PMP HCAI & OCF Guide

December 2014

Contents

Contact Information

What is HCAI?

Health Claims for Auto Insurance (HCAI) is part of an ongoing effort to improve the delivery of health care benefits to Ontarians injured in automobile collisions. HCAI seeks to automate the exchange of standardized health claim information between health care providers and insurance companies.
An initiative of Ontario auto insurers, HCAI has been developed in consultation with the Financial Services Commission of Ontario (FSCO), health care provider associations and other stakeholders in the auto insurance system.

About HCAI

HCAI is an electronic system for transmitting auto insurance health claim forms between insurers and health care providers in Ontario. The HCAI system is administered by Health Claims for Auto Insurance Processing (HCAI Processing), a not-for-profit organization.
The primary goal of the system is to provide timely, accurate data to monitor the auto insurance system in Ontario.

The HCAI application enables health care facilities that treat people injured in automobile collisions to transmit various Ontario Claim Forms (OCFs) to insurers electronically. Insurers then electronically adjudicate the OCFs.

Some of the regulatory reforms the Ontario Government has introduced to Ontario's auto insurance system impact the OCFs that are submitted using the HCAI system.

As of September 1, 2010 all new submissions for treatment, assessment and invoicing must be submitted by health care facilities using the revised forms. The revised OCFs are:

- OCF-18, Treatment and Assessment Plan
- OCF-23, Treatment Confirmation Form
- OCF-21B/C, Auto Insurance Standard Invoice

What are ICD-10 and ICD-10-CA?

The *International Statistical Classification of Diseases and Related Health Problems – Tenth Revision (ICD-10)* is an international standard for reporting diseases, injuries, and causes of death developed by the *World Health Organization* (WHO).

ICD-10-CA is an enhanced version of ICD-10 developed by Canadian Institute for Health Information (CIHI) and is the classification facilities use to record problems, diagnoses, symptoms and other conditions necessitating contact with health care providers.

What is CCI?

The Canadian Classification of Health Interventions, referred to as CCI, was developed by CIHI. It is a comprehensive list of codes for diagnostic, therapeutic, and support interventions.

What are GAP Codes?

GAP codes were developed by Insurance Bureau of Canada in conjunction with automobile insurers and health care providers. They were designed to cover those items billed to automobile insurers by providers that are not covered by the Canadian Classification of Health Interventions (CCI) or may be more efficiently coded using the GAP codes.

Items that may fall outside of the realm of a medical / rehabilitation procedure, intervention, or service, are coded by providers using GAP codes. These include: goods, supplies, assistive devices, mileage, travel time, pre-approved framework reimbursement codes, telephone consultation between the Insurer Examiner and the proposing health practitioner and session codes. These GAP codes are also used to identify various types of assessments and examinations including: DAC assessments, Insurer Initiated Examinations, Practitioner Initiated Examinations, Pre-Claim Examinations, and Rebuttal Examinations.

The hierarchical coding structure of GAP codes is similar to CCI codes to allow summarizing at various levels. GAP codes can be immediately distinguished from CCI codes by the leading alphabetic character, as all CCI codes begin with a numeric code.

What is FSCO?

The Financial Services Commission of Ontario (FSCO) is an agency of the Ministry of Finance that regulates certain financial services sectors conducting business in Ontario. FSCO and HCAI work collaboratively on various initiatives to fight fraud in Ontario's auto insurance system.

How are HCAI and FSCO Connected?

An initiative of Ontario auto insurers, HCAI has been developed in consultation with the Financial Services Commission of Ontario (FSCO), health care provider associations and other stakeholders in the auto insurance system. Healthcare facilities must be registered with HCAI in order to submit Ontario Claim Forms (OCFs).

FSCO's legislative mandate is to provide regulatory services that protect the public interest and enhance public confidence in the sectors it regulates. FSCO regulates the insurance sector and healthcare facilities must be licensed with FSCO in order to be paid for OCF21s that are submitted through HCAI.

Government Efforts to Curtail Fraud in Auto Insurance

From 2006 to 2010 Ontario experienced a substantial increase in automobile insurance claims costs. The significant increase in costs was primarily attributed to increases in Statutory Accident Benefits (SABS) claims costs.

In the **2013 Ontario Budget**, the government committed to take further action to address fraud in the auto insurance sector. Among other announced measures, the government signalled its intention to give FSCO the authority to license health clinics that invoice auto insurers and regulate their business and billing practices.

Bill 65, Prosperous and Fair Ontario Act established the legislative framework for FSCO to license and regulate Service Providers. Once licensed, a Service Provider will be able to continue to be paid directly by an auto insurer for certain services ("listed expenses") invoiced through HCAI.

How FSCO is Regulating Service Providers

The Financial Services Commission of Ontario (FSCO) is responsible for the licensing and regulation of the business and billing practices of service providers. As of December 1, 2014, service providers must be licensed in order to receive direct payment from auto insurers for goods and services (listed expenses) provided on or after December 1, 2014, in connection with the SABS.

Typically, service providers are health and rehabilitation clinics, as well as providers of assessments and examinations.

Service provider licences are issued at the business or legal entity level. This means that only one licence is needed for all of the facilities, branches or locations operated by the same service provider that provide specified goods or services (listed expenses) to statutory accident benefit claimants.

For the purposes of applying for a licence, FSCO classifies service provider businesses according to the legal structure of the business.

- Sole Proprietorship
- Partnership (General and Limited)
- Corporations

Provider Licences

Beginning December 1, 2014:

- A service provider will need a service provider licence to receive direct payment from automobile insurers for these listed expenses.
- Automobile insurers will not be allowed to pay a service provider for listed expenses in connection with goods or services provided on or after December 1, 2014, if the business or legal entity does not hold a service provider licence.

Note: Unlicensed service providers will still be required to submit all OCF forms through the HCAI system, but will not be able to receive direct payment from auto insurers. Unlicensed service providers must seek payment from their claimants, who in turn, will seek reimbursement from their insurer.

Submitting OCF21's – With or Without a Licence:

Submitting OCF-21s and Getting Paid With or Without a Service Provider Licence
Whether or not they choose to pursue a Service Provider Licence, chiropractors will retain the right to treat auto insurance patients. FSCO has clarified how this change will affect service providers who choose not to become licensed. **Both licensed and unlicensed service providers will continue to complete and submit the Auto Insurance Standard Invoice (OCF-21) through HCAI.** Insurers will continue to record their adjudication decisions in HCAI for all invoice submissions from licensed and unlicensed service providers.
Reimbursement following submission of the OCF-21 will be different for licensed and unlicensed service providers:

- Insurers will pay licensed service providers directly on submitted OCF-21s in accordance with the SABS for goods and services provided on or after December 1, 2014
- Insurers will be prohibited from paying unlicensed service providers directly on OCF-21s for goods and services provided on or after December 1, 2014. Unlicensed service providers are to:
    - Collect payment directly from the claimant.
    - Provide a hard copy of the HCAI-validated OCF-21 to the claimant for submission to his/her insurer.

PMP HCAI Electronic Data Interchange

The PMP HCAI interface was created to allow PMP users to send OCF forms and claims from within their PMP programs directly to the HCAI system. This is completed without the need to access the HCAI system. The program is intuitive and has an easy-to-use interface.

Here are just a few of the benefits for using the PMP HCAI interface:

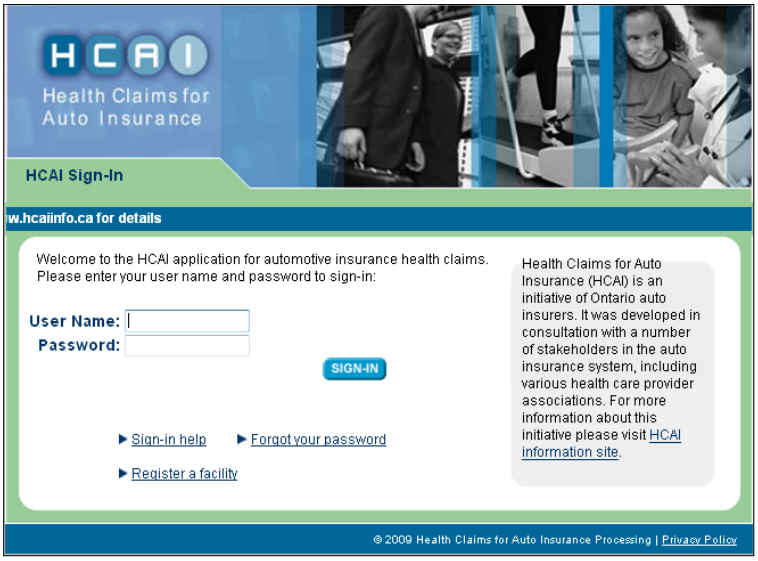
- information transfers from the patient file to OCF forms and then all details copy to additional reports, reducing the amount of time required for completion of subsequent forms
- OCF forms & invoices are created in PMP and do not need to be duplicated on the HCAI website
- Claims and forms are made and stored locally, on your computer
- Claims and forms are created without access to the internet. An internet connection is required only to send completed forms.

In order for PMP users to use the PMP HCAI interface for electronic submission of auto insurance claims and forms you must first have:

- Registered with HCAI and selected your submission method as PMS
- Downloaded and install the PMP HCAI module.

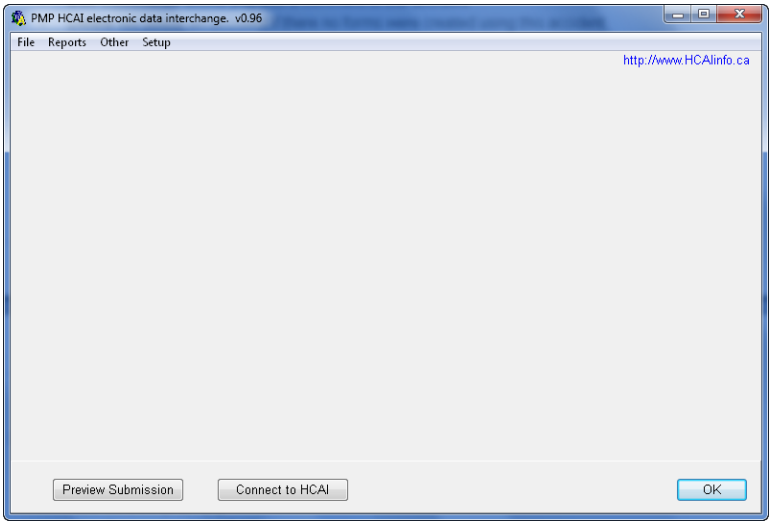
Using the HCAI System

The HCAI system, accessed through the internet, www.hcai.ca, is used for updating facility, payee, and practitioner information.



Using the PMP HCAI Interface

The PMP HCAI interface, accessed from a desktop icon named **PMP HCAI**, is used for submission and retrieving adjudication responses of OCF forms and claims electronically.

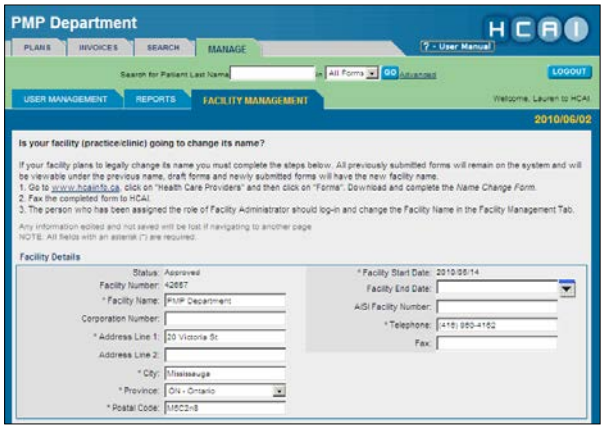


Setup Procedure for usinge PMP for HCAI

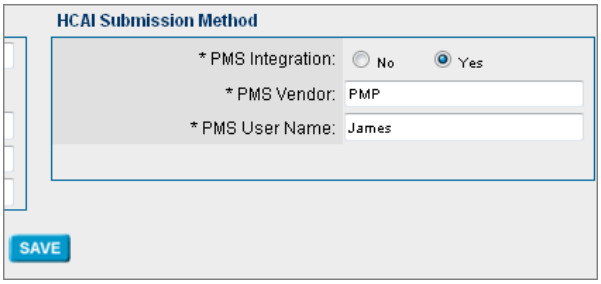
Changing your HCAI Submission Method

This procedure will change your submission method to allow you to submit OCF forms and claims directly to HCAI through the internet using the PMP HCAI interface.

Access the HCAI website from your internet browser at www.hcai.ca and login.



Click the **Manage** tab at the top of the screen and click **Facility Management** on the lower tabs.



Scroll down the screen until you locate the **HCAI Submission Method**.

Select **Yes** to **PMS Integration*.
Type **PMP** into **PMS Vendor*:
Type a user name into the **PMS User Name:* field.

Click **Save**. Your PMS Password will now appear on the screen. Write this password down.

Your password is case sensitive.

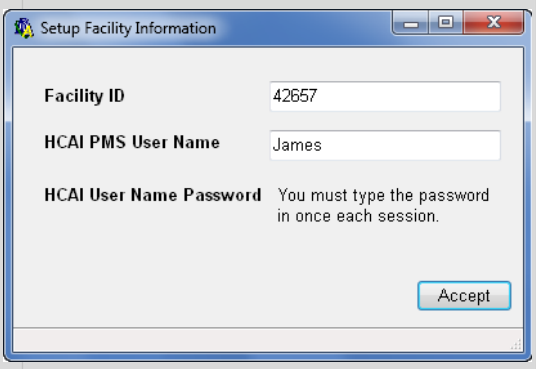
User Names and Passwords

PMP HCAI interface users will have two user names and passwords. One set for entering the HCAI system and one set for entering the PMP HCAI interface.

HCAI INTERFACE

This is your HCAI system user name and password screen. This information was provided to you by HCAI.

PMP HCAI INTERFACE



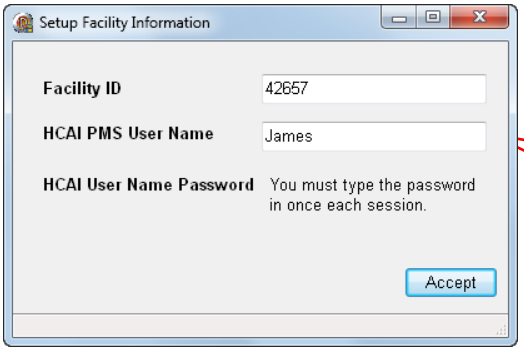
This is your PMP HCAI interface user name screen. The user name was created by you when you chose PMS method for claim submission (see above) and the password appeared on the screen after saving.

Set Up for PMP HCAI

Now you will need to set up the Facility Information. This is a first time procedure only and will not need to be repeated.

Double click the **PMP HCAI** icon on the desktop.

This screen requires you to use the *PMS User Name* that you selected when you set up **HCAI Submission Method**, detailed on the previous page. Go to the **Setup** menu, **Setup Facility**. Input user name that you selected.

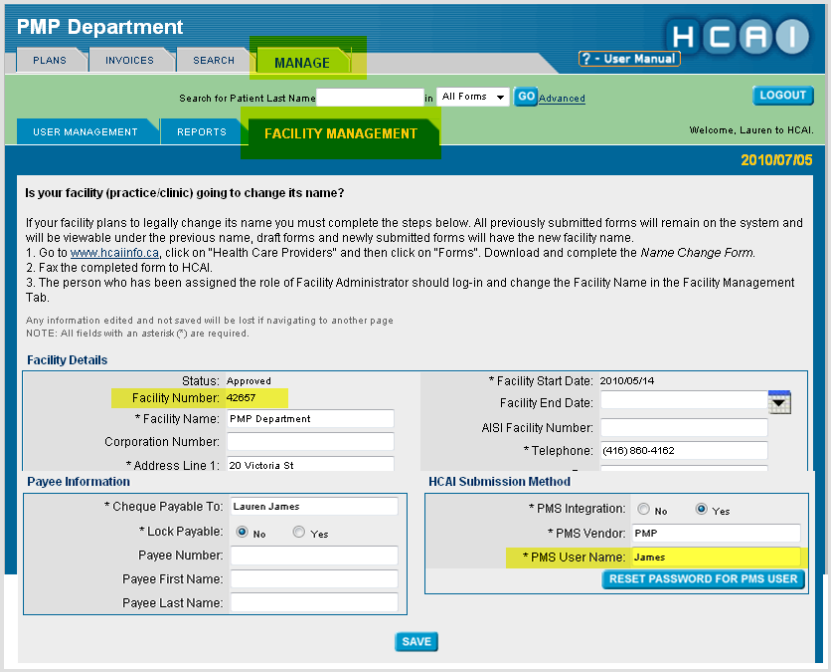


This is **NOT** the user name that you use to get into the HCAI system.

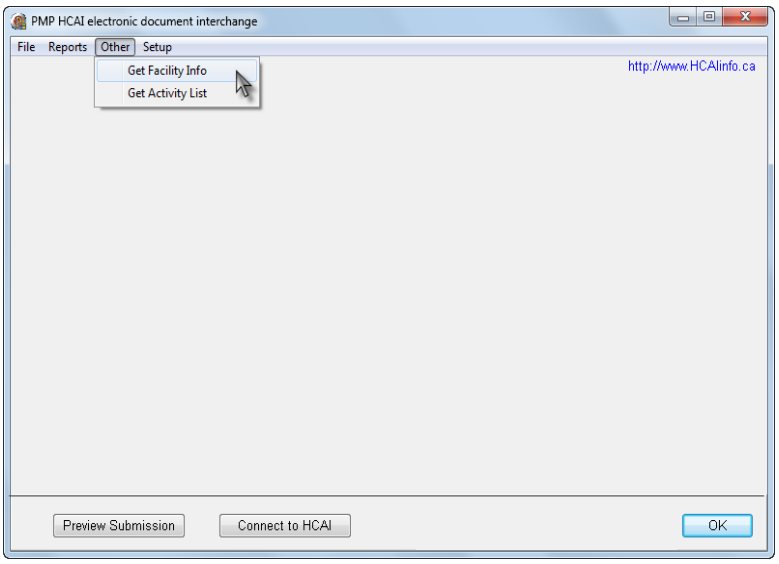
Click **Accept.**

If you do not know your **Facility ID** and **HCAI PMS User Name** they can be found on the **Facility Management** tab under **Manage** of the HCAI web portal, **www.hcai.ca**.

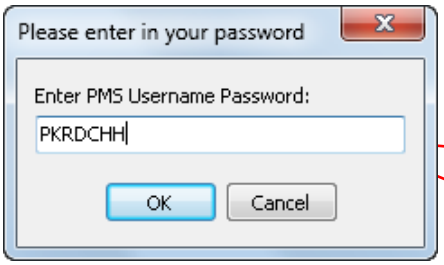
You can also reset your password in this screen.



Once you have input the Facility Information, go back into **PMP HCAI**. Go to the **Other** menu, **Get Facility Info**. This will communicate with HCAI and bring back Provider ID's which are required in order for practitioners to successfully submit OCF forms to HCAI.



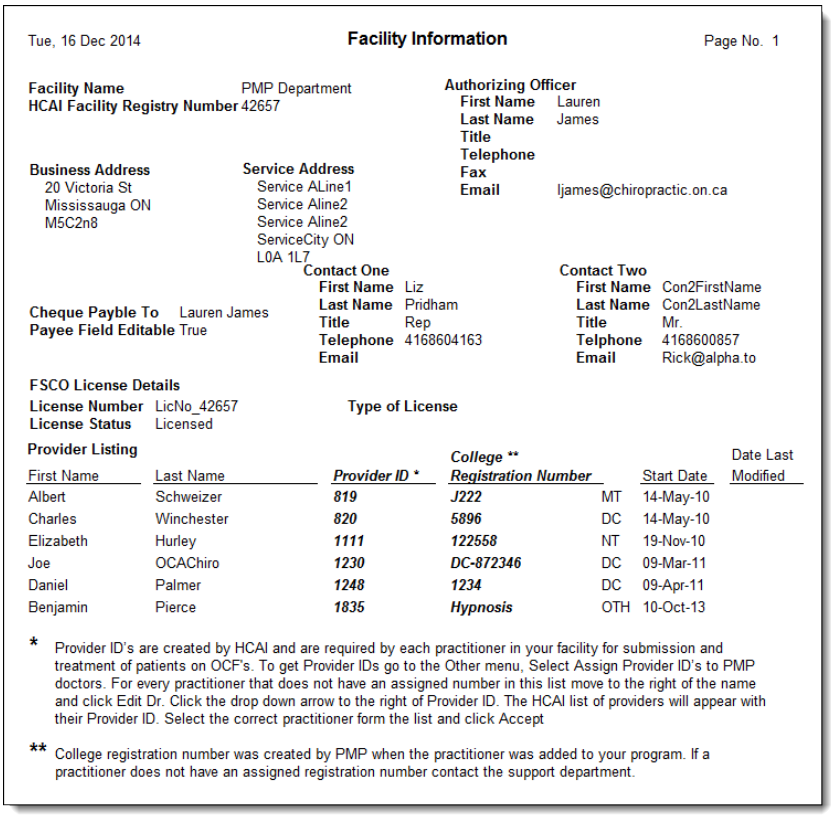
You will be presented with a PMS HCAI password screen. This is your **PMS Password** that is or was given to you after selecting PMS as your submission method. This is different from the password for the Authorizing Officer.



This is **NOT** the authorizing officer password that you use to get into the HCAI system.

Type in your PMS password, note that it is case sensitive. Click **OK**.

To view or print your Facility Information report that details your facility and Provider ID's go to the **Reports** menu, **Facility Information**. This report is updated every time you select **Connect to HCAI** or select **Get Facility Info**. Click **Run the Report**.



