

**ONTARIO CHIROPRACTIC ASSOCIATION**

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**PATIENT MANAGEMENT PROGRAM**  
PUTTING EXPERIENCE INTO PRACTICE

# **PMP HCAI & OCF Guide**

March 2011



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## Contact Information

### Patient Management Program (PMP)

Phone: 416-860-7199 / 1-800-561-7361

Fax: 416-860-0857

Email: [support@chiropractic.on.ca](mailto:support@chiropractic.on.ca)

Website: [www.chiropractic.on.ca](http://www.chiropractic.on.ca)

### Health Claims for Auto Insurance (HCAI)

Toll free: 1-888-422-4123

Website: [www.hcaiinfo.ca](http://www.hcaiinfo.ca)

### Financial Services Commission of Ontario (FSCO)

Phone: (416) 250-7250

Toll free: 1-800-668-0128

Fax: (416) 590-7070

Website: [www.fSCO.gov.on.ca](http://www.fSCO.gov.on.ca)

## PMP HCAI Electronic Data Interchange

The PMP HCAI interface was created to allow PMP users to send OCF forms and claims from within their PMP programs directly to the HCAI system. This is completed without the need to access the HCAI system. The program is intuitive and has an easy-to-use interface.

Here are just a few of the benefits for using the PMP HCAI interface:

- information transfers from the patient file to OCF forms and then all details copy to additional reports, reducing the amount of time required for completion of subsequent forms
- OCF forms & invoices are created in PMP and do not need to be duplicated on the HCAI website
- Claims and forms are made and stored locally, on your computer
- Claims and forms are created without access to the internet. An internet connection is required only to send completed forms.

In order for PMP users to use the PMP HCAI interface for electronic submission of auto insurance claims and forms you must first have:

- Registered with HCAI and selected your submission method as PMS
- Downloaded and install the PMP HCAI module.

### Using the HCAI System

The HCAI system, accessed through the internet, [www.hcai.ca](http://www.hcai.ca), is used for updating facility, payee, and practitioner information.

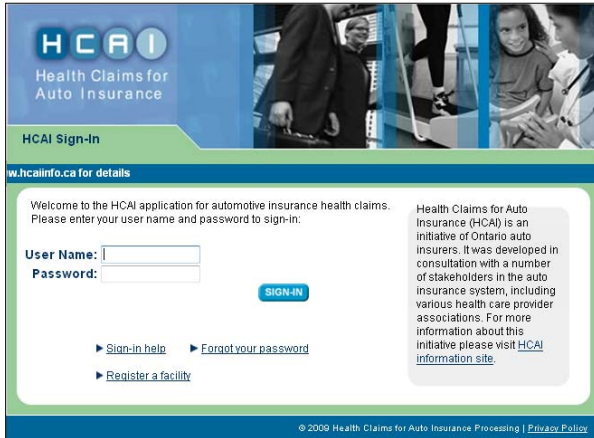
### Using the PMP HCAI Interface

The PMP HCAI interface, accessed from a desktop icon named **PMPHcai**, is used for submitting OCF forms and claims electronically.

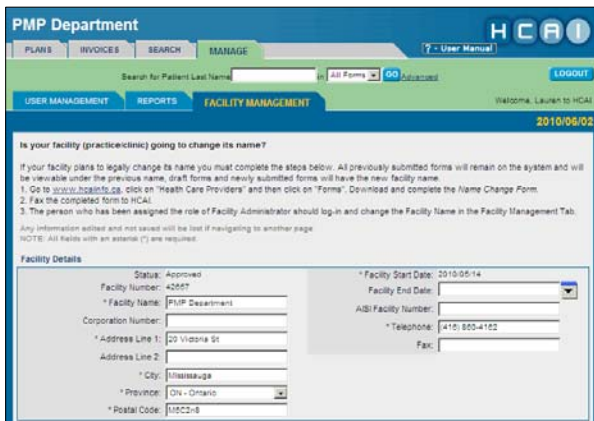
# Setup

## Changing your HCAI Submission Method

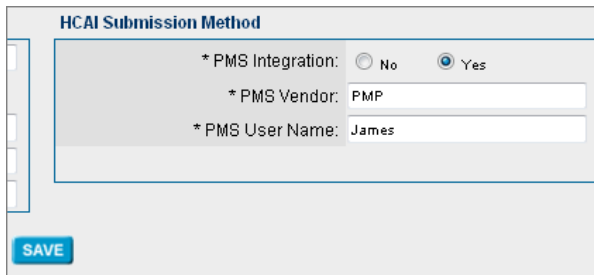
This procedure will change your submission method to allow you to submit OCF forms and claims directly to HCAI through the internet using the PMP HCAI interface.



Access the HCAI website from your internet browser at [www.hcai.ca](http://www.hcai.ca).



Click the **Manage** tab at the top of the screen and click **Facility Management** on the lower tabs.



Scroll down the screen until you locate the **HCAI Submission Method** on the right.

Select **Yes** to *\*PMS Integration*.  
Type **PMP** into *\*PMS Vendor*.  
Type a user name into the *\*PMS User Name*: field.

Click **Save**.

## User Names and Passwords

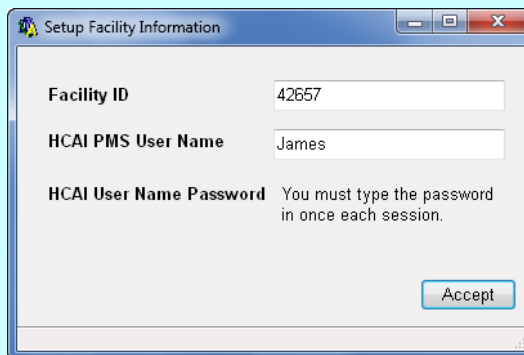
PMP HCAI interface users will have two user names and passwords. One set for entering the HCAI system and one set for entering the PMP HCAI interface.

### HCAI SYSTEM



This is your HCAI system user name and password screen. This information was provided to you by HCAI.

### PMP HCAI Interface



This is your PMP HCAI interface user name screen. The user name was created by you when you chose the PMS method of submission (see above). The password was emailed to you by HCAI.

## Set Up for PMP HCAI

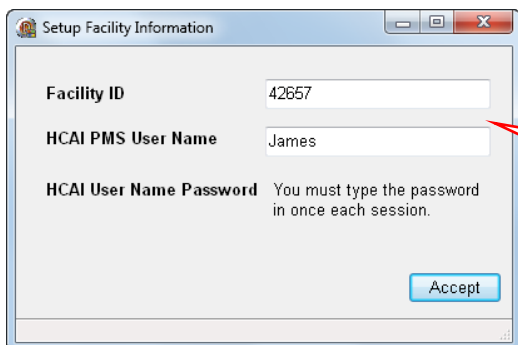
Once you have installed the PMP HCAI module you will need to set up the Facility Information.

Double click the **PMP**hcai icon on the desktop.



PMPHcai.exe

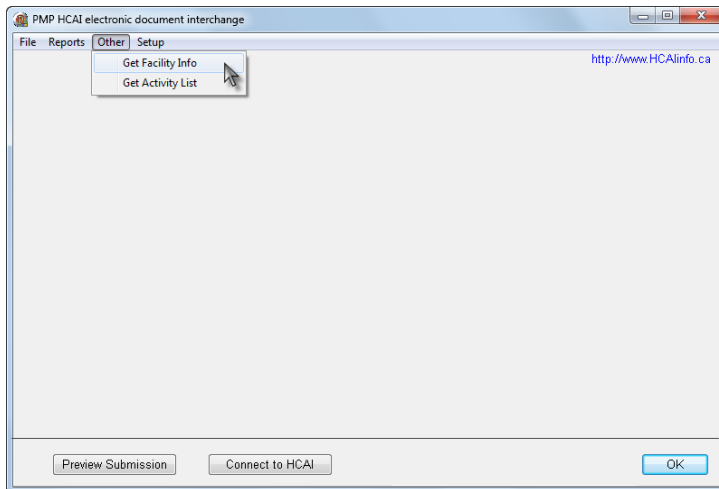
This screen requires you to use the *PMS User Name* that you selected when you set up **HCAI Submission Method**, detailed on the previous page. Go to the **Setup** menu, **Setup Facility**. Input user name that you selected.



This is **NOT** the user name that you use to get into the HCAI system.

**Note:** If you do not know your **Facility ID** and **HCAI PMS User Name** they can be found on the **Facility Management** tab under **Manage** of the HCAI web portal, [www.hcai.ca](http://www.hcai.ca).

Once you have input the Facility Information, go back into PMP HCAI Interface program. Go to the **Other** menu, **Get Facility Info**. This will communicate with HCAI and bring back Provider ID's which are required in order for practitioners to successfully submit OCF forms to HCAI.



You will be presented with a PMS HCAI password screen. This is your **PMS Password** that is or was given to you after selecting PMS as your submission method. This is different from the password for the Authorizing Officer.

This is **NOT** the authorizing officer password that you use to get into the HCAI system.

Type in your password, note that it is case sensitive. Click **OK**, then **OK** again.

To get a Facility Information report that details your facility go to the **Reports** menu, **Facility Information**. This report is updated every time you **Connect to HCAI** or select **Get Facility Info** if any of your details changed with HCAI. Click **Run the Report**.

Thu, 27 May 2010 Page No. 1

**Facility Information**

<b>Facility Name</b>	PMP Department	<b>Authorizing Officer</b>	
<b>Facility ID</b>	426	<b>First Name</b>	Lauren
<b>Facility AISI Number</b>		<b>Last Name</b>	James
<b>Facility Address</b>	20 Victoria St Mississauga ON M5C2n8	<b>Title</b>	
		<b>Telephone</b>	4168604162
		<b>Fax</b>	
		<b>Email</b>	ljames@chiropractic.on.ca

<b>Cheque Payable To</b>	Lauren James	<b>Contact One</b>		<b>Contact Two</b>	
<b>Lock Payable</b>	False	<b>First Name</b>	Liz	<b>First Name</b>	
		<b>Last Name</b>	Pridham	<b>Last Name</b>	
		<b>Title</b>	Rep	<b>Title</b>	
		<b>Telephone</b>	4168604163	<b>Telephone</b>	
		<b>Email</b>		<b>Email</b>	

**Provider Listing**

First Name	Last Name	Provider ID *	College * Registration Number	Start Date	End Date
Daniel	Palmer	17	1234	DC	14-May-10
Benjamin	Pierce	18	2345	DC	14-May-10
Albert	Schweizer	19	J222	MT	14-May-10
Charles	Winchester	20	5896	DC	14-May-10

\* You must make sure that you enter the Provider ID into PMP. It is found in Setup / Doctor Defaults / Edit MVA. This is used by PMP to bill HCAI appropriately. Similarly, please note the College Registration Number as it is used in several forms.

## Assign Provider ID's to PMP Doctors

Provider ID's are created by HCAI and are required by each practitioner in your facility if they are submitting or treating patients on OCF's.

Go to the **Other** menu. Select **Assign Provider ID's to PMP doctors**.

For every practitioner that does not have an assigned number in this list move to the right of the name and click **Edit Dr..** Click **Edit MVA form settings**.

**Assign Provider ID's to Doctors**

Both HCAI and PMP maintain lists of authorized doctors. In order to successfully communicate, both of these lists must agree. This form allows you to match up the HCAI and PMP lists.

1.	<input type="text" value="AS"/>	Albert Schweizer,RMT# G456 is assigned Provider ID 819	<input type="button" value="Edit Dr.AS"/>
2.	<input type="text" value="BH"/>	B.J. Hunnicutt,DC has no assigned Provider ID	<input type="button" value="Edit Dr.BH"/>
3.	<input type="text" value="BP"/>	Benjamin Pierce, DC #6911 has no assigned Provider ID	<input type="button" value="Edit Dr.BP"/>
4.	<input type="text" value="CW"/>	Charles Winchester,DC has no assigned Provider ID	<input type="button" value="Edit Dr.CW"/>

Click the drop down arrow to the right of Provider ID. The HCAI list of providers will appear with their Provider ID. Select the correct practitioner form the list and click **Accept**.

**Edit Doctor's settings for MVA forms**

Doctor's name on Official Documents: Benjamin Pierce, DC #6911

Last Name:

First Name:

Profession:

Provider ID:

Provider ID	First Name	Last Name	Start Date	End Date	College Reg. No.
1111	Elizabeth	Hurley	19/11/2010		122558
1230	Joe	OCAChiro	09/03/2011		DC-672346
817	Daniel	Palmer	14/05/2010		4444
818	Benjamin	Pierce	14/05/2010		2345
819	Albert	Schweizer	14/05/2010		J222
820	Charles	Winchester	14/05/2010		5896

Please note that th

Accept

**Note:** Corrections can be made to this screen but changing g the Provider ID and practitioner type will result in rejections.

