



Health Claims for Auto Insurance

Adjusters & Support

What is HCAI?

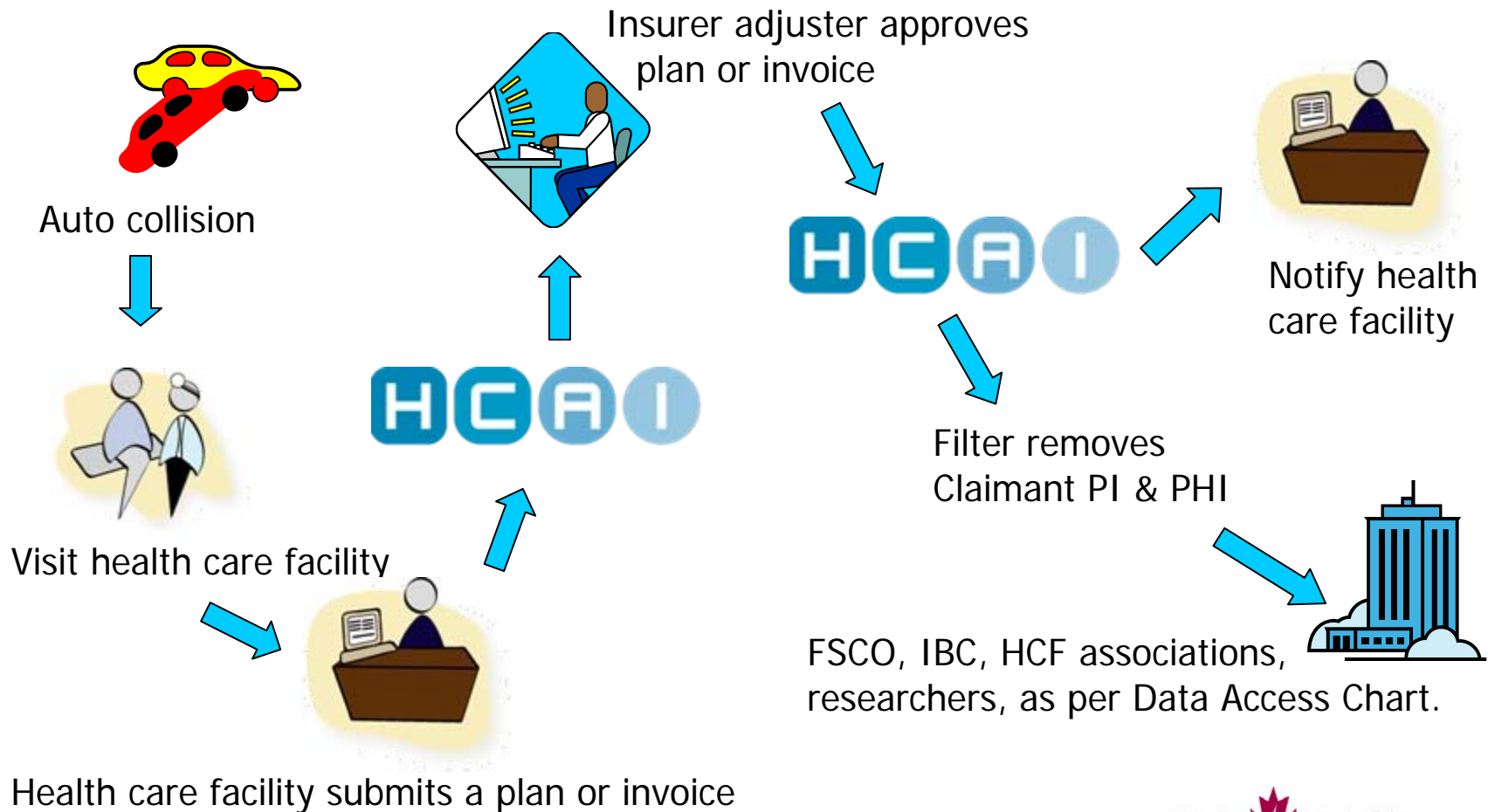


Health Claims for Auto Insurance (HCAI) is a electronic system that facilitates the online submission, review and adjudication of key auto insurance claims forms between health care facilities and Ontario insurers.