Tue, 16 Dec 2014 — **Facility Information** — Page No. 1

Facility Name PMP Department
HCAI Facility Registry Number 42657

Authorizing Officer
First Name Lauren
Last Name James
Title
Telephone
Fax
Email ljames@chiropractic.on.ca

Business Address
20 Victoria St
Mississauga ON
M5C2n8

Service Address
Service ALine1
Service Aline2
Service Aline2
ServiceCity ON
L0A 1L7

Cheque Payble To Lauren James
Payee Field Editable True

Contact One
First Name Liz
Last Name Pridham
Title Rep
Telephone 4168604163
Email

Contact Two
First Name Con2FirstName
Last Name Con2LastName
Title Mr.
Telphone 4168600857
Email Rick@alpha.to

FSCO License Details
License Number LicNo_42657
License Status Licensed
Type of License

Provider Listing

First Name	Last Name	*Provider ID **	*College ** Registration Number*		Start Date	Date Last Modified
Albert	Schweizer	*819*	*J222*	MT	14-May-10	
Charles	Winchester	*820*	*5896*	DC	14-May-10	
Elizabeth	Hurley	*1111*	*122558*	NT	19-Nov-10	
Joe	OCAChiro	*1230*	*DC-872346*	DC	09-Mar-11	
Daniel	Palmer	*1248*	*1234*	DC	09-Apr-11	
Benjamin	Pierce	*1835*	*Hypnosis*	OTH	10-Oct-13	

* Provider ID's are created by HCAI and are required by each practitioner in your facility for submission and treatment of patients on OCF's. To get Provider IDs go to the Other menu, Select Assign Provider ID's to PMP doctors. For every practitioner that does not have an assigned number in this list move to the right of the name and click Edit Dr. Click the drop down arrow to the right of Provider ID. The HCAI list of providers will appear with their Provider ID. Select the correct practitioner form the list and click Accept

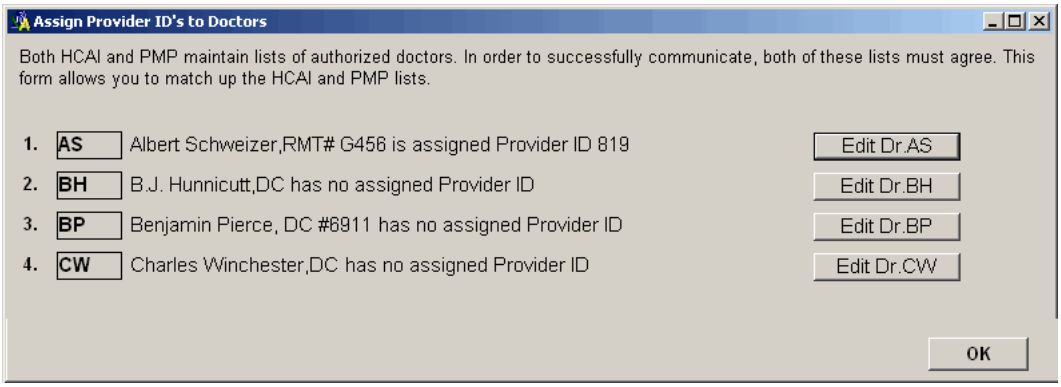
** College registration number was created by PMP when the practitioner was added to your program. If a practitioner does not have an assigned registration number contact the support department.

Assign Provider ID's to PMP Doctors

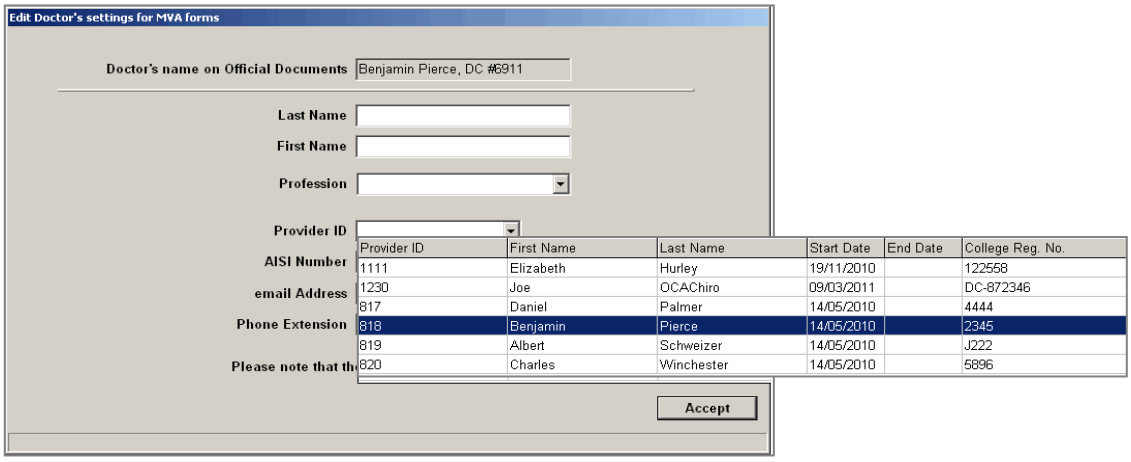
Provider ID's are created by HCAI and are required by each practitioner in your facility if they are submitting or treating patients on OCF's.

Go to the **Other** menu. Select **Assign Provider ID's to PMP doctors**.

For every practitioner that does not have an assigned number in this list move to the right of the name and click **Edit Dr.**



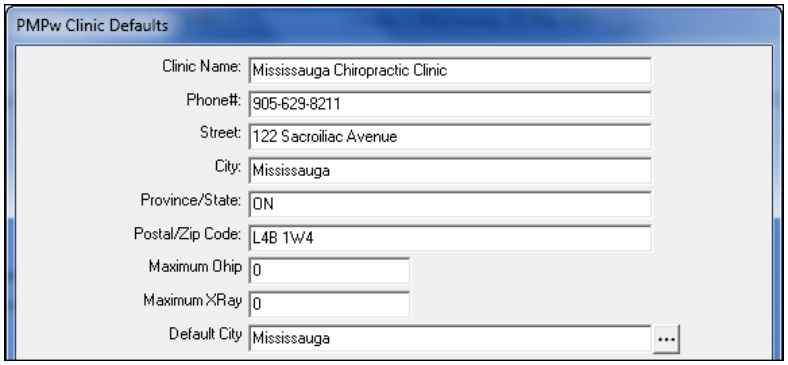
Click the drop down arrow to the right of Provider ID. The HCAI list of providers will appear with their Provider ID. Select the correct practitioner form the list and click **Accept**.



Corrections can be made to this screen but changing the Provider ID and practitioner type will result in rejections.

Setting Up Clinic Address Information in PMP

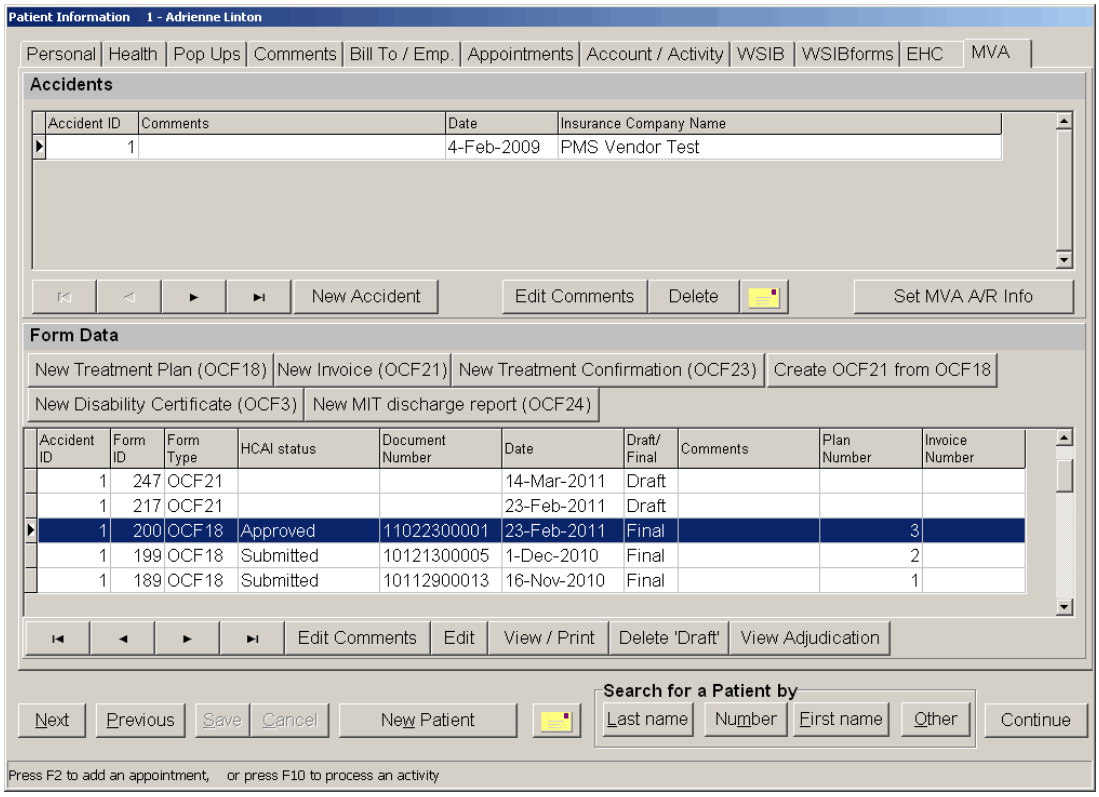
Clinic address information is pulled into OCF forms from *Clinic Defaults* in PMP. To make sure your clinic information is correct go into **PMP**, select the **Setup** menu and **Clinic Defaults.** Confirm, correct, or add your clinic information.



OCF Forms in PMP

PMP makes completion of auto insurance forms easy and uncomplicated. OCF Forms are located in **Patient Information** on the **MVA** tab.

Patient Information MVA tab



Accidents

The **Accidents** section lists all accidents related to this patient. Buttons in this section are:

- **New Accident** a new accident is created and populated after creating a new form
- **Edit Comments** allows you add a comment to the accident
- **Delete** will delete an accident if there no forms were created using this accident
- the *envelope* icon allows you to use your Dymo LabelMaker to create a label for the insurance company
- **Set MVA A/R Info** shows MVA information listed on this tab prior to the addition of OCF forms.

Form Data

All OCF forms required by the HCAI system are created by clicking the appropriate button:

- **New Treatment Plan (OCF 18)**
- **New Invoice (OCF 21)**

- **New Treatment Confirmation (OCF 23)**
- **Create OCF 21 from OCF**. To use this form click onto a finalized OCF18 or 23 form in the list to activate
- **New Disability Certificate (OCF 3)** ***Note:*** OCF 3 forms are not submitted to HCAI
- **New MIG discharge report (OCF24)** ***Note*****:** OCF 24 forms are not submitted to HCAI

Below the report buttons are your list of forms for this patient. As each report is created it will be listed in this area. Available columns are:

- **Accident ID** Patients can have more than one accident. This field notes which form is being reported on
- **Form ID** Each form created in PMP will have a unique number
- **Form Type** The type of OCF form
- **HCAI status** See below
- **Document Number** A unique reference number assigned to each form by HCAI
- **Date** The last date a form was modified
- **Draft / Final** The completion status of a form
- **Comments** Use this area to make notes that assist you with relevant information
- **Plan Number** Treatment plan number
- **Invoice Number** The invoice number submitted for a treatment plan

The **HCAI Status** column will display the status of the form. Below is a list of the available status's:

- **Ready to Submit** This status is displayed after a form is closed using the 'Save for HCAI' button. These forms will be included in the next batch (group) of forms that are submitted to HCAI
- **Submitted** Displayed when a form was submitted successfully to HCAI
- **Submit Errors** Displayed if a form was rejected by HCAI due to errors
- **Approved** Set by HCAI if responses were retrieved from insurers during communication with HCAI for OCF 18 & 21
- **Responded** Set by HCAI if responses were retrieved from insurers during communication with HCAI for OCF23
- **Partially Approved** Set by HCAI if responses were retrieved from insurers during communication with HCAI when the insurance company has partially approved a form
- **Declined** Set by HCAI if responses were retrieved from insurers during communication with HCAI when the insurance company has not approved the form
- 'blank' HCAI status field is displayed for forms that are not submitted to HCAI; OCF 3 and 24

- **In transaction** the form is in an error status and has not been sent. Contact support for specific resolution

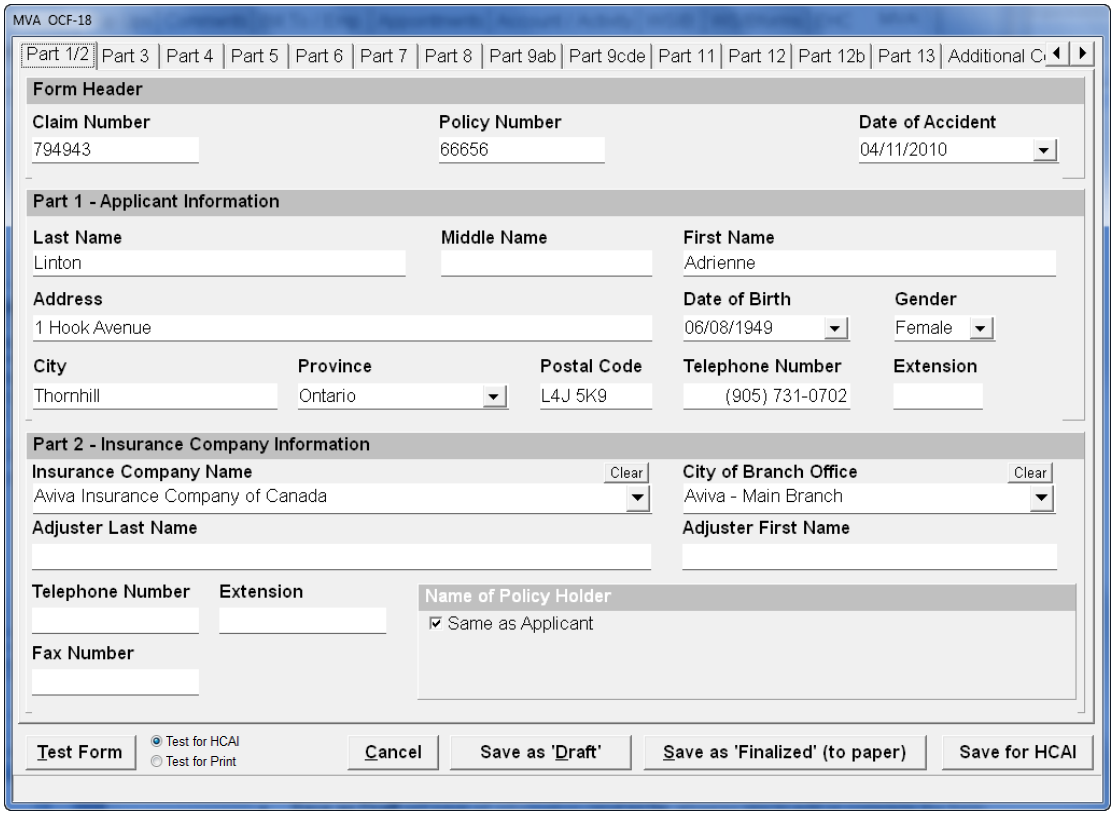
Buttons listed below forms offer additional functions for the listed forms:

- **Edit Comment** allows you to add comments to a form
- **Edit** allows a *Draft* form to be edited
- **View / Print** will open the viewer and display your form
- **Delete 'Draft'** allows you to delete *Drafts*. ***Note*: *Final*** forms cannot be edited or deleted
- **View Adjudication** will open a report detailing the insurer response to the specified form.

Creating OCF Forms for HCAI or DEC Submission

Click onto the **New Accident** button. Click **Yes**, then **OK**.

Click onto one of the Data Form buttons to create the required report. The form will open with the parts in tabs across the top. Click on any tab to go to that specific section.



Additional Buttons

The bottom portion of the form contains the following buttons:

- **Test Form** when pressed will mark a red 'X' on the tabs signifying incomplete parts of the form and highlight specific required fields in yellow.
- **Test for HCAI** or **Print** will modify the test based upon your selection
- **Cancel** closes the form without saving and brings the user back to the Auto screen
- **Save as Draft** will save all information input so far allowing you to edit or complete the form at a later time
- **Save as Finalized (to paper)** saves the form for fax or mail submission. Use this button only when the form will not be submitted electronically for HCAI and for OCF 3 and 24. Finalized forms cannot be edited.
- **Save for HCAI** will add the form to the submission that will be submitted to HCAI the next time a submission is made. To remove a form from the submission choose **Edit** and then **Save as Draft**.

PMP has incorporated HCAI rules into forms. This means that many fields are required and certain pre-requisites or criteria must be met before a form can be submitted to HCAI or finalized for paper submission.

Click **Test Form** to locate incomplete areas of the form that are required. Tabs where validation rules fail will be marked with a red X. Fields will be highlighted in yellow. Move your mouse over yellow fields to produce a hint. Once a yellow field has been completed the colour will return to normal upon choosing **Test Form** again.

If you are unable to complete the form click **Save as Draft.** The form will be saved as a ***Draft*** on the main Auto screen. Click **Edit Comments.** Type a comment relating to the status or missing information pertaining to this form. Click **OK**. The comment will now be added to the form. To continue to input information into a draft form click the form in the list followed by **Edit**.

When the form is complete click either **Save as Finalized** if the form is *not being submitted electronically to HCAI* or **Save for HCAI** if the form will be submitted electronically through the PMP HCAI module.

The form will then be saved with a status of *Ready to Submit*. Once the PMP HCAI module has been accessed the form will be sent with the submission to HCAI.

To remove a form from the submission, click the form and **Edit**. Once the form is open choose **Save as Draft**. This returns to form to 'draft' mode and will remove it from the submission.

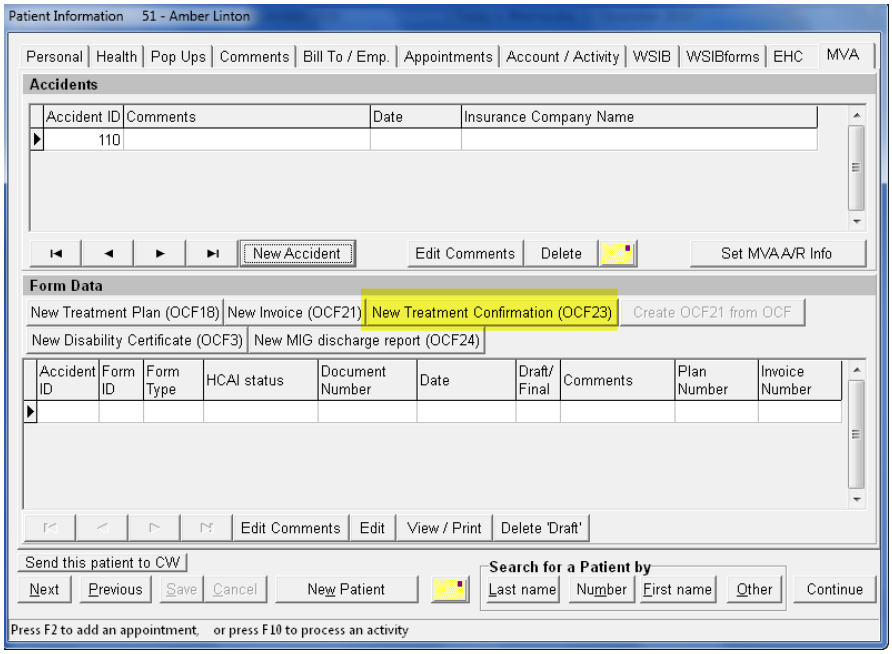
OCF 3 and 24 forms are not sent through HCAI, finalize these forms for fax or mail to auto insurers. Keep in mind, *Finalized* forms cannot be edited or deleted; we recommend printing draft forms and double checking for accuracy before finalizing.

OCF 23 New Treatment Confirmation

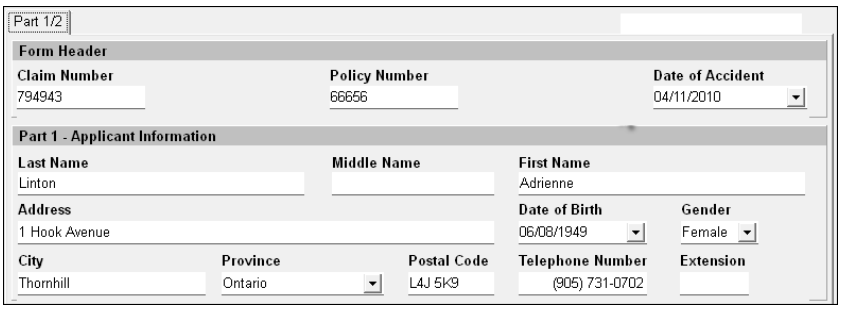
The health practitioner who initiates pre-approved treatment for an injury defined in the Minor Injury Guideline (MIG) (for accidents on or after September 1, 2010) and the Pre-approved Framework (PAF) (for accidents before September 1, 2010) must fully complete a Treatment Confirmation Form, OCF-23, in order to establish the Initiating Health Practitioner's right to reimbursement for the delivery of MIG/FAF treatment.

Click on to the **New Accident** button. Click **Yes**, then **OK**.

Click the **New Treatment Confirmation (OCF23)** button. The form will open with the parts in the tabs across the top. Click on any tab to go to that specific tab.

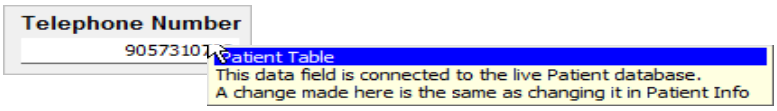


Part 1 Applicant Information

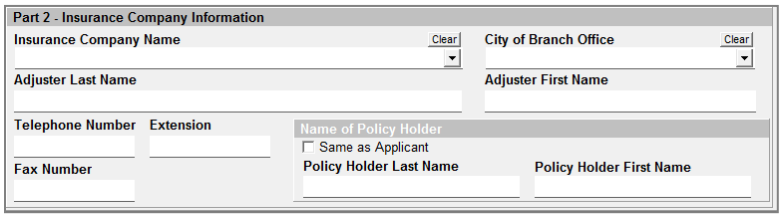


These fields will be populated with information pulled from the patient file. Some fields can be edited but changes to these fields will be reflected in the field where the information was pulled from. For

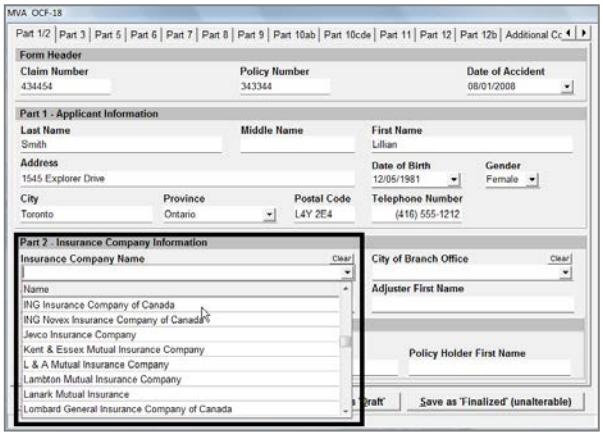
example if you change the telephone number in Part 1 the change will reflect on the Patient Information Info 1 tab. Fields where information can be updated are indicated by an underline. Positioning your mouse over an updatable field will produce a hint signifying where the change will be reflected. See illustration below.



Part 2 Insurance Company Information

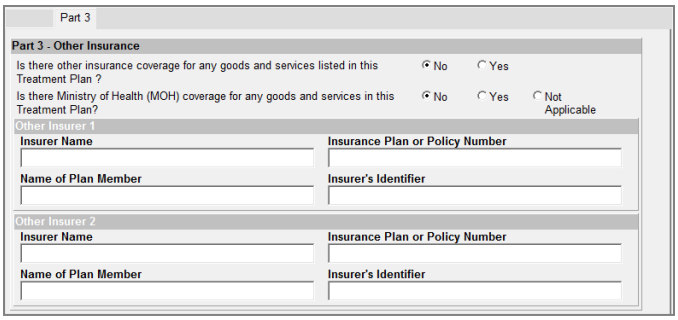


Some fields contain a drop down box where information is selected. Choose Insurance Company and Branch from the lists.