## Setting Up Clinic Address Information in PMP

Clinic address information is pulled into OCF forms from Clinic Defaults in PMP. To edit or input information in PMP go to the **Setup** menu, **Clinic Defaults**

**PMPw Clinic Defaults**

Clinic Name: Mississauga Chiropractic Clinic

Phone#: 905-629-8211

Street: 122 Sacroiliac Avenue

City: Mississauga

Province/State: ON

Postal/Zip Code: L4B 1W4

Maximum Dhip: 0

Maximum XRay: 0

Default City: Mississauga

## OCF Forms in PMP

PMP makes completion of auto insurance forms easy and uncomplicated. OCF Forms are located in **Patient Information** on the **MVA** tab.

### Patient Information MVA tab

Patient Information 1 - Adrienne Linton

Personal | Health | Pop Ups | Comments | Bill To / Emp. | Appointments | Account / Activity | WSIB | WSIBforms | EHC | MVA

**Accidents**

Accident ID	Comments	Date	Insurance Company Name
1		4-Feb-2009	PMS Vendor Test

**Form Data**

Accident ID	Form ID	Form Type	HCAI status	Document Number	Date	Draft/ Final	Comments	Plan Number	Invoice Number
1	247	OCF21			14-Mar-2011	Draft			
1	217	OCF21			23-Feb-2011	Draft			
1	200	OCF18	Approved	11022300001	23-Feb-2011	Final		3	
1	199	OCF18	Submitted	10121300005	1-Dec-2010	Final		2	
1	189	OCF18	Submitted	10112900013	16-Nov-2010	Final		1	

Search for a Patient by

Press F2 to add an appointment, or press F10 to process an activity

#### Accidents

The **Accidents** section lists all accidents related to this patient. Buttons in this section are:

- **New Accident** a new accident is created and populated after creating a new form
- **Edit Comments** allows you add a comment to the accident
- **Delete** will delete an accident if there no forms were created using this accident
- the *envelope* icon allows you to use your Dymo LabelMaker to create a label for the insurance company
- **Set MVA A/R Info** shows MVA information listed on this tab prior to the addition of OCF forms.

#### Form Data

All OCF forms required by the HCAI system are created by clicking the appropriate button:

- **New Treatment Plan (OCF 18)**
- **New Invoice (OCF 21)**
- **New Treatment Confirmation (OCF 23)**

- **Create OCF 21 from OCF.** To use this form click onto a finalized OCF18 or 23 form in the list to activate
- **New Disability Certificate (OCF 3) Note:** OCF 3 forms are not submitted to HCAI
- **New MIG discharge report (OCF24) Note:** OCF 24 forms are not submitted to HCAI

Below the report buttons are your list of forms for this patient. As each report is created it will be listed in this area. Available columns are:

- **Accident ID** patients can have more than one accident. This field notes which accident the form is reporting on
- **Form ID** Each form created in PMP will have a unique number
- **Form Type** The type of OCF form
- **HCAI status** See below
- **Document Number** A unique reference number assigned to each form by HCAI
- **Date** The last date a form was modified
- **Draft / Final** The completion status of a form
- **Comments** Use this area to make notes that assist you with relevant information
- **Plan Number** Treatment plan number
- **Invoice Number** The invoice number submitted for a treatment plan

The **HCAI Status** column will display the status of the form. Below is a list of the available status's:

- **Ready to Submit** This status is displayed after a form is closed using the 'Save for HCAI' button. These forms will be included in the next batch (group) of forms that are submitted to HCAI
- **Submitted** Displayed when a form was submitted successfully to HCAI
- **Submit Errors** Displayed if a form was rejected by HCAI due to errors
- **Approved** Set by HCAI if responses were retrieved from insurers during communication with HCAI for OCF 18 & 21
- **Responded** Set by HCAI if responses were retrieved from insurers during communication with HCAI for OCF23
- **Partially Approved** Set by HCAI if responses were retrieved from insurers during communication with HCAI when the insurance company has partially approved a form
- **Declined** Set by HCAI if responses were retrieved from insurers during communication with HCAI when the insurance company has not approved the form
- 'blank' HCAI status field is displayed for forms that are not submitted to HCAI; OCF 3 and 24
- **In transaction** the form is in an error status and has not been sent. Contact support for specific resolution

Buttons listed below forms offer additional functions for the listed forms:

- **Edit Comment** allows you to add comments to a form

- **Edit** allows a *Draft* form to be edited
- **View / Print** will open the viewer and display your form
- **Delete 'Draft'** allows you to delete *Drafts*. **Note:** *Final* forms cannot be edited or deleted
- **View Adjudication** will open a report detailing the insurer response to the specified form.

## Creating OCF Forms for HCAI or DEC Submission

Click onto the **New Accident** button. Click **Yes**, then **OK**.

Click onto one of the Data Form buttons to create the required report. The form will open with the parts in tabs across the top. Click on any tab to go to that specific tab.

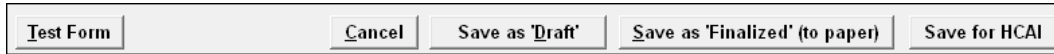
The screenshot displays the MVA OCF-18 form interface. At the top, there are tabs for different parts of the form: Part 1/2, Part 3, Part 4, Part 5, Part 6, Part 7, Part 8, Part 9ab, Part 9cde, Part 11, Part 12, Part 12b, Part 13, and Additional C. The main form area is divided into sections:

- Form Header:** Contains fields for Claim Number (794943), Policy Number (66656), and Date of Accident (04/11/2010).
- Part 1 - Applicant Information:** Includes fields for Last Name (Linton), Middle Name, First Name (Adrienne), Address (1 Hook Avenue), Date of Birth (06/08/1949), Gender (Female), City (Thornhill), Province (Ontario), Postal Code (L4J 5K9), Telephone Number ((905) 731-0702), and Extension.
- Part 2 - Insurance Company Information:** Includes Insurance Company Name (Aviva Insurance Company of Canada), City of Branch Office (Aviva - Main Branch), Adjuster Last Name, Adjuster First Name, Telephone Number, Extension, and Fax Number. A checkbox labeled "Name of Policy Holder" is checked, with the text "Same as Applicant" below it.

At the bottom of the form, there are buttons for "Test Form", "Cancel", "Save as 'Draft'", "Save as 'Finalized' (to paper)", and "Save for HCAI".

## Additional Buttons

The bottom portion of the form contains the following buttons:



- **Test Form** when pressed will mark a red 'X' on the tabs signifying incomplete parts of the form and highlight specific required fields in yellow.
- **Cancel** closes the form without saving and brings the user back to the Auto screen
- **Save as Draft** will save all information input so far allowing you to edit or complete the form at a later time
- **Save as Finalized (to paper)** saves the form for fax or mail submission. Use this button only when the form will not be submitted electronically for HCAI and for OCF 3 and 24. Finalized forms cannot be edited.
- **Save for HCAI** will add the form to the submission that will be submitted to HCAI the next time a submission is made. To remove a form from the submission choose **Edit** and then **Save as Draft**.

PMP has incorporated HCAI rules into forms. This means that many fields are required and certain pre-requisites or criteria must be met before a form can be submitted to HCAI or finalized for paper submission.

Click **Test Form** to locate incomplete areas of the form that are required. Tabs where validation rules fail will be marked with a red X. Fields will be highlighted in yellow. Move your mouse over yellow fields to produce a hint. Once a yellow field has been completed the colour will return to normal upon choosing **Test Form** again.

If you are unable to complete the form click **Save as Draft**. The form will be saved as a **Draft** on the main Auto screen. Click **Edit Comments**. Type a comment relating to the status or missing information pertaining to this form. Click **OK**. The comment will now be added to the form. To continue to input information into a draft form click the form in the list followed by **Edit**.

When the form is complete click either **Save as Finalized** if the form is *not being submitted electronically to HCAI* or **Save for HCAI** if the form will be submitted electronically through the PMP HCAI module.

The form will then be saved with a status of *Ready to Submit*. Once the PMP HCAI module has been accessed the form will be sent with the submission to HCAI.

To remove a form from the submission, click the form and **Edit**. Once the form is open choose **Save as Draft**. This returns to form to 'draft' mode and will remove it from the submission.

**Note:** OCF 3 and 24 forms are not sent through HCAI, finalize these forms for fax or mail to auto insurers. Keep in mind, *Finalized* forms cannot be edited or deleted; we recommend printing draft forms and double checking for accuracy before finalizing.

# OCF 18 Treatment Plan

The OCF 18 Treatment Plan is completed by health care providers to provide a guideline to insurers regarding:

- cause and nature of injuries resulting from a motor vehicle accident
- identify limitations
- identify treatment plan and goals
- prior and concurrent conditions
- proposed treatment and estimated costs
- increase accountability of all parties involved.

Click onto the **New Accident** button. Click **Yes**, then **OK**.

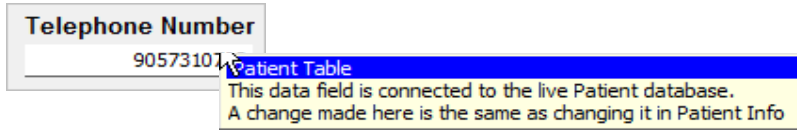
Click the **New Treatment Plan (OCF18)** button. The form will open with the all the parts in tabs across the top. Click on any tab to go to that specific tab.

The screenshot shows the MVA OCF-18 form interface. At the top, there is a tabbed menu with tabs for Part 1/2, Part 3, Part 4, Part 5, Part 6, Part 7, Part 8, Part 9ab, Part 9cde, Part 11, Part 12, Part 12b, Part 13, and Additional C. The 'Part 1/2' tab is selected. Below the tabs is the 'Form Header' section with fields for Claim Number (794943), Policy Number (66656), and Date of Accident (04/11/2010). The 'Part 1 - Applicant Information' section is expanded, showing fields for Last Name (Linton), Middle Name, First Name (Adrienne), Address (1 Hook Avenue), Date of Birth (06/08/1949), Gender (Female), City (Thornhill), Province (Ontario), Postal Code (L4J 5K9), Telephone Number ((905) 731-0702), and Extension. Below this is the 'Part 2 - Insurance Company Information' section, which includes fields for Insurance Company Name (Aviva Insurance Company of Canada), City of Branch Office (Aviva - Main Branch), Adjuster Last Name, Adjuster First Name, Telephone Number, Extension, Fax Number, and Name of Policy Holder (checked 'Same as Applicant'). At the bottom of the form are buttons for 'Test Form', 'Cancel', 'Save as 'Draft'', 'Save as 'Finalized' (to paper)', and 'Save for HCAI'.

## Part 1 Applicant Information

This screenshot provides a close-up view of the 'Part 1 - Applicant Information' section of the form. It shows the following fields and values: Last Name: Linton; Middle Name: (empty); First Name: Adrienne; Address: 1 Hook Avenue; Date of Birth: 06/08/1949; Gender: Female; City: Thornhill; Province: Ontario; Postal Code: L4J 5K9; Telephone Number: (905) 731-0702; Extension: (empty). The 'Form Header' section above it shows Claim Number: 794943, Policy Number: 66656, and Date of Accident: 04/11/2010.

These fields will be populated with information pulled from the patient file. Some fields can be edited but changes to these fields will be reflected in the field where the information was pulled from. For example if you change the telephone number in Part 1 the change will reflect on the Patient Information Personal tab. Fields where information can be updated are indicated by an underline. Positioning your mouse over an updatable field will produce a hint signifying where the change will be reflected. See illustration below.



## Part 2 Insurance Company Information

<b>Part 2 - Insurance Company Information</b>			
Insurance Company Name <input type="text"/>		City of Branch Office <input type="text"/>	
Adjuster Last Name <input type="text"/>		Adjuster First Name <input type="text"/>	
Telephone Number <input type="text"/>	Extension <input type="text"/>	Name of Policy Holder	
Fax Number <input type="text"/>	<input type="checkbox"/> Same as Applicant		
	Policy Holder Last Name <input type="text"/>	Policy Holder First Name <input type="text"/>	

Some fields contain a drop down box where information is selected. Choose Insurance Company and Branch from the lists.

**Note:** If you are submitting forms through the PMP HCAI interface this

**Note:** If you are submitting OCF forms through the PMP HCAI interface the insurer list will be updated every time you connect to HCAI.

## Part 3 Other Insurance Information

Part 3

**Part 3 - Other Insurance**

Is there other insurance coverage for any goods and services listed in this Treatment Plan?  No  Yes

Is there Ministry of Health (MOH) coverage for any goods and services in this Treatment Plan?  No  Yes  Not Applicable

**Other Insurer 1**

Insurer Name \_\_\_\_\_ Insurance Plan or Policy Number \_\_\_\_\_

Name of Plan Member \_\_\_\_\_ Insurer's Identifier \_\_\_\_\_

**Other Insurer 2**

Insurer Name \_\_\_\_\_ Insurance Plan or Policy Number \_\_\_\_\_

Name of Plan Member \_\_\_\_\_ Insurer's Identifier \_\_\_\_\_

Type in any other insurer; i.e.. Ministry of Health, Extended Health Care Plan, or any others.

