

Amplifon Hearing Health Care, Corp.

Provider Resource Manual

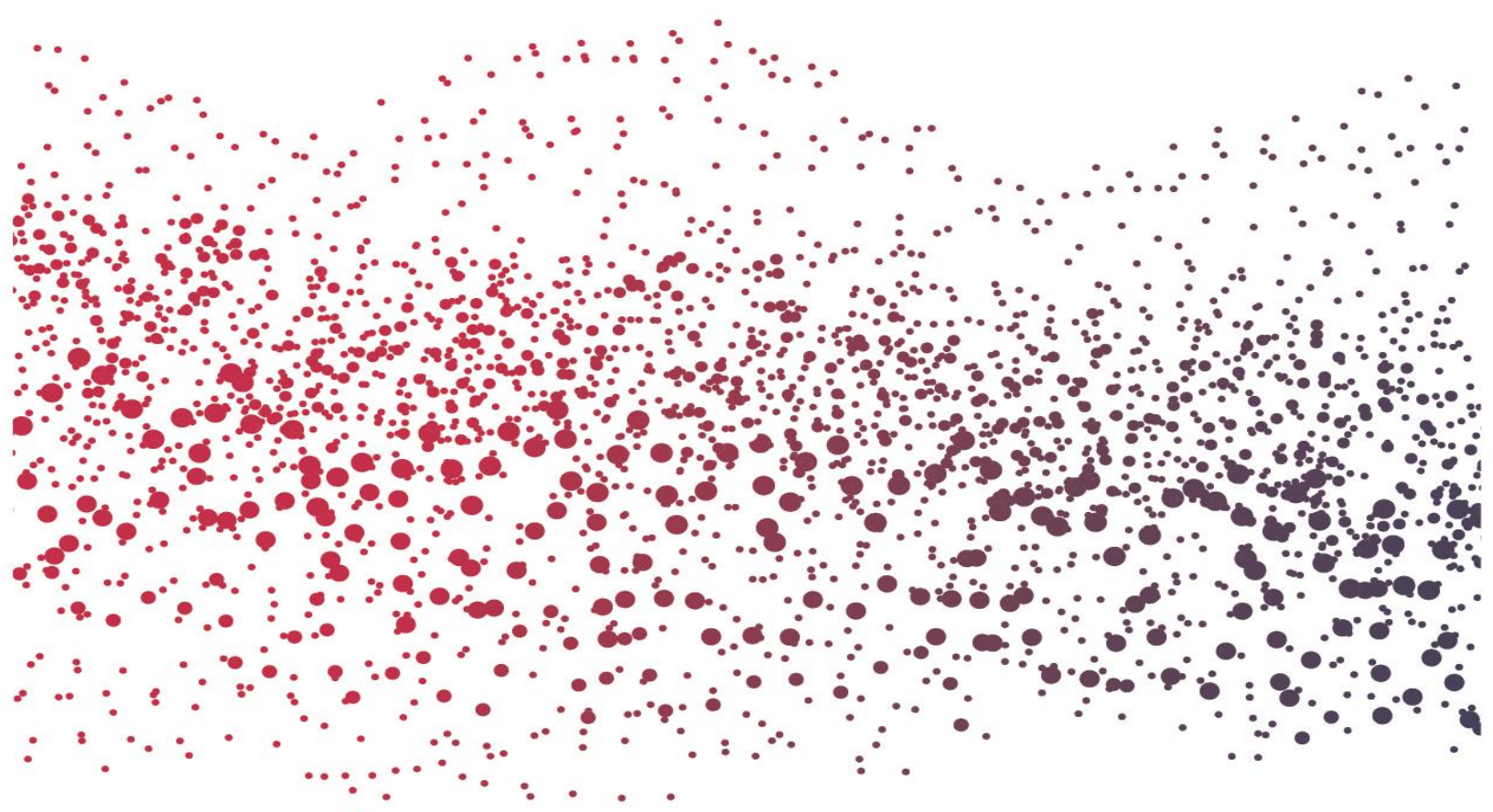


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INTRODUCTION

We would like to welcome you to the Amplifon Hearing Health Care provider network! The owner of the location(s) in which you practice has entered into a Network Participation Agreement with Amplifon Hearing Health Care, Corp. (“Amplifon”) to provide hearing health care products and services through the Amplifon Hearing Benefits Program (“Program”) to Amplifon members.

Through the agreement process the business owner(s) have indicated that you, as part of the practice, will be providing Program products and services. We truly value your participation in our provider network and look forward to working with you to provide the highest quality hearing health care services and products to people experiencing hearing loss.

Since 1995 Amplifon Hearing Health Care has provided diagnostic services, hearing aid products, and services to individuals through employer groups, insurance companies, managed care organizations, government agencies, third party administrators, unions, medical groups, and other organizations (“Plan Partner”). Amplifon provides an organized and professional approach to the implementation of hearing benefit programs that has proven valuable for the Plan Partner, our members, the hearing health care locations (“Location”) and audiologists, hearing aid dispensers, and hearing instrument specialists (“Provider”) participating within our network (“Network”).

Through the combined efforts of our Network and our partnerships with leading hearing instrument manufacturers including GN Resound, Miracle Ear, Phonak, Rexton, Signia, Sonic Innovations, Starkey, Unitron, Oticon, and Widex (“Contracted Manufacturers”), we offer the highest level of quality care and over 2000 models of hearing aids at competitive prices.

AMPLIFON MISSION STATEMENT

Hearing health care is complicated. We make it easy by connecting organizations and their customers with quality care, superior products, and an exceptional service experience. Because we believe that everyone deserves to hear well and live happy.

AMPLIFON CODE OF CONDUCT

Amplifon conducts its affairs with uncompromising integrity. Similarly, we expect providers participating in our Network to conduct their affairs with integrity and adhere to the highest standards of business ethics, conducting themselves in an honest and ethical manner and in accordance with all applicable laws, rules and regulations, including but not limited to: the Foreign Corrupt Practices Act, Medicare & Medicaid requirements, Health Insurance Portability and Accountability Act (HIPAA) and similar state and local laws, rules and regulations. Failure to adhere to these principals or to comply with applicable laws, rules, and regulations could result in termination of your participation in the Amplifon Hearing Health Care network.

NON-DISCRIMINATION POLICY

Amplifon conducts all credentialing and recredentialing activity in a non-discriminatory manner. Amplifon will not make credentialing decisions based on a provider’s race, ethnic/national identity, gender, age, sexual orientation, or patient type in which the provider specializes.

AMPLIFON CONTACT INFORMATION

Corporate Office Address

150 South 5th Street, Suite 2300
Minneapolis, MN 55402

Days and Hours of Operation

Monday to Friday 7 AM – 7 PM CST

Resources	Toll-Free Number	Email	Fax
Provider Resources Assist with questions regarding member coverage, product formularies, provider reimbursement, provider portal, paperwork.	1.800.920.4327	providerrelations@amplifon.com	651.925.0397
Patient Resources Assist members with registration, referrals, member questions.	1.844.267.5436	clientservices@amplifon.com	763.268.4210
Credentialing Department Assist with credentialing applications, recredentialing, updating contact information, professional liability.	1.800.862.9381	credentialing@amplifon.com	877.853.3010
Batteries Assist with ordering member batteries.	1.877.203.0683	batteries.batteries@amplifon.com	NA
Workers’ Compensation Assist with workers’ compensation members, claimants, insurance.	1.888.319.9206	workcomp@amplifon.com	651.925.0219

PROVIDER EXPECTATIONS & CONDUCT

FRAUD, WASTE & ABUSE

Federal and state laws have specific provisions describing fraud, waste and abuse (FWA), which providers must follow and Amplifon helps enforce. In addition, Amplifon's Network Participation Agreement has important terms addressing these issues, along with information regarding the Centers for Medicare and Medicaid (CMS) services and compliance requirements.

Provider Requirements for FWA Training

All contracted Amplifon providers are considered covered entities, as defined by CMS, and must comply with the CMS annual compliance training requirement related to fraud, waste and abuse. CMS requires completion of fraud, waste and abuse training by employees of organizations that provide health care or administrative services for Medicare and /or Medicaid-eligible individuals under the Medicaid, Medicare Advantage or Medicare Part D programs. This training must be completed within 90 days of provider's initial contracting date, or date of hire, and annually thereafter. The annual training must be completed no later than December 31 each year.

Providers are responsible for administering and tracking their organization's completion of this annual training. All employees within your organization who provide health care or administrative services for a Medicare-eligible individual under a Medicare Advantage program must participate in the training. Your organization should keep a copy of all documentation related to the Fraud, Waste and Abuse awareness training for the required record retention period of 10 years. Amplifon may ask you for a copy of your training certificates annually. If you cannot provide us with the CMS certificates, you will need to complete our attestation confirming you have met the CMS training requirements. Your record should include training dates, methods of training, training materials, and training logs identifying employees who received the training. Amplifon, CMS, or agents of CMS may request these records to verify that training occurred.

