COMPARISON OF DESIGNATED ASSESSMENT CENTRE (DAC) SYSTEM TO POST-DAC SYSTEM		
BENEFIT & PROCESS	**DAC SYSTEM**	**POST-DAC SYSTEM**
Assessment Models	▸ Under the DAC system, claimants may be subject to three different assessments in any one claim: from their own health care providers, insurer examination, and by DACs. ▸ Claimants and insurers can dispute findings of DAC to dispute resolution system at FSCO or courts (following mediation).	▸ Assessment process streamlined by eliminating use of DACs. ▸ Claimants have access to medical assessments through accident benefit application process using own health care providers. ▸ If insurer wants to deny benefit entitlement, the insurer must request separate medical examination; however, claimant, under certain circumstances, is allowed a further assessment by own health professional to challenge the insurer's examination. ▸ An unfair business practice for insurer to deny entitlement without medical examination. ▸ Disputes over examination findings to be addressed by dispute resolution system at FSCO or through courts (following mediation).
Types	▸ When DAC assessments are required, referrals may be made to up to 4 different types of DACs that separately review medical and rehabilitation, catastrophic impairment, disability, and attendant care issues. ▸ Different DAC types lead to multiple assessments.	▸ Insurers can avoid duplication by combining broad benefit issues into one comprehensive examination. ▸ Access to attendant care and home modifications through voluntary in-home assessments for claimants being discharged from hospital.
Composition of Assessors	▸ DACs follow a "like for like" system of assessments whereby health care providers assess and review treatment plans proposed by same type of health care provider (eg. chiropractor reviewing proposed chiropractic plans). ▸ When multiple treatment providers are involved it leads to large multi-disciplinary DAC teams.	▸ Single examiners used wherever feasible. Multi-disciplinary teams determined based on circumstances of claim and benefit.

COMPARISON OF DESIGNATED ASSESSMENT CENTRE (DAC) SYSTEM TO POST-DAC SYSTEM		
BENEFIT & PROCESS	**DAC SYSTEM**	**POST-DAC SYSTEM**
Trigger and Focus of Assessments	▸ DAC assessment triggered by a dispute over insurer denial of benefit (i.e., treatment plan).	▸ Insurer examination used by insurers to assist in determining if benefit is payable. It is an unfair business practice for an insurer to misrepresent the opinion of an examiner or to request an examination when not reasonably required. ▸ Where an insurer denies entitlement to a benefit as a result of an examination, in certain circumstances, the insured can obtain an assessment from their health care provider to address issues raised in the insurer's examination.
Timelines for Assessments	▸ Insurer has 5 business days to make referral after notifying claimant, and DAC has 14 calendar days to complete report after the DAC has been scheduled. ▸ No set timeframes in regulation for DAC to schedule and complete assessments. ▸ Request for claimant assessments and access to PAF issues: insurer has 2 business days to make referral (set out in guidelines) and DAC has 5 business days to issue report.	▸ All timeframes set out in regulation. ▸ Where no physical examination is required, referral is made within 2 business days of notification otherwise referral is made within 5 business days. ▸ Examinations are completed within 10 business days (30 business days for catastrophic impairment determination). ▸ Assessor provides report to the insurer within 10 business days of the examination. Reports are provided within 5 business days if there is no physical examination required (10 business days for catastrophic impairments). ▸ Insurer to make benefit determination within 5 business days of receiving the examination report and provide a copy of the report to the claimant and the claimant's health care practitioner. ▸ If examination report is delayed, insurers pay the benefit until report is received. ▸ An unfair business practice for insurer not to respond within timelines set out in regulation and fail to pay benefit promptly after not providing required notice.

COMPARISON OF DESIGNATED ASSESSMENT CENTRE (DAC) SYSTEM TO POST-DAC SYSTEM		
BENEFIT & PROCESS	**DAC SYSTEM**	**POST-DAC SYSTEM**
Status of Reports & Dispute Resolution	▸ DAC report is binding but subject to challenge by other evidence through mediation, arbitration and court challenge. ▸ Mediations are required to take place within 60 days of an application to FSCO.	▸ Examination report and insurer determination are subject to challenge by other evidence through mediation, arbitration and the courts. ▸ Mediations are required to take place within 60 days of an application to FSCO.
Governance	▸ Overseen by Committee appointed by the Minister of Finance. Comprised of representatives from health professional associations, insurers, legal groups, consumer groups, and representatives of DACs. ▸ Operational and logistical support for operation of Committee provided by FSCO.	▸ No governance structure required. ▸ Examiners to be subject to regulatory college regulation and requirements under the *Insurance Act.*
Standards	▸ DACs adhere to administrative guidelines issued by Minister's Committee. ▸ No standardized assessment protocols. Each DAC develops an assessment plan on a case by case basis, which includes composition of health professionals, length, tests, and cost following review of intake material.	▸ Individual examiners determine examination plan using practice standards for the health profession.

COMPARISON OF DESIGNATED ASSESSMENT CENTRE (DAC) SYSTEM TO POST-DAC SYSTEM		
BENEFIT & PROCESS	**DAC SYSTEM**	**POST-DAC SYSTEM**
Referral/Selection	▸ DAC roster normally closed. Minister's Committee only opens system to application when a service gap is identified. ▸ Prior to October 1, 2003, DACs were selected based on distance to a person's home. ▸ Since October 1, 2003, DACs selected by agreement between insurer and claimant or by FSCO if no agreement is reached.	▸ All regulated health professionals and social workers can conduct examinations. It is an unfair business practice for an insurer to request an examination from an unqualified professional. ▸ Examination must be conducted not more than 30 km from a claimant's home in the Greater Toronto Area or 50 km from a claimant's home elsewhere in Ontario. ▸ If an insurer is unable to arrange for a qualified person to conduct the examination within these distances, the insurer may arrange an examination at a location that is reasonable in the circumstances.
Fees	▸ Assessment fees currently set by individual DACs with caps set by the Superintendent. Prior to March 1, 2004, no caps existed. ▸ Average cost of DAC assessment is significantly higher than assessment in other systems and jurisdictions (eg. WSIB).	▸ Cost of examinations will be subject to negotiation between individual insurers and examiners.