



April 29, 2022

Ms. Ann MacKenzie
FSRA Senior Manager, Policy Interpretation
Auto/Insurance Products
5160 Yonge Street, 16th Floor
Toronto, ON M2N 6L9

Dear Ms. MacKenzie,

The Coalition of Health Professions in Auto Insurance (the “Coalition”) appreciates the opportunity to provide input on the Financial Services Regulatory Authority of Ontario (FSRA) review of, and approach to, Inherited Ontario Claims Forms, and Health Claims for Auto Insurance (HCAI) billing and treatment forms.

The Coalition was formed in 1990 and represents eight regulated health professional associations¹ which, in turn, represent over 40,000 regulated, front line health professionals involved in the assessment and treatment of Ontarians injured in motor vehicle accidents (MVAs).

We believe the planned review of, and approach to, OCF 1 and HCAI billing and treatment forms, should be firmly rooted in the protection of claimant and consumer interests. Guided by principles of standardization, fitness-for-purpose, and responsiveness, the Coalition has three overarching recommendations. First, we believe FSRA should issue prescribed standard documents for all forms as well as standardized definitions for key terms and concepts. Such uniformity will ensure that claimants – and those who assist them – can easily and readily understand and complete documents.

Second, OCFs should require only information necessary to conform to a form’s stated purpose. Streamlining in this manner will reduce burdens on claimants and build consumer confidence in the overall claims process and auto insurance product.

Third, insurers (and FSRA) must have an explicit *obligation* to be responsive to the diverse needs of consumers and claimants. To this end, the Coalition recommends that an online chat function and a toll-free support line be provided by FSRA (or another neutral entity) to provide information and guidance to consumers and claimants. Such supports are critical to accommodate the diverse needs of Ontarians (which include, for instance, varying degrees of English language proficiency and literacy), and help injured claimants navigate what is often a highly stressful and vulnerable time.

¹ The Coalition is comprised of the following eight member associations, the Ontario Association of Social Workers (OASW); the Speech-Language Pathology & Audiology Ontario ; the Ontario Chiropractic Association (OCA); the Ontario Dental Association (ODA); the Ontario Physiotherapy Association (OPA); the Ontario Psychological Association (OPA); the Ontario Society of Occupational Therapists (OSOT); and the Registered Massage Therapist’s Association of Ontario (RMTAO).

Outlined below are the Coalition’s specific recommendations organized according to eight topic areas addressed in the consultation slide deck.

1. Clarity, Comprehension, and Ease of Completion (Slide #3)

The OCF 1 should be revised to include a clear and complete statement of its intended purpose. Information unrelated to starting a SABS claim (such as an individual’s hourly wage, employment status, or income) should not be requested. For ease of completion, information that an insurer already possesses about the claimant (e.g., tombstone information such as date of birth, address, etc.) should pre-populate the OCF 1, and only require the claimants to confirm its accuracy.

We agree that the OCF 1 should be made available to claimants in both digital and hard copy versions.

2. Barriers FSRA Should Address (Slide 14)

The Coalition recommends that addressing barriers to claimants should be listed as an explicit element of FSRA’s approach in putting consumers first.

3. OCF Uses and Users (Slide 15)

The chart on Slide 15 should be revised to indicate that:

- claimants, along with insurers and MVACF, are primary users/stakeholders in “initiating a legal obligation for insurer to aid claimant in applying for benefits”
- completion of the OCF 1 triggers HSP ability to both submit treatment plans to the insurer and to receive payment
- the regulator and government use data obtained via the OCF 1 to inform policymaking.

In addition, we agree that the OCF 1 initiates a legal obligation for the insurer to aid claimants in applying for benefits. While necessary, this obligation is insufficient to aid diverse claimants who, for example, may not speak English or may be uncomfortable discussing some issues with insurers. To build trust and transparency, FSRA should provide free, accessible, and neutral assistance to claimants (e.g., online chat box function and a toll-free help line).

4. Consent for Information Collection (Slide 20)

The Coalition recommends that consent language should be prescribed by the regulator and written in plain language. In this vein, a definition should be provided to explain what is meant by *pooled data for fraud detection*. We also recommend that individual consents be obtained for distinct purposes such as adjudicating a claim for benefits, marketing activities, and/or trend analysis.

5. FSRA Approval of Forms (Slide 17 & 18)

The Coalition recommends that consumers would be best served by a prescribed standard document for use by all insurers (Option 1). Greater consistency in OCF 1 forms will help HSPs, and other trusted stakeholders, to navigate forms from different insurers and assist claimants. Insurers could retain flexibility to individualize the delivery of forms.

We also recommend that the OCF 1, along with all other claims forms, should flow seamlessly into the HCAI, and thus, adhere to the once-only principal for data entry (by claimants and HSPs alike).

To complete the chart on page 18, the Coalition recommends that the “pros” for Approach 1: Preserved Standard Document should specify that this method is not only familiar, but easier to navigate for all stakeholders (including health service providers and claimants). In contrast, we believe that the “cons”

for Approach 3: Individual Insurer File for Approval should indicate that this method is burdensome not only to the regulator, but for claimants, health professionals and, in some cases, insurers.

6. FSRA OCF 1 – Gender (Slide 21)

To capture gender data, the Coalition refers FSRA to the inclusive gender menu in the following document: <https://youthrex.com/wp-content/uploads/2022/03/YouthREX-TK-Asking-About-Gender-2022.pdf>

7. Modernizing HCAI (Slide 25)

The Coalition recommends that FSRA's Proposed Principles/Outcomes (outlined on slide 25), be modified to state that FSRA will explore how HSPs, who contribute to HCAI, can reasonably access their own data at a fair to nominal cost -- and within a reasonable time frame.

8. HCAI Priority and Next Steps (Slide 27)

We recommend that FSRA's first, and main, consultation priority should be to obtain advice on a mechanism or forum for FSRA and stakeholders to improve operational effectiveness. This forum should include HCAI end-users along with insurance adjusters. The Forum's terms of reference should include advising FSRA on key outcome data/improvements to existing HCAI forms.

The Coalition also recommends that FSRA should consult with the Ontario College of Social Workers and social service workers as they are not governed by the Regulated Health Professions Act (RHPA), and thus, are not members of the Health Professions Regulators of Ontario (HPRO).

The Coalition appreciates the opportunity to provide feedback on FSRA's review and approach to inherited OCFs and HCAI modernization, and we look forward to the second phase of the consultation. In the interim, we welcome the opportunity to meet with you and your team to discuss the above-stated recommendations in more detail.

Sincerely yours,

Dr. Moez Rajwani and Dorianne Sauvé, Coalition Co-Chairs, Auto Coalition