APPENDIX C2: POPULATION BASED FUNDING
SPECIAL RECORD FORMATS

C2.1 PBF ADDITIONAL SERVICE ENCOUNTER RECORD DATA

C2.2 PBF REGISTRATION RECORD DATA

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C2.6 PBF M01 DATA CENTRE MESSAGE RECORD WITH
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C2.1 PBF ADDITIONAL SERVICE ENCOUNTER RECORD DATA

SEQ	DATA ELEMENT NAME	MANDATORY/ OPTIONAL	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
P01 Cols 1- 25	Note-Basic-In	M	25	X(25)	The first 25 characters of a note record are as outlined in the Claim record per MSP Teleplan specification.
P20 Cols 26	Note-Data-Type	M	1	X(1)	MSP has assigned a 'P' to this field to denote PCO electronic registration form or additional encounter record data. **For MSP purposes: this field will contain 'P'.**
P22 Cols 27- 426	**Note-Data-Line**		**400**	**X(400)**	**Narrative comments.** *** **PBF ADDITIONAL SERVICE ENCOUNTER RECORD DATA format follows.** ***
The following is a redefinition of P22 for PBF ADDITIONAL SERVICE ENCOUNTER RECORD DATA					
Cols 27	Record-Type-Code RCRD_TP_CD	M	1	X(1)	A code for additional Practitioner and Patient data. **For MSP purposes: this field will contain 'A' – Additional Service Encounter Data.** To use this record there must be a minimum of one Practitioner or PHN entered in the remaining columns. Normal PHN/Practitioner field rules apply.
Cols 28 - 32	Practitioner-Number-2 PRCTNR_NMBR_2	O	5	X(5)	Identifies the second practitioner involved in providing the service. Right justify numeric or alphanumeric value/left zero fill.
Cols 33 - 37	Practitioner-Number-3 PRCTNR_NMBR_3	O	5	X(5)	Identifies the third practitioner involved in providing the service. Right justify numeric or alphanumeric value/left zero fill.
Cols 38 - 42	Practitioner-Number-4 PRCTNR_NMBR_4	O	5	X(5)	Identifies the fourth practitioner involved in providing the service. Right justify numeric or alphanumeric value/left zero fill.
Cols 43 - 52	PHN-2 PHN_2	O	10	X(10)	MSP registration number for the second patient involved in receiving the service. Right justify numeric value and zero fill if needed.
Cols 53 - 56	Name-Verify-2 NM_VRFY_2	O	4	X(4)	2 initials or initial and space, followed by first 2 characters of surname.
Cols 57 - 66	PHN-3 PHN_3	O	10	X(10)	MSP registration number for the third patient involved in receiving the service. Right justify numeric value and zero fill if needed.

SEQ	DATA ELEMENT NAME	MANDATORY/ OPTIONAL	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
Cols 67 - 70	Name-Verify-3 NM_VRFY_3	O	4	X(4)	2 initials or initial and space, followed by first 2 characters of surname.
Cols 71 - 80	PHN-4 PHN_4	O	10	X(10)	MSP registration number for the fourth patient involved in receiving the service. Right justify numeric value and zero fill if needed.
Cols 81 - 84	Name-Verify-4 NM_VRFY_4	O	4	X(4)	2 initials or initial and space, followed by first 2 characters of surname.
Cols 85 - 94	PHN-5 PHN_5	O	10	X(10)	MSP registration number for the fifth patient involved in receiving the service. Right justify numeric value and zero fill if needed.
Cols 95 - 98	Name-Verify-5 NM_VRFY_5	O	4	X(4)	2 initials or initial and space, followed by first 2 characters of surname.
Cols 99 - 108	PHN-6 PHN_6	O	10	X(10)	MSP registration number for the sixth patient involved in receiving the service. Right justify numeric value and zero fill if needed.
Cols 109 - 112	Name-Verify-6 NM_VRFY_6	O	4	X(4)	2 initials or initial and space, followed by first 2 characters of surname.
Cols 113 - 122	PHN-7 PHN_7	O	10	X(10)	MSP registration number for the seventh patient involved in receiving the service. Right justify numeric value and zero fill if needed.
Cols 123 - 126	Name-Verify-7 NM_VRFY_7	O	4	X(4)	2 initials or initial and space, followed by first 2 characters of surname.
Cols 127 - 136	PHN-8 PHN_8	O	10	X(10)	MSP registration number for the eighth patient involved in receiving the service. Right justify numeric value and zero fill if needed.
Cols 137 - 140	Name-Verify-8 NM_VRFY_8	O	4	X(4)	2 initials or initial and space, followed by first 2 characters of surname.
Cols 141 - 150	PHN-9 PHN_9	O	10	X(10)	MSP registration number for the ninth patient involved in receiving the service. Right justify numeric value and zero fill if needed.
Cols 151 - 154	Name-Verify-9 NM_VRFY_9	O	4	X(4)	2 initials or initial and space, followed by first 2 characters of surname.
Cols 155 - 164	PHN-10 PHN_10	O	10	X(10)	MSP registration number for the tenth patient involved in receiving the service. Right justify numeric value and zero fill if needed.

