



# Compliance Update November 2024

6 November 2024

## 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 supports available
- lessons learned during 2023-24
- the focus for compliance in 2025.

Providers should review their processes to ensure they remain compliant.

## Provider Compliance Support

The program works to 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](http://www.health.gov.au/hearing)
- Contact Information Centre – [hearing@health.gov.au](mailto: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.

The department released the **2024 provider self-assessment (SAT)** on **14 October 2024**. Providers have **six weeks** to complete the self-assessment. The SAT is mandatory for all program providers and is an opportunity for all providers to review processes. **Providers must submit their SAT by 30 November 2024. The department automatically audits any provider who does not submit their SAT.**

## 2025 Compliance Priorities

The program has a robust risk-based compliance monitoring approach, including the provider self-assessment, audits and claim reviews. In 2025, we will focus on the following areas.

- Partially subsidised device supply
- Refitting
- Replacements
- Specialist Clients
- Large Provider Compliance Checks
- Provider Audits
- Claim Reviews
- Practitioner Approved Member Checks

## Key Compliance Issues

### Data Breaches

Some providers have failed to manage client personal and sensitive information correctly. This has led to an increase in data breaches including notifiable data breaches. The department treats data breaches seriously. Client's personal and sensitive information must be managed in accordance with the Privacy Act 1988 and the programs legislation and contract.

On 2 May 2024, the program presented a webinar focusing on data breaches. The presentation included information on the types of data breaches, how to manage a potential breach and mitigation strategies. This is a helpful resource for all staff members including administrative staff and clinicians.

**Webinar Recording:** <https://share.viostream.com/bfxgwoqr8n1fak>

### Client Relocations and Client Records

Program clients have the right to choose where they receive their hearing services. Clients can relocate to another provider at any time. Providers must send the complete client record promptly and securely.

Ongoing issues with client relocations include providers:

- not sending client files in the required 7 business days
- losing client files as they were not sent by registered post
- risking client information by emailing client records by unsecure unencrypted email
- sending incomplete files to the new provider.

#### Actions Required

1. If the client record has not been received in the required time frame:
  - a. firstly, follow up with the client's previous provider.
  - b. if you are still having difficulty obtaining the file, please contact the program as soon as possible.
2. Do not send client files via express or general post. It is a legal requirement outlined in the Schedule to send records by registered post or courier. This means the delivery is trackable and must be signed for.
3. For digital records, there are other options, other than encrypted email, highlighted in the Schedule.
4. Providers must not replace a digital record with a printed copy.
5. Please contact the program if you have any questions or concerns about relocations.

### Client Goals and Rehabilitation Planning

Please ensure that there are goals documented and evaluated as required by the Schedule. Evidence of the goals and their evaluation must be held on the client record. Any rehab plan for a client must be based on 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.

## Revalidated Services

There continues to be inappropriate revalidated service requests and claims including requests without sufficient evidence, requests after the service was completed or claims without prior approval. Some requests do not include the required documentation.

When applying for a revalidated service, please ensure you provide comprehensive information about the client's situation and clinical needs. Providers must include an explanation of how changed devices would address these needs. Descriptions such as "updated technology" are insufficient. This delays the approval time and client's access to approved additional services. Information about revalidated services is available on the [program website](#).

## Practitioner Management

Providers have greatly improved the management of qualified practitioners (QP).

However, we continue to see ongoing issues including:

- providers issuing QP numbers for non-qualified personnel. Only practitioners in an approved membership category of a PPB can hold an active QP number.
- providers not confirming that QPs have renewed their membership and therefore QPs delivering, and claiming for, services while no longer eligible to hold an active QP number not maintaining provider/QP links in the portal or not end dating a provider/QP link when the QP ceases to work for the provider.

Services can only be completed and claimed for when the QP delivering the service has renewed their membership in an approved category on or before the date of service. If the PPB membership hasn't been renewed post 1 July each financial year, no services can be delivered or claimed until the renewal has been completed.

