



Health Claims for Auto Insurance

# Managing Your Facility

# Table of Contents

## Contents

<b>Managing Your Facility .....</b>	<b>4</b>
Authorizing Officer (AO) Information .....	4
What is an Authorizing Officer? .....	4
Update the AO's Email Address.....	5
Change the Name of the AO.....	8
Change Your Facility Details.....	9
Change Facility Name .....	9
Change Billing Address.....	10
Update Phone Number.....	11
Modify Facility Contacts (Contact One and Contact Two) .....	12
Update Default Per-km Rate .....	13
Providers .....	14
Add a Provider .....	14
Deactivate a Provider .....	16
Add an Additional Profession to a Provider .....	17
Update a Provider's Name .....	19
Add Hourly Rate to a Provider.....	20
Payee Information (Payee Field Editable on Invoices?).....	21
Change Payee Field Editable on Invoices .....	21
Change HCAI Submission Method .....	23
Changing Submission Method from Web to PMS.....	23
Changing Submission Method from PMS to Web.....	23

Deactivate a Facility ..... 24

    To deactivate your Health Care Facility: ..... 24

# Managing Your Facility

This manual is intended to outline how to manage your Facility details – such as address, contact details, etc. – using the HCAI Facility Management tab. It also outlines what an Authorizing Officer is in HCAI and how to make changes to the Authorizing Officer's details in HCAI.



**To make any changes to the facility details on the Facility Management tab in HCAI, you must be the Authorizing Officer (AO) or have the Facility Administrator role assigned.**

## **Authorizing Officer (AO) Information**

### **What is an Authorizing Officer?**

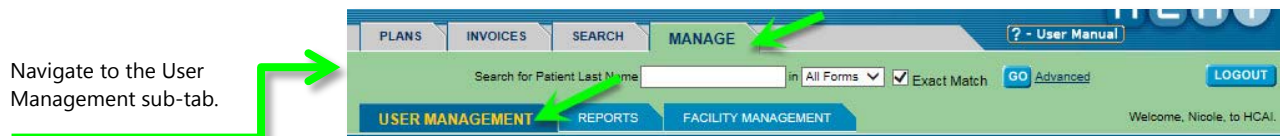
Your Facility's Authorizing Officer, or AO, is the person who signs the HCAI Enrolment Form. The AO should be someone who is involved in the day-to-day management of the Health Care Facility.

The AO receives the first HCAI user profile and is responsible for setting up all the other users of the HCAI system.

## Update the AO's Email Address

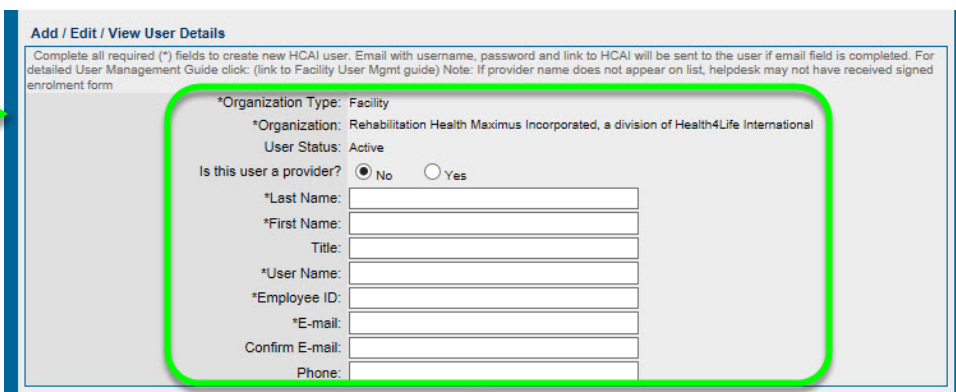
Changing the Authorizing Officer's email address is a two-step process.

- For **Step One**, you must add the updated Authorizing Officer email to a new or existing user account on the User Management tab.
- Sign-in to [www.hcai.ca](http://www.hcai.ca)
- Go to the 'Manage' → 'User Management' sub-tab



- To add a new user account for the updated Authorizing Officer email, click on the Add a New User button and a new screen will appear.

All the questions marked with an asterisk (\*) are mandatory.



- Answer the question "is the user a provider?"
  - If yes, a drop-down list will appear and you must select the Provider to whom a User profile is being assigned.
  - If no, enter the first and last name of the new user.
- Enter a User Name
  - A User Name must contain at least six characters and must be unique within the HCAI system.
- Enter the Employee ID
  - If you facility does not use Employee ID's, enter any characters in this field.
- Enter the updated Authorizing Officer email address.
  - You can also enter a phone number for the user if available.
- Select the level of access you wish to assign the user.

The AO must be assigned Facility User Administrator and Facility Administrator

What level of access do you want to give to user? Facility

**Assign Roles & Responsibilities to the User**  
 Management & Administrator roles allow access to manage HCAI users, facility information and generate reports. Support & Submission roles allow users to view, create, and submit forms. Multiple roles may be selected. Note: Form Support may view and create draft forms, but cannot submit forms to insurers.

**Management & Administrator Roles**

☒ Facility User Administrator ☒ Facility Administrator ☐ Provider Report Viewer

**Support & Submission Roles**

☐ Form Submitter ☐ Form Support

CANCEL SUBMIT

- You must select Facility → Facility User Administrator and Facility Administrator.
- Press the **SUBMIT** button, review the confirmation screen and press **SUBMIT** again.
  - The User Name and temporary password for the new user will be sent to the updated AO email address.
- To add the updated Authorizing Officer email address to an existing user account, go to the Manage → User Management sub-tab.

