June 24 - HCAI and Ontario MVA Changes effective July 1

The video provides guidance for clinic billing procedures related to motor vehicle accident (MVA) claims, specifically addressing upcoming changes effective July 1st.

- **Extended Health Benefits:** For new accidents occurring on or after July 1st, clinics no longer need to require patients to use their extended health benefits for Minor Injury Guidelines (MIGs) or 18s.

Feature Title: Motor Vehicle Accident (MVA) Billing Update (No Extended Health Benefits required for new claims)

Problem Solved

Previously, clinics processing Motor Vehicle Accident (MVA) claims (such as MIGs or 18s) had to coordinate and attach patients' extended health benefits (EHB) to their treatment plans before billing the auto insurer. Tracking block fees, managing individual EHB limits, and reconciling payments inside the system was tedious and prone to billing errors.

Core Functionality

Effective July 1st, new MVA accident claims no longer require the use of extended health benefits. All billing is routed directly to the MVA insurer.

- **Dynamic Popup Reminder:** When creating a treatment plan with an accident date after July 1st, a temporary popup reminds users not to attach extended health benefits. This validation is strictly tied to plans containing an OCF report.
- **Automated Form Swapping:** All new OCF reports will automatically generate under the newly updated legislative version.
- **Plan Exhaustion Lifecycle:** Active treatment plans can be marked as "exhausted" to remove them from both the HAI dashboard and the appointment booking "hot links" selection.

Technical Implementation / Config

- **System-Wide Form Migration:** The development team is automatically swapping system instances to the new OCF form versions.
- **Legacy Submissions:** If a plan was started under the old version and not yet submitted, it remains on the version it was created in. Hold submission until the release date if you prefer the new version, or copy/paste text manually.
- **Overriding Billing Locks:** For 18-type plans restricted by a 30-day billing frequency rule, the system provides a manual override via a confirmation modal (`"Are you sure?"`) to clear out the final billing lines of a plan.

Supplementary Goods Workflow ($400 Allocation)

The `MIG SG` code is a **request code only**, not an allowable billing code. Attempting to bill it directly throws a validation error. Users must follow this specific configuration sequence to ensure correct pricing rates populate:

1. **Perform Billing First:** Issue a quick invoice for specific goods or services (e.g., TENS machine, Acuball, or Massage therapy) attached to the relevant treatment plan *before* updating the plan. This pulls correct product rates from the inventory system instead of rendering them as $0.
2. **Reset Plan Status:** Revert the treatment plan status back to **Pending** (this step is internal-only and does not transmit to HAI).
3. **Itemize Products/Services:** Add the specific itemized codes (e.g., `GX991`, `GXX34`, or miscellaneous code `GXX99` with a comment).
4. **Deduct Request Code:** Delete the original $400 request line to accurately track remaining funds in the limits window.
5. **Restore Approval Status:** Mark the plan status back to **Approved**.

> **Best Practices**
> Intake Form Archiving: Instead of deleting old intake configurations, **clone** your current MVA intake/consent forms. Remove the extended health benefit sections from the cloned copy, then set it as the active default while unchecking/hiding the legacy form. This ensures quick rollback capability if regulatory rules flip back in the future.
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> Dashboard Maintenance: Always mark completely billed plans as **Exhausted** instead of simply hiding them. Hiding an item only clears it from the HAI dashboard, whereas marking it exhausted removes clutter from both the dashboard and scheduling screens.
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> Block Fee Tracking: Break down long-term treatments into individual block tracking structures (e.g., Weeks 1–4, 5–8, 9–12) to ensure minimum appointment frequencies are strictly maintained over holiday gaps.

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> **Caveats & Limitations**
> Legacy Rule Exception: The rule change is **not** retroactive. Any accident claim dating June 30th or prior must continue to exhaust extended health benefits first, even if billing occurs months or a year later.
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> Price Drop Nullification: If you modify itemized supplementary goods in a treatment plan *before* creating a quick invoice, the unit prices will default to $0 on the checkout panel because they lack an initial HAI system approval signature.

Keywords: `MVA-Billing`, `OCF-Reports`, `Supplementary-Goods`, `Juvonno-Invoicing`, `Clinic-Compliance`

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