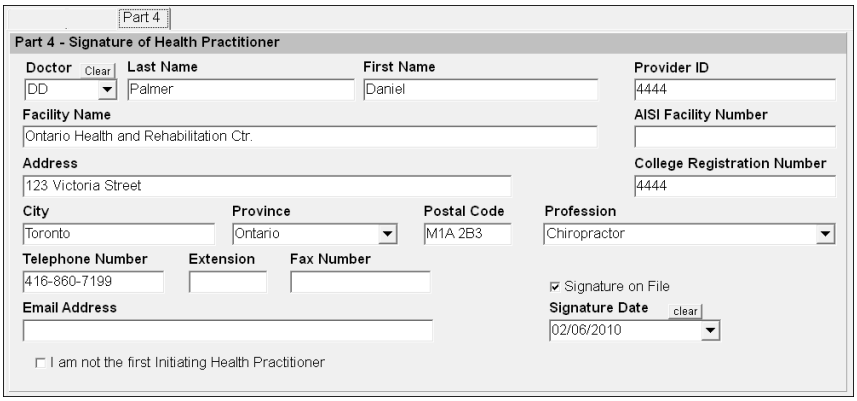
If you are submitting through the PMP HCAI interface the insurer list will be updated every time you connect to HCAI.

Part 3 Other Insurance Information



Type in any other insurer; i.e.. Ministry of Health, Extended Health Care Plan, or any others.

Part 4 Signature of Health Practitioner



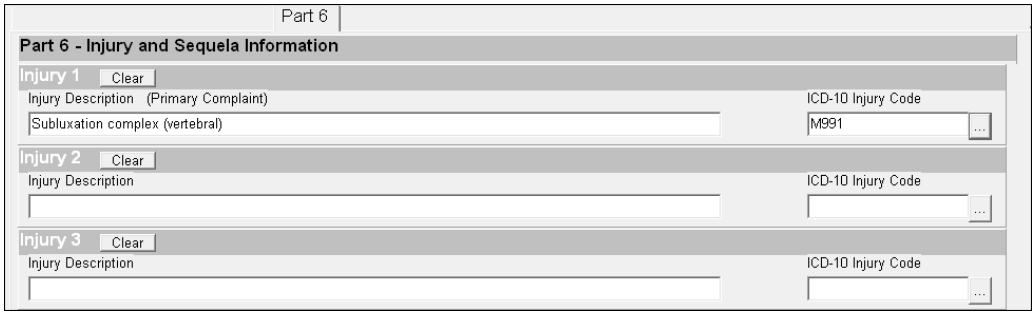
Complete the Signature of Health Practitioner information. Only practitioners listed below are permitted to completion this section:

- Chiropractor
- Family / General Practitioner
- Occupational Therapist
- Optometrist
- Physiotherapist
- Psychologist
- Pathologist
- Dentist
- Nurse Practitioner
- Ophthalmologist
- Other Medical / Surgical Practitioner
- Psychiatrist
- Speech-Language

The signature on file and signature date boxes are required fields when sending forms electronically. Signatures are not transmitted to the insurer; however, hard copies of the form must be printed and signed and kept on file. To obtain signatures, the entire OCF should be completed. It is not advisable for health professionals or claimants to sign incomplete forms.
Print the completed draft form and have the Health Practitioner sign it.

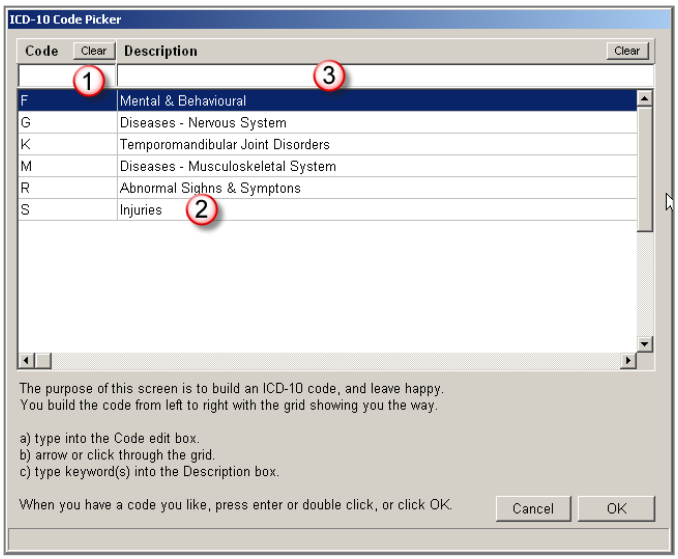
Part 5 Injury and Sequelae Information

A large selection of commonly used codes have been incorporated into PMP however due to the size of the full code list, not all are included. Item number 4 below details how to use a code not found in the PMP list.

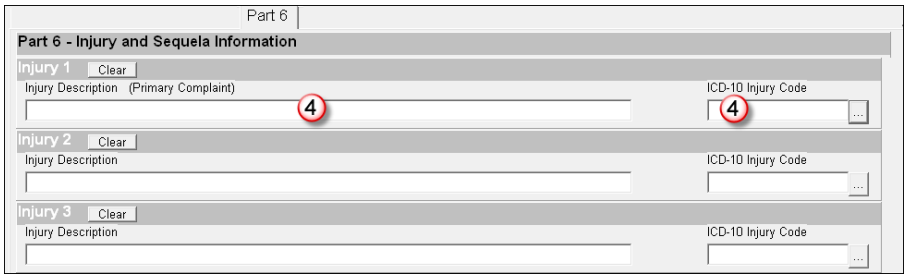


To access codes select the browse button to the right of **ICD-10 Injury Code.** 

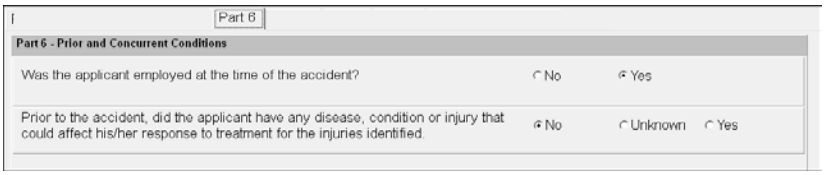
There are many ways to select codes from the list:



1. type the known code into the code box
2. click onto the written description to expand that item, continue to click on descriptions until the desired selection is reached
3. type keywords or part of keywords into the blank field below **Description**. Part of words will suffice, such as sub for subluxation. You can choose two keywords, separated by a comma. Example: **kn,sp** will locate eight items related to knee sprain
4. on the main injury screen click into the **Injury Description** field and type the description then click into the ICD-10 Code field and type the code. This manner of selection is used for codes not found in the current list.

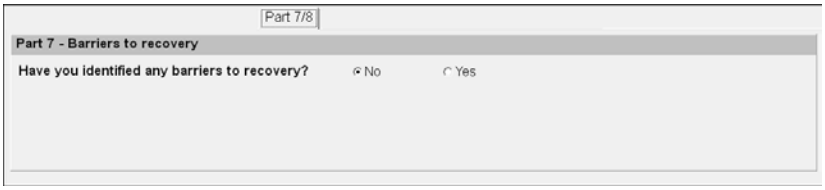


Part 6 Prior and Concurrent Conditions



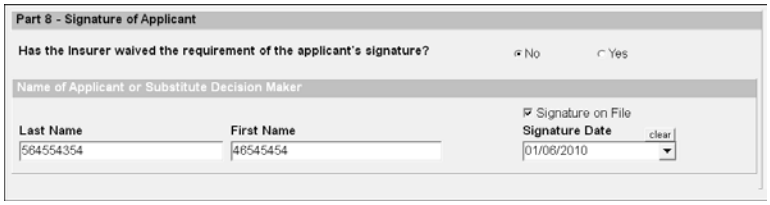
Click the radio buttons to answer each question. Your answer may open a field where detailed information is typed into. **Explain** boxes are required fields and you will not be able to complete the form without inputting information.

Part 7 Barriers to Recovery



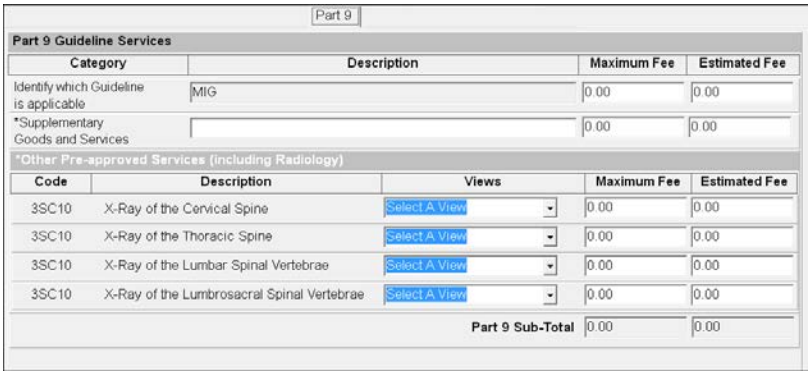
If you choose **Yes** you will be prompted to complete the **Explain** box. This is a required field and you will not be able to complete the form without inputting information.

Part 8 Signature of Applicant



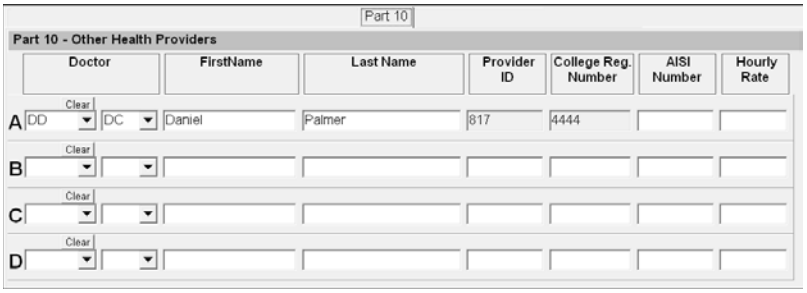
The signature on file and signature date boxes are required fields when sending forms electronically. Signatures are not transmitted to the insurer; however, hard copies of the form must be printed and signed and kept on file. To obtain signatures, the entire OCF should be completed. It is not advisable for health professionals or claimants to sign incomplete forms.
Print the completed draft form and have the claimant sign it.

Part 9 Guideline Services



Type applicable fees and any additional information.

Part 10 Other Health Providers



Part 10 will populate from information input into a previous OCF form or choose practitioners from the PMP list below **Doctor**.

If the provider is not included on the drop down list under **Doctor** type the practitioner details into all remaining fields, leaving the first field blank.

Additional Comments

The Additional Comments tab is for attachment information if applicable or any other information to support the treatment plan. Up to 20,000 characters can be used in this field.

Additional Buttons

The bottom portion of the form contains the following buttons:

- **Test Form** when pressed will marks a red 'X' on the tabs signifying incomplete parts of the form and highlight specific required fields in yellow
- **Test for HCAI** or **Print** will modify the test based upon your selection
- **Cancel** closes the form without saving and brings the user back to the Auto screen

- **Save as Draft** will save all information input so far allowing you to edit or complete the form at a later time
- **Save as Finalized (to paper)** saves the form for fax or mail submission. Use this button only when the form will not be submitted electronically for HCAI and for OCF 3 and 24. Finalized forms cannot be edited.
- **Save for HCAI** will add the form to the batch (group) of forms that will be submitted to HCAI the next time a submission is made. To remove a form from the submission choose **Edit** and then **Save as Draft**.

Click **Test Form** to locate incomplete areas of the form that are required. Tabs where validation rules fail will be marked with a red X. Fields will be highlighted in yellow. Move your mouse over yellow fields to produce a hint. Once a yellow field has been completed the colour will return to normal upon choosing **Test Form** again.

If you are unable to complete the form click **Save as Draft.** The form will be saved as a ***Draft*** on the main Auto screen. Click **Edit Comments.** Type a comment relating to the status or missing information pertaining to this form. Click **OK**. The comment will now be added to the form. To continue to input information into a form click the draft form in the list followed by **Edit**.

When the form is complete click either **Save as Finalized** if the form is **not** being submitted electronically to HCAI or **Save for HCAI** if the form will be submitted electronically through the PMP HCAI module.

OCF 3 and 24 forms are not sent through HCAI, finalize these forms for fax or mail to auto insurers. Keep in mind, *Finalized* forms cannot be edited or deleted; we recommend printing draft forms and double checking for accuracy before finalizing.

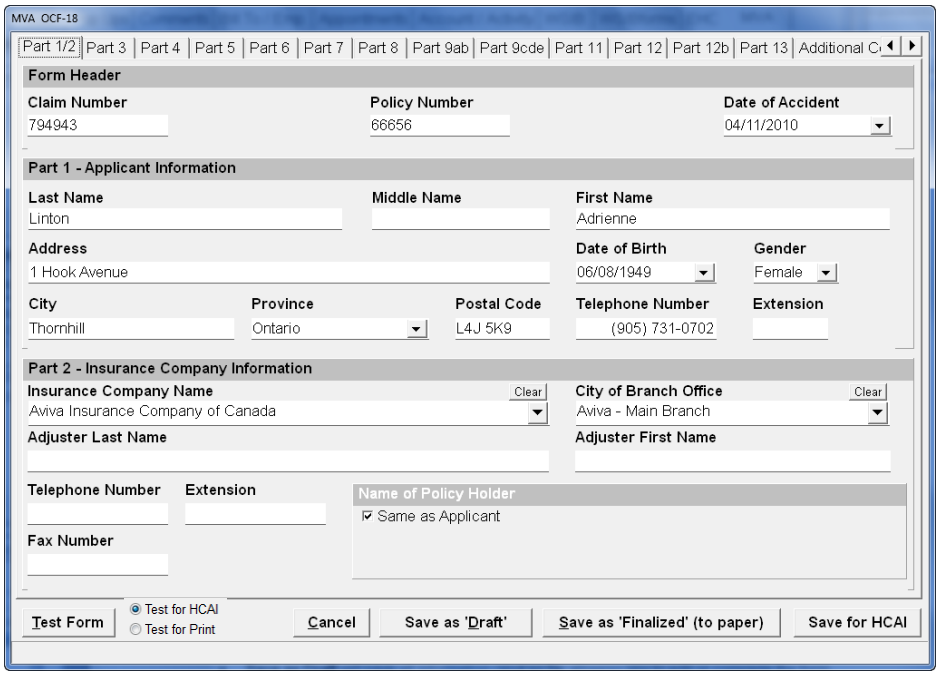
OCF 18 Treatment Plan

The OCF 18 Treatment Plan is completed by health care providers to provide a guideline to insurers regarding:

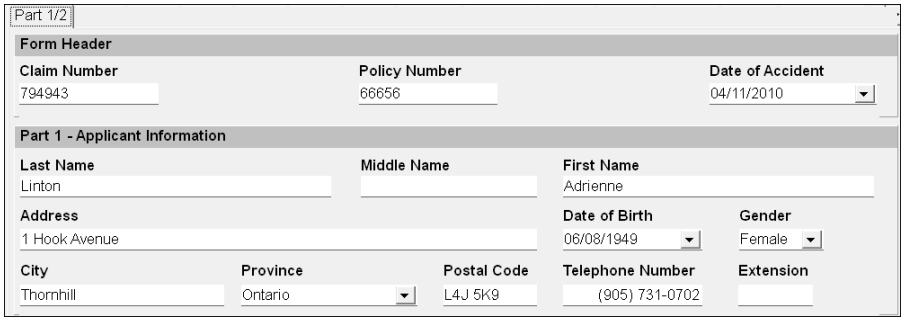
- cause and nature of injuries resulting from a motor vehicle accident
- identify limitations
- identify treatment plan and goals
- prior and concurrent conditions
- proposed treatment and estimated costs
- increase accountability of all parties involved.

Click onto the **New Accident** button. Click **Yes**, then **OK**.

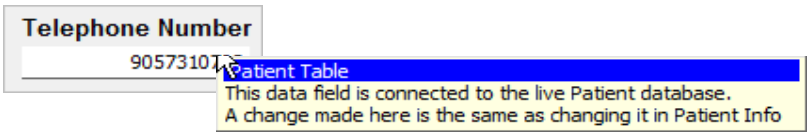
Click the **New Treatment Plan (OCF18)** button. The form will open with the all the parts in tabs across the top. Click on any tab to go to that specific tab.



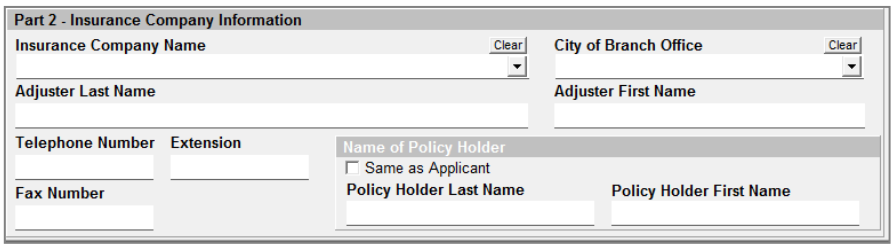
Part 1 Applicant Information



These fields will be populated with information pulled from the patient file. Some fields can be edited but changes to these fields will be reflected in the field where the information was pulled from. For example if you change the telephone number in Part 1 the change will reflect on the Patient Information Info 1 tab. Fields where information can be updated are indicated by an underline. Positioning your mouse over an updatable field will produce a hint signifying where the change will be reflected. See illustration below.

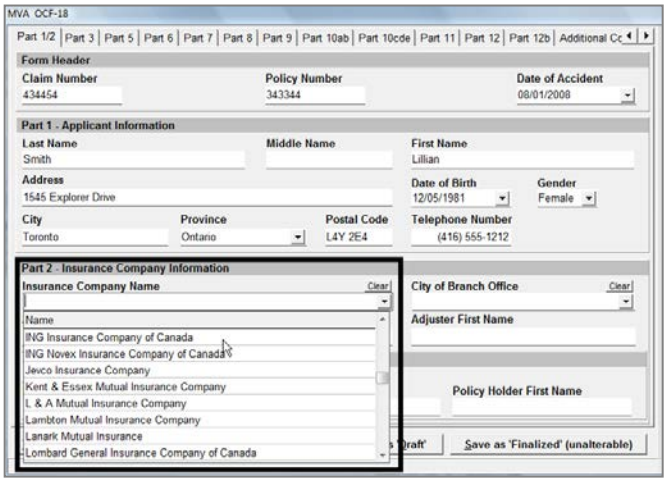


Part 2 Insurance Company Information



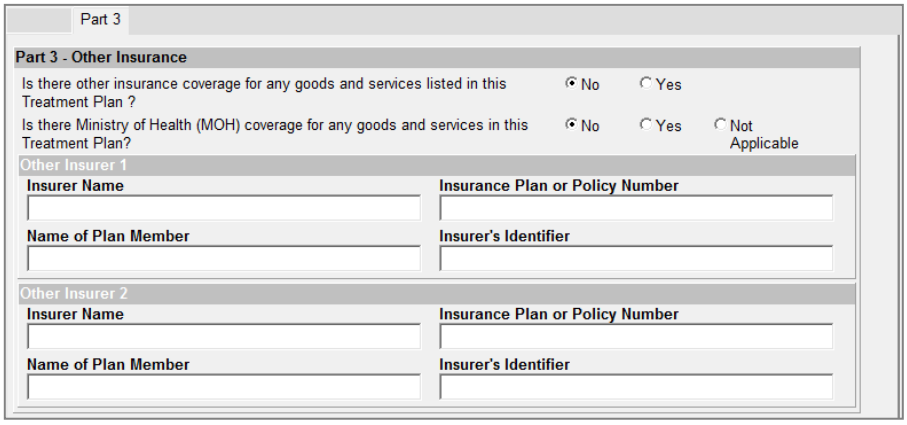
Some fields contain a drop down box where information is selected. Choose Insurance Company and Branch from the lists.

If you are submitting forms through the PMP HCAI interface this



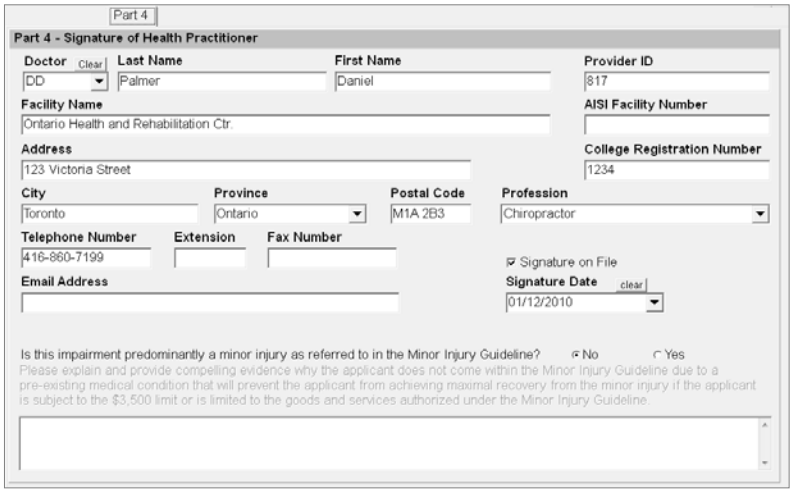
If you are submitting OCF forms through the PMP HCAI interface the insurer list will be updated every time you connect to HCAI.

Part 3 Other Insurance Information



Type in any other insurer; i.e.. Ministry of Health, Extended Health Care Plan, or any others.

Part 4 Signature of Health Practitioner

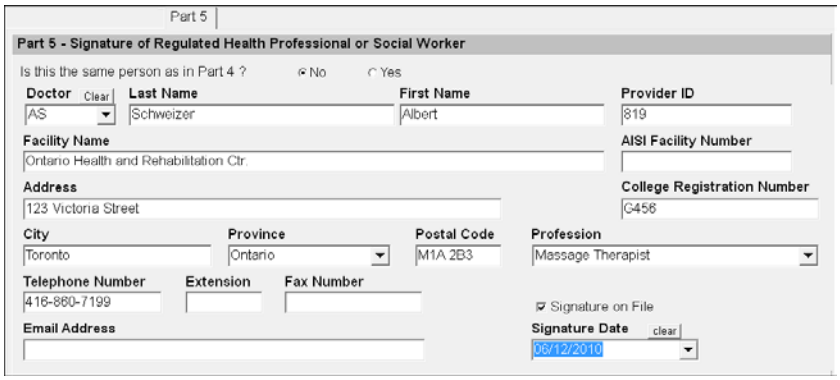


Complete the Signature of Health Practitioner information. Only practitioners listed below are permitted to completion this section:

- Chiropractor
- Family / General Practitioner
- Occupational Therapist
- Optometrist
- Physiotherapist
- Psychologist
- Pathologist
- Dentist
- Nurse Practitioner
- Ophthalmologist
- Other Medical / Surgical Practitioner
- Psychiatrist
- Speech-Language

The signature on file and signature date boxes are required fields when sending forms electronically. Signatures are not transmitted to the insurer; however, hard copies of the form must be printed and signed and kept on file. To obtain signatures, the entire OCF should be completed. It is not advisable for health professionals or claimants to sign incomplete forms.
Print the completed draft form and have the Health Practitioner sign it.

