Financial Services Commission of Ontario
Commission des services financiers de l'Ontario

October 2018

Health Claims for Auto Insurance Guideline

Superintendent's Guideline No. 02/18

INTRODUCTION

This Guideline replaces the Health Claims for Auto Insurance August 2017 Guideline – Superintendent's Guideline No. 01/17 and is issued pursuant to s. 268.3 (1) of the Insurance Act for the purposes of ss. 49 (1), 64 (7) and 66 of the Statutory Accident Benefits Schedule – Effective September 1, 2010 (SABS).

This Guideline applies to documents specified in this Guideline that are delivered on or after October 1, 2018, regardless of the date of the accident to which they relate.

A document to which this Guideline applies and that previously would have been sent directly to an insurer to whom this Guideline applies, is instead to be sent to a Central Processing Agency (CPA) established by the insurance industry to receive such documents on behalf of insurers.

This Guideline describes:

- which insurers, health care facilities and health care professionals are subject to the Guideline and in what circumstances;
- what documents are to be delivered to the CPA and in what circumstances;
- how such documents may be delivered to the CPA;
- how insurers are to provide information to the CPA; and
- billing procedures.

Insurers and Participating Facilities That Are Subject To This Guideline

This Guideline applies only to transactions between Participating Facilities and a Participating Insurer, as defined below, in respect to any claim for SABS benefits under a motor vehicle liability policy issued in Ontario.

Specific sections of this Guideline apply where indicated to Service Providers issued a licence under s. 288.5(3) of the Insurance Act. Such entities are referred to in this Guideline as "Service Providers". In accordance with s. 288.2(1) of the Insurance Act, an insurer is prohibited from making payments directly for listed expenses to a person or entity who does not hold a service provider's licence at the applicable time.

Participating Insurers

This Guideline applies to all insurers licensed in Ontario in respect of all claims for SABS benefits under any motor vehicle liability policy issued in Ontario. Each such insurer is a Participating Insurer for the purposes of this Guideline. In addition, for the purposes of this Guideline the Motor Vehicle Accident Claims Fund is a Participating Insurer.

This Guideline does not apply to any reinsurer in respect of claims under a contract of reinsurance.

Service Providers

A Service Provider holds a valid licence issued by the Superintendent of Financial Services under the Insurance Act.

Participating Facilities

For the purposes of this Guideline, the main office and each specified branch office of a health care facility registered with Health Claims for Auto Insurance (HCAI) is a Participating Facility. Each rostered health professional operating on behalf of the main office or a specified branch office is a Participating Facility.

A Service Provider may be a Participating Facility. A Service Provider may also own one or more Participating Facilities. A given Participating Facility may be owned by and licensed as a given Service Provider, or may not be so owned and therefore not part of a Service Provider licence. For greater certainty, a Participating Facility may or may not be a Service Provider.

Rostered Health Professionals

Health professionals on the roster of one or more Participating Facilities are Rostered Health Professionals for the purposes of this Guideline.

Designation of Central Processing Agency – SABS s. 64 (7)

Health Claims for Auto Insurance Processing is the CPA for the purposes of this Guideline and s. 64 (7) of the SABS. Health Claims for Auto Insurance Processing is a not-for-profit Ontario corporation established and funded by the insurance industry and operated by a board of directors that includes representatives of the insurance industry and health care communities.

The primary role of the CPA is to act as the agent of insurers to receive specified documents on their behalf; to confirm that the documents are duly completed and contain all of the information required to be included in them; and to then make the documents available for access by the insurers to whom they are addressed. The CPA also acts as an intermediary for the purpose of enabling insurers to communicate information such as claims approval and payment decisions electronically to those Rostered Health Professionals and Participating Facilities who wish to receive such communications electronically through the CPA.

The CPA is also expected to be a primary source of the information that automobile insurers will be required (under s. 101.1 of the Insurance Act) to provide to the Superintendent of Financial Services, concerning claims for goods and services for which automobile insurers are liable under contracts of automobile insurance.

Public Registry

FSCO will maintain a public registry of current and former Service Providers. The registry can be found on the FSCO website at www.fsco.gov.on.ca. The public registry will include the effective dates of all licences and will indicate whether any conditions apply to the licence, and whether a licence has been suspended/revoked, or surrendered and the applicable dates.

INVOICES FOR GOODS AND SERVICES THAT ARE SUBJECT TO THIS GUIDELINE – SABS s. 49

Any invoice for goods or services specified in Appendix 2 of this Guideline for the purposes of s. 49 of the SABS must be in the form (the Auto Insurance Standard Invoice) approved by the Superintendent of Financial Services in accordance with s. 66 of the SABS and is required to be submitted through HCAI by a Participating Facility.

This requirement applies only if:

- payment of the invoice is claimed against a Participating Insurer with respect to a transaction with a Participating Facility
- all of the goods or services referred to in the invoice are provided in Ontario by the Participating Facility
- the invoice is submitted by a Participating Facility

Where this requirement applies, s. 49 (1) of the SABS prohibits a Participating Insurer from paying any invoice that is not in the approved form, does not include all of the information required by the approved form, or is not sent to the CPA as required by this Guideline. This prohibition applies to invoices for services provided by both Service Providers and unlicensed service providers.

