Health Claims for Auto Insurance

OCF-18:
TREATMENT & ASSESSMENT PLAN

Manual for Web Users

July 2015

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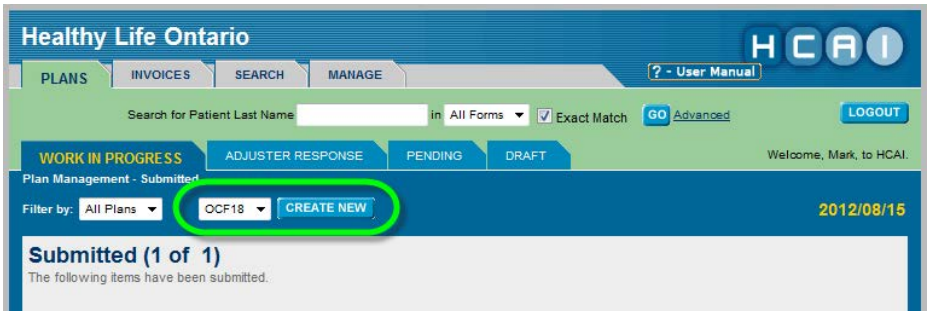
Create an OCF-18 in HCAI

An OCF-18 is used for patients with injuries that are not suitable for treatment in a Pre-Approved Framework or in the Minor Injury Guideline.

To create an OCF-18:



- Go to the Plans tab and any sub-tab.
- Select OCF-18 from the dropdown list and click CREATE NEW. A blank OCF-18 will open.

OCF-18 TABS

The OCF-18 in HCAI is organized under six tabs.

Figure 2: OCF 18 Tabs

Tab 1

Claim Identifier
Plan Identifier
Part 1 – Applicant (Patient) Information
Part 2 – Auto Insurer Information
Part 3 – Other Insurer Information

Tab 2

Part 4 – Signature of Health Practitioner
Part 5 – Signature of Regulated Health Professional

Tab 3

Part 6 – Injury and Sequelae Information
Part 7 – Prior and Concurrent Condition
Part 8 – Activity Limitations

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Part 9 – Plan Goals, Outcome Evaluation Methods and Barriers to Recovery
Part 10 – Signature of Applicant

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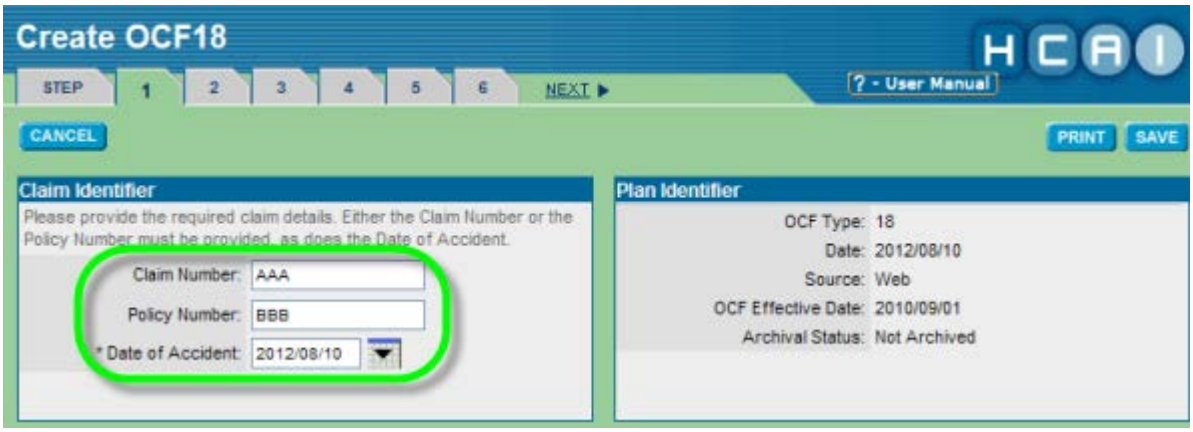
Part 12 – Proposed Goods or Services Requiring Insurer Approval

Tab 6

Additional Comments and/or Attachments

Tab 1

Claim Identifier



1. **Enter Claim Number and/or Policy Number**
   - The Applicant must provide the Claim Number (if known), the Policy Number and the date of the accident.
   - The Claim Number and Policy Number can be obtained from the insurance Adjuster.
   - The Policy Number is also available on the Motor Vehicle Liability Insurance Card (pink slip).
   - The Claim Number and Policy Number may be the same.
2. **Enter the accident date**
   - If the Applicant/Patient has overlapping injuries from more than one accident, use the date of the accident that is most relevant to the injuries being treated.

