

## **Changes to Auto Insurance in B.C. Questions & Answers for Health Care Providers**

### **What enhancements are being made to accident benefits?**

As announced in February in 2018, ICBC is making significant improvements to accident benefits, which have been left untouched since 1991. The following changes are in effect as of April 1, 2019:

- Wage loss payments for claimant's injured and unable to work increase from \$300 per week to \$740 per week – a 147 per cent increase.
- Homemaking benefits to assist with household tasks, such as cooking, cleaning and grocery shopping, increase from \$145 per week to \$280 per week – a 93 per cent increase.
- More types of treatments covered and new treatment fees; details below.
- \$1,000 in coverage for necessary medical supplies and services, which may not have been previously covered, such as naturopathic treatments, foam rollers, compression stockings or a TENS machine.
- Death benefits, which include payments to surviving family members, increase from approximately \$18,000 to \$30,000 – a 67 per cent increase.
- Funeral costs increase from \$2,500 to \$7,500 – a 200 per cent increase.

These changes apply to any new claim with a date of loss on, or after, April 1, 2019, and will make ICBC's accident benefits amongst the most generous across Canada.

- The doubling of the overall limit for health care and recovery costs from \$150,000 to \$300,000 is already in place for claims with a date of loss on, or after, January 1, 2018.

These increased accident benefits are available to anyone injured in a crash, regardless of who caused it.

### **What are the new types of preauthorized treatment that ICBC is funding?**

ICBC has announced that Registered Massage Therapists, Physiotherapists, Registered Acupuncturists, Registered Clinical Counsellors, Psychologists, Chiropractors and Kinesiologists will have a set number of preauthorized treatments available within the first 12 weeks following a claimant's crash. The full list of preauthorized treatment amounts, in addition to fees, can be found within Schedule 3.2 of regulation.

### **I heard that there are new treatment fees. How were they determined and who was consulted?**

The provincial government updated the treatment fees that ICBC will cover for care and treatment after a crash. New treatment fees will be set for the following treatment types: Acupuncture, Chiropractic Care, Clinical Counselling, Kinesiology, Massage Therapy, Occupational Therapy, Psychology and Physiotherapy.

The provincial government determined the new rates and informed the professional associations and ICBC of those rates.

In addition to updating fees, regulation has established a fee schedule for initial assessments accompanied by a report for the following disciplines: Physician care, Chiropractic care, Clinical Counselling, Kinesiology, Psychology, and Physiotherapy. A fee schedule for initial assessments without a report has been established for Massage Therapy and Acupuncture. Occupational Therapists have updated hourly fees but their assessments and reports are not subject to a fixed fee schedule.

The objective was to update fees in order to cover the full reasonable cost of a treatment so claimants no longer need to be out of pocket. The fees were set following consultation led by the provincial government with health care providers and the associations which represent them. The provincial government met with the:

- Doctors of BC (DoBC)
- Physiotherapy Association of BC (PABC)
- BC Chiropractic Association (BCCA)
- Registered Massage Therapists Association of BC (RMTBC)
- Canadian Association of Occupational Therapists – BC (CAOT-BC)
- BC Association of Kinesiologists (BCAK)
- Association of Traditional Chinese Medicine & Acupuncture (ATCMA)
- BC Psychological Association (BCPA)
- BC Association of Clinical Counsellors (BCACC)

The associations provided recommendations based on market analysis, rates paid by other private and public insurers and member feedback. The amounts will be indexed to the Consumer Price Index and subject to a review by the provincial government every five years to ensure they remain current.

#### **When will we receive the new treatment fees?**

ICBC will pay the updated treatment fees for treatments that occur April 1, 2019, or later, regardless of when the crash occurred. This is good news for all British Columbians injured in a crash, and their treatment providers, and reinforces our commitment to their care and recovery.

Claimants who choose to visit a health care provider that charges a higher rate than what ICBC funds will not be able to recover the user fees from the at-fault party. This will apply to all claims with a date of loss on or after April 1, 2019.

There are significant increases to treatment fees. Some health care providers may still choose to charge a higher rate, and claimants will be required to pay those additional costs, if they choose to visit those clinics. Claimants may have the opportunity to recoup additional costs through their extended health provider.