Section 49.1 of the SABS sets out additional requirements on when the goods or services are provided by an unlicensed service provider. After submitting the invoice to the CPA, the Participating Facility must print off a copy of the invoice, obtain the appropriate signature, and give it to the insured person. The insured person must in turn send this copy of the invoice to his or her insurer.

DOCUMENTS THAT MUST BE DELIVERED TO THE CPA

Applicable Forms

The following documents are specified for the purpose of s. 64 (7) of the SABS. Each of these documents must be delivered to the CPA (and not directly to the insurer) unless otherwise specified in this Guideline, when delivered by a Participating Facility to a Participating Insurer.

Treatment & Assessment Plan (OCF-18) – SABS s. 38

The requirement to deliver this document to the CPA applies regardless of whether or not the Participating Facility is a Service Provider.

The OCF-18 is not approved for use with any Minor Injury Guideline (MIG) codes or Pre-approved Framework (PAF) codes.

Treatment Confirmation Form (OCF-23) – SABS s. 40

This requirement applies regardless of whether or not the Participating Facility is a Service Provider.

Form 1 – Assessment of Attendant Care Needs – SABS s. 42
This requirement applies regardless of whether or not the Participating Facility is a Service Provider.

Invoices for attendant care services will continue to be submitted and processed outside of the CPA, using one of the delivery methods provided for in s. 64(2) of the SABS

Auto Insurance Standard Invoice (OCF 21) – SABS s. 49

The OCF 21 must be submitted to the CPA by all Participating Facilities, including both Service Providers and unlicensed service providers, under the circumstances specified in this Guideline, and if this Guideline requires the use of this form for the particular goods or services being billed.

Please note that with one exception (see * below), a document that this Guideline does not require to be delivered to the CPA must be delivered directly to the insurer using one of the delivery methods provided for in s. 64(2) of the SABS.

Disability Certificate (OCF-3)

*An OCF-21 submitted to invoice an insurer only for the completion of an OCF-3 may be delivered either to the CPA in accordance with this Guideline, or directly to the insurer, at the option of the Participating Facility.

In addition, regardless of whether or not the Participating Facility is a Service Provider, if the Participating Facility is properly enrolled in HCAI it can continue to submit the OCF-3 in the usual manner (not through the CPA).

Requirements for Submission of the OCF-21

The purpose of this section is to set out rules for submission of the OCF-21 that must be followed by all Participating Facilities. This includes describing the information that must be provided on the OCF-21 in order for it to be considered to be duly completed and contain all information required to be included in it within the meaning of s. 67 of the SABS.

An OCF-21 that does not include all required information as identified in the form or required by this Guideline will be deemed to be incomplete and deemed not to include all the information required by the SABS.

Submission of OCF-21 by unlicensed service providers

Unlicensed service providers must complete an OCF-21 for all goods and services and submit it to the CPA, even though they will seek direct payment from the claimant. As noted above section 49.1 of the SABS requires the unlicensed service provider to provide the claimant with a printed copy of the OCF-21 that was submitted to the CPA. The claimant will seek reimbursement from a Participating Insurer by sending the copy of the OCF-21 to the Participating Insurer, as required by s. 49.1 of the SABS. Once the Participating Insurer has reconciled the printed copy of the OCF-21 with the OCF-21 provided to the CPA, the Participating Insurer will pay the claimant directly.

OCF-21 submissions from an unlicensed service provider are not deemed to have been received by the insurer under subsections 64(8) and (9) of the SABS until the insurer receives a paper copy of the OCF-21 from the claimant. Section 49.1 requires the claimant to send a copy of the OCF-21 to the insurer. Once the insurer receives the copy of the invoice, the receipt date will be entered into the CPA and the CPA will at that point determine that the document has been duly completed.

Billing Procedures

a) Frequency of invoicing

This provision only applies to Service Providers.

An OCF-21 submitted in respect of a Treatment and Assessment Plan (OCF-18) shall not be submitted until no further approved goods or services referred to in the OCF-18 will be rendered. However, where the delivery of the goods or services referred to in an OCF-18 extends over 30 calendar days, the Service Provider may choose to submit an OCF-21 in respect of that OCF-18 not more than once per calendar month.

In order to enable insurers to properly reconcile invoices, a Service Provider shall not submit an OCF-21 that applies to more than one OCF-18 or to more than one OCF-23, or to an OCF-18 as well as an OCF-23.

If treatment is being provided under the Minor Injury Guideline (MIG), a Service Provider shall not submit an OCF-21 in respect of a treatment Block as referred to in the MIG until completion of the Block. (In the event an insured person changes providers while treatment services are being delivered, the previous provider may submit an OCF-21 for the services delivered prior to the change. However, the amount billed must comply with paragraph 6 ("Changing health practitioners within this Guideline") of the MIG.)

b) Duplicate invoices

Re-submission of an OCF-21 that refers in whole or in part to goods or services referred to in an OCF-21 already received by the insurer according to s. 64 (9) of the SABS is not permitted through the HCAI system. Where a Participating Facility wishes to remind the insurer of an outstanding amount, the Participating Facility must contact the insurer directly.

A Participating Facility who repeatedly and/or deliberately submits duplicate OCF-21 forms through the HCAI system may be found by the CPA to be in contravention of the CPA's user terms & conditions (see **HCAI Enrolment** below). Such contravention may result in suspension, cancellation or revocation of the Participating Facility's access to the HCAI system.