Plan Identifier

- This information will be populated when the Plan is submitted. No action is required.

Part 1 – Applicant Information

- The Applicant or substitute decision-maker should provide this information to the Facility.
  - **Date of birth** of the Applicant/Patient.
  - **Gender** of the Applicant/Patient.

Part 2 – Auto Insurer Information

- The Applicant or substitute decision-maker should provide this information to the Facility.

Independent adjusting companies and Adjusters

- Independent adjusting companies may be hired by Insurers to adjudicate Claims, but the HCAI application does not list independent adjusting companies.
- To direct OCFs appropriately, you should determine (typically by asking the Applicant/Patient or the independent Adjuster) the *name of the licensed Insurer* that insures the Applicant/Patient.

Policy Holder Details

- If the injured person seeking treatment is the Policy Holder, select “Yes” to the question “Is the Policy Holder the same as the Applicant?”

- If the injured person is not the Policy Holder, select “No” and enter the last name of the Policy Holder. The name of the Policy Holder can be obtained from the pink slip of the proof of insurance form.

Part 3 – Other Insurer Information

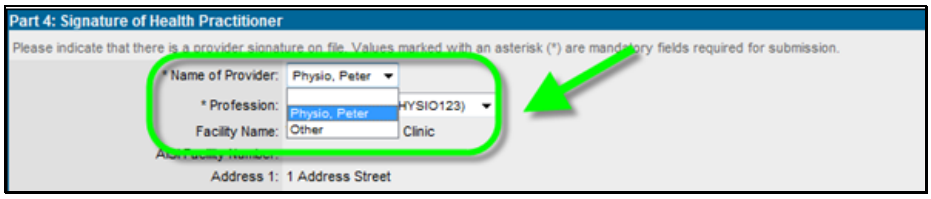
- The Patient, guardian or substitute decision-maker can advise whether the Patient has other insurance.
- The auto insurance system requires other insurance plans to be accessed before auto insurance health benefits are accessed.
- Health benefits may be available from the Ministry of Health and Long Term Care (MOH) or through an applicant’s personal, spousal or parental extended health plan to pay or partially pay expenses listed in the form.
- Space is available for up to two other Insurers in the event that the Applicant is covered by more than one policy (for example, both the Applicant and the Applicant’s partner or legal guardian have extended health benefits).

TAB 2

Part 4 – Signature of Health Practitioner

Name of Provider

- Using the drop-down menu, select the Health Practitioner from your Facility's Provider list;
- Or, select "Other" if the Health Practitioner is external and not in your HCAI Provider list.
  - Type in the Health Practitioner's detailed information.



Is this injury subject to a PAF or Minor Injury Guideline?

- If *accident occurred **before** September 1, 2010,* answer "Yes" or "No" to the question "Is this an impairment referred to in a PAF Guideline?"

Beginning February 1st, 2014, FSCO has changed the language for accidents that occur on or after September 1, 2010, but the language in HCAI will not be updated except on the PDF printout.

- Although the question asks whether or not the impairment is predominantly a minor injury as referred to in the Minor Injury Guideline, effective February 1, 2014, the OCF-18 requests the Health Practitioner "explain and provide compelling evidence why the applicant does not come within the Minor Injury Guideline due to a pre-existing medical condition that was documented by me or another Health Practitioner before the accident…"

Explanation for submitting an OCF-18

- When "Yes" is selected to the above questions, an explanation should be provided in the text box. You may indicate that you will be sending attachments as documented evidence for the pre-existing condition.
  - This is done in Tab 6 of the Additional Comments section by check marking the box 'Attachments being sent, if any." Attachments are sent directly to the Insurer, not to HCAI.

Is the signature on file?

