



Compliance Update August 2023

18/9/2023

Provider Compliance

The Department of Health and Aged Care administers the Australian Government Hearing Services Program. The program works with contracted service providers to support their compliance. The program monitors provider compliance under the [Compliance Monitoring and Support Framework](#).

This Compliance Update includes information on the support available, lessons learned from during 2022-23. The focus for compliance in 2023-24 is listed below. Providers should review their processes to ensure they remain compliant.

Provider Compliance Support

The program works ensure clients receive quality hearing services. The program has a range of supports available to help providers and their staff with compliance. These include:

- the program website – www.health.gov.au/hearing-services
- Contact Information Centre – hearing@health.gov.au or 1800 500 726
- [Schedule of Services Items and Fees](#)
- [Program Resources](#) including Factsheets, Provider Notices, Program Forms, User Guides etc
- [Provider Handbook](#)
- [Compliance Information](#)

The program also welcomes suggestions on how we can support providers to improve compliance. We are happy to work with individual providers or industry groups to support training, compliance processes and template reviews.

2023-24 Compliance Priorities

The program has a robust risk-based compliance monitoring approach, including the provider self-assessment, audits and claim reviews. In 2023-24, we will focus on the following areas.

Priority Compliance Areas for 2023/24

- Revalidated Services
- Practitioner Qualification Checks
- Replacements
- Specialist Clients
- Maintenance Agreements
- DVA Client Co-payments
- Large Provider Compliance Checks
- Fitting Services
- Claim reviews

The **2023 provider self-assessment (SAT)** will begin in **mid-October 2023** and providers will have **six weeks** to complete the self-assessment. The SAT is mandatory for all program providers and supports a review of processes. Providers must submit their SAT by the due dates, otherwise they will be automatically audited.

Compliance Issues

Common issues found include:

- failure to **document, review and evaluate client goals and how the rehabilitation plan addresses the client's goals**. Please ensure the client records document the client goals for each Assessment and Client Review service. Providers must evaluate client goals at Client Review and Fitting follow-up services. Use of tick boxes and/or comments that "goals are the same." are not sufficient.
- **not discussing device options** with clients. Providers must offer clients a fully-subsidised device option. There are an increasing number of client complaints, including pressure to buy a partially-subsidised devices.
- clients given non approved devices. Devices must be on an **approved device schedule** at the date of fitting. Please ensure you check the device schedules before supplying a device to a client.
- **insufficient evidence** to support services and claims. Issues such as missing or incomplete statutory declarations or damaged beyond repair letters for replacements. With refitting, there is insufficient details on doctors' letters to confirm eligibility criteria for refitting. Please refer to the Schedule of Service Items and Fees for the program requirements.
- **failing to recover fitting claims for returned devices**. Providers must recover a fitting claim if a client returns devices. Providers can submit an item 1 (monaural fitting) or item 2 (binaural fitting) to cover the costs of the initial fitting service.
- **no file notes documenting teleaudiology services**. Please ensure teleaudiology services are record on the client file.
- providers **failing to update the portal with the correct** provider, contact, sites, and practitioner information. Please update any contact details, site and QP information in the portal within 5 days.
- **incorrect cost to client** details and inconsistencies between the client file, receipts and claims.
- **providers incorrectly marking clients as deceased** in the portal. Providers should only mark a client deceased if notified by a family member. Providers should not mark clients as deceased based on age, inactivity or returned mail. Providers can contact the program for us to check with Services Australia if they suspect someone is deceased.
- **over 20 providers failed** to complete their **mandatory annual self-assessment** and were then subject to a service management systems audit. Please ensure you complete your annual SAT by the due date.

There are ongoing **critical issues** related to the management of **qualified practitioners, general record keeping and revalidated services**.

Practitioner Management

During 2022-23, the program completed a **qualified practitioner assurance project**.

The review found:

- providers issuing QP numbers for non-qualified personnel. Only those in an approved member category of a Practitioner Professional Body (PPB) can hold an active QP number.
- providers not confirming that QPs have renewed their membership and therefore QPs delivering services while no longer allowed to hold an active QP number.
- not maintaining provider/QP links in the portal, not end dating a provider/QP link when the QP ceases to work for the provider.
- claiming with non-qualified QP numbers, including when practitioners do not have current PPB membership in an approved PPB membership category.

Please refer to the [Practitioner Information](#) on the program website.

Record Keeping

Providers must substantiate services and claims by ensuring:

- client records are legible and accessible (in a format viewable by the program and other providers if clients relocate).
- client files record the full name of the practitioner (and supervisor if provisional practitioner) who delivered the service.
- correctly completed, signed and dated forms including statutory declarations, quotes and maintenance agreements are placed on the client record.
- record detailed, personalised notes, and the service information is not just tick boxes.
- details are recorded about device discussions, options and reasons for choosing a specific device.
- evidence requirements for each item are placed on the client record, including copies of receipts, maintenance agreements etc.
- reviewing and recording information from data logging.

Please refer to the [Schedule of Service Items and Fees](#) for details. Each item lists the evidence required on the client record for each service and other information about record keeping (Part 4)

Revalidated Services

The program has found issues with revalidated service requests and claiming.

- providers submitting requests when the client already has a service available on their voucher.
- incomplete or inaccurate information to support the request is being supplied.
- providers not supplying the required evidence when requested by the program.
- Doctor's letters not meeting requirements, such as only being referral letters. The letters must outline what changed and over what timeframe.
- evidence found that the service was already delivered prior to the reval approval. In some cases, claims submitted and rejected before the approval is sought.
- incorrect reasons being used to justify the request., including supporting statements not focused on the client needs and why current devices are no longer suitable.
- supporting evidence obtained after the request rather than prior.

Further information about revalidated services is available on the [program website](#).

Program Reimbursements

Providers must reimburse any claims that are not compliant with the program legislative and contractual requirements. This includes services that provided by practitioners who are not approved members of a PPB.

Compliance with the requirements must be met at the date of service and prior to claiming. Providers cannot rely on the hearing services online portal to check compliance. Providers are reminded, as required by the service provider contract, providers must:

- check whether a client is eligible for a voucher, has a voucher if eligible and consents and what services are available to the voucher holder before delivering services.
- ensure that the conditions for submitting a claim have been met prior to submitting the claim and that the claim information is complete, true and correct.