Property and Casualty - Auto Bulletins

Pension Bulletins

Monitoring and Enforcement Bulletins

Licensing Changes Bulletins

Bulletins by Sector

Bulletin

No. A-06/10
Property & Casualty
– Auto

Health Claims for Auto Insurance 2010 Rollout Guideline

To the attention of all insurance companies licensed to transact auto insurance in Ontario and all health care providers

With this Bulletin, the Financial Services Commission of Ontario (FSCO) is releasing the Health Claims for Auto Insurance 2010 Rollout Guideline – Superintendent's Guideline No. 01/10 (Guideline). This Guideline replaces the previous Health Claims for Auto Insurance 2009 Pilot Guideline – Superintendent's Guideline No. 03/09 that was issued in September 2009.

This Guideline is being issued because the operation of the Health Claims for Auto Insurance (HCAI) system in the pilot phase has demonstrated that it meets performance expectations. It sets out the process for the re-introduction of mandatory participation for all insurance companies licensed to transact auto insurance in Ontario, and for the phased re-introduction of mandatory participation for health care facilities and their associated providers who assess and/or treat individuals involved in motor vehicle accidents in Ontario.

An amended version of this Guideline will be issued before September 2010, to reflect the implementation of the new Statutory Accident Benefits Schedule – Effective September 1, 2010, which is associated with the government's auto insurance reform initiative.

HCAI 2010 Rollout Guideline

This Guideline is issued pursuant to section 268.3 (1) of the Insurance Act for the purposes of setting out the requirements for delivery of certain documents under sections 44.1(1) and 68(3.2) of the Statutory Accident Benefits Schedule – Accidents on or after November 1, 1996 (SABS). The Guideline enables the transmission of certain accident benefit claims forms between health care providers and insurers by way of a Central Processing Agency (CPA). The CPA is the agent designated to receive accident benefit claim forms on behalf of insurers.

As indicated in the Guideline, the system is designed to enable health care facilities to enrol in HCAI for the purpose of transmitting Ontario Claim Forms (OCF) 18, 21, 22 and 23 to auto insurers. Health care facilities may submit OCF forms to HCAI in one of two ways: either electronically (via the Web or a Practice Management System interface), or in paper format. Paper submissions need to be made to HCAI's data entry centre (DEC), where the data will be transcribed, and once validated, submitted electronically to the insurer. The DEC becomes

available as of May 22, 2010. In addition to receiving forms, the CPA will confirm that forms are completed and then make this information available to the insurers to whom they are addressed. The CPA also enables insurers to communicate claims approval and payment decisions to health care facilities.

The Guideline also:

- States that all insurers, and those health care facilities named on FSCO's website, are subject to the Guideline;
- Designates Health Claims for Auto Insurance Processing (HCAI Processing), an Ontario not-for-profit corporation, as the CPA;
- Sets out specific accident benefit claim forms that are subject to this Guideline and that must be delivered to the CPA;
- Describes how to deliver documents to the CPA;
- Includes rules governing attachments and when documents are considered to be received by the CPA;
- Includes rules dealing with the deemed receipt of documents;
- Includes coding information required to complete specified forms and documents; and
- Provides other technical details regarding HCAI and the CPA.

HCAI Participant List

After May 22, 2010, FSCO will no longer maintain the HCAI Participant List for insurers, as the system will become mandatory for all insurers who are licensed to transact auto insurance in Ontario.

HCAI Participating Provider List

Health care providers or facilities that wish to submit and receive information through the CPA must first enrol with the CPA, and agree to specific terms and conditions. The terms and conditions deal with confidentiality, security, liability, access and data integrity. Appendix 1 of the Guideline provides information on how to access the HCAI Participating Provider List, which provides the names of health care providers or facilities that are subject to the Guideline, and the dates their participation begins.

The HCAI Participating Provider List will be maintained by FSCO and is expected to be updated, at a minimum, on the first Monday of each month (or the next business day in the event of a holiday). The latest list is available on FSCO's website at: www.fsco.gov.on.ca/english/insurance/auto/hcai.asp.