In addition, a Service Provider is required by section 7 of Ontario Regulation 90/14, Service Providers – Standards for Business Systems and Practices (Reg. 90/14) to take reasonable steps to ensure that it does not submit duplicate versions of OCF 18s, OCF 23s and OCF21s or any other document that is required by this Guideline to be delivered through the HCAI system. It is a condition of every Service Provider licence that Service Providers are required to comply with Reg. 90/14.

c) Approved Goods and Services

Participating Facilities are to invoice Participating Insurers for goods or services specified in Appendix 2 separately from goods or services not specified in Appendix 2. Similarly, Participating Facilities are to invoice Participating Insurers for goods or services provided in Ontario separately from goods and services not provided in Ontario.

d) Non-approved Goods and Services

A Participating Facility shall not submit an OCF-21 for goods or services (which includes assessments and examinations) that have not been:

i. approved by the insurer,
ii. deemed by the SABS to be payable by the insurer, or
iii. determined to be payable by the insurer on resolution of a dispute in accordance with ss. 279 to 283 of the Insurance Act.

A Participating Facility who repeatedly and/or deliberately submits OCF-21 forms through the HCAI system contrary to this requirement may be found by the CPA to be in contravention of the CPA's user terms & conditions (see **HCAI Enrolment** below). Such contravention may result in suspension, cancellation or revocation of the Service Provider's access to the HCAI system.

In addition, a Service Provider is prohibited by section 10 of Ontario Reg. 90/14 from submitting an OCF-21 through the HCAI system for any listed expenses that have not been approved by the insurer, where approval is required in accordance with the SABS and within the applicable time limit set out in the SABS. It is a condition of every Service Provider licence that the Service Provider is required to comply with Reg. 90/14.

e) Use of Appropriate Versions of the OCF-21

The OCF-21A and OCF-21B are not approved for the purpose of billing any amounts under the MIG or a PAF.

Only the OCF-21C is approved for the purpose of billing any amounts under the MIG or a PAF.

When submitting an OCF-21C, the following additional information must be included:

i. The date that the treatment Block commenced.
ii. The profession(s) of the Rostered Health Professional(s) who provided the treatment.

<u>Recordkeeping</u>

For every OCF-21 submitted to a Participating Insurer, the Participating Facility must keep on file:

- an original paper version of the OCF-21 as submitted that includes the original authorized signature of the regulated health professional providing treatment, or
- an electronic true copy of the OCF-21 as submitted, provided that it is in pdf format and includes a true copy of the original authorized signature on behalf of the regulated health professional,

and must be prepared to give the insurer access to inspect and copy the OCF-21 in accordance with s. 46.2 of the SABS where requested by the insurer.

<u>Additional Information Required on an OCF-21 Submitted to the CPA</u>

a) If it is alleged that the insurer is required to pay for goods or services in accordance with s. 38 (11) of the SABS (i.e., by reason of the insurer's failure to respond to an OCF-18 within 10 business days of receipt) this must be clearly identified in the "Other Information" section of the OCF-21.

b) The “Plan Number” of the OCF-18 or OCF-23 to which the OCF-21 refers must be provided where indicated in Part 3 of the OCF-21. The “Plan Number” is the unique Document Number generated by the CPA when the OCF-18 or OCF-23 to which the OCF-21 refers was submitted. However, if there is no Plan Number for a reason permitted by the SABS or this Guideline, for example because the insurer has waived the requirement for an OCF-18 or OCF-23 under s. 39 or s. 41 of the SABS as applicable, the word “exempt” must be inserted in the Plan Number field and details of the circumstances must be provided in the “Other Information” section of the OCF-21.

c) If the OCF-21 is for goods or services that are alleged not to require an OCF-18 because of s. 38 (2) or s. 38 (4) of the SABS, the word “exempt” must be inserted in the Plan Number field in Part 3 of the OCF-21 and details of the basis on which an OCF-18 is said not to be required must be provided in the “Other Information” section of the OCF-21.

d) Complete and accurate information regarding other available insurance and health care coverage must be provided in the “Other Insurance” section of the OCF-21.

Completion of Documents

A document to which this Guideline applies will be deemed not to have been completed and not to contain all the information required by the SABS to be included in it, unless all fields (other than those that are optional in the circumstances indicated on the form as approved by the Superintendent of Financial Services) are completed as required by this Guideline.

The information in any completed field must comply with the validation rules set out in Appendix 3 of this Guideline.

Where the form specifies the format in which certain information (e.g., a date) is to be provided, the information must be provided in that format.

All attachments must be legible.

Attachments To Documents That Are Subject To This Guideline

For the purposes of this Guideline, “attachments” means any material (e.g., additional pages, reports, test results) submitted in support of a document to which this Guideline applies.

If a Participating Facility determines that it is necessary to send one or more attachments rather than including in the document itself all information that the sender determines to be desirable or necessary to accomplish its purpose, the following special rules apply:

1. The sender must specify, in the field provided in the document for that purpose, that attachments are being sent and the number of attachments being delivered must be entered in the additional comments field.

2. The document itself (but not the attachments) must still be delivered to the CPA in electronic format as described above.

3. The attachments are not to be delivered to the CPA, but instead must be delivered directly to the insurer by one of the delivery methods described in s. 64 (2) of the SABS.