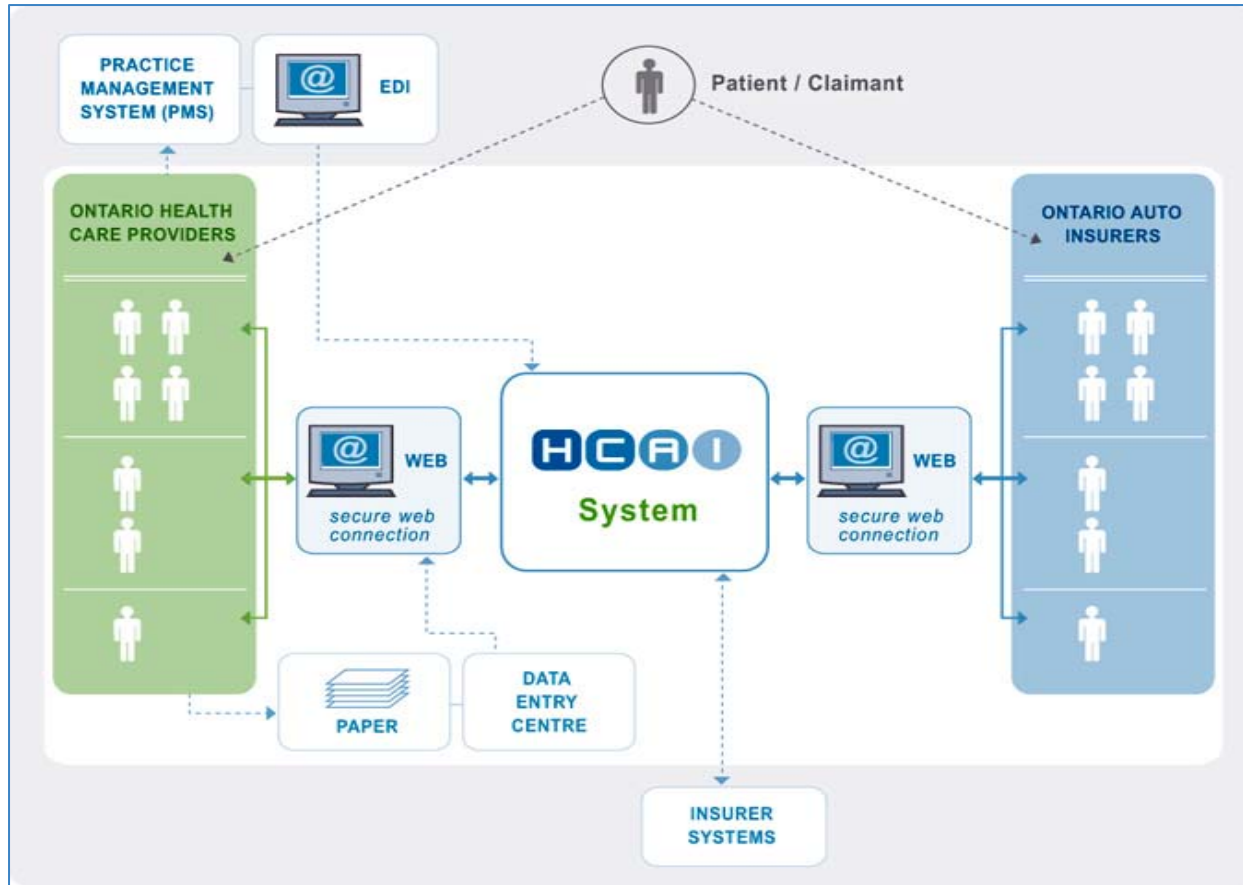
Why HCAI?

- \$1 billion/yr is spent on med/rehab services & products
- No database containing information on health costs, treatment types/durations, or patient outcomes
- Paper-based claims management environment is archaic & inefficient

Simple Claims Scenario



HCAI Access Methods



What data can be captured in HCAI?