CONFIDENTIALITY AND HIPAA

Maintaining appropriate confidentiality and privacy of your patient's health information is not only a moral and ethical obligation of each provider; it is also a legal one. Each provider must comply with all pertinent Health Insurance Portability & Accountability Act (HIPAA) privacy rules and other obligations conferred upon them by federal and state agencies. This includes an obligation to protect written records, electronic data, and privacy in the physical setting. The Amplifon Participating Provider Agreement contains detailed information regarding the provider's obligations for compliance of these data privacy and security requirements.

USE OF BUSINESS ASSOCIATE AGREEMENTS

The Privacy Rule from the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), as amended, requires that covered entities obtain satisfactory assurances from their Business Associates to make sure that Protected Health Information (“PHI”) is used only for its intended purposes and is adequately protected in accordance with the law. The HIPAA Business Associate Requirements contain provisions that describe how PHI may be used and disclosed and the requirements for protecting it including appropriate safeguards, security measures, and other required processes. Providers are considered covered entities under the HIPAA privacy rule and are, therefore, subject to these requirements regarding the use of Business Associate Agreements. Providers contracted through Amplifon are also considered “downstream entities” to Amplifon. To meet CMS requirements related to oversight of Amplifon’s downstream entities, Amplifon requires that providers submit an annual attestation acknowledging their understanding of CMS requirements, including their use of Business Associate Agreements.

CONFLICTS OF INTEREST

Amplifon is committed to ensuring that its personnel, including those responsible for the administration of Medicare benefits, are free from conflicts of interest. Conflicts of interest are created when an activity or relationship renders a person unable or potentially unable to provide impartial assistance or advice, impairs his/her objectivity, or provides him/her with an unfair competitive or monetary advantage. Providers participating in our Network are obligated to attest periodically that they have identified, disclosed, and remediated all potential conflicts of interest.

COMPLIANCE REPORTING

Provider Requirements for FWA Training

It is Amplifon’s policy that all employees, contractors, consultants, temporaries, and other workers at Amplifon, including all personnel affiliated with third parties, report any activity that they reasonably believe is in violation of the law, ethical standards, or Amplifon policies. Reporting enables Amplifon to investigate potential problems quickly and to take prompt action to resolve them. The Reporting Party need not be certain that the violation has occurred to report it but must use good judgement to avoid baseless accusations.

Reports of violations may be made through a Compliance Reporting Mechanism, to any member of management/senior staff, or a member of the Human Resources or Legal departments. All reports will be handled in a manner that protects the confidentiality and other rights of all personnel involved, including anyone who is the subject of a compliance investigation, to the extent permissible by law. Amplifon’s No-Retaliation Policy is enforced.

All reports will be evaluated promptly, thoroughly, and fairly by persons having a sufficient level of expertise and knowledge with regard to the issue presented by the reporter.

Compliance Reporting Mechanisms

Help Line: 1.800.234.9314 or 763.268.4103

Email:

Email: compliancedept@amplifon.com

Mail: Amplifon Hearing Health Care, Attn: Compliance Officer, 150 South 5th Street, Suite 2300
Minneapolis, MN 55402

Non-Retaliation

Amplifon Hearing Health Care does not tolerate retaliation or intimidation of any kind. Retaliation of any kind should be reported immediately to a member of the management team, the Human Resources Department, or through a Compliance reporting mechanism. Anyone who retaliates against another will be subject to disciplinary action, up to and including immediate termination.

Examples of possible acts of retaliation include, but are not limited to:

- Termination, demotion, suspension, refusal to hire, or denial of training and/or promotion
- Threats, unjustified negative evaluations, unjustified negative references, or increased surveillance
- Discrimination and/or harassment
- Bullying by intimidation, humiliation, social isolation (directly or indirectly)
- Creating a hostile and/or intimidating or offensive work environment
- Any action that is likely to deter a reasonable person from reporting illegal conditions, violations of law, rules, policies, or procedures, and/or cooperating in/with an institutional investigation

Retaliation does not include disciplinary actions taken against an employee because of their own violation of company policies, laws, regulations, or procedures, justified negative comments due to poor work performance or history, etc.

AMPLIFON BENEFITS PROGRAM

BENEFIT PLAN TYPES

Amplifon provides different plan types, based on the needs of the Plan Partner, which are reflected in an agreement between Amplifon and the Plan Partner. A member’s plan type will be identified on the referral information when a member is referred to you by Amplifon.

<ul style="list-style-type: none"> Discounted pricing on hearing diagnostics, services, and products Member is responsible for full payment at time of hearing aid purchase 	<ul style="list-style-type: none"> Discounted pricing on hearing products and services Member’s health plan may pay a portion or all of the charges 	<ul style="list-style-type: none"> Services and products to employees under a workers’ compensation claim Approved and paid through the employer plan 	<ul style="list-style-type: none"> Provider may offer the Amplifon Benefits Program to patients who do not otherwise have discounts/insurance coverage, etc.
Discounted	Funded	Workers’ Compensation	Universal Referral

AMPLIFON PROGRAM BENEFIT PACKAGE

The Amplifon Benefits Package includes:

- Discounted rates on hearing aids and diagnostic services
- Sixty (60) day trial period for hearing aids
- Three (3) year repair warranty on hearing aids (some exclusions apply)
- Three (3) year loss and damage warranty on hearing aids (some exclusions apply)
- One (1) time loss & damage coverage (replacement fee applies)
- One (1) year of professional service from the provider that fit the authorized hearing aid(s)
- Two (2) year (minimum) free batteries mailed directly by Amplifon to member’s home (some exclusions apply)
- Batteries available at discounted rates after free supply period
- Financing options through Amplifon vendor partner (with or without interest)
- First earmold included with BTE hearing aid, open BTE and RIC products.

Note: Products and or services paid for through the Amplifon Program cannot be charged to the Amplifon member.

AMPLIFON DISCOUNT AND FUNDED PLANS MEMBER CARE PROCESS

Minimum guidelines are established to assure continuity and quality of services rendered to members. We require that the following guidelines be applied to all Amplifon Network Locations and Providers when servicing Amplifon members. Providers and Locations recognize that Amplifon is a hearing healthcare benefits and product purchasing entity.

The Participating Provider and Network Location must perform all the pre-dispensing through post-dispensing procedures in accordance with individual state licensing laws, rules and regulations, and the Amplifon Program. This includes, but is not limited to testing procedures, dispensing procedures, documentation and record keeping, and post dispensing procedures.

MEMBER REFERRAL PROCESS

The Network Location and Provider rendering services for the member must be fully credentialed, active and in good standing with Amplifon.

A member contacts Amplifon to access their Amplifon Program benefits as determined by Amplifon and the Plan Partner.

1. The Amplifon Patient Care Advocate assists in scheduling an appointment for the member with the Amplifon Network Location of their choice.
2. If the Amplifon member has selected a Network Location and/or Provider but is unable to schedule an appointment during the call, Amplifon creates a referral notification (“Referral”). The Referral is emailed to the Network Location and the member, instructing the member to contact the Network Location to schedule an appointment. The Network Location may choose to proactively contact the member to schedule an appointment.

A Network Location and/or Provider may not refuse service to any member referred by Amplifon. Concerns regarding providing services to an Amplifon referred member may be directed to Amplifon Client Services.

On-Line Referral System

Member referrals are managed through our on-line referral system MyAmplifonUSA.com. The designated Amplifon Referral contact(s) will receive an email notification of a member referral requiring attention. To protect the privacy and security of the member’s protected health information (PHI) and personally identifiable information (PII) the notification email does not contain any member details. PHI/PII information can only be obtained by logging into MyAmplifonUSA.com.

PRE-DISPENSING PROCESS

Prior to ordering hearing aid(s), a comprehensive case history must be completed. This includes:

- Obtaining FDA required questions from the member to determine medical clearance
- Health history and current medication list
- An otoscopic examination
- Hearing evaluation protocol specific with state licensing regulations

Medical Clearance Criteria

In the interest of patient safety, AHHC requires medical clearance for hearing aid dispensing from a physician or a signed waiver for patients over the age of 18 years. This requirement ensures patient safety prior to hearing aid use. The following is a list of indicators of ear disease which require physician referral:

1. Visible congenital or traumatic deformity of the ear
2. Active drainage from the ear in the previous 90 days
3. History of sudden or rapidly progressive hearing loss within the previous 90 days
4. Acute or chronic dizziness
5. Unilateral hearing loss of sudden or recent onset within the previous 90 days
6. Audiometric air-bone gap equal to or greater than 15 dB at .5, 1 or 2 KHz
7. Unilateral or asymmetrically poor speech discrimination scores (a difference of greater than 15 percent between ears)
8. Unilateral or pulsatile tinnitus
9. Visible evidence of significant cerumen accumulation or a foreign body in the ear canal
10. Pain or discomfort in the ear^{iii, iv}

Medical clearance from a physician is required for all hearing aid fittings for all patients under the age of 18 years. Waivers are not allowed for patients under the age of 18 years.

Review criteria are reviewed and approved by AHHC Quality Improvement Steering Committee, the Director of Clinical Programs, and the Chief Audiology Officer on an annual basis.