## Part 4 Signature of Health Practitioner

Part 4

**Part 4 - Signature of Health Practitioner**

Doctor  Last Name  First Name  Provider ID

Facility Name  AISI Facility Number

Address  College Registration Number

City  Province  Postal Code  Profession

Telephone Number  Extension  Fax Number

Email Address

Signature on File  
Signature Date

Is this impairment predominantly a minor injury as referred to in the Minor Injury Guideline?  No  Yes  
Please explain and provide compelling evidence why the applicant does not come within the Minor Injury Guideline due to a pre-existing medical condition that will prevent the applicant from achieving maximal recovery from the minor injury if the applicant is subject to the \$3,500 limit or is limited to the goods and services authorized under the Minor Injury Guideline.

Complete the Signature of Health Practitioner information. Only practitioners listed below are permitted to completion this section:

- Chiropractor
- Family / General Practitioner
- Occupational Therapist
- Optometrist
- Physiotherapist
- Psychologist
- Pathologist
- Dentist
- Nurse Practitioner
- Ophthalmologist
- Other Medical / Surgical Practitioner
- Psychiatrist
- Speech-Language

The signature on file and signature date boxes are required fields when sending forms electronically. Signatures are not transmitted to the insurer; however, hard copies of the form

must be printed and signed and kept on file. To obtain signatures, the entire OCF should be completed. It is not advisable for health professionals or claimants to sign incomplete forms. Print the completed draft form and have the Health Practitioner sign it.

## Part 5 Signature of Regulated Health Practitioner or Social Worker

If the health practitioner selected in Part 4 is willing to supervise the plan, select “Yes” in response to this question. If the health practitioner selected in Part 5 is not the same as Part 4, select “No” in response to this question and complete Part 5.

Select the practitioner from the list under the field **Doctor**. Type required information into empty fields. **Note:** If the provider is not included on the drop down list under Doctor, type the practitioner details into all remaining fields, leaving the Code field blank.

The signature on file and signature date boxes are required fields when sending forms electronically. Signatures are not transmitted to the insurer; however, hard copies of the form must be printed and signed and kept on file. To obtain signatures, the entire OCF should be completed. It is not advisable for health professionals or claimants to sign incomplete forms. Print the completed draft form and have the Regulated Health Practitioner sign it.

## Part 6 Injury and Sequelae Information

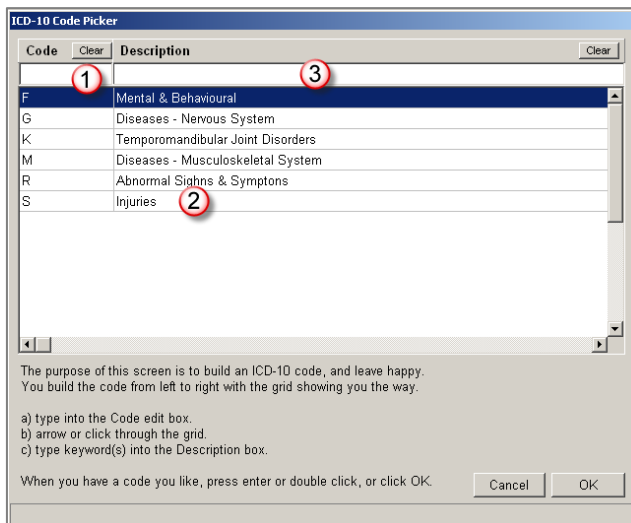
A large selection of commonly used codes have been incorporated into PMP however due to the size of the full code list, not all are included. Item number 4 below details how to use a code not found in the PMP list.

To access codes select the browse button to the right of **ICD-10 Injury Code**.



There are many ways to select codes from the list:

1. type the known code into the code box
2. click onto the written description to expand that item, continue to click on descriptions until the desired selection is reached
3. type keywords or part of keywords into the blank field below **Description**. Part of words will suffice, such as sub for subluxation. You can choose two keywords, separated by a comma. Example: **kn,sp** will locate eight items related to knee sprain
4. on the main injury screen click into the **Injury Description** field and type the description then click into the ICD-10 Code field and type the code. This manner of selection is used for codes not found in the current list.



Part 6

**Part 6 - Injury and Sequela Information**

Injury 1

Injury Description (Primary Complaint)  ICD-10 Injury Code

Injury 2

Injury Description  ICD-10 Injury Code

Injury 3

Injury Description  ICD-10 Injury Code

## Part 7 Prior and Concurrent Conditions

Click the radio buttons in answer to each question. Your answer may open a field where detailed information is typed into. **Explain** boxes are required fields and you will not be able to complete the form without inputting information.

Part 7

**Part 7 - Prior and Concurrent Conditions**

Prior to the accident, did the applicant have any disease, condition or injury that could affect his/her response to treatment for the injuries identified.  No  Unknown  Yes

Since the accident, has the applicant developed any other disease, condition or injury not related to the accident that could affect response to treatment.  No  Unknown  Yes

## Part 8 Activity Limitations

As with part 7, answer each question using the radio buttons. Your responses may open a field where detailed information is typed into. **Explain** boxes are required fields and you will not be able to complete the form without inputting information.

Part 8

**Part 8 - Activity Limitations**

Does the applicant's impairment(s) from the injuries sustained in the automobile accident affect his/her ability to carry out:

His/her tasks of employment       Not employed     No       Unknown       Yes

His/her activities of normal life       No       Unknown       Yes

If the applicant is unable to carry out pre-accident employment activity, is the employer able to provide suitable modified employment to the applicant.       Not employed     No       Unknown       Yes

**Explain**

dklasjldksjdsad

## Part 9 Treatment Plan Goals

Part 9 is spread over two tabs. Handle these tabs in the same manner as previous tabs.

Part 9ab

**Part 9 - Treatment Plan Goals**

**Goals**

Identify the Goal(s) that this Treatment Plan seeks to achieve:       Pain reduction       Increase in range of motion  
 Increase in strength       other(s) / Not Applicable

Select the functional goal(s) that this Treatment Plan seeks to achieve:      [Return to:](#)  
 Normal living activities       Pre-accident work activities  
 Modified work activities       other(s) / Not Applicable

**Evaluation**

How will progress on the goal(s) above be evaluated?

If this is a subsequent treatment plan, what was the applicant's improvement at the end of the previous plan.

Part 9cde

**Part 9 - Treatment Plan Goals**

**Barriers to recovery**

Have you identified any barriers to recovery?       No       Yes

**Concurrent Treatment**

Are you aware of any concurrent treatment?       No       Yes

## Part 11 Health Providers

Part 11

**Part 11 - Other Health Providers**

	Doctor	FirstName	Last Name	Registration Number	AISI Number	Hourly Rate
<b>A</b>	1	DC	Daniel Palmer	1234		
<b>B</b>	AT	MT	Susan Jackson	G123		
<b>C</b>						
<b>D</b>						
<b>E</b>						
<b>F</b>						

Select all treating practitioners from the PMP list under **Doctor**. Type required information into empty fields.

**Note:** If the provider is not included on the drop down list under **Doctor** type the practitioner details into all remaining fields, leaving the first field blank.

## Part 12 Proposed Goods and Services

Goods and Services on Part 12 is where CCI and GAP codes are chosen. Click **Add**.

There are many ways to select codes from the list:

1. type the known code into the code box
2. click onto the written description to expand that item, continue to click on descriptions until the desired selection is reached
3. type keywords or part of keywords into the blank field below **Description**. Part of words will suffice, such as man for manipulation . You can choose two keywords, separated by a comma. Example: **man,sp** will locate items related to manipulation spine.

Code	Description	Measure	Unit Cost	P	S	T
1SC05	Manipulation, spinal vertebrae			N	N	
2EL70	Inspection, temporomandibular joint [TMJ]			N	N	
AXXCT	Claimant Transportation			N	N	

The purpose of this screen is to build a CCI code, and leave happy.  
You build the code from left to right with the grid showing you the way.

a) type into the Code edit box.  
b) arrow or click through the grid.  
c) type keyword(s) into the Description box.

When you have a code you like, press enter or double click, or click OK.

After selecting codes input information for each item into relevant fields in the lower screen.

*Edit Goods and Services line item:*

- ① **Attributes** can be added to further specify healthcare services. See *Appendix B* page E-9 for details (see back page)
- ② **Provider Ref** pulls the treating doctor from the populated list on part 11 of your form.
- ③ **Quantity** indicates the amount of a specific item such as km or pages. It is not used for amount of treatments required during the plan, use Total Count for visits
- ④ **Measure** relates to what quantity is measured in such as procedure, KM, time, etc.
- ⑤ **Unit Cost** is used to calculate the Cost of an item by multiplying Quantity times the Unit Cost, i.e. 50 km x .40 cents. The Cost field automatically calculated the amount and input the \$20.00.

- ⑥ **Cost** of an item can be manually typed in or will be populated automatically when amounts are input in Quantity, Measure, and Unit Cost
- ⑦ **HST** automatically calculates when checked
- ⑧ **Total Count** is where the total amount of sessions or items is specified.

**Note:** Hints will appear when you position your mouse over an item in question. If a field is yellow and has not passed the validation rule the hint box will show a red line with the message **Error:** and a reason for the error. A blue **Hint:** line will detail how to use the field.

### Grouping

Goods and services can be grouped to allow for multi-selection of dates, practitioners, total count, and deletion of items.

**Shift-click.** Click onto a selected CCI code, hold down the **shift** key, and then click onto the last item in the group. All items in between will be highlighted for grouping.

**Ctrl-click.** While holding down the **ctrl** key, click on each item to be selected for grouping.

Release the **ctrl** key when all items have been selected.

Once item have been selected choose a function from the bottom portion of the screen apply.

**Sessions**

PMP offers the ability to create sessions. Session fee codes are billing codes that providers may wish to use for a group of physical rehabilitation services. To create a session, before or after goods and services are chosen, click the **Create Session** button. An item line will appear at the top with the code SZZPR, this is the session code. All items with a beginning code of 1, 2, or 6 will be automatically added to the session.

The screenshot shows the 'Part 12 Proposed Goods and Services' window. At the top, a table lists items with columns for G/S Ref, Code, Description, Attribute, Provider Reference, Estimate / Day (Quantity, Measure, Cost), Total Count, and Total Cost. Item 1 (SZZPR) is highlighted. Below the table is a 'Create Session' button. Below that is an 'Edit Goods and Services line item' section with fields for Code (SZZPR) and Description (Physical Rehabilitation), and a summary table showing Total Count: 1 and Total Cost: 115.00.

Items within the session do not have a number listed below the

**G/S Ref** column. Goods and services can be added or removed from a session by clicking the **Add to Session** or **Remove from Session** buttons. Type the amount of sessions to be billed into the **Total Count** field in the lower right.

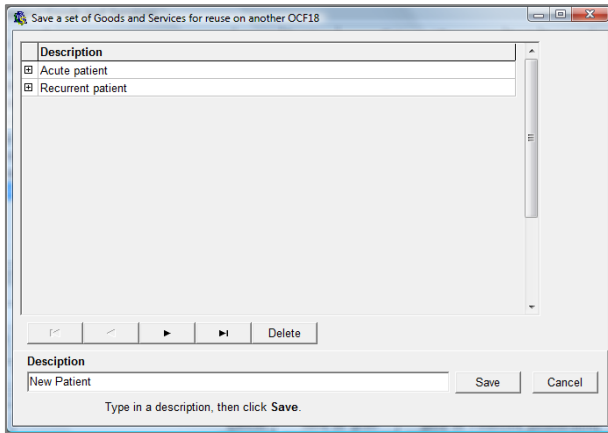
**Save and Load Goods**

The **Save Goods** and **Load Goods** buttons allow users to save a group of Goods and Services for use on other patient forms. Goods can be saved with session, practitioners and costs. This makes future forms easier when treatment plans for different patients have similar goods.