Paper Submissions

HCAI's DEC has been established in order to allow for the submission of paper forms to any insurer by a Participating Provider, as defined in the Guideline. Starting May 22, 2010, paper versions of the forms may be delivered to HCAI's DEC – who will validate data on the forms, and then once validated, send them electronically to the insurer. Please note that a health care facility must choose which system it wants to use with HCAI, as it cannot be enrolled in both the electronic and paper submission systems simultaneously.

As indicated in the Guideline, any attachments to a form must be delivered directly to the insurer, and not sent to HCAI's DEC. Any attachments that are sent to the DEC will be considered not received by the insurer, and will be destroyed, not returned.

Any documents that are submitted to HCAI's DEC must be properly completed in accordance with the directions set out in the OCF forms, and the validation rules that are attached to the Guideline. HCAI's DEC will notify health care facilities of forms that are incomplete, or

incorrectly completed, within two business days of receipt. Health care facilities are encouraged to correct any errors that are identified by the DEC in its error report, and to resubmit the form as quickly as possible.

Enrolment in HCAI

Insurers and health care facilities must complete the enrolment process for HCAI before using the system. Any forms that are delivered to HCAI prior to enrolment will not be processed.

Please note that there are separate enrolment processes for each mode of transmission (electronic or paper). Facilities must notify HCAI if they wish to switch from one mode to another, and must complete the appropriate enrolment process.

Effective Date

The Guideline applies to all insurers that issue auto insurance policies in Ontario, and to participating health providers and facilities in respect to documents specified in the Guideline that are delivered on or after May 22, 2010 – regardless of the date of the accident to which they relate.

Publication

The Guideline will be published in an upcoming edition of The Ontario Gazette.

Additional HCAI Information

Inquiries, questions and additional information on the HCAI system (e.g., enrolment, coding, technical specifications, and educational material) can be found online at: www.hcaiinfo.ca. If a question is not addressed by this website, please contact HCAI Processing by telephone or e-mail:

- Telephone for HCAI Processing: (416) 644-3110
- E-mail for health facility/provider support: Providersupport@hcaiinfo.ca
- E-mail for insurer support: Insurersupport@hcaiinfo.ca

Philip Howell
Chief Executive Officer and
Superintendent of Financial Services

May 12, 2010

Attachment:

- Health Claims for Auto Insurance 2010 Rollout Guideline – Superintendent's Guideline No. 01/10

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Commission des services financiers de l'Ontario

Health Claims for Auto Insurance
2010 Rollout Guideline

May 2010

Superintendent's Guideline No. 01/10

Health Claims for Auto Insurance 2010 Rollout Guideline

Introduction

This Guideline replaces the Health Claims for Auto Insurance 2009 Pilot Guideline – Superintendent's Guideline No. 03/09 (the Pilot Guideline) issued in September 2009, and is issued pursuant to s. 268.3 (1) of the Insurance Act for the purposes of ss. 44.1 (1) and 68 (3.2) of the Statutory Accident Benefits Schedule - Accidents on or after November 1, 1996 (SABS).

As noted in the Pilot Guideline, only those insurers and health care providers that volunteered to participate in the pilot phase were governed by the Pilot Guideline. This Guideline is being issued because the operation of the Health Claims for Auto Insurance (HCAI) system in the pilot phase has demonstrated that it meets performance expectations. It sets out the process for the re-introduction of mandatory participation for all insurance companies licensed to transact auto insurance in Ontario, and for the phased re-introduction of mandatory participation for health care facilities and their associated providers who assess and/or treat individuals involved in motor vehicle accidents in Ontario.

An amended version of this Guideline will be issued before September 2010, to reflect the implementation of the new Statutory Accident Benefits Schedule – Effective September 1, 2010, which is associated with the government's auto insurance reform initiative.

