



Chapter 1
TELEPLAN INTRODUCTION & RULES

CHAPTER 1

1.1 TELEPLAN USAGE GUIDELINES

MSP Claims pay medical service providers twice a month (middle and end of the month). The schedule is published on the Teleplan website (<https://teleplan.hnet.bc.ca>).

All claims must be submitted on the close-off day by 7 pm for each payment date (approximately 10 days prior to the payment date) in order to be processed and paid at the next payment date. It is recommended that Teleplan users submit their claims for payment daily. It is not recommended that Teleplan users collect all their claims for submission, and only submit the claims on the published close-off day. If there is any problem encountered on the close-off day due to unforeseen problems, the Teleplan user assumes the risk of not getting their claims paid on the next payment date.

A single Teleplan data centre must not submit more than 200,000 claims per payment cycle. To submit more claims, it is required to create an additional Teleplan data centre. Otherwise that site may experience problems in picking up remittances due to the large volume of data and non-compliance may result in incorrect calculation of payment for practitioners.

There must be no more than two concurrent requests to Teleplan Web Services from any client system or location. Non-conformance may result in restricted or reduced access for the respective clients or locations. Each Teleplan user account may have one concurrent connection. Additional connections will require additional user accounts.

Real-time eligibility check is meant for point of service and should not be automated when checking eligibility for more than one patient. If automation is necessary, use the Batch Eligibility Request (See Chapter 2 for more information).

1.2 TELEPLAN NOTIFICATION

To all Teleplan Vendors:

January 24, 2013

Following are the inbound and outbound record specifications for the Medical Services Plan of B.C.'s electronic claims system called Teleplan.

These specifications allow you to interface with Medical Services Plan (MSP) from your billing software using our internet URL access method known as Teleplan Web. The file record standards are based on PC ASCII files being sent to and from MSP.

This specification document replaces all prior documents and memos relating to specifications of electronic MSP Fee for Service or Encounter medical claims and their related Refusals/Remittances/Messages records.

Note: a soft copy of this document can be found on the Ministry of Health's (MoH) web site; ensure the version number is identical to this document as it can be some time before it is made available.

<http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/claim-submission-payment/teleplan>

If you have any questions regarding these specifications, please direct your enquiries to Teleplan Support Centre (refer to “Teleplan Contacts”).

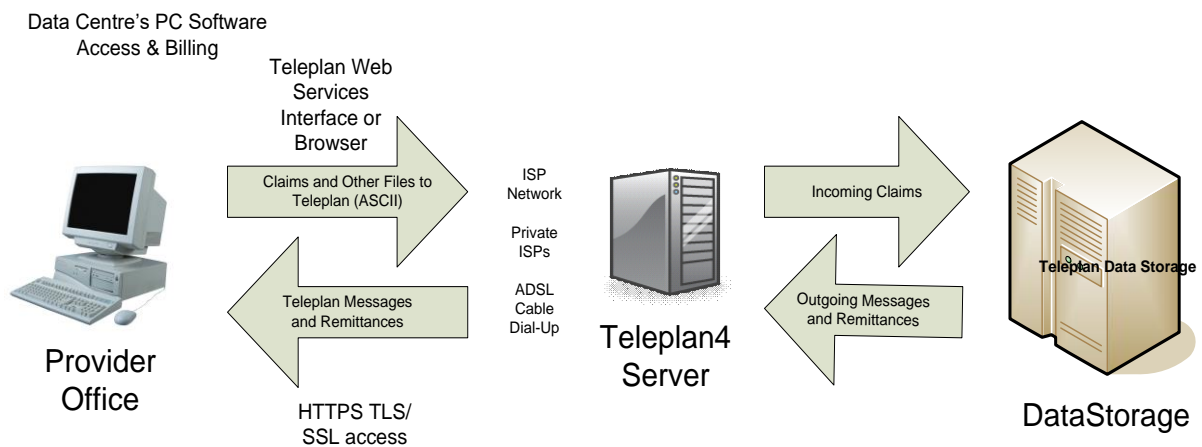
1.3 TELEPLAN OVERVIEW

Teleplan is an electronic interface to allow practitioners to submit their billings for payment to MSP at any time over its web internet URL access. This document includes the standard specifications for the data which are made available to vendors who then create billing software to be used by the office (submitter).

Users must use current vendor supported browsers or custom code which supports current cryptographic protocols (ie. TLS 1.2) for secure connections to the Teleplan application.

Teleplan transmissions are controlled by the submitter (data centre) to send claims, notes or eligibility requests at any time and to receive MSP remittances, refusals, eligibility and coverage data including various electronic support files. The submission data and pickup data is stored in a backend Data Storage application.

TELEPLAN LINKAGE



The following sections provide an overview of the Teleplan process, its security, manuals, transmission failures, data editing, special formulas and the actual record layouts required for sending and receiving data via Teleplan.

Legend:

- Teleplan4 Web – MSP’s internet Transport communication method using a browser or vendor developed services interface to allow medical claims to be submitted
- https – http within an encrypted connection using current TLS (transport layer Security)

- encrypted transport
- Teleplan Web Services Interface - Teleplan web services interfaces calls from the vendor's billing software (API)
- Browser – Internet access using vendor- supported browsers to access the Teleplan-published URL.
- Data Storage – submission data and pickup data for Teleplan users are stored in data storage servers, and be available for backend processing and Teleplan user pickup

1.4 TELEPLAN REGISTRATION

Contact the Teleplan Support Centre to request an application kit to be a vendor/developer or service bureau data centre.

Vendors/developers are allowed access to the network to develop and test the medical office billing software for Teleplan purposes.

1.5 TELEPLAN CONTACTS

You may contact the Teleplan Support Centre for any and all questions or issues about Teleplan.

Teleplan Support Centre
Health Insurance BC
PO Box 9480
Victoria, British Columbia
V8W 9E7

Phone:
Vancouver (604) 456-6950
Rest of province (toll free) 1-866-456-6950
Press 3 for Teleplan, and then press 2

1.6 TELEPLAN SERVICE

This service is provided seven days a week on a 24-hour basis (subject to scheduled downtimes) via the Provincial Government Shared Services BC (SSBC). The MoH Teleplan application may be accessed via any private Internet Service Provider (ISP) to the Teleplan web service via encrypted connection (ie. https).

1.6.1 Scheduled System Downtimes

Regularly a number of Teleplan outages are planned for system maintenance and data backups. Unfortunately, each outage may impact a different function. It is not possible to predict which function(s) will be inaccessible prior to the actual planned maintenance. Teleplan users should take note of the following schedule. Teleplan users may experience connection issues during the following times:

- Every Sunday from 5 a.m. to 9 a.m.
- Every Monday to Friday from 5 a.m. to 7 a.m. and 10:30 a.m. - 11:00 a.m.

- Every Wednesday from 2:30 a.m. to 5:30 a.m. and 9 p.m. to midnight
- Every Thursday from midnight to 8 a.m.

If you experience connection issues during regular business hours outside of the above schedule, try again in five minutes.

If you continue to have connection issues, then contact the Teleplan Support Centre during business hours at:

Vancouver (604) 456-6950
Rest of province (toll free) 1-866-456-6950
Press 3 for Teleplan, and then press 2

1.7 TELEPLAN4 WEB ACCESS INFORMATION

Medical Services Plan provides an application solely for practitioners called Teleplan4 Web, aka Teleplan Web, for telecommunication to transmit and receive medical claims data electronically.

Teleplan Introduction:

MSP's Teleplan access provides a means for you to send and receive your claims-related files securely across the internet. MSP's Teleplan application allows practitioners to send their claims to MSP's mainframe host computer in a machine-readable format. Teleplan does not replace the billing software supplied by your vendor.

Teleplan Claims Submission and Processing:

Teleplan is a telecommunications system which allows practitioners to securely submit claims and notes, retrieve remittance information, and check patient eligibility over an encrypted internet connection with MSP. The system is built to industry standards for secure internet communications (like that used for online banking transactions). Teleplan receives and processes over 9 million claims monthly, valued at approximately \$330 million. Approximately 98.8% of all claims are processed within 30 days, with the majority being paid within 14 days. Processing times depend on the timing of the submissions and the complexity of the claims. Payments are made at the middle and end of each month, either by electronic funds transfer or by cheque.

