitoring](#).

You can find out more about [compliance support](#) on the website. The program also welcomes suggestions on how we can support providers. To support providers to improve compliance, common issues identified through enquiries, claiming, complaints and compliance monitoring are outlined below. Information on where to get support to address these issues is also provided.

Service Management

Provider Details

If undergoing a corporate change, please remember to inform the program well in advance, this helps to ensure the program can assist you to transition your arrangements in a timely manner. The program will also manage updates to the portal record of your business. The organisation name and date of effect are related to the legal entity contracted with the department, please ensure you do not edit these fields in the portal record. If you need to change your organisation name or date of effect or have any questions about your accreditation, please contact the Accreditation Team via hearing@health.gov.au to discuss what steps are needed.

Note for Hearing Service Providers Seeking Accreditation: some new providers are experiencing delays in their accreditation applications as the accreditation forms are incomplete. Please ensure you review the instructions and complete the application form fully, including the required attachments. The application form provides guidance on the information and attachments needed.

Voucher Issuing

Before services are provided to clients, please ensure that there is a check of a client's eligibility and/or services available to them on their voucher. This will help to ensure continuity of care and that services can be claimed through the program. Providers are reminded that services provided outside the voucher period cannot be claimed through the program. Clients cannot be charged for a service, if the client was eligible for a voucher at the date of service and a voucher was not obtained.

Insurance

Providers are reminded to keep their Professional Indemnity, Public Liability and where required their Workers Compensation Insurance up to date. Please refer to clause 23 of the [Service Provider Contract](#) about insurance requirements.

Practitioners

Practitioner Professional Body (PPB) certification – To ensure services are delivered by qualified practitioners, please ensure that practitioner qualifications are up to date. If you need more information, talk to the relevant Practitioner Professional Bodies (PPBs) about the requirements. Contact information for the PPBs is available on the [program website](#). The program monitors practitioner qualifications.

Linking/unlinking QPs – It is very important that the details held in the portal about practitioners who work for your business are updated as required. Information on how to edit practitioner information including the practitioner details and user roles is available in sections 6 and 10 of the [Hearing Services Portal User Guide](#). Please remember to link/unlink practitioners in the portal and keep their records up to date. Incorrect linkages may result in increased claiming rejections or repayment of invalid claims. When practitioners cease employment with your organisation, please ensure they are end dated in the portal and remove any user role access to ensure there is no inappropriate access.

Power of Attorney/Guardianship

If a client has Power of Attorney or guardianship arrangements in place please ensure it is clearly documented on the client file and you are aware of your obligations in each state/territory you operate.

Service Delivery and Claiming

In addition to the program legislation and contract, the general requirements for services and claiming are outlined in the [Schedule of Service Items and Fees](#). Please ensure your policies and procedures align with the program requirements.

Assessments/Client Reviews

Please ensure adequate notes about a client's history, goals and motivation are discussed and documented on the client file for every assessment or client review service. Please note that a tick box does not provide adequate information to confirm a service was completed in line with the program requirements.

Specialist Clients – Program clients with specialist hearing needs may be eligible for additional support through the Community Service Obligations component of the program. If a client meets the criteria for specialist hearing services please provide the client with Specialist Services information and notify the program by clicking the specialist hearing services option on the client’s record in the portal. Further information about [Specialist Hearing Services](#) is available on the program website.

Client Reviews – Client Reviews support a check on the progress of the client’s goals and outcomes from their hearing plan. The service can be provided either face to face or via phone/video conference based on types of services provided and using the clinical judgement of the practitioner. The Schedule of Service Items list the program requirements for items 930 (Monaural) and 940 (Binaural) client reviews. Client Review rates are monitored by the program, some providers have a very low rate of client review services after devices are fitted.

To strengthen monitoring of client outcomes and improve client review rates, the program will be writing to providers with low rates of Client Reviews.

Minimum Hearing Loss Threshold

MHLT Criteria – A WANT is required for all MHLT fittings. Please ensure that clients fill out the WANT without any influence, complete both questions and sign and date the form. MHLT fittings should only proceed if the client meets both MHLT criteria. Further information about the [Minimum Hearing Loss Threshold](#) is available on the program website

Fittings

Refitting under 5 years – The [Eligibility Criteria for Refitting](#) outlines the criteria for refittings under the program. Please ensure the client’s current device is checked for suitability before considering a refitting. Evidence supporting refitting must be kept on the client file.

Device Suitability – Suitability of a device is very important to supporting the client’s hearing goals. Compliance monitoring has shown that devices are being fitted without taking into account the client’s circumstances. For example, spectacle use at time of fitting, dexterity issues or not building in adequate headroom to account for likely deterioration. Neither the program nor clients can be charged for refittings, if related to issues that should have been considered at the time of the fitting. Please ensure that all fittings are suitable to the clients hearing goals and circumstances.

Claiming

Binaural Claiming for Monaurally fit clients – Some claiming items are based on whether the client is monaurally or binaurally fit. Please remember to claim for the appropriate claiming item based on whether the client is monaurally or binaurally fit, for example 930 Client Review for monaurally fit clients and 940 Client Review for binaurally fit clients. It is also important to update the portal if a client was binaurally fit and is now monaurally fit. Incorrect claiming creates additional workload for your business in having to manage recoveries and reclaiming.

Claiming for third party supplied devices: Providers are reminded that the fittings and device service is not available through the program, when the device has been purchased by the client from a third party.

Client Records

A [Management of Client Records Factsheet](#) is available to support providers in managing program client records. Client records are Commonwealth Records.

Relocations

Client Consent For Relocations – Program clients can choose to relocate to a new provider at any time. Please ensure you have the client consent documented on the client file before processing a client relocation in the portal. Further information about [client consent](#) is available on the program website. Please note there are special arrangements in place for consent through to June 2021 as a result of COVID-19. Please refer to the [COVID-19 Provider Factsheet](#).

Client Records for Relocating Clients – When a client has relocated to another business, providers will receive an email advising where to send the file. To ensure continuity of care, please ensure the file is sent within the timeframe specified in the email. Further information about relocations is available on the [Relocations Factsheet](#), which includes details on what information can be retained by the previous provider and what must be sent to the new provider.

Evidence to Substantiate Services and Claims

As providers are required to substantiate services and claims comply with the program requirements, it is very important that client records are comprehensive and legible.

Key issues being identified in client files include:

- Missing or incorrectly completed device quotes for fittings. Please refer to the [Device Quote Factsheet](#) for further information.
- Missing, incomplete or invalid statutory declarations and/or manufacturer letters relating to replacement devices.
- Insufficient case notes to show that the service requirements were met.
- Portal records not up-to-date or inconsistent with information on the client file, including client payment amounts, practitioner and site details, current 3FAHLs, dates, etc.

Further information is available on the [Documentation and Record Keeping Factsheet](#). An [Evidence Guide](#) for information required for client files is also available, noting that there are current exceptions outlined in the [COVID-19 Provider Factsheet](#).

2020-21 Compliance Monitoring Program

In 2020-21, compliance monitoring will be implemented in accordance with the [framework](#) and will focus on monitoring MHLT fitting, device quotes, refittings, client reviews and revalidated services. We will also be writing to providers where there is significant variation in claiming patterns outside the program average.

You are also encouraged to routinely review client files and processes to ensure compliance with the program requirements. As required by the *Hearing Services Administration Act 1997*, clause 23 requires providers to repay any claims that do not comply with the legislative and contractual requirements.

We will continue to work with providers to support compliance. Please do not hesitate to contact us if you have any questions about the program or suggestions on ways to help improve the support available.