This Guideline applies to documents specified in this Guideline that are delivered on or after **May 22, 2010,** 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 (facilities) and health care providers (providers) 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; and
- how insurers are to provide information to the CPA.

Insurers and Providers That Are Subject To This Guideline

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

Participating Providers

The Financial Services Commission of Ontario will continue to maintain and update from time to time, a list of identified health care facilities/providers (or specified branch offices thereof) participating in HCAI (the HCAI Participating Provider List) and the dates that their participation

begins. Please see Appendix 1 for details of how to obtain copies of the HCAI Participating Provider List in effect at any particular time.

For the purposes of this Guideline, each specified branch office of an identified facility, and each provider operating in a specified branch office of an identified facility, is a Participating Provider.

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.

This Guideline does not apply to:

- any reinsurer in respect of claims under a contract of reinsurance,
- any insurer in respect of which a winding-up order has been made under the Winding-up and Restructuring Act (Canada), or
- the Motor Vehicle Accident Claims Fund.

Designation of Central Processing Agency – SABS s. 68 (3.2)

Health Claims for Auto Insurance Processing is the CPA for the purposes of this Guideline and s. 68 (3.2) 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 health care goods and services providers 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.

Invoices For Goods And Services That Are Subject To This Guideline – SABS s. 44.1

Any invoice for goods or services specified in Appendix 2 of this Guideline for the purposes of s. 44.1 of the SABS must be in the form (the Auto Insurance Standard Invoice) approved by the Superintendent of Financial Services in accordance with s. 69 of the SABS.

This requirement applies only if:

- all of the goods or services referred to in the invoice are provided in Ontario by the Participating Provider,

- the invoice is not submitted by the claimant,
- the invoice is submitted by a Participating Provider and is payable to the Participating Provider, and
- payment of the invoice is claimed against a Participating Insurer with respect to a transaction with a Participating Provider.

Where this requirement applies, s. 44.1 (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.

Participating Providers 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 Providers are to invoice Participating Insurers for goods or services provided in Ontario separately from goods and services not provided in Ontario.

Documents That Must Be Delivered To The CPA

The following documents are specified for the purpose of s. 68 (3.2) of the SABS. Each of these documents must be delivered to the CPA (not directly to the insurer to whom it is addressed) in accordance with this Guideline, if it is delivered to a Participating Insurer by a Participating Provider:

OCF-18	Treatment Plan – SABS s. 38
OCF-21	Auto Insurance Standard Invoice – SABS s. 44.1 – but only if this Guideline requires the use of this form for the particular goods or services being billed
OCF-22	Application for Approval of an Assessment or Examination – SABS s. 38.2
OCF-23	Pre-approved Framework Treatment Confirmation Form – SABS s. 37.1

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. 68 (2) of the SABS.

***** An OCF-21 submitted to invoice an insurer only for the completion of a Disability Certificate (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 Provider.

Section 68 (3.2) 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. If such a document is delivered directly to an insurer instead of the CPA, despite the requirements of this Guideline, the insurer is under no obligation to respond to it, as the document will be deemed not to have been received by the insurer.

How To Deliver Documents To The Central Processing Agency

A document that is required by this Guideline to be delivered to the CPA shall be delivered in either of the following ways:

(1) Electronic Submission, or
(2) Paper Submission

(1) 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 Providers are authorized to deliver documents to the CPA electronically as described above, and to access information electronically from the CPA, once they have completed the appropriate enrolment process (see **Enrolment Of Users And Providers** below).

A Participating Provider may elect to enrol for either electronic submission or paper submission, but not both at the same time.

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

(2) Paper Submission

The CPA has established a data entry centre that is equipped to receive paper documents delivered by a Participating Provider in accordance with this Guideline on and after **May 22, 2010.**

On and after **May 22, 2010**, documents may be delivered to the CPA in paper form, by mail, fax or personal delivery in accordance with ss. 68 (2) (a), (b), (c) or (d) of the SABS, if addressed to the CPA's data entry centre as follows:

HCAI Processing – Data Entry Centre
P.O. Box 254
Orangeville ON L9W 3Z5
Fax number: (866) 346-6744

Participating Providers are authorized to deliver documents in paper form as described above, once they have completed the appropriate enrolment process (see **Enrolment Of Users And Providers** below).