Teleplan Support Centre:

The Teleplan Support Centre handles questions about Teleplan, the Claims processing system and Teleplan specifications including:

- Electronic billing problems
- Electronic remittance statements and refusals
- MSP-practitioner-vendor liaison
- "Zapping" claims submitted with incorrect data
- Resetting revoked passwords
- Non-vendor software submission and pickup software problems
- Sequence errors

- Request for patient demographic files
- Load over-aged remittances

Use this toll-free service to reach the Teleplan Support Centre for any reason:

Vancouver (604) 456-6950
Rest of province (toll free) 1-866-456-6950
Press 3 for Teleplan, and then press 2

Teleplan Access:

The Teleplan website can be accessed either directly using an internet web browser or using your billing software vendor's add-on software (called Teleplan Web Services Interface). In either case, you will need to contact your vendor to establish the method they use to access Teleplan.

The internet address for Teleplan's Production website is <https://teleplan.hnet.bc.ca>

Note: the internet address for a vendor's Teleplan Web Services Interface call to Teleplan production access is <https://teleplan.hnet.bc.ca/TeleplanBroker> and is coded by vendors within their software.

Teleplan ISP (Internet Service Provider) Access:

You can access our servers any time (normally 24 x 7) using your private cable, ADSL, or dial-up modem ISP service.

Example: <http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/claim-submission-payment/teleplan>

Teleplan Sign-on:

Teleplan Support Centre will provide you with your own Teleplan Data Centre sign-on ID and password (not the same as your private ISP ID and password). The password expires after 42 days and you will be prompted to change either if using our browser or your vendor's TELEPLAN WEB SERVICES INTERFACE. Teleplan Support can be contacted to help you with the above.

Vendors Only: Teleplan Web Vendor's Test Site:

Teleplan vendors are not able to login to the Teleplan production browser internet address, (<https://teleplan.hnet.bc.ca>) for test purposes; they must access a special internet address, (<https://tlpt2.moh.hnet.bc.ca>) instead.

If the vendor chooses to use the Teleplan Web Services Interface, then the internet address to use for testing purposes is <https://tlpt2.moh.hnet.bc.ca/TeleplanBroker>.

This vendor's test site is a full production clone and provides the same service as Teleplan Production. For testing the eligibility request service, contact Teleplan Support for sample cases. All vendors must contact Teleplan Support for latest detailed information on using the Teleplan Web Services Interface and to obtain approvals as a legitimate Teleplan Vendor.

Sample browser screens follow, next two pages:

Sample 1: Teleplan Web sign-on screen: shows URL and sign-on page

Sample 2: Teleplan Web Home page: Shows main business functions selection page

Sample 1 - Teleplan Sign-on Screen:



Welcome to the Ministry of Health's Teleplan Web Access

Please log in

Username

Password

Login

Clear

Cookies must be enabled to enter this application

This web site is designed to work with most modern browsers at 1024 or greater screen resolution.

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Sample 2 - Teleplan Home Page:



Contents

- [Home](#)
- [Send Claims](#)
- [Retrieve Remittances](#)
- [Other Processing + Logs](#)
- [Check Eligibility](#)
- [Change Password](#)
- [Admin Functions](#)
- [Help](#)
- [Sign off](#)

Welcome to MSP's Teleplan Web Access

Welcome to the home page of the BC Medical Services Plan (MSP) Electronic Claims Submission web application.

Version: Teleplan Web 4.2.8

Use the menu at the left to select the service you would like to access.

[REVISED: 2021 Remittance Availability Dates](#) January 12, 2021

[2021 Close off Dates](#) November 6, 2020

[Important: Service Location Codes](#) September 15, 2020

[TELEPLAN MAINTENANCE WINDOWS](#) February 20, 2012

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1.7.1 Vendor Guidelines for Teleplan

- It is recommended that your billing software be installed in a main directory called **Teleplan** (e.g., C:\Teleplan) or your chosen billing software name (e.g., C:\vendorbill) for proper support by MSP staff and future software updates.
- All Teleplan billing, web TELEPLAN WEB SERVICES INTERFACE programs, configuration files, and session log files residing in the same directory can allow joint support if required.
- Vendors should provide for ability of their sites to either print the Teleplan session logs produced by the Teleplan software or a method to view TELEPLAN WEB SERVICES INTERFACE's controlling the Teleplan access from their medical office software. MSP will retain the last fifteen (15) logs on its servers for support access.
- MSP requires all vendors to provide ability for their clients to change sequence numbers through their office software. Vendors can still provide control within the software but it is important that practitioners not be put in a position of being unable to submit their claims (see Sequence Number section). This would prevent payments to practitioners due to claims not being transmitted to MSP in time for the scheduled payment close-offs.

- MSP cannot accept any responsibility for a data centre's inability to submit claims and receive remittances due to a network problem with its ISP or lack of support by its vendor.

1.7.2 Teleplan Process Diagrams

The diagram below provides a pictorial overview of the Teleplan process:

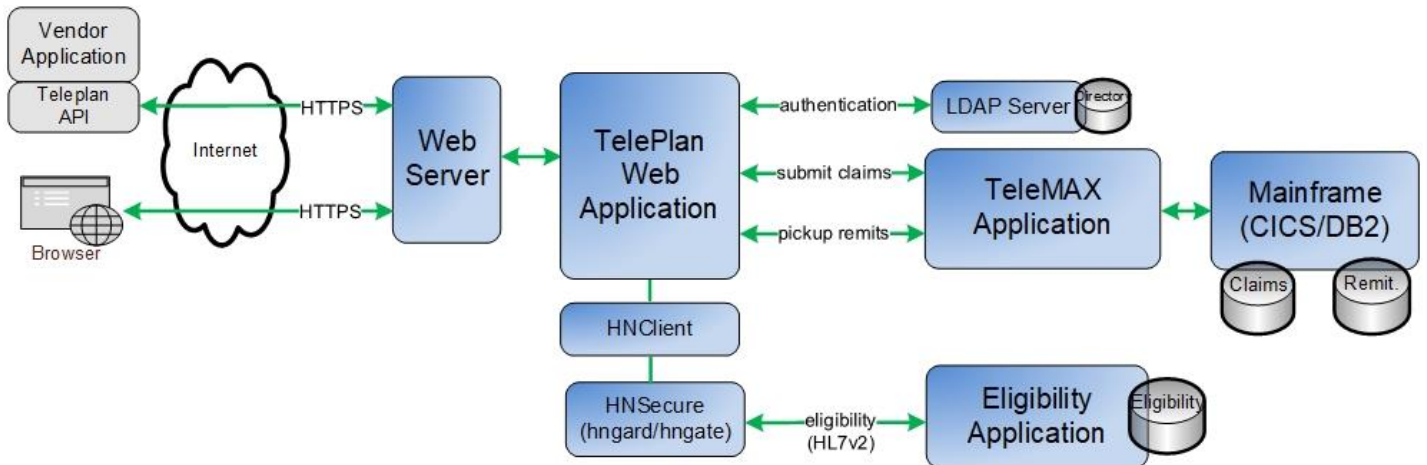
- Access path from a Teleplan site to the MSP computers

The Teleplan methods are highlighted in two slides following the below referenced diagram.

- Security information view
- Teleplan URL environments view

Diagram 1

Access path from a Teleplan site to the MSP computers



Security Information View**Security**

- Teleplan User ID and Password
 - ❖ Issued to each data centre upon activation request
 - ❖ Password expires after 42 days
 - ❖ Password must be unique; recommended: combination of upper- and lower-case characters and numbers
- Server Side Certificates
 - ❖ Renew annually with the latest industry encryption standard algorithm
- LDAP (Internal - Ministry of Health security protocol for user account administration)
 - ❖ Requires a valid Teleplan Data Centre Number

Teleplan URL Environments View**Teleplan Web v4.2 Environments**

- Hardware/Software operational for:
 - ❖ Production browser access (two URLs):
<https://teleplan.hnet.bc.ca> for billing sites
<https://tlpt2.moh.hnet.bc.ca> for vendor testing
- Production Teleplan Web Services Interface access (two URLs):
<https://teleplan.hnet.bc.ca/Teleplan Broker> for billing sites
<https://tlpt2.moh.hnet.bc.ca/Teleplan Broker> for vendor testing
- DEV (MSP development)
- TEST (MSP internal testing)
- Web help screen shows application version number
- Teleplan Web Service Interface Information package available for vendors from Teleplan Support Centre

1.7.3 Teleplan Web Browser and Access Recommendations

1.7.3.1 *Submission Access*

Submission through Teleplan Web can be done using an internet-capable computer either by using a private ISP (Internet Service Provider) via ADSL, cable, or dial-up modem. For all methods of access, each Teleplan data centre site will use a web browser or vendor-supplied TELEPLAN WEB SERVICES INTERFACE software, depending on vendor instructions.

