

Health Service Provider Quick Guide to Compliance

Use this *Quick Guide* for a brief overview of some of your obligations as a Service Provider under the [Insurance Act](#), its regulations and applicable Financial Services Regulatory Authority of Ontario (FSRA) Rules.

This guide summarizes key legal requirements related to the most common areas of non-compliance.

You must comply with all applicable requirements of the *Insurance Act*, its regulations, and FSRA Rules, and not exclusively those highlighted in this guide. See the [Licensing Toolkit](#) to learn more about licensing requirements and obligations.

REPORTING

✓ **Report business changes to FSRA within five business days**

Section 20 of [O. Reg. 90/14](#) stipulates that a licensed Service Provider shall provide updated information to the Chief Executive Officer of FSRA within five business days after the day the relevant change occurs. This includes changes to its mailing address, email address, telephone number, principal place of business location, or any facility, branch, office or location in Ontario.

Make sure all information is up to date in your [FSRA Account](#).

✓ **Calculate and report an accurate Statutory Accident Benefits Schedule (SABS) claimant count to FSRA**

Service providers must ensure that all information reported in their Annual Information Return (AIR) and any other information provided to FSRA is correct, complete and not misleading, including the total number of SABS claimants.¹ The total number of SABS claimants is the total number of persons for which **payment has been received** for one or more listed expenses (calculated per accident) during the prior calendar year. The total number of SABS claimants reported in the AIR must adhere to the calculation method prescribed in the Fee Rule.

Service Providers should review section 4.3 of the [Fee Rule](#) for further information related to how fees are calculated.

¹ S. 447(2) (a) of the *Insurance Act* (Ontario) states that it is an offence to furnish “false, misleading or incomplete information” to FSRA.

BUSINESS PRACTICES

✓ **Establish and implement policies and procedures**

Service Providers are required to establish and implement policies and procedures that are appropriate to the nature and volume of their business related to SABS. Policies and procedures must be designed to comply with all applicable laws. This includes avoiding the preparation or submission of false or misleading information to an insurer and to prevent the service provider from facilitating such activities. Service Providers are also required to establish a process for addressing and resolving complaints from insurers in respect of business systems and practices related to listed expenses.

Service Providers should review section 17 of [O. Reg. 90/14](#) and create specific policies and procedures to address its requirements.

COMPLIANCE

✓ **Maintain an accurate Health Claims for Auto Insurance (HCAI) roster**

Service Providers must keep their HCAI roster current. Within 10 days of an employee leaving the Participating Facility, or upon receiving a request from a Rostered Health Professional to be removed in HCAI, the Service Provider must add an “end date” to the Rostered Health Professional’s record.

Service Providers should review [Superintendent's Guideline No. 02/18](#) for further details related to the requirement to maintain an accurate HCAI roster.²

✓ **Ensure the Regulated Healthcare Professional (RHP) and claimant sign Treatment and Assessment Plans (OCF-18s) and Treatment Confirmation Forms (OCF-23s)**

All OCF-18s and OCF-23s must be signed by the RHP and the claimant (unless the insurer waives this requirement). The only compliant practice for the submission of OCF-18s and OCF-23s is to complete the form, obtain the claimant signature, and then submit the form via HCAI.

Service Providers should review sections 38 and 40 of [O. Reg. 34/10](#) which detail the requirements for the completion of OCF-18s and OCF-23s.

✓ **Ensure Auto Insurance Standard Invoices (OCF-21s) are signed**

OCF-21s must be signed by the RHP who is providing treatment to the claimant. The RHP can also designate an “authorized signatory” to sign the OCF-21 on their behalf if the RHP has provided his or her consent. Service Providers must keep a copy of the signed OCF-21 on file. This can be either the original paper version, or an electronic copy saved in PDF format.

² Made pursuant to s. 268.3(1) of the *Insurance Act* (Ontario) and s. 66 of O. Reg. 34/10

Service Providers should review [Superintendent's Guideline No. 02/18](#) for further information related to recordkeeping.

✓ **Verify the claimant's identity**

Service Providers must take all reasonable steps to verify the identity of SABS claimants. Service Providers must verify that goods and services are being provided to the person who was involved in the motor vehicle accident.

Service Providers should review section 5 of [O. Reg. 90/14](#) for further details related to the verification of identity.