#### **Are there any changes to invoicing ICBC for my services?**

Yes, with changing rates, health care providers will experience changes to how they invoice ICBC for their services. For all health care providers except physicians, MSP Teleplan will no longer be supported as an invoicing method after April 1, 2019.

To simplify and standardize the process for health care providers, ICBC has developed a new method of submitting invoices and reports together through a web-based application, accessed via the Invoicing and Reporting page of the Business Partners site. The application is intended to provide a centralized avenue to submit invoices and reports to ICBC via a single channel. The information submitted on the application details the treatment provided and expenses incurred, and allows attachment of supporting documents or receipts.

ICBC has combined the fee for initial assessment visits and reports for convenience. Prescribed reports have been developed in partnership with professional associations to help inform a recovery-focused model. Regulation requires Chiropractors, Registered Clinical Counsellors, Physicians, Kinesiologists, Physiotherapists, Occupational Therapists and Psychologists, upon request of ICBC, to produce a report when treating an ICBC claimant. Where required and with consent, reports can be forwarded to ICBC upon completion of the assessment. If reports are not forwarded, they will be requested by ICBC.

### **I'm concerned about administrative challenges if my client/patient needs to access accident benefits.**

ICBC is working to improve how we interact with health care providers and claimants in the administration of accident benefits. The intent of the changes is to increase the overall care available to anyone injured in a crash, regardless who caused it, and to ensure that this care is available in a timely and efficient manner.

Expanded preauthorized treatment, new regulated treatment fees and the enhanced invoicing system are all examples of how we are investing in the recovery of those injured in crashes and in our relationship with health care providers. Upgrading internal processes and enriching staff training are further ways ICBC is enabling administrative ease for providers, so they can focus on treating patients.

### **I heard that there is a limit of \$5,500 for accident benefits. Is this true?**

As explained above, this is not true. There is no \$5,500 limit to accident benefits. In fact, ICBC's accident benefits increase as of April 1. A \$5,500 limit applies on payouts for the pain and suffering component of a claim settlement, for crashes that occur on or after April 1. Only the pain and suffering component is subject to the \$5,500 limit and the limit only applies if the claimant is deemed to have a minor injury as defined by regulation. Compensation for pain and suffering are entirely separate from payments for any care administered by health care providers, which is covered by ICBC accident benefits.

### **What is the new definition of minor injury in B.C.?**

In April 2018, legislation was passed which laid the foundation for the new legal definition of what constitutes a minor injury in B.C. As committed to by Minister Eby, additional details, informed by consultation with the medical community, are now listed in the supporting regulations. The newly created Minor Injury Regulation further refines the definition of a minor injury to include an:

- abrasion
- concussion that does not result in an incapacity beyond 16 weeks
- contusion
- laceration
- pain syndrome
- psychological and psychiatric conditions that do not result in an incapacity beyond 16 weeks
- strain
  - The regulation includes 1<sup>st</sup> and 2<sup>nd</sup> degree strains but excludes the more serious 3<sup>rd</sup> degree injury.
- sprain
  - The regulation includes 1<sup>st</sup> and 2<sup>nd</sup> degree sprains but excludes the more serious 3<sup>rd</sup> degree injury.
- temporomandibular joint disorder (TMJ)
- whiplash associated disorder (WAD)
  - The regulation includes whiplash associated disorder (WAD) I or II, but excludes WAD III or IV, which involve neurological symptoms, fractures or dislocations of the spine.

A claimant's injuries are determined to fall within the definition of a minor injury in regulation through consideration of the diagnosis and subsequent functional impact. At any point during recovery, a claimant's physician can determine if an injury diagnosis has changed. ICBC will then re-evaluate the claimant's status in relation to the definition of minor injury as stated by regulation.

It's important to remember the definition of a minor injury only applies to a claimant's compensation for pain and suffering – one small element of their total claim. ICBC has improved the care available to

anyone who is injured in a crash by doubling the overall treatment and recovery benefits, irrespective of whether their injury is defined as minor or non-minor.