1.7.3.2 *Web Browser recommendation*

Teleplan Web is designed to work with most modern browsers at 1024 or greater screen resolution with cookies enabled.

1.7.4 Teleplan Vendor Approval Process

Vendors who want to develop billing software for medical service providers, capable of interfacing to MSP Claims Teleplan, must first be an approved Teleplan Vendor. This is a mandatory requirement prior to having production Teleplan users assigned to use their software for submitting claims and picking up responses from MSP Claims.

New vendors must contact the Teleplan Support Centre to request registration as a vendor, once the vendor has registered successfully, they will be assigned a:

- Teleplan Data Centre Number,
- Teleplan User ID,
- Temporary Password, and
- Test Payment Number.

Once the process is completed, Teleplan Support Centre will send the confirmation letter which includes a "Receipt Agreement" to be completed and returned by the vendor in order to receive an API kit.

Teleplan users using vendor software can connect to Teleplan either using Internet Browser or using vendor software codes which interfaces with the Teleplan Web Services Interface. A collection of Teleplan Web Services Interface Information will be 'zipped' and emailed to the vendor upon request by the vendor. This package contains information on how to use the Teleplan Web Services Interface via vendor provided programs.

The vendor must successfully complete testing of their software by creating claims, and processing of the MSP returned records prior to being approved as a Teleplan Vendor. The vendor can schedule test arrangements with Teleplan. Vendor must provide Teleplan Support Centre staff with proof that the software has successfully submitted claims and picked up responses before the vendor is approved.

The claims from the vendor will be processed nightly, and refusals will be available the next day in Teleplan Web for pickup by the vendor.

It is the responsibility of the vendor to test all claim types, this includes the following:

- BC Patient claims
- Reciprocal claims (patients from other provinces with reciprocal agreements with BC)
- ICBC claims
- Population Based Funding (PBF) claims (if the vendor clients are PBF sites)
- Batch Eligibility Requests
- Electronic Debit Requests
- Work Safe BC claims (once approved as a vendor by HIBC, contact WSBC regarding testing)

Vendor software must be able to process all record types returned from Teleplan. These include:

- Pickup logs
- Pickup Other Data Files (bulletins like explanatory codes, fee schedules)
- Pickup remittances, messages, refusals, batch eligibility responses, etc

Vendor Software must be able to perform 'check eligibility'. This is a real time function and must be keyed one PHN at a time. An automated request to execute this function by the vendor software with a batching process is not acceptable. A list of test PHN and birthdates is included in the 'Teleplan Web Services Interface Information' package.

1.7.5 Vendor Submit Claims and Pickup Remittances Tests

The procedure for testing vendor software is:

- Create a claim submission file with vendor record (VS1), claim (C02), note (N01), and batch eligibility requests (B04),
- Sequence the data file with starting sequence number of one (or one plus the last successful claims submission),
- Connect to Teleplan Vendor Test URL : [HTTPS://TLPT2.MOH.HNET.BC.CA](https://tlpt2.moh.hnet.bc.ca)
- Submit the claim file using Teleplan Web Browser Submit Claims or Vendor software interfaces to Teleplan Web Service,
- Wait one day and re-connect to Teleplan Vendor Test URL,
- Select PICKUP REMITTANCES to pick up messages generated as a result of the claims submitted,
- Process the pickup information in the vendor's software, refusals for vendor test will result in one C12 record for each error encountered,
- Wait for the next Remittances Available Date (published on Teleplan Web Browser site) and pickup remittances resulting in the submitted claims,
- Process the pickup remittance information in the vendor's software.
- Subsequent claims submission sequence number will have to start with one plus the last successful claims submission data file's sequence number.

A sample test file of mock Remittance containing a few records of each record type is available to vendors. This sample test file will allow you to verify for any format errors when receiving remittance records.

In both cases, the Teleplan Support Centre can inform you about the process.

It is important that you use your vendor's Data Centre Number and assigned vendor's payment number to test any software changes before releasing updates to your clients (see Security Access section).

1.8 TELEPLAN SPECIFICATIONS

Teleplan uses an Inbound and Outbound Record type design to allow the correct transmission of data between each data centre. These layouts are designed for developers to create their files in ASCII fixed format without leading blanks or special delimiters to denote next field. This ensures that each record is unique and can be identified.

1.8.1 Specification Change

MSP will issue revised specifications under release control with prior notice to all registered vendors/developers.

A specification version number can be different than the Teleplan Web version number. This would mean that existing Teleplan records have been modified with no required change to the actual Teleplan Web TELEPLAN WEB SERVICES INTERFACE/browser access.

Normally we provide 90 days' notice to the **Medical Software Vendors Association (MSVA)** and the **Doctors Technology Office (DTO)** of British Columbia for April or October changes. MSP will attempt to make changes as required by software vendors during the April period of a fiscal year. In the above scenario, a letter would be sent to all registered vendors on our files regardless of the number of clients using their software.

Note:

MSVA is an association of vendors that works together as a group to discuss ideas, mutual concerns, and opportunities about the Teleplan system. Scheduled meetings are held with representatives of MSP and the MSVA to jointly plan changes and discuss members' questions. Further information can be found at its web page <http://www.msva.ca>, including contacts if you wish to enquire about the association.

DTO is a program funded jointly by the Doctors of BC and the BC government through the General Practice Services Committee (GPSC). This group coordinates engagement activities between BC EMR vendors and provincial stakeholders, and is a key contact to relay any Teleplan changes and updates. Further information about DTO advocacy can be found at the DTO web page: <https://www.doctorsofbc.ca/resource-centre/physicians/doctors-technology-office-dto>

1.9 MANUALS

MSP Payment Schedules that contain Fee Items, MSP Explanatory Codes, and ICD9 Codes may be viewed on the MSP website: <http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/claim-submission-payment/teleplan>

Electronic files (ICD9, Fee Schedule, Explanatory Codes, and Facility Codes) are also available using the Teleplan 'Other Processing' function.

It is important that you understand the MSP Fee Schedules as they contain the many rules which govern payment. The electronic files contain only the basic values and descriptions to allow creation of your software tables and reduce initial keying errors.

1.10 SECURITY ACCESS

After receipt of your application requesting access as a Teleplan Vendor/Developer, a letter will be sent to you containing instructions to call our Teleplan Support Centre with your Data Centre Number and a test payee number. Teleplan Support Centre will inform you of your Teleplan User ID, initial password and instructions.

Data Centre →	<p>An MSP application identifier assigned to a physical data submission site</p> <p>All data for one or more practitioners attached to the data centre will be received or sent to that site's physical computer. ONLY ONE DATA CENTRE NUMBER is issued per COMPUTER at the registered address per your application. Multiple payees can then be attached to the data centre.</p>
Payee Number →	<p>An MSP number assigned to an individual practitioner or organization that will receive payment for claims submitted</p> <p>This number is connected to the Data Centre Number where this practitioner or organization resides. Each practitioner submitting claims through a payee number, must complete and submit an Assignment of Payment form to MSP prior to submission of claims.</p>
Practitioner Number →	<p>An MSP number assigned to the practitioner who performs the service</p> <p>In the vast majority of cases, the payee number is the same as the practitioner number.</p>
Teleplan User ID →	<p>A security sign-on identification assigned to one person who is responsible for using Teleplan at a data centre (examples: 'TTUAnnnn' ('A' represents an alpha character for production) or 'TTUVnnnn' ('V' for vendor testing))</p>
Password →	<p>A secondary security identification issued by MSP that allows access using the data centre's Teleplan User ID</p> <p>The password must be changed on a regular basis by the data centre (every 42 days). Your default password is temporary and good for only one access. Do not publish or post your Teleplan User ID or password in any documentation.</p>

It is important that you set up the Data Centre Number in your site's billing software.