On the User Management you can update user details.

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

Search for Patient Last Name in All Forms ☒ Exact Match GO Advanced LOGOUT

**USER MANAGEMENT** REPORTS FACILITY MANAGEMENT

Welcome, Nicole, to HCAI.

- In the Search box, select "Active", enter the last name of the user and click **SEARCH**.

Search results can be further refined using Facility Roles.

**Search for Users**  
 Enter your search criteria and click "Search"

User Status: ☒ Active ☐ Deactivated

Last Name:

First Name:

Employee ID:

**Facility Roles**

☐ Facility Administrator ☐ Form Support  
☐ Facility User Administrator ☐ Provider Report Viewer  
☐ Form Submitter

SEARCH

© 2016 Health Claims for Auto Insurance Processing | Privacy | Change Password

- Click on the User Name in the Search Results screen.
- From the Add/Edit User screen, update the email address for the Authorizing Officer.

- Ensure the user has the Facility Administrator and Facility User Administrator roles assigned.

Update the email address in both the E-mail and Confirm E-mail fields.

**Add / Edit / View User Details**

Complete all required (\*) fields to create new HCAI user. Email with username, password and link to HCAI will be sent to the user if email field is completed. For detailed User Management Guide click: (link to Facility User Mgmt guide) Note: If provider name does not appear on list, helpdesk may not have received signed enrolment form

\*Organization Type: Facility

\*Organization: Orchard Rehabilitation

User Status: Active

Is this user a provider? ☐ No ☒ Yes

Select the provider: Jones, Jenny ▼

\*Last Name: Jones

\*First Name: Jenny

Title:

\*User Name: JenJones [RESET PASSWORD](#)

\*Employee ID: 1231

\*E-mail: jones@insurance.com

Confirm E-mail: jones@insurance.com

Phone:

What level of access do you want to give to user? Facility ▼

**Assign Roles & Responsibilities to the User**

Management & Administrator roles allow access to manage HCAI users, facility information and generate reports. Support & Submission roles allow users to view, create, and submit forms. Multiple roles may be selected. Note: Form Support may view and create draft forms, but cannot submit forms to insurers.

**Management & Administrator Roles**

☒ Facility User Administrator ☒ Facility Administrator ☐ Provider Report Viewer

**Support & Submission Roles**

☐ Form Submitter ☐ Form Support

[CANCEL](#) [SUBMIT](#)

- Press the [SUBMIT](#) button, review the confirmation screen and press [SUBMIT](#) again.
- For **Step Two**, you must change the Authorizing Officer email address on the Facility Management tab.
  - Go to the 'Manage' → 'Facility Management' sub-tab.

**We Care Ontario**

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

Search for Patient Last Name: \_\_\_\_\_ in All Forms ☒ Exact Match [GO](#) [Advanced](#) [LOGOUT](#)

USER MANAGEMENT REPORTS **FACILITY MANAGEMENT** Welcome, Mark, to HCAI.

- Under *Authorizing Officer*, change the email address.

Update the email address in both the E-mail and Confirm E-mail fields.

**Service Address**

\* Same as Billing Address? ☐ No ☒ Yes

**Authorizing Officer**

\* First Name: Rachel

\* Last Name: Massager

\* E-mail: mtubis@bc.ca

Confirm E-mail: mtubis@bc.ca

[SAVE](#)

- Click on [SAVE](#).

- Business rules in HCAI will validate that the first name, last name and email address of the new AO match an existing user in HCAI with user and facility administrator roles assigned.
- Once the new AO email address has been validated, your changes will save.
- Next, go to HCAIinfo ([www.hcaiinfo.ca](http://www.hcaiinfo.ca)) → Health Care Facility/Provider portal
  - Complete the *Facility Email Change* form
  - Fax the completed form to 416-497-6505 or scan and email it to [facilityenrolment@hcaiinfo.ca](mailto:facilityenrolment@hcaiinfo.ca)

### Change the Name of the AO



**Before changing the AO's name, ask yourself *why* you want to change it.**


If you're changing the name to assign AO functions to another HCAI user, there's no need. Simply update the User's level of access and role or create a new HCAI user profile.

To change the name of the AO:


- Sign-in to [www.hcai.ca](http://www.hcai.ca) and go to the 'Manage' → 'Facility Management' sub-tab.
- To change the AO name you must first add the new AO as a user in HCAI with the user and facility administrator roles assigned.
  - For more information on how to do this, please review the Web Facility Management → User Management resources on [www.hcaiinfo.ca](http://www.hcaiinfo.ca).
- Under *Authorizing Officer*, type in the new AO name in the space provided.

Enter the First Name and Last Name of the new AO.

Service Address	Authorizing Officer
* Same as Billing Address? <input type="radio"/> No <input checked="" type="radio"/> Yes	* First Name: <input type="text" value="Nicole"/>
	* Last Name: <input type="text" value="Lewis"/>
	* E-mail: <input type="text" value="nlewis@ibc.ca"/>
	Confirm E-mail: <input type="text" value="nlewis@ibc.ca"/>

- Scroll to the bottom of the screen and click .



- Business rules in HCAI will validate that the first name, last name and email address of the new AO match an existing user in HCAI with user and facility administrator roles assigned.
- Once the AO has been validated, a pop-up warning message appears to confirm you wish to save the changes. Click 'OK'.
- Your Facility will switch to a "not approved" status and the following message will appear: *"Facility details successfully updated. Before the facility can be approved, a new enrolment form must be submitted due to the change in Authorizing Officer name."*
- Scroll to the bottom of the screen once again and click  

- Have the new AO sign the registration form and fax this form to 416-497-6505 or email it to [facilityenrolment@hcaiinfo.ca](mailto:facilityenrolment@hcaiinfo.ca). AO change requests are typically actioned within 24 hours, following which your Facility will be reactivated.