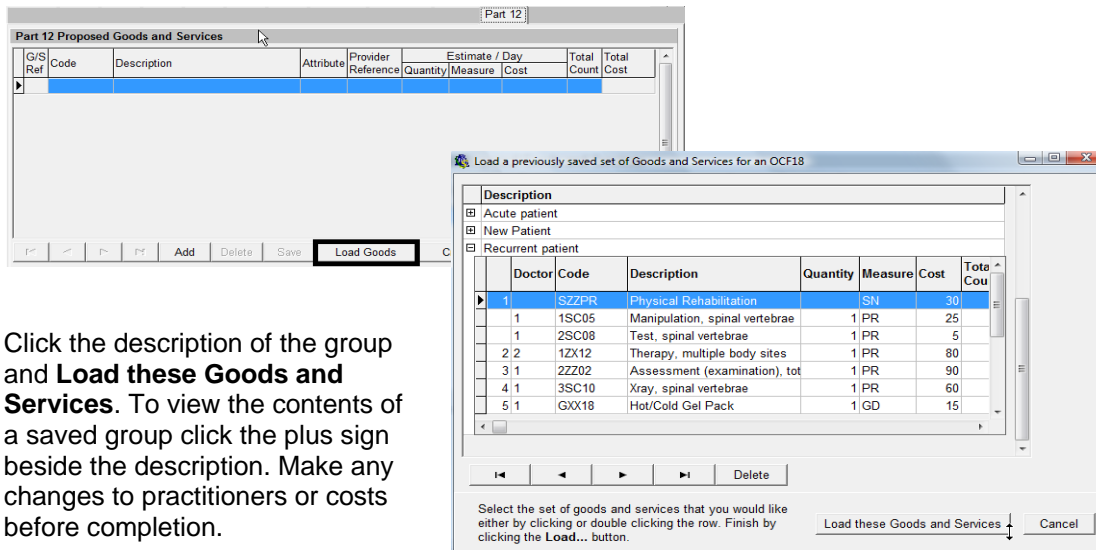
The screenshot shows the 'Part 12 Proposed Goods and Services' window with a list of items. Item 6 (GX21) is highlighted. At the bottom of the window, the 'Save Goods' button is highlighted with a black box.

Once you have a completed a list of goods and services click **Save Goods**.

Type a name for this grouping. Click **Save**.



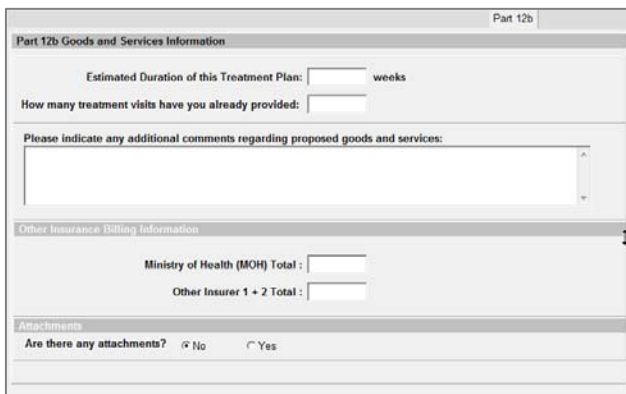
To choose a group for a new treatment plan click **Load Goods**.



Click the description of the group and **Load these Goods and Services**. To view the contents of a saved group click the plus sign beside the description. Make any changes to practitioners or costs before completion.

## Part 12b Goods and Services Information

Type relevant information into part 12b.



## Part 13 Signature of Applicant

The signature on file and signature date boxes are required fields when sending forms electronically. Signatures are not transmitted to the insurer; however, hard copies of the form must be printed and signed and kept on file. To obtain signatures, the entire OCF should be completed. It is not advisable for health professionals or claimants to sign incomplete forms. Print the completed draft form and have the claimant sign it.

## Additional Comments

The Additional Comments tab is for attachment information if applicable or any other information to support the treatment plan. Up to 20,000 characters can be used in this field.

### Additional Buttons

The bottom portion of the form contains the following buttons:

- **Test Form** when pressed will mark a red 'X' on the tabs signifying incomplete parts of the form and highlight specific required fields in yellow.
- **Cancel** closes the form without saving and brings the user back to the Auto screen
- **Save as Draft** will save all information input so far allowing you to edit or complete the form at a later time
- **Save as Finalized (to paper)** saves the form for fax or mail submission. Use this button only when the form will not be submitted electronically for HCAI and for OCF 3 and 24. Finalized forms cannot be edited.
- **Save for HCAI** will add the form to the batch (group) of forms that will be submitted to HCAI the next time a submission is made. To remove a form from the submission choose **Edit** and then **Save as Draft**.

Click **Test Form** to locate incomplete areas of the form that are required. Tabs where validation rules fail will be marked with a red X. Fields will be highlighted in yellow. Move your mouse over yellow fields to produce a hint. Once a yellow field has been completed the colour will return to normal upon choosing **Test Form** again.

If you are unable to complete the form click **Save as Draft**. The form will be saved as a **Draft** on the main Auto screen. Click **Edit Comments**. Type a comment relating to the status or missing information pertaining to this form. Click **OK**. The comment will now be added to the form. To continue to input information into a form click the draft form in the list followed by **Edit**.

When the form is complete click either **Save as Finalized** if the form is **not** being submitted electronically to HCAI or **Save for HCAI** if the form will be submitted electronically through the PMP HCAI module.

OCF 3 and 24 forms are not sent through HCAI, finalize these forms for fax or mail to auto insurers. Keep in mind, *Finalized* forms cannot be edited or deleted; we recommend printing draft forms and double checking for accuracy before finalizing.

## OCF21 Auto Insurance Standard Invoice

The OCF 21 is completed by health care provider for the purpose of billing the automobile insurers for medical and rehabilitation goods and services. The OCF 21 has two versions:

- Version B is used for billing insurers for services rendered
- Version C is used when billing services rendered through the Minor Injury Guideline.

From the patient information MVA tab you have two options for completion of the **OCF21 - New Invoice (OCF21)**, or **Create OCF21 from OCF18**:

- **New Invoice (OCF21)** is used when you do not have a finalized OCF18 in the patient file or when you want to change any existing information.
- **Create OCF21 from OCF18** (or **OCF21 from 23**) is used when you are billing goods and services selected on the OCF18. This is the simplest and quickest way to complete an OCF21. Subsequent invoices require only completion of Part 7 – Reimbursable Goods and Services.

Form Data

Accident ID	Form ID	Form Type	Comments	Date	Draft/Final	Plan Number	Invoice Number
102	112	OCF18	Submitted April 4	4-Apr-2008	Final		1

Either OCF21 will produce the same tab, the only difference being in Part 7 (detailed below).

The screenshot shows the MVA OCF-21 form with the following data:

Form Header		
Claim Number	Policy Number	Date of Accident
434454	343344	08/01/2008
Part 1 - Applicant Information		
Last Name	Middle Name	First Name
Smith		Lillian
Address		Date of Birth
1545 Explorer Drive		12/05/1981
	Gender	
	Female	
City	Province	Postal Code
Toronto	Ontario	L4Y 2E4
Telephone Number	Extension	
(416) 555-1212		
Part 2 - Insurance Company Information		
Insurance Company Name	City of Branch Office	
TD General Insurance Company	TDGI Etobicoke	
Adjuster Last Name	Adjuster First Name	
Brooker	Bob	
Telephone Number	Extension	Name of Policy Holder
(905) 555-8989	55	<input checked="" type="checkbox"/> Same as Applicant
Fax Number		
(905) 555-9696		

Many of the OCF21 parts will populate with information from patient information, Accident ID, and information input in previous forms (if applicable). This makes completion of the OCF21 simple.

## Part 1 Applicant Information

This screenshot shows the details for Part 1 of the form:

Form Header		
Claim Number	Policy Number	Date of Accident
434454	343344	08/01/2008
Part 1 - Applicant Information		
Last Name	Middle Name	First Name
Smith		Lillian
Address		Date of Birth
1545 Explorer Drive		12/05/1981
	Gender	
	Female	
City	Province	Postal Code
Toronto	Ontario	L4Y 2E4
Telephone Number	Extension	
(416) 555-1212		

These fields will be populated from the Patient Information and Accident ID. Fields can be edited but changes to these fields will be reflected to fields where the information was pulled from. Fields where information will be updated are indicated by an underline.

## Part 2 Insurance Company Information

This screenshot shows the details for Part 2 of the form:

Part 2 - Insurance Company Information		
Insurance Company Name	City of Branch Office	
TD General Insurance Company	TDGI Etobicoke	
Adjuster Last Name	Adjuster First Name	
Brooker	Bob	
Telephone Number	Extension	Name of Policy Holder
(905) 555-8989	55	<input checked="" type="checkbox"/> Same as Applicant
Fax Number		
(905) 555-9696		

Insurance Company Information is populated from previous forms or can be selected from the drop down lists.

**Note:** If you are submitting OCF forms through the PMP HCAI interface the insurer list will be updated every time you connect to HCAI.

## Part 3 Invoice Information

Make selections and type required information. The Plan Date is listed in Part 5 of the approved OCF18. Plan Number is found on the main MVA screen under the Plan Number column.

Choose the **Type of Plan**:

- 21B - Treatment Plan
- 21C - Minor Injury Guideline or PAF (for accidents prior to September 1, 2010 than meet that PAF Guidelines). Select the **Type** from the new field.

**Note:** Some sections of this form will change depending on the Type of Plan chosen.

## Part 4 Payee Information

Type required information.

## Part 5 Injury and Sequela Information

Part 5 will be populated with information input into a previous OCF form. Refer to page 18 for information on selecting ICD-10-CA codes.

## Part 6 Other Health Providers

Part 6 - Other Health Providers							
Doctor	FirstName	Last Name	Provider ID	College Reg. Number	AISI Number	Hourly Rate	
Clear A <input type="text" value="DO"/>	<input type="text" value="DC"/>	<input type="text" value="Daniel"/>	<input type="text" value="Palmer"/>	<input type="text" value="817"/>	<input type="text" value="4444"/>	<input type="text"/>	<input type="text"/>
Clear B <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clear C <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 6 will populate from information input into a previous OCF form or choose practitioners from the PMP list below **Doctor**.

**Note:** If the provider is not included on the drop down list under **Doctor** type the practitioner details into all remaining fields, leaving the first field blank.

## Part 7 for 21B Reimbursable Goods and Services

**Note:** Part 7B is used when billing the auto insurer for all goods and services other than Minor Injury Guidelines.

Part 7 - Reimbursable Goods and Services							
Date	Provider Reference	Code	Description	Attribute	Quantity	Measure	Cost
*	A	1SC05	Manipulation, spinal vertebrae		1	Procedure	0.00

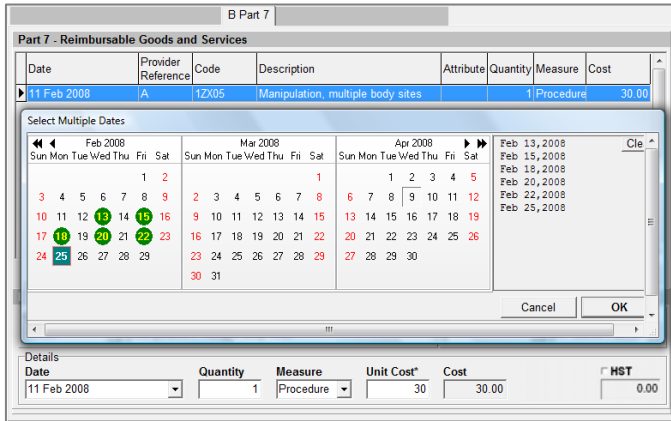
Code	Description	Attribute	Provider Ref
1SC05	Manipulation, spinal vertebrae		A> Daniel Palmer

Details  
 Date: 
 Quantity: 
 Measure: 
 Unit Cost\*: 
 Cost: 
 HST

- For the **New OCF 21** form select goods and services by clicking **Add** to choose CCI and GAP codes from the CCI Code Selector as detailed on page 21 and then using the **Duplicate this Line Item** button.
- For the **OCF 21 from 18** form select goods and services by choosing **Apply Codes from Plan**.

### Add and Duplicate this Line Item

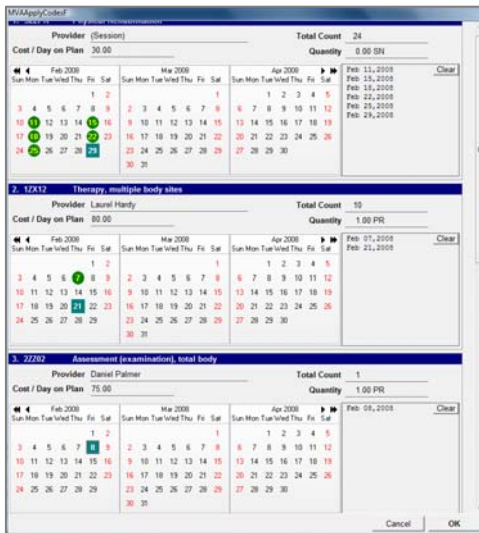
Click **Add** to select an item from the CCI Code Selector. Edit the date, fee, and practitioner. If this item was rendered more than once during the invoice period click **Duplicate this Line Item**.