- From health care facilities:
 - Treatment Plan (OCF-18) *
 - Application for Approval of an Assessment or Examination (OCF-22) *
 - Pre-approved Framework Treatment Confirmation (OCF-23)*
 - Standard Invoice (OCF-21)

* *when not waived by insurer*

- From insurers:
 - Approval and payment decisions
 - Key claim/claimant data
 - OCF data if not entered by provider

Logging into HCAI

- www.hcai.ca
- User ID and temporary Password provided by your HCAI Coordinator
- Change Password after first log on
- Password must contain:
 - upper case letters;
 - lower case letters;
 - number or symbol.

HCAI Desktop – Global Tabs

The screenshot shows the HCAI Desktop interface. At the top, there is a navigation bar with tabs for PLANS, INVOICES, CLAIMS, SEARCH, and MANAGE. A red circle highlights these tabs. Below the navigation bar, there is a search field for Claim #, a dropdown menu for 'All Forms', and a 'GO' button. A 'LOGOUT' button is also visible. The main content area is titled 'Work In Progress' and shows a table of items that have not been adjudicated. The table has columns for Document #, Claim #, Claimant, OCF Type, Status, Days Left, and Date Submitted. The first row is highlighted in yellow.

KOH Global Re

PLANS | INVOICES | CLAIMS | SEARCH | MANAGE

Search for Claim # in [Advanced](#)

WORK IN PROGRESS | ADJUSTER RESPONSE | PENDING

Plan Management - Work In Progress

Filter by: 2009/11/26

Work In Progress (1 of 1)
The following items have not been adjudicated.

View:

!	Document #	Claim #	Claimant	OCF Type	Status	Days Left	Date Submitted
	09062900005	517	<u>Ronaldo</u>	OCF18	Review Required		2009/06/29
	09062900023	1999	<u>Ferguson</u>	OCF22	Amendment Required	-101	2009/06/29
	09070200018	0203	<u>Diaz</u>	OCF23	Review Required	-97	2009/07/02
	09070200025	0203	<u>Diaz</u>	OCF23	Review Required	-97	2009/07/02
	09070900013	1998	<u>Cruz</u>	OCF22	Amendment Required	-94	2009/07/09
	09070900016	0203	<u>Diaz</u>	OCF18	Review Required	-87	2009/07/09
	09070900017	0203	<u>Diaz</u>	OCF18	Review Required	-87	2009/07/09
	09070900018	0203	<u>Diaz</u>	OCF18	Unmatched	-87	2009/07/09

View:

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HCAI Desktop – Global Tabs, *Plans*

Three different states denoted by sub-tabs:

- Work in Progress
- Adjuster Response
- Pending

Accrington Stanley Insurance

PLANS INVOICES CLAIMS SEARCH MANAGE ? - User Manual HCAI

Search for Claim # in All Forms Advanced

WELCOME, Winnie, to HCAI.

2009/11/26

Filter by: Accrington Stanley Insurance

Work in Progress (2 of 4)
The following items have not been adjudicated.

Document #	Claim #	Claimant	OCF Type	Status	Days Left	Date Submitted
09112300014	70043	Staunton	OCF18	Submitted	7	2009/11/23
09112300017	121212	Charter	OCF22	Submitted	0	2009/11/23
09112300018	5	Hansen	OCF23	Submitted	2	2009/11/23
09112400001	120	Grobbelaar	OCF23	Submitted	3	2009/11/24
09112400002	120	Grobbelaar	OCF18	Submitted	8	2009/11/24

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Plans Tab contains all plans submitted by health care facilities (OCF 18, 22, & 23).

HCAI Desktop – Global Tabs, *Invoices*

Accrington Stanley Insurance

[PLANS](#) |
 [INVOICES](#) |
 [CLAIMS](#) |
 [SEARCH](#) |
 [MANAGE](#) |
 [? - User Manual](#)

Search for Claim # in All Forms [Advanced](#)

WORK IN PROGRESS |
 ADJUSTER RESPONSE |
 PENDING

Invoice Management - Work In Progress Welcome, Winnie, to HCAI.

Filter by: Accrington Stanley Insurance 2009/11/26

Work In Progress (1 of 2)
The following items have not been adjudicated.

