Appendix C1:

Technical Summary of Required Changes for Population-Based Funding (aka Primary Health Care)

Appendix C2:

Population-Based Funding, Special Record Formats

APPENDIX C1 OF C2

POPULATION-BASED FUNDING

APPENDIX C1

Technical Summary of Required Changes for Population-Based Funding (aka Primary Health Care)

The following revisions to the Teleplan4 Web Record Specifications have been developed to support additional service encounter and patient registration data reporting for the Population-Based Funding model (formerly the Primary Care Demonstration Project [PCDP]).

These specifications were designed to meet the data collection and reporting requirements of the Population-Based Funding model (PBF).

The required changes to Teleplan4 Web Specifications are encapsulated as follows:

- A change in field status from Future to Active for selected predefined fields in the Detail Record Layout (C02) record.
- Extended usage of selected Detail Record Layout (C02) fields in claims records (fee-for-service and encounter records) submitted for PBF sites.
- The development of five new Note Record (N01) formats to gather supplementary service encounter information, patient registration, and patient de-registration information in support of the goals of the PBF model.
- Development of a formatted Data Centre Mailbox Message Record (M01) format to advise PBF sites of pending registration action; i.e., proposed changes to the patient register on a monthly basis.

These changes are summarized in the following sections, and defined in detail in the attached Teleplan specification document (Appendix C.2).

1. CHANGES IN FIELD STATUS

The following Teleplan Version 4 fields are ACTIVE on the Detail Record Layout (C02):

- **Diagnostic Code 2 (P37):** This field is optional for both service encounter and fee-for-service record types. The default is blank. When data is entered it will be subject to the same processing rules as Diagnostic Code 1 in the C02. Diagnostic Code 2 must not be equal to Diagnostic Code 1. A Diagnostic Code 2 value may exist without a Diagnostic Code 3 value.
- **Diagnostic Code 3 (P38):** This field is optional for both service encounter and fee-for-service record types. The default is blank. When data is entered it will be subject to the same processing rules as Diagnostic Code 1. A Diagnostic Code 3 value must not exist without a Diagnostic Code 2 value. Diagnostic Code 3 must not be equal to Diagnostic Code 2 or Diagnostic Code 1.

Note: Above fields are optional for Alternative Payment programs and FFS billing sites depending on guidelines issued by Compensation Policy and Programs Branch.

2. CHANGES IN FIELD USAGE

Explanation of usage of the following Teleplan4 Web fields for PBF is defined below.

If you have questions, please see the Contact Information section.

- **Practitioner Number (P08):** For the purposes of PBF, "practitioner" carries a broader definition than the traditional use for this field. All PBF site practitioners (physicians, nurses, nutritionists, counselors, MOAs, etc.) will be assigned practitioner numbers by MSP if they do not already have one. This approach facilitates the submission of encounter record data for non-physician care providers. Please obtain the list of valid practitioner numbers for each site from Compensation Policy and Programs Branch staff.

- **Payee Number (P06):** Compensation Policy and Programs Branch staff will coordinate with HIBC to assign a new payee number to each PBF site and establish the payment authority for each practitioner with the PBF site. PBF payee numbers will become effective as of the date the site begins submitting Teleplan data under the PBF model. All Teleplan records should be submitted with this new Payee Number for all patients seen by these practitioners. Please obtain the valid payee number for each site from Compensation Policy and Programs Branch staff.

- **Payment Mode (P28):** The **value "E"** must be used for all Population-Based Funding service encounter and registration-related submission records as well as Nurse Practitioner services. This can also apply to identified Alternative Payment services based on contracted requirements—contact Compensation Policy and Programs Branch for clarification, if needed.

  Payment Mode **value "0" (zero)** must be used for all fee-for-service claims from the PBF site (e.g., MSP, ICBC, WSBC, and OIN [i.e., RCP]).

  This field must be used for all C02 records submitted by the PBF site and Nurse Practitioners. "E" (Encounter) records will not be accepted for payee numbers not assigned to a PBF site, Alternative Payments , or Nurse Practitioner. Fee items used for Encounters (with Payment Mode value "E") must be set to a billed amount of zero dollars as per the detailed specifications.

- **Service Location Code (P40):** This field is to be used to represent the location where the PBF practitioner provides service to a patient. Valid values are as defined in the Teleplan4 Web Record Specifications. All valid values are to be made active (i.e., not just "O" and "H").

- **Facility Identifier (P70):** MSP will assign unique facility identifiers to each PBF site. Facility IDs are mandatory on all FFS and encounter claims from a PBF site. Most sites will have only one facility ID. In the case where more than one facility ID exists per PBF site, the site must be able to select the appropriate facility for each record to be submitted. Please obtain the list of valid facility numbers for each site from Compensation Policy and Programs Branch staff.

3. NEW NOTE RECORD (N01) FORMATS

A new Note Data Type (P20) value of "P" for "Primary Care" exists to identify five supplementary Note Record formats. The formatted Note Record will continue to follow a supporting Claim Record (C02). **This Note Record is optional except for Registration Claims**.

3.1 PBF ADDITIONAL SERVICE ENCOUNTER RECORD DATA

- This N01 record format allows a PBF site to submit additional service encounter data, when required, for up to three additional Practitioner Numbers and up to nine additional patients. An associated Claim Record (C02) must precede it.
- For more detail, see the attached specification for the "PBF Additional Service Encounter Record Data" (specification C2.1).

3.2 PBF REGISTRATION RECORD DATA

- This N01 record format allows a PBF site to register patients on an ad hoc basis. It must be preceded by an associated Claim Record (C02) with a Billed Fee Item (P26) of 96090, a Payment Mode (P28) of "E", and a valid practitioner number for a Health Care Provider associated with the PBF MSP Payee Number.
- For more detail on the Registration Record format, see the attached specification for the "PBF Registration Record Data" (specification C2.2).