ⁱⁱⁱ American Academy of Otolaryngology-Head and Neck Surgery, Position Statement 9/20/2014

^{iv} FDA Hearing Aid Regulations Conditions for Sale (21 CFR 801.421)

Diagnostic Testing

Providers shall perform diagnostic testing they deem appropriate to best determine the needs of the Amplifon member. Medically necessary diagnostic testing will be paid at Amplifon's established rates, as reflected in the Diagnostic and Services Fee Schedule at www.myamplifonusa.com. Amplifon members cannot be charged for diagnostic testing if the location does not charge for this service under normal business practice.

Amplifon recommends a minimum of the following:

- Air conduction
- Bone conduction
- Speech audiometry (SRT and word recognition testing)
- Immittance testing (when deemed medically necessary)
- Most comfortable listening levels
- Speech in noise testing (optional but highly recommended)
- Hearing aid evaluation to include:
 - Medical clearance or waiver
 - Assessment of communication needs (APHAB, COSI, HHIE)
 - Technology explanation and expectations
 - Explanation of benefits
- Amplification recommendations
- Earmold impression(s) if accurate

Diagnostic Testing Payment Process

Payment for diagnostic testing is processed according to plan type:

Discount Plan

The Member pays the Network Location directly for the diagnostic testing at Amplifon's established fees at the time of service. No portion of the diagnostic fee should be forwarded to Amplifon.

Funded Plan

Payment for diagnostic testing is dependent on the Funded Plan requirements outlined in the agreement between Amplifon and the Plan Partner. Funded Plan payment options will be located in the provider portal.

The two most common payment options through a Funded Plan include:

1. The member pays the Network Location directly for diagnostic testing then seeks reimbursement from their health plan; or
2. The Network Location sends the completed Receipt of Delivery Form, documenting the diagnostic services rendered, to Amplifon. Amplifon bills the Plan Partner for the diagnostic services on behalf of the Network Location. Amplifon forwards payment for the diagnostic services, as well as the Provider Reimbursement Fee.

Hearing Loss Criteria

Degree of Hearing Loss	Hearing Loss Range (dB HL)
Normal	-10 to 15
Slight	16 to 25
Mild	26 to 40
Moderate	41 to 55
Moderately Severe	56 to 70
Severe	71 to 90
Profound	91 +

Air conduction hearing aids are considered medically necessary when one or more of the following hearing loss criteria are met:

- Hearing thresholds 40 dB HL or greater at two or more of these frequencies: 500, 1000, 2000, 3000, or 4000 Hz; or
- Hearing thresholds 26 dB HL or greater at three of these frequencies; or
- For high frequency hearing loss, defined as loss occurring only above 2000 Hz: Hearing thresholds of 26 dB HL or greater at three or more of these frequencies: 2000, 3000, 6000, or 8000 Hz
- Speech recognition less than 80 percent in either or both ears regardless of hearing threshold level

In addition

- Hearing aids can be recommended for the management of **any** degree of hearing loss with bothersome tinnitus and where relief has been noted with hearing aids
 - Documentation of improvement with amplification must accompany request
 - Score improvement noted on [Tinnitus Handicap Inventory](#) – a change of 7 points or better is considered significant improvement
- The following additional testing is required documenting hearing improvement prior to authorization of hearing aids for minimal hearing loss **without** tinnitus
 - Quick SIN, HINT, BKB SIN or WIN- aided and unaided comparison
 - Improvement in score should be based on individual test recommendations (e.g., SNR improvement or percent correct)
- Electrophysiologic assessment can be used to support evidence of minimal or mild hearing loss
 - Acoustic reflex thresholds
 - Elevated or absent acoustic reflexes
 - DPOAE and/or TEOAE
 - Absent OAE response
- Hearing aids can be recommended, regardless of hearing threshold levels, for patients with documented falls and/or testing indicating an increased risk for fall. Documentation must include:
 - Computerized Dynamic Posturography Sensory Organization Testing composite score indicating increased risk of fall (normed to patient's age.)
 - A Sensory Organization Test (SOT) score of 38 or below
 - ENG/VNG testing indicating peripheral or central vestibular dysfunction
 - ≥25 percent interaural difference in caloric response for unilateral hypofunction
 - ≤25 deg/sec total caloric response for bilateral weakness
 - ≥140 deg/sec total caloric response for hyperactive response

HEARING INSTRUMENT SELECTION

The selection of hearing instruments is at the discretion of the Provider and the Member, based on best meeting the medical needs of the member. Amplifon has partnered with several key hearing instrument manufacturers to provide the highest quality products to the member. Only hearing instruments offered through Amplifon contracted manufacturers should be recommended and dispensed to Amplifon members.

Medical Necessity Criteria

AHHC defines medical *necessity* or medically *necessary* as hearing health care services rendered by a provider exercising prudent clinical judgement, which are consistent with the evaluation, diagnosis, prevention, treatment, or alleviation of symptoms of hearing loss. AHHC's criteria are based on current audiology literature; pertinent documents from professional associations such as the American Speech Language and Hearing Association, the American Academy of Audiology, the Academy of Doctors of Audiology and the other relevant sources of information.

Medically necessary hearing health care:

- 1) Follows generally accepted standards of audiological practice, as defined by credible scientific evidence published in peer-reviewed scientific literature, which are generally recognized by the appropriate academic and scientific community.
- 2) Is clinically appropriate and designed to meet the individualized needs of the patient.
- 3) Is considered effective to improve symptoms associated with the patient's hearing loss, tinnitus, and/or balance disorder.
- 4) Is required for reasons other than the convenience of the patient, family/support system, audiologist, or other health care provider.
- 5) Is not more costly than an alternative service or devices which are at least as likely to produce equivalent diagnostic or therapeutic results for the patient's hearing loss, tinnitus and/or balance disorder.

Hearing aid style, type and technology tier must be selected based on criteria determined by AHHC. Specifically, hearing aid technology tiers must be chosen based on current research provided by independent academic or research organizations. Hearing aid manufacturers' white paper research will not be accepted as the sole clinical rationale for hearing aid technology recommendations.

For health plans requiring assessment of hearing aid technology tiers for preservice determinations, AHHC has developed criteria for determining the medical necessity of hearing aid technology. This numeric ranking system is used to evaluate hearing aid recommendations to ensure that the hearing aids are appropriate, medically necessary, and fit within the member's health plan benefit.

Hearing aid features must be directly related to the remediation of hearing loss to be considered always medically necessary. Additional features that are not directly related to amplification, but that can improve patient function and assist with consistent hearing aid use will be considered when determining medical necessity. These features must address issues such as cognitive function, manual dexterity, educational requirements, and patient safety. These hearing aids will be considered sometimes or seldom medically necessary. Features that are for lifestyle enhancement or convenience such as fitness trackers, language translation or smart device connectivity are not medically necessary. These hearing aids will be considered never medically necessary.

Medical necessity criteria:

- 4) **Always** medically necessary: hearing aid features are strictly for remediation of hearing loss.
- 3) **Sometimes** medically necessary: hearing aid features are necessary to optimize patient use, substitution with other products would have negative impact.

Examples: education setting specific products, rechargeable products to avoid battery ingestion

- 2) **Seldom** medical necessary: hearing aid features helpful, but other products can be substituted with minimal impact.

Examples: custom hearing aids to accommodate vision or dexterity issues.

- 1) **Never** medically necessary: hearing aid features are not related to remediation of hearing loss.

Examples: fitness tracker, language translation, smart device connection

ORDERING HEARING AIDS AND EARMOLDS

Hearing aids and earmolds are ordered by the Amplifon Hearing Health Care Ordering Team. Orders submitted through the AHHC portal, Myamplifonusa.com, will be ordered by the Amplifon team. You will be required to know your clinics specific ship-to account number to provide with order submissions. For more information on the ordering process, you can view the ordering guide by clicking [here](#).

Ordering Team Contact Information:

Email: ahhc-ordering@amplifon.com

Ordering Smartsheet: [Click Here](#)

Hearing Aid Manufacturers

Manufacturer Name	Phone Number
Miracle Ear	800.314.2694
Phonak	800.777.7333
Resound	800.248.4327
Rexton	800.876.1141
Signia	800.998.9787
Sonic Innovations	888.423.7834
Starkey	800.328.8602
Unitron	800.888.8882
Widex	800.221.0188
Oticon	800.526.3921

Earmold Labs

Manufacturer Name	Phone Number
Emtech Laboratories	800.336.5719
Great Lakes Earmold	800.842.8184
Precision Laboratories	800.327.4792

HEARING AID DISPENSING PROTOCOL

Dispensing hearing aid(s) to an Amplifon member shall include the following elements:

- Physical dispensing of device in ear to verify placement, size, and comfort to member
- Programming/adjustment of hearing aid based on member hearing and comfort levels
- Dispensing verification by either unaided versus aided sound field testing (functional gain) or real-ear measurements (probe microphone measurements/speech mapping)
- Explanation to the member of the hearing aid(s) including:
 - Insertion and removal
 - Hearing aid components
 - Usage recommendations and hearing aid care
 - Battery usage/management (including rechargeable options)
 - Phone use and smart phone pairing
 - Troubleshooting guide
 - Accessory use and pairing
- Scheduling a post-dispensing appointment 7-14 days after initial dispensing date
- Provide all supplied materials (i.e. cleaning tools, wax filters, instruction manuals, cases, chargers)

Post-Dispensing Protocol

The following are required during the seven (7) to fourteen (14) day post-dispensing appointment:

- Identify areas of success
- Identify and work to resolve problem areas
- Answer questions
- Schedule additional or final post-dispensing appointment
- Perform Hearing Aid Validation (APHAB, COSI, HHIE) to verify a reduction in perceived hearing handicap and improvement in communication outcomes has occurred
- Pre and post dispensing validation scores must be documented in the patient record

One (1) year of service, including follow-up care, is provide to members who utilize and are dispensed with hearing aid(s) under the Amplifon Program with no set number of appointments specified. Follow-up care needs are determined by and at the discretion of the hearing health care provider and the member, product dispensing protocols, and member requests.

