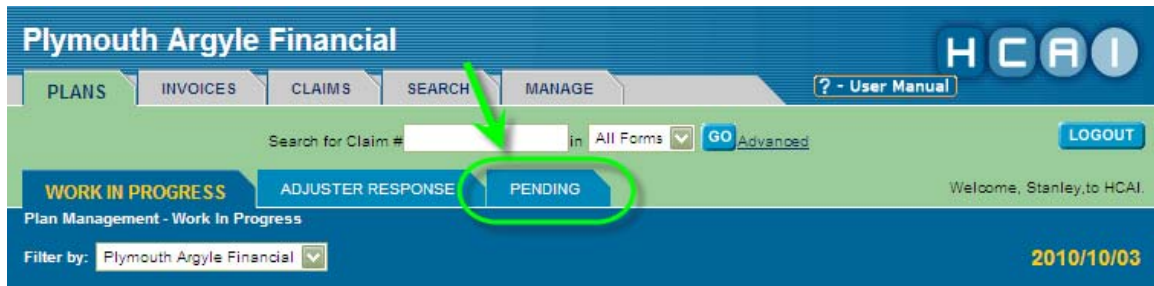


Use of *Pending* Status in HCAI

Did you know?

As experience with the HCAI system matures, best practices for use of specific functionalities within the system will evolve.

This is the case with HCAI's *Pending* functionality.



Previously, some insurers requested a *Pending* function in the HCAI application to accommodate scenarios where decisions could not be made on a submitted OCF-18. Possible reasons for using *Pending* included failure to submit an application for Accident Benefits (OCF-1) or when a disability certificate (OCF-3) had not yet been received.

 A screenshot of the 'Part 13: Signature of Insurer' form. The form contains instructions and a decision question: '* Is the applicant's or substitute decision maker's signature waived by the insurer?' with radio buttons for 'No' and 'Yes'. Below the question are four buttons: 'APPROVE', 'PARTIALLY APPROVE', 'DO NOT APPROVE', and 'PENDING'. The 'PENDING' button is highlighted with a green circle, and a green arrow points to it. At the bottom of the form, there are 'AMEND' and 'NEED TO DISCUSS' buttons.

To place an OCF-18 into a *Pending* state, a reason had to be provided that would be visible to the Health Care Facility. The OCF-18 then moved from the Work in Progress tab to the Pending tab until a decision could be made.

However, as was the case with the old SABS, the new SABS (s. 38 (8)) provides only for approval or a denial of a completed application and does not recognize a *Pending* status once more than 10 business days have elapsed since receipt of a completed OCF-18. It would therefore be more appropriate for an insurer to make a decision on the OCF-18 within the ten business day period provided for in s. 38 (8) of the new SABS and not place or keep the item in *Pending* after that period. If a denial is made, and later a change in decision on the same OCF-18 is called for based on a s. 44 examination, adjusters have the ability under s. 38 (14) of the new SABS to withdraw their original denial and render a new decision.

The above information is not intended to provide adjudication advice. Any change in operational process should be discussed with your Accident Benefits Manager or Legal department.