

### USEFUL HCAI TERMS

#### Health Care Facility

- The term used to describe a health care business/clinic/practice in HCAI. All health businesses, clinics and practices are considered health care facilities in HCAI.

#### Enrolment Form (also called "Registration Details" in the HCAI Web Application)

- This is the form that must be completed and faxed to HCAI Processing (416-497-6505). Your clinic will not be activated (approved) until this form has been received and processed.

#### Activation Date

- The date on which your clinic will be switched "on" or moved to the "Approved" state in the HCAI system. Usually, this occurs 10 business days before your "Effective" date.

#### Approved

- Same as "Activated". Once a clinic has been activated, it will be in the "Approved" state when you log onto the application

#### Effective Date

- The date on which your clinic must (as per the HCAI Rollout Guideline) submit all OCFs 18s/22s/23s and invoices (OCF 21s) to insurers using HCAI.

### Ready to enrol?

Enrolling with HCAI is an easy 10 Step process. Click on Step 1 below to get the process started.

1. [Start Registering](#)
2. [Complete Facility Details & HCAI Account Information](#)
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### 1. Start Registering

#### a. Select an Authorizing Officer (AO)

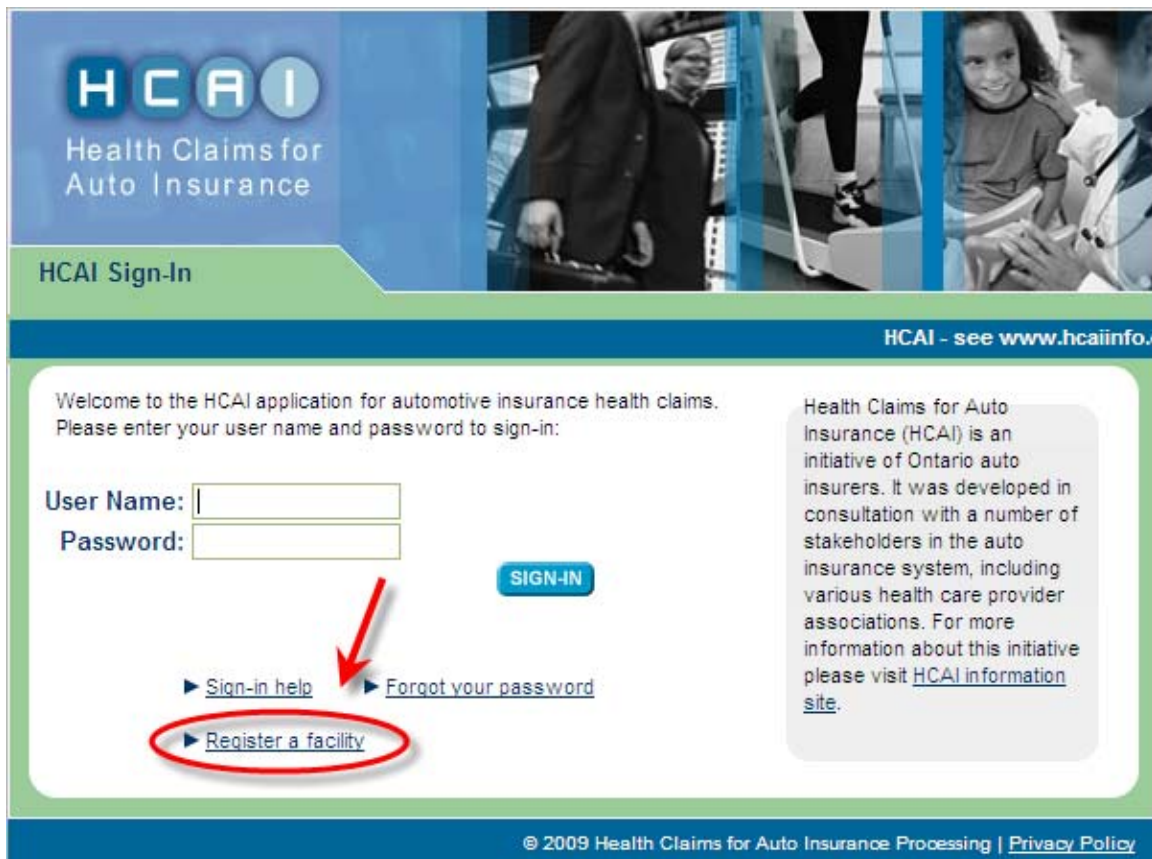
- i. The AO is often (but not necessarily) the owner of the clinic or s/he may be a senior manager/administrator with signing authority.
  1. Consider carefully who should take on the role of AO.
- ii. The AO should be an individual who is engaged in the day-to-day operation of the health care facility.
  1. The AO should have a good understanding of the business processes & personnel who will need to interact with HCAI.
- iii. The AO should be the individual who carries out the actual registration.
- iv. Once the Facility is activated, only the AO will have the capability to set up new users & manage Facility details.