Part 5 Signature of Regulated Health Practitioner or Social Worker



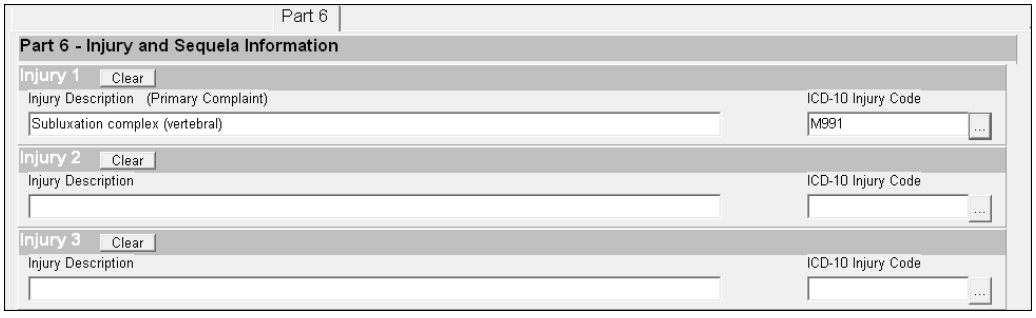
If the health practitioner selected in Part 4 is willing to supervise the plan, select “Yes” in response to this question. If the health practitioner selected in Part 5 is not the same as Part 4, select “No” in response to this question and complete Part 5.

Select the practitioner from the list under the field **Doctor**. Type required information into empty fields.
Note: If the provider is not included on the drop down list under Doctor, type the practitioner details into all remaining fields, leaving the Code field blank.

The signature on file and signature date boxes are required fields when sending forms electronically. Signatures are not transmitted to the insurer; however, hard copies of the form must be printed and signed and kept on file. To obtain signatures, the entire OCF should be completed. It is not advisable for health professionals or claimants to sign incomplete forms.
Print the completed draft form and have the Regulated Health Practitioner sign it.

Part 6 Injury and Sequelae Information

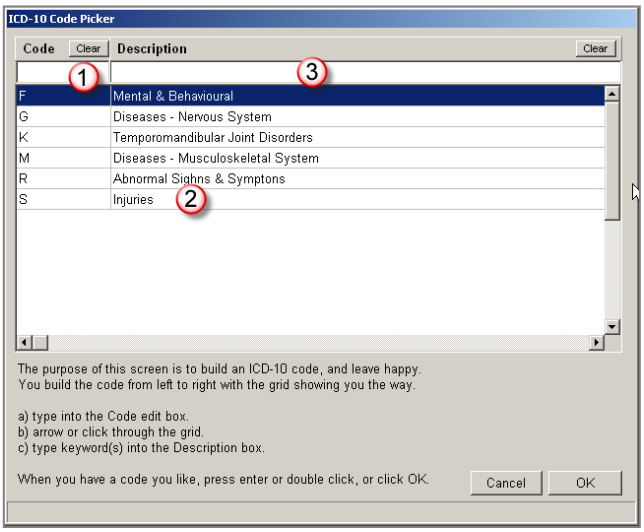
A large selection of commonly used codes have been incorporated into PMP however due to the size of the full code list, not all are included. Item number 4 below details how to use a code not found in the PMP list.

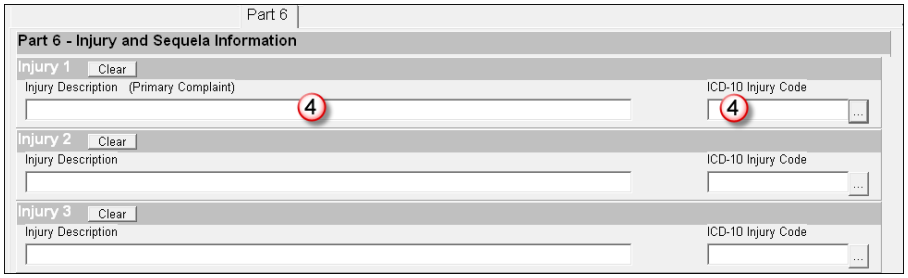


To access codes select the browse button to the right of **ICD-10 Injury Code.** 

There are many ways to select codes from the list:

1. type the known code into the code box
2. click onto the written description to expand that item, continue to click on descriptions until the desired selection is reached
3. type keywords or part of keywords into the blank field below **Description**. Part of words will suffice, such as sub for subluxation. You can choose two keywords, separated by a comma. Example: **kn,sp** will locate eight items related to knee sprain
4. on the main injury screen click into the **Injury Description** field and type the description then click into the ICD-10 Code field and type the code. This manner of selection is used for codes not found in the current list.





Part 7 Prior and Concurrent Conditions

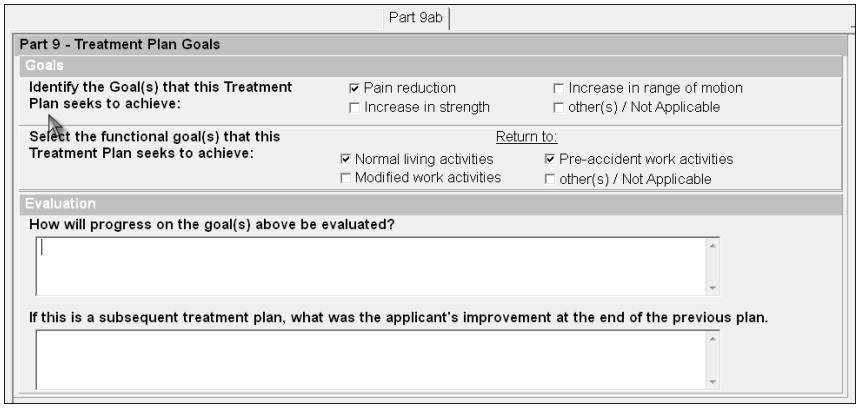
Click the radio buttons in answer to each question. Your answer may open a field where detailed information is typed into. **Explain** boxes are required fields and you will not be able to complete the form without inputting information.

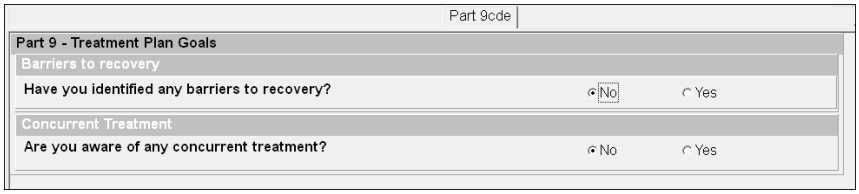
Part 8 Activity Limitations

As with part 7, answer each question using the radio buttons. Your responses may open a field where detailed information is typed into. **Explain** boxes are required fields and you will not be able to complete the form without inputting information.

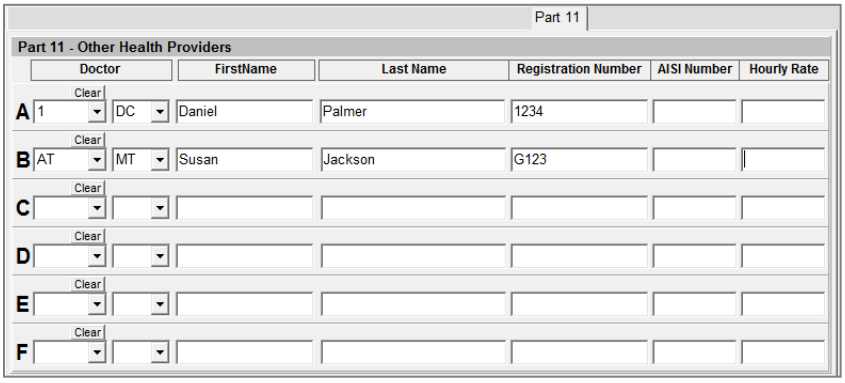
Part 9 Treatment Plan Goals

Part 9 is spread over two tabs. Handle these tabs in the same manner as previous tabs.





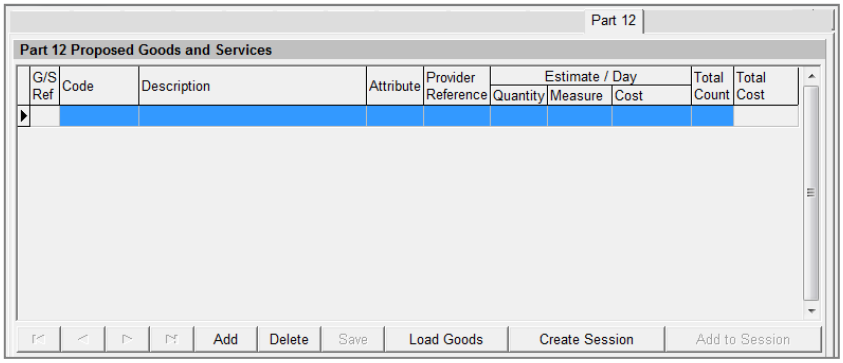
Part 11 Health Providers



Select all treating practitioners form the PMP list under **Doctor.** Type required information into empty fields.

Note: If the provider is not included on the drop down list under **Doctor** type the practitioner details into all remaining fields, leaving the first field blank.

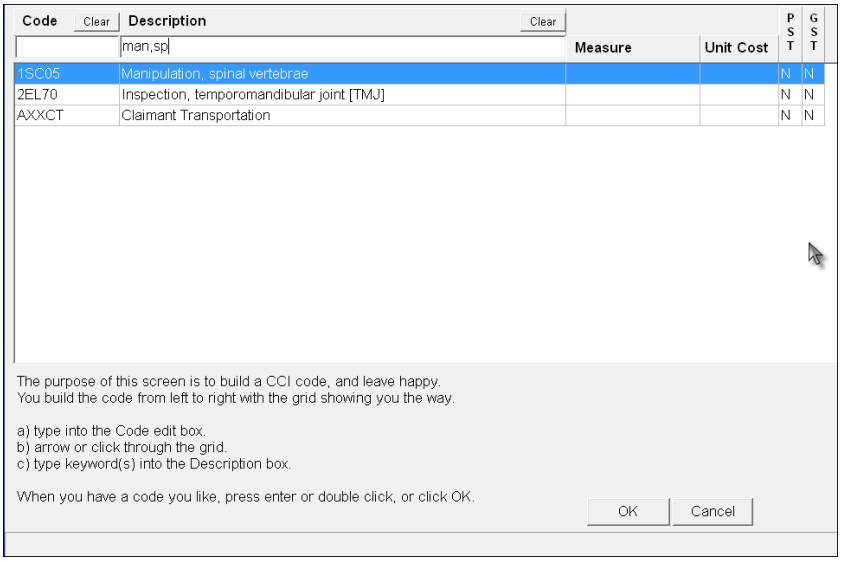
Part 12 Proposed Goods and Services



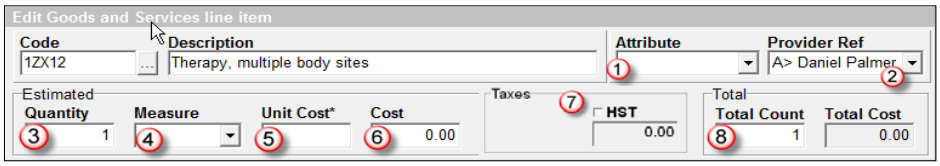
Goods and Services on Part 12 is where CCI and GAP codes are chosen. Click **Add**.

There are many ways to select codes from the list:

1. type the known code into the code box
2. click onto the written description to expand that item, continue to click on descriptions until the desired selection is reached
3. type keywords or part of keywords into the blank field below **Description**. Part of words will suffice, such as man for manipulation . You can choose two keywords, separated by a comma. Example: **man,sp** will locate items related to manipulation spine.



After selecting codes input information for each item into relevant fields in the lower screen.



Edit Goods and Services line item:

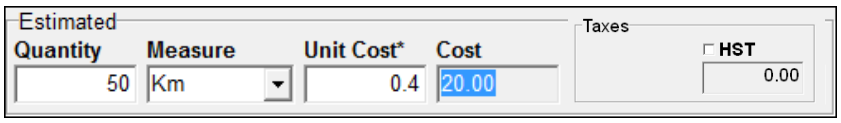
① **Attributes** can be added to further specify healthcare services. See *Appendix B* page E-9 for details (see back page)

② **Provider Ref** pulls the treating doctor from the populated list on part 11 of your form.

③ **Quantity** indicates the amount of a specific item such as km or pages. It is not used for amount of treatments required during the plan, use Total Count for visits

④ **Measure** relates to what quantity is measured in such as procedure, KM, time, etc.

⑤ **Unit Cost** is used to calculate the Cost of an item by multiplying Quantity times the Unit Cost, i.e. 50 km x .40 cents. The Cost field automatically calculated the amount and input the $20.00.



⑥ **Cost** of an item can be manually typed in or will be populated automatically when amounts are input in Quantity, Measure, and Unit Cost

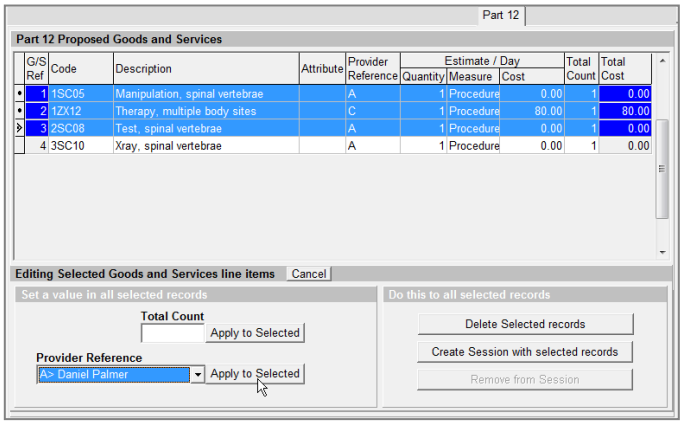
⑦ **HST** automatically calculates when checked

⑧ **Total Count** is where the total amount of sessions or items is specified.

Hints will appear when you position your mouse over an item in question. If a field is yellow and has not passed the validation rule the hint box will show a red line with the message **Error**: and a reason for the error. A blue **Hint**: line will detail how to use the field.

Grouping

Goods and services can be grouped to allow for multi-selection of dates, practitioners, total count, and deletion of items.



Shift-click. Click onto a selected CCI code, hold down the **shift** key, and then click onto the last item in the group. All items in between will be highlighted for grouping.

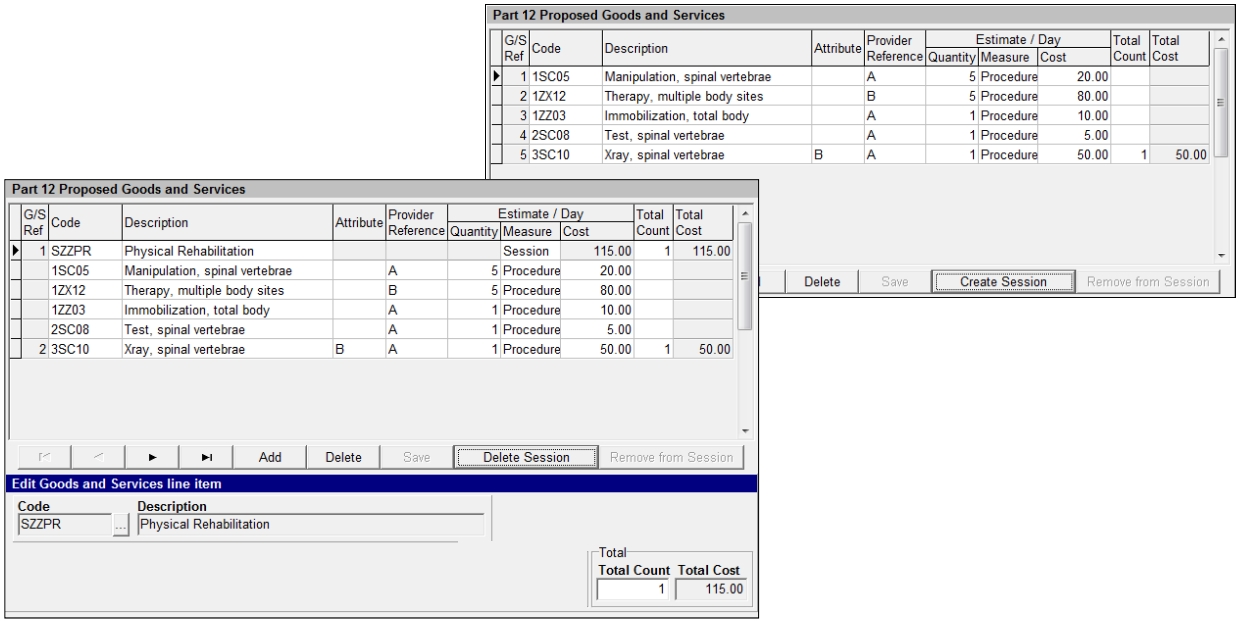
Ctrl-click. While holding down the **ctrl** key, click on each item to be selected for grouping.

Release the **ctrl** key when all items have been selected.

Once item have been selected choose a function from the bottom portion of the screen apply.

Sessions

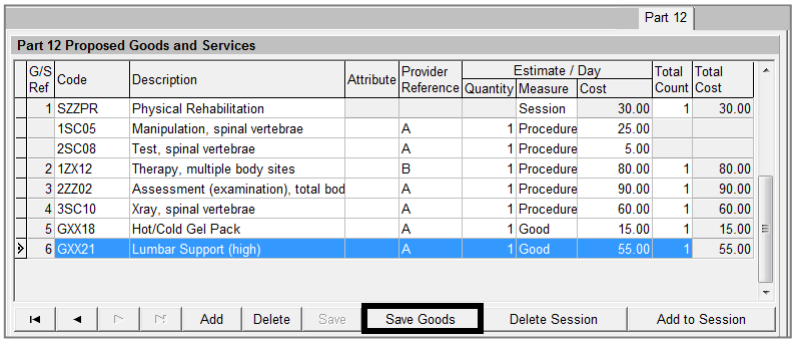
PMP offers the ability to create sessions. Session fee codes are billing codes that providers may wish to use for a group of physical rehabilitation services. To create a session, before or after goods and services are chosen, click the **Create Session** button. An item line will appear at the top with the code SZZPR, this is the session code. All items with a beginning code of 1, 2, or 6 will be automatically added to the session.



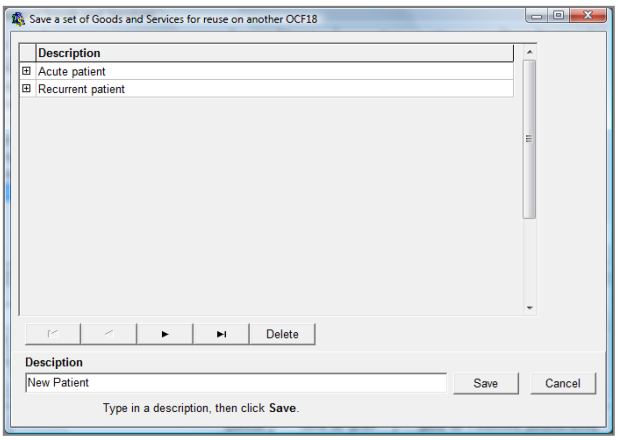
Items within the session do not have a number listed below the **G/S Ref** column. Goods and services can be added or removed from a session by clicking the **Add to Session** or **Remove from Session** buttons. Type the amount of sessions to be billed into the **Total Count** field in the lower right.

Save and Load Goods

The **Save Goods** and **Load Goods** buttons allow users to save a group of Goods and Services for use on other patient forms. Goods can be saved with session, practitioners and costs. This makes future forms easier when treatment plans for different patients have similar goods.

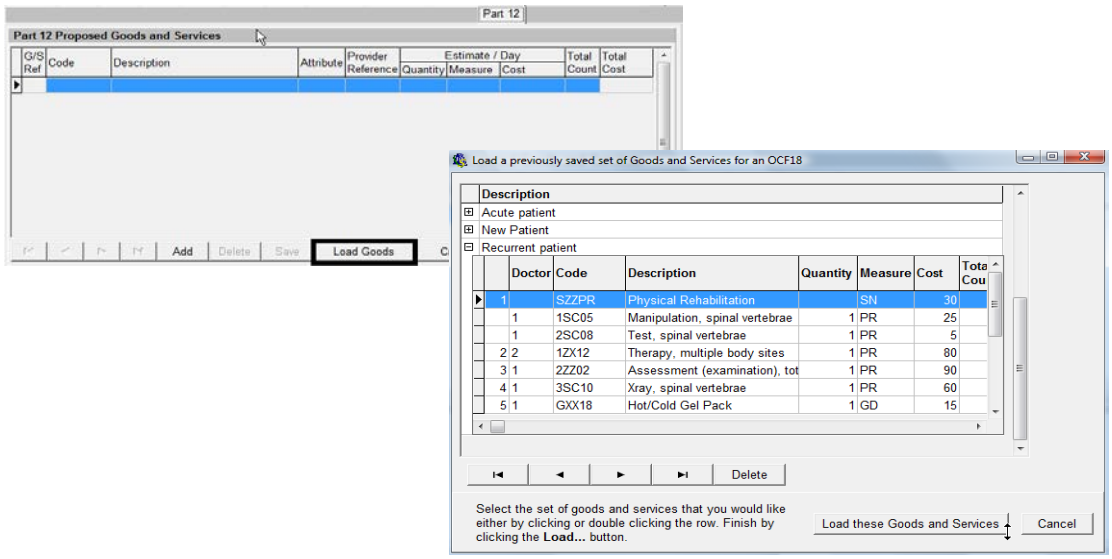


Once you have a completed a list of goods and services click **Save Goods**.



Type a name for this grouping. Click **Save.**

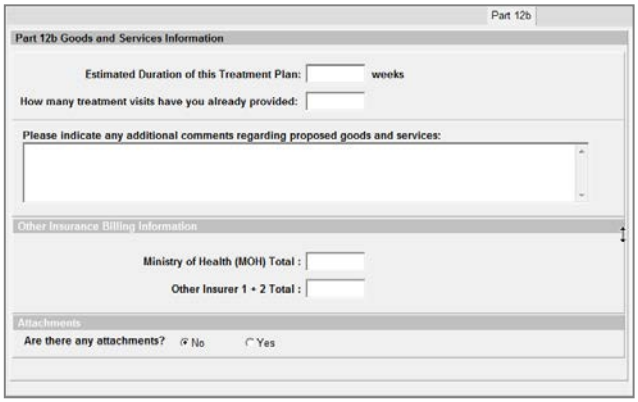
To choose a group for a new treatment plan click **Load Goods**.



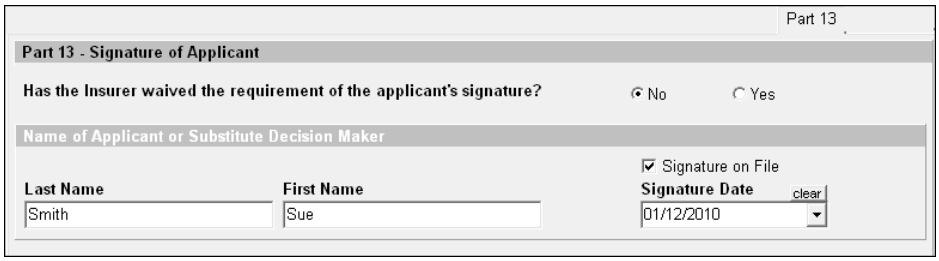
Click the description of the group and **Load these Goods and Services**. To view the contents of a saved group click the plus sign beside the description. Make any changes to practitioners or costs before completion.

Part 12b Goods and Services Information

Type relevant information into part 12b.



Part 13 Signature of Applicant



Additional Comments

The Additional Comments tab is for attachment information if applicable or any other information to support the treatment plan. Up to 20,000 characters can be used in this field.