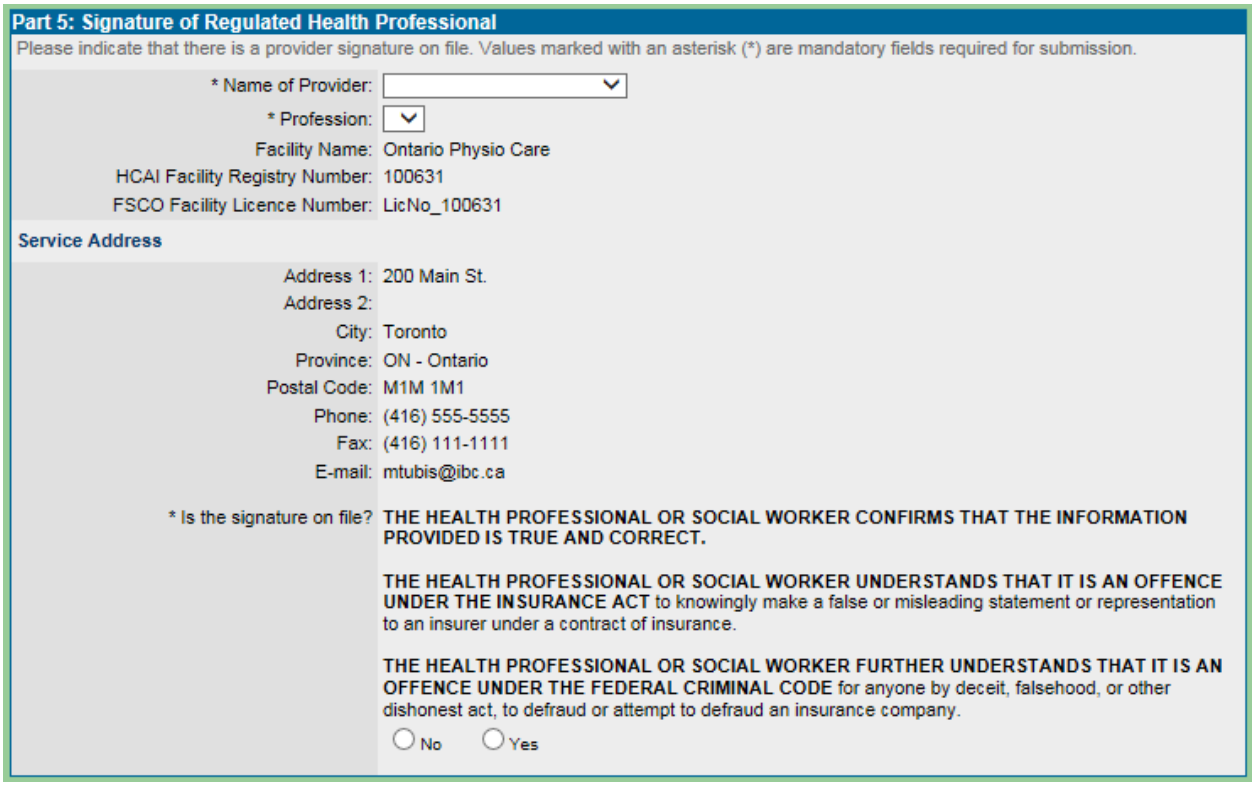
- Answer "Yes" or "No".
- The OCF-18 cannot be submitted unless the answer to this question is "Yes".
  - Use the calendar or insert the date of signature (yyyy/mm/dd) in the field beside "Signed Date."

"Is the Health Practitioner certifying the plan also the Regulated Health Professional who is preparing and supervising the plan?"

- Select "Yes" if the Health Practitioner is in your Providers list and is going to supervise the Treatment Plan. (Signature in Part 5 not required.)
- Select "No" if the Health Practitioner is in your Provider List, but is **not** going to supervise the Treatment Plan. (Signature in Part 5 is required.)
- Select "No" if the Health Practitioner is external. (Signature in Part 5 must be completed.)

Part 5 – Signature of Regulated Health Professional

Figure 6: Signature of regulated Health Professional



Part 5: Signature of Regulated Health Professional

Please indicate that there is a provider signature on file. Values marked with an asterisk (*) are mandatory fields required for submission.

* Name of Provider:	
* Profession:	
Facility Name:	Ontario Physio Care
HCAI Facility Registry Number:	100631
FSCO Facility Licence Number:	LicNo_100631

Service Address

Address 1:	200 Main St.
Address 2:	
City:	Toronto
Province:	ON - Ontario
Postal Code:	M1M 1M1
Phone:	(416) 555-5555
Fax:	(416) 111-1111
E-mail:	mtubis@ibc.ca

* Is the signature on file?

THE HEALTH PROFESSIONAL OR SOCIAL WORKER CONFIRMS THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

THE HEALTH PROFESSIONAL OR SOCIAL WORKER UNDERSTANDS THAT IT IS AN OFFENCE UNDER THE INSURANCE ACT to knowingly make a false or misleading statement or representation to an insurer under a contract of insurance.

THE HEALTH PROFESSIONAL OR SOCIAL WORKER FURTHER UNDERSTANDS THAT IT IS AN OFFENCE UNDER THE FEDERAL CRIMINAL CODE for anyone by deceit, falsehood, or other dishonest act, to defraud or attempt to defraud an insurance company.

○ No ○ Yes

- Select the name of the regulated Health Professional who will supervise the Plan.
- Select “Yes” or “No” in response to the question “Is the signature on file?”.
- Insert the date on which the signature of the regulated Health Professional is obtained.