**I thought that concussion was excluded from the minor injury definition. Why and how has this changed?**

A concussion is considered a minor injury, unless it results in an incapacity lasting more than 16 weeks. Incapacity refers to a claimant's ability to work or go to school or perform the activities of daily living which include: preparing your own meals, driving or taking transit, managing personal finances, performing personal hygiene and managing personal medication. Medical research states that most people with a mild concussion fully recover with appropriate treatment in a relatively short period of time.

Government had to make a number of difficult decisions to ensure rates are affordable and that ICBC will continue to be a sustainable organization in the long-term. Initially, it wasn't anticipated that there would be a need to include mild concussions in B.C.'s definition of a minor injury. However, through consultation with the medical community and looking at the experiences of other jurisdictions, it became clear B.C.'s minor injury definition should include mild concussions.

We are proceeding cautiously with the inclusion of mild concussions given their complex nature. We recognize that the signs of a mild concussion may appear days or weeks after the crash, so concussions will only be considered minor if any accompanying incapacity persists for less than 16 weeks after it first arose. This timeframe for recovery is shorter compared to other injuries included in the minor injury definition (12 months).

ICBC is also taking action to enhance injury analysis to allow better tracking and monitoring of concussion claims. This will provide a solid evidence-based foundation to ensure the definition is only capturing the mild concussions as intended. ICBC has also established a clinical discussion group to ensure ongoing dialogue on this topic.

**I thought that psychological and psychiatric conditions were excluded from the minor injury definition. Why and how has this changed?**

B.C.'s definition of a minor injury is meant to capture mental health conditions which are treatable in a relatively short period of time and which do not have any prolonged impacts on the ability to work, go to school or perform activities of daily living. The types of mental health conditions the definition intends to include are symptoms such as anxiety returning to driving after a crash or heightened emotions around the location of crash, provided that any accompanying incapacity persists for less than 16 weeks after it first arose.

We recognize that treating mental health conditions can often be more complex than physical injuries. This was important feedback received during the consultation process with the medical community and that's why we're proceeding cautiously.

ICBC has established a clinical discussion group to ensure ongoing dialogue on this topic. Putting the details into regulation will provide flexibility to update the definition, if needed, in future years.

**Who will decide when a minor injury is no longer minor?**

A physician or medical professional will determine the nature of a claimant's injuries. ICBC will use the physician's diagnosis, in conjunction with the claimant's functional capacity, to form its opinion as to whether the injury is minor or not. These medical professionals will be chosen by the claimant themselves.

Diagnosis is typically determined when a claimant sees a physician for an examination or assessment – part of the normal course of treatment – and can be updated by the physician at any time if the claimant’s condition changes.

**I have heard the new system removes people’s right to hire a lawyer and have a judge determine fair compensation. Is this true?**

The B.C. Government has made it very clear we are not switching to a no-fault model. The changes are adjustments to the existing full tort system, which maintains a claimant’s ability to seek legal representation.

A new dispute resolution process is being introduced for claimants with concerns about minor injury claims. The Civil Resolution Tribunal (CRT) is an existing, independent process. It encourages a collaborative approach to dispute resolution and is available 24/7. For more information, claimants can visit [www.civilresolutionbc.ca](http://www.civilresolutionbc.ca).

By empowering the CRT to resolve certain disputes regarding motor vehicle injuries, claimants will have easier, faster and less expensive access to justice.

That said, claimants can still hire a lawyer for any type of claim – minor or non-minor. The limit on pain and suffering payments apply only to claims that fall under the minor injury definition. The limit does not impact compensation available for any additional economic losses, including additional wage loss and treatment costs over and above what is covered by ICBC accident benefits. The right to seek this additional compensation remains for injured people who are not responsible for a crash.

**I have heard that the new system has been designed to increase a claimant’s access to care. What does this mean?**

Not only has ICBC increased the types of treatments that are covered, but we have also enhanced the ability of our claimants to access that care. We know that delays in accessing treatment can prolong recovery, which is why we have created preauthorized treatment bundles that allow claimants to seek care directly following a crash without the need to visit a physician first. The full list of preauthorized treatment amounts, in addition to fees, can be found within Schedule 3.2 of regulation.

