



## Provider Factsheet - Compliance Update

### October 2021

The Department of Health administers the Australian Government Hearing Services Program (the program). The program works proactively with contracted service providers (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).

This Compliance Update includes information on the support available, lessons from compliance support and monitoring activities in 2020-21, and priorities for compliance monitoring for 2021-22.

You are encouraged to routinely review client records and your processes to ensure you remain compliant with the program requirements.

### Provider Compliance 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 compliance. These include

- The program website – [www.hearingservices.gov.au](http://www.hearingservices.gov.au)
- Contact Information Centre – [hearing@health.gov.au](mailto:hearing@health.gov.au) or 1800 500 726
- [Schedule of Services Items and Fees](#)
- [Provider Factsheets](#) and [Contracted Service Provider Notices](#)
- [Portal User Guides and Quick Reference Guides](#)
- On request webinars and information sessions with providers or reviewing provider documents
- [Compliance Information](#)

You can find out more about [compliance support](#) on the website. The program also welcomes suggestions on how we can support providers to improve compliance and is happy to work with individual providers to support training, compliance processes and template reviews.

### 2021-22 Compliance Monitoring Program

The program has a robust risk-based compliance monitoring component. In addition to routine compliance monitoring activities such as audits and claim reviews, in 2021-22 we will focus on the following areas for compliance monitoring

- Revalidated Services
- Practitioner Qualification Checks
- Replacements
- Maintenance Agreements and Claiming
- DVA Client Co-payments
- Refittings Under Five Years
- New Provider Check-ups
- Relocation Consent

The 2021 Provider Self-Assessment Tool (SAT) will focus on the program changes introduced 1 July 2021 and acknowledging this compliance update.

Further details regarding common issues identified in compliance monitoring are outlined below.

## Common Compliance Issues

From the lessons learnt over the past year, providers are reminded that

**Hearing Services Online Portal (portal) Details** – Provider, practitioner and client information should be kept up to date in the portal. Remember to unlink any practitioners and users that are no longer working with your business. Please also ensure that specialist clients are notified to the program by selecting the specialist tick box in the client's record.

**Practitioners** – Practitioner qualifications should be checked annually to ensure ongoing competencies and PPB memberships are maintained.

**Voucher Issuing** – Please check a client's voucher status before delivering and claiming for a service. Services must only be delivered on a client's current voucher.

**Relocations** – Clients must not be relocated to a new provider in the portal without their informed consent as this is a breach of privacy. Providers who have accessed a client's personal and health information without consent may have committed a [Notifiable Data Breach](#). If a client has relocated to a new provider, the full and complete file must be transferred to the new provider within 7 business days. If a client has requested to be removed from your mailing list and not to be contacted, you are required under the Privacy Act to not contact them.

**Revalidations** – Revalidated services must be approved before delivering and claiming for the service requested. Evidence must be kept on the client record.

- Revalidation requests for refittings are not required if a client meets Eligibility Criteria for Refitting (ECR) and has a fitting service available on their voucher.
- Before requesting a revalidated Assessment service, check if the client is eligible for a Client Review service, which may provide the information you are seeking.
- Revalidation requests are required if a client requires different device(s) to the one(s) they have lost or damaged and they meet ECR requirements but do not have a fitting service available on their current voucher.

**Client records** – Please ensure client records are well maintained and legible and that there is sufficient information available on the client record to support and justify the service. Tick boxes are not accepted as evidence of a service.

**Power of Attorney/Guardian Arrangements** – Providers are reminded to ensure dealings with clients comply with relevant Power of Attorney, guardianship, or other legal arrangements.

### Claiming issues –

- Services must be claimed against the voucher that was current at the date the service was provided (i.e. services cannot be claimed against an expired voucher).
- Binaural client reviews and maintenance items must only be claimed if the client is binaurally fitted.
- Non-follow-up fitting services must be claimed when no follow-up service is provided. In these instances, the Date of Service must match the Fitting Date.
- If devices are returned for credit, recover the claim as soon as possible to avoid future claiming issues, especially if the client relocates.
- DVA item 777 must accompany a fitting claim with maintenance or a maintenance claim (item 700/710) and have the same date of service. Item 777 can only be claimed for eligible DVA clients if the DVA client has confirmed the device and completes a follow-up.
- Please ensure you submit your claims within 12 months of the date of service.

Further information on these issues is outlined below including details on requirements and where to get information to support compliance.

## Service Management

### Provider Details

If undergoing a corporate change, please remember to inform the program well in advance, as 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's name or date of effect, or have any questions about your accreditation, please contact the Accreditation Team via [hearing@health.gov.au](mailto:hearing@health.gov.au) to discuss what steps are 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.

### Practitioners

**Practitioner Professional Body (PPB) certification** – To ensure services are delivered by qualified practitioners (QPs), please ensure that practitioner qualifications are up to date. If you need more information, talk to the relevant PPB 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 Services 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, hearing goals and motivation are discussed and documented on the client file for every assessment and 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 (CSO) 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 hearing 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)

**MHLT Criteria** – A Wishes and Needs Tool (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 refitting 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 consideration of the client’s circumstances. For example, spectacle use at time of fitting, dexterity issues or not providing adequate device headroom to account for likely hearing 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 client’s 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 by having to manage recoveries and reclaiming.

**Claiming for third party supplied devices** – Providers are reminded that the fittings and device service item 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.

**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 that 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 [Schedule of Services Items and Fees](#) 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 of service, etc.

Further information is available on the [Documentation and Record Keeping Factsheet](#).

**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.**