Although it is preferable that all attachments be delivered to the insurer at the same time, it is not mandatory to do so.

Please note that any attachment delivered to the CPA will be deemed not to have been received by the insurer, and will not be returned, but will be destroyed.

4. The attachments are not to be sent to the insurer before the document to which this Guideline applies is sent to the CPA.

5. Each attachment must be identified with the claimant's name, either the claim number or policy number, **the HCAI document number,** the date of the accident, and the document type (i.e., OCF-18, OCF-21, OCF-23 or Form 1) to which the attachment relates, to enable the insurer to identify the document for which the attachment is intended.

RULES GOVERNING DELIVERY OF APPLICABLE DOCUMENTS AND DATE OF RECEIPT

Delivery of Documents

Section 64 (7) of the SABS provides that a document to which this Guideline applies is deemed not to have been delivered to an insurer unless it is delivered to the CPA as required by this Guideline.

Please note that a document that this Guideline does not require to be delivered to the CPA, must be delivered directly to the insurer using one of the delivery methods provided for in s. 64 (2) of the SABS.

Date of Receipt

Section 64 of the SABS sets out the rules that determine when a document delivered to the CPA as required by this Guideline, is deemed to be received by the insurer to whom it is addressed. Briefly summarized, those rules provide:

1. **Document with no attachments** – is deemed to be received by the insurer to whom it is addressed when the document has been delivered to the CPA in a manner specified in this Guideline, and the CPA has determined that the document is duly completed and contains all information required by the SABS to be included in it.

2. **Document with attachments** – is deemed to be received by the insurer to whom it is addressed when:

    (a) the document (exclusive of attachments) has been delivered to the CPA in a manner specified in this Guideline, and the CPA has determined that the document is duly completed and contains all information required by the SABS to be included in it; and

    (b) all of the attachments have been received by the insurer.

OCF-21 submissions from an unlicensed service provider are not deemed to have been received in accordance with subsection 64(8) or (9) of the SABS until the insurer receives a paper copy from the claimant as required by s. 49.1.

The SABS provides (s. 64 (20)) that a document delivered to the CPA by electronic submission later than 5:00 p.m. Eastern Time is deemed to have been delivered to the CPA on the following business day.

The SABS also provides (s. 64 (10)) that the CPA will be deemed to have determined, on the day a document was delivered to it in a manner specified in this Guideline, that the document is duly completed and contains all information required by the SABS to be included in it, unless the CPA notifies the sender to the contrary, in a manner specified in this Guideline.

For the purposes of s. 64 (10), the manner in which the CPA is to notify the sender is by one of the delivery methods provided for in s. 64 (2) of the SABS. The CPA may also deliver the notification verbally (e.g., by a telephone call or message), provided written confirmation is given as soon as practicable afterwards by one of the delivery methods provided for in s. 64 (2) of the SABS.

As previously noted, the SABS further provides (s. 64 (7)) that a document to which this Guideline applies is deemed not to have been delivered to an insurer unless it is delivered as required by this Guideline. Any document delivered to the CPA by a health care facility that has not completed the enrolment process, is not delivered as required by this Guideline and therefore shall be deemed not to have been delivered to an insurer. Any OCF-21 delivered to the CPA by an unlicensed service provider is not delivered as required by the Guideline unless a copy of the OCF-21 is given to the claimant and this copy is sent to the insurer.

CODES TO BE USED IN SUBMITTING INFORMATION

The following information shall be provided utilizing the codes specified below:

- To describe injuries and sequelae, codes listed in the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canadian Enhancement (ICD-10-CA) which is maintained by the Canadian Institute for Health Information and available through www.cihi.ca. An abridgment of the ICD-10-CA list of codes, developed to assist stakeholders in the Ontario automobile insurance system, is available at www.hcaiinfo.ca.
- To describe health interventions, codes listed in the Canadian Classification of Health Interventions (CCI) which is maintained by the Canadian Institute for Health Information and available through www.cihi.ca. An abridgment of the CCI list of codes, developed to assist stakeholders in the Ontario automobile insurance system, is available at www.hcaiinfo.ca.
- To describe provider types, the list of Provider Type Codes is available at www.hcaiinfo.ca.
- To describe payment categories under a Pre-approved Framework, the list of Pre-approved Framework Reimbursement Codes is available at www.hcaiinfo.ca.
- To describe payment categories under the Minor Injury Guideline, the list of Minor Injury Reimbursement Codes is available at www.hcaiinfo.ca.
- To describe items billed to automobile insurers by providers that are not covered by the CCI, the list of Goods, Administration, and Other Codes is available at www.hcaiinfo.ca.
- To describe unit measures and for converting minutes to hours, the list of Unit Measure Codes and the Minutes to Hour Conversion Table is available at www.hcaiinfo.ca.

The information at www.hcaiinfo.ca is maintained by Insurance Bureau of Canada in cooperation with the professional associations referred to at http://hcaiinfo.ca/Health-Care-Facility/Resources/index.asp

REQUIREMENTS FOR INSURERS

As of December 1, 2014, insurers can only pay Service Providers directly for listed expenses invoiced on an OCF-21.

Prior to releasing payment, insurers are reminded to verify if the Participating Facility is operating as a Service Provider listed on FSCO's public registry and that the Participating Facility was licensed on the applicable dates.