#### **Why am I "unapproved" and why do I need to re-register?**

When your Health Care Facility first registered in HCAI, the AO signed the HCAI Terms and Conditions "contract" between the Health Care Facility and HCAI. When your AO name is changed, the contract signed by the previous AO becomes void and your Health Care Facility becomes deactivated in HCAI and you cannot submit OCFs. To return to the active or state, the Health Care Facility must reprint the registrations details and submit it to HCAI Processing.

### **Change Your Facility Details**

It is the responsibility of the Health Care Facility to ensure their facility details always remain up to date in HCAI. It is easy to change facility details in HCAI on the Facility Management tab.

#### **Change Facility Name**

To change the name of your Facility:

- Go to HCAIinfo ([www.hcaiinfo.ca](http://www.hcaiinfo.ca)) → Health Care Facility/Provider portal
- Complete the *Facility Name or Address Change Request* form

- Fax the completed form to 416-497-6505 or email it to [facilityenrolment@hcaiinfo.ca](mailto:facilityenrolment@hcaiinfo.ca)
- Sign-in to [www.hcai.ca](http://www.hcai.ca) to update your new Facility name online
- Go to the 'Manage' → 'Facility Management' sub-tab
- Type in the new Facility name into the *Facility Name* field
- Scroll to the bottom of the screen and click **SAVE**

Ontario Physio Care

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

Search for Patient Last Name  in All Forms ☐ Exact Match **GO** Advanced **LOGOUT**

USER MANAGEMENT REPORTS **FACILITY MANAGEMENT** Welcome, Joe, to HCAI.

2015/03/12

**Is your health care facility (practice/clinic) going to change its name?**

If your facility plans to legally change its name, you must complete the steps below.

1. Go to [www.hcaiinfo.ca](http://www.hcaiinfo.ca), click on "Health Care Providers", and then click on "Forms". Download and complete the *Name Change Form*.
2. Fax the completed form to HCAI.
3. The person who has been assigned the role of Facility Administrator should log in and change the facility name on the Facility Management tab.

All previously submitted forms will remain on the system and will be viewable under the previous name. Draft forms and newly submitted forms will have the new facility name.

**\*\*Important information about FSCO Service Provider Licensing\*\***

FSCO maintains the official version of the registry, which may be reviewed at [www.fSCO.gov.on.ca/en/service-providers](http://www.fSCO.gov.on.ca/en/service-providers). FSCO's facility registry website. Any questions pertaining to facility registry information should be directed to FSCO at 1-800-668-0128.

Any information edited and not saved will be lost if navigating to another page.  
All fields with an asterisk (\*) are required.

**Facility Identification**

\* Facility Name:

Status: Not Approved

HCAI Facility Registry Number: 100631

Corporation Number:

**Facility Details**

\* Facility Start Date: 2012/09/11

Facility End Date: Warning: Adding an end date will close your facility's account after the date entered.

\* Telephone: (416) 555-5555

Fax: (416) 111-1111

Default Per-km Rate (\$/km):

## Change Billing Address

To change the address for your Facility:

- Go to HCAIinfo ([www.hcaiinfo.ca](http://www.hcaiinfo.ca)) → Health Care Facility/Provider portal
- Complete the *Facility Name or Address Change Request* form
- Fax the completed form to 416-497-6505 or email it to [facilityenrolment@hcaiinfo.ca](mailto:facilityenrolment@hcaiinfo.ca)
- Sign-in to [www.hcai.ca](http://www.hcai.ca) to change your address online
- Go to the 'Manage' → 'Facility Management' sub-tab
- Type in the new Facility address into the 'Billing Address' section
- Scroll to the bottom of the screen and click **SAVE**

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PLANS INVOICES SEARCH MANAGE ? - User Manual

Search for Patient Last Name  in All Forms ☒ Exact Match GO Advanced LOGOUT

USER MANAGEMENT REPORTS FACILITY MANAGEMENT Welcome, Nicole, to HCAI. 2015/12/09

Welcome to HCAI

If you require registration of a new HCAI account, instructions can be found on [www.hcaiinfo.ca](http://www.hcaiinfo.ca) within the [New to HCAI section](#) in the Health Care Facility/Provider portal.

If your health care facility is already registered with HCAI and has changed its name, you do not need to register a new HCAI account. Instead, simply sign-in to your existing account and update your facility name.

For information on how to change the name of your health care facility, update your Authorizing Officer, or for any other facility or user management questions after enrolment, visit the [Web Facility Management](#) page on [www.hcaiinfo.ca](http://www.hcaiinfo.ca).

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Any information edited and not saved will be lost if navigating to another page.  
All fields with an asterisk (\*) are required.

**Facility Identification**

\* Facility Name: Rehabilitation Health Maximus In  
Status: Approved  
HCAI Facility Registry Number: 104504  
Corporation Number:

**Facility Details**

\* Facility Start Date: 2014/04/02  
Facility End Date:  Warning: Adding an end date will close your facility's account after the date entered.  
\* Telephone: (905) 878-8885  
Fax:   
Default Per-km Rate (\$/km):

**Billing Address**

\* Address Line 1: 147 Thomas Street  
Address Line 2:   
\* City: Milton  
\* Province: ON - Ontario  
\* Postal Code: L9T 2E3

**Payee**

\* Cheque Payable To: Health Maximus c/o Maria Maxim  
\* Payee Field Editable on Invoices? ☐ No ☒ Yes  
Payee Number:   
Payee First Name:   
Payee Last Name:

Update the billing address fields.