Before requesting a new QP number, please ensure you confirm the practitioner hasn't worked for the program and already has a QP number. Once you have received the QP number you must also link the QP to your business. Refer to the [Portal Quick Reference Guide](#).

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

## Other Issues

**Voucher Checking and Service Availability:** Please ensure you check a client's voucher status before you commence delivering services. Clients must be made aware if a service will be covered by the program or not. Providers should check what services are available by checking the client's portal record.

**Record Keeping:** complaint investigations and compliance activities have identified ongoing issues with the required levels of record keeping. Tick boxes are not sufficient to show that an activity occurred and does not help with continuity of care. Please ensure you have detailed notes regarding discussions and information given to clients. This is very important when there is no other corroborating evidence such as audiograms, COSI goals etc.

**Assessment and Client Reviews on the Same Day:** If available, assessments and client reviews can occur on the same date. However, there must be evidence on the client record that the required activities for both services have been completed. Refer to the Schedule for more information.

**Specialist Clients:** Clients who meet the specialist criteria must be offered a chance to obtain services through the Community Services Obligations component of the program. Please refer to the [Schedule of Service Items and Fees](#) (Section 38) for relevant information. If a client meets one of the specialist criteria the Complex Client tick box must be ticked on the client record in the portal.

**Binaural Claiming for Monaurally Aided Clients:** Any fitting, replacement, reviews and maintenance claims for monaurally aided clients must be for monaural service items. If the client's fitting status has changed (i.e. from binaural to monaural) and the portal requires updating, please contact the program.

**Device Option Discussions:** 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.

**Devices No Longer on the Schedule:** Providers must ensure at the date of fitting that a device is on the schedule. There are provisions for removed devices that have been ordered for a specific client but are then subsequently removed. Refer to the Schedule for more information..

**Eligibility Criteria for Refitting:** Clients are not automatically eligible for refitting every five years. Before considering a refitting, providers must show that there is a clinical need for a new device and that the current devices are not suitable.

**Returned Devices:** Providers must recover a fitting claim if a client returns devices within the returns period. Providers can claim an item 1 (monaural fitting) or item 2 (binaural fitting) to cover the costs of the initial fitting time, if the client is not going to receive another fitting.

**Teleaudiology:** Please record on the client record if a service was completed by teleaudiology.

**Provider Details in the Portal:** Please update any contact details, site and QP information in the portal within 5 days of any changes.

## Evidence Requirements

The Schedule of Service Items and Fees outlines the evidence requirements for each service. Please ensure you have fully documented each service and have the required evidence as part of the client record. If evidence is not available providers are not able to prove that services have occurred. There continues to be issues with:

- No evidence of a client's goals being established and no evidence that goals have been evaluated at follow-up or reviews.
- No checks of current device suitability before considering refitting or documentation of the eligibility criteria for refitting used to support a refitting.
- Insufficient evidence that the required services were done when an assessment and review occurred on the same date.
- Insufficient evidence to show that the client has been offered fully subsidised devices.
- Clients must personally date forms they sign, and dates should not be prepopulated.
- Providers must keep detailed notes. Tick boxes are not accepted as evidence of services being delivered.

## Claiming

Rejected claims result in increased workload for providers and delays in getting payments for delivered services. Common rejections include:

- Service was already delivered and claimed or duplicate claims
- Claims against the wrong voucher or where there is no voucher at the date of service
- QP not linked to the provider at the date of service
- Maintenance being claimed before the existing maintenance has expired
- Incorrect service item, for example, refitting rather than a subsequent initial fitting

- Date errors, including dates of fitting after dates of service
- Claims being submitted with invalid QP numbers or site IDs
- Missing details including 3FAHLs for assessments, fittings and reviews

## Program Reimbursements

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

As required by the service provider contract, providers must check whether a client has a valid voucher, and the service is available. Please also ensure that the conditions for claiming have been met prior to submitting the claim and that the claim information is complete, true and correct.