Australian Government
Department of Health, Disability and Ageing

Hearing Services Program

Frequently Asked Questions (FAQ) – Hearing Services Program Webinar 2026

Introduction

The **Hearing Services Program – Update 2026**, published on 29 October 2026, provided an update on current Hearing Services Program activities, upcoming initiatives and key compliance matters.

This document provides responses to questions relating to the topics covered during the webinar. It is intended to supplement the information presented and provide additional clarification.

Portal and program reform

1. Why has the portal implementation timeframe been revised?

The implementation timeframe has been revised as the department is reviewing the delivery approach to ensure the new portal is secure, sustainable, user-centred and aligned with contemporary Information and Communications Technology (ICT) requirements. The review identified a need to consider broader market options and strengthen provider engagement throughout design, testing and implementation.

2. When will the new portal be implemented?

The implementation timeframe is being revised and remains subject to government approval and further planning. The department will provide updated timing as the project progresses. The department will provide regular updates and opportunities for providers to engage as the portal build progresses, ample lead time will be provided ahead of implementation.

3. Is there anything providers need to do now as a result of the updates to the portal rebuild project?

No action is required at this stage. Providers should continue to follow current program requirements and use the existing portal and Schedule of Service Items and Fees until the department formally advises otherwise.

4. Will any program reforms be introduced before the new portal?

No major reforms will take effect before the new portal is implemented. This includes the simplified service-item structure, updates to program standards and new device categories. Current program requirements will continue to apply until the department formally advises providers otherwise.

5. How and when will providers be involved in designing and testing the new portal?

The department will involve providers throughout the design, testing and implementation of the new portal. Engagement will draw on providers' practical knowledge, identify potential challenges and test how proposed changes may affect service delivery. The department will provide further details about engagement opportunities as portal planning progresses. Please email hearing@health.gov.au to register if you would like to be involved in the new portal build.

6. Will providers receive advance notice of system changes required for the new portal?

Yes. The department recognises that the new portal may affect provider systems and business processes. The department will communicate integration requirements early and provide sufficient notice for providers to assess, plan and implement any required system or business-process changes.

7. Will the department continue to publish portal updates on the Engagement Hub?

The Engagement Hub is currently paused while the department finalises the revised delivery and engagement approach for the portal redevelopment project. The department will provide further information about provider engagement as planning progresses. Please email hearing@health.gov.au to register if you would like to be involved in the new portal build.

Compliance

8. When replacing a lost or damaged device, when can a different device be fitted?

A different device may be fitted only if:

- the previously fitted device is no longer listed in the Schedule of Service Items and Fees; or
- the client previously had a partially subsidised device and cannot, or does not wish to, pay the same amount for a replacement.

If the client's circumstances have changed and a different device type is clinically required, the provider should assess the client for a refitting rather than process a replacement. The

provider should check the client's voucher eligibility and apply for a revalidated service if required.

9. What happens if the client's previous device is no longer on the schedule?

If the previous device is no longer on the schedule, it may be replaced with a different device of the same type and category. For example, a fully subsidised behind-the-ear device must be replaced with another fully subsidised behind-the-ear device from the current schedule.

10. Does a client automatically qualify for a refit after five years?

No. Even when five or more years have passed since the last fitting, the provider must assess the client's current devices and establish why they are no longer suitable.

11. What documentation is required when assessing a client for a refit?

The client file must contain an evaluation of the devices the client is currently using and document the reason those devices are no longer suitable. This includes any different devices received as replacements since the last fitting. The record should clearly identify the devices assessed, the findings, and why a refit is necessary.

12. What information must be included in a transferred client record?

The transferred record must be complete and accessible. It must include results and reports from all relevant clinical systems, such as Noah, Auditdata and Fitting Wizard; copies of client claim forms and receipts; and any program forms completed as part of the services provided. Electronic information should be provided in an accessible format, such as PDF, unless the receiving provider can access the original system format. Refer to the Schedule of Service Items and Fees for the full evidence requirements for each service item.

13. How can an electronic client record be transferred securely?

An electronic client record must be transferred electronically and must not be converted into a paper record for transfer. It may be sent by secure or encrypted email or on a password-protected USB storage device delivered by registered mail or courier.

14. How should a paper client record be transferred?

A paper client record must be sent by registered mail or courier. Relevant information held in clinical systems, such as Noah, Auditdata and Fitting Wizard, must be printed and included with the paper record.

15. Can a client record be divided between paper and electronic formats when transferred?

No. The record must not be split between paper and electronic formats.

16. In what format should information exported from Noah or another clinical system be provided?

For an electronic transfer, information from Noah or another clinical system may be provided in its standard system format if the receiving provider can access it. If the receiving provider cannot access that format, the information must be provided in a standard, accessible format such as PDF. Where the client's primary record is paper-based, relevant information held in clinical systems must be printed and included with the paper record.

17. What should the receiving provider do if the transferred client record is incomplete or inaccessible?

The receiving provider should contact the previous provider promptly to request the missing or inaccessible information and escalate the matter to the program if it is not resolved.

18. Does the seven-business-day timeframe apply if there are outstanding claims or administrative matters?

Yes. The requirement to transfer the complete client record within seven business days is not deferred because other administrative matters remain outstanding.

19. How will the six-month claims requirement work in practice?

Claims for services delivered on or after 1 July 2026 must be submitted less than six months after the date of service. The Commonwealth is not required to pay a claim submitted on or after the six-month point, including a claim submitted exactly six months after the date of service. Providers should submit claims early enough to allow time to correct missing information or resolve other issues.

Services delivered before 1 July 2026: Claims for these services remain subject to the previous Schedule, under which the Commonwealth was not required to pay a claim submitted 12 months or more after the date of service.