## Update Phone Number

To update your Health Care Facility's telephone number:

- Sign-in to [www.hcai.ca](http://www.hcai.ca)
- Go to the 'Manage' → 'Facility Management' sub-tab
- Under *Facility Details*, type in the new telephone number in the space provided
- Scroll to the bottom of the screen and click **SAVE**

**Ontario Physio Care**

PLANS INVOICES SEARCH **MANAGE** HC AI ? - User Manual

Search for Patient Last Name  in All Forms ☐ Exact Match

USER MANAGEMENT REPORTS **FACILITY MANAGEMENT** Welcome, Joe, to HCAI. 2015/03/12

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If your facility plans to legally change its name, you must complete the steps below.

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2. Fax the completed form to HCAI.
3. The person who has been assigned the role of Facility Administrator should log in and change the facility name on the Facility Management tab.

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Any information edited and not saved will be lost if navigating to another page.  
All fields with an asterisk (\*) are required.

**Facility Identification**

\* Facility Name:

Status: Not Approved

HCAI Facility Registry Number: 100631

Corporation Number:

**Facility Details**

\* Facility Start Date: 2012/09/11

Facility End Date:  Warning: Adding an end date will close your facility's account after the date entered.

\* Telephone:

Fax:

Default Per-km Rate (\$/km):

## Modify Facility Contacts (Contact One and Contact Two)

To update your Health Care Facility's Contact One and Contact Two:

- Sign-in to [www.hcai.ca](http://www.hcai.ca)
- Go to the 'Manage' → 'Facility Management' sub-tab
- Scroll down to the *Contact One* and *Contact Two* fields and update as needed
- Click

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

Search for Patient Last Name:  in All Forms ☒ Exact Match **GO** **Advanced** **LOGOUT**

**USER MANAGEMENT** **REPORTS** **FACILITY MANAGEMENT** Welcome, Nicole, to HCAI. 2015/12/09

**Welcome to HCAI**

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Any information edited and not saved will be lost if navigating to another page.  
All fields with an asterisk (\*) are required.

**Facility Identification**

\* Facility Name:   
Status:   
HCAI Facility Registry Number:   
Corporation Number:

**Facility Details**

\* Facility Start Date:   
Facility End Date:   
\* Telephone:   
Fax:   
Default Per-km Rate (\$/km):

**Billing Address**

\* Address Line 1:   
Address Line 2:   
\* City:   
\* Province:   
\* Postal Code:

**Payee**

\* Cheque Payable To:   
\* Payee Field Editable on Invoices? ☐ No ☒ Yes  
Payee Number:   
Payee First Name:   
Payee Last Name:

**Service Address**

\* Same as Billing Address? ☐ No ☒ Yes

**Authorizing Officer**

\* First Name:   
\* Last Name:   
\* E-mail:   
Confirm E-mail:

**Contact One**

\* First Name:   
\* Last Name:   
\* Title:   
E-Mail:   
Confirm E-Mail:   
\* Telephone:

**Contact Two**

First Name:   
Last Name:   
Title:   
E-Mail:   
Confirm E-Mail:   
Telephone:

Entering name, title and telephone number for Contact One is mandatory. Contact Two is optional.

### Update Default Per-km Rate

A Facility can add, change or delete Per-km rate. To add Per-km rate to your Facility:

- Sign-in to [www.hcai.ca](http://www.hcai.ca)
- Go to the 'Manage' → 'Facility Management' sub-tab
- In the Facility Detail section enter the value for the Default Per-km Rate
- Click **SAVE**

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

Search for Patient Last Name:  in All Forms ☒ Exact Match

USER MANAGEMENT REPORTS **FACILITY MANAGEMENT** Welcome, Nicole, to HCAI. 2015/12/09

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Any information edited and not saved will be lost if navigating to another page.  
All fields with an asterisk (\*) are required.

Facility Identification	Facility Details
* Facility Name: <input type="text" value="Rehabilitation Health Maximus Inc"/>	* Facility Start Date: 2014/04/02
Status: Approved	Facility End Date: Warning: Adding an end date will close your facility's account after the date entered.
HCAI Facility Registry Number: 104504	<input type="text"/>
Corporation Number: <input type="text"/>	* Telephone: (905) 878-8885
	<input type="text"/>
	Default Per-km Rate (\$/km): <input type="text"/>

The default per km rate field sets the default cost per km for the whole facility.

- When AXXKM code is entered on plan/invoice, user has the option to use **default** per km rate or enter a **different** one.

## Providers

Providers are those who offer care at your health care facility. All the Providers employed by your facility who work with motor vehicle accident claimants must be added to your facility in HCAI.

### Add a Provider

To add a Provider to your Health Care Facility:

- Sign-in to [www.hcai.ca](http://www.hcai.ca)
- Go to the 'Manage' → 'Facility Management' sub-tab
- Scroll down to the bottom of the screen and click on
- Type in the Provider's details:
  - The Default Hourly Rate and End Date fields are optional
  - The Start Date field is automatically set to the current date and represents the date the Provider became affiliated with your health care facility in HCAI.