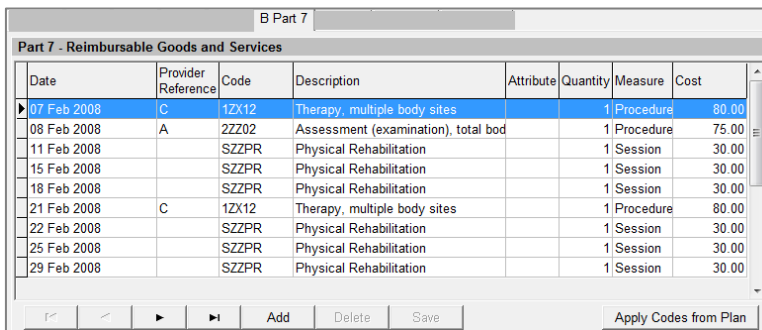
Click on the calendar to select the dates for each service. Chosen dates will appear on the right. To remove a selected date click it again. Once you have selected all dates for this item click **OK**. You will be returned to Part 7 where you can choose another code for duplication.

### Apply Codes from Plan

Choose **Apply Codes from Plan**. The Blue titlebar at the top of each set of calendars show the services assigned on the Treatment Plan. Click on the calendar to select the dates for each service. Chosen dates will appear on the right. Scroll through the list to choose each good and services provided to the patient during the invoicing period. Click **OK**.



Items chosen from the Treatment Plan now populate the Goods and Services tab. Edit items as required.



## Part 8 for 21B Other Insurance

Complete this section if the patient has additional coverage.

B Part 8 | ⓧ

**Part 8 - Other Insurance**

Is there other insurance coverage for any goods and services listed in this Treatment Plan?  No  Yes

Is there Ministry of Health (MOH) coverage for any goods and services in this Treatment Plan?  No  Yes  Not Applicable

**Other Insurer 1**

Insurer Name: \_\_\_\_\_ Insurance Plan or Policy Number: \_\_\_\_\_

Name of Plan Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Insurer's Identifier: \_\_\_\_\_

**Other Insurer 2**

Insurer Name: \_\_\_\_\_ Insurance Plan or Policy Number: \_\_\_\_\_

Name of Plan Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Insurer's Identifier: \_\_\_\_\_

## Part 7 for 21C Goods and Services Rendered

**Note:** Part 7C is used when billing for services rendered through the Minor Injury Guideline.

Click **Add** to select an item from the CCI Code Selector. Edit the date, fee, and practitioner. If this item was rendered more than once during the invoice period click **Duplicate this Line Item**.

C Part 7

**Part 7 - Goods and Services Rendered**

Date	Provider Reference	Code	Description	Attribute	Quantity	Measure
*	A	1SC05	Manipulation, spinal vertebrae		1	Procedure

**Edit Goods and Services Line Item** Duplicate this Line Item

Code: 1SC05 Description: Manipulation, spinal vertebrae Attribute: Provider Ref: A> Daniel Palmer

Details

Date: \_\_\_\_\_ Quantity: 1 Measure: Procedure

Click on the calendar to select the dates for each service. Chosen dates will appear on the right. To remove a selected date click it again. Once you have selected all dates for this item click **OK**. You will be returned to Part 7 where you can choose another code for duplication.

B Part 7

**Part 7 - Reimbursable Goods and Services**

Date	Provider Reference	Code	Description	Attribute	Quantity	Measure	Cost
11 Feb 2008	A	1ZX05	Manipulation, multiple body sites		1	Procedure	30.00

Select Multiple Dates

Feb 2008							Mar 2008							Apr 2008							Feb 2008																				
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat														
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Feb 13, 2008	Feb 15, 2008	Feb 18, 2008	Feb 20, 2008	Feb 22, 2008	Feb 25, 2008

Details

Date: 11 Feb 2008 Quantity: 1 Measure: Procedure Unit Cost: 30 Cost: 30.00 HST: 0.00

## Part 8 for 21C Reimbursable Fees Within the Guidelines

Code	Description	Attribute	Cost
MIG00	Initial Visit (1 session)		215.00
MIG01	Block 1 (weeks 1 4)		775.00

Code	Description	Attribute	Cost
MIG01	Block 1 (weeks 1 4)		775.00

Input all pre-approved fees.

## Summary

Other Insurance (for goods and services on this invoice)				Total	
	MOH	Insurer 1	Insurer 2		
Chiropractic:				<b>Goods and Services Subtotal:</b>	0.00
Physiotherapy:				<b>MOH:</b>	0.00
Massage Therapy:				<b>Other Insurer 1+2:</b>	0.00
Other Service Type:				<b>HST @13% :</b>	0.00
<b>Total:</b>	0.00	0.00	0.00	<b>N/A</b>	0.00
				<b>Interest:</b>	0.00
				<b>Auto Insurer Total :</b>	0.00

Account Activity Since Last Invoice

Is Interest Charged?

Prior Balance :

Payment Received from Auto Insurer:

Overdue Amount :  0.00

Attachments

Are there any attachments?  No  Yes

Add *Other Insurance* amounts and *Account Activity Since Last Invoice* if applicable. The *Total* fields will populate and calculate automatically from information input in Goods and Services fields.

## Comments

The Comments tab is for attachment information if applicable or any other information to support the treatment plan. Up to 20,000 characters can be used in this field.

## Additional Buttons

The bottom portion of the form contains the following buttons:

Test Form	Cancel	Save as 'Draft'	Save as 'Finalized' (to paper)	Save for HCAI
-----------	--------	-----------------	--------------------------------	---------------

Details can be found on page 25.

## OCF 23 New Treatment Confirmation

The health practitioner who initiates pre-approved treatment for an injury defined in Pre-approved Framework (PAF) (for accidents before September 1, 2010) and the Minor Injury Guideline (MIG) (for accidents on or after September 1, 2010) must fully complete a Treatment Confirmation Form, OCF-23, in order to establish the Initiating Health Practitioner's right to reimbursement for the delivery of PAF/MIG treatment. The OCF-23 is also the form used to request insurer approval of those treatments that are permitted to be delivered together with treatment in the PAF, but which also require insurer approval.

**Note:** Accidents prior to September 1, 2010 are only eligible for treatment in the PAF guidelines.

If you do not have an accident listed under **Accident ID** click onto the **New Accident** button. Read the message boxes; click **Yes**, then **OK**.

Click the **New Treatment Confirmation (OCF23)** button. The form will open with the parts in the tabs across the top. Click on any tab to go to that specific tab.

## Part 1 Applicant Information

Form Header				
Claim Number	Policy Number	Date of Accident		
794943	66656	04/11/2010		
Part 1 - Applicant Information				
Last Name	Middle Name	First Name		
Linton		Adrienne		
Address		Date of Birth	Gender	
1 Hook Avenue		06/08/1949	Female	
City	Province	Postal Code	Telephone Number	Extension
Thornhill	Ontario	L4J 5K9	(905) 731-0702	

These fields will be populated with information pulled from the patient file. Some fields can be edited but changes to these fields will be reflected in the field where the information was pulled from. For example if you change the telephone number in Part 1 the change will reflect on the Patient Information Personal tab. Fields where information can be updated are indicated by an underline. Positioning your mouse over an updatable field will produce a hint signifying where the change will be reflected. See illustration below.

Telephone Number
9057310702

**Patient Table**  
This data field is connected to the live Patient database. A change made here is the same as changing it in Patient Info

## Part 2 Insurance Company Information

Part 2 - Insurance Company Information			
Insurance Company Name	Clear	City of Branch Office	Clear
Adjuster Last Name		Adjuster First Name	
Telephone Number	Extension	Name of Policy Holder	
Fax Number		<input type="checkbox"/> Same as Applicant Policy Holder Last Name      Policy Holder First Name	

Some fields contain a drop down box where information is selected. Choose Insurance Company and Branch from the lists.

Form Header			
Claim Number	Policy Number	Date of Accident	
434454	343344	08/01/2008	
Part 1 - Applicant Information			
Last Name	Middle Name	First Name	
Smith		Lillian	
Address		Date of Birth	Gender
1545 Explorer Drive		12/05/1981	Female
City	Province	Postal Code	Telephone Number
Toronto	Ontario	L4Y 2E4	(416) 555-1212
Part 2 - Insurance Company Information			
Insurance Company Name	Clear	City of Branch Office	Clear
Name		Adjuster First Name	
ING Insurance Company of Canada ING Novex Insurance Company of Canada Jenco Insurance Company Kent & Essex Mutual Insurance Company L & A Mutual Insurance Company Lambton Mutual Insurance Company Lanark Mutual Insurance Lombard General Insurance Company of Canada		Policy Holder First Name	
		<input type="button" value="Print"/> <input type="button" value="Save as 'Finalized' (unalterable)"/>	

**Note:** If you are submitting OCF forms through the PMP HCAI interface the insurer list will be updated every time you connect to HCAI.

## Part 3 Other Insurance Information

Part 3

**Part 3 - Other Insurance**

Is there other insurance coverage for any goods and services listed in this Treatment Plan?  No  Yes

Is there Ministry of Health (MOH) coverage for any goods and services in this Treatment Plan?  No  Yes  Not Applicable

**Other Insurer 1**

Insurer Name \_\_\_\_\_ Insurance Plan or Policy Number \_\_\_\_\_

Name of Plan Member \_\_\_\_\_ Insurer's Identifier \_\_\_\_\_

**Other Insurer 2**

Insurer Name \_\_\_\_\_ Insurance Plan or Policy Number \_\_\_\_\_

Name of Plan Member \_\_\_\_\_ Insurer's Identifier \_\_\_\_\_

Type in any other insurer; i.e.. Ministry of Health, Extended Health Care Plan, or any others.

## Part 4 Signature of Health Practitioner

Part 4

**Part 4 - Signature of Health Practitioner**

Doctor  Last Name  First Name  Provider ID

Facility Name  AISI Facility Number

Address  College Registration Number

City  Province  Postal Code  Profession

Telephone Number  Extension  Fax Number

Email Address

Signature on File  
Signature Date

I am not the first Initiating Health Practitioner

Complete the Signature of Health Practitioner information. Only practitioners listed below are permitted to completion this section:

- Chiropractor
- Dentist
- Family / General Practitioner
- Nurse Practitioner
- Occupational Therapist
- Ophthalmologist
- Optometrist
- Other Medical / Surgical Practitioner
- Physiotherapist
- Psychiatrist
- Psychologist
- Speech-Language
- Pathologist

The signature on file and signature date boxes are required fields when sending forms electronically. Signatures are not transmitted to the insurer; however, hard copies of the form must be printed and signed and kept on file. To obtain signatures, the entire OCF should be completed. It is not advisable for health professionals or claimants to sign incomplete forms. Print the completed draft form and have the Health Practitioner sign it.

## Part 5 Injury and Sequelae Information

A large selection of commonly used codes have been incorporated into PMP however due to the size of the full code list, not all are included. Item number 4 below details how to use a code not found in the PMP list.

To access codes select the browse button to the right of **ICD-10 Injury Code**.



There are many ways to select codes from the list:

1. type the known code into the code box
2. click onto the written description to expand that item, continue to click on descriptions until the desired selection is reached
3. type keywords or part of keywords into the blank field below **Description**. Part of words will suffice, such as sub for subluxation. You can choose two keywords, separated by a comma. Example: **kn,sp** will locate eight items related to knee sprain

4. on the main injury screen click into the **Injury Description** field and type the description then click into the ICD-10 Code field and type the code. This manner of selection is used for codes not found in the current list.

## Part 6 Prior and Concurrent Conditions

Part 6

**Part 6 - Prior and Concurrent Conditions**

Was the applicant employed at the time of the accident?  No  Yes

Prior to the accident, did the applicant have any disease, condition or injury that could affect his/her response to treatment for the injuries identified?  No  Unknown  Yes

Click the radio buttons to answer each question. Your answer may open a field where detailed information is typed into. **Explain** boxes are required fields and you will not be able to complete the form without inputting information.

## Part 7 Barriers to Recovery

Part 7/8

**Part 7 - Barriers to recovery**

Have you identified any barriers to recovery?  No  Yes

If you choose **Yes** you will be prompted to complete the **Explain** box. This is a required field and you will not be able to complete the form without inputting information.

## Part 8 Signature of Applicant

**Part 8 - Signature of Applicant**

Has the Insurer waived the requirement of the applicant's signature?  No  Yes

Name of Applicant or Substitute Decision Maker

Signature on File

Signature Date

The signature on file and signature date boxes are required fields when sending forms electronically. Signatures are not transmitted to the insurer; however, hard copies of the form must be printed and signed and kept on file. To obtain signatures, the entire OCF should be completed. It is not advisable for health professionals or claimants to sign incomplete forms. Print the completed draft form and have the claimant sign it.