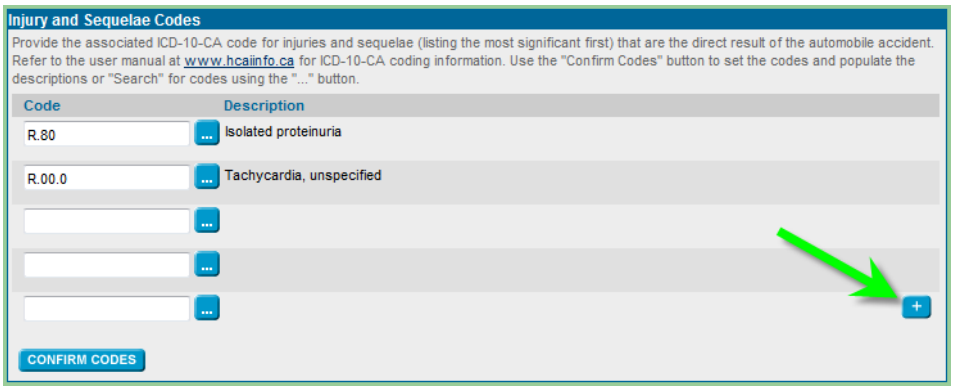
Part 6 – Injury and Sequelae Information

- List the injuries and sequelae that are a direct result of the automobile accident. Descriptions will be provided with the corresponding injury code (ICD-10-CA).
- Each code should be listed only once, regardless of how many Health Care Providers will be engaged in the treatment.
- The first line item should reflect the primary reason you are proposing services, with the most significant injury first.
- In a case where multiple injuries may be classified as the most significant, list the injury requiring the most services first.
- The use of ICD-10-CA codes is intended to classify problems; it is not the equivalent of communicating a diagnosis.

Adding additional lines for injury/sequelae codes

To add lines for additional injuries, simply click on the + button near the bottom right of the Injury and Sequelae Codes section.

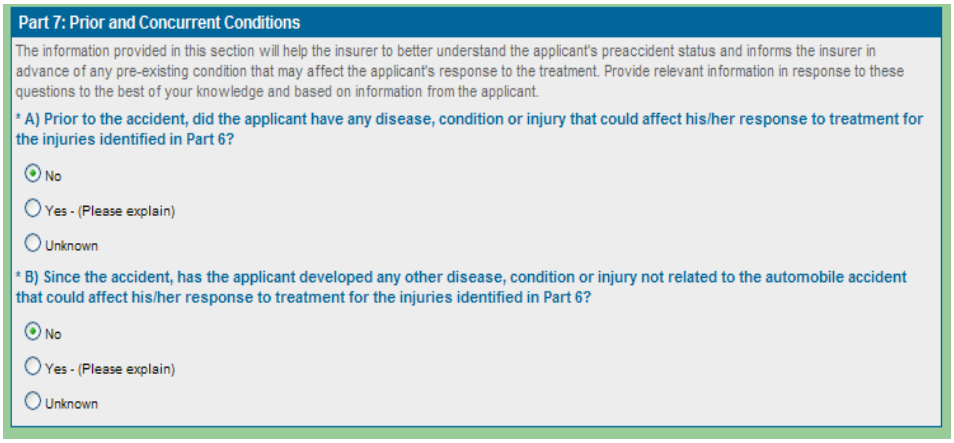
Figure 7: Add additional injury/problem code line



Refer to Appendix C, which is the partial pick list of injury/problem codes available at www.hcaiinfo.ca or contact your Health Professional Association.