- Do not enter an end date for the Provider unless you know in advance and are certain about when he or she will finish employment at your facility, such as a six-month contract.
- Click on **ADD PROFESSION**
- Using the drop-down bar, select the Provider's profession (Professions are listed in alphabetical order)
- Enter in the Provider's college registration number (this applies to health practitioners and regulated health professionals only)
- Click **SAVE**
- Once saved, the following message will appear: *"Provider successfully added. Provider must sign Affiliated Provider Form or Dependent Provider HCAI Terms and Conditions and keep these documents on files. Documents can be printed from [www.hcaiinfo.ca](http://www.hcaiinfo.ca)"*

**We Care Ontario**

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

Search for Patient Last Name  in All Forms ☒ Exact Match **GO** Advanced **LOGOUT**

USER MANAGEMENT REPORTS **FACILITY MANAGEMENT** Welcome, Mark, to HCAI. 2012/07/19

Facility Registration > We Care Ontario > Provider Registration

**Provider Details**

Fill in the fields to add or edit a provider in HCAI. Once a provider is added, the First Name and Last Name fields will not be editable.  
NOTE: All fields with an asterisk (\*) are mandatory.

\* First Name:

\* Last Name:

Default Hourly Rate (\$/hr):

\* Start Date: 2012/07/19

End Date:

**Profession Details**

Select the provider's profession and enter the provider's registration number. Once added, the Profession and Registration Number fields will not be editable.

**Profession** **Registration Number**

**DELETE** Please Select a Profession  **ADD PROFESSION**

**CANCEL** **SAVE**

All the questions marked with an asterisk (\*) are mandatory.

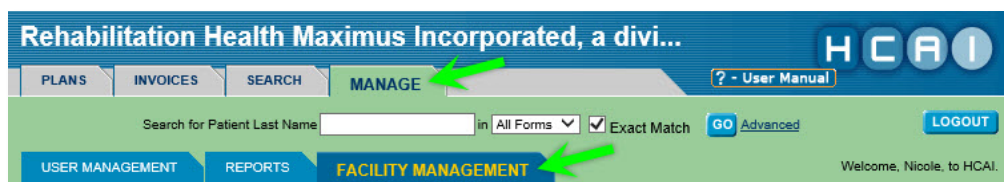


## Deactivate a Provider

To remove a Provider from your Health Care Facility's list of Providers, the Provider must be deactivated by being given an end date. Providers who no longer work at your facility must be deactivated in a timely manner to avoid placing your facility data at risk of authorized access.

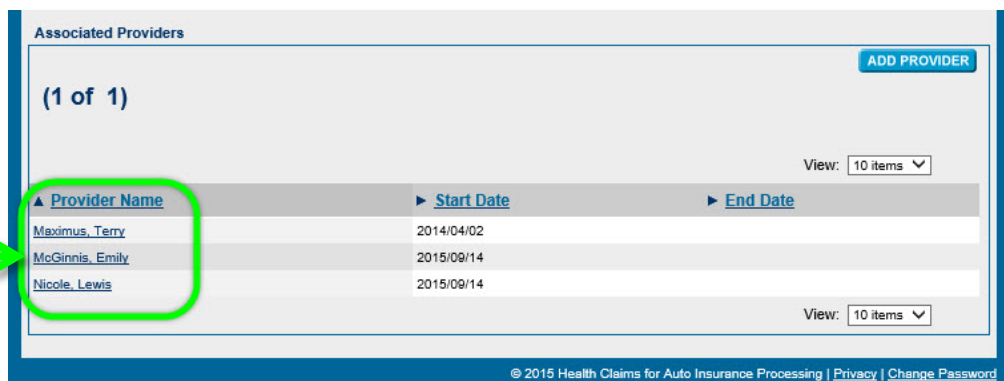
To deactivate a Provider:

- Sign-in to [www.hcai.ca](http://www.hcai.ca)
- Go to the 'Manage' → 'Facility Management' sub-tab



- Scroll to the bottom of the screen to the Associated Providers screen
- Click on the name of the Provider who is going to be deactivated
  - Any User Name associated with the Provider will also be deactivated unless it is also associated with another active Provider

Click on the name of the Provider to be deactivated.



- Enter the "End Date" for the Provider and click

**SAVE**



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

Search for Patient Last Name  in All Forms ☒ Exact Match GO Advanced LOGOUT

USER MANAGEMENT REPORTS **FACILITY MANAGEMENT** Welcome, Nicole, to HCAI. 2015/12/09

Facility Registration > Rehabilitation Health Maximus Incorporated, a division of Health4Life International > Provider Registration

**Provider Details**

Fill in the fields to add or edit a provider in HCAI. Once a provider is added, the First Name and Last Name fields will not be editable.  
NOTE: All fields with an asterisk (\*) are required.

Status: Approved  
\* First Name: Terry  
\* Last Name: Maximus  
Default Hourly Rate (\$/hr): 85.00  
\* Start Date: 2014/04/02  
End Date:

**Profession Details**

Select the provider's profession and enter the provider's information. Number fields will not be editable.

Acupuncture  
Massage Therapist  
Family Practitioner/General Practitioner MD\_4562973

**ADD PROFESSION**

CANCEL SAVE

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Select the end date using the calendar tool.



### Why "End Dates"?

In HCAI, Providers are given "end dates" instead of being deleted. This is so HCAI can store the Provider's information in case any forms were submitted prior to that date.

For OCF-18s and OCF-23s: the Provider's name will stop appearing in drop-down lists on their end date.