## Part 9 Guideline Services

Part 9

**Part 9 Guideline Services**

Category	Description	Maximum Fee	Estimated Fee	
Identify which Guideline is applicable	MIG	0.00	0.00	
*Supplementary Goods and Services		0.00	0.00	
<b>*Other Pre-approved Services (Including Radiology)</b>				
Code	Description	Views	Maximum Fee	Estimated Fee
3SC10	X-Ray of the Cervical Spine	<a href="#">Select A View</a>	0.00	0.00
3SC10	X-Ray of the Thoracic Spine	<a href="#">Select A View</a>	0.00	0.00
3SC10	X-Ray of the Lumbar Spinal Vertebrae	<a href="#">Select A View</a>	0.00	0.00
3SC10	X-Ray of the Lumbrosacral Spinal Vertebrae	<a href="#">Select A View</a>	0.00	0.00
<b>Part 9 Sub-Total</b>			0.00	0.00

Type applicable fees and any additional information.

## Part 10 Other Health Providers

Part 10 - Other Health Providers							
Doctor	FirstName	Last Name	Provider ID	College Reg. Number	AISI Number	Hourly Rate	
Clear A DD	DC	Daniel	Palmer	817	4444		
Clear B							
Clear C							
Clear D							

Part 10 will populate from information input into a previous OCF form or choose practitioners from the PMP list below **Doctor**.

**Note:** If the provider is not included on the drop down list under **Doctor** type the practitioner details into all remaining fields, leaving the first field blank.

## Additional Comments

Additional Comments
<div style="border: 1px solid gray; height: 150px; width: 100%;"></div>

The Additional Comments tab is for attachment information if applicable or any other information to support the treatment plan. Up to 20,000 characters can be used in this field.

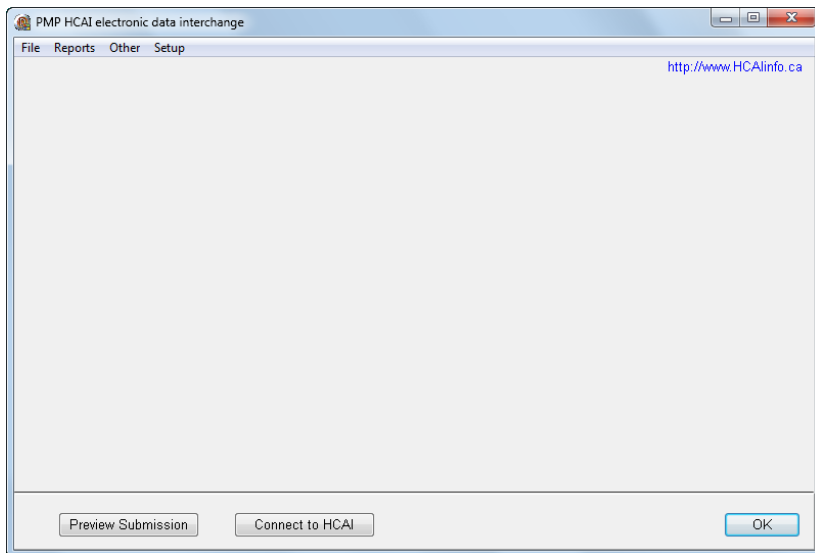
### Additional Buttons

Information regarding the buttons on the lower portion of the form can be found on page 25.

Test Form	Cancel	Save as Draft	Save as Finalized (to paper)	Save for HCAI
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# PMP HCAI Electronic Data Interchange

## Main PMP HCAI Screen



The main screen has menus across the top and buttons at the bottom. The middle area of the screen will populate with communication messages once you connect to HCAI.

## Preview Submission

The **Preview Submission** button enables you to view the forms within the batch that will be sent to HCAI once you click **Connect to HCAI**. Choose this button to view the submission. Click **Run the Report**.

Fri, 28 May 2010		Submission Preview				Page No. 1
Doctor	Form Date	Patient No.	Patient Name	OCFx	Form ID	Report Comments
DD	28-May-2010	1	Adrienne Linton	OCF21	145	
DD	28-May-2010	4	Agnes Seale	OCF18	182	
DD	28-May-2010	18	Alexander Lloyd	OCF18	132	
DD	28-May-2010	51	Amber Liandra Linton	OCF18	135	
DD	28-May-2010	1306	Robert Allan Linton	OCF23	138	

If you choose to remove a form from the submission go back into the patient file in PMP. On the MVA tab, click the form then **Edit**. Once the form is open choose **Save as Draft**. This returns to form to 'draft' mode and will remove it from the submission.

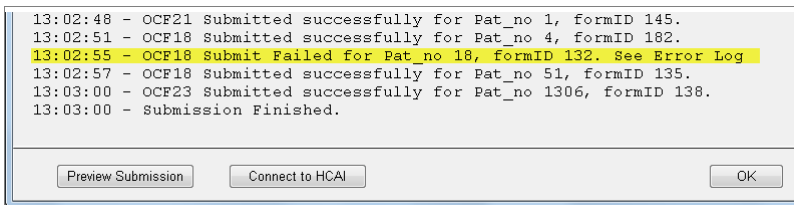
## Connect to HCAI

The **Connect to HCAI** button links your computer to the HCAI system. Enter your PMS password. The interface will now:

- **Facility information is verified and updated.** The facility information details the information that you have listed with HCAI. Any update or changes would appear on the report
- **Update insurer's list in Insurers are updated in PMP.** This procedure retrieves an updated list of auto insurers and inputs the list into PMP
- **Completed OCF forms are sent to HCAI.** The batch file containing the forms with a HCAI status of *Ready to Submit* is sent to HCAI.
- **Adjudicator responses are retrieved.** Each adjudication response will be retrieved individually and listed separately on the communication screen.

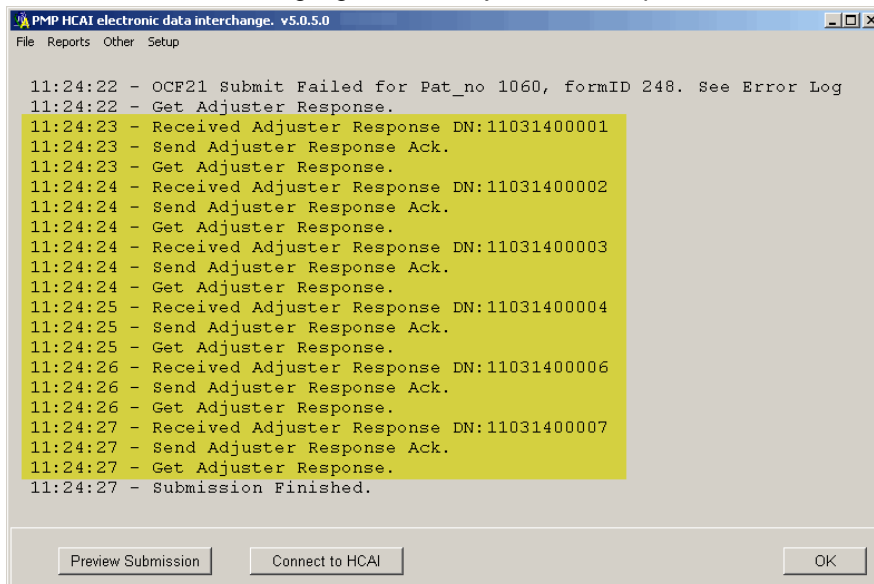
Once you input your password the screen will populate with transfer and communication information.

Read the screen. You will see communication referring to your submissions and adjudications.

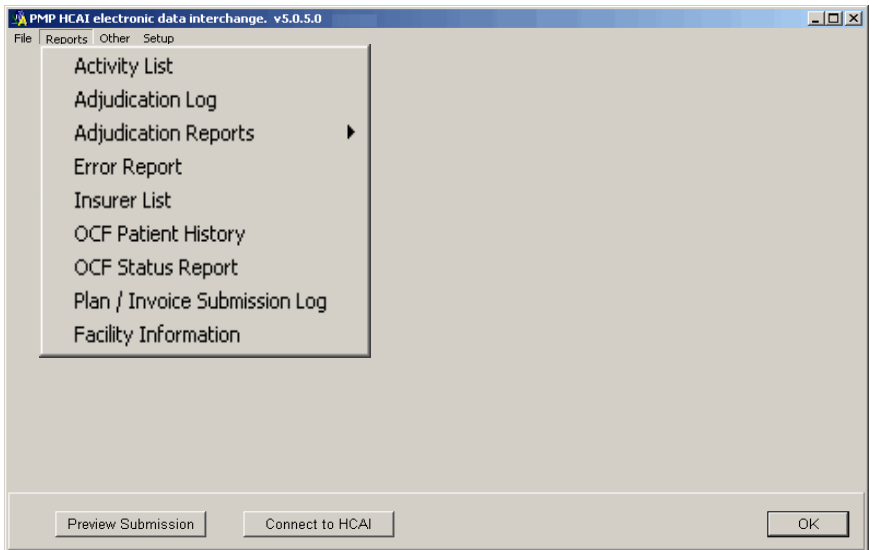


A line item will appear for each form submitted informing you of the status. The highlighted line item in the screen shot above is a failed submission and refers the user to see the Error Log.

The screen below has highlighted the Adjudication responses.



# Reports



The Reports menu supplies you with tools required to:

- review what forms were submitted
- why forms were rejected
- what claims got adjudicated
- the status of forms

Many forms allow you to select ‘filters’ which can assist in locating specific information.

## Activity List

The Activity list will produce a document of all communication with HCAI. This report is dependant upon the user first connecting to HCAI to retrieve the activity list. Accomplish this by going to the **Other** menu and selecting **Get Activity List**. You made need to enter your PMP Password. A connection is established and the list retrieved. Now select the **Reports** menu followed by **Activity List**.

Wed, 16 Mar 2011							
Activity List							
						Date From:	14-Feb-2011
						Date To:	14-Mar-2011
Date	Time	Form ID	Patient Number	Document Source	Document Number	Document Status	Net Amount
09-Mar-2011	4:15:00 pm	134	18	PMS	11030900008	Declined	0.00
11-Mar-2011	10:43:00 am	112	1322	PMS	11031100001	Submitted	0.00
11-Mar-2011	10:51:00 am	114	1032	PMS	11031100002	Submitted	0.00
11-Mar-2011	11:21:00 am	223	857	PMS	11031100003	Approved	1,375.00
11-Mar-2011	11:21:00 am	224	864	PMS	11031100004	Approved	2,015.00
11-Mar-2011	11:21:00 am	225	984	PMS	11031100005	PartiallyApproved	1,860.00
11-Mar-2011	11:21:00 am	226	1022	PMS	11031100006	Approved	428.65
11-Mar-2011	11:25:00 am	227	1584	PMS	11031100007	Approved	1,200.00
11-Mar-2011	3:52:00 pm	219	13	PMS	11031100008	Submitted	0.00
11-Mar-2011	3:52:00 pm	220	13	PMS	11031100009	Submitted	0.00
11-Mar-2011	3:52:00 pm	221	778	PMS	11031100010	Submitted	0.00
11-Mar-2011	3:52:00 pm	222	1500	PMS	11031100011	Submitted	0.00
14-Mar-2011	10:24:00 am	243	18	PMS	11031400001	Approved	50.00
14-Mar-2011	10:24:00 am	246	484	PMS	11031400002	Approved	1,850.00

## Adjudication Log

The Adjudication Log lists all items retrieved from HCAI that have been adjudicated by the insurer. This report refers specifically to items retrieved. View the Adjudication Reports for specific details.

Date		Time	Message ID	HCAI PMS Username	Document Number	OCFx	Form ID	Patient No.
01-Mar-2011	4:30:18 pm		27DA46F6-463E-492A-9D23-5717169933C5	James	11021500011	OCF18	200	0
01-Mar-2011	4:30:22 pm		AB9425B3-04C4-4EFA-8280-ED80EDA67C6	James	11022300002	OCF21	216	0
01-Mar-2011	4:30:24 pm		D7FCB469-F767-4746-9081-505B46425A15	James	11020400004	OCF21	220	0
01-Mar-2011	4:30:26 pm		3E362D65-5AE6-4462-AED7-DDF80E1D63AB	James	11020400003	OCF21	219	0
10-Mar-2011	10:10:38 am		563E864C-4501-48BC-9026-A9111AFFA78F	James	11030900004	OCF23	138	1306
10-Mar-2011	10:10:42 am		5FEBD972-5081-4F62-A16C-83BF87EC8DAF	James	11030900006	OCF21	221	18
10-Mar-2011	10:10:46 am		5A62CA54-3AAA-4EEB-B17D-FE38A78B44C9	James	11030900007	OCF21	220	1306
10-Mar-2011	10:10:50 am		CF541FA2-4275-43EC-9BF7-E1335DB50212	James	11030900008	OCF18	134	18

## Adjudication Reports

The **Adjudication Reports** are broken into type; **OCF 18, 21** and **23**. This is the same report that is viewed using the **View Adjudication** button offered in the patient file.

