

April 22, 2020

Dr. Moez Rajwani and Dorianne Sauvé
Coalition Co-Chairs
Coalition of Health Professional Associations
in Ontario Automobile Insurance Services

Laurie Davis
Executive Director
Ontario Rehab Alliance
51 Sophia Street
Peterborough, Ontario K9H 1C9

Dear Ms. Davis, Dr. Rajwani and Ms. Sauvé,

Thank you for the recent correspondence from your organizations regarding the delivery of virtual health services to people injured in traffic accidents.

IBC and HCAI were very pleased to be able to respond to the requests from many insurers and providers for information on how to signal, for the purposes of HCAI and the claims adjustment process, when telehealth modalities are contemplated and invoiced. For the duration of the extraordinary circumstances of the COVID pandemic, this should make it considerably easier for health service providers to propose virtual health services, while also greatly improving the transparency of the information on which insurers – who operate individually in a competitive environment – make adjustment decisions. As regards the particular coding choice that was made and disseminated to all users of the HCAI system, it was entirely in the interest of responding to the urgency of the need for providers to be able to signal that telehealth modalities would be used that the decision was made to use existing attribute codes that are already supported by the HCAI system.

There can be no question that both the amount and contents of health services provided to traffic injury victims have been reduced with the physical distancing requirements of the pandemic. Indeed, anonymized data from HCAI indicates that the value of health service proposals submitted through OCF 18s has dropped by an average of 36% per week as compared with the comparable period in 2019. At the same time, there is evidence that many health care services – no doubt some of them virtual – continue to be delivered, as is evidenced by data showing the value of health care billings for the fifth week following the shutdown stood at approximately 75% of billings for the same week in 2019.

With the release of information on coding for telehealth services, we expect that the process for accessing this kind of care will be much more straightforward. Consequently, IBC wishes to strongly encourage all members of your associations to advocate among your constituents for diligent use of the virtual care codes that have been provided. In the current constrained circumstances, we believe that this will be a valuable contribution to ensuring that necessary and appropriate therapeutic care is made available to the injured persons who can benefit from it.

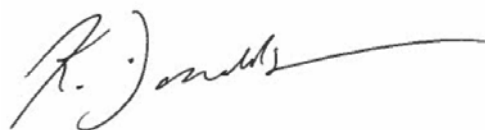
Regarding previous correspondence from your associations, dated March 26 and 27 respectively, we reviewed them with great interest. Their advocacy for simpler access to necessary virtual care lent important support to the industry's decision to use HCAI to improve the transparency of virtual care proposals from health care providers.

At the same time, there are several reasons why IBC is hampered in responding to several of the particular suggestions outlined in your organizations' letters. In the first place, as an association of private insurance companies, IBC has no authority to change any of the rules governing the conduct of claims management that are currently embedded in legislation, regulations and, by extension, guidelines. Equally important is the fact that because IBC's members are competitor businesses operating in a competitive market, federal Competition Law forbids us from telling our members how to manage their claims obligations nor can we allow companies to discuss their business practices in group forums, such as IBC committees.

In addition, a number of the associations' recommendations call for changes to or suspension of processes that have been put in place over many years in the ongoing effort to bring stability to the auto insurance market and ensure that the price consumers pay for mandatory auto insurance is affordable. While we agree that there is a great deal of room for positive reforms to Ontario's auto insurance system, we believe that a piecemeal approach to individual changes during this crisis period risks negative unintended consequences to all parties.

We know you appreciate that the very tight regulatory environment in which Ontario's auto insurers operate – an environment that includes many directives governing the fair treatment of consumers and the expectation that insurance companies will operate in a highly competitive manner -- offers significant assurance that the needs of med-rehab patients and insurers' customers will be well met even in this very difficult time. Nevertheless, we are well aware of the unprecedented nature of the current emergency and, accordingly, of the necessity for flexibility as we all – both insurers and health service providers – work to serve the best interests of our customers. For this reason, I am grateful that you have taken the time to bring your concerns to our attention, and I want to assure you that they will be shared with our member companies.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'K. Donaldson', with a long horizontal flourish extending to the right.

Kim Donaldson
Vice President, Ontario

c.c. Cobi Lechem, Senior Policy Advisor, Office of the Minister of Finance
David McClean, Ministry of Finance
Tim Bzowey, Executive Vice President, Auto/insurance Products, FSRA
Ann MacKenzie, Senior Manager, Policy Interpretation, FSRA