Amplifon requires the hearing aid(s) dispensing to occur within twenty (20) days from the date of initial consultation whenever possible. If this is not possible, the Network Provider or Network Location representative should contact Amplifon with an estimated date of dispense. If hearing aids are not dispensed within thirty (30) days of the hearing aid invoice date the Provider or Location representative must contact Amplifon.

On the day of the hearing aid(s) dispensing, the Network Provider will print all paperwork including the Receipt of Delivery Form from Myamplifonusa.com and upload and/or fax it to Amplifon along with the Manufacturer's Packing Slip.

Trial Period

Through the Amplifon Program, members receive a sixty (60) day trial period, beginning the day of the hearing aid(s) dispensing.

SELLING AND DISPENSING NON-AMPLIFON CONTRACTED HEARING AIDS

Providers and Network Locations are required to only offer the products and services available to members through Amplifon Contracted Manufacturers and the Amplifon Program. In the rare instance that the member has a specific medical need outside of the options provided through Amplifon Hearing Health Care, all requests to dispense, offer or sell outside of the AHHC program must be pre-authorized through Provider Relations at AHHC, via recorded and documented phone call. Failure to comply with this requirement may result in termination of a Provider and/or Network Location from the Amplifon Network, or other actions legally available to Amplifon.

COUPONS

Effective January 1st, 2021 Amplifon Hearing Health Care no longer honors or accepts coupons.

PAYMENT FOR HEARING AIDS

Payment in full is due at the time of hearing aid order. Amplifon members have several payment options available: credit card (i.e. Visa, Mastercard, Discover), check, or financing.

Receipt of Delivery Form

The Amplifon Receipt of Delivery Form must include:

- Device(s) ordered (include manufacturer and model name)
- Serial number
- Chargeable options
- Amplifon price
- Payment type
- Member co-pay (when applicable)
- Date of service
- Warranty expiration date
- Sixty (60) day trial period
- Cancellation policy
- Name of Network Provider who dispensed the hearing aids
- Signature and license number of network provider and patient signature

Amplifon's Receipt of Delivery Form is for payment record, to be used in conjunction with the Network Location or Provider's purchase agreement/contract. The purchase agreement/contract should be modified, or an addendum attached, specifying Amplifon Program policies versus office policies (i.e. sixty (60) day trial period, payment to be made to Amplifon, warranty expiration dates).

As part of our electronic claims process, Amplifon will generate an electronic receipt of delivery (ROD). This receipt will include all information relevant to the claim, including hearing aid model, manufacturer and serial

number(s), warranty, loss and damage, and trial period. The provider information will include a required space for your license or certificate number. **Please note**, this ROD is not comprehensive and may not include components required by your individual state licensure board. Here is a link to state guidelines: <https://www.audiology.org/advocacy/state/state-licensing-laws>. It is the responsibility of the provider, not Amplifon, to ensure that all hearing aid purchase agreements follow state requirements.

Credit Card Payment Process

For payments by credit card, enter credit card information directly into the Myamplifonusa.com system and obtain their signature on the Receipt of Delivery form and submit to Amplifon by fax at 1.888.844.5713. Amplifon accepts Visa, Mastercard, American Express and Discover Card.

Check Payment Process

Checks should be made out to: **Amplifon Hearing Health Care, Corp.**

E-Check

For payments by E-check, enter Routing number and account number information directly into the Myamplifonusa.com system and obtain their signature on the Receipt of Delivery form and submit to Amplifon by fax at 1.888.844.5713 or upload signed paperwork in the Myamplifonusa.com system. Please keep a physical copy of the check in your Network Location for sixty (60) days.

Note: Cashier's Checks, Money orders, Credit Card Checks or Third-Party Checks cannot be processed through E-Check. These must be mailed to Amplifon Hearing Health Care, Corp.

Paper Check

A copy of the Receipt of Delivery Form, with the payment type of "check" indicated, is submitted to Amplifon to notify us of the sales. The check and copy of the Receipt of Delivery Form, is mailed to Amplifon at: **150 South 5th Street, Suite 2300 Minneapolis, MN 55402 Attn: Billing Department**

Financing

Financing is available through the Amplifon's CareCredit™ program. **Financing should be arranged prior to the dispensing of the hearing aid(s).** The Amplifon's CareCredit™ program offers payment plans to approved members without interest (6, 12 or 18 month plans) and with interest (24, 36 and 48 month plans).

Application Process

A member may apply for financing from CareCredit™ over the phone with CareCredit™ at 1.866.893.7864, online at www.carecredit.com or hard copy application.

Payment Process

Payment is processed by Amplifon at the time of hearing aid order, not through the Network Location's own CareCredit™ account. See the CareCredit™ policies for complete rules and guidelines or contact Amplifon Client Services for more information.

PROVIDER FITTING-FEE PAYMENT

Payment of the provider fitting fee is specific to each Plan Partner’s program with Amplifon. Reimbursement is issued sixty (60) days from Amplifon’s receipt of **(1) completed Amplifon Receipt of Delivery Form, (2) the member’s payment, and (3) a copy of the manufacturer’s packing slip.**

Please note that reimbursement is not paid if the hearing aid(s) is/are returned within the sixty (60) day trial period.

To ensure timely reimbursement, the required documents listed above should be sent to Amplifon within twenty-four (24) hours, or the next business day, of dispensing the hearing aid(s). Incomplete or incorrect paperwork will be returned for completion or correction. Only claims for members actually seen for services or products through the Amplifon Program will be accepted. Network Providers cannot submit claims on behalf of hearing health care professionals that are not fully credentialed by Amplifon.

Current Procedure Terminology (CPT) codes plus (HCPCS) codes are to be used for all service and hearing instrument dispensing. Current ICD code should correspond with member’s diagnosis. Providers must comply with applicable Medicare procedures related to appeals and expedited appeals including gathering and forwarding information on appeals to Medicare and choice payers.

2021 Reimbursement Rates

Commercial and Medicare Advantage	Medicaid
\$500 per hearing aid	\$300 per hearing aid
\$1,000 per pair	\$600 per pair

All Amplifon referrals, except for Cigna Customers with a hearing aid allowance, will be reimbursed at the new flat rate.

CARRIER/HEALTH PLAN BILLING AND PAYMENT

Providers and Locations do not submit bills or claims directly to the Amplifon member's insurance carriers/plans.

Amplifon Funded Plans Processing

Provider and Location requirements are as follows:

- Amplifon authorization must be obtained prior to providing services or dispensing product(s). Claims received for services or devices rendered without prior authorization will not be reimbursed until authorized.
- Amplifon will submit all accurate and complete claims to the payer upon receipt of accurately completed and valid paperwork.
- All Claims should be submitted to Amplifon within twenty-four (24) hours of date of service or delivery. Claims submitted twenty (20) days from the date of service or delivery may not be reimbursed.

Member Plan Reimbursement

The Amplifon member pays for all products and services up front at the Amplifon discounted rate. Amplifon provides a receipt to the member upon processing of the payment through the Amplifon Program, which the member can use to submit to their carrier/payer as required for reimbursement. It is the member's responsibility to understand their carrier/plan benefits and how to seek reimbursement.

Please see the Workers' Compensation Plan Member Care section for claim payment information.

HEARING AID RETURN/EXCHANGE PROCESS

An Amplifon Program member has the option to return or exchange the purchased hearing aid(s), without penalty, for a full refund within sixty (60) days from the date of dispensing (“Trial Period”).

Hearing Aid Return

If the member returns the hearing aid(s) within the Trial Period, the Location or Provider must:

- 1) Complete the Amplifon Return/Exchange process in the Myamplifonusa.com portal
- 2) Return the hearing aid(s) to the manufacturer using the manufacturer’s return form(s) and process

Note: The Provider’s fitting fee is normally issued after completion of the Trial Period and is not issued if the hearing aid(s) are returned during the Trial Period.