Additional Buttons

Information regarding the buttons on the lower portion of the form can be found on page 25.

The signature on file and signature date boxes are required fields when sending forms electronically. Signatures are not transmitted to the insurer; however, hard copies of the form must be printed and signed and kept on file. To obtain signatures, the entire OCF should be completed. It is not advisable for health professionals or claimants to sign incomplete forms.

Print the completed ***draft*** form and have the claimant sign it.

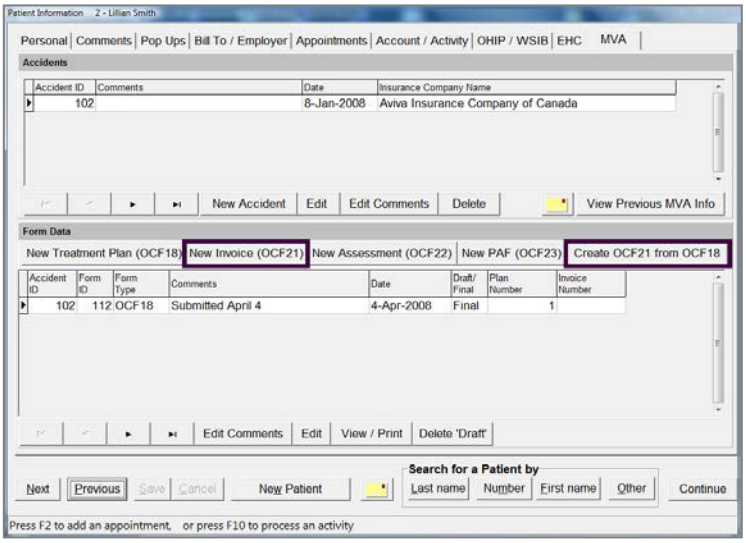
OCF21-B Auto Insurance Standard Invoice

The OCF 21 is completed by health care provider for the purpose of billing the automobile insurers for medical and rehabilitation goods and services. The OCF 21 has two versions.

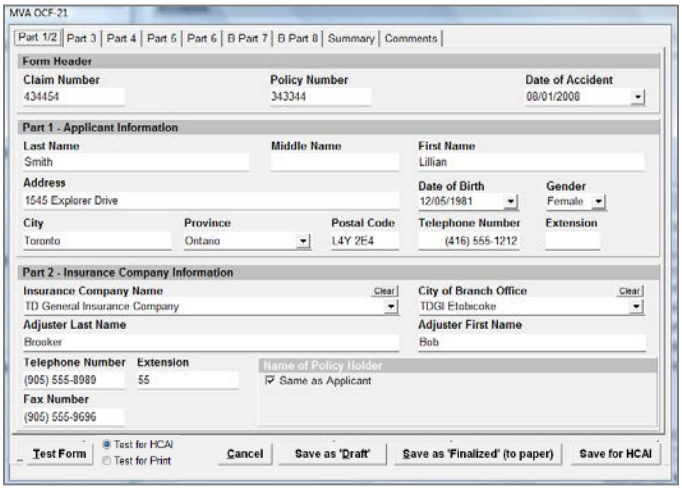
Version B is used for billing insurers for services rendered after receiving approval of an OCF18 or when a response has not been received from the auto insurance company after 10 business days from submission of an OCF18.

From the patient information MVA tab you have two options for completion of the **OCF21 - New Invoice (OCF21),** or **Create OCF21 from OCF18**:

- **New Invoice (OCF21)** is used when you do not have a finalized OCF18 in the patient file or when you want to change any existing information.
- **Create OCF21 from OCF18** is used when you are billing goods and services selected on the OCF18. This is the simplest and quickest way to complete an OCF21. Subsequent invoices require very few additions.

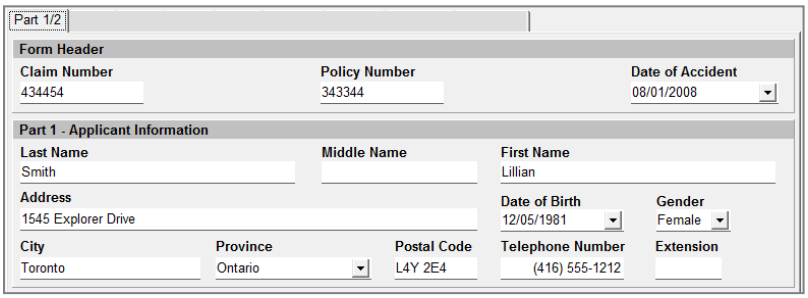


Either OCF21 will produce the same tab, the only difference being in Part 7 on the 21B (detailed below).



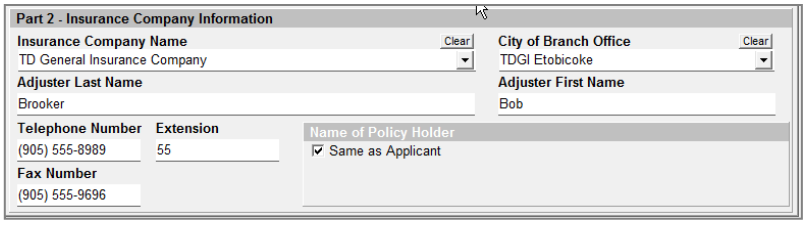
Many of the OCF21 parts will populate with information from patient information, Accident ID, and information input in previous forms (if applicable). This makes completion of the OCF21 simple.

Part 1 Applicant Information



These fields will be populated from the Patient Information and Accident ID. Fields can be edited but changes to these fields will be reflected to fields where the information was pulled from. Fields where information will be updated are indicated by an underline.

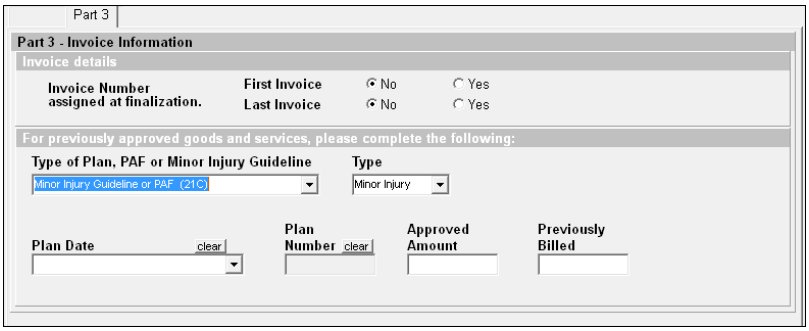
Part 2 Insurance Company Information



Insurance Company Information is populated from previous forms or can be selected from the drop down lists.

If you are submitting OCF forms through the PMP HCAI interface the insurer list will be updated every time you connect to HCAI.

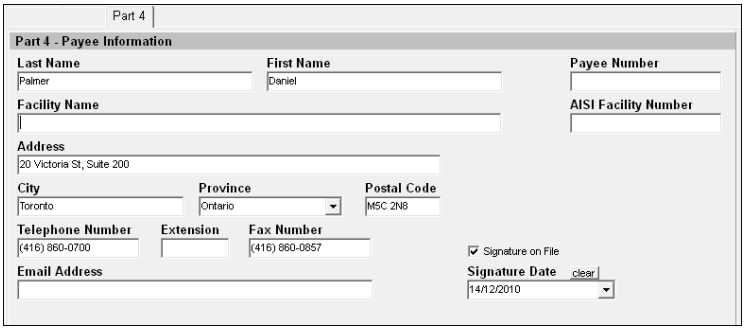
Part 3 Invoice Information



Make selections and type required information. The Plan Date is listed in Part 5 of the approved OCF18. Plan Number is found on the main MVA screen under the Plan Number column.

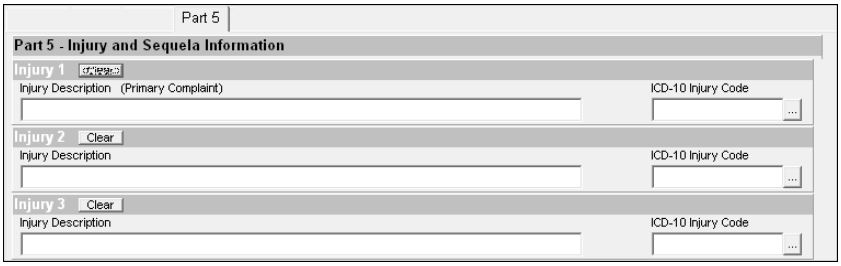
Choose the **Type of Plan** as *21B - Treatment Plan*. Sections of this form change depending on the Type of Plan chosen.

Part 4 Payee Information



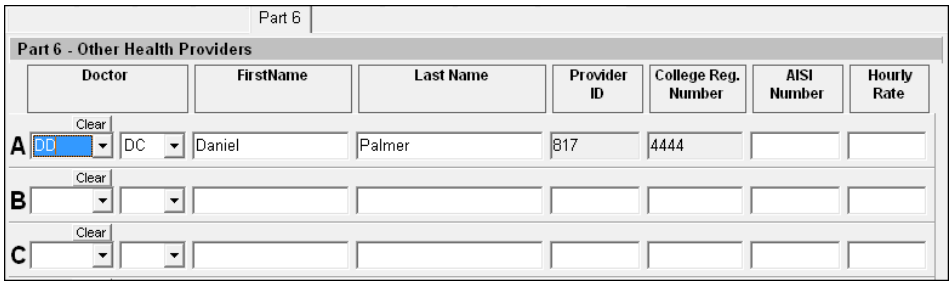
Type required information.

Part 5 Injury and Sequelae Information



Part 5 will be populated with information input into a previous OCF form. Refer to page 30 for information on selecting ICD-10-CA codes.

Part 6 Other Health Providers

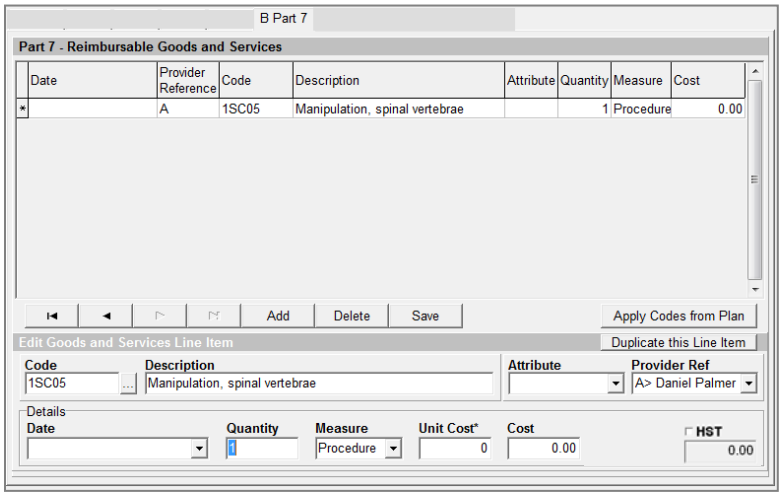


Part 6 will populate from information input into a previous OCF form or choose practitioners from the PMP list below **Doctor**.

If the provider is not included on the drop down list under **Doctor** type the practitioner details into all remaining fields, leaving the first field blank.

Part 7 Reimbursable Goods and Services

Part 7B is used when billing the auto insurer for all goods and services other than Minor Injury Guidelines.

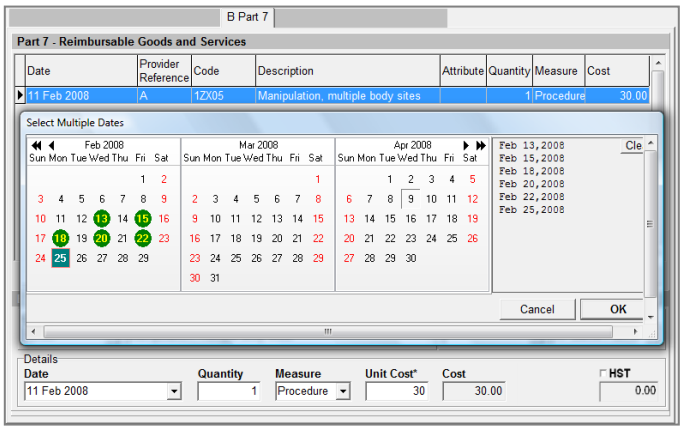


- For the **New OCF 21** form select goods and services by clicking **Add** to choose CCI and GAP codes from the CCI Code Selector as detailed on page 33 and then using the **Duplicate this Line Item** button.

- For the **OCF 21 from 18** form select goods and services by choosing **Apply Codes from Plan**.

Add and **Duplicate this Line Item**

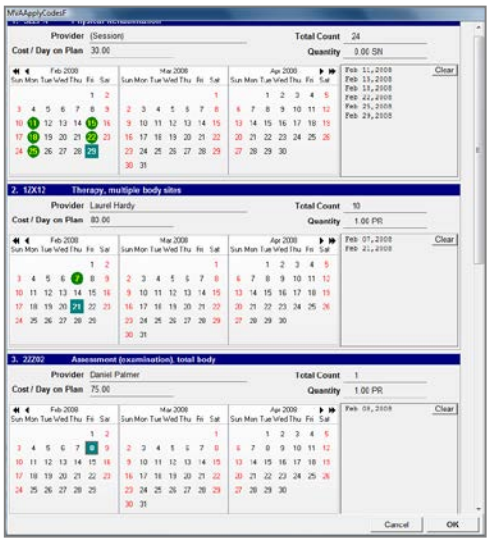
Click **Add** to select an item from the CCI Code Selector. Edit the date, fee, and practitioner. If this item was rendered more than once during the invoice period click **Duplicate this Line Item**.



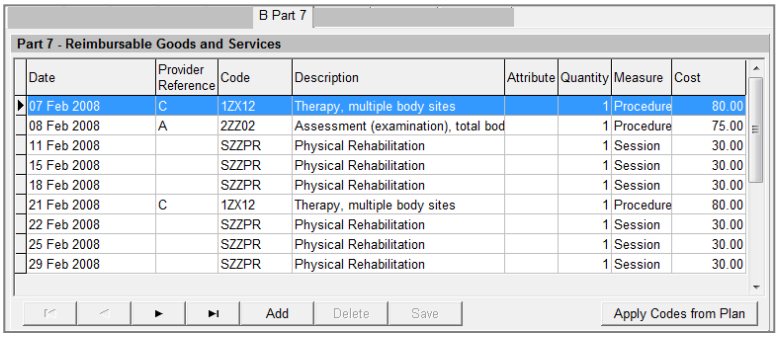
Click on the calendar to select the dates for each service. Chosen dates will appear on the right. To remove a selected date click it again. Once you have selected all dates for this item click **OK**. You will be returned to Part 7 where you can choose another code for duplication.

Apply Codes from Plan

Choose **Apply Codes from Plan**. The Blue titlebar at the top of each set of calendars show the services assigned on the Treatment Plan. Click on the calendar to select the dates for each service. Chosen dates will appear on the right. To remove a selected date click it again. Scroll through the list to choose each good and services provided to the patient during the invoicing period. Click **OK**.

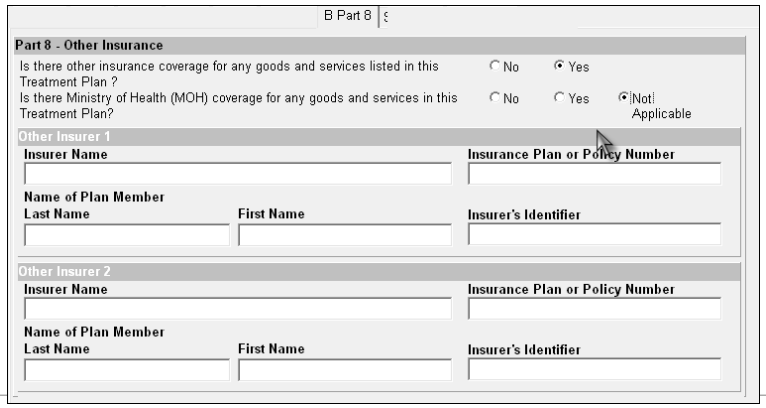


Items chosen from the Treatment Plan now populate the Goods and Services tab. Edit items as required.

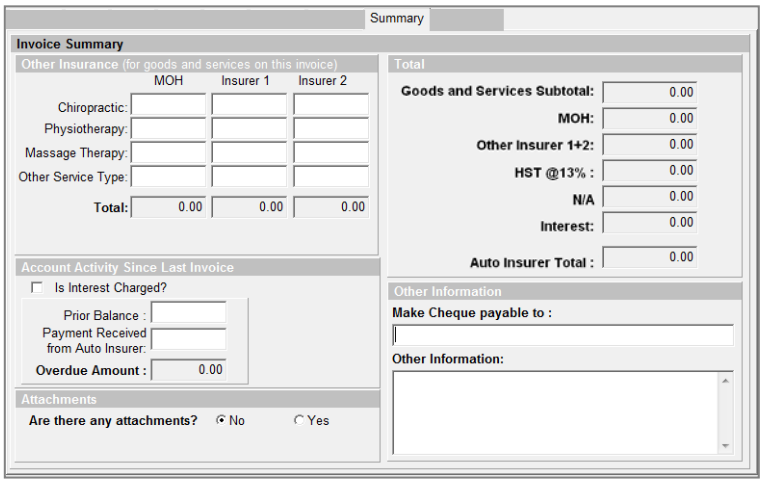


Part 8 Other Insurance

Complete this section if the patient has additional coverage.



Summary



Add *Other Insurance* amounts and *Account Activity Since Last Invoice* if applicable. The *Total* fields will populate and calculate automatically from information input in Goods and Services fields.

Comments

The Comments tab is for attachment information if applicable or any other information to support the treatment plan. Up to 20,000 characters can be used in this field.

Additional Buttons

The bottom portion of the form contains the following buttons:

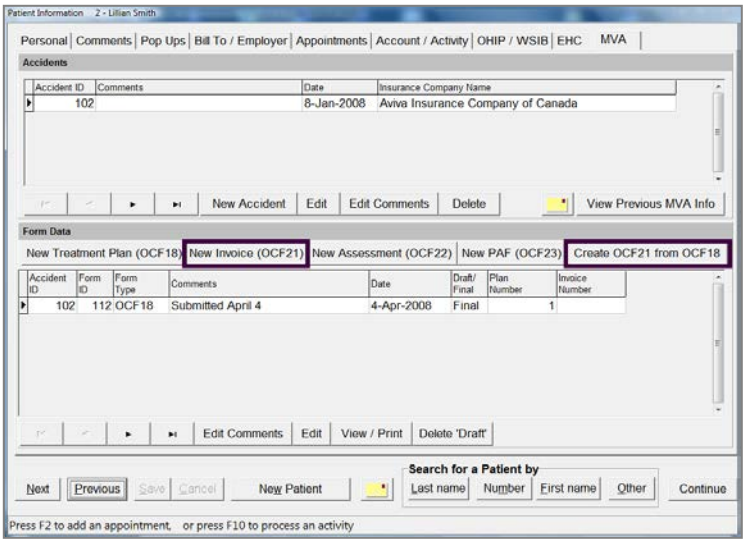
Details can be found on page 25.

OCF21- C Auto Insurance Standard Invoice

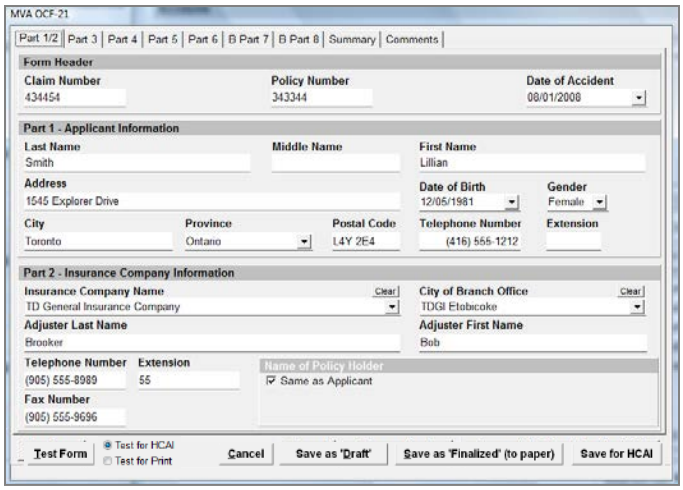
The OCF 21 is completed by health care provider for the purpose of billing the automobile insurers for medical and rehabilitation goods and services. The OCF 21 has two versions. Version C is used when billing services rendered through the Minor Injury Guideline (MIG) or Pre-Approved Framework (PAF).

From the patient information MVA tab you have two options for completion of the **OCF21 - New Invoice (OCF21),** or **Create OCF21 from OCF23**:

- **New Invoice (OCF21)** is used when you do not have a finalized OCF23 in the patient file or when you want to change any existing information.
- **Create OCF21 from OCF23** is used when you are billing goods and services selected on the OCF23. This is the simplest and quickest way to complete an OCF21. Subsequent invoices require very few additions.

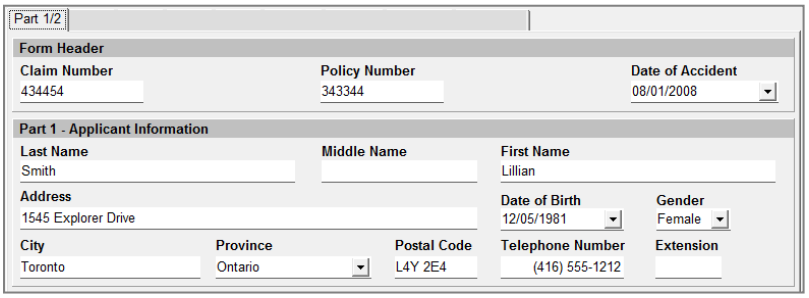


Either OCF21 will produce the same tab, the only difference being in Part 7 on the 21B (detailed below).



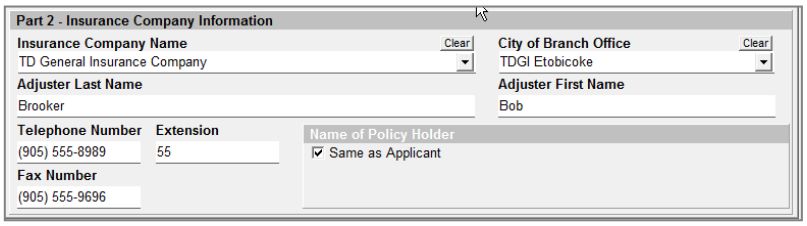
Many of the OCF21 parts will populate with information from patient information, Accident ID, and information input in previous forms (if applicable). This makes completion of the OCF21 simple.

Part 1 Applicant Information



These fields will be populated from the Patient Information and Accident ID. Fields can be edited but changes to these fields will be reflected to fields where the information was pulled from. Fields where information will be updated are indicated by an underline.

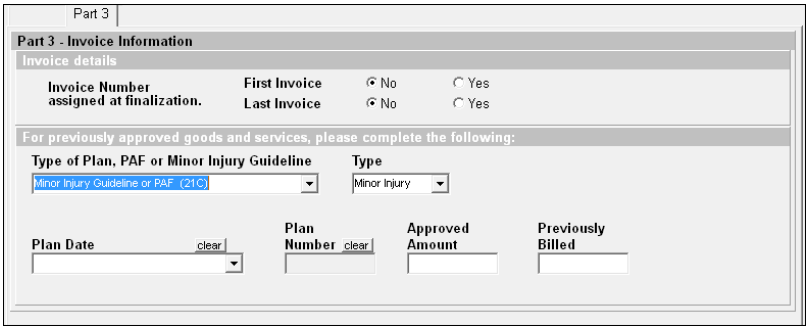
Part 2 Insurance Company Information



Insurance Company Information is populated from previous forms or can be selected from the drop down lists.