View: 5 items [1](#) [2](#) [Next >](#)

	Document #	Claim #	Claimant	OCF Type	Status	Days Left	Date Submitted
	09112300007	12	Barnes	OCF21C	Submitted	27	2009/11/23
	09112300008	12	Barnes	OCF21B	Submitted	27	2009/11/23
	09112300015	70043	Staunton	OCF21C	Submitted	27	2009/11/23
	09112300016	70043	Staunton	OCF21B	Submitted	27	2009/11/23
	09112400003	120	Grobbelaar	OCF21B	Submitted	28	2009/11/24

View: 5 items [1](#) [2](#) [Next >](#)

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HCAI Desktop – Global Tabs, *Invoices*

- Invoice tab contains all invoices submitted by providers (OCF 21b and OCF 21C)
- Three different states for OCF forms are denoted by sub-tabs:
 - Work in Progress
 - Adjuster Response
 - Pending

HCAI Desktop – Global Tabs, *Claims*

Accrington Stanley Insurance

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

Search for Claim # in All Forms Advanced

CLAIMS CLAIMANTS Welcome, Winnie to HCAI. 2009/11/26

Claims > [Claim Search](#)

General Notification

The following items need your attention

No records were found.

Add a New Claim

To add a claim into HCAI, click "Add Claim".

Search for Claims

Enter your search criteria and click "Search"

Claim #:

Policy #:

Date of Accident:

Policy Holder Last Name: Exact Match

Policy Holder First Name:

Insurer:

Branch:

Claim Status: Active Deactivated

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- Search all active & inactive claims & claimants
- If feeds are not automated, Claims Administrator can set-up & maintain both claims & claimant information

HCAI Desktop – Global Tabs, *Search*

Accrington Stanley Insurance

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

Search for Claim # in All Forms [Advanced](#)

DOCUMENT SEARCH Welcome, Winnie to HCAI.

2009/11/26

OCF Form Search

Enter your search criteria and click "Search"

Document Number:

Claim #:

Policy #:

Date of Accident:

Date of Birth:

Claimant Last Name: Exact Match

Claimant First Name: Exact Match

Claimant Phone Number: Exact Match

Adjuster:

Provider Registry Number (College/Registry ID):

[Advanced Options >>](#)

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- Search for specific plan (OCF 18, 22, 23) or invoice (OCF 21)
- Results screen shows all fields matching search criteria

HCAI Desktop – Global Tabs, *Manage*



- Tab only visible to certain users and provides access to:
 - Insurer Management
 - User Management
 - Reports
- Reports available to adjusters:
 - Claimant summary
 - Claimant details
 - Claimant calendar
 - Claimant audit details
 - User ID Activity Report

HCAI Desktop – Sub-Tabs

Accrington Stanley Insurance HCAI

[PLANS](#) | [INVOICES](#) | [CLAIMS](#) | [SEARCH](#) | [MANAGE](#) | [? - User Manual](#)

Search for Claim # in All Forms [Advanced](#) [LOGOUT](#)

WORK IN PROGRESS |
 ADJUSTER RESPONSE |
 PENDING
Welcome, Winnie, to HCAI.

Plan Management - Work In Progress

Filter by: Accrington Stanley Insurance **2009/11/26**

Work In Progress (1 of 6)
The following items have not been adjudicated.

View: 3 items 1 2 3 4 5 ... Next >

▶ ! ▶	▶ Document #	▶ Claim #	▶ Claimant	▶ OCF Type	▶ Status	▶ Days Left	▶ Date Submitted
	09112300009	12	Barnes	OCF23	Submitted	2	2009/11/23
	09112300010	12	Barnes	OCF18	Submitted	7	2009/11/23
	09112300011	12	Barnes	OCF22	Submitted	0	2009/11/23

View: 3 items 1 2 3 4 5 ... Next >

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HCAI Desktop – Sub-Tabs, *Work in Progress*

- The Work in Progress sub-tab exists under both the Plans & Invoices tabs
 - Plans > Work in Progress
 - This is the first page a user with either the adjudication or claims support role sees after logging into HCAI
- Contains OCF forms submitted by health care facilities where no adjudication decision has been made

HCAI Desktop – Sub-Tabs, *Work in Progress*

Accrington Stanley Insurance

PLANS INVOICES CLAIMS SEARCH MANAGE ? - User Manual

Search for Claim # in All Forms Advanced

WORK IN PROGRESS ADJUSTER RESPONSE PENDING Welcome, Winnie, to HCAI.