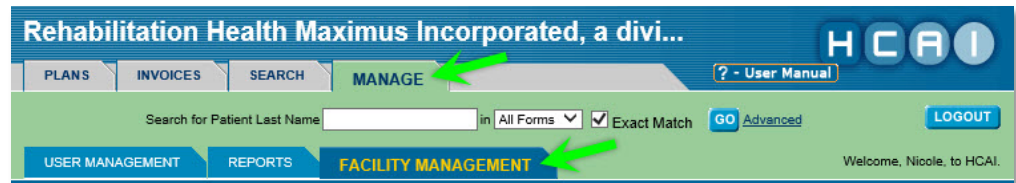
For OCF-21s: the Provider's name will continue to appear in the drop-down list for six months after the end date. All invoices for that Provider should be completed within six months.

### Add an Additional Profession to a Provider

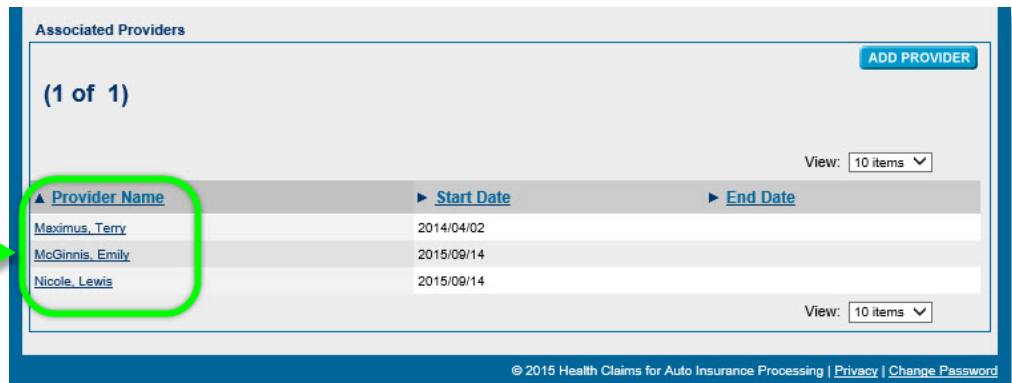
To add an additional profession to a Provider at your Facility:

- Sign-in to [www.hcai.ca](http://www.hcai.ca)

- Go to the 'Manage' → 'Facility Management' sub-tab



- Scroll down to the Associated Providers list
- Click on the name of the Provider who requires the additional profession



- Click **ADD PROFESSION**
- Select the profession and enter the Health College Registration Number if applicable
- Click **SAVE**

Rehabilitation Health Maximus Incorporated, a divi... **HCAI**

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

Search for Patient Last Name  in All Forms ☒ Exact Match **GO** Advanced **LOGOUT**

USER MANAGEMENT REPORTS **FACILITY MANAGEMENT** Welcome, Nicole, to HCAI. 2015/12/09

Facility Registration > Rehabilitation Health Maximus Incorporated, a division of Health4Life International > Provider Registration

**Provider Details**

Fill in the fields to add or edit a provider in HCAI. Once a provider is added, the First Name and Last Name fields will not be editable.  
NOTE: All fields with an asterisk (\*) are required.

Status: Approved  
 \* First Name: Terry  
 \* Last Name: Maximus  
 Default Hourly Rate (\$/hr): 85.00  
 \* Start Date: 2014/04/02  
 End Date:

**Profession Details**

Select the provider's profession and enter the provider's registration number. Once added, the Profession and Registration Number fields will not be editable.

**ADD PROFESSION**

Profession	Registration Number
Acupuncturist (Regulated)	Acc_78952
Acupuncturist (Regulated)	RMT_654321-TM
Assistant Nurse	Doner MD_4562973
Assistant Therapist	
Athletic Therapist	
Audiologist	
Cardiologist	
Case Manager	
Chiropractor	
Communicative Disorders Assistant	
Dental Hygienist	
Dental Technologist	
Dentist	
Denturist	
Dermatologist	
Dietitian	
Family Practitioner/General Practitioner	
Gastroenterologist	
General Surgeon	
Healthcare Aid	
Homeopath	
Internal Medicine	
Kinesiologist (Regulated)	
Massage Therapist	
Medical Laboratory Technologist	
Medical Radiation Technologist	
Naturopath (Regulated)	
Neurologist	
Neuropsychiatrist	
Neuropsychologist	

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Select the new profession from the drop-down menu.

### Update a Provider's Name

To update or correct a Provider's name, the Provider must first be given an end date (see Deactivate a Provider) and then re-added to your list of providers (see Add a Provider) in HCAI.

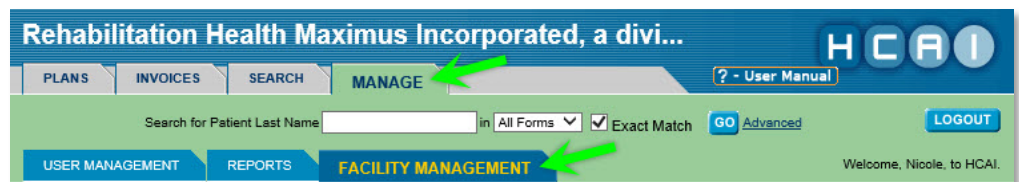


Once a Provider has been entered into your Health Care Facility's list of Providers in HCAI, their information, such as their name or college registration number, cannot be edited. This is so the information on forms submitted prior to the change is saved.