Where the SABS requires a Participating Insurer to provide information to the CPA, such information shall be delivered to the CPA in electronic form in a manner that results in it being capable of being retrieved and accessed by the CPA.

The information referred to in s. 49 (3) of the SABS concerning the processing of an invoice must be provided to the CPA within five business days after the invoice has been processed by the Participating Insurer.

The information referred to in s. 64 (13) of the SABS concerning any other document to which this Guideline applies must be provided to the CPA within five business days after the document has been processed by the Participating Insurer.

The information referred to in s. 64 (14) of the SABS concerning receipt of attachments must be provided to the CPA within five business days after the last attachment has been received by the Participating Insurer.

The deadlines referred to above are independent of, and not to be confused with, the deadlines within which an insurer is to process and respond to a document as set out in the SABS.

A Participating Insurer that has completed the enrolment process as an Insurer (see **HCAI Enrolment** below), is authorized to deliver information to the CPA electronically and to access from the CPA information that has been delivered to the CPA by a Participating Facility.

HCAI ENROLMENT

Before submitting information to, or receiving information from the CPA, a Service Provider, health care facility or insurer that is a Participating Facility or Participating Insurer shall enrol with the CPA and agree to its user terms and conditions. The user terms and conditions may include commercially reasonable provisions to address responsibilities including confidentiality, security, liability, access, and data integrity.

All Participating Facilities are required to:

- remain in regular contact with the rostered health professionals active on the Rostered Health Professionals List (even if they are not regular full-time employees);
- ensure these individuals know they are, and consent to be, associated with the Participating Facility;
- remove Rostered Health Professionals from the Participating Facility's Rostered Health Professionals List, as requested;

- retain a signed *Dependent Provider Form* or *Affiliated Provider Form* for each rostered health professional included in your Participating Facility's Rostered Health Professionals List;
- within 10 days of an employee leaving the Participating Facility, or upon receiving a request from a Rostered Health Professional to be removed from the Participating Facility's Rostered Health Professionals List in HCAI, the Participating Facility must update the Rostered Health Professionals List by adding an end date to the Rostered Health Professional's record.

TEMPORARY SUSPENSIONS OF THIS GUIDELINE

In the event that the CPA becomes unable (e.g., by reason of temporary technical issues) to properly carry out its obligations to Participating Facilities or Participating Insurers, the Superintendent of Financial Services may temporarily suspend the operation of this Guideline.

The Financial Services Commission of Ontario will post notice of any suspension and subsequent resumption of operation of this Guideline on its website (www.fsco.gov.on.ca).

During the period of any such suspension, the requirements of this Guideline do not apply and documents are instead to be delivered directly to insurers using one of the standard delivery methods provided for in s. 64 (2) of the SABS.

HOW TO DELIVER DOCUMENTS TO THE CENTRAL PROCESSING AGENCY

As required by this Guideline, an OCF-18, 21, 23 and Form 1 to be delivered to the CPA must be delivered in electronic format.

Electronic Submission

The document may be delivered to the CPA in electronic form in a manner that results in it being capable of being retrieved and accessed by the CPA.

Participating Facilities are authorized to deliver documents to the CPA electronically and to access information electronically from the CPA, once they have completed the appropriate enrolment process (see **HCAI Enrolment** above).

As noted above under **Rules Governing Delivery of Applicable Documents and Date of Receipt**, any document delivered to the CPA by a Participating Facility that has not completed this enrolment process will be deemed not to have been received by the insurer, and will not be processed.

Appendix 1

Facility Registry and Service Provider Licensing Rules

Item #	Data Field	Description	Related Rule ID
Facility Registry			
	Facility Registry	Facilities that bill automobile insurers must be enrolled in HCAI through the online self-registry. Facilities register individual health care providers.	BR-DS-A01
	Facility Registry	Facilities must be activated by the CPA to be available on HCAI for forms processing. The CPA activates the facility upon receipt of the signed enrolment form.	BR-DS-A02
	Provider Registration Number	Regulated health care providers must supply college registration numbers.	BR-DS-A03
	Facility Registry	Until the CPA activates the facility, the facility authorizing officer is only able to log in to HCAI to modify facility information and add health care providers.	BR-DS-A04
	User Management	Upon activation of the facility by the CPA, which occurs after receipt of the signed enrolment form, the facility's authorizing officer will be able to set up users and access HCAI functions.	BR-DS-A05
	Provider Forms	Each time a health care provider is added to HCAI, the facility must print the appropriate enrolment form, obtain the providers signature and retain the paper copy.	BR-DS-A06
	Provider End Date	To unlink a health care provider from a facility, the facility administrator must set the end date for the provider. If a provider's user account exists, it will be disabled as of the end date.	BR-DS-A07
	PMS Integration	If PMS integration is selected, the PMS vendor name is required.	BR-DS-A08
	Facility End Date	If the end date for a health care facility is entered, all user accounts will be disabled after 15 days and no form submission will be allowed after the end date.	BR-DS-A09
	Provider	Once enrolled, a health care provider's name and professions cannot be modified.	BR-DS-A10
	Provider	For a health care provider name change, the end date is entered and provider must be set up with new name.	BR-DS-A11
Service Provider Licensing			
		Only active Health Care Facilities that are registered in HCAI can apply and get a FSCO licence.	BR-FR-F01
		Owners of multiple facilities that have centralized billing will be expected to enroll each service location in HCAI that will be used to provide claimant services.	BR-FR-F09
		Owners of multiple facilities may have more than one licence for all service locations that will be used to provide claimant services.	BR-FR-F10
		Suspension of one service location (branch) will result in suspension of all other locations (branches) that belong to the same owner and have the same licence.	BR-FR-F11
		Multiple facilities under the same licensed owner can have different allowed dates of service.	BR-FR-F12