SEQ	DATA ELEMENT NAME	MANDATORY/ OPTIONAL	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
Cols 165 - 168	Name-Verify-10 NM_VRFY_10	O	4	X(4)	2 initials or initial and space, followed by first 2 characters of surname.
Cols 169 - 426	Note-Data-Line NT_DT_LN	O	258	X(258)	Optional comment area. Blank fill.

C2.2 PBF REGISTRATION RECORD DATA

SEQ	DATA ELEMENT NAME	MANDATORY/ OPTIONAL	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
P01 Cols 1 - 25	Note-Basic-In	M	25	X(25)	The first 25 characters of a note record are as outlined in the Claim record per the MSP Teleplan specification.
P20 Cols 26	Note-Data-Type	M	1	X(1)	MSP has assigned a 'P' to this field to denote PCO electronic registration form or additional encounter record data. **For MSP purposes: this field will contain a 'P'.**
P22 Cols 27 - 426	**Note-Data-Line**		**400**	**X(400)**	**Narrative comments.** ***** PBF REGISTRATION RECORD DATA format follows. *****
The following is a redefinition of P22 for PBF REGISTRATION RECORD DATA					
Cols 27	Record-Type-Code RCRD_TP_CD	M	1	X(1)	A PCO Record Format Code identifying the record format being electronically submitted. **For MSP purposes: this field will contain 'R' - PCO Registration Record.** Valid for Fee Item code 96090.
Cols 28	Registration-Code RGSTRTN_CD	M	1	X(1)	A code to indicate registration. Valid value: 'R' Register patient.
Cols 29 - 36	Registration-Effective Date RGSTRTN_EFCTV_DT	M	8	X(8)	Date a patient is to be registered. Format CCYYMMDD.
Cols 37 - 44	Registration-Cancel-Date RGSTRTN_CNCL_DT	O	8	X(8)	Date a patient is to be de-registered, if the registration is to be considered temporary.

SEQ	DATA ELEMENT NAME	MANDATORY/ OPTIONAL	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
					Format CCYYMMDD. Blank fill.

Cols 45	Administrative-Code
	ADMNSTRTV_CD
		O	1	X(1)	A code to capture additional record data as required.
					Valid values are:
					    '0' Default.
					    '1' Administration Type 1.

Cols 46 - 70	Address-1 ADRS_1	M	25	X(25)	Patient mailing address line 1. Mandatory for registration.
Cols 71 - 95	Address-2 ADRS_2	O	25	X(25)	Patient mailing address line 2. Continuation of address line 1, if required, or blanks.
Cols 96 - 120	Address-3 ADRS_3	O	25	X(25)	Patient mailing address line 3. Continuation of address line 2, if required, or blanks.
Cols 121 - 145	Address-4 ADRS_4	O	25	X(25)	Patient mailing address line 4. Continuation of address line 3, if required, or blanks.
Cols 146 - 151	Postal-Code PSTL_CD	M	6	X(6)	Patient postal code.
Cols 152 - 426	Note-Data-Line NT_DT_LN	O	275	X(275)	Optional comment area. Blank fill.