Plan Management - Work In Progress

Filter by: Accrington Stanley Insurance 2009/11/26

Work In Progress (1 of 6)
The following items have not been adjudicated.

View: 3 items 1 2 3 4 5 ... Next >

▶ ! ▶	▶ Document #	▶ Claim #	▶ Claimant	▶ OCF Type	▶ Status	▶ Days Left	▶ Date Submitted
	09112300009	12	Barnes	OCF23	Submitted	2	2009/11/23
	09112300010	12	Barnes	OCF18	Submitted	7	2009/11/23
	09112300011	12	Barnes	OCF22	Submitted	0	2009/11/23

View: 3 items 1 2 3 4 5 ... Next >

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“Days Left” is to be used **only** as a **count-down guide** to the SABs timeline, **not** an authoritative SABs clock.

HCAI Desktop – Sub-Tabs, *Pending*

- Sub-tab exists under both the Plans & Invoices tabs
- Similar layout to the “Work in Progress” and “Adjuster Response” sub-tabs
- Health care facilities and associated providers can see when an OCF form has been placed in the “pending” state
- To place an OCF form in the “pending” state, a reason code is required for the line items contained in the OCF

HCAI Desktop – Sub-Tabs, *Pending*

Accrington Stanley Insurance

PLANS INVOICES CLAIMS SEARCH MANAGE ? - User Manual

Search for Claim # in All Forms [Advanced](#)

WORK IN PROGRESS ADJUSTER RESPONSE **PENDING** Welcome, Winnie, to HCAI.

Invoice Management - Pending

Filter by: Accrington Stanley Insurance **2009/11/26**

Pending (1 of 1)
The following items are pending.

View: 10 items

▶ ! ▶	<u>Document #</u>	<u>Claim #</u>	<u>Claimant</u>	<u>OCF Type</u>	<u>Date Submitted</u>	<u>Days Left</u>	<u>Date Pended</u>
	09112300007	12	<u>Barnes</u>	OCF21C	2009/11/23	27	2009/11/26
	09112400005	99459	<u>Hysen</u>	OCF21B	2009/11/24	28	2009/11/26

View: 10 items

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HCAI Decision Support

- 1) Navigating OCFs
- 2) OCF Plan Review
- 3) Applying Adjudication Decisions
- 4) Initiating Need to Discuss
- 5) Requesting an Amendment
- 6) Withdrawing a Response

HCAI Decision Support

1.) Navigating OCFs

Review OCF21C

SUMMARY 1 2 3 4 NEXT ▶

? - User Manual

CANCEL **PRINT** **SAVE**

Claim Identifier	Return this form to:	Invoice Identifier
Applicant Name: Barnes, John Claim Number: 12 Policy Number: JB77 Date of Accident: 2009/03/13	Accrington Stanley Insurance 144 Danforth Avenue Toronto, Ontario M4K 1N2	Document Number: 09112300007 Invoice Number: 1 OCF Type: 21C Date Submitted: 2009/11/23 Source: Web OCF Effective Date: 2007/04/02

To exit an OCF form, click the <Cancel> button. Use the numbered step tabs to move through the form. The <Print> button brings up a PDF Version of the form that can be saved or printed. Clicking the <Save> button saves any changes made to the form.

HCAI Decision Support

1.) Navigating OCFs

Part 11: Other Goods or Services Within the PAF Guidelines Requiring Insurer Approval

GS Ref#	Code	Attr	Provider Ref.	Quantity/Measure	Cost	Adjuster Response
1	3.AN.10 "Xray, brain"		<u>Millar, Sara</u>	5.00 PR	56.00 <input type="text"/>	

Apply multiple reason codes

SET CHARGED COSTS TO APPROVED COSTS

SET REASON FOR DECLINING

Totalling		
	Proposed	Approved
Pre-approved Sub-total:	270.00	0.00
Other Goods and Services:	56.00	0.00
Auto Insurer Total:	326.00	0.00

CALCULATE

To apply a reason code to a specific line item in an OCF form, click the (<Ellipsis>) button & select the relevant reason codes for the decision

HCAI Decision Support

1.) Navigating OCFs

• Part 12: Proposed Goods and Services has an error.