The report can be condensed with filters to allow viewing of only the required information. The **Filter by Download Date** will default to the last date that adjudication responses were retrieved from HCAI. The report can be printed in a continuous stream or you can each adjudication response start on a new page by placing a checkmark on the **Print one form per page** option.

Adjudication Reports have a header that detail the form details. The Goods and services section of the report is representative of the goods and services on your OCF form.

**Your OCF18 - Goods & Services**

Part 12 Proposed Goods or Services Requiring Insurer Approval	O/S Ref	Description	Code	Attribute	Provider Ref	Estimate/day			Projected	
						Quantity	Measure	Cost	Total Count	Total Cost
1		Physical Rehabilitation	SZZPR			1	SN	35.00	10	350.00
		Manipulation, spinal vertebrae	1SC05		A	1	PR	30.00		
		Test, total body	2ZZ08		A	1	PR	5.00		
2		Therapy, multiple body sites	1ZX12		B	1	PR	80.00	10	800.00
3		Assessment (examination), total	2ZZ02		A	1	PR	75.00	1	75.00
4		Xray, spinal vertebrae	3SC10		A	1	PR	65.00	1	65.00
5		Assistance, personal care	7SC01		A	1	HR	45.00	1	45.00

**Insurer Adjudication Report**

Wed, 16 Mar 2011      **Adjudication Report OCF-18**      Date From: BC      Page No. 1  
 Date To: 16-Mar-2011

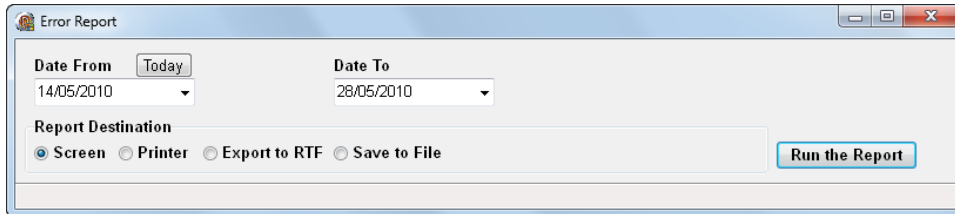
Pat. No.	Patient Name	King, Maria	Doctor	Dr. Joe OCACHIRO	Document Status	Approved	
1507	14-Mar-2011	FormID 240	Adjudication Document Number	11031400006	OCF-18 Document Number	11031400004	
Code	Description	Provider	Quantity	Cost	Total Count	Total Cost	
SZZPR	Physical Rehabilitation		0.00	SN	35.00	10	350.00
1ZX12	Therapy, multiple body sites	B	1.00	PR	80.00	10	800.00
2ZZ02	Assessment (examination), total body	A	1.00	PR	75.00	1	75.00
3SC10	Xray, spinal vertebrae	A	1.00	PR	65.00	1	65.00
7SC01	Assistance, personal care	A	1.00	HR	45.00	1	45.00
		Proposed	Approved	Adjuster Response			
	Sub-Total	1,335.00	1,335.00				
	Minus MOH	0.00	0.00				
	Minus Other Insurer 1 + 2	0.00	0.00				
	TAX (if applicable)	104.00	104.00				
	Auto Insurer Total	1,439.00	1,439.00				

**NOTE:** All adjudication details this report were supplied by the insurer. If you require additional information you should contact the insurer directly.

**Error Report**

Retrieve the error log for the **Reports** menu, **Error Report**.

The date from option offers you a **Today** button to simplify locating specific errors. Choose the date range and select **Run the Report**.



Locate the rejection on the document. The report is created by rejected information from the HCAI system. Any line information that says 'Erroneous value' refers to the information that was typed into the rejected field. The Failed rejection information will notify you as to where the problem lies.

Date	Time	Message ID	HCAI PMS Username
Fri, 28 May 2010		<b>Error Log</b>	
		Date From: 28-May-2010	Page No.
		Date To: 28-May-2010	
28 May 2010	1:02:55 pm	CDC19E2C-E815-4C34-8277-A8DF6DE4DA68	James
OCF18 Submit Failed for Pat_no 18, formID 132.			
Provider is invalid for specified facility. Erroneous value was 17.			

Correct the rejected form by returning to patient file in PMP and going to the MVA tab. The form will now have a HCAI status of *Submit Errors*. Click the form and then **Edit**. Resolve the conflict and choose **Save as HCAI**. The form will now be sent with the next submission.

Form Data										
New Treatment Plan (OCF18)		New Invoice (OCF21)		New Assessment (OCF22)		New PAF (OCF23)		Create OCF21 from OCF		
New Disability Certificate (OCF3)				New PAF Extension (OCF24)						
Accident ID	Form ID	Form Type	HCAI status	Document Number	Date	Draft/Final	Comments	Plan Number	Invoice Number	
▶	114	132	OCF18	Submit Errors		28-May-2010	Draft		1	

**Note:** Forms listed with Submit Errors will not be resubmitted until you resave them using the Save to HCAI button. It is therefore very important for users to monitor the report logs to ensure all forms are corrected and resubmitted.

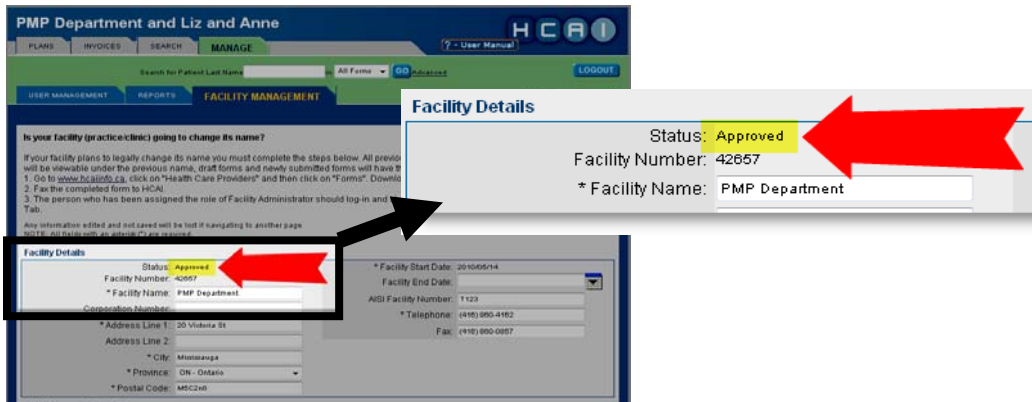
## Error Report for HCAI Authorization/Provider Error

An authorization or provider error can be caused by one of four reasons:

### 1. Your Facility has not been approved

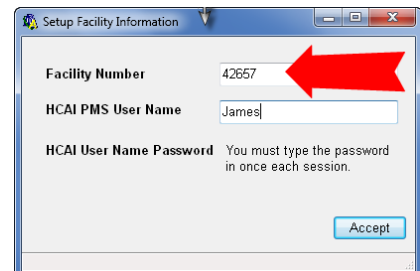
There may be an issue with the approval process. Confirm approval by accessing the HCAI website, [www.HCAI.ca](http://www.HCAI.ca). Click the **Manage** tab, followed by selecting the **Manage Facility** tab.

Under the **Facility Details** section check the **Status**.

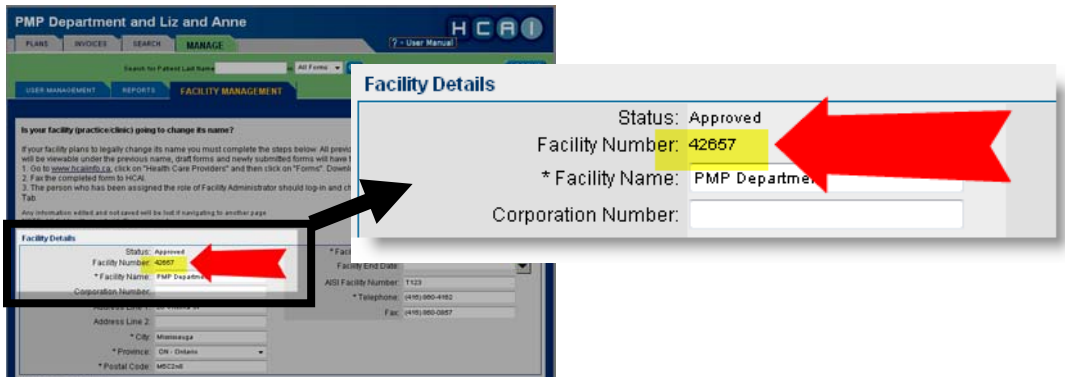


### 2. Your Facility Number is listed wrong in PMP

The Facility Number that you input into the **Setup** menu, **Setup Facility** screen in PMP HCAI is incorrect.



Locate this information in the HCAI website, [www.HCAI.ca](http://www.HCAI.ca) on the **Manage, Manage Facility** tab. Verify the **Facility Number**.

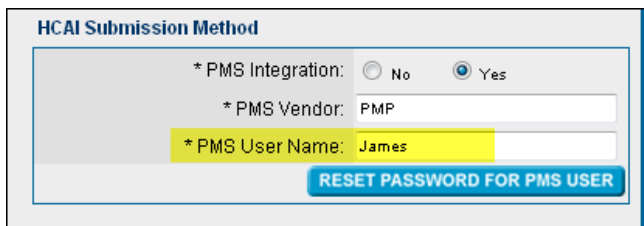
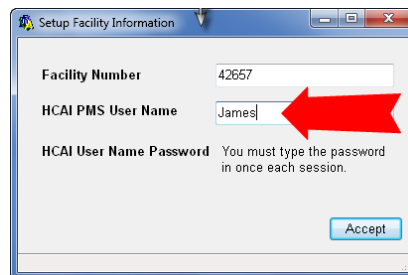


**3. Your PMS User Name is listed wrong in PMP**

The PMS User Name that you input into the **Setup** menu, **Setup Facility** screen in PMP HCAI is incorrect.

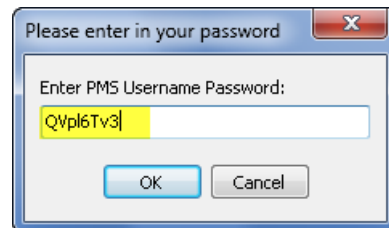
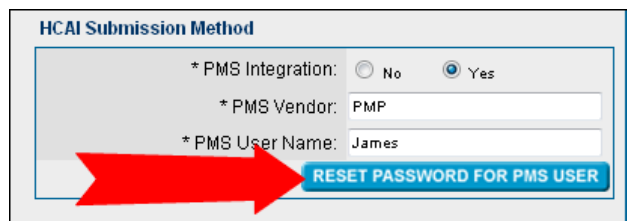
From the same HCAI screen listed above, scroll down to **HCAI Submission Method**.

Confirm your PMS User Name.

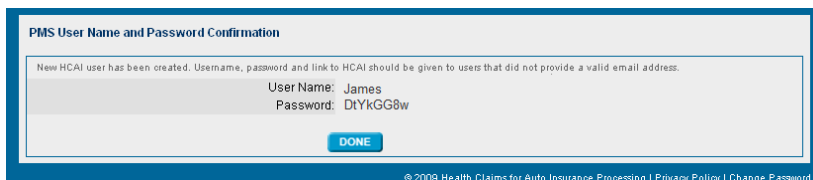


**4. Your PMS Username Password is wrong**

After 3 attempts in PMP HCAI to connect, go to the HCAI website, [www.HCAI.ca](http://www.HCAI.ca) on the **Manage, Manage Facility** tab. Scroll down to **HCAI Submission Method** and click **RESET PASSWORD FOR PMS USER**.



Write the new password down.



**5. You do not have the provider registered with HCAI or the practitioner information is incorrect**

Check this information in the HCAI website, [www.HCAI.ca](http://www.HCAI.ca) on the **Manage, Manage Facility** tab. Scroll to the Associated Provider section at the bottom of the page.

**All providers** should be listed here. If they are not, click **Add Provider** and complete the required fields.

If the required practitioners are in the list, click individually on each and confirm that the information is correct.

Provider Name	Start Date	End Date	Status
Palmer, Daniel	2010/05/14		Approved
Pierce, Benjamin	2010/05/14		Approved
Schweizer, Albert	2010/05/14		Approved
Winchester, Charles	2010/05/14		Approved

**Note:** PMP requires that Practitioners are listed with HCAI once for every profession. I.E. if a practitioner is a Chiropractor and Acupuncturist they must be listed twice in the *Associated Provider* screen; once for each profession.

## Insurer List

The Insurer List will produce a report detailing all insurers and their branches.

**Note:** This list is updated every time you connect to HCAI.

## OCF Patient History

This report will produce a detailed report for the patient history of forms within PMP for a specific patient. You can filter the report further to show specified dates and whether Draft or Final.

