



Health Claims for Auto Insurance

Health Claims for Auto Insurance Processing
2235 Sheppard Ave. East, 11th Floor
Toronto ON M2J 5B5

Date Printed:
Created By

Fax: (416) 497-6505
Email: facilityenrolment@hcaiinfo.ca

IMPORTANT - How to Complete the HCAI Enrolment Process

You must fax, mail or email those pages that contain:

1. **Facility Details**
2. **Facility Signature (of Owner/ Authorizing Officer),**
3. **Preferred HCAI Effective Date**

HCAI ENROLMENT FORM

For health care facilities that will submit OCF's electronically

NOTE: This form will NOT register facilities to use the Data Entry Centre.

Ontario health care organizations (facilities) must register with Health Claims for Auto Insurance Processing ("HCAI") in order to submit:

1. Treatment Plans (OCF-18)
2. PAF Treatment Confirmation Forms (OCF-23)
3. Applications for Approval of an Assessment or Examination (OCF-22)
4. Auto Insurance Standard Invoices (OCF-21)

to HCAI on behalf of automobile insurers in Ontario where required to do so by a Guideline issued by the Superintendent of Financial Services pursuant to the *Statutory Accident Benefits Schedule – Accidents On or After November 1, 1996*, as amended (the "SABS").

Your rights and obligations in respect of the HCAI system and service, and your relationship with HCAI, will be governed by the *HCAI Electronic Access Terms and Conditions* if you are submitting directly to the HCAI system using one of the provided electronic means such as web access or through an electronic interface if supported by your practice management system (PMS).

Your signature on this form will signify your agreement to the HCAI Electronic Access Terms and Conditions. Copies of the HCAI Electronic Access Terms and Conditions are available at www.hcaiinfo.ca and may be modified from time to time in accordance with their terms. It is your responsibility to check for updates from time to time. Any use of the HCAI system by you or your representatives, including the submission of any new forms by electronic means after the modified HCAI Electronic Access Terms and Conditions are effective shall constitute your agreement to the revised version of the HCAI Electronic Access Terms and Conditions. A copy of the current HCAI Electronic Access Terms and Conditions is attached to this Enrolment Form.

You are responsible for the accuracy and completeness of the information you provide and for the consequences of any error in any information you submit. You agree that you will not attempt to secure unauthorized access (including, but not limited to, through means such as misrepresenting your identity or misrepresenting your authority to act for or submit/receive information in respect of any other person) to the HCAI system or any HCAI information. HCAI may log and monitor use of the HCAI system for service quality and security purposes. Unauthorized activity or access may be subject to prosecution.

Facility Details

HCAI Facility Number:
Facility Start Date:
Facility Name:
Address:
Telephone:

Contact One

Name:
Title:
Email:
Telephone:

Contact Two

Name:
Title:
Email:
Telephone:

Payee Information

Cheque Payable To:
Lock Payable:
Payee Name:

HCAI Integration

PMS Integration:
PMS Vendor:

PRIVACY CONSENT AND ACCESS RESTRICTION:

You authorize HCAI to:

1. collect, retain and use the information provided on this form, your other contact information, your treating/prescribing information and any claims submitted by you or on your behalf, only as required by HCAI to discharge its obligations under the SABS,
2. disclose this information to automobile insurers from whom you or your patients seek payment of health benefit claims under the SABS, only as required by such insurers in order that they may investigate and process such claims as required by law, and
3. disclose this information (excluding any personal information that would identify a specific patient) to the Insurance Bureau of Canada (IBC) for the purposes of (i) preventing fraud, and detecting fraud where there are reasonable grounds to suspect fraud; and (ii) without using names, professional registration numbers or any other information that would identify a specific health care provider or Facility, identifying and analyzing the nature and costs of goods and services that are provided to automobile accident victims including by classes or types of health care providers.

HCAI's privacy statement is available at www.hcaiinfo.ca.

You will not attempt to secure access to any HCAI information except in respect of the claimants to whom you have provided treatment and for whom you have submitted data to HCAI.