Note:

- Vendors are issued a Data Centre Number starting with 'V_____' and a test payee number which is also the practitioner number to use for testing. Because a vendor is always in 'TEST' status you are able to access and test your software through any of our network lines just like your clients.

- Do not use a valid Data Centre Number (non-V____) for software testing.
- Contact the Teleplan Support Centre if you encounter any User ID or password problems.

1.11 TELEPLAN TRANSMISSION FAILURES

Teleplan will identify transmission failures and log the messages in your log file. You can then access and print via the browser interface or your vendor TELEPLAN WEB SERVICES INTERFACE software interface.

None of your transmitted records are accepted by the MSP host computer when any of the following major errors occur (example: if you had 150 records to send MSP and the 149th record had a wrong sequence number, the entire transmission would be invalid, even though the first 148 records were valid).

1.11.1 Access Denied

Message text in your session log when submitting or receiving data to MSP:

TETA-007	ACCESS DENIED TO THIS DATA CENTRE, CONTACT TELEPLAN SUPPORT
TETB-007	ACCESS DENIED TO THIS DATA CENTRE, CONTACT TELEPLAN SUPPORT
TETZ-007	ACCESS DENIED TO THIS DATA CENTRE, CONTACT TELEPLAN SUPPORT

This indicates that we were not able to match the combination of access User ID and Data Centre Number supplied as being valid for your transmission. It might also be mean that access is not allowed from your data centre. Contact the Teleplan Support Centre for guidance.

1.11.2 Data Centre Not Valid

Message text in your session log:

TETA-020	DATA CENTRE VALUE IN FILE DOES NOT MATCH, SEE RECORD AT # _____
----------	-----------------------------------------------------------------

The Data Centre Number assigned to your site was not found on all your inbound records or did not match the one assigned to your site. Contact the Teleplan Support Centre for guidance.

1.11.3 Record Code Invalid

Message text in your session log:

TETA-021	INVALID RECORD CODE: ____ RECORD #: _____
----------	-------------------------------------------

Records during the transmission were found not to be an authorized inbound record type. Ensure the record codes are valid and in upper case, i.e., 'C02' not 'c02'. Contact the Teleplan Support Centre for guidance.

1.11.4 Software Controls

Future announcement – at times new records or controls can be introduced; once a window of change has completed, older records or controls would then be refused with an error message such as:

TETA-006	INVALID VERSION-CONTACT TELEPLAN SUPPORT INPUT VERSION:
----------	---------------------------------------------------------

1.11.5 Sequence Number Not Valid

Message text in your session log:

TETA-022	SEQ NUMBER ERROR. EXPECTED: _____ LAST COMMITTED: _____
----------	---------------------------------------------------------

Although your Teleplan User ID and Data Centre Number were valid, one of the records in your transmission did not have a sequence number that was sequentially higher by one than the previous record on this or your last accepted transmission.

A) Each transmission must begin with the sequence number of the last record of the last successful transmission incremented by one.

B) Each record in a transmission must have a sequence number sequentially one higher than the previous record.

All Data Centres start with one (0000001) on their first transmission to MSP. It then increases by one until you reach the limit of 9,999,999 at which point you must start at one (0000001) again.

In the case of a transmission refused because of an INVALID SEQUENCE NUMBER: the last sequence number stored on our records will be transmitted to you, to allow you to setup your file correctly and retransmit.

Contact the Teleplan Support Centre for guidance.

Note:

Teleplan has been designed so that MSP staff is unable to change the sequence number. This is to protect the integrity of records transmitted and accepted by MSP. It also ensures that the ability to locate a claim in progress is intact and verifiable.

1.11.6 Transmission Volume Limits Error

Message text in your session log:

TETA-026	ERROR: NUMBER OF INPUT RECORDS EXCEEDED SYSTEM LIMIT
----------	------------------------------------------------------

Each transmission session to submit your file containing medical claims, encounters, and/or eligibility requests is restricted to a **maximum of 9,000 records**. You can submit as many times as required to complete your billings to MSP. This provides for back-up and recovery of the MSP computer in case a failure occurs after a transmission. See the Inbound Records to MSP section on 'Maximum Volume'.

Contact the Teleplan Support Centre for guidance and information.

1.11.7 Total Billed Amount Limit Error

Message text in your session log:

TETA-025	TOTAL BILLED AMOUNT GREATER THAN 9999999.99
----------	---------------------------------------------

Each transmission record received is counted for number of records and for the billed amount in the claim record itself to record billed fee amount totals on the MSP session control log record generated by our system. If your transmission was stopped for this reason it means you had sent us claims totalling more than \$9,999,999.99 for us to record. The system was not designed for any one transmission to have amounts of that magnitude. A fatal error will occur at your end.

1.11.8 Vendor Submission Control Record Error

Message test in your session log:

TETA-023	HEADER ERROR, CONTACT YOUR VENDOR, VS1 ERROR= _____
----------	-----------------------------------------------------

Where VSnn points to the field sequence identifier in error.

A vendor must submit the VS1 record for every submission to deal with regular claims or eligibility requests sent to MSP.

VSnn Error Codes

VS00 - implies that MSP is not allowing this data centre group access; contact MSP

VS01 - implies no 'VS1' record in transmission

VS04 - implies Vendor's Data Centre Number not on file or status not active

VS05 - no information supplied in this field (Software Name)

VS06 - no information supplied in this field (Vendor Software Version information)

VS08 - no information supplied in this field (Company Name)

VS09 - no information supplied in this field (Vendor Contact Information)

VS07 - Vendor's software installed date not CCYYMMDD (i.e., after 20031224)

1.11.9 Transmission Failure (Others)

In very rare occurrences, a Data Centre can experience a failed transmission where the following might be shown on the session log.

A)

TETA-002	CLAIMS AND ELIG SUBSYSTEMS UNAVAILABLE
----------	----------------------------------------

TETZ-002	ALL OUTBOUND SUBSYSTEMS UNAVAILABLE
TETZ-020	REMITTANCES SUBSYSTEM UNAVAILABLE
TETZ-021	REFUSAL SUBSYSTEM UNAVAILABLE
TETZ-022	ELIGIBILITY SUBSYSTEM UNAVAILABLE
TETZ-023	DATA CENTRE MESSAGE SUBSYSTEM UNAVAILABLE
TETZ-024	OTHER SUBSYSTEM UNAVAILABLE
TETB-002	SEND DATA FILE SUBSYSTEM UNAVAILABLE

The above means that MSP is performing housekeeping work on the Teleplan system. Try again later that day or contact the Teleplan Support Centre for information.

B)

TETA-024	INVALID RECORD LENGTH AFTER RECORD: _____
TETA-013	HOST ERROR, CONTACT TELEPLAN HELP DESK - TSQ ERROR: pxxxx error type,
TETA-005	SOCKET ERROR*** RETCODE= _____ ERNO= _____ SOCKET ID = _____
TETA-008	HOST ERROR: _____ tablename SQL CODE=_____

The above means a problem has been identified with your data file or with the MSP Host computer during this specific transmission.

< Contact the Teleplan Support Centre immediately. >

C)

TETA-009	WARNING! YOUR M.S.P. DATA CENTRE IS IN TEST STATUS
----------	----------------------------------------------------

This means your claims will not enter the **payment portion** of the MSP system although eligibility requests are passed through. This is because this site is in TEST status.

Contact Teleplan Support Centre if you had expected to be in Production status. They will log your call and forward your request to Teleplan Registration.

1.12 TELEPLAN (PRE-EDIT) PROCESS

Although a data centre can submit claims numerous times in the same day, MSP processes all the data received once each evening during normal business days, normally at 7:00 p.m. The first process is called the Teleplan Pre-Edit stage. If the data is found to have no errors, it is then passed to a second process called the Edit/Eligibility stage for further editing.

Those records that have been refused in the first process called Teleplan Pre-Edit will be identified to a data



centre as follows.

A (C12) refusal record will be returned to you with error conditions identified in the three (3) explanatory fields supplied on this record.

The first code will always be 'YY' to indicate a Teleplan Pre-Edit failure, followed by the actual error detected. In production, a single C12 refusal record is returned with up to three explanatory codes for each claim.