3.3 PBF DE-REGISTRATION RECORD DATA

- This N01 record format allows a PBF site to de-register patients on an ad hoc basis. It must be preceded by an associated Claim Record (C02) with a Billed Fee Item (P26) of 96091, a Payment Mode (P28) of "E", and a valid practitioner number associated with the PBF MSP Payee Number.
- For more detail on the De-Registration Record format, see the attached specification for the "PBF De-Registration Record Data" (specification C2.3).

3.4 PBF REGISTRATION OVERRIDE RECORD DATA

- This N01 record format allows a PBF site to submit a request to the Ministry to override (stop) the proposed automatic registration of an individual patient to the PBF site's Register. It must be preceded by an associated Claim Record (C02) with a Billed Fee Item (P26) of 96092, a Payment Mode (P28) of "E", and a valid practitioner number associated with the PBF MSP Payee Number.
- Registration Override records may only be submitted in response to pending registration records distributed to the sites in the M01 "pending registration action" record format.
- For more detail on the Registration Override Record format, see the attached specification for the "PBF Registration Override Record Data" (specification C2.4).

3.5 PBF De-Registration Override Record Data

- This N01 record format allows a PBF site to submit a request to the Ministry to override (stop) the proposed automatic de-registration of an individual patient from the PBF Register. It must be preceded by an associated Claim Record (C02) with a Billed Fee Item (P26) of 96093, a Payment Mode (P28) of "E", and a valid practitioner number associated with the PBF MSP Payee Number.

- De-Registration Override records may only be submitted in response to pending de-registration records distributed to the sites in the M01 "pending registration action" record format.

- For more detail on the De-Registration Override Record formats, see the attached specification for the "PBF De-Registration Override Record Data" (specification C2.5).

4. New M01 Record Format – Data Centre Mailbox Message Record

4.1 PBF Pending Registration Action Record Data

- This M01 record format is used on a monthly basis by the Ministry of Health to send a list of proposed patient registration changes to each of the PBF sites.

- These records will be loaded into the site's regular Teleplan mailbox and can be received whenever the site does its regular Teleplan Remittances/Refusals/Messages pick-up. A vendor can print or display these records by examining the first six (6) characters of the M01 record's MESSAGE-TEXT (P06) area for a value of 'PHCO#R1'. This value identifies M01 records with the special format defined for PBF (see specification C.6).

- The PBF site can respond to changes using the Registration and De-Registration Override Record formats described above in sections 3.4 and 3.5.

- For more detail on the M01 record format, see the attached specification for the "PBF Pending Registration Action Record Data" (specification C2.6).

5. Business Rules/Additional Notes:

- A patient's registration status may change (repeatedly) over time. A PBF site may add (register) or remove (de-register) patients at any time. Registration status is reassessed by the Ministry of Health on a monthly basis and may also lead to proposed registration or de-registration of patients.

  Vendor software should maintain a history of patient registration periods for each individual patient. That is, a user should be able to look up an individual patient and see the date range(s)

of each time period for which the person was registered. In addition, a user should be able to tell at a glance whether or not a patient is currently registered to the PBF site.

In addition to checking patients MSP eligibility, PBF sites may submit a Batch Eligibility Request Reply (Record Type B04) to check a patient's registration status for the claim date of service (current or in the past). The Patient Registration Status Indicator (P24) will be returned in the format of the B14 records (specifications C3.3).

PBF sites may use Registration and De-registration record formats (specifications C2.2 and C2.3) on a daily basis as part of their ongoing operations to maintain their patient registers.

PBF sites may only use the Registration Override and De-registration Override record formats (specifications C2.4 and C2.5) in response to the pending registration changes (registrations and de-registrations) the Ministry sends to the sites on a regular basis in the format of the M01 records (specification C2.6).

- Service encounter records (Payment Mode [P28] value "E") include a Billed Fee Item (P26) value of $0 from either a list of "***Extended Service Items"*** or ***"Core Fee Items"***. Contact Compensation Policy and Programs Branch.

  Fee-for-service records (Payment Mode [P28] value "0") include all other valid Billed Fee Item values. See the ***PBF Clinic Operations Manual*** (available from the Compensation Policy and Programs Branch) for descriptions of the conditions where service encounter or fee-for-service records apply.

- Explanatory Codes related to Teleplan submissions returned by Teleplan to the Data Centre mailbox are available from Teleplan Other Processing Options in the Browser or API software of the vendor.

- Contact Compensation Policy and Programs Branch at 250 952-3182.

- PBF Fee/Service Code files are available in the standard Teleplan format.

Core Services and Extended Services:

Available upon request from the Compensation Policy and Programs Branch at 250 952-3182. Note the special treatment of core services fee codes for callout services:

01200 SERVICE CHARGE
01201 SERVICE CHARGE
01202 SERVICE CHARGE
01205 SURCHARGE
01206 SURCHARGE
01207 SURCHARGE

These codes may be submitted as either fee-for-service or encounter codes depending on the service/procedure for which they are billed.

Example 1: a call-out for a core service for a registered patient must be submitted as an encounter record (as is the record for the core service).

Example 2: a call-out for a non-core service for a registered patient may be submitted as a fee-for-service claim and will be paid according to the standard Teleplan guidelines for payment of call-outs.

- Note the special treatment of the fee code**:**

  03333 NO CHARGE REFERRAL

  This common zero-dollar fee-item may be submitted as either a fee-for-service or encounter code for registered patients.

- An initial list of patients registered to each site is also available in electronic format using the MSVA format within the M01 record. This can be obtained from Compensation Policy and Programs Branch staff at 250 952-3182..

6. CONTACT INFORMATION

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