Hearing Aid Exchange

Hearing aid(s) may be exchanged within the Trial Period. Hearing aids may be exchanged within the trial period one time, after the first exchange Amplifon Hearing Health Care approval is required. To exchange hearing aid(s), the Network Provider/Location must complete the following steps:

- 1) Complete the Amplifon Return/Exchange process in the Myamplifonusa.com portal
- 2) Return the hearing aid(s) to the manufacturer using the manufacturer’s return form(s) and process
- 3) Order the new hearing aid(s) through the Exchange process in the Myamplifonusa.com portal so the Amplifon Hearing Health Care Ordering Specialist can order the new hearing aid(s)
- 4) After dispensing the new hearing aid(s) forward the Receipt of Delivery Form to Amplifon

Note: Amplifon will issue the Provider’s fitting fee within sixty (60) days of receipt of the new Receipt of Delivery Form.

LOSS AND DAMAGE WARRANTY PROCESS

Amplifon has established a set of deductible amounts with each Contracted Manufacturer for lost or damaged hearing aid(s). These processes are handled directly by the Network Provider/Location and the applicable manufacturer.

Hearing Aid Replacement or Repair

The process is as follows:

- 1) Network Provider/Location verifies the warranty with the Contracted Manufacturer and completes and submits the necessary warranty documentation, using their direct Bill-To and Ship-To account number
- 2) The Amplifon member pays the deductible amount to the Network Provider/Location. Refer to the Amplifon FAQ/Process Manual located in the Myamplifonusa.com system or price guide for the deductible amount for the applicable Contracted Manufacturer’s make/model of hearing aid.

Loss & Damage Fee's Per Aid

Manufacturer	Type	Fee Per Aid
Phonak	Loss & Damage Deductible	\$245
Oticon	Loss & Damage Deductible	\$275
Resound	Loss & Damage Deductible	\$285
Widex	Loss & Damage Deductible	\$250
Unitron	Loss & Damage Deductible	\$250
Rexton	Loss & Damage Deductible	\$300
Sonic Innovations	Loss & Damage Deductible	\$295
Starkey	Loss & Damage Deductible (2017 & Earlier)	\$185
Starkey	Loss & Damage Deductible (2018 & Later)	\$270
Signia	Tier 1 Loss & Damage Deductible	\$210
Signia	Tier 2 Loss & Damage Deductible	\$260
Signia	Tier 3 Loss & Damage Deductible	\$320

Diagnostic Testing

Diagnostic testing required for refitting of replacement hearing aid(s) is charged at the same Amplifon discounted rates, under the same processes as the initial referral.

Replacement Earmold

Replacement earmolds are to be billed through the network provider's usual and customary pricing. The provider collects and retains payment directly from the Amplifon Member.

UNIVERSAL REFERRAL PLAN

The Universal Referral Plan allows Network Providers/Locations to utilize/offer the Amplifon Program Discount Plan to members who:

- 1) Do not have a hearing aid benefit through a contracted plan with Amplifon
- 2) Are responsible for paying the full cost of the hearing services and products out-of-pocket

Universal Plan Process

- 1) Network Provider/Location contacts Amplifon Client Services to obtain authorization and referral notification.
- 2) Amplifon activates the Member and sends an email notification to the Network Location.
- 3) The Network Location follows the Discount Plan process, providing the authorized hearing aid(s) and collects payment in full from the Member, made payable to Amplifon.
- 4) The Network Provider submits the completed Amplifon Receipt of Delivery Form, Member payment and Manufacturer packing slip to Amplifon within twenty-four (24) hours.
- 5) Amplifon issues the Network Provider/Location fitting fee sixty (60) days after dispensing of the hearing aid(s), unless returned by the Member prior to that time.

AMPLIFON PLAN PARTNER REFERRAL PROGRAM

Amplifon contracts with many types of organizations including HMO's, PPO's, Unions, Employers, Insurance Companies, and Medical Groups. Network Providers may request Amplifon initiate contracting with an organization in their area by completing an Amplifon Contract Referral Form. Amplifon may pay five hundred dollars (\$500) for referrals that result in a signed contract with the new organization.

Incentives will only be paid if all questions on the Amplifon Contract Referral Form are answered and Amplifon is not in current negotiations with the organization. If we receive more than one referral for the same organization, the Participant/Provider who submitted the referral first will receive the incentive. **Please fax completed forms to Amplifon at 1.888.371.5961.**

WORKERS' COMPENSATION PLAN MEMBER CARE

Amplifon works with carriers and employers (“Carrier”) to provide services and products for workers’ compensation claimants (“Claimant”).

Amplifon coordinates communication between our Network Providers/Locations and our contracted Carriers to process hearing loss claims through its dedicated Workers’ Compensation Team.

WORKERS' COMPENSATION PLAN BENEFITS

Products and services available to Claimants, fee schedules, and Network Provider/Location reimbursements are specific to each Carrier’s contract with Amplifon. The negotiated rates of services/items are provided with the initial referral paperwork. The information may also be obtained by contacting the Amplifon Workers’ Compensation Department at 1.888.319.9206.

Network Locations/Providers providing products and services to Claimants through the Amplifon Workers’ Compensation Plan Program are required to provide the following:

- Sixty (60) day trial period starting the day of dispensing
 - During the trial period the claimant may return for adjustments or in-office support as much as needed, or they may return the hearing aid(s)
- First Year Support:
 - Follow-up visits for one (1) year after the initial hearing aid(s) dispensing
 - Programming adjustments
 - Routine cleaning
 - Minor in-office repair
- Sound field measurement or probe microphone measurements to verify hearing aid function
- Warranty support (shipping to manufacturer for warranty work)
- Instruction manual and hearing aid cases provided by manufacturer
- Additional impressions needed for remake or exchange of hearing aids or earmolds.
- Products that have an acquisition cost of less than fifteen dollars (\$15) and are not listed on the encounter form.
- One (1) package of batteries at dispensing

SERVICES

Authorization should be obtained prior to services being rendered to a Claimant to guarantee payment. If prior authorization was not given, neither the Carrier nor Amplifon is responsible for any payment of service.

The Network Location/Provider may not seek payment from the Claimant for services that have not been submitted for prior authorization. If prior authorization was declined by Amplifon, the claimant has the option to pay for declined services.

The fee schedule specific to the Claimant's Carrier ("Fee Schedule") outlines all services and reimbursement rates allowed by the Carrier. If a service determined to be medically necessary for the Claimant is not specified on the Carrier's Fee Schedule, the Network Location/Provider is to contact Amplifon Workers' Compensation Department for authorization consideration.

REFERRAL PROCESS

A Carrier, or Claimant at the direction of their Carrier, will inform Amplifon of a Claimant needing services. Amplifon contacts the Claimant to select a Network Location/Provider and forwards the Claimant referral and authorization documentation ("Authorization") to the selected Network Location/Provider. After receipt of the Amplifon Authorization, Network the Location/Provider and staff are strictly prohibited from contacting the Carrier directly regarding the subject Claimant. All questions, comments, or concerns are to be addressed directly to Amplifon's Workers' Compensation Department.

If the Claimant requests services from a Network Location/Provider prior to Amplifon being contacted by the Carrier, the Network Location/Provider must contact Amplifon to confirm approval and obtain the Authorization.

Diagnostic Testing

Testing results provided by the Carrier, if performed within six (6) months of the referral, will be forwarded to the Network Location/Provider as part of the Authorization. If Amplifon does not receive acceptable test results, the Authorization will include approval for a comprehensive hearing evaluation (CPT Billing Code: 92557). The Network Location/Provider shall conduct the authorized testing and forward the results to Amplifon with the hearing aid recommendation.

If additional testing is needed, the Network Location/Provider must contact Amplifon for approval prior to tests being performed. **Please note only Audiologists are reimbursed for approved testing.**

Evaluation and Product Selection Requirements

Amplifon requires the following diagnostic tests to support the selection of hearing aid submitted for review and approval by the Carrier and the Amplifon staff audiologist:

- Audiogram within six (6) months of dispensing amplification
- Pure tone air audiogram (250Hz, 500Hz, 1kHz, 2kHz, 3kHz, 4kHz, 6kHz, 8kHz)
- Pure tone bone audiogram (500Hz, 1kHz, 2kHz, 4kHz)
- Word recognition scores – monaural and binaural
- Speech in noise score
- Most comfortable loudness levels
- Uncomfortable loudness levels
- *Optional:* Comprehensive Audiological Evaluation (92557). If this evaluation is authorized by the Carrier, the Location/Provider will receive notification from Amplifon.

Prior Authorization Details

The Hearing Aid Prior Authorization Request Form is used to record diagnostic test results, hearing aid recommendations, etc. for review by the Amplifon staff audiologist. If the Network Location is unable to use the Prior Authorization Request Form as provided by Amplifon, the Network Location may submit the required information in another form.

In addition to the diagnostic testing results, the Hearing Aid Prior Authorization request must include the following information:

- A list/description of any physical limitations related to the work environment
- Brief member case history relating to the hearing loss and need for hearing aids
- Work environment needs (i.e. wearing of hard hats, head gear or ear protection, telephone usage) and the safety of the claimant and/or others contingent on the claimant's ability to hear and communicate with minimal distractions
- Is the Claimant still employed with the employer that the claim is through?
- Are there any other extenuating issues (dexterity problems, ear size, fit issues, allergic reactions, cognitive issues, etc.) that should be considered in the review process? If so, provide a brief explanation on how these impact your recommendation
- New Hearing Aid(s) Recommendation: Exact style, make, and model of the recommended hearing aids
- Replacement Hearing Aid Recommendation: Current hearing aid manufacturer, model, serial number, current condition, and date of dispensing

Amplifon will contact Network Location/Provider to obtain the additional information if additional information is necessary due to Carrier requirements.