Part 7 – Prior and Concurrent Condition

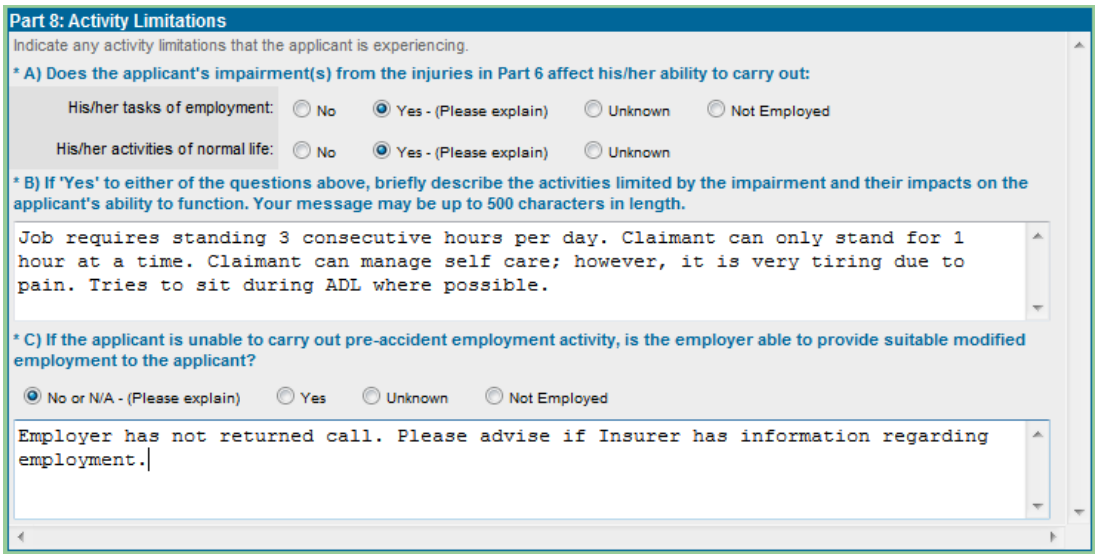
Figure 8: Prior and concurrent condition



- This part of the OCF-18 assists the Insurer to better understand the Applicant's pre-accident status.
  - It informs the Insurer of any pre-existing condition(s) that may affect the Applicant's response to treatment.
  - It provides additional information around circumstances that may affect recovery and that are not indicated as a prior or concurrent condition.
  - **Note:** If you are aware that an Applicant will receive treatment for a concurrent condition, this can be documented in Part 9.
- Provide relevant information to the best of your knowledge and based on information from the Applicant.
  - A response of "Unknown" may prompt a request for further clarification from the Insurer.
- If additional space is required, use the space under "Additional Comments" in Tab 6.

Part 8 – Activity Limitations

Figure 9: Activity limitation

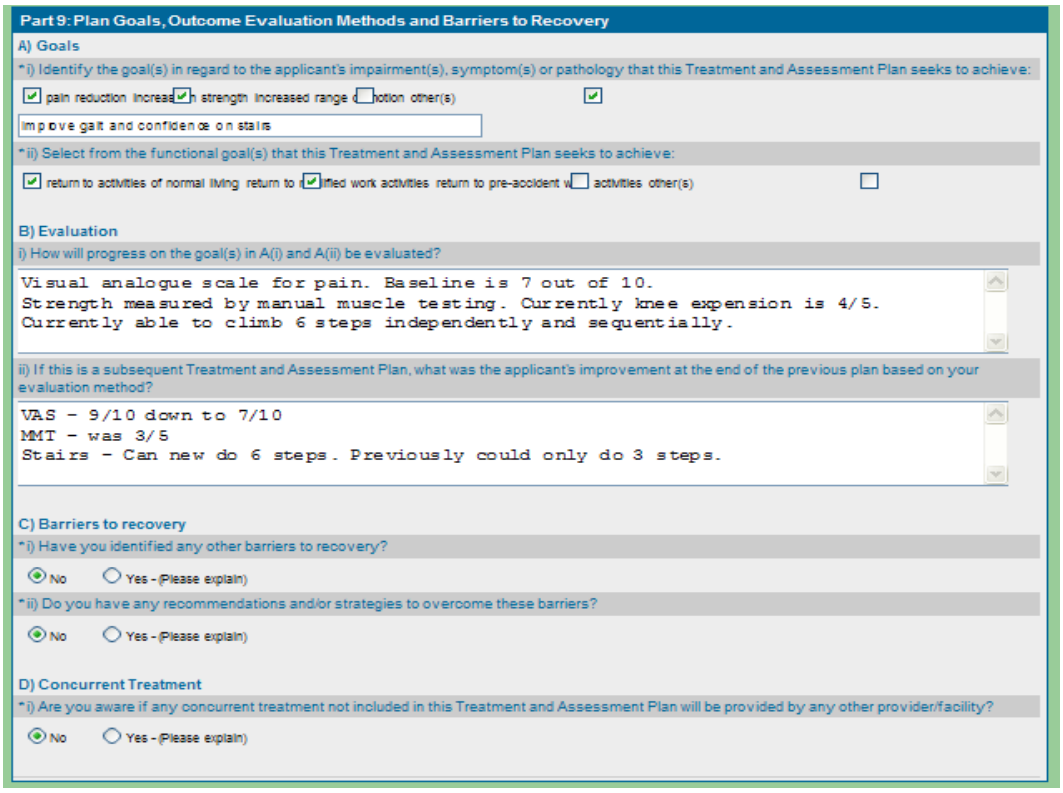


- This part helps Insurers to understand activity limitations related to pre-accident work and activities of daily living (ADLs).
- The responses are based on current knowledge of the Health Care Provider and information provided by the Applicant.
- If any responses to the questions in section (a) are "Yes," provide a brief description of the activity limitations the Applicant is experiencing.
- A response of "No" in section (c) requires further explanation and may require contacting the employer, but is not intended to signify the need for a job-site assessment.