#### b. Go to [www.hcai.ca](http://www.hcai.ca)

- i. Type [www.hcai.ca](http://www.hcai.ca) into your internet browser's address bar and press the <Enter> button on your keyboard.

#### c. Once you arrive at the HCAI homepage, click on <Register a Facility>

- i. The "Register a Facility" screen will require that specific information be completed. All information preceded by an asterisk is mandatory.



**HCAI**  
Health Claims for  
Auto Insurance

HCAI Sign-In

HCAI - see [www.hcaiinfo.ca](http://www.hcaiinfo.ca)

Welcome to the HCAI application for automotive insurance health claims.  
Please enter your user name and password to sign-in:

User Name:

Password:

[SIGN-IN](#)

[▶ Sign-in help](#) [▶ Forgot your password](#)

[▶ Register a facility](#)

Health Claims for Auto Insurance (HCAI) is an initiative of Ontario auto insurers. It was developed in consultation with a number of stakeholders in the auto insurance system, including various health care provider associations. For more information about this initiative please visit [HCAI information site](#).

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## Enrolling with HCAI

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### 2. Complete Facility Details & HCAI Account Information

#### a. Facility Details

- i. The facility name, corporation number & address information will be used to pre-populate OCF forms.
  1. If you are registering several branches of one health care facility, consider using the facility's business name followed by the branch.
    - a. e.g., Acme Rehab – Brampton; Acme Rehab – North Bay; etc.

Facility Details	
* Facility Name: <input type="text"/>	* Facility Start Date: 2010/06/10
Corporation Number: <input type="text"/>	AISI Facility Number: <input type="text"/>
* Address Line 1: <input type="text"/>	* Telephone: <input type="text"/>
Address Line 2: <input type="text"/>	Fax: <input type="text"/>
* City: <input type="text"/>	
* Province: ON - Ontario <input type="button" value="v"/>	
* Postal Code: <input type="text"/>	

#### b. HCAI Account Information

- i. Name of the AO for the facility, email address & User Name.
  1. The AO will be given a password, upon completion of the enrolment to maintain facility & provider information.
  2. This "user profile" should be viewed as if it were a set of Master Keys to the electronic clinic and patient records. To ensure confidentiality, the AO should not share his/her user profile.
  3. The AO will be given access to set up additional users for the facility, such as providers & administrators.
  4. As soon as your practice is "Approved", the AO should set up another user (Back-up User Administrator) who has User Management responsibilities and who can do internal password resets.
- ii. Selecting a User Name.
  1. User Names must be more than 2 characters, should not have any spaces in them & must be unique.

HCAI Account Information	
* Authorizing Officer First Name: <input type="text"/>	
* Authorizing Officer Last Name: <input type="text"/>	
* E-mail: <input type="text"/>	
* User Name: <input type="text"/>	

## Enrolling with HCAI

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### 3. Complete Facility Contacts

- a. There is space for two contact people for each Facility; the name of at least one contact person is mandatory.
  - i. HCAI communications concerning maintenance outages or other issues affecting the use of the application will be sent to these contacts.
  - ii. Don't forget to update these email addresses when personnel change.
  - iii. If the health care facility is a "sole practice" facility, the Authorizing Officer & Contact One may be the same person.

Contact One	Contact Two
* First Name: <input type="text"/>	First Name: <input type="text"/>
* Last Name: <input type="text"/>	Last Name: <input type="text"/>
* Title: <input type="text"/>	Title: <input type="text"/>
E-Mail: <input type="text"/>	E-Mail: <input type="text"/>
* Telephone: <input type="text"/>	Telephone: <input type="text"/>

### 4. Complete Payee Information & HCAI Submission Method

#### a. Payee Information

- i. Insert the name to which you would like payment cheques to be payable. In most cases this will be the name of the facility.
- ii. On the paper version of the OCF 21, space is allotted for "Payee Name" & "Payee Number".
  1. If you do not currently complete these fields in paper invoices, leave this section blank.
  2. The payee information will be pre-populated on OCF forms, & should be the name to be used for payments from insurers.
- iii. Lock Payable
  1. If the lock payable is set to "No", HCAI users within the health care facility will be able to change the payee information that appears on the payment cheque.
  2. If "Yes" is selected, the payee information will not be changeable for OCF forms.
  3. The lock payable flag can be reset at any time by a facility administrator with access to facility management tab (typically the Authorizing Officer of the facility).

