

Did you know?

Sometimes a form may be sent to an Insurer in error by a Health Care Facility. To ensure that facilities are aware of the proper Insurer and corresponding Branch to which OCF forms should be sent, it is important for all Insurers to communicate actively with the facilities that are treating claimants.

When an OCF form has come to your company in error, it will only be viewable to Users with Branch level access. The form will have the status of "Unmatched".



To send the form back to the Health Care Facility, the Insurer-user must have the Plan/Invoice Adjuster role. Click on the magnifying glass beside the notification and HCAI will bring you to the "Match Claimant" screen. Click on the <Cannot be Matched> button as shown in the screen shot below.

Match Claimant
HCAI

CANCEL

Current Branch Information

Switch the branch of the document

Insurer: October Insurer

Branch: Toronto Branch

Transfer Document

Select a new insurer and/or branch to transfer the document

Insurer: October Insurer (the) ▾

Branch: Toronto Branch ▾

Claimant Match

• Unable to find a match, please search for the claimant.

The system has determined 0 potential claimants. Please match the applicant to a list of known claimants or [search](#) for one in the system.

SEARCH FOR CLAIMANT

Submitted Applicant

Last Name : Test

First Name : MacDonald

Middle Name :

Gender : Female

Date of Birth : 1971/09/06

Address : 2323 South St,

City : Toronto

Province : ON

Postal Code : M4W 1H4

Claim Number : 72100000

Policy Holder

First Name :

Policy Holder

Last Name :

Policy Number : 000099999

Date Of Accident : 2007/08/06

Possible Match

There is no associated claim. CREATE CLAIM

Applicant cannot be matched with any claimant. Forward for adjudication

CANNOT BE MATCHED

CANCEL

Scroll through the form to the Goods and Services (in the displayed sample it is tab 5 of the OCF 18), click on the <Set Reason For Declining> button.

Review OCF18

SUMMARY 1 2 3 4 **5** 6 ◀ BACK NEXT ▶ ?

CANCEL PRINT SAVE

Claim Identifier Applicant Name: Test, MacDonald Claim Number: 72100000 Policy Number: 000099999 Date of Accident: 2007/08/06	Return this form to: October Insurer 12 Toronto Drive Toronto, Ontario M1C 4P9	Plan Identifier Document Number: 07101900004 Plan Number: 1 OCF Type: 18 Date Submitted: 2007/10/19 Source: Web OCF Effective Date: 2006/03/01
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Part 12: Proposed Goods and Services

GS Ref#	Code	Attr	Provider Ref.	Quantity/Measure	Cost	Estimate/Day		Projected		Proposed Tax	Adjuster Response	
						Quantity	Day	Total Count	Total Cost			
1	1.ZX.02 Exercise, multipl...	GS	Brubble, Bob	1.00	HR	65.00	9	585.00	9	585.00	<input type="checkbox"/> PST <input type="checkbox"/> GST	...
						<input type="text" value="0.00"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>			<input type="checkbox"/> PST <input type="checkbox"/> GST	
2	1.WA.02 "Exercise, ankle ...		Brubble, Bob	1.00	HR	65.00	9	585.00	9	585.00	<input type="checkbox"/> PST <input type="checkbox"/> GST	...
						<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> PST <input type="checkbox"/> GST	
3	P.WWV.03 Sub-acute phase (...)		Brubble, Bob	1.00	HR	65.00	9	585.00	9	585.00	<input type="checkbox"/> PST <input type="checkbox"/> GST	...
						<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> PST <input type="checkbox"/> GST	
4	H.XX.MR Med/Rehab		Brubble, Bob	1.00	HR	800.00	9	7,200.00	9	7,200.00	<input type="checkbox"/> PST <input type="checkbox"/> GST	...
						<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> PST <input type="checkbox"/> GST	
5	P.WWV.03 Sub-acute phase (...)		Brubble, Bob	1.00	HR	175.00	9	1,575.00	9	1,575.00	<input type="checkbox"/> PST <input type="checkbox"/> GST	...
						<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> PST <input type="checkbox"/> GST	
6	1.ZX.02 Exercise, multipl...	IM	Brubble, Bob	1.00	HR	175.00	9	1,575.00	9	1,575.00	<input type="checkbox"/> PST <input type="checkbox"/> GST	...
						<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> PST <input type="checkbox"/> GST	

Estimated duration of this Treatment Plan: 6 weeks
How many treatment visits have you already provided ? 0 visits

Apply multiple reason codes

SET REASON FOR DECLINING

There are multiple reason codes to be chosen, but you may want to use the below selection for forms sent in error by health care facilities.

Review OCF18

Reason Code Look Up

Select the **Series** that is appropriate for your decision. To begin your search click **Search**. To narrow down the search results, you can supply a **Category** and / or **Reason** prior to clicking the **Search** button.

Series: 1 - Adjuster Decision

Category: 11 - Policy Definition

Reason: 05 - Policy / Coverage Identity Error

SEARCH CANCEL

Once you have selected your reason for declining the OCF form, select your final decision in Part 13 of the form as shown below. The form will now be returned to the health care facility and moved from the Branch's "Work in Progress" sub-tab to the "Adjuster Response" sub-tab.

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: Mary
 Adjuster's Last Name: Bucket

* 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:

DO NOT APPROVE

Message To Provider

AMEND NEED TO DISCUSS

Part 14: Signature of Applicant

Is the applicant's or substitute decision maker's signature on file? No Yes

Applicant's or Substitute Decision Maker's First Name: MacDonald
 Applicant's or Substitute Decision Maker's Last Name: Test
 Signed Date: 2007/10/02

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

CANCEL PRINT SAVE

SUMMARY 1 2 3 4 5 6 ◀ BACK NEXT ▶

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The steps involved in declining an OCF form that has been sent to your Insurer and Branch in error are also described at www.hcaiinfo.ca in the [Cannot Be Matched eLearning](#). Click [here](#) to access this eLearning now, or you can go to the Claims Administrator > E-Learning - Claim/Claimant Administration page and access the eLearning there.