TAB 4

Part 9 – Goals, Outcome Evaluation Methods and Barriers to Recovery

Figure 10: Goals, outcome measures and barriers to recovery



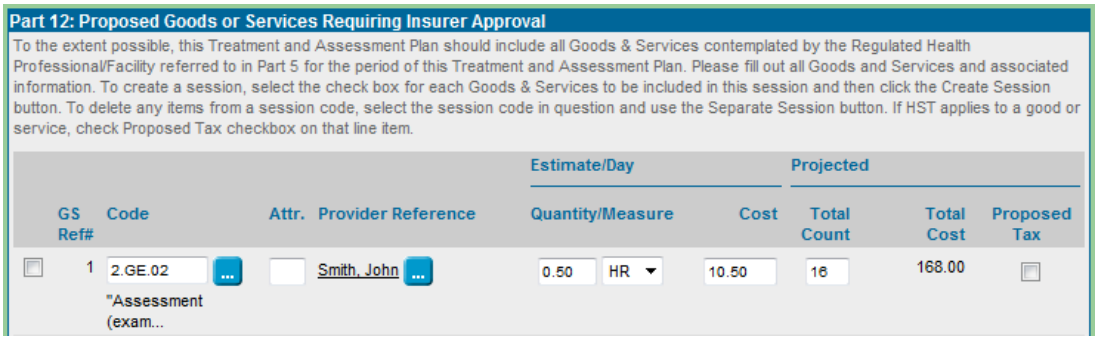
The information in Part 9 should be consistent with the intervention codes provided in Part 12.

Part 10 – Signature of Applicant

- Complete the treatment plan and review with the Applicant or substitute decision-maker.
- Answer the question 'Is the applicant's or substitute decision maker's signature waived by the insurer?'.

TAB 5

Part 12 – Proposed Goods or Services Requiring Insurer Approval

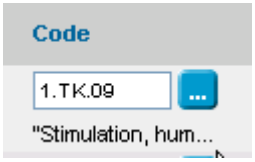


Code

Note: The OCF-18 does not allow MIG/PAF codes.

- Enter the intervention by typing it directly into the field under "Code" or use the code search utility by clicking the blue ellipses, ..., next to the code field.

Figure 12: Intervention code



- Select either "CCI" (Canadian Classification of Interventions) or GAP.
    - GAP codes can be used for services that are not well reflected in the CCI.

Refer to Appendix C, available at www.hcaiinfo.ca or contact your Health Professional Association.

Attribute

- These codes are used to indicate how the service was delivered or, for example, the number of views in an X-ray study.
- Attribute is not mandatory, and can be left blank.

Provider reference

- Use the dropdown list to select the Health Care Provider who delivered care on a given date.
    - If more than one Health Care Provider delivered care, list only the one who was most responsible for each visit that is listed on the Invoice.

Quantity and unit measure

- Enter the quantity and unit measure of service that will be provided during a single treatment visit/session.
    - *Examples*
        - 15 minutes = 0.25 HR
        - 1 procedure = 1 PR
        - 1 good (like a back support) = 1 GD
        - 10 km = 10 KM

– 1 session = 1 SN

Cost

- Report the cost per service as described in the line.
    - *Examples*
    - If the service is being delivered for 0.5 HR, the "Cost" column should reflect the cost to deliver that service by the Provider listed for 0.5 HR. Note: Do not insert the hourly rate in this column.
    - 15 minutes of massage. 0.25 HR by a massage therapist = 25% of the RMT's hourly fee, e.g., 0.25 x $53.66 = $13.41. This amount should be entered in the field under the "Cost" column.

Total count

- Enter the total number of times the service will be delivered during the course of the Treatment Plan.
    - *Examples*
    - Treatment to be delivered twice per week for 6 weeks = 12 treatment visits. If the exercise will be delivered during each visit, then Total Count = 12.
    - If the assessment will only take place once during 6 weeks, then Total Count = 1.

Total cost

- This amount is calculated by multiplying the "Cost" per line item by the "Total Count" per line item.
    - *Example*
    - If 0.25 HR of chiropractor time = $26.00 and Total Count is 12, HCAI will calculate $26 x 12 = $312.

Proposed Tax

- If Tax is applicable to a line item, check the box.