If you are submitting OCF forms through the PMP HCAI interface the insurer list will be updated every time you connect to HCAI.

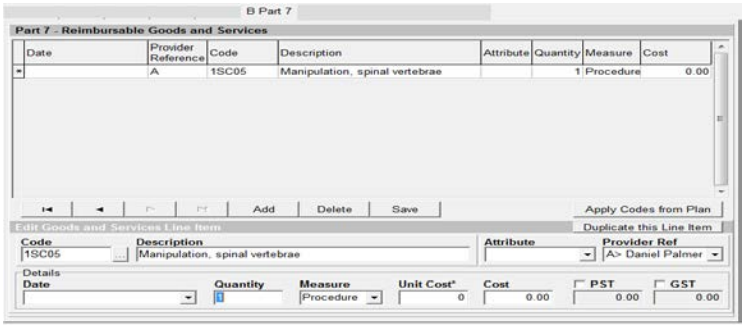
Part 3 Invoice Information



Make selections and type required information. The Plan Date is listed in Part 5 of the approved OCF18. Plan Number is found on the main MVA screen under the Plan Number column.

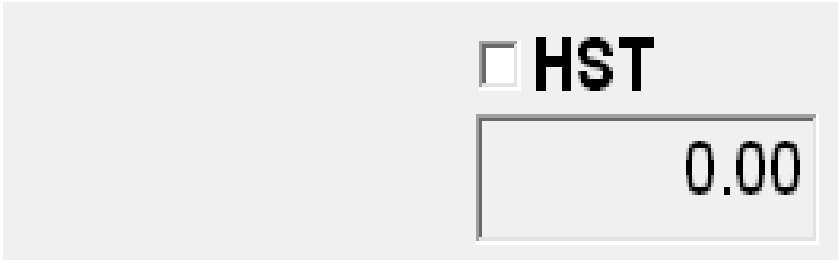
Choose the **Type of Plan** as 21C - *Minor Injury Guideline* or *PAF* (for accidents prior to September 1, 2010 than meet that PAF Guidelines). Sections of this form will change depending on the Type of Plan chosen.

Part 4 Payee Information



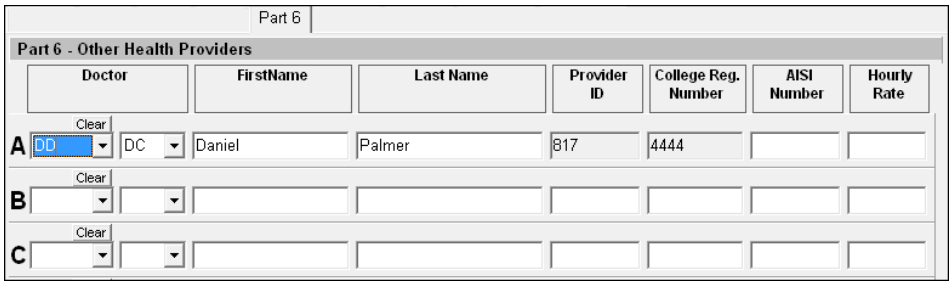
Type required information.

Part 5 Injury and Sequelae Information



Part 5 will be populated with information input into a previous OCF form. Refer to page 30 for information on selecting ICD-10-CA codes.

Part 6 Other Health Providers



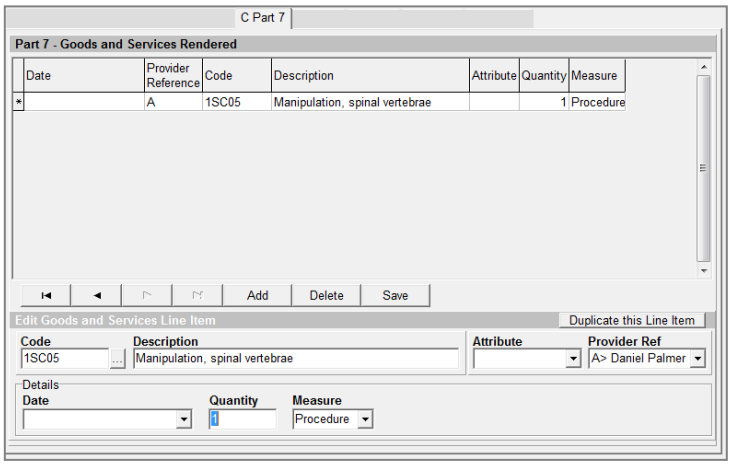
Part 6 will populate from information input into a previous OCF form or choose practitioners from the PMP list below **Doctor**.

If the provider is not included on the drop down list under **Doctor** type the practitioner details into all remaining fields, leaving the first field blank.

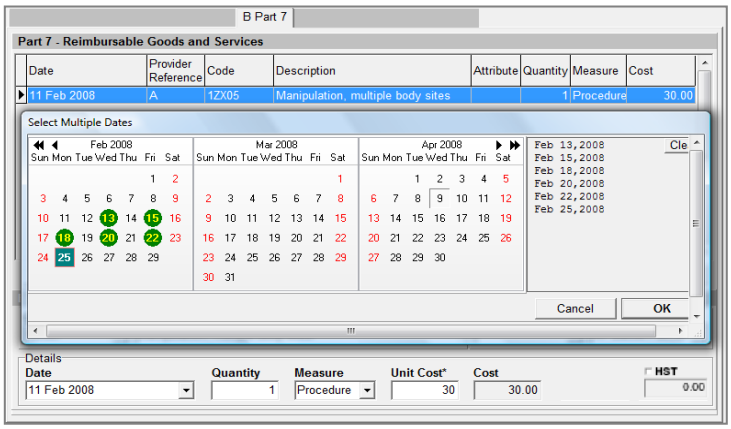
Part 7 Goods and Services Rendered

Part 7C is used when billing for services rendered through the Minor Injury Guideline.

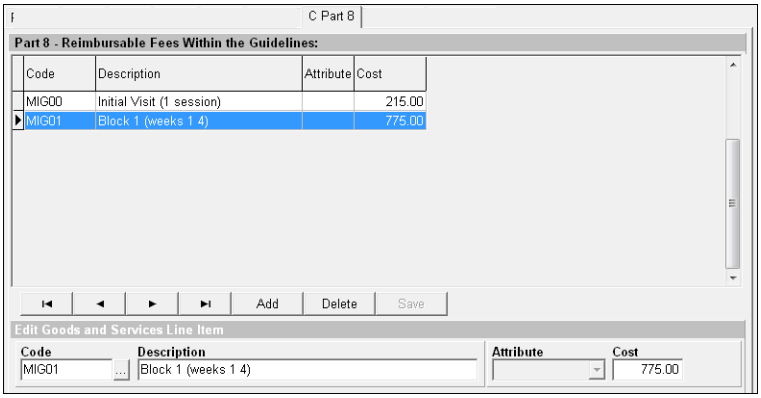
Click **Add** to select an item from the CCI Code Selector. Edit the date, fee, and practitioner. If this item was rendered more than once during the invoice period click **Duplicate this Line Item**.



Click on the calendar to select the dates for each service. Chosen dates will appear on the right. To remove a selected date click it again. Once you have selected all dates for this item click **OK**. You will be returned to Part 7 where you can choose another code for duplication.

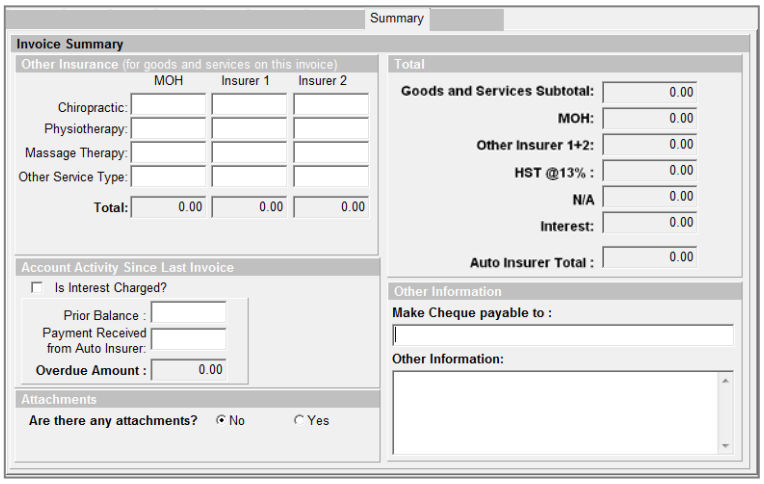


Part 8 Reimbursable Fees within the Guidelines



Input all pre-approved fees.

Summary



Add *Other Insurance* amounts and *Account Activity Since Last Invoice* if applicable. The *Total* fields will populate and calculate automatically from information input in Goods and Services fields.

Comments

The Comments tab is for attachment information if applicable or any other information to support the treatment plan. Up to 20,000 characters can be used in this field.

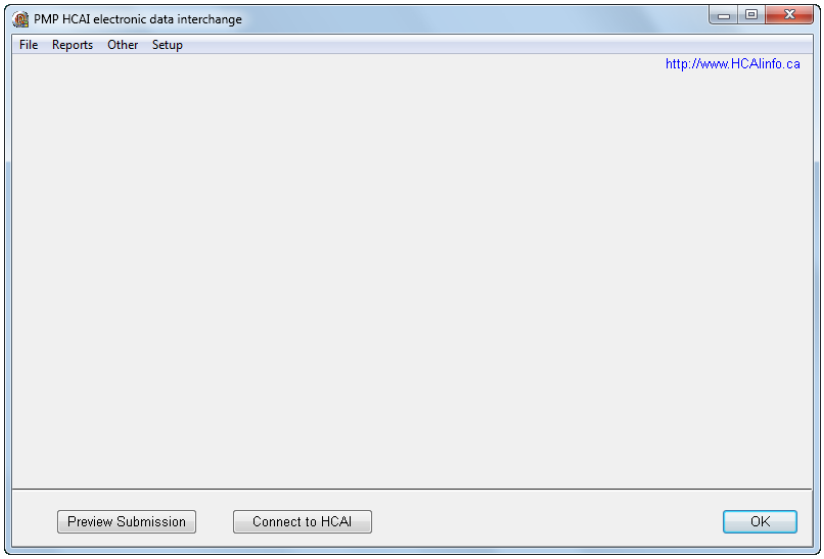
Additional Buttons

The bottom portion of the form contains the following buttons:

Details can be found on page 25.

PMP HCAI Electronic Data Interchange

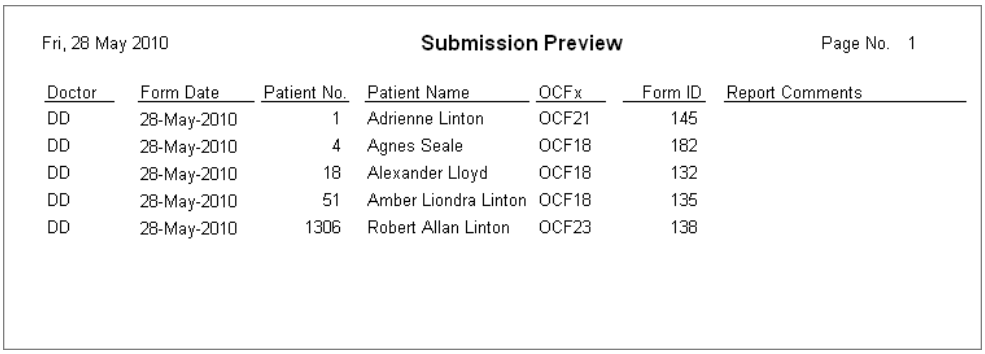
Main PMP HCAI Screen



The main screen has menus across the top and buttons at the bottom. The middle area of the screen will populate with communication messages once you connect to HCAI.

Preview Submission

The **Preview Submission** button enables you to view the forms within the batch that will be sent to HCAI once you click **Connect to HCAI**. Choose this button to view the submission. Click **Run the Report**.



Fri, 28 May 2010 **Submission Preview** Page No. 1

Doctor	Form Date	Patient No.	Patient Name	OCFx	Form ID	Report Comments
DD	28-May-2010	1	Adrienne Linton	OCF21	145	
DD	28-May-2010	4	Agnes Seale	OCF18	182	
DD	28-May-2010	18	Alexander Lloyd	OCF18	132	
DD	28-May-2010	51	Amber Liondra Linton	OCF18	135	
DD	28-May-2010	1306	Robert Allan Linton	OCF23	138	

If you choose to remove a form from the submission go back into the patient file in PMP. On the MVA tab, click the form then **Edit**. Once the form is open choose **Save as Draft**. This returns to form to 'draft' mode and will remove it from the submission.

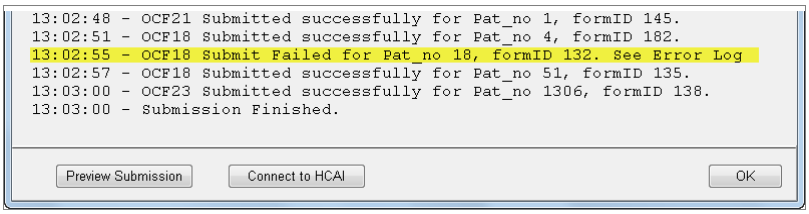
Connect to HCAI

The **Connect to HCAI** button links your computer to the HCAI system. Enter your PMS password. The interface will now:

- **Facility information is verified and updated.** The facility information details the information that you have listed with HCAI. Any update or changes would appear on the report
- **Update insurer's list in Insurers are updated in PMP.** This procedure retrieves an updated list of auto insurers and inputs the list into PMP
- **Completed OCF forms are sent to HCAI.** The batch file containing the forms with a HCAI status of *Ready to Submit* is sent to HCAI.
- **Adjudicator responses are retrieved.** Each adjudication response will be retrieved individually and listed separately on the communication screen.

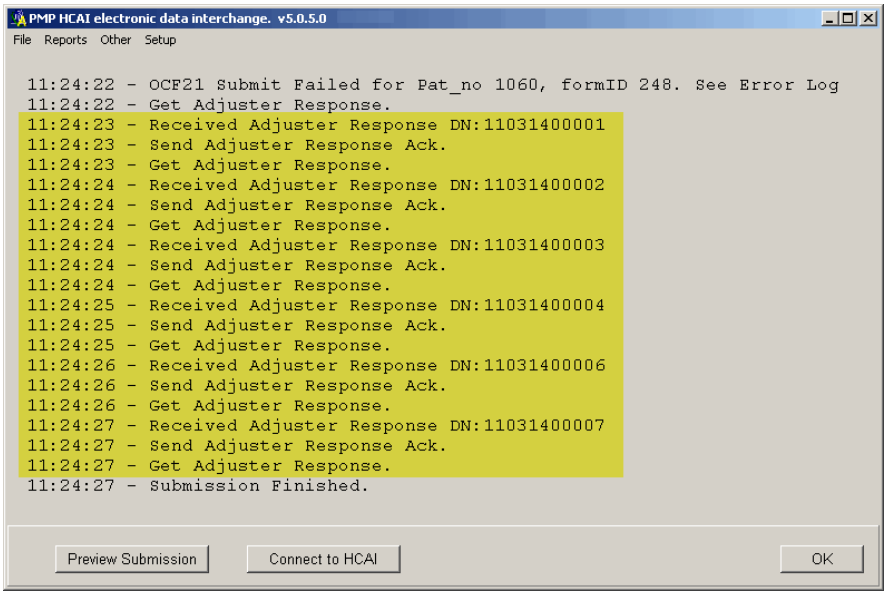
Once you input your password the screen will populate with transfer and communication information.

Read the screen. You will see communication referring to your submissions and adjudications.

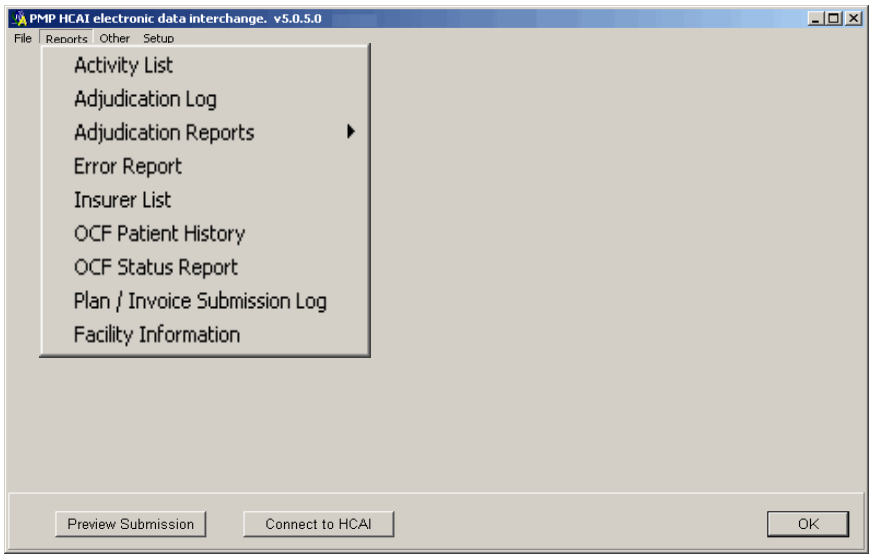


A line item will appear for each form submitted informing you of the status. The highlighted line item in the screen shot above is a failed submission and refers the user to see the Error Log.

The screen below has highlighted the Adjudication responses.



Reports



The Reports menu supplies you with tools required to:

- review what forms were submitted
- why forms were rejected
- what claims got adjudicated
- the status of forms

Many forms allow you to select 'filters' which can assist in locating specific information.

Activity List

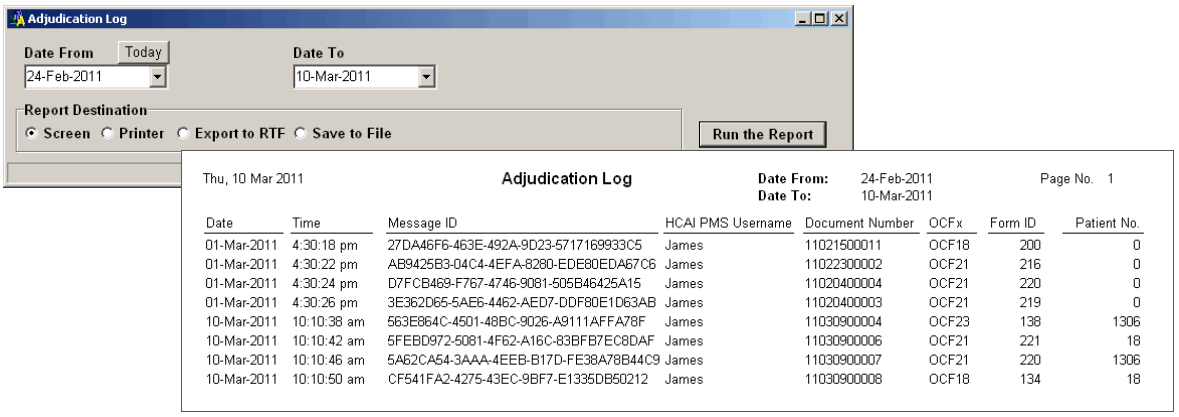
The Activity list will produce a document of all communication with HCAI. This report is dependant upon the user first connecting to HCAI to retrieve the activity list. Accomplish this by going to the **Other** menu and selecting **Get Activity List**. You made need to enter your PMP Password. A connection is established and the list retrieved. Now select the **Reports** menu followed by **Activity List**.

Wed, 16 Mar 2011 — **Activity List** — **Date From:** 14-Feb-2011 **Date To:** 14-Mar-2011

Date	Time	Form ID	Patient Number	Document Source	Document Number	Document Status	Net Amount
09-Mar-2011	4:15:00 pm	134	18	PMS	11030900008	Declined	0.00
11-Mar-2011	10:43:00 am	112	1322	PMS	11031100001	Submitted	0.00
11-Mar-2011	10:51:00 am	114	1032	PMS	11031100002	Submitted	0.00
11-Mar-2011	11:21:00 am	223	857	PMS	11031100003	Approved	1,375.00
11-Mar-2011	11:21:00 am	224	864	PMS	11031100004	Approved	2,015.00
11-Mar-2011	11:21:00 am	225	984	PMS	11031100005	PartiallyApproved	1,860.00
11-Mar-2011	11:21:00 am	226	1022	PMS	11031100006	Approved	428.65
11-Mar-2011	11:25:00 am	227	1584	PMS	11031100007	Approved	1,200.00
11-Mar-2011	3:52:00 pm	219	13	PMS	11031100008	Submitted	0.00
11-Mar-2011	3:52:00 pm	220	13	PMS	11031100009	Submitted	0.00
11-Mar-2011	3:52:00 pm	221	778	PMS	11031100010	Submitted	0.00
11-Mar-2011	3:52:00 pm	222	1500	PMS	11031100011	Submitted	0.00
14-Mar-2011	10:24:00 am	243	18	PMS	11031400001	Approved	50.00
14-Mar-2011	10:24:00 am	246	484	PMS	11031400002	Approved	1,850.00

Adjudication Log

The Adjudication Log lists all items retrieved from HCAI that have been adjudicated by the insurer. This report refers specifically to items retrieved. View the Adjudication Reports for specific details.