#### b. HCAI Submission Method

- i. PMS Integration refers to health care facilities that will be submitting forms to HCAI via their Practice Management System/Software.
- ii. If "Yes" is selected, a field for PMS Vendor name & PMS Username will be available for completion. You should notify your PMS vendor of the username you chose and the password.
- iii. Contact your PMS vendor to determine if your software is integrated with HCAI.
  1. You can easily switch from PMS to Web or from Web to PMS later if you wish.

Payee Information	HCAI Submission Method
* Cheque Payable To: <input type="text"/>	* PMS Integration: <input checked="" type="radio"/> No <input type="radio"/> Yes
* Lock Payable: <input checked="" type="radio"/> No <input type="radio"/> Yes	
Payee Number: <input type="text"/>	
Payee First Name: <input type="text"/>	
Payee Last Name: <input type="text"/>	



## Enrolling with HCAI

- Note:** To delete providers prior to submitting, click on the check box next to the provider name that you would like to remove, then click on the <Remove Provider> button.

**Register a Facility** HCAI

FACILITY MANAGEMENT

**Provider Details**

Fill in the fields to register a facility  
NOTE: All fields with an asterisk (\*) are required

\* First Name: Zinedine  
\* Last Name: Zidane  
Default Hourly Rate (\$/hr): 125  
\* Start Date: 2010/04/25  
End Date:

**Profession Details**

Select Provider Profession and Enter Registration Number.

ADD PROFESSION

DELETE	Profession	Registration Number
<input type="checkbox"/>	Kinesiologist	10101010
<input type="checkbox"/>	Kinesiologist	
<input type="checkbox"/>	Massage Therapist	
<input type="checkbox"/>	Medical Laboratory Technologist	
<input type="checkbox"/>	Medical Radiation Technologist	
<input type="checkbox"/>	Midwife	
<input type="checkbox"/>	Naturopath	
<input type="checkbox"/>	Nurse Practitioner	
<input type="checkbox"/>	Occupational Therapist	
<input type="checkbox"/>	Occupational Therapist Assistant	
<input type="checkbox"/>	Ophthalmologist	
<input type="checkbox"/>	Optician	
<input type="checkbox"/>	Optometrist	
<input type="checkbox"/>	Orthotist/Prosthetist	
<input type="checkbox"/>	Osteopath	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other Medical/Surgical Practitioner	
<input type="checkbox"/>	Other Paramedical	
<input type="checkbox"/>	Pharmacist	
<input type="checkbox"/>	Physiotherapist	
<input type="checkbox"/>	Physiotherapist Assistant	
<input type="checkbox"/>	Podiatry/Chiropody	
<input type="checkbox"/>	Psychiatrist	
<input type="checkbox"/>	Psychological Associate	
<input type="checkbox"/>	Psychologist	
<input type="checkbox"/>	Psychometrist	
<input type="checkbox"/>	Psychotherapist	
<input type="checkbox"/>	Recreation Therapist	
<input type="checkbox"/>	Registered Nurse	
<input type="checkbox"/>	Rehabilitation Counsellor/Therapist	
<input type="checkbox"/>	Respiratory Therapist	

- Once you have added the details information for the facility, click the <Submit> button to finish enrolling.

**Associated Providers**

ADD PROVIDER

Provider Name	Start Date	End Date	Status
<input type="checkbox"/> Zidane, Zinedine	2010/04/25		Approved