Hearing Aid Selection

Only hearing aid(s) available through Amplifon Contracted Manufacturers should be recommended to claimants, based on medical necessity and audiological appropriateness. Many workers' compensation state guidelines require employee claimants be fit with hearing aid(s) that are "medically necessary" in order to provide the claimant with hearing at "functional" levels.

State guidelines do not stipulate that employees be fit with the highest technology level of hearing aids available, nor are they required to include accessories or remote controls. Only appropriate recommendations containing justified necessary items will be reviewed for audiologic appropriateness and necessity by Amplifon.

All products and services must have prior approval by the claims adjuster to guarantee payment for all workers' compensation claims.

Hearing Aid Product Recommendations

Amplifon provides the Network Location/Provider the Authorization and hearing aid lists, specific to the claim being processed, to select from. The Network Location/Provider is required to submit a primary and secondary recommendation with justification for both.

Amplifon recommends the dispensing of RIC/RIE and BTE style aids whenever possible as these are our preferred style of products due to several factors including:

- Lower occurrences of repair/replacements
- More standard features on these styles of aids
- Support from administrators for these hearing aids

Amplifon will consider dispensing ITE/ITC/CIC hearing aids with justification of medical necessity such as:

- Claimant is still employed and uses hearing protection or other personal protection that fits best/most securely with ITE style hearing aids.
- A Replacement request is submitted, and claimant originally had ITE product, which is the appropriate product for their hearing loss. This will be verified by manufacturer's "best fit" guidelines.
- Dexterity or physiology issues.
- Better function with employment related phone or radio usage.

Justification of Medical Necessity

Entry-level hearing aids are available without justification, with the exception of a CIC. Mid-level and advanced digital products, as well as CIC products, require justification of medical necessity. Fax information to Amplifon at 1.888.844.5713 or by email at workcomp@amplifon.com.

Amplifon defines "Medical Necessity" of services or products as being:

- 1) Rendered for the treatment or diagnosis of an injury or illness; and
- 2) Appropriate for the symptoms, consistent with diagnosis and otherwise in accordance with "sufficient scientific evidence" and professionally recognized standards; and
- 3) Not furnished primarily for convenience of member, attending physician, or other provider.

“Sufficient scientific evidence” shall be determined by Amplifon based on peer reviewed medical literature; publications; reports; evaluations and regulations issued by state and federal government agencies, local carriers and intermediaries; and such other authoritative medical sources as deemed necessary by Amplifon.

To be considered, the justification submission should include the following:

- Hearing test (as provided by Carrier or approved test performed by Provider)
- Hearing aid(s) recommendation (include Network Location/Provider normal retail price)
- Written justification of medical necessity when required

Examples of justification include:

- Slope and degree of hearing loss (i.e. precipitous slope, unusual configuration, etc.)
- Speech in noise testing present significant deterioration in present of noise
- Work setting or environment
- Physical limitations
- Poor word discrimination

If the recommended product is not located through a Contracted Manufacturer, contact Amplifon at 1.888.319.9206 to determine next steps.

Replacement Hearing Aid Approval Process

Many carriers require the current hearing aid(s) be deemed un-repairable by the manufacturer prior to consideration of replacement. Several state guidelines are very specific that the technology level and fitting range of replacement hearing aid(s) be consistent with the hearing levels at the closure of the original claim. Changes in slope and degree of hearing may require the claimant to open a new state claim.

Loss and Damage

If the claimant damages the hearing aid(s) during this trial period and the manufacturer will not return for credit, the claimant may be responsible for damaged aid(s). No exchange or return of product will be allowed if the hearing aid(s) do not meet the manufacturer’s return-for-credit policy when a loss and damage claim occurred within the trial period.

At any time when a hearing aid loss/damage warranty is utilized for a claimant, submit a notification/request to Amplifon for claimants’ compensation carrier to be notified of replacement request. Include any testing fees that are required to refit the hearing aid(s) for consideration with the loss/damage hearing aid claim. Amplifon will notify the Network Location/Provider of the decision if the Carrier will replace or if the Claimant will be responsible.

Hearing Aid Exchange

Amplifon has a sixty (60) day trial period for all hearing aid(s) fit within the Amplifon program. When an exchange of product is required during this period, forward the notification/request to Amplifon Workers’ Compensation Team with appropriate justification. When approved, Amplifon will fax a new Final Authorization for the approved hearing aids. If payment was received for the original hearing aid request and a refund is due to Amplifon, please forward a refund check to Amplifon within thirty (30) days. If Amplifon owes the Provider any additional Provider reimbursement, this will be forwarded to the Provider within sixty (60) days from the date Amplifon receives the signed Final Authorization.

Hearing Aid Return

In the event the member returns the hearing aid(s) within the sixty (60) day trial period (“Trial Period”), the following steps are required:

- 1) Complete the Return/Exchange form and fax to Amplifon at 1.888.371.5961
- 2) Return the hearing aid(s) to the manufacturer using their return form.

Note: The Provider’s fitting fee is normally issued after completion of the Trial Period and is not issued if the hearing aid(s) are returned during the Trial Period. If the Patient returns the hearing aid(s) after payment has been issued to the provider, Provider must return payment to Amplifon within thirty (30) days of the member returning the hearing aid(s).

Workers’ Compensation Service Plan

Amplifon has a service plan called Preventative Protection Plan (PPP). It is the responsibility of the Amplifon Workers’ Compensation Representative to review Provider’s request and submit under the correct service plan required by the carrier. The approval notification will identify the required item(s) to provide and the reimbursement amount.

The PPP allows for an annual service(s)/product(s) provided to claimant at a reimbursement amount of one hundred twenty-five dollars (\$125) per claimant. This can be requested when annual services are needed.

This fee includes:

- One hundred dollars (\$100) for Provider’s service for the hearing aid(s)
- Twenty-five dollars (\$25) for acquisition costs of any product(s) purchased to maintain hearing aid(s) (i.e. tubing, lubricant, wax filters, etc.).
- Any product(s) listed on the encounter form or has an acquisition cost of fifteen dollars (\$15) or more, will not be included in the PPP and can be requested for reimbursement. Invoice will be required for payment.

The PPP covers annual service(s)/product(s) provided to Claimant. Required services that must be completed within the year of service include:

- Screening to verify no change in hearing has occurred
- Programming and/or electroacoustic verification to ensure hearing aid(s) is set appropriately for hearing loss and working appropriately
- Clean and check hearing aid(s) to ensure working to manufacturer’s specifications
- Continued maintenance of hearing aid(s) is required for a year

Earmolds

Requests for replacement earmolds should be made through the Amplifon Workers’ Compensation Department, who will review the request and submit it to the carrier for approval. If approved by Amplifon and the carrier, Provider may order earmolds through Amplifon contracted manufacturer using Amplifon’s account number, PO#, and the Network Locations Ship To information. After claimant has received earmolds, return signed authorization form for payment to be forwarded at sixty (60) days.

Repairs

After the manufacturer warranty expires, the Carrier may approve the cost of appropriate repair(s) resulting from normal wear for the authorized and purchased hearing aid(s).

The Network Location/Provider must submit a request to Amplifon for an out-of-warranty repair authorization. Upon approval by Amplifon and the Carrier, the repair may be completed using Amplifon's manufacturer Bill-To account number. All repair records must be retained in the Claimant's member file, including the in-warranty period, and supplied to Amplifon upon request.

The Carrier may not cover certain types of repairs, maintenance, and supplies, including:

- Repairs that are not due to normal wear
- Batteries to hearing aids not authorized or purchased by the Carrier
- Maintenance to accessories not authorized or purchased by the Carrier
- Non-work-related loss or damage to the hearing aid(s) (i.e. pet chews the hearing aid)

BATTERIES

All future battery requests will be ordered directly from Amplifon by the claimant. Amplifon will mail eighty (80) battery cells per aid to the claimant.

Batteries for New Hearing Aids

The Network Location/Provider should provide one (1) package of batteries to the Amplifon member at the time of dispensing. When the completed Amplifon Final Authorization Form and manufacturer packing slip are received, Amplifon will mail out eighty (80) cells of batteries per aid and request the claimant bring a package of these batteries to the dispensing appointment. If no batteries are brought to the appointment, Network Provider will dispense one package of batteries at the dispensing.

Replacement Batteries

Replacement batteries will be provided by Amplifon directly. The Claimant should contact Amplifon for batteries to be mailed.

- Authorized hearing aid(s) and services should be delivered to the Claimant within twenty (20) days of the authorization date. Any authorized hearing aid(s) or services not delivered within the twenty (20) days must be re-authorized by contacting the Amplifon Workers' Compensation Department for reauthorization.
- If a Network Provider/Location is paid directly by the Carrier for a Workers' Compensation Claim, the Network Provider/Location must report this payment to Amplifon within five (5) business days of its receipt.