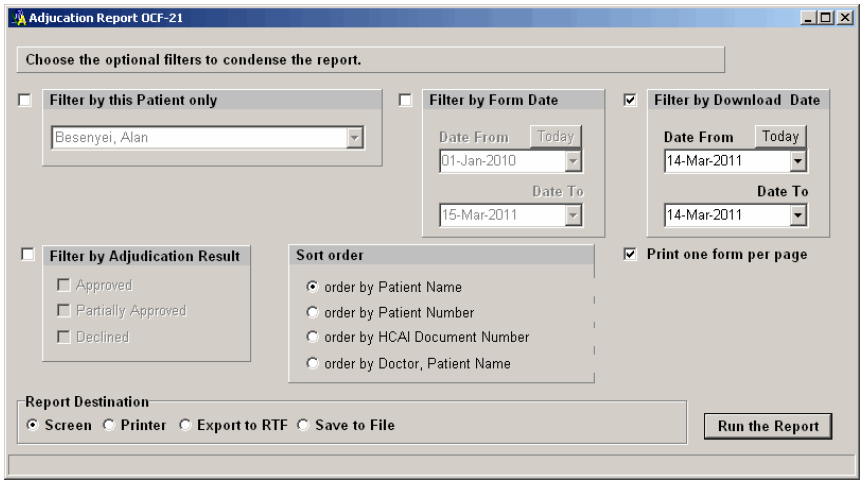
Thu, 10 Mar 2011 — **Adjudication Log** — Date From: 24-Feb-2011 Date To: 10-Mar-2011 — Page No. 1

Date	Time	Message ID	HCAI PMS Username	Document Number	OCFx	Form ID	Patient No.
01-Mar-2011	4:30:18 pm	27DA46F6-463E-492A-9D23-5717169933C5	James	11021500011	OCF18	200	0
01-Mar-2011	4:30:22 pm	AB9425B3-04C4-4EFA-8280-EDE80EDA67C6	James	11022300002	OCF21	216	0
01-Mar-2011	4:30:24 pm	D7FCB469-F767-4746-9081-505B46425A15	James	11020400004	OCF21	220	0
01-Mar-2011	4:30:26 pm	3E362D65-5AE6-4462-AED7-DDF80E1D63AB	James	11020400003	OCF21	219	0
10-Mar-2011	10:10:38 am	563E864C-4501-48BC-9026-A9111AFFA78F	James	11030900004	OCF23	138	1306
10-Mar-2011	10:10:42 am	5FEBD972-5081-4F62-A16C-83BFB7EC8DAF	James	11030900006	OCF21	221	18
10-Mar-2011	10:10:46 am	5A62CA54-3AAA-4EEB-B17D-FE38A78B44C9	James	11030900007	OCF21	220	1306
10-Mar-2011	10:10:50 am	CF541FA2-4275-43EC-9BF7-E1335DB50212	James	11030900008	OCF18	134	18

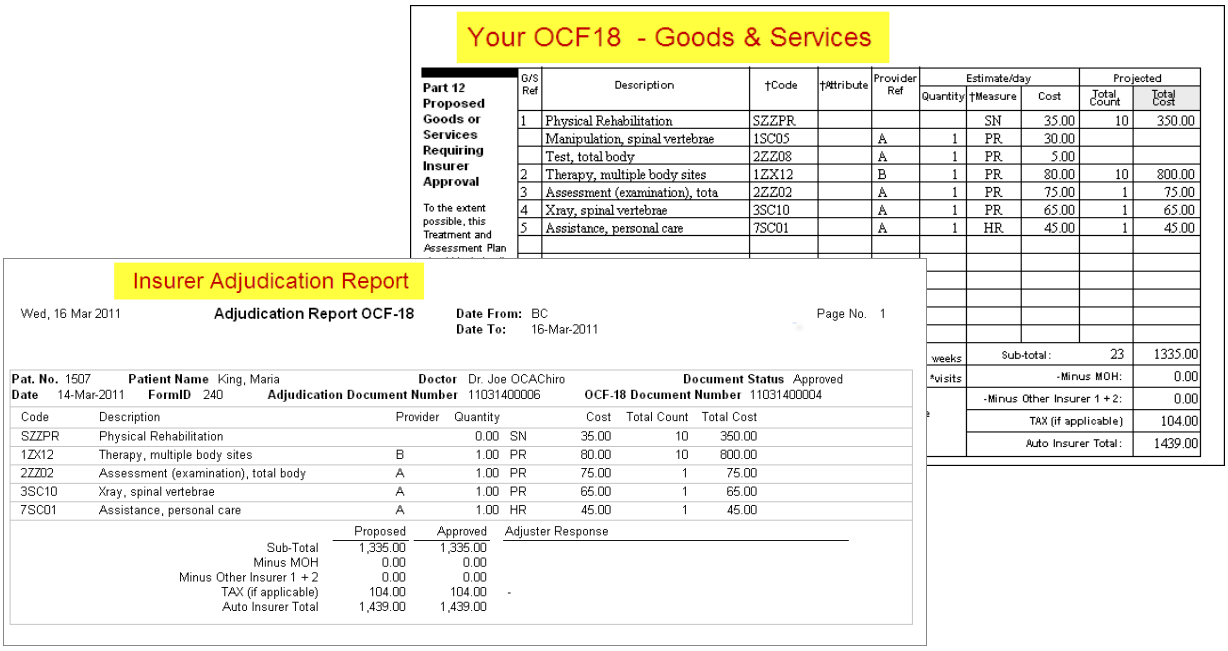
Adjudication Reports

The **Adjudication Reports** are broken into type; **OCF 18, 21** and **23**. This is the same report that is viewed using the **View Adjudication** button offered in the patient file.

The report can be condensed with filters to allow viewing of only the required information. The **Filter by Download Date** will default to the last date that adjudication responses were retrieved from HCAI. The report can be printed in a continuous stream or you can each adjudication response start on a new page by placing a checkmark on the **Print one form per page** option.



Adjudication Reports have a header that detail the form details. The Goods and services section of the report is representative of the goods and services on your OCF form.



Your OCF18 - Goods & Services

Part 12 Proposed Goods or Services Requiring Insurer Approval	G/S Ref	Description	†Code	†Attribute	Provider Ref	Estimate/day Quantity	†Measure	Cost	Projected Total Count	Total Cost
To the extent possible, this Treatment and Assessment Plan	1	Physical Rehabilitation	SZZPR				SN	35.00	10	350.00
		Manipulation, spinal vertebrae	1SC05		A	1	PR	30.00		
		Test, total body	2ZZ08		A	1	PR	5.00		
	2	Therapy, multiple body sites	1ZX12		B	1	PR	80.00	10	800.00
	3	Assessment (examination), tota	2ZZ02		A	1	PR	75.00	1	75.00
	4	Xray, spinal vertebrae	3SC10		A	1	PR	65.00	1	65.00
	5	Assistance, personal care	7SC01		A	1	HR	45.00	1	45.00

weeks	Sub-total:	23	1335.00
*visits	-Minus MOH:		0.00
	-Minus Other Insurer 1 + 2:		0.00
	TAX (if applicable)		104.00
	Auto Insurer Total:		1439.00

Insurer Adjudication Report

Wed, 16 Mar 2011 **Adjudication Report OCF-18** **Date From:** BC **Date To:** 16-Mar-2011 Page No. 1

Pat. No. 1507 **Patient Name** King, Maria **Doctor** Dr. Joe OCAChiro **Document Status** Approved
Date 14-Mar-2011 **FormID** 240 **Adjudication Document Number** 11031400006 **OCF-18 Document Number** 11031400004

Code	Description	Provider	Quantity		Cost	Total Count	Total Cost
SZZPR	Physical Rehabilitation		0.00	SN	35.00	10	350.00
1ZX12	Therapy, multiple body sites	B	1.00	PR	80.00	10	800.00
2ZZ02	Assessment (examination), total body	A	1.00	PR	75.00	1	75.00
3SC10	Xray, spinal vertebrae	A	1.00	PR	65.00	1	65.00
7SC01	Assistance, personal care	A	1.00	HR	45.00	1	45.00

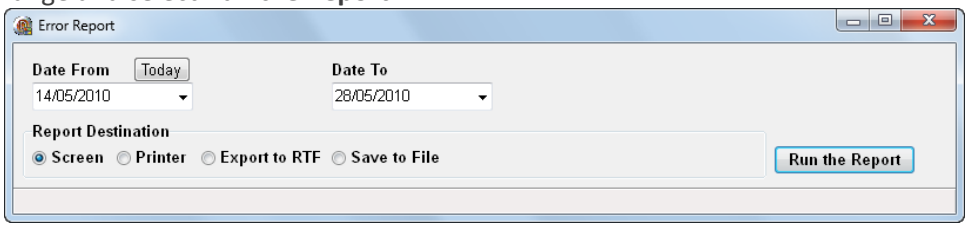
	Proposed	Approved	Adjuster Response
Sub-Total	1,335.00	1,335.00	
Minus MOH	0.00	0.00	
Minus Other Insurer 1 + 2	0.00	0.00	
TAX (if applicable)	104.00	104.00	-
Auto Insurer Total	1,439.00	1,439.00	

All adjudication details this report were supplied by the insurer. If you require additional information you should contact the insurer directly.

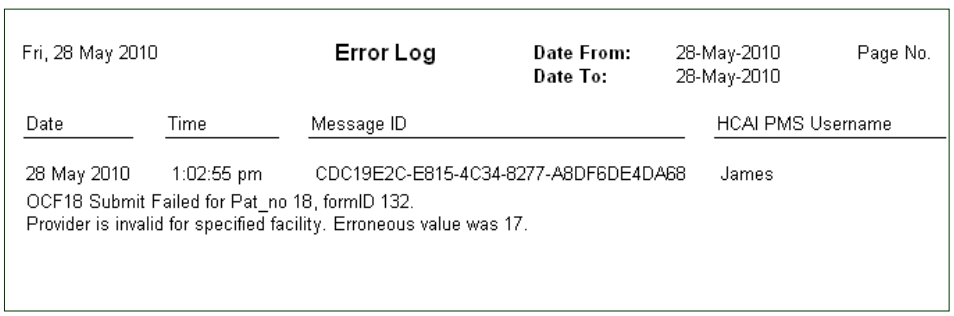
Error Report

Retrieve the error log for the **Reports** menu, **Error Report**.

The date from option offers you a **Today** button to simplify locating specific errors. Choose the date range and select **Run the Report**.



Locate the rejection on the document. The report is created by rejected information from the HCAI system. Any line information that says 'Erroneous value' refers to the information that was typed into the rejected field. The Failed rejection information will notify you as to where the problem lies.

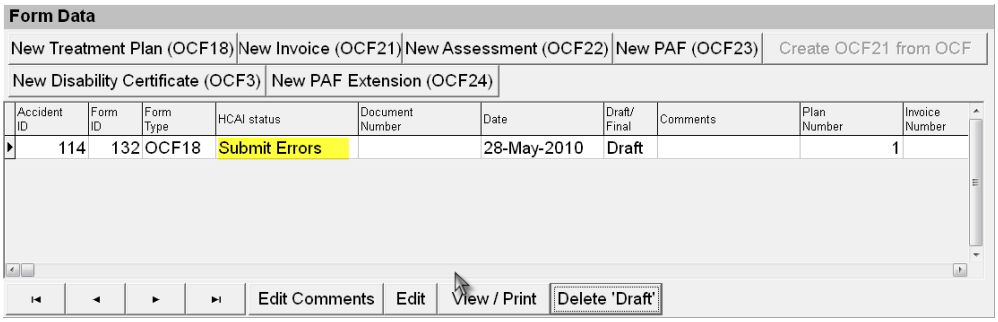


Fri, 28 May 2010 **Error Log** **Date From:** 28-May-2010 **Date To:** 28-May-2010 Page No.

Date	Time	Message ID	HCAI PMS Username
28 May 2010	1:02:55 pm	CDC19E2C-E815-4C34-8277-A8DF6DE4DA68	James

OCF18 Submit Failed for Pat_no 18, formID 132.
Provider is invalid for specified facility. Erroneous value was 17.

Correct the rejected form by returning to patient file in PMP and going to the MVA tab. The form will now have a HCAI status of *Submit Errors*. Click the form and then **Edit**. Resolve the conflict and choose **Save as HCAI**. The form will now be sent with the next submission.



Forms listed with Submit Errors will not be resubmitted until you resave them using the Save to HCAI button. It is therefore very important for users to monitor the report logs to ensure all forms are corrected and resubmitted.

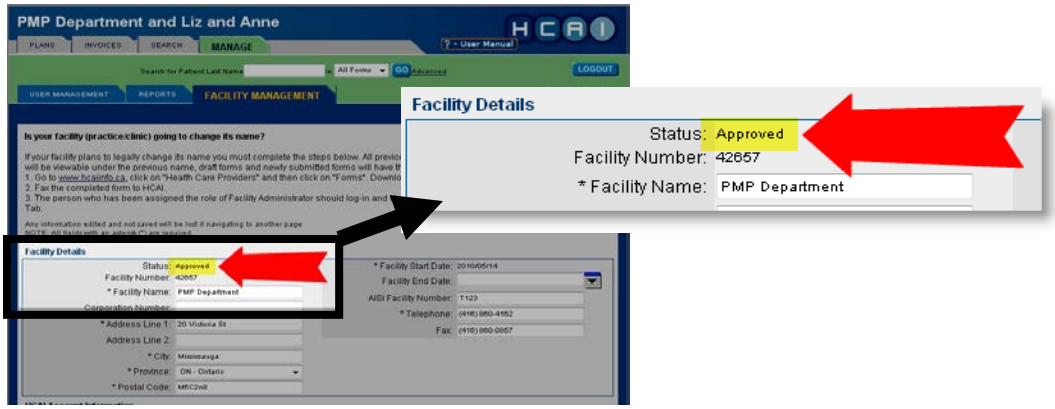
Error Report for HCAI Authorization/Provider Error

An authorization or provider error can be caused by one of four reasons:

1. Your Facility has not been approved

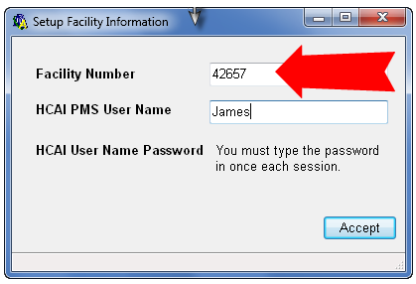
There may be an issue with the approval process. Confirm approval by accessing the HCAI website, www.HCAI.ca. Click the **Manage tab**, followed by selecting the **Manage Facility** tab.

Under the **Facility Details** section check the ***Status***.

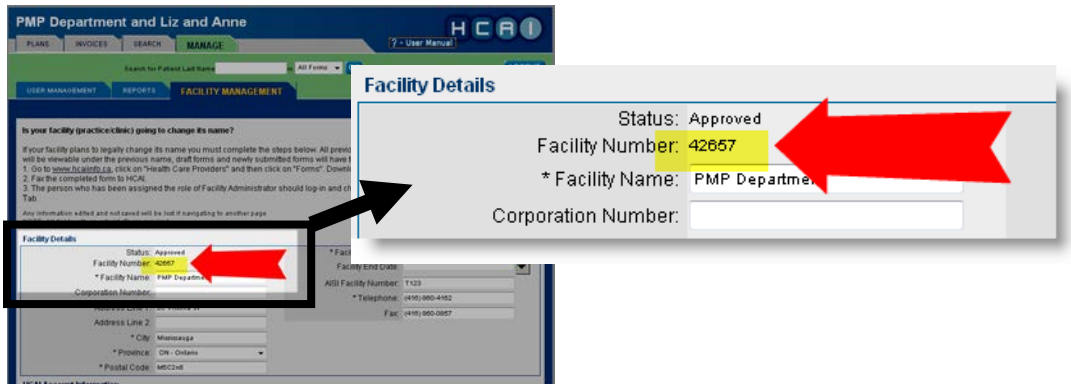


2. Your Facility Number is listed wrong in PMP

The Facility Number that you input into the **Setup** menu, **Setup Facility** screen in PMP HCAI is incorrect.



Locate this information in the HCAI website, www.HCAI.ca on the **Manage**, **Manage Facility** tab.

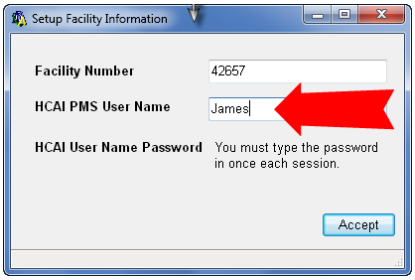


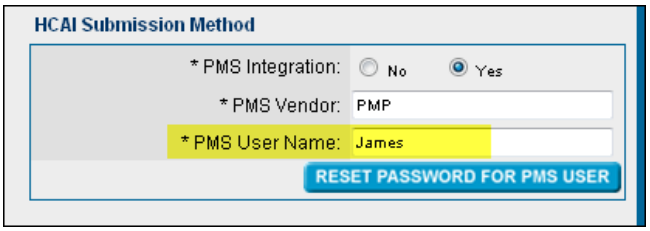
Verify the **Facility Number**.

3. Your PMS User Name is listed wrong in PMP

The PMS User Name that you input into the **Setup** menu, **Setup Facility** screen in PMP HCAI is incorrect.

From the same HCAI screen listed above, scroll down to **HCAI Submission Method**.

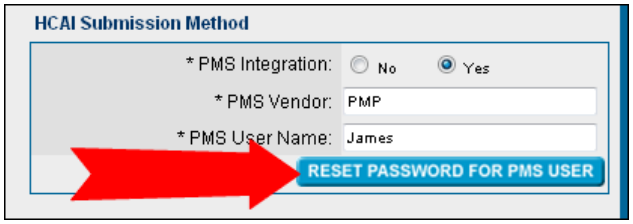


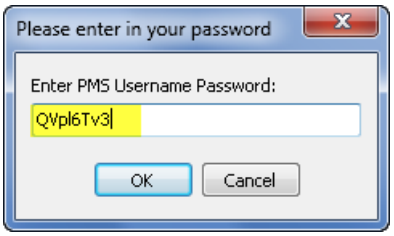


Confirm your PMS User Name.

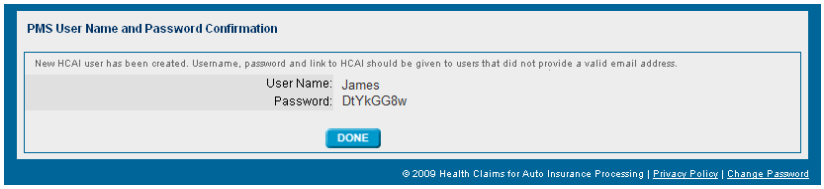
4. Your PMS Username Password is wrong

After 3 attempts in PMP HCAI to connect, go to the HCAI website, www.HCAI.ca on the **Manage**, **Manage Facility** tab. Scroll down to **HCAI Submission Method** and click **RESET PASSWORD FOR PMS USER**.





Write the new password down.

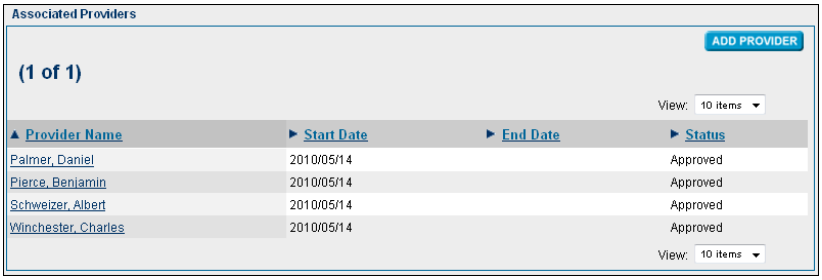


5. You do not have the provider registered with HCAI or the practitioner information is incorrect

Check this information in the HCAI website, www.HCAI.ca on the **Manage**, **Manage Facility** tab. Scroll to the Associated Provider section at the bottom of the page.

All providers should be listed here. If they are not, click **Add Provider** and complete the required fields.

If the required practitioners are in the list, click individually on each and confirm that the information is correct.



PMP requires that Practitioners are listed with HCAI once for every profession.

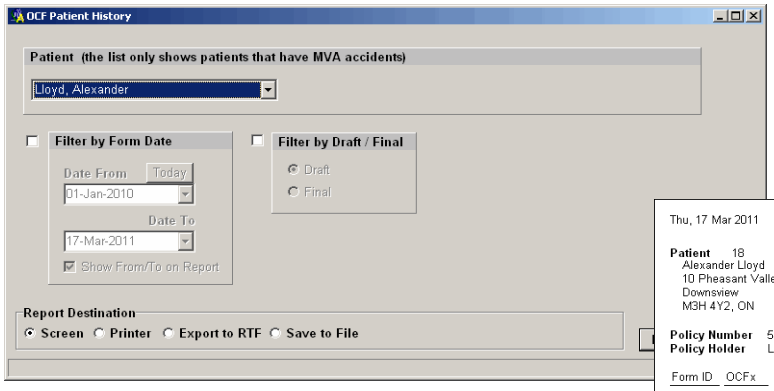
I.E. if a practitioner is a Chiropractor and Acupuncturist they must be listed twice in the *Associated Provider* screen; once for each profession.

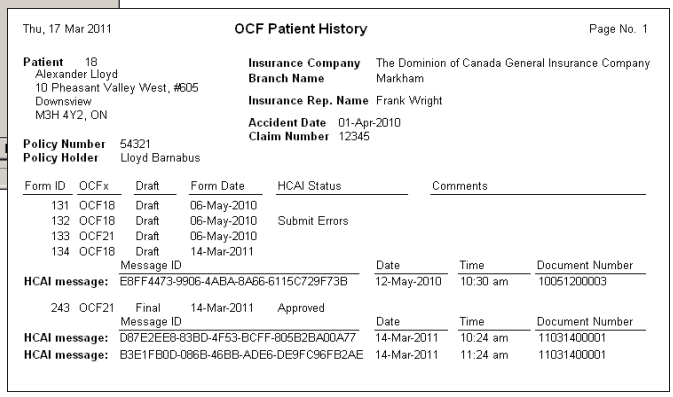
Insurer List

The Insurer List will produce a report detailing all insurers and their branches. This list is updated every time you connect to HCAI.

OCF Patient History

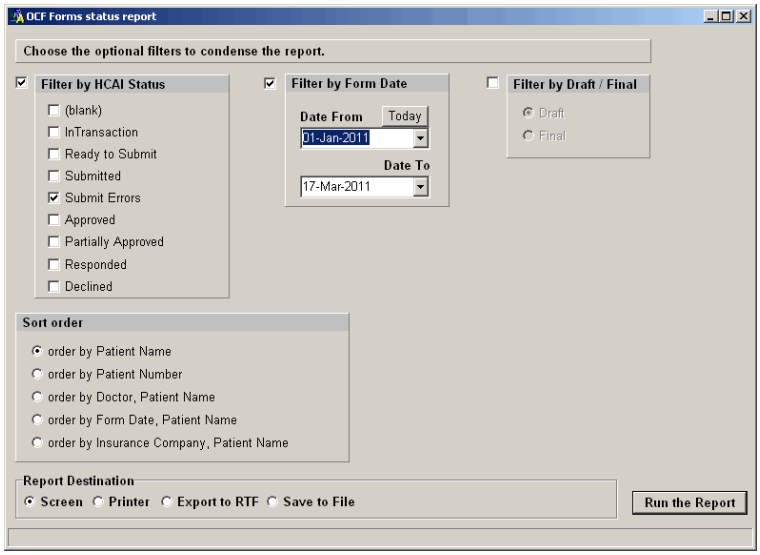
This report will produce a detailed report for the patient history of forms within PMP for a specific patient. You can filter the report further to show specified dates and whether Draft or Final.





OCF Status Report

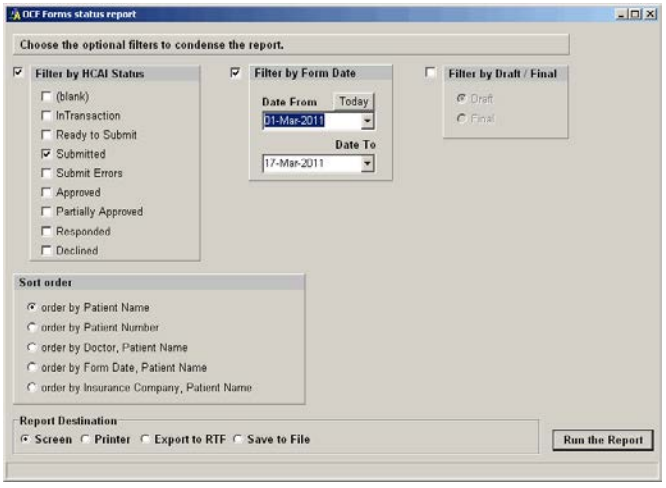
The OCF Status report will produce a list of forms that meet the filter options (criteria) selected. All forms created within PMP will be produced on the report if no filters are chosen.