C2.3 PBF DE-REGISTRATION RECORD DATA

SEQ	DATA ELEMENT NAME	MANDATORY/ OPTIONAL	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
P01 Cols 1- 25	Note-Basic-In	M	25	X(25)	The first 25 characters of a note record are as outlined in the Claim record per the MSP Teleplan specification.
P20 Cols 26	Note-Data-Type	M	1	X(1)	MSP has assigned a 'P' to this field to denote PCO electronic registration form or additional encounter record data. **For MSP purposes: this field will contain 'P'.**

P22
Cols 27- 426
	Note-Data-Line		**400**	**X(400)**	**Narrative Comments.**
					        *** PBF DE-REGISTRATION RECORD DATA format
					        follows. ***

SEQ	DATA ELEMENT NAME	MANDATORY/ OPTIONAL	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
The following is a redefinition of P22 for PBF DE-REGISTRATION RECORD DATA					
Cols 27	Record-Type-Code RCRD_TP_CD	M	1	X(1)	A PCO Record Format Code identifying the record format being electronically submitted. **For MSP purposes: this field will contain 'R' - PCO Registration Record.** Valid for Fee Item code 96091.
Cols 28	Registration-Code RGSTRTN_CD	M	1	X(1)	A code to indicate de-registration. Valid value: 'D' De-register patient.
Cols 29 - 36	Filler	O	8	X(8)	Blank fill.
Cols 37 - 44	Registration-Cancel-Date RGSTRTN_CNCL_DT	M	8	X(8)	Date a patient is to be de-registered. Format CCYYMMDD.
Cols 45	Registration-Cancel-Reason- Code RGSTRTN_CNCL_RSN _CD	M	1	X(1)	A code to explain why a patient is being de-registered. Valid values are: 'D' Deceased 'S' Services being received outside PCO 'L' Left the area 'N' De-registration to change practitioner assignment 'A' Another reason. Must have accompanying explanation in the Note-Data-Line field
Cols 46 - 151	Filler	O	106	X(106)	Blank fill.
Cols 152 - 426	Note-Data-Line NT_DT_LN	O	275	X(275)	Optional comment area. Blank fill.

C2.4 PBF REGISTRATION OVERRIDE RECORD DATA

SEQ	DATA ELEMENT NAME	MANDATORY/ OPTIONAL	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
P01 Cols 1-25	Note-Basic-In	M	25	X(25)	The first 25 characters of a note record are as outlined in the Claim record per the MSP Teleplan specification.

SEQ	DATA ELEMENT NAME	MANDATORY/ OPTIONAL	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
P20 Cols 26	Note-Data-Type	M	1	X(1)	MSP has assigned a 'P' to this field to denote PCO electronic registration form or additional encounter record data. **For MSP purposes: this field will contain a 'P'.**
P22 Cols 27-426	**Note-Data-Line**		400	X(400)	**Narrative Comments.** ** *** PBF REGISTRATION OVERRIDE RECORD DATA format follows. *** **
The following is a redefinition of P22 for PBF REGISTRATION OVERRIDE RECORD DATA					
Cols 27	Record-Type-Code RCRD_TP_CD	M	1	X(1)	A PCO Record Format Code identifying the record format being electronically submitted. **For MSP purposes: this field will contain 'R' - PCO Registration Record.** Valid for Fee Item code 96092.
Cols 28	Registration-Code RGSTRTN_CD	M	1	X(1)	A code to indicate automatic PBF registration is to be overridden (stopped). Valid value is: 'X' Stop automatic PBF patient registration.
Cols 29 -36	Filler	O	8	X(8)	Blank fill.
Cols 37 - 44	Filler	O	8	X(8)	Blank fill.
Cols 45	Registration-Override-Code RGSTRTN_OVRD_CD	M	1	X(1)	Registration's override reason code to stop automatic PBF registration. **Valid values are**: 'A' Another reason. Must have an accompanying explanation in the Note-Data-Line field 'C' Covering for a vacationing Practitioner 'D' Patient deceased 'F' Practice is full – not accepting new patients 'I' Patient expressed intent to see another Practitioner 'M' Patient moved 'N' Patient not known to the Practice 'P' Suspend monthly registrations (temporarily) for this patient 'R' Patient referred to another Practitioner

SEQ	DATA ELEMENT NAME	MANDATORY/ OPTIONAL	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
					'T' Temporary patient referral from another Practitioner 'V' Patient visiting the Catchment Area
Cols 46 - 70	Address-1 ADRS_1	O	25	X(25)	Patient mailing address line 1, if required, or blanks. Blank fill.
Cols 71 - 95	Address-2 ADRS_2	O	25	X(25)	Patient mailing address line 2. Continuation of address line 1, if required, or blanks.
Cols 96 - 120	Address-3 ADRS_3	O	25	X(25)	Patient mailing address line 3. Continuation of address line 2, if required, or blanks.
Cols 121 - 145	Address-4 ADRS_4	O	25	X(25)	Patient mailing address line 4. Continuation of address line 3, if required, or blanks.
Cols 146 - 151	Postal-Code PSTL_CD	O	6	X(6)	Patient postal code. Blank fill.
Cols 152 - 426	Note-Data-Line NT_DT_LN	O	275	X(275)	Optional comment area. Blank fill.