PROVIDER REIMBURSEMENT

Hearing aid reimbursements are dependent upon Amplifon's contractual arrangement with the Carrier. Only audiologists will be paid for diagnostic and evaluation tests.

Network Location/Providers are prohibited from contacting the Carrier directly for payment of products and services provided to Amplifon referred Claimants. Products or services rendered to Claimants without prior authorization from the Carrier and Amplifon will not be paid. The Claimant may choose to pay for products and services rendered that were declined by the Carrier and Amplifon, this is only applicable to products and services submitted for authorization and declined prior to rendering.

Hearing aid(s) and services approved under a Workers' Compensation claim require a signed Workers' Compensation Final Authorization Form, or acceptable equivalent, with the Network Provider's signature for reimbursement. Payment will be made sixty (60) days from Amplifon's receipt of the authorization form.

AMPLIFON PROVIDER CREDENTIALING & NETWORK MANAGEMENT

Amplifon engages hearing care professionals to provide hearing aid devices and services to plan members of clients contracted with Amplifon. Our provider network includes licensed audiologists and hearing aid dispensers/hearing instrument specialists from private practices, physician group clinics, hospitals and hearing aid service centers.

All network providers must be individually credentialed by Amplifon and associated with an active Network Participation Agreement. Providers should not treat members of Amplifon client plans until they have been successfully credentialed and a Network Participation Agreement has been executed between Amplifon and the business owner of the practice or center where care will be provided. Amplifon has no obligation to reimburse providers or businesses for care rendered prior to the treating provider's effective date.

CONTRACTING WITH AMPLIFON

Working with Amplifon as a hearing care business or provider starts with the New Business Application process. All businesses new to Amplifon (by Tax ID) that wish to have their hearing care providers participating in the Amplifon network must submit a New Business Application form to Amplifon. This form collects the legal business entity information that will be billing Amplifon and receiving payments for services and identifies all locations and providers that the business wishes to have covered under their Amplifon contract.

The Application, an IRS form W-9 and a completed Disclosure of Ownership form must be submitted to Amplifon's Credentialing department. Amplifon will review the application and verify that neither the business entity, nor any business owners have been excluded from participation in any federal healthcare programs. Upon completion of the New Business Application review, Amplifon will send the Network Participation Agreement back to the business for signing, and send each provider listed on the Application will receive an email directing them to update CAQH.. If a provider listed on the application already has a current, active credentialing status with Amplifon, they do not need to complete a new provider application.

will execute the business' Network Participation Agreement and notify the business and provider of their effective date once credentialing has been completed.

Please note that the business owner is responsible for ensuring that all hearing care professionals treating Amplifon client members are credentialed by Amplifon and that they cooperate with Amplifon policies and procedures, including but not limited to the terms and conditions of their Network Participation Agreement and this manual.

Location Requirements

Each participating location must meet and maintain the following requirements while covered under an Amplifon Network Participation Agreement:

- Have a minimum of one credentialed provider with a current, active credentialing status with Amplifon
- Be licensed and registered in its state of operation
- Operate under an appropriate infection control program
- Be ADA (Americans with Disabilities Act) compliant
- Maintain phone coverage during the core business hours as the location advertises
- Meet minimum equipment requirements

Minimum Location Requirements

Participating locations must meet industry standards for test setting and equipment. Amplifon requires, at a minimum, the following equipment:

- Sound booth or an ANSI approved sound-treated enclosure
- Audiometer
- Sound Field System

Equipment must be calibrated annually. Proof of annual calibration shall be provided to Amplifon upon request.

Making Changes to Your Amplifon Contract

Businesses that hold an active Network Participation Agreement with Amplifon must notify Amplifon's Credentialing department of changes to their business using one of the following forms:

- 1) Business Update Form
 - a) Change the business name or address (IRS Form W-9 also required)
 - b) Add a new practice location
 - c) Update information on existing locations (business phone, fax, email, etc.)
 - d) Close a location
- 2) Provider Update Form
 - a) Request to add a new provider to an existing location
 - b) Update information on a current provider (including changing the provider's locations)
 - c) Remove or terminate a provider from their Agreement
- 3) Authorized Contact Form

** Authorized Contacts are granted permission to make certain changes to the business record and provider records associated with their Network Participation Agreement.

 - a) Add a new Authorized Contact
 - b) Remove a current Authorized Contact

These forms can be found on the AmplifonUSA.com provider site and within the secure provider portal, Sycle. Instructions for submission are included on the forms.

PROVIDER CREDENTIALING

The Amplifon Credentialing Program evaluates providers that apply for participation in the Amplifon network against a specific set of criteria that meet or exceed the standards set by the National Committee for Quality Assurance (NCQA), Centers for Medicare & Medicaid Services (CMS) and applicable state and federal regulations. Credentialing determinations are guided by a determination of network need, the verification of each provider's credentials and their ability to provide safe, effective, efficient and quality care to members of Amplifon clients' plans.

Credentialing criteria and policies are applied uniformly to all applicants. Amplifon will not make credentialing decisions based on a provider's race, ethnic/national identity, gender, age, sexual orientation or patient type in which the provider specializes.

Credentialing Criteria

Providers must meet the following minimum requirements to apply for participation or continued participation in the Amplifon network:

1. Have a graduate degree (Masters level or above) from an accredited school, or an education level appropriate for the provider's license type or certification.
2. Maintain a current license or certification to practice independently in each state where the provider will be treating patients. License or certification must be without limitations, restrictions, conditions or other disciplinary action.
3. Maintain current professional liability insurance with a minimum coverage of \$1,000,000 per incident and \$3,000,000 aggregate, unless otherwise required by state law.
 - NOTE: The individual provider must be named on a business' insurance policy to meet this requirement.
4. Submit a completed Amplifon Provider Application, including a signed Authorization, Attestation and Release form.
5. Attest to the lack of present illegal drug use.
6. Not be currently restricted from receiving payments from any Federal program, including, but not limited to Medicare, Medicaid (any state), or third-party programs.
7. Not have been denied initial participation or had participation terminated (for reasons others than network need) by Amplifon within the preceding 24 months.

Credentialing and recredentialing vendors

We use the following companies during credentialing and recredentialing:

- The Council for Affordable Quality Healthcare (CAQH)
 - Phone: 888.599.1771
 - <https://proview.caqh.org/Login>
- OneHealthPort (Washington only)
 - Phone: 855.252.4314 option 1
 - <https://www.onehealthport.com>
- Gemini Diversified Services, a credentialing verification organization (CVO)

Provider Credentialing Process - Initial

All provider types applying for participation must submit either a new business application or provider update form as well make sure you have an active current CAQH profile with all required documentation uploaded to your profile. Information can be requested by contacting the Amplifon Credentialing Department at 1-800-862-9381 or by email at credentialing@amplifon.com.

After receiving confirmation from our vendors that you meet our requirements, our credentialing committee reviews all applicants. You cannot serve AHHC members UNTIL you are fully credentialed and approved. You will be notified by email when you can begin seeing members.

Recredentialing Process

Amplifon requires that all providers be recredentialed every 36 months. Credentialing department staff will notify providers via email that they are due for recredentialing prior to their credentialing expiration date. Providers are expected to make sure their CAQH profile is up to date which includes having all required documents uploaded to their CAQH profile.

Continued participation in the Amplifon network requires adherence to the same criteria as initial credentialing and will follow the same verification and review processes. In addition, Amplifon may review other data during recredentialing including, but not limited to:

- Member complaints and grievances
- Patient satisfaction survey results
- Results of medical record or quality reviews
- Utilization management data, where applicable

Failure to comply with Amplifon's recredentialing requests within the required timeframes may result in the provider's removal from the Amplifon network.

Notification of Credentialing Decisions

All credentialing decisions will be sent via email to the provider with a copy sent to the credentialing contact on record for the associated business. Approval initial credentialing notifications will include information and resources to help you start working with Amplifon, along with login information for the online provider portal. Credentialing and recredentialing denial notifications will include the provider's appeal rights if applicable.

Lapses in Credentialing

If a provider's participation with Amplifon has lapsed for more than 30 calendar days, and the provider wishes to be reinstated, Amplifon requires that the provider complete the initial credentialing process again.

ON-GOING MONITORING

Amplifon performs regular monitoring for Medicare and Medicaid sanctions of all providers in the Amplifon network. Providers with active sanctions are ineligible for participation with Amplifon and will be sent notification of termination from the network. If a provider has a sanction that has been lifted, the provider will

be required to present a copy of the reinstatement letter as issued by the Office of Inspector General (OIG) prior to consideration for participation in the Amplifon network.

Amplifon also monitors for sanctions or limitations on the provider's license to practice. Providers with disciplinary or adverse actions on their license will be put on a suspended status pending a review and determination from Amplifon's Credentialing and Provider Network Committee. Committee action upon review can include termination from the Amplifon network.