REMOVE PROVIDER

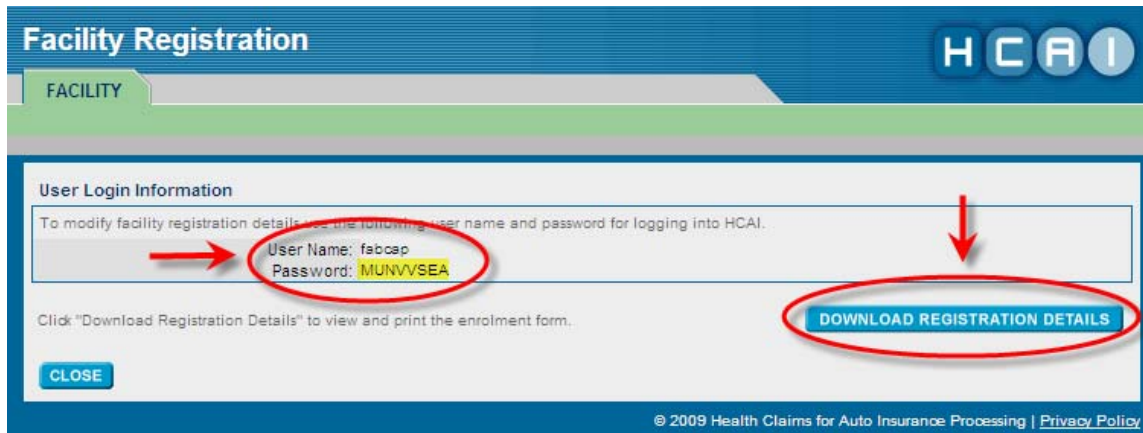
Important: Do not click on submit until you have added "Providers". Each provider that provides goods and services must be added. If the authorizing officer or owner performs goods and services he/she should be added as a provider.

CANCEL SUBMIT

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### 6. Receive Temporary Password & Download Registration Details

- a. Once you have submitted your health care facility details to HCAI you will be provided with a temporary password.



The screenshot shows the 'Facility Registration' page on the HCAI website. The page has a blue header with the HCAI logo. Below the header is a green bar with the word 'FACILITY'. The main content area is titled 'User Login Information' and contains a text box with the following text: 'To modify facility registration details use the following user name and password for logging into HCAI.' Below this text box, the user name 'fabcap' and password 'MUNVVSEA' are displayed. A red arrow points to the user name, and another red arrow points to the password. Below the text box, there is a blue button labeled 'DOWNLOAD REGISTRATION DETAILS' and a 'CLOSE' button. The footer of the page contains the text '© 2009 Health Claims for Auto Insurance Processing | Privacy Policy'.

- i. Copy the temporary password & user name.
    1. This password will be required for you to access HCAI.
  - ii. If you have provided a valid email address for the AO - the user name & password will be sent to that email address.
- b. Download HCAI Registration Details (Enrolment Form)**
- i. Once you have copied the details of your temporary password, click on the <Download Registration Details> button.
  - ii. Print the HCAI Enrolment form & the Terms & Conditions.
  - iii. Click on the <Close> button to finish the registration.
  - iv. The enrolment form must then be signed by the Authorizing Officer.
- c. Submit the Signed Enrolment Form to HCAI Processing**
- i. Once signed, the enrolment form must be faxed or mailed to HCAI Services. The fax number & mailing address is on the first page of the enrolment form.
  - ii. You do not have to fax all pages of the enrolment form. Fax the following pages:
    1. Facility Details;
    2. Signature of the Authorizing Officer;
    3. The page that contains your selected "effective" date.

### 7. Enrolment Confirmation

We are unable to send individual confirmations for enrolment forms as they are received.

- a. Please keep a copy of your fax confirmation when you submit your enrolment form.
- b. About two weeks (in some cases sooner) prior to your effective date, you will receive an email that confirms we have received your enrolment form and provides your next steps with HCAI.
  - i. Please remember that while you will be able to log on to HCAI prior to your effective date, you must NOT submit forms using HCAI until your effective date.
- c. At least one week (in some cases sooner) prior to your effective date, your facility will be activated.
  - i. Once activated, the authorizing officer will have access to HCAI functions such as Facility Management & User Management.

### 8. Obtain Provider Agreements

Before a health care facility can bill for a provider the facility needs to obtain, & maintain at its location, a signed form from the provider, as follows:

#### a. Affiliated Providers

- i. If the management of a health care facility decides to give a provider a user profile (username & password) in order to interface electronically with HCAI himself/herself directly, the “affiliated” provider form acknowledges that the provider has read the electronic terms & conditions & agrees with them & also consents to the use of the data.

1. The “Affiliated Provider” form is available at [www.hcaiinfo.ca](http://www.hcaiinfo.ca)

#### b. Dependent Providers

- i. If the management of the health care facility decides NOT to give a provider a user profile, this means the provider will not interface electronically with HCAI directly.