Associated Documents Results

Associated Documents (1 of 1)
Associated documents for this claimant.

▲ Document #	▶ Type	▶ Provider	▶ Status	▶ Date Sent	Proposed Amount(\$)	Approved Amount(\$)
09112400005	OCF21B	Riis Rehab	Pending	2009/11/24	\$688.00	\$0.00
09112400006	OCF21C	Riis Rehab	Submitted	2009/11/24	\$1,154.00	\$0.00
09112400007	OCF23	Riis Rehab	Submitted	2009/11/24	\$6,380.00	\$0.00

Error messages appear in red text with an orange background at the top of the screen, and refer you to the section where the error occurred.

HCAI Decision Support

2.) OCF Plan Review

- Message Log
 - Shows communication between Insurer and Provider
 - Log is blank until you initiate “need to discuss” feature
 - then the log will show all messages to and from Provider
 - Not archived with form – to save information, print, or cut and paste into another document

HCAI Decision Support

2.) OCF Plan Review – Message Log

Message Log

Here is a list of messaging associated with this document.

Date & Time	Description	Actor
2009/11/26	Please contact re: counts for lines 1 & 2 in Part 12. Wayne Rooney, 416.416.4164 x1023	Launer, Winnie

Message to Provider

SEND MESSAGE

“Date & Time” indicate when the message was created. To determine who wrote the message, look under the “Actor” column. Messages are entered in the “Message to Provider” box. Click <Send Message> to record the message and send to the health care facility &/or associated provider.

HCAI Decision Support

2.) OCF Plan Review – Activity Log

- Displays history of activity related to plan
- Activity items could include:
 - Submission
 - Plan amendment
 - Need to Discuss
 - Approval/Denial
 - Claimant matching
 - Decision withdrawal

HCAI Decision Support

2.) OCF Plan Review – Activity Log

Activity Log			
Activity Log for Document #: 09070200004			
Date & Time	Description	Version	Actor
2010/02/17 15:15	Benitez, Rafa Withdrew response	Version 4	Benitez, Rafa
2009/07/03 11:01	Degas, Alberto Submitted an OCF9	Version 3	Degas, Alberto
2009/07/03 10:54	Degas, Alberto Submitted decision for plan.	Version 3	Degas, Alberto
2009/07/03 09:26	Beneer, Jill Matched claimant and applicant on document	Version 2	Beneer, Jill
2009/07/02 14:17	O'H, Kian Submitted a plan	Version 1	O'H, Kian

All activity on the OCF form is recorded, including the date, time, and author of an action (actor). Each time HCAI records activity, a new version of the form is created. Historic versions of an OCF form are displayed in the version column, and each version can be accessed by clicking on the OCF form's hyperlinked version number.

HCAI Decision Support

2.) OCF Plan Review – Associated Documents

Associated Documents Results						
Associated Documents (1 of 1)						
Associated documents for this claimant.						
▲ Document #	▶ Type	▶ Provider	▶ Status	▶ Date Sent	Proposed Amount(\$)	Approved Amount(\$)
09062900017	OCF18	Kian Clinic	Partially Approved	2009/06/29	\$1,050.00	\$170.00
09063000001	OCF18	Kian Clinic	Declined	2009/06/30	\$1,055.00	\$0.00
09063000005	OCF21B	Kian Clinic	Declined	2009/06/30	\$137.00	\$0.00
09063000006	OCF21B	Kian Clinic	Declined	2009/06/30	\$110.00	\$0.00
09063000014	OCF21C	Kian Clinic	Partially Approved	2009/06/30	\$190.00	\$115.00
09070200007	OCF23	Kian Clinic	Responded	2009/07/02	\$789.00	\$789.00

Other OCF forms associated with the same claim are grouped and listed here. HCAI updates the list when new OCF forms are submitted.