Item #	Data Field	Description	Related Rule ID
		Only one licence is applicable to any given facility at a time.	BR-FR-F13
		Surrender, suspension or revocation of a licence is not a violation of the HCAI terms and conditions, and HCAIP will not regard this event as grounds to expel a facility from HCAI.	BR-FR-F14

Appendix 2

Invoices For Goods And Services That Are Subject To This Guideline – SABS s. 49

SABS Section	Type of Service/Goods	Specified for the purposes of section 49	Not specified for the purposes of section 49
Medical Benefits			
15(1)(a)	Medical, surgical, dental, optometric, hospital, nursing, ambulance, audiometric and speech-language pathology services	Medical, nursing, audiometric and speech-language pathology services	Surgical, dental, optometric, hospital and ambulance services
15(1)(b)	Chiropractic, psychological, occupational therapy and physiotherapy services	✓	
15(1)(c)	Medication		✓
15(1)(d)	Prescription eyewear		✓
15(1)(e)	Dentures and other dental devices		✓
15(1)(f)	Hearing aids, wheelchairs or other mobility devices, prostheses, orthotics and other assistive devices	Supplies provided to the patient by health care providers	Supplies purchased by the patient
15(1)(g)	Transportation of the insured person to and from treatment sessions, including transportation for an aide or attendant		✓
15(1)(h)	Other goods and services of a medical nature	✓	
Rehabilitation Benefits			
16(3)(a)	Life skills training	✓	
16(3)(b)	Family counselling	✓	
16(3)(c)	Social rehabilitation counselling	✓	
16(3)(d)	Financial counselling		✓
16(3)(e)	Employment counselling		✓
16(3)(f)	Vocational assessments	✓	

SABS Section	Type of Service/Goods	Specified for the purposes of section 49	Not specified for the purposes of section 49
16(3)(g)	Vocational or academic training		✓
16(3)(h)	Workplace modification and workplace devices including communication aids		✓
16(3)(i)	Home modifications and home devices including communication aids, or a new home instead of home modifications		✓
16(3)(j)	Vehicle modifications or a new vehicle instead of modifying an existing vehicle		✓
16(3)(k)	Transportation for the insured person to and from counselling sessions, training sessions and assessments, including transportation for an aide or attendant		✓
16(3)(l)	Other goods and services other than case management, housekeeping and caregivers and any other good or service for which a benefit is otherwise provided in the SABS		✓
17	Case manager services	✓	
19	Attendant care services		✓
Examinations, Completion of Reports/Certificates, etc.			
25	Disability Certificate (OCF-3)		✓
25	Treatment Plan (OCF-18)	✓	
25	Application for Determination of Catastrophic Impairment (OCF-19)	✓	
25	Assessment of Attendant Care Needs (Form 1)	✓	
44	Insurer Examinations	✓	

Appendix 3

Validation Rules

Item #	Data Field	Description	Related Rule ID
Common Document Submission Rules			
1	Policy/Claim Number	Either the policy number or the claim number must be filled in.	PM-CSR1
2	Date of Accident	The date of accident must be • prior to or equal to the date of submission • and prior to or equal to the current date.	PM-CSR7
3	Date of Birth	The date of birth of an applicant must be prior to or equal to all dates on the document, including • the date of submission • the date of accident • and the current date.	PM-CSR4
4	Date of Birth	The applicant cannot be older than 120.	PM-CSR6
5	Health Care Provider Name	All health care providers listed on a document must be enrolled and validated in HCAI, except the Health Practitioner in Part 4 of the OCF-18. All such providers must be associated with a single health care facility which is enrolled and validated in HCAI.	PM-CSR28
6	Injury Code	Documents must have at least one injury code. The description of the injury or problem in the field “Description” must be an approved, standard description corresponding with one of the ICD-10-CA codes published by CIHI. *Note*: This rule doe not apply to Form 1.	PM-CSR14
7	Quantity	The estimated quantity on all goods or services line items must be greater than 0.	PM-CSR9
8	Sub-total	All sub-totals in the document must be equal to the sum of all the line items to which the sub-total applies.	PM-CSR10
9	Tax	Total tax must be • greater than or equal to 0 • and equal to the sum of all the line items.	PM-CSR25
10	Date of Applicant's Signature	The date of an applicant’s signature on treatment plans must be • prior to or equal to the current date • and equal to or after the date of accident.	PM-CSR31
	Forms	Document version submitted to HCAI must be the current version published by FSCO.	PM-CSR_R32
11		Health Care Facilities may submit documents with or without a valid FSCO licence.	PM-CSR_R33
Validation of unit of measure for goods and services rendered			
12	Quantity	If the measure is GD, PR, PG or SN, the quantity must be a whole number greater than 0.	BR-GPI_R12
13	Measure	For goods and services codes beginning with the letter "S", the unit of measure is either "SN" (session) or "HR" (hour).	BR-GPI_R05
14	Measure	For goods and services codes beginning with the letter "G", the unit of measure should always be "GD" (goods). • Codes not beginning with “G” must not have a measure “GD”.	BR-GPI_R06

