Y-Status Payee

Payee numbers direct to whom payments are made and their status determines how they will be remitted. Reporting that is submitted under payee numbers is used across the Ministry of Health. Within APP, payee data supports program analysis and accountability.

This document focuses on M- vs Y- status payees and does not address H- or F- status payee types.

What is the difference between m-status and y-status payees?

- Y-status and m-status payees are functionally identical in Teleplan except that y-status payees automatically hold back 50% of 3rd party billings.
- Y-status payees are primarily used for $0 encounter reporting but can be used to process MSP payments, typically on FFS recovery contracts.

When are y-status payee numbers required?

- Y-status payee numbers are required for:
    - any APP-funded program; that is, any program on the CPRP that has APP dollars attached to it
    - any programs that receive a blend of APP and non-APP Ministry funding sources, such as the new anaesthesia contract initiative
    - any contracts funded under a Ministry strategic initiative that specifies remittance of 3rd party payments from the Agency to the Ministry (e.g. physician contracts at Urgent and Primary Care Centres, Primary Care Networks, Hospital at Home)
- New y-status payees are not required for sites where shared payees already exist and the funding letter supporting clinician FTEs does not require remittances of 3rd party billings to the Ministry.
- A y-status payee may be required for Ministry-funded programs where practitioners (either physician and/or non-physician) who are required to submit encounter reporting do not have an existing means to do so (i.e. no shared payee available to them). This could be due to a site having no lead physician and/or physician(s) not being comfortable authorizing encounter record submissions on behalf of other practitioners; or due to a program operating across multiple HA sites. Examples of such programs may include Nurse Practitioner-led clinics, PCN clinics, Community Health Centres (CHCs), First Nations Primary Care Clinics (FNPCCs).
- Please contact a Ministry compensation analyst if you are unsure whether your program needs a y-status payee.

How do I set up a y-status payee number?

- All y-status payee numbers must be reserved through an APP compensation analyst.
- To request a payee number, submit your request to the analyst along with the program name, program type (e.g. PCN, UPCC), facility name, and facility address. The analyst will contact HIBC to reserve a payee number and forward you the reserved number, the payee name, and the payee application forms.
- Complete and email the forms to provider.program@hibc.gov.bc.ca. The health authority must submit these completed forms directly to HIBC to activate the payee number.

How does payee status affect third-party billings?

- Teleplan automatically recovers 50% of 3ʳᵈ party payments from all y-status payees and directs this portion to the Ministry.
- For UPCCs, CHCs, and FNPCCs, the Ministry receives separate payments from all health authorities for the remaining 3ʳᵈ party payments that are not automatically recovered through Teleplan (the other 50% of Teleplan-processed 3ʳᵈ party payments and 100% for payments that do not pass through Teleplan).

What if my PCN site is a blend of PCN and non-PCN funded practitioners?

- Only those practitioners who are PCN-funded and required to encounter report should submit to y-status payees. This includes PCN-funded GPs, NPs, RNs, and LPNs. Existing FFS GPs should continue billing to their m-status payees and/or individual practitioner numbers.

Who can be designated the most responsible practitioner (MRP) in the payee application?

- If the payee will be used for $0 encounter reporting only, a representative from HA Medical Affairs can act as MRP. Contact your health authority's physician contract manager for more information.
- If the payee will routinely process MSP billings (i.e. a FFS recovery contract), the MRP must be an on-site physician.

Does each practitioner in a program need a y-status payee?

- A single y-status payee number should be used for a defined clinical program to capture all practitioners' clinical services
- Operators should not reserve multiple payees within a single clinical program. Individual practitioners, service types, specific sites, and service location types can be isolated from other data fields in encounter submissions

Who "owns" y-status payee numbers?

- The health authority is responsible for its y-status payees

If a program is 100% funded through GO/FFS and then switches to an APP contract, is a new payee number required?

- A new payee number is not required, but the existing payee must be changed to y-status when APP funding is supporting a contract arrangement. Please contact your Ministry compensation analyst to request this change.

Where can I find more information about payees?

- The designated Ministry compensation analyst for your health authority is available to assist you with y-status payee setup.
- For information about payees other than y-status, please contact HIBC at provider.program@hibc.gov.bc.ca
- PCNBC provides a guide to PCN encounter reporting setup: https://www.jcc-resourcecatalogue.ca/en/permalink/pcn91
- For more general information about claim submissions and payment, visit https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/claim-submission-payment