A Participating Provider may elect to enrol for either electronic submission or paper submission, but not both at the same time.

As noted below under **Rules Governing Date of Receipt of Documents By Insurers,** any document delivered to the CPA's data entry centre by a Participating Provider that has not completed this enrolment process, and any document delivered by any Participating Provider before **May 22, 2010**, will be deemed not to have been received by the insurer, and will not be processed.

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 Provider 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 Participating Provider must specify, in the field provided in the document for that purpose, how many attachments are being delivered.

2. The document itself (but not the attachments) must still be delivered to the CPA (if in electronic format) or the CPA's data entry centre (if in paper form) as described above.

3. The attachments are not to be delivered to the CPA (or the CPA's data entry centre), but instead must be delivered directly to the insurer by one of the delivery methods described in s. 68 (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 or the CPA's data entry centre 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 is sent to the CPA.

5. Each attachment must be identified with the claimant's name, either the claim number or policy number, the date of the accident, and the document type (e.g., OCF-18, OCF-21, OCF-22 or OCF-23) to which the attachment relates, to enable the insurer to identify the document for which the attachment is intended.

Rules Governing Date of Receipt of Documents By Insurers

Section 68 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.

The SABS provides (s. 68 (7)) that a document delivered to the CPA by fax, personal delivery or 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. 68 (3.5)) 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. 68 (3.5), the manner in which the CPA is to notify the sender is by one of the delivery methods provided for in s. 68 (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. 68 (2) of the SABS.

As previously noted, the SABS further provides (s. 68 (3.2)) 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 (either directly or through its data entry centre) by a Participating Provider that has not completed the enrolment process, and any paper document delivered by any Participating Provider to the CPA's data entry centre before **May 22, 2010**, is not delivered as required by this Guideline and therefore shall be deemed not to have been delivered to an insurer.

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.

If the document is delivered in paper form, all completed fields must be legible.

All attachments must be legible.

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 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://www.hcaiinfo.ca/links.asp.

Requirements For Insurers

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. 44.1 (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. 68 (3.8) 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. 68 (3.9) 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 **Enrolment of Users And Providers** 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 Provider.

Enrolment Of Users And Providers

Before submitting information to, or receiving information from, the CPA, a provider, facility or insurer that is a Participating Provider or Participating Insurer shall enrol with the CPA and agree to its user terms and conditions. As noted above, providers and facilities may elect to enrol for either paper submission or electronic submission, but not both at the same time. The user terms and conditions may include commercially reasonable provisions to address responsibilities including confidentiality, security, liability, access, and data integrity.

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 providers, facilities or 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. 68 (2) of the SABS.

Appendix 1

HCAI Participating Provider List

Copies of the HCAI Participating Provider List in effect from time to time may be obtained at http://www.fsco.gov.on.ca/english/insurance/auto/hcai.asp.

Alternatively, printed copies may be obtained by contacting the Financial Services Commission of Ontario at 1-800-668-0128 extension 7123.

Appendix 2

Invoices For Goods And Services That Are Subject To This Guideline – SABS s. 44.1

SABS Section	Type of Service/Goods	Specified for the purposes of section 44.1	Not specified for the purposes of section 44.1
	Medical Benefits		
14(2)(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
14 (2)(b)	Chiropractic, psychological, occupational therapy and physiotherapy services	✓	
14(2)(c)	Medication		✓
14(2)(d)	Prescription eyewear		✓
14(2)(e)	Dentures and other dental devices		✓
14(2)(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
14(2)(g)	Transportation of the insured person to and from treatment sessions, including transportation for an aide or attendant		✓
14(2)(h)	Other goods and services of a medical nature	✓	
	Rehabilitation Benefits		
15(5)(a)	Life skills training	✓	
15(5)(b)	Family counselling	✓	
15(5)(c)	Social rehabilitation counselling	✓	
15(5)(d)	Financial counselling		✓
15(5)(e)	Employment counselling		✓
15(5)(f)	Vocational assessments	✓	
15(5)(g)	Vocational or academic training		✓

