



MINISTER'S COMMITTEE ON THE DESIGNATED ASSESSMENT CENTRE SYSTEM

INFORMATION COMMUNIQUÉ

Information Communiqués should be circulated amongst all DAC Clinical and Administrative staff. They are intended to keep DAC staff informed on current issues and to provide information on the activities of the Minister's Committee on the Designated Assessment Centre System (DAC Committee).

This issue speaks to new electronic reporting software requirements; announces the new Auto Insurance Standard Invoice, announces the release of the CAT DAC assessment guideline; speaks to the rescheduling of the CAT DAC rounds; clarifies General Guideline 3; speaks to the provision of assessment plans to claimants; speaks to the issuance of a discussion paper on the current automobile insurance system; and reviews recent arbitration decisions.

FSCO ELECTRONIC REPORTING NOTICE: LOTUS R5 UPGRADE

In December, 2001, FSCO will be upgrading its Lotus Notes server to Release 5 (R5). This update will directly impact the ability of DACs to electronically report their DAC activity.

For all those that are currently running R5, there will be no action needed. All those that are running a version of Lotus Notes 4.3 will not be able to successfully dial in and submit their reports.

The Minister's Committee on the

DAC System considers electronic reporting to be a mandatory requirement. In addition, one of the terms of the Request For Proposal is that all DACs participate in data collection. Upgrading to R5 can be done by purchasing an upgrade cd rom from your software vendor. The cost is \$67US per CD-ROM.

Once you obtain the upgrade, please make arrangements with Tony Toy at 416-590-7257 to install and test the application.

AUTO INSURANCE STANDARD INVOICE

The Financial Services Commission of Ontario (FSCO) released the Automobile Insurance Standard Invoice in October, 2001. The Standard Invoice applies to all applicable goods and services provided to insured persons on or after November 12, 2001.

The Standard Invoice will be used by all Designated Assessment Centres when billing for assessment services. All completed forms will continue to be sent to the insurance company or adjusting company as is currently the practice.

This new form was developed by the Insurance Bureau of Canada (IBC) with the assistance of FSCO. Last year FSCO contracted with the Canadian Institute for Health Information (CIHI) to begin the

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Standard Invoice (Continued)

development of a standard invoice for health care providers. The introduction of a standard invoice is also a commitment made by FSCO in its most recent Statement of Priorities.

The use of the Standard Invoice by DAC centres has been mandated via the authority of the Superintendent under s.121 of the Insurance Act.

Questions regarding the application of the Standard Invoice are to be directed to the IBC Consumer Information Centre at (416)362-9528 or toll free 1-800-387-2880 (from Ontario only) or can be submitted at the Standard Invoice website at <www.standardinvoice.on.ca>.

For further information regarding the standard invoice and its applicability, please refer to Bulletin Number A-10/01 posted on FSCO's website.

NEW CAT DAC GUIDELINE

The DAC Committee and FSCO have released the new Catastrophic Impairment Assessment Guideline, effective October 1, 2001.

The significant changes to the guideline include the establishment of core assessment teams for each of the levels of the catastrophic impairment definition. It also establishes the requirements that DACs must meet in order to conduct catastrophic impairment assessments on paediatric claimants. The roster of DAC centres who continue to conduct CAT DACs and those who have received the paediatric authorization can be found on FSCO's website at <www.fSCO.gov.on.ca>.

CAT DAC ROUNDS

Due to the horrible events that occurred on September 11, 2001 in the United States, the CAT DAC Rounds originally scheduled for that day have now been rescheduled for Friday, October 19, 2001 at FSCO.

CLARIFICATION OF GENERAL GUIDELINE 2: Production Requests

The Operations Subcommittee of the DAC Committee completed their recent review of the general guidelines by determining if any changes were required to General Guideline 2: Production Requests.

DACs frequently make enquiries to the Automobile Insurance Policy Unit (AIPU) regarding parties who have asked a DAC to provide them with some or all of the documentation that they have on their files.

DACs are reminded that General Guideline 2 states that *it is not the responsibility of the DAC to provide copies of that material. The DAC should advise the requesting party in writing to direct their request to the party who provided that information to the DAC.*

If a DAC collects materials on its own, that is, materials not provided by either party but necessary for the assessment (such as hospital records), then these will be attached as an appendix to the DAC report.

MINISTER'S DISCUSSION PAPER OF AUTOMOBILE INSURANCE REFORM

In September, 2001, the Ministry of Finance released a consultation paper entitled Review of the Current Automobile Insurance System. The DAC Committee would like to draw your attention to the consultation paper as

it does comment on issues arising from the DAC system.

AUTOMOBILE INSURANCE REFORM (Continued)

The paper provides an overview of the current auto insurance system and discussion points for the consultation process. Interested parties are invited to make written submissions by November 5, 2001.

Review of the Current Automobile Insurance System and its appendices are available on the Ministry of Finance website at <www.gov.on.ca/fin>.

PROVISION OF ASSESSMENT PLANS TO CLAIMANTS

The AIPU continues to receive complaints from claimants and their representatives that they are not receiving copies of the assessment plans from DACs.

After some inquiries, it appears that many DACs remain under the impression that assessment plans need only to be sent out to insurers for their approval.

DACs are reminded that assessment plans are to be sent out to both the claimant and the insurer.

ARBITRATION & APPEAL DECISIONS

The DAC Committee believes that DACs will better understand the important role they play in the dispute resolution process by reviewing examples of how arbitrators have used DAC reports in the decision-making process. DAC assessors should be aware of these decisions and follow best practices as outlined in the DAC Guidelines in conducting and completing their assessments.

Copies of FSCO's arbitration and appeal decisions are available on the FSCO website.

To access these decisions, users are required to obtain a user name and

password from the Arbitrations Unit at 416-590-7202. There is no cost for this service.

Arbitration Decision A00-000501

Review of assessment expenses claimed pursuant to s.24

Arbitrator Sampliner found the cost of five assessments claimed by the claimant were not reasonable expenses for the purpose of the Regulation as required by section 24 of the SABS.

The arbitrator found that, at the time Ms. Nunes underwent these assessments, they were not intended to establish a useful treatment plan, were not useful for her rehabilitation and were not otherwise useful in respect of some income replacement benefits or any other potential claim for accident benefits.

Arbitration Decision A98-00801

Analysis of the process for calculating attendant care needs using the Form 1 (Bill 164)

While this decision deals with a Bill 164 case, Arbitrator Killoran discusses the application of and the limitations found within the Form 1 as an effective calculator of the attendant care needs of a claimant who may require care that costs more than that produced via the completion of the Form 1.

October, 2001