NOTE: =====VENDOR'S TESTING PERIOD=====

During a vendor's test, you are returned a (C12) refusal record for every error condition encountered without the 'YY' explanatory code (i.e., if you had 3 errors on a single record submitted then we would return in TEST three records with the same sequence number and one explanatory code per record).

=====

The Teleplan Pre-Edit process is our early warning/filtering program which identifies basic errors that your vendor's medical billing software should not allow to happen.

Note:

- The Teleplan Pre-Edit process is normally scheduled to start at 7:00 p.m. PT each workday evening with errors available for pickup shortly after on the same evening or the next day, e.g., Friday submissions are edited that evening and messages are available Saturday.
- The Refusal Record (C12) is designed to send back up to seven (7) explanatory codes but the MSP system currently will return only up to three codes, in the first three explanatory fields. See Outbound Records section 3.4 for format.

1.12.1 Pre-Edit Refusal Record Level Errors

At a record level, your submission detail can be refused for the following basic conditions.

> Data Centre requested a specific submission to be zapped (cancelled) from the edit process.

Error code is FC

> Data Centre and Payee Number combination is invalid.

Error code is W2

> Payee Number not authorized for this Data Centre (not in Active Status).

Error code is W3

> A Note Record (N01) is not preceded by a Claim Record (C02) with a Correspondence Code of 'N' or 'B' or the Note record sequence number is lower than the claim.

Error code is ZI

Note:

On very rare occasions your claim may be refused because the Note record submitted happens to be the one that was sequence number 0000001 after claim 9999999. Simply resubmit the refused claim and note in the next transmission.

> OIN - Other Insurer Code and OIN Registration is equal to zeros when the MSP Registration Number is equal to zeros.

Error code is ZJ

The Province of B.C.'s MSP Registration Number field is zero, which indicates OIN Reciprocal Claim Data following had a Province code equal to zero or the RCP Registration Number was blank. MSP was expecting valid Reciprocal Claim Data to follow the regular claim data.

1.12.2 Pre-Edit Data Element Level Errors

Each record is examined field by field to ensure that it meets the basic expected values or conditions. Items such as Fee Item and ICD9 Code are checked to ensure that they are numeric or character fields. The actual code value validation to master files is done during the second regular process called Edit/Eligibility around 9:00 p.m. each business evening.

Example: Fee Item 09991 passes the Pre-Edit process but is refused in the Edit & Eligibility process because it is not a valid fee item.

See 'Pre-Edit Explanatory Codes Edit' section for a list of the actual error codes and their meanings.

1.13 TELEPLAN PRE-EDIT ERROR CODES

The following error values can be found in one or all of these explanatory fields; see format definitions C12-P10*, C12-P12, or C12-P14 if errors were detected in a claim record submission.

All production Pre-Edit refusal (C12) records have the code 'YY' in the first field, while errors in the second process called Edit & Eligibility are shown in one of the three fields.

Note: An Electronic TEXT Report of the explanatory codes similar to the Fee Schedule and ICD9 codes files is available using Teleplan's "Other Processing" option in Teleplan Web browser or your TELEPLAN WEB SERVICES INTERFACE function. You may also refer to the explanatory code booklet issued upon request to MSP.

The refusal reasons noted beside each pre-edit explanatory code are specific to the pre-edit program to allow vendors to develop software that will not create these conditions.

In the **Edit & Eligibility process**, which is the second edit stage, the same explanatory code can be issued for a more generic reason. For example, in Edit & Eligibility, a claim could be refused with 'VN' ("ICD9 code invalid") rather than 'YYVN' in the Pre-Edit for "not submitted correctly".

1.13.1 Edit/Eligibility & Adjudication Refusals

Refer to the regular explanatory code handout issued by MSP for errors from the Edit/Eligibility (E/E) and Adjudication processes. The E/E refusal records (C12) are not identified with the explanatory code 'YY'.

Adjudication refusals are created only at remittance payment time as an Outbound record (S00/S02/S03).

Legend: *

C12 = Record Code to denote Refusal records created daily

Pnn = Field Number reference in the C12 record layout

Future:

MSP has designed the C12 (Refusal Record) to show up to seven codes, but codes 4 to 7 will be activated at a future date.

1.13.2 Teleplan Pre-Edit Program Explanatory Codes Edits

Description: Checklist of explanatory codes issued by Teleplan Pre-Edit program.

Teleplan Pre-Edits

All production sites (Annnn – 'A' represents an alpha character) refusal record explanatory codes are preceded by 'YY' with one or two explanatory codes creating a maximum of one record.

+ Production job called TELPJP01

Notes:

- A special clone called the Vendor Pre-Edit job will create, as required for vendor site-submitted claims, refusal records with a single explanatory code for each error identified. This will create multiple refusal records having the same sequence number.
- Codes and edits can be revised by MSP any time; refer always to record formats and information supplied by MSP. Use Teleplan's "Other Processing" to retrieve the latest explanatory codes file which is updated monthly.

List of Explanatory Codes and their refusal reasons:

Data Element Name	Reference Sequence #	Explanatory Code	Explanatory Code Refusal Description
MSP-REGISTRATION: MSP PHN	P14	AA	<ul style="list-style-type: none"> • ID/PHN is not numeric • ID/PHN is invalid, it failed MOD 10/11 digit check • ID is institutional (010000008)
DEPENDENT-NUM	P18	AH	<ul style="list-style-type: none"> • Dependent number is not '00' or '66' or invalid when PHN supplied • When OIN supplied, RCP claim dependent number is not '00'
NAME-VERIFY	P16	AP	<ul style="list-style-type: none"> • Initials, Surname, RCP First Name Initial, Surname error:

Data Element Name	Reference Sequence #	Explanatory Code	Explanatory Code Refusal Description
			Edit rules: <ul style="list-style-type: none"> ○ INITIAL 1 between A-Z ○ INITIAL 2 between A-Z or BLANK ○ SURNAME CHAR 1 between A and Z ○ SURNAME CHAR 2 between A and Z, blank (), period (.), quote (') or minus sign (-). ○ If it is OIN RCP, then Initials and Surname are not zero in the first section (it is filled in the OIN RCP names part)
BIRTH-DATE	P52	AR	<ul style="list-style-type: none"> • Birthday is not numeric • Birthday is not a valid date • If Dependent number is 66 (baby with mother's PHN), birthday was not supplied, or is not '0000000'
OIN-INSURANCE-CODE	P100	AY	<ul style="list-style-type: none"> • OIN Insurer or RCP province code error (not one of the province codes, WC, IN, or PP)
Service Time Start Service Time Finish	P48 P50	CF	<ul style="list-style-type: none"> • Service Start time is not numeric or hour > 24 or minutes > 59 • Service End time is not numeric or hour > 24 or minutes > 59
N/A (System Rule)	N/A	FC	<ul style="list-style-type: none"> • Zapped as requested by Data Centre; claim will not be processed for payment
BILLED-AMOUNT PAYMENT MODE	P27 P28	RH	<ul style="list-style-type: none"> • If it is a Population Based Funding (PBF) Office encounter claim and the billed amount is not zero
PAYEE-NUM	P06	VA	<ul style="list-style-type: none"> • Payee Number is not numeric or alphanumeric, missing or invalid
BILLED-SRV-UNITS BILLED-FEE-ITEM BILLED-AMOUNT	P20 P26 P27	VE	<ul style="list-style-type: none"> • Billed Service Unit is not numeric • Billed Service Unit = '000' • Billed Service Unit is not '001' when Billed Fee is No Charge Referral (Fee 03333) • Not a numeric value
BILLED-SRV-UNITS BILLED-FEE-ITEM	P20 P26	VF	<ul style="list-style-type: none"> • Billed Service Unit not numeric • Billed Service Unit = '000' • Billed Service Unit not = '001' when Billed Fee is No Charge Referral (Fee Item 03333)
BILLED-FEE-ITEM	P26	VG	<ul style="list-style-type: none"> • Fee Item is not numeric for No Charge Referral (Fee Item 03333) • Fee amount is not '0000000' (zeros)
SERVICE-DATE	P30	VH	<ul style="list-style-type: none"> • Billed Date of Service is not numeric • Billed Date of Service not a valid date • Billed Date of Service > 3 months in future from date it came in for No Charge Referral • Billed Date of Service in future, and it is not No Charge Referral
PRACTITIONER- NUM	P08	VI	<ul style="list-style-type: none"> • Practitioner Number is not numeric or alphanumeric, missing or invalid
OFFICE-FOLIO- NUM	P54	VK	<ul style="list-style-type: none"> • Office Folio Number (Claim Number) is not numeric

