

Feedback on FSRA Consultation Papers

DATE: November 28, 2024
SUBJECT: FSRA – Ontario Consultation Papers Review

BACKGROUND

This document summarises the feedback on the below listed FSRA Consultation Papers related to Ontario Accident Benefits.

- [Statutory Accident Benefits Schedule \(SABS\) Guidelines Review](#)
- [Health Claims for Auto Insurance \(HCAI\) System Review](#)
- [Health Service Provider \(HSP\) Framework Review](#)

STATUTORY ACCIDENT BENEFITS SCHEDULE (SABS) REVIEW

Professional Services Guidelines:

Option A – PSG: Index the Maximum Hourly Rates appears to be the most suitable approach going forward. Aligning these rates with current market standards will ensure fair compensation for service providers. To minimize impact on claim limits, it is recommended that rate increases be staggered incrementally over several years.

Additionally, FSRA should consider raising medical and rehabilitation limits, particularly for Minor Injury Guideline (MIG) claims, which have remained at \$3,500 since 2010.

A structured review of rates every 2–3 years is advised, with input from relevant colleges and service provider associations to ensure alignment and transparency.

The downside of having flat rates is - flat rates either over or under compensates the service providers and also skews the data as to how many treatments a claimant required or attended to mitigate the loss.

Attendant Care Hourly Rate Guideline (ACHRG):

Option B – ACHRG: Index Maximum Hourly Rates for Levels 1 and 3 to Current Market Rates appears to be a suitable approach and will support fair compensation and service quality as Level 1 covers personal care, and Level 3 addresses complex care needs, both of which should reflect market hourly rates to ensure adequate service provision.

Level 2, primarily supervisory and often can be provided by a family member, should be increased to match minimum wage. Rate increases should be staggered over time to mitigate impacts on claim limits as attendant care has a maximum monthly limit.

A structured review of rates every 2–3 years is advised, with input from relevant colleges and service provider associations to ensure alignment and transparency.

Minor Injury Guideline (MIG):

Option A – MIG: Index the Rates in the Fee Schedule appears to be the most suitable approach. Minor Injury Guideline (MIG) limits have remained at \$3,500 since 2010. The MIG limit should be adjusted taking into consideration inflation over the years.

The recommendation to increase MIG limits takes into consideration the fact that these limits have remained at \$3,500 since 2010 despite rising treatment costs and inflation. This reduces the number of treatments covered within the MIG claims which may result in these claims entering the non-catastrophic category, increasing claim exposure to \$65,000. Adjusting MIG limits to account for inflation and rising treatment cost will reduce the probability of certain claims like soft tissue injuries transitioning to Non-Cat limits.

Additionally, a detailed treatment plan explaining number of treatments required from each service provider must be provided, instead of sending bundled invoices. This enhances transparency regarding how claimants are mitigating their losses and allows medical providers to demonstrate how medical and rehabilitation limits are being used.

To maintain relevance and fairness, a structured review of rates should occur every 2–3 years, incorporating input from colleges and service provider associations to ensure alignment and transparency.

HEALTH CLAIMS FOR AUTO INSURANCE (HCAI) INITIATIVE PRIORITIZATION

- *Initiative A: Prioritize Increasing the Number of Forms Transmitted through HCAI* should be FSRA's priority, starting by adding forms like OCF-3, OCF-6 and attendant care invoices.
- Followed by *Initiative C: Prioritize Data-Related Initiatives* as it will significantly reduce fraud.
- Before prioritizing the revision of forms, FSRA should prioritize other initiatives like providing HCAI access to the claimants, so they can keep track of their claims.
- Accepting Digital signatures of the claimants on OCF-21s.

HEALTH SERVICE PROVIDER (HSP) INITIATIVE PRIORITIZATION

- Prioritizing *Option C: Opportunity to Enhance Cooperation and Collaboration with Regulatory Health Colleges (RHC)* as it affects all the changes mentioned in the above items.
- Also notify insurers of any HSP sanctions reported so insurers can take an informed decision.
- Transparent communication on fraud and have HSPs face consequences other than just disciplinary action if caught in any fraudulent activity.
- FSRA to have scrutiny on who is getting licensed under FSRA.
- FSRA to have oversight on HSPs that are not yet part of FSRA to ensure ethical practices.

ADDITIONAL INFORMATION

All the items discussed above are interconnected, with changes in one area potentially impacting others. Accordingly, the prioritization and alignment of choices are based on a comprehensive perspective of Ontario Accident Benefits claims.

Furthermore, it is recommended that FSRA conduct regular reviews of rates and services, ideally every 2 to 3 years, to stay current with industry changes. Engaging insurers and colleges for input on a regular basis and maintaining transparent communication will be essential.