**I’m skeptical ICBC will listen to the recommendations of health care providers based on past experiences.**

ICBC recognizes our relationship with health care providers has not been perfect. But we also recognize in order for these changes to be successful, we need a strong partnership between ICBC and health care providers.

Consultation has been a cornerstone of these changes. Government and ICBC engaged with healthcare professionals on this journey to ensure that the regulations reflect the knowledge and expertise of those interacting directly with injured claimants. Over the past year, we met with approximately 120 stakeholders in more than 50 meetings and roundtables to discuss the changes and hear feedback first-hand. We also formally consulted with stakeholder groups who provide the majority of care for claimants injured in crashes as well as with disability groups given their important role supporting catastrophically injured claimants. Meetings took place across the province to ensure we heard about how care is delivered in the community.

Moving forward, we’re establishing a number of clinical discussion groups with stakeholders from across the medical community including a number of groups focused on topics such as mild concussions and

mental health conditions. These groups will ensure ongoing dialogue including post-implementation on operational issues, continuous improvement and best practices.

**How will ICBC improve timeliness of access to treatment? Many delays are reported at present and vary from adjuster to adjuster.**

The intent of the new model is to remove barriers to treatment and increase the overall care available to anyone injured in a crash. This starts with the increased accident benefits available to anyone injured in a crash, regardless of who caused it and regardless if their injury is minor or non-minor.

As part of these changes, ICBC covers the full cost of most treatments. By paying the fair market rate for treatment, the majority of claimants will no longer be out of pocket for their treatment, and thus reducing the need for health care providers to bill both the claimant and ICBC.

In addition to paying more money for treatments, more types of treatment are pre-approved for payment. This means injured claimants don't need to wait for ICBC's approval before getting these types of treatments. We're implementing the necessary internal infrastructure to support a care-focused model – this includes training for ICBC staff, introduction of new roles, and improved processes to address requests and referrals in a timely and efficient manner.

**I heard that ICBC adjusters are now referred to something else. What is it and why was this change made? Are there new roles?**

Since these changes were announced last year, we've developed the necessary internal infrastructure to ensure we successfully deliver on the improved Basic insurance product. This includes training and new roles, such as our newly established Recovery Services group. This team of experienced and knowledgeable specialists will now work with medical providers to support the recovery of customers who are disabled or catastrophically injured following a crash. As part of these changes – and based on customer feedback – job titles for adjusting staff have also shifted to 'Claims Specialists' which better conveys our support of our injured customers' recovery.

**Is anything being done to address other barriers to care, such as ESL persons and persons with disabilities?**

ICBC recognizes being involved in a crash is often a difficult and stressful experience, and that it can be especially challenging for people whose first language isn't English, or for persons who face other daily challenges.

ICBC provides our services in many languages. We provide free, [phone interpretation services](#) in 170 languages from 8 a.m. to 8 p.m., seven days a week. There are also direct lines for Cantonese, Mandarin and Punjabi-speaking claimants. And our website features dedicated pages fully translated in our three most-requested languages – Cantonese, Mandarin and Punjabi. The CRT also provides multilingual information to help participants understand the CRT process.

ICBC also understands that persons with disabilities or other daily challenges are affected in unique and different ways. We strive to recognize barriers where they exist and support our customers in overcoming them using the benefits and options available.

**What is a Registered Care Advisor?**

The treatment guidelines introduce the use of a Registered Care Advisor (RCA) in the event the claimant is not recovering from a minor injury as expected or there is an unclear diagnosis. The RCA is a new resource to support physicians in the care and recovery of a claimant/patient injured in a crash. The

regulations state a physician must consider an RCA at 90 days if the diagnosis is unclear or a claimant is not recovering as expected.

The Ministry responsible for ICBC will establish and maintain the registry for the RCA role which will be hosted by ICBC. The RCA will provide independent advice to the treating physician, related to the diagnosis and treatment of patients who are not recovering as expected from what appear to be minor injuries. The Ministry of Health and the College of Physicians and Surgeons were consulted in the creation of the Registered Care Advisor role, and provided support for the establishment of a registry for this new role.