One Provider and multiple line items

There is a shortcut to inserting one Provider name in multiple line items:

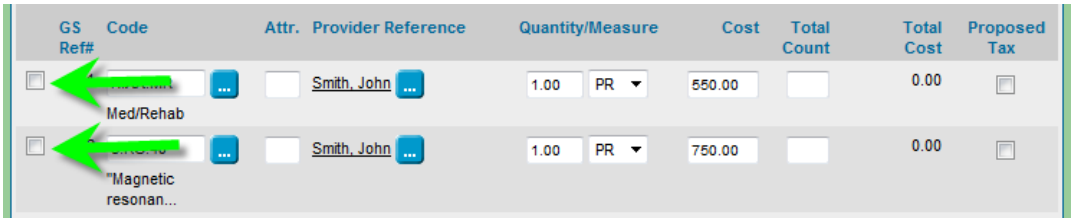
I. Complete all fields except for the "Provider Reference" fields.

II. Tick each box to the left of each completed line item.

III. Click on the APPLY PROVIDERS button.

- Select the name of the Provider from the dropdown list.

Figure 13: Apply one provider to several lines of goods and services



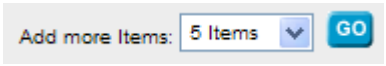
Calculate Costs from Rates

Figure 14: Calculate Costs from Rates

- Apply the Default Hourly Rate – When the Providers listed on your Invoice were added to your Facility in HCAI, there was an option to assign a Default Hourly Rate. If the rate assigned is the correct rate to apply to your Treatment Plan, click CALCULATE COSTS FROM RATES.
- To manually enter or override the rate, enter the amount in the "Cost" field instead.

Add more Items

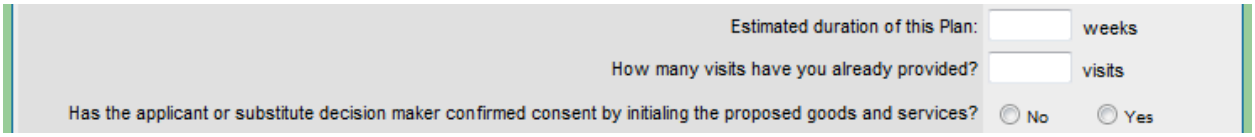
- To add lines for additional Good and Services, simply select the number of items/lines you would to add from the dropdown and click on the 'GO' button.



Duration

- Enter the anticipated duration of the Treatment Plan and indicate how many treatment visits have already been delivered for this Plan.
- Indicate either 'Yes' or 'No' to the question, "Has the applicant or substitute decision maker confirmed consent by initialing the proposed goods and services?"

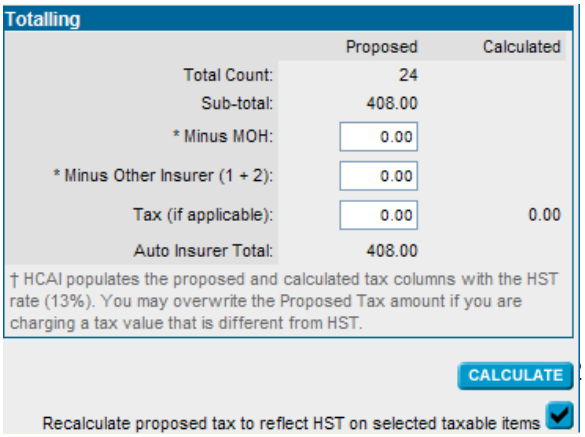
Figure 16: Estimated duration of Treatment Plan



Totalling

- "Total Count" is the sum of the count of all proposed goods and services, which is calculated by HCAI.
- "Sub-total" is the sum of the cost of all proposed goods and services, which is calculated by HCAI.
- "MOH" is the sum of all Ministry of Health and Long-Term Care amounts that are payable to you for any of the goods and services listed above; this is subtracted from the sub-total.
- Amounts payable by another Insurer must be entered using the negative sign.
- "Other Insurer (1 + 2)" is the sum of all amounts payable to you from other Insurers; this is also subtracted from the sub-total.
- "Tax" is the total Proposed Tax for all goods and services listed above.
- "Auto Insurer Total" is the sum of all amounts in this section.

Figure 17: Totalling



Calculate

When all of the proposed goods and/or services have been entered and any required fields in the Totalling section have been completed, click CALCULATE.

HCAI calculates Tax (HST) and enters the amount into the *Auto Insurer Total*.