### Add Hourly Rate to a Provider

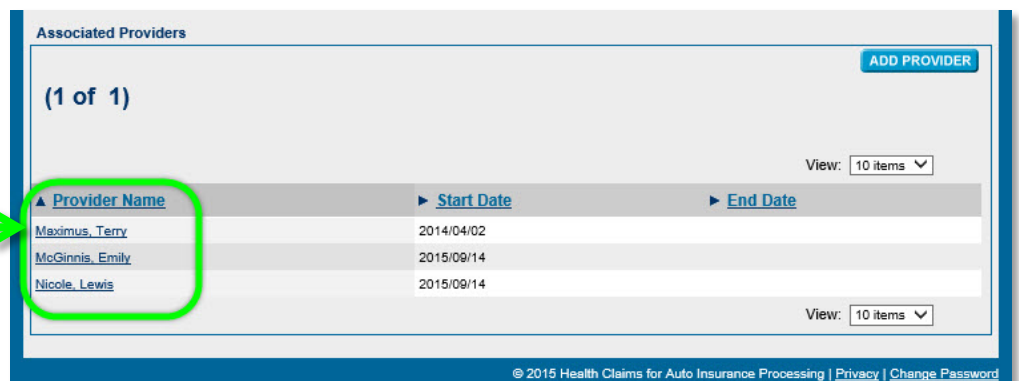
To add hourly rate to a Provider who is already in your Health Care Facility's list of Providers:

- Sign-in to [www.hcai.ca](http://www.hcai.ca)
- Go to the 'Manage' → 'Facility Management' sub-tab



- Scroll down to the Associated Providers list
- Click on the name of the Provider who requires an hourly rate

Click on the name of the Provider who requires an hourly rate.



- In the *Default Hourly Rate (\$/hr)* field, enter the dollar amount the Provider will receive.
- Click **SAVE**

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

Search for Patient Last Name  in All Forms ☒ Exact Match GO Advanced LOGOUT

USER MANAGEMENT REPORTS **FACILITY MANAGEMENT** Welcome, Nicole, to HCAI. 2015/12/09

Facility Registration > Rehabilitation Health Maximus Incorporated, a division of Health4Life International > Provider Registration

**Provider Details**

Fill in the fields to add or edit a provider in HCAI. Once a provider is added, the First Name and Last Name fields will not be editable.  
NOTE: All fields with an asterisk (\*) are required.

Status: Approved  
\* First Name: Terry  
Last Name: Maximus  
**Default Hourly Rate (\$/hr): 85.00**  
Start Date: 2014/04/02  
End Date:

**Profession Details**

Select the provider's profession and enter the provider's registration number. Once added, the Profession and Registration Number fields will not be editable.

**ADD PROFESSION**

Profession	Registration Number
Acupuncturist (Regulated)	Acc_78952
Massage Therapist	RMT_654321-TM
Family Practitioner/General Practitioner MD	_4562973

CANCEL SAVE

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## Payee Information (Payee Field Editable on Invoices?)

In HCAI, you can decide if you would like each invoice to be made out to the same pre-established payee, or if you want the payee field on invoices to be editable.

If you select 'No' for the 'Payee Field Editable on Invoices?' field (found on the Manage → Facility Management sub-tab), the payee name that appears on your Facility's invoices will be the name entered in the 'Cheque Payable To' field.

## Change Payee Field Editable on Invoices

To change your Facility's payee field settings:

- Sign-in to [www.hcai.ca](http://www.hcai.ca)
- Go to the 'Manage' → 'Facility Management' sub-tab

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

Search for Patient Last Name  in All Forms ☒ Exact Match GO Advanced LOGOUT

USER MANAGEMENT REPORTS **FACILITY MANAGEMENT** Welcome, Nicole, to HCAI.

- Scroll down to the *Payee* section → *Payee Field Editable on Invoices?*
- Select “Yes” or “No”
- Click **SAVE**

Select “Yes” or “No” to change whether the payee field can be edited on your invoices.

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

Search for Patient Last Name  in All Forms ☒ Exact Match **GO** Advanced **LOGOUT**

**USER MANAGEMENT** **REPORTS** **FACILITY MANAGEMENT** Welcome, Nicole, to HCAI. 2015/12/09

**Welcome to HCAI**

If you require registration of a new HCAI account, instructions can be found on [www.hcaiinfo.ca](http://www.hcaiinfo.ca) within the [New to HCAI](#) section in the Health Care Facility/Provider portal.

If your health care facility is already registered with HCAI and has changed its name, you do not need to register a new HCAI account. Instead, simply sign-in to your existing account and update your facility name.

For information on how to change the name of your health care facility, update your Authorizing Officer, or for any other facility or user management questions after enrolment, visit the [Web Facility Management](#) page on [www.hcaiinfo.ca](http://www.hcaiinfo.ca).

**\*\*Important information about FSCO Service Provider Licensing\*\***

FSCO maintains the official version of the registry, which may be reviewed at [www.fSCO.gov.on.ca/en/service-providers](http://www.fSCO.gov.on.ca/en/service-providers). FSCO's facility registry website. Any questions pertaining to facility registry information should be directed to FSCO at 1-800-888-0128.

Any information edited and not saved will be lost if navigating to another page.  
All fields with an asterisk (\*) are required.

**Facility Identification**

\* Facility Name:  Rehabilitation Health Maximus Inc  
Status: Approved  
HCAI Facility Registry Number: 104504  
Corporation Number:

**Facility Details**

\* Facility Start Date: 2014/04/02  
Facility End Date: Warning: Adding an end date will close your facility's account after the date entered.  
  
