QUESTIONS FROM HBA- re Changes taking effect 1 July 2021
Questions below- referencing HSP Online Discussion Forum 1 & HSP Website FAQs:

NEW 920 ANNUAL REVIEWS:

HSP Website: **"If clients that are not fitted with devices will be eligible for a review annually, how will we calculate when clients will be eligible"** Any unaided client will be eligible for a client review service, as long as they have a current voucher and it has been 12 months from the date of an assessment or previous review service."
Q: Shelley said on webinar that any unaided client can have a 920 after 1/7/21 but the above suggests that after 1/7/21 an unaided client can have a 920 12 months after their previous assessment. (i.e. If had 600 claim May 2021, are they eligible for a 920 on 1/7/21, or May 2022?

HSP Answer:
From 1 July 2021 the unaided client review will be claimable annually, where the claiming requirements are met (i.e. where it is 12 months or more from the last program Assessment or Reassessment date and 12 months or more from the last Client Review – Unaided service).
For example, if a client had an assessment (600 item) in May 2021, if they did not go on to be fitted with devices, they would be eligible for an unaided client review (920 item) on the one year anniversary of the date of assessment, in May 2022.

RELOCATIONS/CLIENT CO-PAYMENTS:

HSP Website: "Relocated clients make up a small portion of program clients (around 1%, around a third of which have an active maintenance agreement at the time) and expect the reduced claim to have minimal impact on business."
Q: So, for one third of clients relocating, providers can claim a 722/711, which will be reduced to approx. 0.25 of current 722 amounts. For the two thirds of relocating clients without an active maintenance agreement with their previous provider- when can a 710 be claimed?

HSP Answer:
The rate of relocations to a new provider is very low. Most relocations that do occur relate to a change in the entity the client is linked to. In these situations the entity must honour all existing maintenance arrangements and is not able to claim relocated maintenance.

Whenever a client relocates to a new provider and they are on a current maintenance agreement the new provider is automatically entitled to claim relocated maintenance.

If a client relocates to a new service provider and does not have a maintenance agreement in place, and it is more than 12 months since the last fitting/refitting, the new service provider will be able to offer a new maintenance agreement, charge the client for a co-payment and claim a 700 or 710.

HSP Website: "When a client moves or changes providers, they will continue to enter new maintenance agreements with new providers without having to make another co-payment…. From 1 July 2021 onwards, the new provider will be paid a quarter of the standard maintenance plus the client co-payment, therefore the amount for a 722 (binaural maintenance) will be around $100."
"Relocated maintenance will be one quarter of standard maintenance plus the client co-payment"
Q: When you say "plus the client co-payment" above, is HSP paying this amount or do providers charge the client this? i.e. is the $47.25 (or whatever it will be in next FY), part of the $100 for the

722? (Given that you say clients “will continue to enter new maintenance agreements with new providers without having to make another co-payment”)

HSP Answer:
When a client has relocated to a new provider and they are already on a maintenance agreement, the client cannot be charged the co-payment again until their next maintenance agreement is due. The program claim for relocated maintenance will include the client co-payment so that the client and new provider are not disadvantaged. The client is not required to sign a new maintenance agreement until their current maintenance agreement expires

HSP Website: **Are there any changes to the client co-payment?** No, the voluntary client hearing aid maintenance charge (co-payment) will remain the same and will continue to be optional to clients on an annual basis.
Q: We will be able to charge clients the co-payment for a refitting, which may be less than 12 months since their last co-payment. This is a change. This will not be popular with clients and providers will be under pressure to waive this.

HSP Answer:
After consideration and review and as the client is receiving a new device, providers must offer for clients to enter a new maintenance agreement and be able to charge the client co-payment at the time of refitting. The program will prepare additional communications for clients regarding this. It will be a business decision for providers to determine if they waive this fee or not and many already do.

Q: Can relocating clients be charged a (second) co-payment, if they already paid this to their previous provider within the last 12 months?

HSP Answer:
As above, when a client has relocated to a new provider and they are already on a maintenance agreement, the client cannot be charged the co-payment again until their next maintenance agreement is due. The program claim for relocated maintenance will include the client co-payment so that the client and new provider are not disadvantaged.