Data Element Name	Reference Sequence #	Explanatory Code	Explanatory Code Refusal Description
REF-PRACT-1 REF-PRACT-2	P42 P46	VM	<ul style="list-style-type: none"> Referring Practitioner 1 is not numeric or alphanumeric, missing or invalid when Referring Practitioner Code 1 is 'B' or 'T' and Referring Practitioner 1 is '00000' Referring Practitioner 2 is not numeric or alphanumeric, missing or invalid when Referring Practitioner Code 2 is 'B' or 'T' and Referring Practitioner 2 is '00000'
DIAGNOSTIC-CODE-1 DIAGNOSTIC-CODE-2 DIAGNOSTIC-CODE-3 Above must be ICD9 codes	P46 P37 P38	VN	<ul style="list-style-type: none"> Diagnostic Code (minimum 3 to 5 characters) is: <ul style="list-style-type: none"> Diagnostic Code is blank, '00000', '0000 ', or '000 ' Diagnostic Code is not at least 3 alpha-numeric characters Diagnostic Code position 2 or 3 are not blank or alphanumeric (minimum 3 characters) Diagnostic Code position 4 or 5 is not blank or alphanumeric Diagnostic Code position 4 is blank when character 5 is not blank. Note: PBF uses Diagnostic Codes 2 & 3
OIN-ADDRESS-2	P116	VO	<ul style="list-style-type: none"> WSBC address line 2 edit on anatomical position (character 2) must be after area of injury (zero or spaces between). It will be left-justified and each field can be 'A' - 'E' or blank, and no more than 2 characters (rest must be blank)
SERVICE-TO-DAY	P32	VP	<ul style="list-style-type: none"> Claim Service To Day - if it is not '00', then it must be numeric and the Service Date (CCYYMM part + Service To Days' DD) must be a valid date and after the Service Date
OIN-ADDRESS-3	P118	VU	<ul style="list-style-type: none"> WSBC Address Line 3 - Nature of Injury <ul style="list-style-type: none"> Right-justified and left zero fill (up to 5 numeric) Cannot be blank line (char, 25) Cannot be greater than 5 characters Only up to 5 consecutive numeric values are allowed
OIN-ADDRESS-1	P114	VV	<ul style="list-style-type: none"> WSBC Address Line 1 edit (Date of Injury) <ul style="list-style-type: none"> Date must be valid date on or after processing date Must be CCYY > '1900' Rest of string must be blank (after Date of Injury)
OIN-ADDRESS-4	P120	VW	<ul style="list-style-type: none"> WSBC Address Line4 Edit (WSBC Claim Number) <ul style="list-style-type: none"> Left zero fill Maximum 8 characters Must be 1- 8 characters and rest of line must be blank

Data Element Name	Reference Sequence #	Explanatory Code	Explanatory Code Refusal Description
OIN-ADDRESS-2	P116	VY	<ul style="list-style-type: none"> WSBC Address Line 2 Edit - Area of Injury <ul style="list-style-type: none"> Anatomical position (2, char 5 max) Area of injury up to 5 numeric Right justified and left zero fill Area of injury (blanks or 2 alphas), left filled
ICBC-CLAIM-NUM OIN-INSURER-CODE	P62 P100	VZ	<ul style="list-style-type: none"> ICBC Claim Number not '00000000' Edit: <ul style="list-style-type: none"> If RCP Province Code is 'WC' (WSBC), refuse if non-zero Both ICBC Claim Number and OIN-INSURER-CODE is WC, refuse
MSP SERVICE ANATOMICAL AREA AFTER HOUR SERVICE INDICATOR	P23 P24	V3	<ul style="list-style-type: none"> MSP anatomical area must be '00' (2 blanks will be set to '00') <ul style="list-style-type: none"> MSP After Hours Service indicator must be blank or '0' Will set blank to '0', otherwise must be in the TCDTBL table with Value 'Srvc_Indctr' MSP new program indicator must be ' ' or '00' Will set blank to '00', otherwise must be in the TCDTBL table with Value 'nw_pgm_indctr'
OIN-POSTAL-CODE	P122	W1	<ul style="list-style-type: none"> For Pay Patient, Postal Code must be in format ANANAN (A - Alpha, N-numeric) or not blanks
DATA-CENTRE-NUM PAYEE-NUM	P02 P06	W2	<ul style="list-style-type: none"> Data Centre and Payee (or for Vendors) - Data centre is not connected to the payee. In the case of Vendors, the Vendor's client is not connected to the Payees
PAYEE-NUM	P06	W3	<ul style="list-style-type: none"> Payee Status is not = 'A' (Active)
CLAIM-SHORT-COMMENT NOTE-BASIC-IN	P58 P01 on N01 record	W4	<ul style="list-style-type: none"> Claims Note: only one can exist Short comment (20 characters) or a N01 record for the note Claims Note without a claim
NOTE-DATA-TYPE	P20 on N01 record	W5	<ul style="list-style-type: none"> Note Type 'A' or if Prov Code is 'WC', then Note Type must be 'W', otherwise refuse
NOTE-DATA-LINE	P22 on N01 record	W6	<ul style="list-style-type: none"> Note record content is blank
SUBMISSION-CODE ORIGINAL-MSP-FILE-NUM	P34 P64	X1	<ul style="list-style-type: none"> On Debit Request (Submission Code of E): <ul style="list-style-type: none"> Original Data Centre Code must start with an alpha character and the rest is not '0000' Original Data Centre (character 2-5) must be numeric Original Data Sequence must be numeric and not '0000000' Original Date must be valid date or zeros if not known is okay Default of all zeros if not used for P64 is okay
FACILITY-NUM	P70	X2	<ul style="list-style-type: none"> Facility number must be 5 alphanumeric or was not zeros
FACILITY-SUB-NUM	P72	X3	<ul style="list-style-type: none"> Sub Facility number must be 5 alphanumeric or was not zeros
OIN-INSURER-	P100	X4	<ul style="list-style-type: none"> Pay Patient or WSBC (PP or WC): RCP Identifier

Data Element Name	Reference Sequence #	Explanatory Code	Explanatory Code Refusal Description
CODE OIN-REGISTRATION- NUM	P102		<ul style="list-style-type: none"> must start with 9 and dependent number must be 00 or 66 Other Province Codes: Identification must be 12 alphanumeric characters or was not blank
OIN-BIRTHDATE	P104	X5	<ul style="list-style-type: none"> RCP Birthday, must be numeric, and valid date
OIN-FIRST-NAME	P106	X6	<ul style="list-style-type: none"> RCP First Name (char 1 out of 12) must be A to Z RCP Last Name (character 2 out of 12) must be A-Z or blank
OIN-LAST-NAME	P110		
OIN-SECOND-NAME-INITIAL	P108	X7	<ul style="list-style-type: none"> RCP Initial must be blank or A-Z
OIN-SEX-CODE	P112	X8	<ul style="list-style-type: none"> RCP Sex Code must be 'M' or 'F'
OIN-ADDRESS-1	P114	X9	<ul style="list-style-type: none"> Pay Patient Address Line1 must be greater than 5 characters long
SUBMISSION CODE NOTE-BASIC-IN	P34 P01 on N01 record	YA	<ul style="list-style-type: none"> On Debit (Submission Code of E), must have 'N01' note record following and 20-character comment must be blank
REC-CODE-IN NOTE-BASIC-IN	P00 P01 on N01 record	YB	<ul style="list-style-type: none"> Invalid record code, not C02 and N01
SERVICE CLARIFICATION CODE	P22	Y1	<ul style="list-style-type: none"> Service Clarification (2 chars) is not the following: <ul style="list-style-type: none"> '00' or ' ' char 1 not alphanumeric or blank char 2 not alphanumeric or blank
PAYMODE MODE	P28	Y2	<ul style="list-style-type: none"> Payment Mode can be 0 or E (PBF) only
OIN-INSURER-CODE SUBMISSION-CODE	P100 P34	Y3	<ul style="list-style-type: none"> Extended record part 2 = Out of Province Code 'PP' Pay Patient had a claim Submission Code of 'E' (debit) which is not allowed or not zero or not expected values
SERVICE-LOCATION-CD	P40	Y4	<ul style="list-style-type: none"> Service Location Code is not a valid value for submission or date of service
REF-PRACT-1-CD	P41	Y5	<ul style="list-style-type: none"> Referring Practitioner Code 1 must be B, T or 0 (zero)
REF-PRACT-2-CD	P44	Y6	<ul style="list-style-type: none"> Referring Practitioner Code 2 must be B, T or 0 (zero)
CORRESPONDENCE CODE	P56	Y7	<ul style="list-style-type: none"> Not C, B, N, or zero
MVA-CLAIM-CODE	P60	Y8	<ul style="list-style-type: none"> MVA Code not Y, N or 0 (zero defaults to N)
ICBC-CLAIM-NUM	P62	Y9	<ul style="list-style-type: none"> If ICBC Claim Number is not zero then it must pass check digit or not zeros
NOTE-BASIC-IN	P01 on N01 record	ZI	<ul style="list-style-type: none"> First record in a submission is a N01 record, should be C02. An N01 must always follow its C02 record within a submission Note data centre, payee, and practitioner must be the same as claim's Note sequence number must be plus one after the