\* Telephone: (905) 878-8685  
Fax:   
Default Per-km Rate (\$/km):

**Billing Address**

\* Address Line 1:  147 Thomas Street  
Address Line 2:   
City:  Milton  
\* Province:  ON - Ontario  
\* Postal Code:  L9T 2E3

**Service Address**

\* Same as Billing Address? ☐ No ☒ Yes

**Contact One**

\* First Name:  Terry  
\* Last Name:  Maximus  
\* Title:  Doctor  
E-Mail:  ko'higgins@ibc.ca  
Confirm E-Mail:  ko'higgins@ibc.ca  
\* Telephone:  (416) 987-1111

**Payee**

\* Cheque Payable To:  Health Maximus c/o Maria Maxim  
\* Payee Field Editable on Invoices? ☐ No ☒ Yes  
Payee Number:   
Payee First Name:   
Payee Last Name:

**Authorizing Officer**

\* First Name:  Nicole  
\* Last Name:  Lewis  
\* E-mail:  nlewis@ibc.ca  
Confirm E-mail:  nlewis@ibc.ca

**Contact Two**

First Name:   
Last Name:   
Title:   
E-Mail:   
Confirm E-Mail:   
Telephone:




## Change HCAI Submission Method

There are two submit OCFs to use the HCAI system – via the web application or by connecting to HCAI using a Practise Management Software (PMS) system, provided by an external vendor.

### Changing Submission Method from Web to PMS

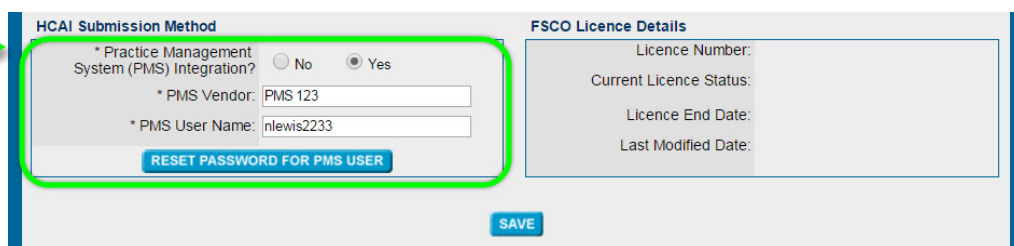
To change your HCAI submission method from Web to Practice Management Software (PMS):

- Sign-in to [www.hcai.ca](http://www.hcai.ca)
- Go to the Manage → Facility Management sub-tab
- Scroll down to *HCAI Submission Method* and select “Yes” to *PMS Management System (PMS) Integration?*
- In the *PMS Vendor* field, type in the company name of your Vendor
- Create a unique PMS User Name
- Click 



**Once the PMS information has been submitted, HCAI will issue a password which will be sent to the AO’s email address. This password should be provided to your PMS vendor.**

Select “Yes” to integrate with PMS and enter the PMS vendor name and a unique PMS User Name.



### Changing Submission Method from PMS to Web

To change your HCAI submission method from PMS to web:

- Sign-in to [www.hcai.ca](http://www.hcai.ca)
- Go to the ‘Manage’ → ‘Facility Management’ sub-tab



- Scroll down to *HCAI Submission Method* and select "No" to *Practice Management System (PMS) Integration?*
- Click **SAVE**

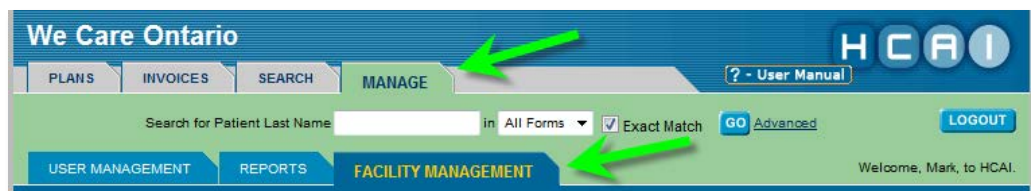
Select "No" to stop integrating with PMS.

## Deactivate a Facility

If you are closing your facility or you no longer require the use of HCAI, you must deactivate your facility. This ensures that the records remain in the system, rather than deleting a facility outright.

### To deactivate your Health Care Facility:

- Sign-in to [www.hcai.ca](http://www.hcai.ca)
- Go to the 'Manage' → 'Facility Management' sub-tab



- Under *Facility Details*, insert the last day the Health Care Facility will operate in the *Facility End Date* field
- After selecting a date, a warning pop-up message will appear. Click 'OK'
- Click **SAVE**



Use the calendar tool to select the End Date.

The screenshot shows the 'Rehabilitation Health Maximus Incorporated, a divi...' interface. The 'FACILITY MANAGEMENT' tab is active. The 'Facility Details' section is highlighted with a green box, showing the 'Facility End Date' field with a warning message: 'Warning: Adding an end date will close your facility's account after the date entered.' Below this is a calendar tool for selecting the date. The calendar shows the month of December 2015, with dates 1 through 31 visible. The 'Facility Identification' section shows the facility name as 'Rehabilitation Health Maximus In', status as 'Approved', and HCAI Facility Registry Number as '104504'. The 'Billing Address' section shows the address as '147 Thomas Street' and the city as 'Milton'.

- A message will appear at the bottom of the screen confirming the change was saved:

The screenshot shows a confirmation message at the bottom of the screen: 'Facility details successfully updated. Users will be unable to submit documents after the end date. All user accounts and provider records will be deactivated 15 days after the end date.' Below the message is a 'SAVE' button.

When a Facility is deactivated, an active User can access the account until he/she is deactivated, but is not able to submit forms.

Fifteen calendar days after the Facility end date, all associated User profiles, including the PMS user profile for that Facility and all associated Providers, will be deactivated.