C2.5 PBF DE-REGISTRATION OVERRIDE RECORD DATA

SEQ	DATA ELEMENT NAME	MANDATORY/ OPTIONAL	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
P01 Cols 1 - 25	Note-Basic-In	M	25	X(25)	The first 25 characters of a note record are as outlined in the Claim record per the MSP Teleplan specification.
P20 Cols 26	Note-Data-Type	M	1	X(1)	MSP has assigned a 'P' to this field to denote PCO electronic registration form or additional encounter record data. **For MSP purposes: this field will contain 'P'.**
P22 Cols 27 - 426	**Note-Data-Line**		**400**	**X(400)**	**Narrative Comments.** ***** PBF DE-REGISTRATION OVERRIDE RECORD DATA** **format follows. *****
The following is a redefinition of P22 for PBF DE-REGISTRATION OVERRIDE RECORD DATA					
Cols 27	Record-Type-Code RCRD_TP_CD	M	1	X(1)	A PCO Record Format Code identifying the record format being electronically submitted. **For MSP purposes: this field will contain 'R' - PCO Registration Record.** Valid for Fee Item code 96093.
Cols 28	Registration -Code RGSTRTN_CD	M	1	X(1)	A code to indicate automatic PBF de-registration is to be overridden (stopped). Valid value is: 'Y' Stop automatic PBF patient de-registration.
Cols 29 - 36	Filler	O	8	X(8)	Blank fill.
Cols 37 - 44	Filler	O	8	X(8)	Blank fill.

SEQ	DATA ELEMENT NAME	MANDATORY/ OPTIONAL	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
Cols 45	De-Registration-Override-Code DRGSTRTN_OVRD_RSN_CD	M	1	X(1)	De-Registration override reason code to stop automatic PBF de-registration. **Valid values are**: 'A' Another reason. Must have an accompanying explanation in the Note-Data-Line field 'C' Patient saw another Practitioner while usual Practice/Practitioner was on vacation 'E' Ministry records are incorrect as patient has MSP coverage 'I' Patient lives outside the Catchment Area but declared intention to get all services from this Practice 'O' Suspend monthly de-registrations (temporarily) for this patient 'S' Patient lives outside Catchment Area,but requires special care available in the Practice 'T' Patient temporarily referred to another Practitioner for a special condition 'U' Ministry address for patient is incorrect as patient lives in Catchment Area 'V' Patient was on vacation 'W' Patient lives outside Catchment Area but works or attends school in the Catchment Area
Cols 46 - 70	Address-1 ADRS_1	O	25	X(25)	Patient mailing address line 1, if required, or blanks.
Cols 71 - 95	Address-2 ADRS_2	O	25	X(25)	Patient mailing address line 2. Continuation of address line 1, if required, or blanks.
Cols 96 - 120	Address-3 ADRS_3	O	25	X(25)	Patient mailing address line 3. Continuation of address line 2, if required, or blanks.
Cols 121 - 145	Address-4 ADRS_4	O	25	X(25)	Patient mailing address line 4. Continuation of address line 3, if required, or blanks.
Cols 146 - 151	Postal-Code PSTL_CD	O	6	X(6)	Patient postal code. Blank fill.
Cols 152 - 426	Note-Data-Line NT_DT_LN	O	275	X(275)	Optional comment area. Blank fill.