SABS Section	Type of Service/Goods	Specified for the purposes of section 44.1	Not specified for the purposes of section 44.1
15(5)(h)	Workplace modification and workplace devices including communication aids		✓
15(5)(i)	Home modifications and home devices including communication aids, or a new home instead of home modifications		✓
15(5)(j)	Vehicle modifications or a new vehicle instead of modifying an existing vehicle		✓
15(5)(k)	Transportation for the insured person to and from counselling sessions, training sessions and assessments, including transportation for an aide or attendant		✓
15(5)(l)	Other goods and services other than case management		✓
16	Attendant care services	Provided by health care providers and other professional care providers	Provided by family, neighbours and other non-professional care providers
17	Case manager services	✓	
	Examinations, Completion of Reports/Certificates, etc.		
24	Disability Certificate (OCF-3)		✓
24	Treatment Plan (OCF-18)	✓	
24	Application for Determination of Catastrophic Impairment (OCF-19)	✓	
24	Assessment of Attendant Care Needs (Form 1)	✓	
24.1	Consultations	✓	
32.1 & 42	Insurer Examinations	✓	
38.2	Application for the Approval of an Assessment or Examination (OCF-22)	✓	
42.1	Examinations and reports per section 42.1 of SABS	✓	

Appendix 3

Validation Rules

Item #	Data Field	Description	Validation #
OCF-18 Submission Rules			
1	Policy/claim number	Either the policy number or the claim number must be filled in.	PM-CSR1
2	Date of accident	Date of accident must be equal to or prior to the current date.	PM-CSR7
3	Date of birth	Date of birth of an applicant must be equal or prior to date of accident.	PM-CSR4
4	Date of birth	Applicant cannot be older than 120.	PM-CSR6
5	Facility Name	All Facility and providers listed in the form must be enrolled in HCAI, except the health practitioner in Part 5 of the OCF-18.	PM-CSR28
6	Profession	Health practitioner's profession must be one of the practitioner professions listed in the SABS.	PM-18R9
7	Date of Signature	Date of the signature of the Health Practitioner must be equal to or after the date of accident.	PM-18R7
8	Profession	Regulated Health Professional profession must be one of the regulated health professions listed on the form or named as 'other' and signatory must be associated with the submitting facility.	PM-18R10
9	Date of Signature	Date of the signature of the Regulated Health Professional or Social worker must be equal to or after the date of accident.	PM-18R6
10	Injury Code	Document must have at least one injury.	PM-CSR14
11	Line Item	There must be at least one goods and service line item. A line item can be a treatment session.	PM-18R5
12	Quantity	Estimated quantity of a goods or services item must be greater than 0 for all line items.	PM-CSR9
13	Quantity	If measure is GD, PR, PG, SN, quantity must be whole number and greater than 0.	N/A
14	Measure	If section code is S, measure must be SN.	N/A
15	Measure	If section code is G, measure must be GD.	N/A
16	Measure	If intervention code is TT, measure must be HR.	N/A
17	Measure	If intervention code is KM, measure must be KM.	N/A
18	Count	The projected count for each goods and services line item must be greater than 0.	PM-18R2
19	Total Cost	The projected total cost for each goods and services line item must be • greater than 0 • and must be equal to cost times projected total count	PM-18R1
20	Subtotal	Subtotal of the document must be equal to the sum of all the line items.	PM-CSR10