If a client relocated to a new service provider, does not have a maintenance agreement in place and it is more than 12 months since the last fitting/refitting, the new service provider will be able to offer a new maintenance agreement, charge the client for a co-payment and claim a 700 or 710.

MAINTENANCE AFTER REFITTING:
Q: If a client has had a monaural fitting, has a refitting of this ear (830), and later has a subsequent initial fitting (760) - what will be maintenance renewal date be?

HSP Answer:
For subsequent initial fittings the maintenance renewal date will be 12 months from the clients existing agreement start date. Maintenance agreements are the same whether someone is monaural or binaurally fitted. Please note that a monaural refit is an 820, not an 830.

Q: The difference between the current fees for an ‘initial fitting, rehab and maintenance’ (640) and an ‘initial fitting & rehab, without maintenance’ (660) is $38.80. This suggests the extra $38.80 in the 640 is to cover a portion of the maintenance for those devices. Given that after a refitting, providers won’t be able to claim standard maintenance for a period of twelve months, would HSP consider increasing the refitting fees by $38.80 to match what is done for a 640?

HSP Answer:
The program will not be increasing the refitting claim item.

Q: What happens to maintenance renewal dates when we are refitting only one ear, when the other ear has a newer hearing device?

HSP Answer:
Where a binaurally fitted client has one device refit, the client will sign a new maintenance agreement and can be charged the co-payment.

Q: Why do we get paid more to refit a monaural device (820: $383.81) than for a binaural refitting (830: $381.45)?

HSP Answer:
This is a longstanding issue in the schedule of fees which we hope to have fixed soon.

EXTENDED VOUCHERS:

Q: If a client has lost eligibility, but their voucher doesn't expire until after 1 July, will their voucher also be extended? If so, will this entitle them to continued services under HSP until their newly extended voucher expires?

HSP Answer:
Yes, all vouchers will be extended to 5 years from 1 July 2021. Therefore the client would be entitled to whatever services are available on the voucher while it is still valid.

NEW HSO PORTAL:
From Q&A document pre-HBA Seminar:
Question 9: If an incorrect device code has been used in the claim, to correct this mistake we currently have to recover the claim on the portal and then submit a manual claim with the correct fitting details, meaning there is money going in and out of our bank account. Would HSP consider just having a function to 'correct' the device details without involving a recovery and resubmission?
HBA Answer: The current process of recovery and resubmitting does not require providers to pay back money already paid.
The process for a claim is as follows:
1. A claim is submitted and paid;
2. You identify the approved claim is incorrect;
3. You recover the incorrect claim and submit the correct claim details; and
4. Then the following occurs:

• If the amount paid originally is the exact amount of the correct claim, as the amounts cancel each other out (you are not required any money and you are not paid anything additional).

• If the amount paid originally is less than the amount of the correct claim, you get paid the difference. This can make reconciling payments very difficult when it is included in the payment of an uploaded batch of claims.

• If the amount paid originally is more than the amount of the correct claim a negative remains on the contractor account in HSO, when other claims (for other clients) are submitted the amount owing is deducted from the amount due (from the new claim submissions). As above. We used to receive remittance advice for manual claims and knew to expect that amount to be a stand-alone

deposit, whereas now it is included with batch payments. It can be a mystery to figure out what a payment amount includes when the above is factored in.

HSP Answer:
Thank you for your suggestion. The program is currently looking at ways to improve functionality in a future portal and this suggestion will be considered. A Payments and reconciliation quick reference guide is available on the program website to enable you to run a report that shows all the claims paid in a specific payment ID.

CLIENT REVIEWS:
Q: Under the 5-year voucher, clients will only be eligible for reassessment (800) every 5 years, instead of every 3. We have been told clients won't be disadvantaged by this as they can have an annual review (930/940), incorporating a hearing test. It will take the same amount of time to test the client's hearing for a 930 as a 940. The 930 will be paid at half the 940, yet the testing portion of this appointment is the same. Would HSP consider making the 930 claim fee more than half of the 940, to include the testing portion of this appointment?

HSP Answer:
The current payment for the item 940 is $125.70 and the current payment for an item 930 is $81.10, which is 65% of the 940 amount.

If there is a clinical need for a full assessment and it has already been claimed on the current voucher, providers can request a revalidated service in order to provide another assessment.