FACILITY SIGNATURE:

Owner/Authorizing Officer Information

By signing this HCAI enrolment form, I understand and agree to the provisions set out in this document and the HCAI Electronic Access Terms and Conditions as amended from time to time. I also agree to provide a copy of the HCAI Electronic Access Terms and Conditions, and any modifications to them, received from HCAI to the individual Providers working at the Facility.

Important notice: By signing this form, you agree that your Facility name will appear on the HCAI Participant List posted on the Financial Services Commission of Ontario (FSCO) website. Subsequently, the Regulation and Guideline require your Facility and all providers associated with your Facility to use HCAI as of your chosen effective date to transmit all OCF 18s, 22s, 23s and qualifying 21s (invoices) for all of your patients that are insured through HCAI "participating" insurers. This requirement is documented in Section 68 (3.2) of the SABS and in the HCAI Rollout Guideline.

To determine which insurers are participating in HCAI and what their effective date of participation is, go to FSCO's website (link to <http://www.fSCO.gov.on.ca/english/insurance/auto/hcai.asp>) and see the most recent HCAI Participant List.

Name:	
Email:	
Signature:	Date:

Note: All Providers working at the Facility who deliver services through and on behalf of the Facility to claimants, and for whose services payment is made to the Facility, are required to execute one of two documents (both documents can be downloaded from <https://www.hcaiinfo.ca>):

1. ***Affiliated providers (who will be provided with a User ID to directly access the HCAI System in electronic format).*** These providers must sign the Affiliated Provider Form (Appendix A of the HCAI Electronic Access Terms and Conditions, as amended from time to time)

OR

2. ***Dependent providers (who will not have direct electronic access to the HCAI System).*** These providers must sign the Dependent Provider HCAI Terms and Conditions (Appendix B of the HCAI Electronic Access Terms and Conditions as amended from time to time).

Important: Signed copies of Appendix A and B must be kept on file. Do not send copies of these documents to HCAI Processing.

Further Instructions Applicable to Facilities Registering during the Pilot Phase

** IMPORTANT NOTICE**

Implementation of the HCAI System is being performed gradually, with a limited number of health care facilities being registered each month. On a periodic basis, Health Claims for Auto Insurance Processing ("HCAI") will be providing FSCO with a list of Insurers and health care provider Facilities who have submitted an Enrolment Form and are ready to participate in the HCAI System. On a scheduled basis, the Superintendent of Financial Services will be publishing a revised HCAI Participant List (List) which identifies the specific Insurers (by branch) and Facilities (by site) who have enrolled in the HCAI System. To view the List, please refer to FSCO's website <http://www.fSCO.gov.on.ca/english/insurance/auto/hcai.asp>. Once their names have been published in the List (the "effective date") participants will be required to utilize the services of HCAI Processing as the Central Processing Agency for the purposes of submitting and responding to Treatment Plans (OCF-18), PAF Treatment Confirmation Forms (OCF-23), Applications for Approval of an Assessment or Examination (OCF-22), and Auto Insurance Standard Invoices (OCF-21). Any use of the HCAI System by an Insurer or Facility prior to the effective date specified in such List as being applicable to such entity is not permitted. The SABS and Guideline do not recognize transmittal of forms to insurers via the CPA prior to the effective date.

HCAI will protect personal information and personal health information in accordance with all applicable privacy and other laws and the HCAI terms and conditions.

Important: To complete the registration process, please print this form and do the following:

- A. Write your *Effective Date as published in the FSCO Enrolment Schedule [INSERT LINK]* and write it in the space provided

Write in your effective date (month/dd/yyyy):

Month/dd/yyyy

- B. **Mail or fax this completed and signed enrolment Form to HCAI Processing at the address indicated at the top of the page.**
- Please do not send back the *HCAI Electronic Access Terms and Conditions* portion of the document. You will be contacted by mail with confirmation of account activation once your form has been processed.
- C. **Retain a copy for your records.**