Item #	Data Field	Description	Validation #
21	GST	Total GST must be greater than or equal to 0.	PM-CSR11
22	PST	Total PST must be greater than or equal to 0.	PM-CSR12
23	Insurer total	Auto insurer total amount of the plan must be • greater than or equal to 0 • and equal to the sum of the subtotal (which includes GST and PST, MOH, other insurer 1 & 2 amounts and interest)	PM-CSR13
24	Duration of Treatment	Estimated duration of the treatment plan (in weeks) must be greater than 0.	PM-18R3
25	Date of applicant's signature	Date of an applicant's signature must be • equal or prior to the current date • and equal to or after the date of accident	PM-CSR31
OCF-22 Submission Rules			
1	Policy/claim number	Either the policy number or the claim number must be filled in.	PM-CSR1
2	Date of accident	Date of accident must be equal to or prior to the current date.	PM-CSR7
3	Date of birth	Date of birth of an applicant must be equal or prior to date of accident.	PM-CSR4
4	Date of birth	Applicant cannot be older than 120.	PM-CSR6
5	Facility Name	All Facility and providers listed in the form must be enrolled in HCAI.	PM-CSR28
6	Profession	Regulated Health Professional's profession must be one of the regulated health professions listed in the form or named as 'other' and signatory must be associated with the submitting facility.	PM-22R5
7	Date of signature	Date of the signature of the Regulated Health Professional or Social Worker must be equal to or after the date of accident.	PM-22R4
8	Nature of Assessment or Examination	One box must be selected.	N/A
9	Date of prior assessment	If the date of prior assessment is completed, it must be after or equal to the applicant's date of birth	PM-22R1
10	Line item	There must be at least one goods and service line item.	PM-22R3
11	Quantity	Estimated quantity of a goods or services item must be greater than 0 for all line items.	PM-CSR9
12	Quantity	If measure is GD, PR, PG, SN, quantity must be whole number and greater than 0.	N/A
13	Measure	If section code is S, measure must be SN.	N/A
14	Measure	If section code is G, measure must be GD.	N/A
15	Measure	If intervention code is TT, measure must be HR.	N/A
16	Measure	If intervention code is KM, measure must be KM.	N/A

Item #	Data Field	Description	Validation #
17	Subtotal	Subtotal of the document must be equal to the sum of all the line items.	PM-CSR10
18	GST	Total GST must be greater than or equal to 0.	PM-CSR11
19	PST	Total PST must be greater than or equal to 0.	PM-CSR12
20	Insurer total	Auto insurer total amount of the plan must be • greater than or equal to 0 • and equal to the sum of the subtotal (which includes GST and PST, MOH, other insurer 1 & 2 amounts and interest)	PM-CSR13
21	Date of applicant's signature	Date of an applicant's signature must be • equal or prior to the current date • and equal to or after the date of accident	PM-CSR31
OCF-23 Submission Rules			
1	Policy/claim number	Either the policy number or the claim number must be filled in.	PM-CSR1
2	Date of accident	Date of accident must be equal to or prior to the current date.	PM-CSR7
3	Date of birth	Date of birth of an applicant must be equal or prior to date of accident.	PM-CSR4
4	Date of birth	Applicant cannot be older than 120.	PM-CSR6
5	Facility Name	All Facility and providers listed in the form must be enrolled in HCAI.	PM-CSR28
6	Injury Code	Document must have at least one injury.	PM-CSR14
7	Profession	Regulated Health Practitioner's profession must be one of the health practitioner professions listed in the SABS.	PM-23R16
8	Date of signature	Date of the signature of the Health Practitioner must be equal to or after the date of accident.	PM-23R10
9	Quantity	Estimated quantity of a goods or services item must be greater than 0 for all line items.	PM-CSR9
10	Quantity	If measure is GD, PR, PG, SN, quantity must be whole number and greater than 0.	N/A
11	Measure	If section code is S, measure must be SN.	N/A
12	Measure	If section code is G, measure must be GD.	N/A
13	Measure	If intervention code is TT, measure must be HR.	N/A
14	Measure	If intervention code is KM, measure must be KM.	N/A
15	Subtotal	Subtotal of Part 9 in the document must be equal to the sum of all the line items in Part 9.	PM-CSR
16	Subtotal	Subtotal of Part 11 in the document must be equal to the sum of all the line items in Part 11.	PM-CSR
17	Total	Total of the document must be equal to the sum of the Part 9 sub-total and Part 11sub-total.	
18	Fee	Total PAF Fee must be greater than 0	PM-23R24