Data Element Name	Reference Sequence #	Explanatory Code	Explanatory Code Refusal Description
			previous C02 sequence number <ul style="list-style-type: none"> Claim correspondence code 'C' or '0' - an 'N01' should not be following Claim correspondence code 'B' or 'N' - there is no 'N01' following
OIN-INSURER-CODE MSP REGISTRATION #	P100 P14	ZJ	<ul style="list-style-type: none"> If MSP Registration Number is all zero and the RCP Province Code is blank or 00, refuse
CORRESPONDEN CE-CODE	P56	ZK	<ul style="list-style-type: none"> Correspondence Code must be 'B' (both), 'C' (paper), 'N' or '0' (no note)
OIN-INSURER-CODE OIN-REGISTRATION- NUM	P100 P102	ZL	<ul style="list-style-type: none"> If Identity Number is numeric and not all zero, and the RCP Province Code is not blank

1.13.3 Site Request to Cancel Submitted Claim(s)

MSP provides three methods for data centres that submit incorrect billings to request their cancellation prior to payment or afterwards.

1) Current Business Day

A data centre needs only to contact the Teleplan Support Centre before 4:30 p.m. PT of that day and they will 'ZAP' the selected received but not edited transmission(s). The zapped claims will be identified by the Pre-Edit process as Claim Refusal records (C12) with explanatory code 'FC'. The data centre can then pick up next day and make corrections.

Note: MSP can only ZAP WSBC-submitted claims prior to close of business day; it cannot ZAP WSBC claims once accepted to send to WSBC for approval.

2) Before Payment Close-off

Data Centre needs only to contact the Teleplan Support Centre before 4:30 p.m. PT of the regular semi-monthly payment process close-off to have the identified claims zapped for payment. The data centre and sequence number(s) involved must be supplied to the Teleplan Support Centre staff. The zapped claims will be identified by the payment process as refused for payment and returned as a regular Outbound Remittance record (S00/S02) with explanatory code 'FC'.

3) Any time Electronically

A DEBIT REQUEST (withdrawal) system is available that will process submitted requests by a data centre to debit previously-paid or currently submitted claims. The replacement (new) claim can be submitted at any time.

Rules are: Resubmit the original claim using an 'E' SUBMISSION CODE together with coding in the ORIGINAL MSP FILE NUMBER field of CLAIM Record. Include:

- Original Data Centre
- Original Sequence Number of claim to be withdrawn
- Date the original claim was submitted or paid and if unknown submit zeros, followed by a NOTE Record indicating reason for withdrawal, e.g., incorrect date of service

Note:

Debit Requests can be zapped.

1.14 MEDICAL SERVICES PLAN MODULUS CHECK DIGIT ROUTINES

The following sections identify the formulas that validate three types of account numbers sent to Medical Services Plan.

MSP Registration Number field

Can contain:

- | | |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1) Personal Health Number | <p>A 10-digit number for all registered subscribers and dependents</p> <p>Stored as “PHN” on MSP database, known as the PHN and issued on the CareCard—uses a MOD-11 formula.</p> <p>Note: For claim submission purposes, the field called “dependent number” is associated with the PHN. It normally has a default value of ‘00’ (zeros) except for Newborns’ claims when a value of ‘66’ is submitted with the mother’s PHN. This is to allow claims for newborns to be paid until a PHN has been issued in the Newborn’s name. Contact Teleplan Support Centre for more detailed information.</p> |
| 2) MSP Correctional Services | <p>As of October 1996, this number is no longer accepted except for special MSP exceptions dealing with BC Correctional Services types.</p> <p>A 9-digit number which has been replaced by the Personal Health Number—uses a MOD-10 formula. Restricted use.</p> |

ICBC Claim Number field

Contains:

- | | |
|----------------------|------------------------------------------------------------------------------------------------------------------|
| 3) ICBC Claim Number | <p>An 8-character number issued by ICBC for all MSP claims that are to be paid by ICBC—uses a MOD-7 formula.</p> |
|----------------------|------------------------------------------------------------------------------------------------------------------|

1.14.1 MOD-11 - Personal Health Number (PHN)

The Medical Services Plan Personal Health Number is a 10-digit number validated by using a MOD-11 Check Digit Routine.

The Personal Health Number (PHN) is entered into the same field as MSP Correctional Services (i.e., MSP Registration Number field for claims).



PHN is a true 10-digit number with a '9' always in the first position followed by nine additional digits. It is validated by the use of the following MOD-11 check digit formula.

1.14.2 MOD-11 Check Digit Routine - PHN

The Personal Health Number is defined as a 10-digit number of which 8 digits constitute the "significant digits", having the following format: 9012372173 (sample)

Digit Position -1- -2 3 4 5 6 7 8 9- 10

Province	Code	Significant Digits	MOD-11 Check Digit
Always a "NINE"->9	0	1 2 3 7 2 1 7	3

The algorithm for the MOD-11 check is as follows:

STEP 1: Calculate a weighted result for the PHN.

Example: PHN=9012372173 - ('3' is the check digit)

PHN POSITION	CONSTANT ASSIGNED WEIGHT		PHN NUMBER		WEIGHT RESULT
1	0	X	9	=	0
2	2	X	0	=	0
3	4	X	1	=	4
4	8	X	2	=	16
5	5	X	3	=	15
6	10	X	7	=	70
7	9	X	2	=	18
8	7	X	1	=	7
9	3	X	7	=	21
10	0	X	3	=	0
Total weighted result					151

STEP 2:

151/11 = 13 (ignore remainder)

$$13 \times 11 = 143$$

$$151 - 143 = 8$$

$$11 - 8 = 3 \quad \text{The result must equal the check digit.}$$

Note:

Discard all remainders in all calculations—work only with whole numbers.

1.14.3 MOD-10 - Correctional Services

The Medical Services Plan Correctional Services Number is a 9-digit number validated by using a MOD-10 Check Digit Routine. For numbers less than 9 digits simply left-zero fill the required positions. This number is put into the MSP Registration Number field for claims right-justified with leading zeros as required.

It is replaced by the Personal Health Number (PHN).

Note:

This number also has a Dependent number (NN) associated with it for claims submission purposes. It is validated by the use of the following MOD-10 check digit formula.

1.14.3.1 MOD-10 Check Digit Routine

1. Discard least significant digit (last number) from number to be verified.
2. Sum A = Sum of even-position digits working left from the right-most digit.
3. Sum B = Sum of odd-position digits after multiplying by 2.
4. Sum C = Sum A + Sum B.
5. Check-digit = 10 - least significant digit of Sum C.
6. Digit discarded from number in Step 1 should equal the calculated check-digit.



7. Example: Number to be verified = 618622658 (last digit "8" is the check digit—it is not used in the calculation)

6	1	8	6	2	2	6	5	8	
|	|	|	|	|	|	|	|	|	Discard ->
x1	x2	x1	x2	x1	x2	x1	x2		
6	|	8	|	2	|	6	|		= 22 (sum A)

2	12	4	10
	\		\

$2 + 1 + 2 + 4 + 1 + 0 = (\text{sum B})$

$\text{SUM C} = 22 + 10 = 32$

$\text{CHECK-DIGIT} = 10 - 2 = 8$

|| |

10 MUST ALWAYS = CHECK DIGIT (discard)

1.14.4 MOD-7 - ICBC Claim Number

The ICBC Claim Number is supplied by ICBC for any MSP medical service which ICBC has agreed to pay for. This field is 8 characters long with the first character being a letter (A-Z) and the next 7 being numbers (0-9), or two letters (A-Z) and the next 6 being numbers (0-9). A MOD-7 check digit validation routine will be performed on this field.

