

# Insurer Desktop Quick Start Guide

Below is a screen shot of what you will see when you first log into HCAI. The default display setting for HCAI is the **Plans** tab, **Work In Progress** sub tab. On this screen, the default sort-order setting for OCFs is by "All Plans", from the most recent submission to the oldest submission.

## How HCAI is Organized

### PRIMARY TABS:

1. **Plans** – all OCF 18s, 22s and 23s submitted by Health Care Facilities
2. **Invoices** – all OCF 21s submitted by Health Care Facilities
3. **Search** – function enabling advanced claim and claim searches

Most of your work in HCAI will be under these three tabs.

For information on using the other tabs, please see the HCAI User Manual.

### SECONDARY/SUB TABS (under Plans & Invoices):

- a. **Work in Progress** – Forms still requiring adjuster response
- b. **Adjuster Response** – historical view of forms for which a decision has been made
- c. **Pending** – forms for which a decision cannot yet be made because of missing information

\* OCFs highlighted in yellow and / or flagged by require an Adjuster's immediate attention.

### RESOURCES:

[? - User Manual](#)

- A link to the HCAI User Manual is located at the top right corner of the screen for each Primary tab

**Gainsborough Trinity P&C**

PLANS INVOICES SEARCH MANAGE ? - User Manual HCAI

Search for Claim #  in All Forms  Advanced

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

Plan Management - Work In Progress

Filter by: Pennant, Jenny - Speyside - Gainsborough Trinity P&C 2009/09/09

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

View: 25 items

| Document #  | Claim # | Claimant | OCF Type | Status                       | Days Left | Date Submitted |
|-------------|---------|----------|----------|------------------------------|-----------|----------------|
| 09090900007 | 777     | Lampard  | OCF23    | Review Required              | 5         | 2009/09/09     |
| 09090900006 | 777     | Lampard  | OCF23    | Submitted                    | 5         | 2009/09/09     |
| 09090900005 | 1122    | Cue      | OCF22    | In Discussion, Response Sent | 3         | 2009/09/09     |
| 09090900004 | 1122    | Cue      | OCF18    | Submitted                    | 10        | 2009/09/09     |
| 09090900003 | 1234    | Blunt    | OCF18    | Submitted                    | 10        | 2009/09/09     |
| 09090900001 | 11      | Cech     | OCF18    | Review Required              | 10        | 2009/09/09     |
| 09090800023 | 1122    | Cue      | OCF18    | Submitted                    | 9         | 2009/09/08     |
| 09090800014 | 11      | Cech     | OCF18    | Amendment Required           | 9         | 2009/09/08     |
| 09090800012 | 1234    | Blunt    | OCF18    | In Discussion, Response Sent | 9         | 2009/09/08     |
| 09090800010 | 11      | Cech     | OCF18    | Review Required              | 9         | 2009/09/08     |
| 09080700047 | 11      | Cech     | OCF23    | In Discussion, Response Sent | -17       | 2009/08/07     |
| 09080700040 | 11      | Cech     | OCF18    | In Discussion, Response Sent |           | 2009/08/07     |
| 09080700037 | 912998  | Cole     | OCF18    | Amendment Required           |           | 2009/08/07     |
| 09080400009 | 1234    | Blunt    | OCF18    | In Discussion, Response Sent | -15       | 2009/08/04     |

View: 25 items

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## REVIEWING A FORM

- To view a particular form, click on the icon in the work-list.
- Once you have opened the document, navigate using the numbered tabs.

| Claim Identifier  | Return this form to:  | Plan Identifier   |
|---|---|---|
| Applicant Name: Miller, Janice<br>Claim Number: 12341234<br>Policy Number: 34563456<br>Date of Accident: 2009/06/01 | Gainsborough Trinity P&C<br>32 Brock Road North<br>Guelph, Ontario<br>N1H 6H9 | Document Number: 09072300017<br>Plan Number: N/A<br>OCF Type: 22<br>Date Submitted: 2009/07/23<br>Source: Web<br>OCF Effective Date: 2007/05/01 |

- Adjusters must submit an adjudication response for all forms submitted.
- Once submitted, the decision will be available for the Provider immediately.

## APPROVE, PARTIALLY APPROVE, AND DECLINE

- Adjudication decisions may be made on each line item on the form and sent immediately to the provider.

| GS Ref# | Code                            | Attr | Provider Ref.                | Quantity/Measure | Cost   | Adjuster Response |
|---------|---------------------------------|------|------------------------------|------------------|--------|-------------------|
| 1       | H.XX.MR<br>Med/Rehab            |      | <a href="#">Miller, Sara</a> | 1.00 HR          | 119.00 |                   |
| 2       | P.WW.02<br>Acute phase (up t... |      | <a href="#">Miller, Sara</a> | 3.00 HR          | 135.00 |                   |

## WITHDRAW RESPONSE

- If an adjudication decision has to be changed, “withdraw” allows the adjuster to change his or her decision.

## NEED TO DISCUSS

- If you require a discussion in regards to the form submitted, you may use the “Message to Provider” box to submit a question to the provider.

**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: Frances  
Adjuster's Last Name: Quattrochi

\* 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

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**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: Rob  
Applicant's or Substitute Decision Maker's Last Name: Nash  
Signed Date: 2009/07/02

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

## AMEND

- If a change needs to be made on the submitted form, you may put the document in an “Amend” state, and request that the provider update the form.

## CREATE AN OCF 9

- An OCF 9 can be generated, printed and mailed to the claimant. You can send tot the Facility by pressing the submit button.