Item #	Data Field	Description	Related Rule ID
15	Measure	For goods and services codes concluding with “TT” (travel time), the unit measure must be "HR" (hours).	BR-GPI_R07
16	Measure	For goods and services codes concluding with “KM” (mileage), the unit measure must be “KM” (kilometre).	BR-GPI_R08
17	Measure	If the measure is KM (kilometre) or HR (hour), decimals are allowed in the quantity.	BR-GPI_R13
18	Measure	For all CCI Codes, the unit of measure must be HR (hour) or PR (procedure). An exception will be made for codes beginning with "7" and concluding with "30", in which case the unit of measure "PG" (page) is also allowed. • Example: The CCI codes 7.SJ.30 and 7.SJ.30.LB may have unit of measure "PG".	BR-GPI_R04
Common Invoice (OCF-21) Submission Rules			
19	Other Service Type	If amounts are provider in the “Other Service Type” row in the “Other Insurance Amounts” section, then a description of the other service type is required.	IMBR-CS5
20	Payee Name (“Make Cheque Payable To”)	If the health care facility selects “No” for the “Payee Field Editable on Invoices?” option when registering on HCAI, then the “Make Cheque Payable To” field on all invoices must be left blank by the submitter and is populated by HCAI with the name of the payee specified by the health care facility in their configuration. If the health care facility has indicated it is not the payee or is unlicensed, then invoice is payable only to the claimant.	IMBR-CS6
21	Date of Service	The date of service of a rendered good or service must be • greater than or equal to the date of accident • and less than or equal to the date of submission.	IMBR-CS7
22	Quantity	Quantity of a rendered good or service must be greater than 0.	IMBR-CS9
23	Provider Reference	Each rendered good or service may be performed by more than one health care provider. However, only one provider can be specified on the invoice for each rendered good or service. The primary provider must be specified. The primary provider is the one who spends the most time rendering the good or service.	IMBR-CS14
24	Insurer Total	The auto insurer total amount on the invoice must be equal to the sum of the tax amount, MOH amount, other insurer 1 & 2 amounts, proposed line-item sub-total(s) and interest.	IMBR-CR1
25	Interest	Interest on an invoice must be manually calculated and entered into HCAI. Interest will not be calculated from the overdue amount on the invoice.	IMBR-CS39
26	Line Item	There must be at least one line item for goods and service rendered. A line item can be a treatment session. The description of the intervention in the field “Description” must be an approved, standard description corresponding to the CCI or GAP codes published by CIHI or HCAI, respectively.	IMBR-CS16
27		The Plan Number field cannot be left blank.	IMBR-CS46
28		The only acceptable values that can be entered in the Plan Number field are as follows: • A valid HCAI Document Number; OR • The word “exempt” (see Note) Note: In the case of a valid business scenario in which there is no Plan Number, the facility must enter the word “**exempt**” in the Plan Number field and cannot leave it blank.	IMBR-CS47

Item #	Data Field	Description	Related Rule ID
29			[Deprecated]
30		If a Plan Number is entered, it must be for the insurer (or insurer group) to which the plan was submitted.	IMBR-CS49
31		The OCF-21 may be submitted for a plan originated by another facility.	IMBR-CS50
32		If a Plan Number is entered on an OCF-21 and the OCF-21B portion of the form is completed, the Plan Number can refer only to an OCF-18, not an OCF-23.	IMBR-CS51
33		If a Plan Number is entered on an OCF-21 and the OCF-21C portion of the form is completed, the Plan Number can refer only to an OCF-23, not an OCF-18.	IMBR-CS52
34		First Date of Service in the "Reimbursable Fees Within the Minor Injury Guideline " section must be: • greater or equal to the date of accident. • and less than or equal to the date of submission *Note*: For block fees this is the date that the block of services was initiated.	IMBR-CS53
35		If the "Reimbursable Fees Within the Minor Injury Guideline" section of the OCF-21C contains one or more line items, at least one provider reference must be given on each line.	IMBR-CS54
36		Only MIG codes are allowed in the “Reimbursable Fees Within the Minor Injury Guideline” section on the OCF-21C.	IMBR-CS55
37		No MIG codes are allowed on the OCF-21B.	IMBR-CS56
38		Health Care Facilities can only declare they are the payee if submitting invoices with dates of service either: • before the licensing go-live date, OR • in one of the allowed date ranges (if any) communicated by FSCO to HCAI.	IMBR-CS57
39		All the other insurance credit and debit amounts must have a value greater than or equal to zero.	IMBR-CS58
OCF-18 Submission Rules			
40	Profession	A Health Practitioner’s profession must be one of the practitioner professions listed in the Statutory Accident Benefits Schedule (SABS).	PM-18R9
41	Date of Signature	The date of the signature of the Health Practitioner must be • on or after the date of accident • and on or before the date of submission.	PM-18R7
42	Profession	The Regulated Health Professional’s profession must be one of the regulated health professions listed in the regulations.	PM-18R10
43	Date of Signature	The date of the signature of the Regulated Health Professional must be • on or after the date of accident • and on or before the date of submission.	PM-18R6
44	Line Item	There must be at least one goods and service line item. A line item can be a treatment session. The description of the intervention in the field “Description” must be an approved, standard description corresponding to the CCI or GAP codes published by CIHI or HCAI, respectively.	PM-18R5
45	Count	The projected count for each goods and services line item must be greater than 0.	PM-18R2