Item #	Data Field	Description	Validation #
19	Date of applicant's signature	Date of an applicant's signature must be • equal or prior to the current date • and equal to or after the date of accident	PM-CSR31
OCF-21A Submission Rules - apply to DEC only			
1	Plan Number	The Data Entry Centre will not accept an OCF-21A if a Treatment Plan (OCF-18) or an Application for Approval of an Assessment or Examination (OCF-22) has not been received by the DEC previously. In this case, an OCF-21B must be submitted	BR-DEC-00
2	Policy/claim number	Either the policy number or the claim number must be filled in.	PM-CSR1
3	Date of accident	Date of accident must be equal to or prior to the current date.	PM-CSR7
4	Date of birth	Date of birth of an applicant must be equal to or prior to date of accident.	PM-CSR4
5	Date of birth	Applicant cannot be older than 120.	PM-CSR6
6	Facility Name	All Facility and providers listed in the form must be enrolled in HCAI.	PM-CSR28
7	Injury Code	Document must have at least one injury.	PM-CSR14
8	Payee Name	The payee for an invoice must be the facility associated with the user creating the invoice unless the facility chooses not to "lock payable" when registering on HCAI. If this is the case, someone other than the facility can be paid.	IMBR-CS6
9	Signature date	Signature date of the authorized signatory must be later than or equal to the date of accident.	IMBR-CS42
10	Invoice	An invoice that is created from a plan can only be associated with that plan. An invoice for goods and services from more than one plan must be created from scratch.	IMBR-CS22
11	Date of Service	Date of Service of a rendered Good or Service must be equal to or after the date of accident.	IMBR-CS7
12	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 per 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
13	Other Service Type	If 'Other Service Type' is specified under other insurance amounts, then a description of the 'Other Service Type' is required.	IMBR-CS5
14	Subtotal	Subtotal of the document must be • equal to the sum of all the line items, plus • equal to the sum of GST and PST shown on each line item	PM-CSR10

Item #	Data Field	Description	Validation #
15	Insurer Total	Auto insurer total amount of the plan must be • greater than or equal to 0 • and equal to the sum of the subtotal (which includes GST and PST, MOH, other insurer 1 & 2 amounts and interest)	IMBR-CR1
OCF-21B Submission Rules			
1	Policy/claim number	Either the policy number or the claim number must be filled in.	PM-CSR1
2	Date of accident	Date of accident must be equal to or prior to the current date.	PM-CSR7
3	Date of birth	Date of birth of an applicant must be equal or prior to date of accident	PM-CSR4
4	Date of birth	Applicant cannot be older than 120.	PM-CSR6
5	Facility Name	All Facility and providers listed in the form must be enrolled in HCAI.	PM-CSR28
6	Injury Code	Document must have at least one injury.	PM-CSR14
7	Payee Name	The payee for an invoice must be the facility associated with the user creating the invoice unless the facility chooses not to “lock payable” when registering on HCAI. If this is the case, someone other than the facility can be paid.	IMBR-CS6
8	Signature date	Signature date of the authorized signatory must be later than or equal to the date of accident.	IMBR-CS42
9	Invoice	An invoice that is created from a plan can only be associated with that plan. An invoice for goods and services from more than one plan must be created from scratch.	IMBR-CS22
10	Quantity	Estimated quantity of a goods or services item must be greater than 0 for all line items.	PM-CSR9
11	Quantity	If measure is GD, PR, PG, SN, quantity must be whole number and greater than 0.	N/A
12	Measure	If section code is S, measure must be SN.	N/A
13	Measure	If section code is G, measure must be GD.	N/A
14	Measure	If intervention code is TT, measure must be HR.	N/A
15	Measure	If intervention code is KM, measure must be KM.	N/A
16	Date of Service	Date of Service of a rendered Good or Service must be equal to or after the date of accident.	IMBR-CS7
17	Quantity	Quantity of a rendered Good or Service must be greater than 0.	IMBR-CS9