If you wish to manually enter a different tax amount for your invoiced goods/services:

I. Click and uncheck the button underneath the Totalling box.

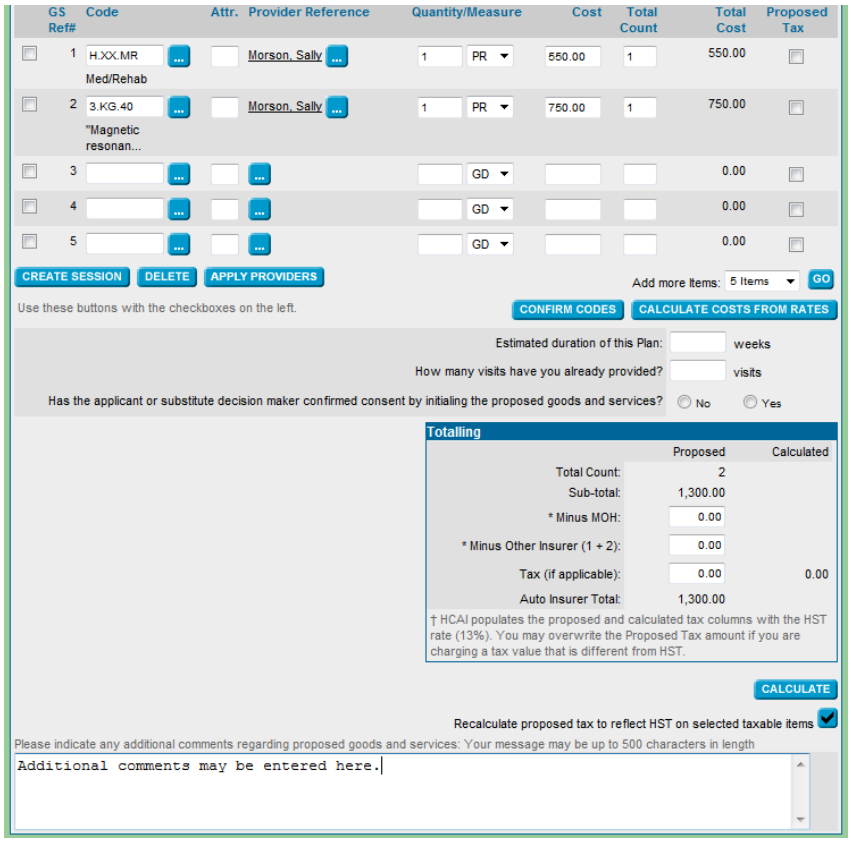
II. Enter the new amount in the "Tax (if applicable)" field.

III. Click CALCULATE for the new "Auto Insurer Total

Explanation of Good & Services

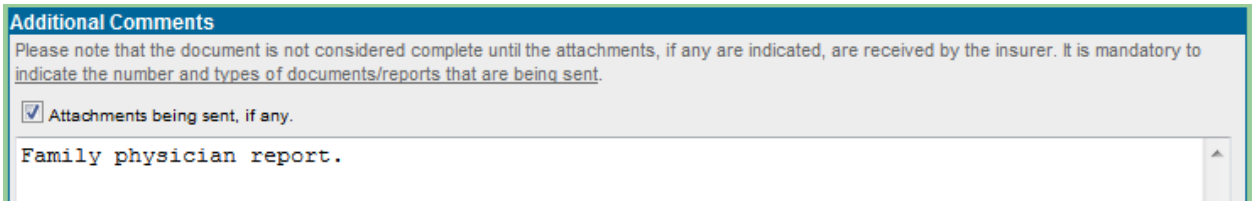
Use the space below the Totalling to provide more detail if the CCI code doesn't offer enough details. If there is not enough space in this section, you may also use the "Additional Comments" field in Tab 6.

Figure 18: Add note with more detail for Adjuster



TAB 6

Additional Comments & Attachments



- HCAI enables Facilities to do the following:
  - Offer more information to Adjusters by using the space provided in Tab 5.
  - Advise Adjusters that additional documentation (attachments) is being sent which the Insurer requires to adjudicate the form.

How should attachments be sent?

- Attachments must be faxed/mailed directly to the Adjuster.
  - Attachments cannot be sent electronically via HCAI and should not be sent to HCAI.
- To indicate that an attachment is being sent to the Adjuster, check off "Attachments being sent, if any."
  - If this box is ticked, the Facility must use the space below to describe the attachment being sent.

Signature(s) on OCF-18 - Printing the completed OCF

- Signatures are not transmitted to the Insurer; however, hard copies of the form must be printed and signed and kept on file at the Facility.
- To obtain signatures, the entire OCF should be completed.
- To print a form:
  - Click on the PRINT button located at the top and bottom of the OCF page.

Figure 20: Print button