Item #	Data Field	Description	Related Rule ID
46	Total Cost	The projected total cost for each goods and services line item must be • greater than or equal to 0 • and equal to the estimated cost per day times the projected count.	PM-18R1
47	Duration of Treatment	The estimated duration of the treatment plan (in weeks) must be greater than 0.	PM-18R3
48	Number of Treatment Visits	The number of treatment visits previously provided must be either blank or greater than or equal to 0.	PM-18R4
49	Auto Insurer Total	The auto insurer total amount on treatment plans must be equal to the sum of the sub-total, tax, MOH and other insurer 1 & 2 amounts.	PM-18R11
50	Total Count	The total count of all the goods and services must be equal to the sum of the total counts of each of the line items.	PM-CSR26
51		No MIG codes are allowed on the OCF-18.	PM-18R12
52		HCAI Facility Registry Number provided in Part 4 must be: • a valid HCAI Facility Registry Number (of the submitting health care facility or of the Health Care Practitioner's facility, if different from submitting facility), OR • can be left blank if the Health Practitioner is not enrolled with a facility registered in HCAI.	PM-18R13
OCF-23 Submission Rules			
53	Profession	The Health Practitioner's profession in Part 4,Signature of Initiating Health Practitioner section of the OCF-23, must be one of the following: • Chiropractor • Dentist • Nurse Practitioner • Occupational Therapist • Physician • Physiotherapist	PM-23R18
54	Date of Signature	The date of the signature of the Health Practitioner must be • on or after the date of accident • and on or before the date of submission.	PM-23R10
55	Guideline		[Deprecated]
56			[Deprecated]
57			[Deprecated]
58	Guideline Estimated Fee	The Guideline Estimated Fee must be greater than or equal to zero.	PM-23R27
59	Supplementary Goods & Services Estimated Fee	The Supplementary Goods & Services Estimated Fee must be greater than or equal to zero.	PM-23R28
OCF-21B Submission Rules			
		Refer to Common Invoice Submission Rules.	

Item #	Data Field	Description	Related Rule ID
61	Mandatory Fields for Rendered Goods and Services	The following fields for rendered goods and services line items are mandatory: • Date of service • Goods and services code • Provider reference • Quantity • Measure • Tax, i.e. must be either “Yes” (checked) or “No” (unchecked) • Cost	IMBR-CS10
OCF-21C Submission Rules			
62	Version	Invoice OCF-21, Version C must be used for billing goods and services within a Guideline issued by the Ontario Superintendent of Financial Services.	IMBR-CS1
63			IMBR-CS28 [Deprecated]
64	Fees	The "Reimbursable Fees Within the Minor Injury Guideline section of an OCF-21C may contain zero line items. If it contains one or more line items, the Proposed Cost of each such line item must be greater than or equal to zero. The Proposed Sub-total for this section must be greater than or equal to zero.	IMBR-CS44
65	Fees	The Guideline fee totals must equal the sum of all the individual reimbursable fees.	IMBR-CS30
66			[Deprecated]
Form 1 Submission Rules			
67	Profession	The Assessors authorized to sign the Form 1 must be an active Occupational Therapist, or Registered Nurse, or Nurse Practitioner in the facility initiating this form and registered in HCAI.	BR-F1-D01
68	Assessor Signature	A Form 1 cannot be submitted without answering “Yes” to the prompt “Is the signature on file?” in the Signature(s) of Assessor(s) section. *Note*: The signature of the Assessor must be captured on a paper version of the form and kept on file at the facility.	BR-F1-D06
69	Date of Signature	Date of the signature of the Assessor must be equal to or after the date of accident and prior to or equal to the date of submission.	BR-F1-D07
70	Date of Assessment	All Assessment dates must be: • on or after date of accident • on or before the date of submission • on or before signed date • on or after date of birth of the applicant	BR-F1-E01
71	Last Assessment Date	• If Last Assessment Date is provided, then it must be a valid date on or before the Assessment Date noted in the “Date of this assessment” field.	BR-F1-E04
72	Current Monthly Allowance	The value of Current Monthly Allowance, if provided, cannot be negative.	BR-F1-E07

Item #	Data Field	Description	Related Rule ID
73	Number of Minutes & Times per week	If the "Number of Minutes" is not blank, then the "Times per week" must also not be blank and vice versa.	BR-F1-G02
74	Number of Minutes & Times per week	The value of “Number of Minutes” and “Times per week”, if entered, must be greater than or equal to 0.	BR-F1-G03
75	Number of Minutes	The value of “Number of Minutes” field must be such that the resulting value of Total Minutes on each line item must be less than or equal to 10080.	BR-F1-G04
76	Subtotal	Subtotal of each section is calculated as a sum of “Total minutes per week” of all lines in this section.	BR-F1-G05
77	Total	Total of each Level is calculated as a sum of all section’s subtotals in this Level.	BR-F1-G06
78	Assessed Hourly Rate	Assessed Hourly Rate must be provided and must be greater than or equal to zero for each Part for which Assessed Subtotal is greater than zero.	BR-F1-G07