



Insurer User Manual

Chapter 2: Supported Plans and Invoices

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Supported Plans and Invoices

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Chapter 2:

Supported OCF Plans and Invoices

The electronic Ontario Claims Forms as used in the HCAI application are designed to integrate the process of form completion, submission and response, and to facilitate the interaction between Health Care Facilities and Insurers. This results in a more rapid exchange of consistently accurate data that improves the delivery of health services to automobile accident victims. This Chapter provides a brief overview of the forms that must be submitted and adjudicated in HCAI.

About this Manual

This manual contains a step-by-step guide to reviewing and completing online Insurer responses to the OCF-18 Treatment and Assessment Plan, OCF-23 Treatment Confirmation form, Assessment of Attendant Care Needs (Form 1), and OCF-21B & 21C Auto Insurance Standard Invoices. These forms provide detail on the Claimant's injuries, recommend and advise on treatment and assessments and provide invoice details for payment of health care services. They are all completed and administered by Health Care Facilities.

Within HCAI, the OCF-18 and -23 Forms and the Form 1 are referred to as plans, and the OCF-21 is referred to as an invoice.

The HCAI application was designed to mirror, as closely as possible, the form and layout of the paper OCF forms that were used by health care facilities and insurance companies prior to HCAI's implementation. The forms are consistent in layout, including the same data fields displaying on the same pages. For example, a five-page paper OCF is represented in HCAI as an electronic six-tab OCF, with a summary page preceding the pages of the paper OCF-18. Each page is represented by tabs or "steps" in HCAI that can be navigated by the User.

All OCFs handled by HCAI—the OCF-18, OCF-21B/C, OCF-23 and Form 1—preserve business information entered at the time of submission. A history of changes to this

information is available in HCAI for each of the following:

- Insurer Details (e.g. address)
- Branch Details (e.g. name)
- Adjuster/File Owner Details (e.g. signature) on adjudicated version
- Facility Details (e.g. address)

Information entered in an OCF is preserved as it was at the time of submission in both the online application (www.hcai.ca) and PDF view of the document. The Adjuster signature, however, is preserved as of the time an adjudication decision is rendered.

OCF-18 Treatment Plan

The OCF-18 or Treatment and Assessment Plan, describes the cause and nature of injuries that are a direct result of the motor vehicle accident. It outlines assessments, or examinations that a Health Care Facility or associated Provider feels are required for ongoing management of the Claimant's recovery. Facilities and/or associated Providers must complete an OCF-18 in order to have these assessments and examinations approved and funded by an Insurer.

The OCF-18 also identifies activities limited by the injury, sequelae, defines treatment plan goals, barriers to recovery, identifies the Claimant's prior and concurrent conditions that could affect the response to treatment and proposes a treatment plan including cost estimates to address the injuries. Except for treatment provided under the Minor Injury Guideline, or where an Insurer has waived the requirement for a Treatment Plan, Facilities must complete an OCF-18 in order to have a plan of treatment approved and funded by an insurer.

OCF-23 Treatment Confirmation Form

The OCF-23, or Treatment Confirmation Form, is the form used by a Facility and/or associated Provider to inform an Insurer that treatment for an injured person will commence within the Minor Injury Guideline (MIG). If an Insurer confirms that the injured person has a valid policy, treatment in the OCF-23 does not require prior Insurer approval. A Facility must complete and submit an OCF-23 in order to establish his or her right to reimbursement for the delivery of MIG treatment.

Form 1 Assessment of Attendant Care Needs form

The Form 1 (also known as the Assessment of Attendant Care Needs) is used by a provider to report the future needs for attendant care required by the applicant as a result of an auto accident. This form must be completed by a member of a health profession who is authorized by law to complete the form.

OCF-21 Auto Insurance Standard Invoice (AISI)

The OCF-21, or AISI, is used to invoice automobile Insurers for the medical and rehabilitation goods and services, assessments and examinations submitted under the OCF-18 and OCF-23 forms. It must be used for accidents that occur on or after November 1, 1996. Any facility billing and Ontario Automobile Insurer to treat a victim of a motor vehicle accident under the Statutory Accident Benefits Schedule of the Insurance Act should use this form. The standard invoice was devised to provide more efficient processing of invoices, better information about medical and rehabilitation health services, and to increase accountability.

Explanation of Benefits Payable by Insurance Company (formerly OCF-9)

The Explanation of Benefits (EOB) notifies claimants which benefits are approved and the amounts payable. Where a benefit has not been approved, an explanation is provided. If a claimant disagrees with an insurer assessment, Part 6 of HCAI's EOB PDF outlines the applicant's rights to dispute and provides a link to the Licence Appeal Tribunal website where instructions for filing an application can be found.