C2.6 M01 DATA CENTRE MESSAGE RECORD WITH PBF PENDING REGISTRATION ACTION RECORD DATA

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
P00 Cols 1 - 3	Rec-Code-Out	3	X(3)	The first 3 characters of the record are as outlined in the M01 Message Claim record per the MSP Teleplan Version 3 specification.
P02 Cols 4 - 8	Data-Centre-Num	5	X(5)	Data centre number
P04 Cols 9 - 12	Filler	4	9(4)	Zero fill.
P06 **Cols 13 - 362**	**Message-Text**	**350**	**X(350)**	**Message text area.** ** *** PBF PENDING REGISTRATION ACTION RECORD DATA format follows. *** **
P08 Cols 363 - 376	Filler	14	X(14)	Future changes. Blank fill.
The following is a redefinition of P06 for PBF PENDING REGISTRATION ACTION RECORD DATA				
Cols 13 - 18	Message-Type-Code MSG_TYP_CD	6	X(6)	A PCO Record Format Code identifying the record format. **For MSP purposes: this field will contain 'PCO#R1' Pending Registration Record.**
Cols 19 - 23	Payee Number PY_NMBR	5	X(5)	PCO Payee Number
Cols 24 - 33	PHN	10	X(10)	Personal Health Number

Cols 34	Sex-Code
	SX_CD
		1	X(1)	Sex Code
				Valid values are:
				    'M' Male.
				    'F' Female.
				    'U' Unknown.

Cols 35 - 42	Birth-Date BRTH_DT	8	X(8)	Birth date. Format CCYYMMDD.

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
Cols 43 - 44	Status-Reason-Code STS_RSN_CD	2	X(2)	A code to indicate why registration, de-registration, or registration change is pending: **Valid Registration pending codes**: '01' 2 consecutive services in PCO and lives in Catchment Area '02' At least 51% reviewed services in PCO and lives in Catchment Area '03' Registered through PCO/MSP register synchronization process 'M ' Registration effective date backdated **Valid de-registration pending codes:** '03 The patient was de-registered through the PBF Practice/MSP register synchronization process 'A0' Ministry records show that the patient is deceased 'A1' The patient no longer has MSP coverage 'B' The patient has moved outside your Practice catchment area and has received NO services in the Practice 'B1' The patient has moved outside your Practice catchment area and has received AT LEAST ONE service from the Practice since the move 'C ' The patient's last 3 services were received outside your Practice 'D ' Less than 51% of the patient's reviewed services were in your Practice 'F ' The patient has received more than 5 services outside your Practice 'L0' The patient was registered to your practice on your "Initial Patient Register" but does not appear to be a patient of your practice 'M ' The patient had been de-registered from your Practice but their registration cancellation date (de-registration date) is being revised 'X1' The patient has received more than 2 services outside the

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
				catchment area for your Practice 'X2' The patient's last two services were outside the catchment area for your Practice Left justify, blank fill.
Cols 45	Pending–Registration-Code PNDNG_RGSTRTN_CD	1	X(1)	A code to indicate pending registration action. Valid values are: 'R' Patient registration pending. 'D' Patient de-registration pending.
Cols 46 - 57	Patient-First-Name PTNT_FRST_NM	12	X(12)	Patient first name, or blanks.
Cols 58 - 69	Patient-Second-Name PTNT_SCND_NM	12	X(12)	Patient second name, or blanks
Cols 70 - 87	Patient-Surname PTNT_SRNM	18	X(18)	Patient surname, or blanks
Cols 88 – 112	Address-1 ADRS_1	25	X(25)	Patient mailing address line 1, or blanks.
Cols 113 –137	Address-2 ADRS_2	25	X(25)	Patient mailing address line 2. Continuation of address line 1, if required, or blanks.
Cols 138 – 162	Address-3 ADRS_3	25	X(25)	Patient mailing address line 3. Continuation of address line 2, if required, or blanks.
Cols 163 – 187	Address-4 ADRS_4	25	X(25)	Patient mailing address line 4. Continuation of address line 3, if required, or blanks.
Cols 188 – 193	Postal-Code PSTL_CD	6	X(6)	Patient postal code, or blanks.
Cols 194 – 201	Registration-Change-Effective-Date EFCTV_DATE	8	X(8)	If PNDNG_RGSTRTN_CD is 'R', this is the date a patient is to be registered. If PNDNG_RGSTRTN_CD is 'D', this is the date a patient is to be de-registered. Format CCYYMMDD.
Cols 202 – 206	Practitioner-Number PRCTNR_NMBR	5	X(5)	Identifies the PBF practitioner to whom the patient is currently assigned, according to MSP's records. Default is '99999'.
Col 207	Administrative-Code ADMNSTRTV_CD	1	X(1)	A code to capture additional record data as required. Valid values are:

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
				'0' Default '1' Administration Type 1 '2' **FUTURE USE** Default is '0'.
Cols 208 – 362	Filler	155	X(155)	Blank fill.