

HCAI Processing – Data Entry Centre

Enrolment Checklist

- ✓ Review the attached enrolment instructions describing how you will enrol with HCAI.
- ✓ Download the enrolment form from www.hcaiinfo.ca or call 1-866-348-9133
- ✓ Complete the HCAI Paper Submission Provider Enrolment Form and Health Care Provider table and fax the form to 1-866-346-6744
- ✓ Review HCAI Paper Provider Terms and Conditions
 - Do not submit this document. Keep on file at the facility.
- ✓ Complete Appendix A – Dependent Provider HCAI Terms and Conditions and obtain signatures from all health providers performing services at the facility
 - Do not submit these signed forms. Keep on file at the facility.
- ✓ Receive the Welcome package from HCAI Processing – Data Entry Centre (this document will be mailed to your facility within 2 business days of receiving your signed enrolment form)

Congratulations, you are ready to submit OCF forms as of your facility effective date!

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Enrolment Instructions

Note: Facilities enrolling with the Data Entry Centre will not have access to the HCAI Web application.

To enroll your facility to use the data entry services provided by HCAI Processing:

1. Download the enrolment form from www.hcaiinfo.ca or call 1-866-348-9133.
2. The Enrolment Form consists of the following:
 - 2.1. HCAI Paper Submission Provider Enrolment Form
 - 2.2. HCAI Paper Provider Terms and Conditions
 - 2.3. Appendix A - Dependent Provider HCAI Terms and Conditions
3. Complete the HCAI Paper Submission Provider Enrolment Form by entering the following details:

Facility Details:

- 3.1. Facility Name – Legal company name
- 3.2. Corporation Number (if applicable)
- 3.3. Address – street number and name, city, province, postal code
- 3.4. AISI Facility number (if you have one)
- 3.5. Telephone and FAX number

HCAI Account Information – this person has signatory responsibility for the clinic and will be required to sign off any changes to the facility information:

- 3.6. Owner or Authorizing officer's first and last name
- 3.7. Owner or Authorizing officer's email
- 3.8. Obtain signature of the authorizing officer (unsigned forms can not be processed)

Contact One – this person will be an alternate contact for the owner or authorizing officer and may receive HCAI communications:

- 3.9. Contact one's first and last name
- 3.10. Contact one's title
- 3.11. Contact one's email
- 3.12. Contact one's telephone number

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Contact Two – this person will be an alternate contact for the owner or authorizing officer, and may receive HCAI communications. Only to be completed if needed:

- 3.13. Contact two's first and last name
- 3.14. Contact two's title
- 3.15. Contact two's email
- 3.16. Contact two's telephone number

Payee Information – this information is used by the insurance companies to create payments.

- 3.17. Cheque payable to (this is typically the facility name)
 - 3.18. Lock Payable No or Yes. If you indicate YES, this means that the instruction to insurers will always indicate the name that you insert in item "a" and is not changeable. If you select NO, it means that the instructions to insurers about whom to make cheques payable can be changed.
 - 3.19. Payee Number – include your accounting payee number, if necessary*.
 - 3.20. Payee First and Last Name – the payee's first and last name fields are information that will populate the OCF21, and only need to be completed if you require*.
 - 3.21. * Items "c" and "d" exist on the paper OCF 21s. If you do not currently fill these fields on paper, leave blank as they are not mandatory fields.
4. Please complete the health care provider table listing all the health care providers that perform billable services for your facility. A provider is any person that will deliver health services to patients of your facility and may be regulated or unregulated.

The Authorizing Officer listed in HCAI Account information section also needs to be entered separately as a provider in the health care provider table if that person will be referenced on an OCF form being submitted to the DEC):

- 4.1. Provider's first and last name
 - 4.2. Provider's end date – the end date that the provider will not be completing any more services for your clinic, only complete if needed or known
 - 4.3. Provider's profession
 - 4.4. Profession registration number (mandatory for regulated professions)
5. Please read the enrolment form and the HCAI Terms and Conditions.

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Enrolment Instructions

6. The paper submission providers, listed on the health care provider table, who deliver services to claimants, are required to sign Appendix A – Dependent Provider HCAI Terms and Conditions. These forms must be kept on file at the facility, but should not be submitted to the Data Entry Centre.
7. Fax the signed HCAI Paper Submission Provider Enrolment Form to 1-866-346-6744 or mail to:

HCAI Processing - Data Entry Centre
P.O. Box 254
Orangeville, ON L9W 3Z5

Please do not send the HCAI Paper Provider Terms and Conditions or Appendix A – Dependent Provider HCAI Terms and Conditions – these documents must be kept on file at the facility. Enrolment forms can not be submitted by email, due to privacy concerns.

Once the enrolment form has been received at the HCAI Processing - Data Entry Centre, the details will be entered on the HCAI system within 48 hours and a welcome package will be mailed to your facility. The welcome package will contain:

- Information about HCAI Processing
- Instructions on how to update and change facility and provider information
- Instructions on how to submit forms to the data entry centre

Upon receiving the welcome package you may begin submitting OCF forms to the Data Entry Centre as of your facility effective date.