Filter options include:

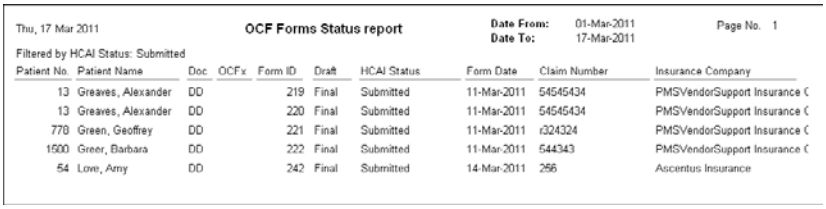
- HCAI Status
- Form Date
- Draft / Final
- Sort Order

This report can be useful when looking forms that did not get submitted (Submit Errors).



Plan / Invoice Submission Log

This report details your interaction with HCAI. This report produces a message ID which can be used for troubleshooting with HCAI.



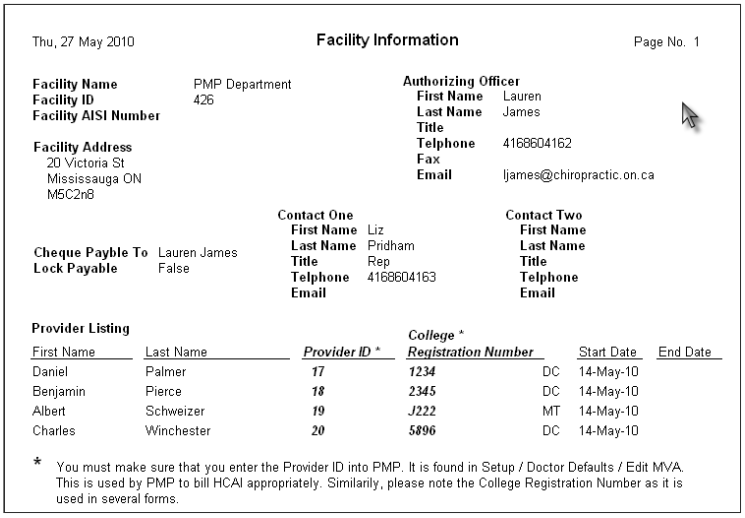
Thu, 17 Mar 2011 — **OCF Forms Status report** — Date From: 01-Mar-2011 Date To: 17-Mar-2011 — Page No. 1

Filtered by HCAI Status: Submitted

Patient No.	Patient Name	Doc	OCFx	Form ID	Draft	HCAI Status	Form Date	Claim Number	Insurance Company
13	Greaves, Alexander	DD		219	Final	Submitted	11-Mar-2011	54545434	PMSVendorSupport Insurance C
13	Greaves, Alexander	DD		220	Final	Submitted	11-Mar-2011	54545434	PMSVendorSupport Insurance C
778	Green, Geoffrey	DD		221	Final	Submitted	11-Mar-2011	r324324	PMSVendorSupport Insurance C
1500	Greer, Barbara	DD		222	Final	Submitted	11-Mar-2011	544343	PMSVendorSupport Insurance C
54	Love, Amy	DD		242	Final	Submitted	14-Mar-2011	256	Ascentus Insurance

Facility Information

The facility information report details your facility details that are taken from the HCAI portal. It is updated every time you choose Connect to HCAI or **Get Facility Info** from the **Other** menu.



Thu, 27 May 2010 — **Facility Information** — Page No. 1

Facility Name PMP Department
Facility ID 426
Facility AISI Number

Facility Address
20 Victoria St
Mississauga ON
M5C2n8

Authorizing Officer
First Name Lauren
Last Name James
Title
Telphone 4168604162
Fax
Email ljames@chiropractic.on.ca

Cheque Payble To Lauren James
Lock Payable False

Contact One
First Name Liz
Last Name Pridham
Title Rep
Telphone 4168604163
Email

Contact Two
First Name
Last Name
Title
Telphone
Email

Provider Listing

First Name	Last Name	*Provider ID **	*College * Registration Number*		Start Date	End Date
Daniel	Palmer	*17*	*1234*	DC	14-May-10	
Benjamin	Pierce	*18*	*2345*	DC	14-May-10	
Albert	Schweizer	*19*	*J222*	MT	14-May-10	
Charles	Winchester	*20*	*5896*	DC	14-May-10	

* You must make sure that you enter the Provider ID into PMP. It is found in Setup / Doctor Defaults / Edit MVA. This is used by PMP to bill HCAI appropriately. Similarily, please note the College Registration Number as it is used in several forms.

Automobile Insurance Activity in PMP

Minor Injury Guideline (MIG)

Note: Full details regarding completing the **OCF23 – Treatment Plan** and **OCF21C Invoice** can be found by viewing a recording of the OCA Minor Injury Guideline- What Every Administrator Needs to Know webinar. This webinar can be viewed from **www.chiropractic.on.ca \ PMP Website \ Training \ PMP Webinars.**

Outline

The objectives of the Minor Injury Guideline are to:

a) Speed access to rehabilitation for persons who sustain minor injuries in auto accidents;

b) Improve utilization of health care resources;

c) Provide certainty around cost and payment for insurers and regulated health professionals; and

d) Be more inclusive in providing immediate access to treatment without insurer approval for those persons with minor injuries as defined in the SABS and set out in Part 2 of this Guideline.

Consistent with these objectives, the Guideline sets out the goods and services that will be paid for by the insurer without insurer approval if provided to an insured person who has sustained a minor injury.

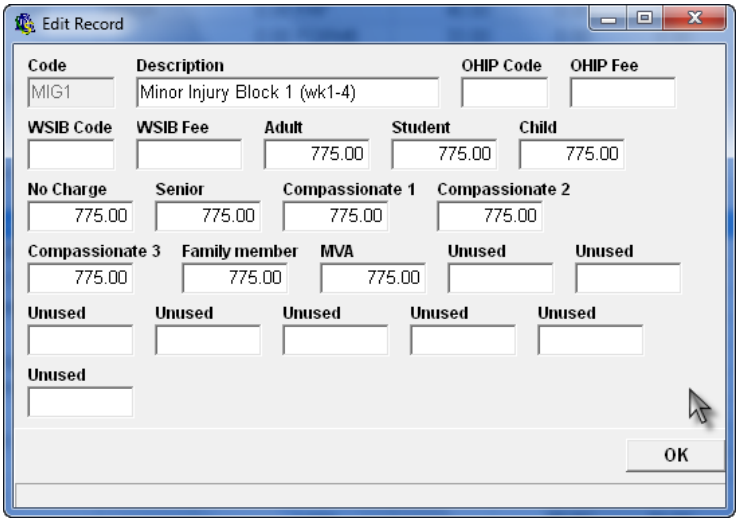
The Guideline is focused on the application of a **functional restoration approach,** in addition to the provision of interventions to reduce or manage pain or disability.

The full guideline is available for download from the Financial Services Commission of Ontario (FSCO) website, www.fsco.gov.on.ca/english/pubs/bulletins/autobulletins/2010/A-10_10-1.pdf.

Fee Schedule Set up

MIG fees should be added to your PMP Fee Schedule.

Go to the **Setup** menu, **Fee Schedule**, **Treatment**. Click **Add**, **Form**.



Add all the items listed below. Use whatever code you wish, these are only suggestions.

MIGI	Minor Injury Initial Visit	215.00
MIG1	Minor Injury Treatment Phase Block 1	775.00
MIG2	Minor Injury Treatment Phase Block 2	500.00
MIG3	Minor Injury Treatment Phase Block 3	225.00
MIGD	Completion of Guideline Discharge Report (OCF24)	85.00
MIGG	Minor Injury Goods & Services	400.00 (this will be edited)
MIGT	Minor Injury Transfer Fee	50.00

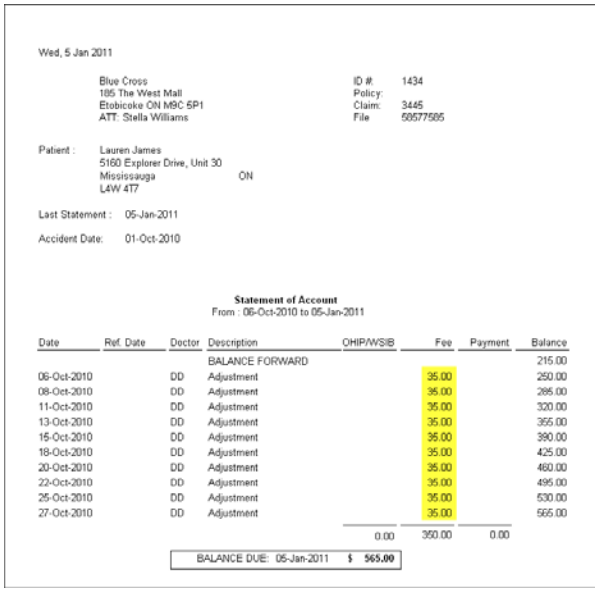
Note: These Fees will not necessarily apply. The fees are being added so that you will know how much is billable for each completed block. Edit the amount to the correct total when processing activity.

Posting Patient Activity

As your patient comes to each appointment, record the patient activity using your regular codes and fees for initial visits, adjustments and inventory items. Block fees should be posted after the initial visit and each block.

Block Billing

Print the statement using the specific block dates for the start and end dates of the statement to enable you to figure out how much to bill for the block.



Wed, 5 Jan 2011

Blue Cross
185 The West Mall
Etobicoke ON M9C 5P1
ATT: Stella Williams

ID #: 1434
Policy:
Claim: 3445
File 59577585

Patient : Lauren James
5160 Explorer Drive, Unit 30
Mississauga ON
L4W 4T7

Last Statement : 05-Jan-2011

Accident Date: 01-Oct-2010

Statement of Account
From : 06-Oct-2010 to 05-Jan-2011

Date	Ref. Date	Doctor	Description	OHIP/WSIB	Fee	Payment	Balance
			BALANCE FORWARD				215.00
06-Oct-2010		DD	Adjustment		35.00		250.00
08-Oct-2010		DD	Adjustment		35.00		285.00
11-Oct-2010		DD	Adjustment		35.00		320.00
13-Oct-2010		DD	Adjustment		35.00		355.00
15-Oct-2010		DD	Adjustment		35.00		390.00
18-Oct-2010		DD	Adjustment		35.00		425.00
20-Oct-2010		DD	Adjustment		35.00		460.00
22-Oct-2010		DD	Adjustment		35.00		495.00
25-Oct-2010		DD	Adjustment		35.00		530.00
27-Oct-2010		DD	Adjustment		35.00		565.00
				0.00	350.00	0.00	

BALANCE DUE: 05-Jan-2011 $ 565.00

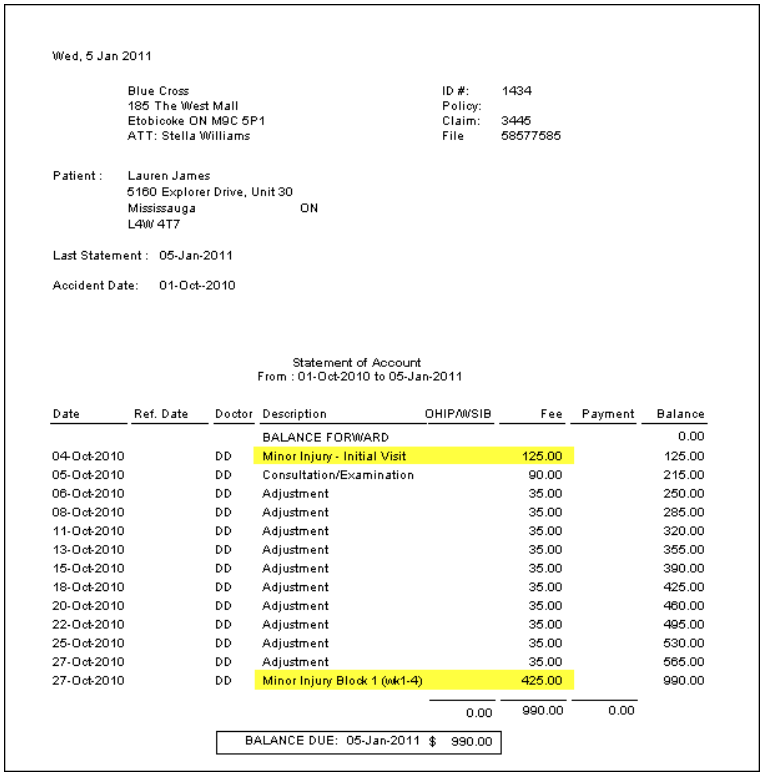
The amount already posted to the patient's account (highlighted above in yellow) is deducted from the maximum billable amount for the MIG. For Block 1 this amount is $775.00. Therefore in deducting the amount already billed, $350.00 from the billable amount , $775.00 you end up with an amount of $425.00. This is the amount that is posted at the end of the block that will be billed to the auto insurer.

Here is the patient Account Activity screen after posting the Block 1.

Date	Ref. Date	Doc	Location	Code	Bill Code	Type	Status	Paid by	Billing	Patient	Payment
05/10/2010		DD	1	CE		CASH	Paid		0.00	90.00	0.00
06/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
08/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
11/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
13/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
15/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
18/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
20/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
22/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
25/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
27/10/2010		DD	1	A		CASH	Paid		0.00	35.00	0.00
27/10/2010		DD	1	MIG1		CASH	Paid		0.00	425.00	0.00

Hint: If EHC does not pay 100% of the treatment cost, the amount not paid will be billed on the OCF 21 invoice, not in PMP.

Here is the completed statement showing the Initial visit and the Block 1 amount for the auto insurer.



Wed, 5 Jan 2011

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185 The West Mall
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ATT: Stella Williams

ID #: 1434
Policy:
Claim: 3445
File 58577585

Patient : Lauren James
5160 Explorer Drive, Unit 30
Mississauga ON
L4W 4T7

Last Statement : 05-Jan-2011

Accident Date: 01-Oct-2010

Statement of Account
From : 01-Oct-2010 to 05-Jan-2011

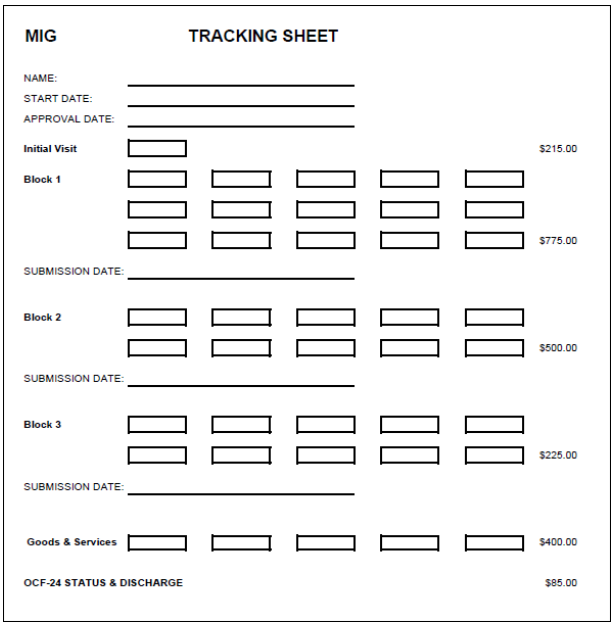
Date	Ref. Date	Doctor	Description	OHIP/WSIB	Fee	Payment	Balance
			BALANCE FORWARD				0.00
04-Oct-2010		DD	Minor Injury - Initial Visit		125.00		125.00
05-Oct-2010		DD	Consultation/Examination		90.00		215.00
06-Oct-2010		DD	Adjustment		35.00		250.00
08-Oct-2010		DD	Adjustment		35.00		285.00
11-Oct-2010		DD	Adjustment		35.00		320.00
13-Oct-2010		DD	Adjustment		35.00		355.00
15-Oct-2010		DD	Adjustment		35.00		390.00
18-Oct-2010		DD	Adjustment		35.00		425.00
20-Oct-2010		DD	Adjustment		35.00		460.00
22-Oct-2010		DD	Adjustment		35.00		495.00
25-Oct-2010		DD	Adjustment		35.00		530.00
27-Oct-2010		DD	Adjustment		35.00		565.00
27-Oct-2010		DD	Minor Injury Block 1 (wk1-4)		425.00		990.00
				0.00	990.00	0.00	

BALANCE DUE: 05-Jan-2011 $ 990.00

Tracking Sheets

These forms have been designed to assist with tracking the office visits for your Motor Vehicle Accident patients. Full page copies can be found at the end of this guide. An electronic copy is available by contacting support.

MIG Tracking Sheet. Record the initial visit date and the date range for blocks when your patient begins care. This form should be attached to the front of the patient file or attached to the travel card so you have it readily available. Fill in the boxes with the actual dates of treatment as your patient attends their office visits. As you complete the form, you can tell at a glance the status of the MIG.


MIG TRACKING SHEET

NAME:
START DATE:
APPROVAL DATE:

Initial Visit $215.00

Block 1 $775.00

SUBMISSION DATE:

Block 2 $500.00

SUBMISSION DATE:

Block 3 $225.00

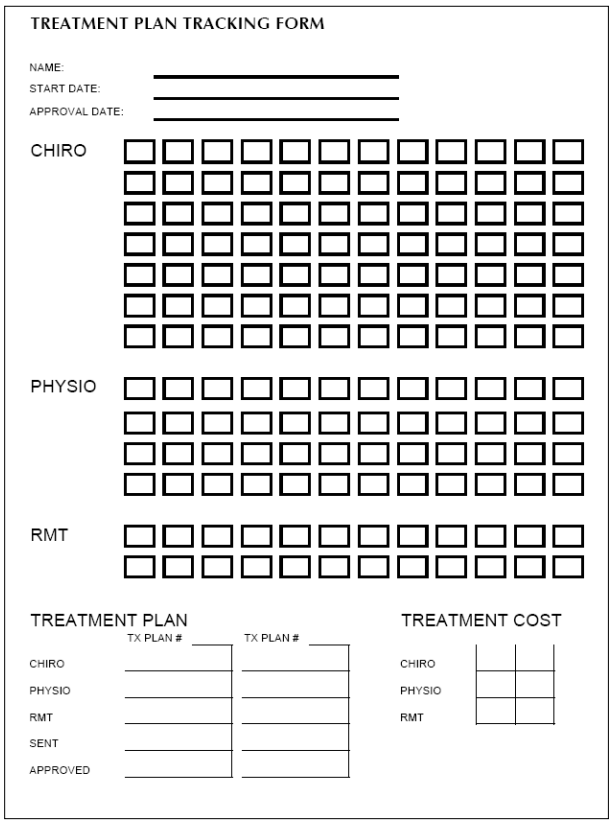
SUBMISSION DATE:

Goods & Services $400.00

OCF-24 STATUS & DISCHARGE $85.00

The Treatment Plan Tracking Form will help you to recognize at a glance when it is time to submit new treatment plans for MVA patients who do not qualify for pre-approved framework.

Mark the tracking form to indicate the number of treatments covered by your Treatment Plan by highlighting the correct number of boxes or by putting brackets around them. When your patient attends their office visits, record the actual dates of treatment in the boxes. If you are treating your patient twice a week and know it will take two weeks to get approval for a new Treatment Plan, you need to submit an extension request when the patient has six visits left.


TREATMENT PLAN TRACKING FORM

NAME:
START DATE:
APPROVAL DATE:

CHIRO

PHYSIO

RMT

TREATMENT PLAN

	TX PLAN #	TX PLAN #
CHIRO		
PHYSIO		
RMT		
SENT		
APPROVED		

TREATMENT COST

CHIRO		
PHYSIO		
RMT		

MIG TRACKING SHEET

NAME: _____

START DATE: _____

APPROVAL DATE: _____

Initial Visit	☐					$215.00
Block 1	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	$775.00

SUBMISSION DATE: _____

Block 2	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	$500.00

SUBMISSION DATE: _____

Block 3	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	$225.00

SUBMISSION DATE: _____

Goods & Services	☐	☐	☐	☐	☐	$400.00

OCF-24 STATUS & DISCHARGE $85.00

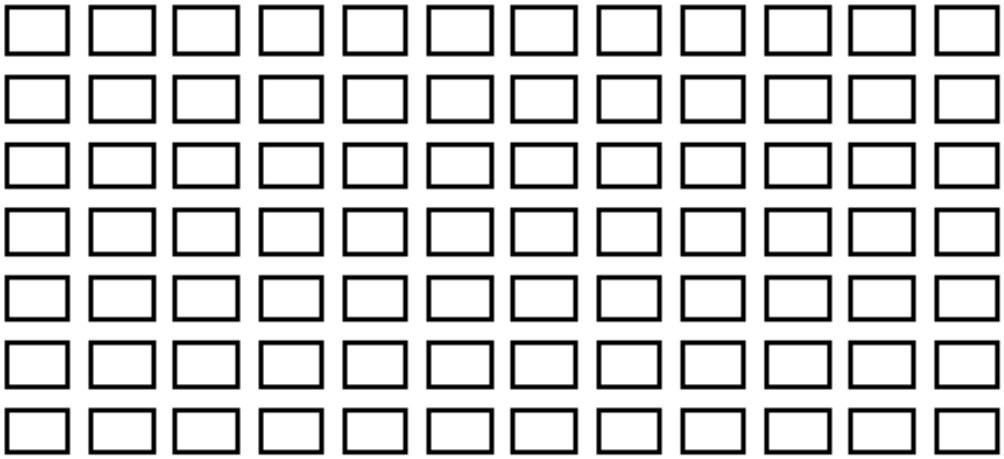
TREATMENT PLAN TRACKING FORM

NAME: _____

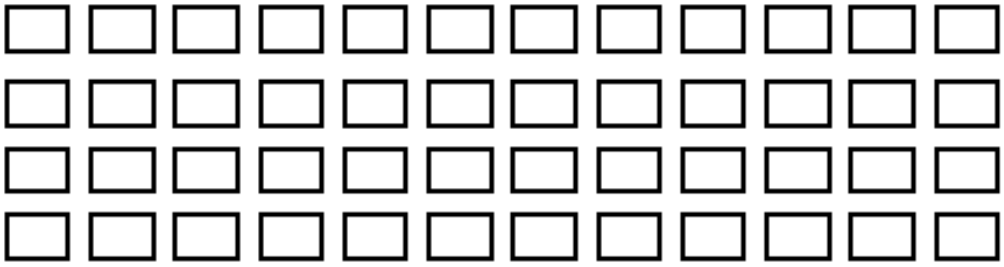
START DATE: _____

APPROVAL DATE: _____

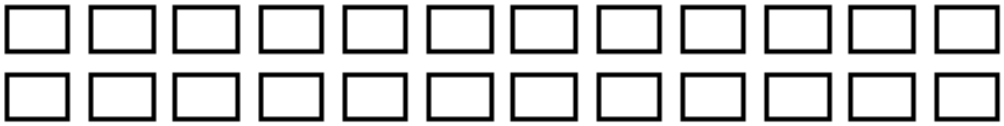
CHIRO



PHYSIO



RMT



TREATMENT PLAN

	TX PLAN # _____		TX PLAN # _____	
	Visits	Cost	Visits	Cost
CHIRO				
PHYSIO				
RMT				
SENT				
APPROVED				