



## Compliance Support

The program has a range of supports available to assist providers to maintain compliance. Included in these are information and systems support as well as compliance checks.

### Information Support

**Hearing Services Program Website** - the website, [www.hearingservices.gov.au](http://www.hearingservices.gov.au), gives providers access to a broad range of program information including accreditation guidelines, eligibility criteria, legislation, claiming rules and processes, and compliance support.

**Contracted Service Provider Notices (CSPN's)** - regular CSPN's are released to inform and update providers about key changes or issues that occur with the program. All providers are required to keep up to date with CSPN's and other notices and to ensure their staff are made aware of the information being provided. CSPN's may be released following audits, when common recurring issues are being identified, to remind providers of their obligations.

**Rich Site Summary (RSS) Feed** - an RSS Feed is available to providers to ensure they can keep up to date with changes to the website by receiving alerts whenever a formal notice is released, including Contracted Service Provider Notices (CSPN's). Providers can learn more about how to [register for RSS feeds](#) on the program website.

**Hearing Services Program Information Line** - the Hearing Services Program Information Line – 1800 500 726 offers advice and information regarding all aspects of the program. Where required, calls may be referred to specific people who can best assist with that enquiry.

### Systems Support

**e-Claims System** - the new payment system implemented on 15 November 2019 replaces the Medicare e-Claims system as the primary mechanism for providers to claim for the services they deliver to voucher-holders. The e-Claims system incorporates business rules which review claims in accordance with the Schedule of Service Items. Information about which claims should be submitted through e-Claims is available on the [program website](#). Claims that are not able to be processed through the e-Claims system may be submitted through the online portal against the individual client record.

**Hearing Services Online Portal** - the online portal is available to providers to assist them in managing their client, site and practitioner information. The online portal also allows real-time eligibility checking to ensure clients are eligible to receive services under the program. Client voucher and claiming history is also available.

Providers are required to ensure services and claiming are completed in accordance with the Act, the Contract, and associated standards, including the Schedule of Service Items, Eligibility Criteria for Refitting (ECRs) and Minimum Hearing Loss Threshold (MHLT) exemption criteria.



## Compliance Checks

**Accreditation Compliance** - a provider's application for accreditation under the program is assessed in accordance with the requirements of the Accreditation Scheme. Where the application demonstrates a lack of understanding about the program, the applicant is contacted so that this can be addressed. When the decision to accredit a provider is made, they will receive further information to support their capacity to comply with the program requirements.

**Self-Assessment** - the annual self-assessment gives providers an opportunity to review their compliance with the program requirements. This is a compulsory online questionnaire and is one of the sources of information that informs our risk-based compliance monitoring. New providers are encouraged to complete the sample SAT to assist in their orientation to the program.

**Claim Reviews** - claiming data is regularly reviewed to ensure claims are being submitted in accordance with the program requirements, including the Schedule of Service Items. This could, for example, identify a claim that had been submitted with incorrect dates of service, or binaural services claimed when the client is monaurally fitted.

**Audits** - an audit is a review of compliance with all or targeted components of the program requirements. Audits are not intended to be punitive. They identify areas of non-compliance so action can be taken to prevent reoccurrence. By working with providers, most non-compliance can be rectified. Providers will generally be given an opportunity to address any issues identified by an audit and will have an opportunity to outline a plan to rectify the areas of non-compliance, including reviewing their internal processes and systems to ensure compliance in the future. However, if there are risks to client safety or program integrity, or there is evidence of fraud, more serious compliance actions may be taken without further notice.

**Provider Check-ups** - a check-up with the provider may occur three, six or twelve months after audit closure, with the aim of checking the progress of implementing agreed strategies to address non-compliance.