Item #	Data Field	Description	Validation #
18	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 per 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
19	Other Service Type	If 'Other Service Type' is specified under other insurance amounts, then a description of the 'Other Service Type' is required.	IMBR-CS5
20	Subtotal	Subtotal of the document must be • equal to the sum of all the line items, plus • equal to the sum of GST and PST shown on each line item	PM-CSR10
21	Insurer Total	Auto insurer total amount of the plan must be • greater than or equal to 0 • and equal to the sum of the subtotal (which includes GST and PST, MOH, other insurer 1 & 2 amounts and interest)	IMBR-CR1
OCF-21C Submission Rules			
1	Policy/Claim Number	Either the policy number or the claim number must be filled in.	PM-CSR1
2	Date of accident	Date of accident must be equal to or prior to the current date.	PM-CSR7
3	Date of birth	Date of birth of an applicant must be equal or prior to date of accident.	PM-CSR4
4	Date of birth	Applicant cannot be older than 120.	PM-CSR6
5	Facility Name	All Facility and providers listed in the form must be enrolled in HCAI.	PM-CSR28
6	Payee Name	The payee for an invoice must be the facility associated with the user creating the invoice unless the facility chooses not to "lock payable" when registering on HCAI. If this is the case, someone other than the facility can be paid.	IMBR-CS6
7	Signature date	Signature date of the authorized signatory must be later than or equal to the date of accident	IMBR-CS42
8	Injury Code	Document must have at least one injury	PM-CSR14
9	Goods and Services	Invoice OCF-21, Version C must be used for billing goods and services within the guidelines of a Pre-approved Framework	IMBR-CS1
10	Quantity	Estimated quantity of a goods or services item must be greater than 0 for all line items.	PM-CSR9
11	Quantity	If measure is GD, PR, PG, SN, quantity must be whole number and greater than 0.	N/A
12	Measure	If section code is S, measure must be SN.	N/A
13	Measure	If section code is G, measure must be GD.	N/A
14	Measure	If intervention code is TT, measure must be HR.	N/A

Item #	Data Field	Description	Validation #
15	Measure	If intervention code is KM, measure must be KM.	N/A
16	Date of Service	Date of Service of a rendered Good or Service must be equal to or after the date of accident.	IMBR-CS7
17	Quantity	Quantity of a rendered Good or Service must be greater than 0.	IMBR-CS9
18	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 per 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
19	PAF Types	For an OCF-21C, the PAF type for an invoice must be the same as the PAF Type on the originating plan.	IMBR-CS28
20	Fees	For an OCF-21C, there must be a minimum of one reimbursable fee within the PAF guideline	IMBR-CS29
21	Fees	For an OCF-21C, PAF fee totals must equal the sum of the all individual reimbursable fees.	IMBR-CS30
22	Other Service Type	If 'Other Service Type' is specified under other insurance amounts, then a description of the 'Other Service Type' is required.	IMBR-CS5
23	Totals	For an OCF-21C, the other goods and services total must equal the sum of all the individual other reimbursable goods and services specified.	IMBR-CS31
24	Subtotal	Subtotal of the document must be equal to the sum of all the line items.	PM-CSR10
25	GST	Total GST must be greater than or equal to 0.	PM-CSR11
26	PST	Total PST must be greater than or equal to 0.	PM-CSR12
27	Insurer Total	Auto insurer total amount of the plan must be • greater than or equal to 0 • and equal to the sum of the subtotal (which includes GST and PST, MOH, other insurer 1 & 2 amounts and interest)	IMBR-CR1