HCAI Decision Support

3.) OCF Plan Review – Applying Adjudication Decisions

Part 12: Signature of Insurer

Please confirm whether you waive the requirement of the applicant's signature. Use the decision buttons to submit your decision. If applicable, provide a message to the provider.
Insurers are advised not to waive claimant signature unless they are in possession of a signed OCF 1.

Adjuster's First Name: Rafa
Adjuster's Last Name: Benitez

Was the applicant's or substitute decision maker's signature waived by the insurer? No Yes

I have reviewed this Pre-approved Framework Treatment Confirmation Form, and based upon the information provided, I confirm that the policy referred to in Part 2 was in force at the time of the accident: No Yes

If other goods or services requiring insurer approval have been proposed in Part 11, I

Approve Partially Approve Do Not Approve

Message To Provider

SUBMIT **DO NOT APPROVE**

NEED TO DISCUSS

When adjudicating an OCF23 form, all adjudication decisions are recorded using the <Submit> button.

HCAI Decision Support

3.) OCF Plan Review – Applying Adjudication Decisions

Part 13: Signature of Insurer

Please confirm whether you waive the requirement of the applicant's signature. Use the decision buttons to submit your decision. If applicable, provide a message to the provider or initiate the amendment process.
Insurers are advised not to waive claimant signature unless they are in possession of a signed OCF 1.

Adjuster's First Name: Rafa
Adjuster's Last Name: Benitez

* Was the applicant's or substitute decision maker's signature waived by the insurer? No Yes

I have reviewed this plan and based upon the information provided, I:

APPROVE **PARTIALLY APPROVE** **DO NOT APPROVE** **PENDING**

Message To Provider

AMEND **NEED TO DISCUSS**

Every adjudication action requires applying reason codes to the line items in the form before the decision is recorded.

HCAI Decision Support

4.) OCF Plan Review – Using “Need to Discuss”

Part 13: Signature of Insurer

Please confirm whether you waive the requirement of the applicant's signature. Use the decision buttons to submit your decision. If applicable, provide a message to the provider or initiate the amendment process.
Insurers are advised not to waive claimant signature unless they are in possession of a signed OCF 1.

Adjuster's First Name: Rafa
Adjuster's Last Name: Benitez

* Was the applicant's or substitute decision maker's signature waived by the insurer? No Yes

I have reviewed this plan and based upon the information provided, I:

Message To Provider

Write your message to the Facility and/or associated Provider, then click the <Need To Discuss> button.

HCAI Decision Support

5.) OCF Plan Review – Requesting an Amendment

Part 8: Signature of Insurer

Please confirm whether you waive the requirement of the applicant's signature. Use the decision buttons to submit your decision. If applicable, provide a message to the provider or initiate the amendment process.

Adjuster's First Name: Rafa
Adjuster's Last Name: Benitez

I waive the requirement for the applicant's signature on an OCF18 Treatment Plan: No Yes

I have reviewed this plan and based upon the information provided, I:

Message To Provider

If you want a health care facility to amend a submitted plan type in the reason for your position in the "Message To Provider" field, then click the "Amend" button.

HCAI Decision Support

6.) OCF Plan Review – Withdraw Response

Review OCF21C HCAI

SUMMARY 1 2 3 4 [NEXT ▶](#) [? - User Manual](#)

[CANCEL](#) [CREATE OCF9](#) [PRINT](#)

Claim Identifier Applicant Name: Ferguson, Alex Claim Number: 1999 Policy Number: AF_86 Date of Accident: 2009/06/15	Return this form to: KOH Global Re 1999 Eramosa Rd Rockwood, Ontario R2G 2R1	Invoice Identifier Document Number: 09063000013 Invoice Number: 02 OCF Type: 21C Date Submitted: 2009/06/30 Source: Web OCF Effective Date: 2007/04/02
---	---	---

Part 3: Invoice Details

Document Number: 09063000013
 Owner:
 Status: Declined **WITHDRAW RESPONSE**
 First Invoice: No Yes
 Last Invoice: No Yes

Previously Approved Goods and Services

Type Of Plan or PAF	Plan Date	Approved Amount	Previously Billed
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- Click the <Withdraw Response> button beneath the Document Number in the Invoice Details section of the OCF Summary Screen



Health Claims for Auto Insurance

Questions?