**OCF Patient History** Page No. 1

**Patient** 18  
Alexander Lloyd  
10 Pheasant Valley West, #605  
Downsview  
M3H 4Y2, ON

**Insurance Company** The Dominion of Canada General Insurance Company  
**Branch Name** Markham  
**Insurance Rep. Name** Frank Wright  
**Accident Date** 01-Apr-2010  
**Claim Number** 12345

**Policy Number** 54321  
**Policy Holder** Lloyd Barnabus

Form ID	OCFx	Draft	Form Date	HCAI Status	Comments
131	OCF18	Draft	06-May-2010		
132	OCF18	Draft	06-May-2010		Submit Errors
133	OCF21	Draft	06-May-2010		
134	OCF18	Draft	14-Mar-2011		

**HCAI message:** EBFF4473-9906-4ABA-8A66-6115C729F73B  
Date: 12-May-2010 Time: 10:30 am Document Number: 10051200003

Form ID	OCFx	Draft	Form Date	HCAI Status	Comments
243	OCF21	Final	14-Mar-2011	Approved	

**HCAI message:** D67E2EE8-83BD-4F53-BCFF-805B2BA00A77  
Date: 14-Mar-2011 Time: 10:24 am Document Number: 11031400001

**HCAI message:** B3E1FB0D-086B-46BB-ADE6-DE9FC96FB2AE  
Date: 14-Mar-2011 Time: 11:24 am Document Number: 11031400001

## OCF Status Report

The OCF Status report will produce a list of forms that meet the filter options (criteria) selected. All forms created within PMP will be produced on the report if no filters are chosen.

Filter options include:

- HCAI Status
- Form Date
- Draft / Final
- Sort Order

This report can be useful when looking forms that did not get submitted (Submit Errors).

Patient No	Patient Name	Doc	OCFx	Form ID	Draft	HCAI Status	Form Date	Claim Number	Insurance Company
13	Greaves, Alexander	DD	219	Final	Submitted	11-Mar-2011	54545434	PMSVendorSupport Insurance C	
13	Greaves, Alexander	DD	220	Final	Submitted	11-Mar-2011	54545434	PMSVendorSupport Insurance C	
778	Green, Geoffrey	DD	221	Final	Submitted	11-Mar-2011	r324324	PMSVendorSupport Insurance C	
1500	Greer, Barbara	DD	222	Final	Submitted	11-Mar-2011	544343	PMSVendorSupport Insurance C	
54	Low, Amy	DD	242	Final	Submitted	14-Mar-2011	256	Ascentus Insurance	

## Plan / Invoice Submission Log

This report details your interaction with HCAI. This report produces a message ID which can be used for troubleshooting with HCAI.

## Facility Information

The facility information report details your facility details that are taken from the HCAI portal. It is updated every time you choose Connect to HCAI or **Get Facility Info** from the **Other** menu.

Facility Name		PMP Department		Authorizing Officer	
Facility ID	426	First Name	Lauren	Last Name	James
Facility AISI Number		Title		Telephone	4168604162
Facility Address	20 Victoria St Mississauga ON M5C2n8	Fax		Email	ljames@chiropractic.on.ca
Cheque Payable To	Lauren James	Contact One	Liz	Contact Two	
Lock Payable	False	First Name	Liz	First Name	
		Last Name	Pridham	Last Name	
		Title	Rep	Title	
		Telephone	4168604163	Telephone	
		Email		Email	
<b>Provider Listing</b>					
First Name	Last Name	Provider ID *	College * Registration Number	Start Date	End Date
Daniel	Palmer	17	1234	DC	14-May-10
Benjamin	Pierce	18	2345	DC	14-May-10
Albert	Schweizer	19	J222	MT	14-May-10
Charles	Winchester	20	5896	DC	14-May-10
* You must make sure that you enter the Provider ID into PMP. It is found in Setup / Doctor Defaults / Edit MVA. This is used by PMP to bill HCAI appropriately. Similarly, please note the College Registration Number as it is used in several forms.					

## Automobile Insurance Activity in PMP

### Minor Injury Guideline (MIG)

#### Outline

The objectives of the Minor Injury Guideline are to:

- a) Speed access to rehabilitation for persons who sustain minor injuries in auto accidents;
- b) Improve utilization of health care resources;
- c) Provide certainty around cost and payment for insurers and regulated health professionals; and
- d) Be more inclusive in providing immediate access to treatment without insurer approval for those persons with minor injuries as defined in the SABS and set out in Part 2 of this Guideline.

Consistent with these objectives, the Guideline sets out the goods and services that will be paid for by the insurer without insurer approval if provided to an insured person who has sustained a minor injury.

The Guideline is focused on the application of a **functional restoration approach**, in addition to the provision of interventions to reduce or manage pain or disability.

The full guideline is available for download from the Financial Services Commission of Ontario (FSCO) website, [www.fSCO.gov.on.ca/english/pubs/bulletins/autobulletins/2010/A-10\\_10-1.pdf](http://www.fSCO.gov.on.ca/english/pubs/bulletins/autobulletins/2010/A-10_10-1.pdf).

### Fee Schedule Set up

MIG fees should be added to your PMP Fee Schedule.

Go to the **Setup** menu, **Fee Schedule, Treatment**. Click **Add, Form**.

Add all the items listed below. Use whatever code you wish, these are only suggestions.

MIG1	Minor Injury Initial Visit	215.00
MIG1	Minor Injury Treatment Phase Block 1	775.00
MIG2	Minor Injury Treatment Phase Block 2	500.00
MIG3	Minor Injury Treatment Phase Block 3	225.00
MIGD	Completion of Guideline Discharge Report (OCF24)	85.00
MIGG	Minor Injury Goods & Services	400.00 (this will be edited)
MIGT	Minor Injury Transfer Fee	50.00



**Note:** These Fees will not necessarily apply. The fees are being added so that you will know how much is billable for each completed block. Edit the amount to the correct total when processing activity.

### Posting Patient Activity

As your patient comes to each appointment, record the patient activity using your regular codes and fees for initial visits, adjustments and inventory items. Block fees should be posted after the initial visit and each block.

### Block Billing

Print the statement using the specific block dates for the start and end dates of the statement to enable you to figure out how much to bill for the block.

Wed, 5 Jan 2011

Blue Cross ID #: 1434  
 185 The West Mall Policy:  
 Etobicoke ON M9C 5P1 Claim: 3445  
 ATT: Stella Williams File: 59577595

Patient: Lauren James  
 5180 Explorer Drive, Unit 30  
 Mississauga ON  
 L4W 4T7

Last Statement: 05-Jan-2011  
 Accident Date: 01-Oct-2010

**Statement of Account**  
 From: 06-Oct-2010 to 05-Jan-2011

Date	Ref. Date	Doctor	Description	OHIRAWSIB	Fee	Payment	Balance
			BALANCE FORWARD				215.00
06-Oct-2010		DD	Adjustment		35.00		250.00
08-Oct-2010		DD	Adjustment		35.00		285.00
11-Oct-2010		DD	Adjustment		35.00		320.00
13-Oct-2010		DD	Adjustment		35.00		355.00
15-Oct-2010		DD	Adjustment		35.00		390.00
18-Oct-2010		DD	Adjustment		35.00		425.00
20-Oct-2010		DD	Adjustment		35.00		460.00
22-Oct-2010		DD	Adjustment		35.00		495.00
25-Oct-2010		DD	Adjustment		35.00		530.00
27-Oct-2010		DD	Adjustment		35.00		565.00
				0.00	350.00	0.00	
<b>BALANCE DUE: 05-Jan-2011 \$ 565.00</b>							

The amount already posted to the patient's account (highlighted above in yellow) is deducted from the maximum billable amount for the MIG. For Block 1 this amount is \$775.00. Therefore in deducting the amount already billed, \$350.00 from the billable amount, \$775.00 you end up with an amount of \$425.00. This is the amount that is posted at the end of the block that will be billed to the auto insurer.

Here is the patient Account Activity screen after posting the Block 1.

Date	Ref. Date	Doc	Location	Code	Bill Code	Type	Status	Paid by	Billing	Patient	Payment
05/10/2010		DD		1 CE		CASH	Paid		0.00	90.00	0.00
06/10/2010		DD		1 A		CASH	Paid		0.00	35.00	0.00
08/10/2010		DD		1 A		CASH	Paid		0.00	35.00	0.00
11/10/2010		DD		1 A		CASH	Paid		0.00	35.00	0.00
13/10/2010		DD		1 A		CASH	Paid		0.00	35.00	0.00
15/10/2010		DD		1 A		CASH	Paid		0.00	35.00	0.00
18/10/2010		DD		1 A		CASH	Paid		0.00	35.00	0.00
20/10/2010		DD		1 A		CASH	Paid		0.00	35.00	0.00
22/10/2010		DD		1 A		CASH	Paid		0.00	35.00	0.00
25/10/2010		DD		1 A		CASH	Paid		0.00	35.00	0.00
27/10/2010		DD		1 A		CASH	Paid		0.00	35.00	0.00
27/10/2010		DD		1 MIG1		CASH	Paid		0.00	425.00	0.00

✓ **Hint:** If EHC does not pay 100% of the treatment cost, the amount not paid will be billed on the OCF 21 invoice, not in PMP.

Here is the completed statement showing the Initial visit and the Block 1 amount for the auto insurer.

Wed, 5 Jan 2011

Blue Cross ID #: 1434  
 185 The West Mall Policy: 3445  
 Etobicoke ON M9C 5P1 Claim: 3445  
 ATT: Stella Williams File: 58577585

Patient: Lauren James  
 5100 Explorer Drive, Unit 30  
 Mississauga ON  
 L4W 4T7

Last Statement: 05-Jan-2011  
 Accident Date: 01-Oct-2010

Statement of Account  
 From: 01-Oct-2010 to 05-Jan-2011

Date	Ref. Date	Doctor	Description	OHIP/M/SIB	Fee	Payment	Balance
			BALANCE FORWARD				0.00
04-Oct-2010		DD	Minor Injury - Initial Visit		125.00		125.00
05-Oct-2010		DD	Consultation/Examination		90.00		215.00
06-Oct-2010		DD	Adjustment		35.00		250.00
08-Oct-2010		DD	Adjustment		35.00		285.00
11-Oct-2010		DD	Adjustment		35.00		320.00
13-Oct-2010		DD	Adjustment		35.00		355.00
15-Oct-2010		DD	Adjustment		35.00		390.00
18-Oct-2010		DD	Adjustment		35.00		425.00
20-Oct-2010		DD	Adjustment		35.00		460.00
22-Oct-2010		DD	Adjustment		35.00		495.00
25-Oct-2010		DD	Adjustment		35.00		530.00
27-Oct-2010		DD	Adjustment		35.00		565.00
27-Oct-2010		DD	Minor Injury Block 1 (wk1-4)		425.00		990.00
				0.00	990.00	0.00	

BALANCE DUE: 05-Jan-2011 \$ 990.00

## Tracking Sheets

These forms have been designed to assist with tracking the office visits for your Motor Vehicle Accident patients. Full page copies can be found at the end of this guide. An electronic copy is available by contacting support.

**MIG Tracking Sheet.** Record the initial visit date and the date range for blocks when your patient begins care. This form should be attached to the front of the patient file or attached to the travel card so you have it readily available. Fill in the boxes with the actual dates of treatment as your patient attends their office visits. As you complete the form, you can tell at a glance the status of the MIG.

MIG		TRACKING SHEET					
NAME:	_____						
START DATE:	_____						
APPROVAL DATE:	_____						
Initial Visit	<input type="text"/>						\$215.00
Block 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$775.00
SUBMISSION DATE:	_____						
Block 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$500.00
SUBMISSION DATE:	_____						
Block 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$225.00
SUBMISSION DATE:	_____						
Goods & Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$400.00
OCF-24 STATUS & DISCHARGE							\$85.00

**The Treatment Plan Tracking Form** will help you to recognize at a glance when it is time to submit new treatment plans for MVA patients who do not qualify for pre-approved framework.

Mark the tracking form to indicate the number of treatments covered by your Treatment Plan by highlighting the correct number of boxes or by putting brackets around them. When your patient attends their office visits, record the actual dates of treatment in the boxes. If you are treating your patient twice a week and know it will take two weeks to get approval for a new Treatment Plan, you need to submit an extension request when the patient has six visits left.

TREATMENT PLAN TRACKING FORM																															
NAME: _____																															
START DATE: _____																															
APPROVAL DATE: _____																															
CHIRO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
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APPROVED	_____																														
CHIRO																															
PHYSIO																															
RMT																															



## TREATMENT PLAN TRACKING FORM

NAME: \_\_\_\_\_

START DATE: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_

CHIRO

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PHYSIO

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### TREATMENT PLAN

	TX PLAN # _____		TX PLAN # _____	
	Visits	Cost	Visits	Cost
CHIRO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHYSIO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RMT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SENT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
APPROVED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# HCAI Process for PMP Users