Expirables

Amplifon monitors certain provider credentials, such as the provider's license and professional liability policy, for expiration. It is the provider's responsibility to ensure that their license remains active and is renewed on a timely basis. If Amplifon cannot verify that a provider's license has been renewed, notification will be sent to the provider that their participation may be terminated for an inactive license.

For professional liability policies, Amplifon will begin requesting renewal documentation 30 days prior to its expiration. Failure to comply with requests for renewal documentation may result in disciplinary action of the provider's credentialing status up to and including termination from the Amplifon network.

APPEALS

Providers may appeal certain Credentialing and Provider Network Committee decisions to deny their application or suspend or terminate their current participation status. To be eligible for appeal, there must be new or additional information available for review that was not considered as part of the original Committee decision. Appeal rights, if applicable, and instructions will be included in the original determination notice. Providers that had their application or current participation status administratively denied or terminated for failure to meet the minimum credentialing criteria are not eligible for appeal.

Providers that wish to exercise their appeal rights will have 30 days from the date of the determination notice to submit their appeal in writing to Amplifon. If the provider wants to attend the appeal hearing in person or via conference call, that request must be included in the appeal.

Amplifon's Credentialing department reviews appeal requests to determine if the file is eligible for appeal and notifies the requesting provider in writing within 10 business days if their appeal has been accepted. Notification for accepted appeals will include the date, time and location of the hearing if the provider requested to attend.

Appeal hearings will be held within 30 days of receipt of the appeal request. Amplifon will send the final appeal determination via Certified Mail to the requesting provider. Appeal determinations are final and shall be binding.

PROVIDER RIGHTS

Providers applying for participation or continued participation in the Amplifon network have the following rights:

1. To review information obtained from outside sources to support their credentialing or recredentialing application. The provider does not have the rights to review peer-review protected information, references or recommendations.
2. To correct erroneous information and/or discrepancy information that was submitted by the provider that varies substantially from the information the Amplifon verified through primary sources during the credentialing or recredentialing process. Amplifon's Credentialing department will notify the credentialing contact and the applying provider that there is a discrepancy and provide the opportunity to correct any erroneous information. Corrections must be submitted within 14 days from the receipt of the notification.
3. To be informed, upon request, of the status of their credentialing and/or recredentialing application. Providers or the identified credentialing contact may contact Amplifon's Credentialing department via email at credentialing@amplifon.com or by phone at 1-800-862-9381 to request status information.

ADVERTISING GUIDELINES

All advertising that directly solicits Amplifon members or uses the Amplifon name or logo must be submitted to Amplifon for review and approval prior to publication/distribution.

Advertising materials are defined as, but not limited to:

- Recall letters
- Promotions
- Direct mail
- Print ads
- Yellow pages ads
- Websites

Amplifon will review submitted copy and respond within thirty (30) business days.

All Network Location business promotional and advertising materials must be consistent with the ethical standards of the American Academy of Audiology (AAA) and the International Institute of Hearing Instrument Sciences (IIHIS). Network Locations/Providers must not send marketing materials or otherwise solicit members referred to them through the Amplifon Workers' Compensation Plans.

Please contact Amplifon Marketing department if you have any questions regarding our advertising guidelines.

Submit sample copy of materials to:

Amplifon Hearing Health Care, Corp.

Attn: Marketing Department

150 South 5th Street, Suite 2300

Minneapolis, MN 55402

Fax: 763-268-4240

QUALITY ASSURANCE

The Amplifon's Quality Assurance (QA) Program objectively and systematically monitors and evaluates the quality and appropriateness of care and service provided to Amplifon members.

AMPLIFON CREDENTIALING AND STEERING COMMITTEES

The Amplifon Credentialing Committee (ACC) has the right to determine which Providers or Locations may be credentialed, monitored, suspended or denied and how often. If the Credentialing department obtains unfavorable information regarding a Provider, Location, Owner/Owner Equivalent, the findings will be submitted to the ACC for consideration and final ruling.

ACC decisions are completed in a nondiscriminatory manner, in conjunction with applicable Amplifon corporate and Credentialing Department policies and procedures, contractual requirements and obligations, and/or provider manuals current at the time of the review. In the event that a member of the Credentialing Committee has previous knowledge of a case, they will recuse themselves from voting.

The Amplifon Steering Committee (ASC) is responsible for fulfilling the responsibilities of the Credentialing Committee if the Credentialing Committee is unable to perform them due to:

- Inability to reach a consensus on a decision
- Provider, Location, or Amplifon personnel requests review of the ACC decision
- Other duties as requested by Credentialing, the ACC or Amplifon executive management

The Steering Committee reserves the right to uphold or overturn decisions made by the Credentialing Committee.

QUALITY INDICATORS

Our QA program uses quality indicators that are objective, measurable, and based on current knowledge and clinical experience in order to monitor and evaluate important aspects of member care and service. Credentialing and re-credentialing primary source verification actions, conversion rates of individual network locations, member satisfaction survey, Provider satisfaction survey, and consumer complaints are utilized to measure and assure the quality of service and care. This data is collected on an ongoing basis, then aggregated and analyzed for patterns and trends.

MEMBER SATISFACTION

Amplifon surveys a statistically significant number of members fit with hearing aids through the Amplifon Program approximately ninety (90) days following the dispensing in order to determine their satisfaction with the Program, the Network Provider, the quality of care provided to them, and the hearing aid(s) dispensed.

The survey outcomes are aggregated and reported annually to Amplifon and upon request to Plan Partners.

INFORMATION SYSTEMS ADEQUACY

The computerized record-keeping system tracks pertinent information relating to the hearing health care of our patients. The system was developed on an industry standard platform and is secure, scalable, and data portable. All data is backed-up on a nightly basis and can be made readily available to authorized individuals/entities. The information system can track individual patient-care data relating to the patient such as diagnosis, procedure, date and location of service, provider information, and aggregate data in order to identify utilization patterns. Claims and encounter information are stored for a minimum of ten (10) years.

CONFIDENTIALITY

Amplifon takes our responsibility to protect the privacy and security of the records and information of our members', location owners', and providers' ("Confidential Records") very seriously.

Part of our efforts to achieve this is to:

- Require prior written authorization from a member to release their personally identifiable health information
- Control who has access to Confidential records by managing system user profiles
- Require minimum use necessary, only providing information necessary for the other party to perform their job function(s)
- Use encryption services when sending confidential/sensitive information via email

COMPLAINT RESOLUTION

Amplifon Hearing Health Care makes every effort to resolve any complaints presented as quickly as possible. Upon receipt of a complaint, the complainant is contacted within one (1) business day to discuss the complaint and the plan for resolution.

Provider Complaint Resolution

A Provider may submit a complaint in writing or verbally. Amplifon will take the following steps to resolve the issue(s) with the Provider:

1. Contact Provider to discuss and obtain additional details within 2 business days
2. Establish time estimate to resolve any clarifying questions
3. Develop action plan to address defined points
4. Document all communications and processes in patient's file
5. Assess implementation of action plan through completion
6. Close out matter once resolved

Member Complaint Resolution

A member may submit a complaint in writing or verbally. Member complainants shall be given the option to receive care from another Amplifon Provider. Retaliation of any kind against a member complainant by the submitted Provider or Location may result in disciplinary actions including, but not limited to termination from the Amplifon Network.

Amplifon will take the following steps to resolve the issue(s) with the complainant member:

- Discuss complaint with Provider to determine possible causes of the complaint
- Determine immediate action to resolve the complaint
- Identify a remedial action plan to prevent repeat occurrences, if applicable
- Review the remedial action plan with the Provider and monitor until plan completion
- Evaluate effectiveness of the remedial action plan taken.

If the complaint reaches the threshold for ACC Review, the provider and complainant identifying information is redacted and the complaint is submitted to ACC for review and determination.

Provider/Location Audit Procedures

In the event Amplifon is notified of potentially inappropriate services or guideline violations that may impact member care, a Network Provider/Location may be subject to an on-site audit.

Amplifon will notify the Provider no less than five (5) business days prior to the audit and will provide the following information as part of the audit process:

- Date and Time of audit
- Nature of the complaint/concern
- Scope of audit

REMEDIAL ACTION

Amplifon may place a Network Provider or Business Entity on Corrective Action(s) for failure to comply with Amplifon's Program policies and procedures, the terms of the Network Participation Agreement, this Manual, or for other reasons as determined by Amplifon.

Forms of Remedial Action

The Amplifon Credentialing Committee (ACC) reviews all matters and determines type of corrective action(s) placed against the Network Provider or Business Entity.

Corrective actions taken by Amplifon may include the following process:

- **Written Warning:** Notification of the violation is sent to the subject Provider or Location with a thirty (30) day corrective action plan.
- **Probation:** If the subject Provider or Location person(s) is non-responsive to a written warning or the severity of a violation warrants probation, they may be placed on one (1) year probation, during which time any further violations may result in immediate termination.
- **Termination:** Repeat violations, failure to comply with a written warning, unresponsiveness to inquiries, violation of probation, or the severity of a violation may warrant termination. Termination may be with or without written notice and may be effective immediately or on a future date as identified by Amplifon.