1. The Dependent Provider form is available on the health care facility enrolment page at [www.hcaiinfo.ca](http://www.hcaiinfo.ca)

- c. The health care facility is responsible for getting & retaining these documents from the providers with whom the facility works. This is subject to audit by HCAI Processing.

- d. If you (the Authorizing Officer) do not see the “User Management” tab, send an email to [facilityenrolment@hcaiinfo.ca](mailto:facilityenrolment@hcaiinfo.ca) and request that your facility be approved.

### 9. How Can I Tell if Our Facility Has Been Activated?

#### a. Log onto HCAI.

- i. You should see a tab called Manage & a sub-tab called "Facility Management" (see screenshot below).
- ii. There you will see a heading called **Status**.
- iii. Review your health care facility information by selecting the "Facility Management" tab to ensure that the status has been changed to Approved.
  1. If your status is "Approved", your facility has been activated.
  2. If your status says "Not Approved", your facility has not been activated or has for some reason been deactivated (for example, if you change the name of the authorizing officer).

**Kian Clinic** HCAI

PLANS INVOICES SEARCH **MANAGE** ? - User Manual

Search for Patient Last Name  in All Forms  Advanced

USER MANAGEMENT REPORTS **FACILITY MANAGEMENT** Welcome, Kian to HCAI. 2010/04/27

**Is your facility (practice/clinic) going to change its name?**

If your facility plans to legally change its name you must complete the steps below. All previously submitted forms will remain on the system and will be viewable under the previous name, draft forms and newly submitted forms will have the new facility name.

1. Go to [www.hcaiinfo.ca](http://www.hcaiinfo.ca), click on "Health Care Providers" and then click on "Forms". Download and complete the *Name Change Form*.
2. Fax the completed form to HCAI.
3. The person who has been assigned the role of Facility Administrator should log-in and change the Facility Name in the Facility Management Tab.

Any information edited and not saved will be lost if navigating to another page  
NOTE: All fields with an asterisk (\*) are required.

**Facility Details**

Status: <b>Approved</b>	* Facility Start Date: 2009/06/01
Facility Number: 44514	Facility End Date: <input type="text"/>
* Facility Name: <input type="text" value="Kian Clinic"/>	AISI Facility Number: <input type="text"/>
Corporation Number: <input type="text"/>	* Telephone: (416) 799-0808
* Address Line 1: <input type="text" value="99 West St"/>	Fax: <input type="text"/>
Address Line 2: <input type="text"/>	
* City: <input type="text" value="Toronto"/>	
* Province: <input type="text" value="ON - Ontario"/>	
* Postal Code: <input type="text" value="M4E 1K3"/>	

- iv. Review the "Associated Providers" list to ensure that all providers have been added to your clinic.

### 10. Setting Up Users for the First Time After Your Facility is Activated

- a. Once your facility is activated, **only the Authorizing Officer** (the person that signed the Enrolment form) has access to the “User Management” & “Facility Management” tabs.
- b. The Authorizing Officer (AO) must set up new users at this time.
  - i. The AO is the default User Administrator for the facility &, therefore, is the only one who will be able to do password resets for users that get suspended (typically if a password is typed in incorrectly on three consecutive tries).
  - ii. The AO may wish to set up a secondary User Administrator for the facility to assist with password resets & user management in future.
- c. Password Resets for Authorizing Officer (AO).
  - i. If a facility's AO is suspended from access to the HCAI system (typically because a password has been entered incorrectly on 3 consecutive occasions), the AO (& not a delegate) must send an email to [facilityenrolment@hcaiinfo.ca](mailto:facilityenrolment@hcaiinfo.ca) and request password reset on his/her account.
  - ii. It is important not to share the username & password of the AO.
- d. Password resets for users within a given facility can only be accomplished by the AO or the User Administrator.
  - i. If there is only one User Administrator in a facility & s/he has been suspended, [facilityenrolment@hcaiinfo.ca](mailto:facilityenrolment@hcaiinfo.ca) must be contacted for a password reset.
    1. A password reset can only be carried out upon request by either the AO or a User Administrator & cannot be authorized by a delegate.
    2. We strongly recommend that more than one User Administrator be created to streamline this situation.

**Please DO NOT submit OCF plans or invoices prior to your Facility being named in the FSCO Guideline – HCAI Participant List. Insurers are not required to respond or pay invoices for Facilities not named in the Guideline.**