ICBC issues this information in the following format to the offices: one or two alphabetic characters (A-Z) and seven (7) or six (6) digits respectively. Do not enter the punctuation character (-) as MSP is unable to process the claim if this punctuation is retained in the ICBC Claim Number field. Ensure the last number is entered.

It is validated by the use of the following MOD-7 check digit formula.

1.14.4.1 ICBC Claim Number MOD-7 Check Digit Formula

Example 1: ICBC Claim Number “L100521-3”, ICBC Claim Number on the claim to MSP is “L1005213”.

Example 2: ICBC Claim Number “LU00521-3”, ICBC Claim Number on the claim to MSP is “LU005213”.

Alphabet conversion to Number

Alpha: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Numeric: 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6

- Step 1: Convert the first position from a letter to a number in the range of 0 - 9
- Step 2: If the second position is an alphabet, then convert it to a number in the range of 0 to 9, otherwise keep the second position number
- Step 3: Divide position 1 through 7 by the number 7 with the remainder being the calculated check digit. Use whole numbers only.
- Step 4: Compare the remainder of this division to the last digit of the ICBC field (position 8). If they are equal the check digit is correct.

1.14.5 ICBC MOD-7 Formula Examples

The following example is a method of doing this calculation.

1.14.5.1 Number Formula

Sample 1: ICBC Number: L1005213

- Step 1: Convert the 'L' to a number '2'.
- Step2: Second position is a number, therefore no change, second character is still number '1'
- Step 3: Divide first 7 digits 2100521 by 7 giving 300074.
Multiply 300074 by 7 giving 2100518.

Subtract 2100518 from 2100521 giving 3 as the remainder.

- Step 4: Compare the resulting remainder of 3 to the check digit of 3.
Reminder (3) equals the check digit (3), ICBC number is valid

Sample 2: ICBC Number: LU005213

- Step 1: Convert the first character 'L' to a number '2'.
Step 2: Convert the second character 'U' to a number '1'
Step 2: Divide 2100521 by 7 giving 300074.
Multiply 300074 by 7 giving 2100518.
Subtract 2100518 from 2100521 giving 3.
Step 3: Compare the result of 3 to the check digit of 3.
Result must equal submitted check digit.

1.15 NEGATIVE/POSITIVE VALUES ON REMITTANCE RECORDS

This section on negative values is to allow developers to translate the correct amounts when receiving numeric signed values from MSP. All data at MSP is processed on an IBM mainframe processor at SSBC and is stored in EBCDIC characters while a PC works with ASCII characters. Another twist is that all MSP programs automatically expect a negative value to contain its unique code in the rightmost position of a value (amount) field. The majority of PC programs expect a negative representation to be in the leftmost position of the amount field or a special sign to the left of the field noted.

Teleplan is designed to cause the least confusion between our systems staff who maintain numerous programs for the Claims systems and vendors writing medical office software that must receive and translate transmitted ASCII data characters.

Some of the amount fields will reflect these values within the Outbound records (called the Remittances) which are the semi-monthly payment advice. This file will consist of remittance claim details records, adjustment records (optional), payee and practitioner total records, and broadcast messages (optional).

The following subsections identify how MSP reflects numeric field assignments and character representation.

Note:

Refer to Outbound Records from MSP section for Remittance record details.

1.15.1 Numeric Fields Classification

MSP Host programs are written in PL1 and COBOL II which have standard conventions for numeric field definitions.

Example: A 6-position numeric value only field can be coded as 999999 or 9(6) and if signed then S9(6).

Caution should be exercised when processing fields which are defined as: S9(6)V99 or 9(6)V99, etc.

A 'V' implies that the next 9's are decimal values where 9(6)V99 really is \$\$\$\$\$\$ $\epsilon\epsilon$ (e.g.,: 01202548 is \$12,025.48) while an 'S9' implies that if this field contains a negative amount then expect a non-numeric character in the rightmost position of the field.

1.15.2 Negative Values Classification

Fields which could be negative are defined as signed fields (currently within the remittance records).

Example: S9(6)V99.

For the Teleplan ASCII data world, negative value representation will appear as a non-numeric character in the rightmost position of the amount field.

The negative character translations are as follows (e.g., \$15.09 Postage deduction)

Negative 15.00	will be represented	as 150}	(1)
Negative 15.01	will be represented	as 150J	
Negative 15.02	will be represented	as 150K	
Negative 15.03	will be represented	as 150L	
Negative 15.04	will be represented	as 150M	
Negative 15.05	will be represented	as 150N	
Negative 15.06	will be represented	as 150O	
Negative 15.07	will be represented	as 150P	
Negative 15.08	will be represented	as 150Q	
Negative 15.09	will be represented	as 150R	

Note: (1)

- A negative value containing a zero in the units position might be a non-printable character, depending on your printer or screen display.
- In the PC world the character for negative zero is normally known as a right-hand (close) brace '}' and has the ASCII value of '7D' or an EBCDIC value on the mainframe computer of 'D0'.

1.15.3 Positive Values Classification

All positive values are identified as numeric characters only.

Example: a plus- 9 value is '9' while a negative nine is 'R' on the PC in its character representation.

Note: Positive signed values have the characters of A to I assigned to the values 1 to 9 (A = 1) and the leftmost brace '{' for the zero value.

If MSP were to accidentally assign ALPHA characters to positive values instead of numeric values only, this can affect the operation of a vendor’s billing software interpretation of the transmitted refusal or remittance records.

Please contact Teleplan Support Centre immediately so we can adjust our system.

1.16 TELEPLAN VALID ASCII CHARACTERS

As MSP data is processed, stored, and viewed after submission on a mainframe computer (aka: IBM MVS Host) using EBCDIC translation, we cannot process invalid characters submitted by a vendor’s software.

MSP has found that the MSP NOTE Record (N01) free format, structured WSBC, and Population Based Funding (PBF) use of the Note record in the alphanumeric fields can at times be filled with junk characters. Currently, our edit process will fill in a 'blank' for each character encountered that is invalid which allows us to proceed with the claim but can mean claim refusals to the submitting site. Teleplan Support will notify a vendor when the number of errors is large or a site has received numerous refusals.

Please ensure that any alphanumeric field contains only valid characters.

Use the valid values as presented below.

- See Table 1 in section 1.16.1 for valid ASCII character considerations.

1.16.1 Valid ASCII Character Considerations - ASCII to EBCDIC Translation

The following ASCII characters (Table 1) are VALID for MSP Teleplan records and can be included in any of the MSP Note Record free format or structured text fields as determined by WSBC or PBF.

Note: These rules also apply to any alphanumeric field like initials or name including UNIX linefeed characters.

Table 1: Valid ASCII character considerations - ASCII to EBCDIC Translation

20		Space	2A	*	Asterisk
21	!	Exclamation mark	2B	+	Plus
22	"	Double quote	2C	,	Comma
23	#	Pound sign	2D	-	Dash
24	\$	Dollar sign	2E	.	Dot or Period
25	%	Percent sign	2F	/	Slash

ASCII 30 to 39: numerals 0 to 9

26	&	Ampersand	3A	:	Colon
27	'	Quote - single	3B	;	Semi-colon
28	(	Open bracket	3C	<	Less than
29	)	Closed bracket	3D	=	Equal
			3E	>	Greater than
			3F	?	Question mark
			40	@	At sign

ASCII 41 to 5A uppercase letters A-Z ASCII 61 to 7A lowercase letters a-z

5B	[	Open square	7B	{	Open brace
5C	\	Back slash	7C	|	Split Bar
5D	]	Close square	7D	}	Close brace
5E	^	Caret	7E	~	Tilde
5F	_	Underscore			
60	`	Grave accent			

1.16.2 Invalid ASCII Characters

The following ASCII values are not valid.

- Characters 00 to 1F and 7E and 7F are considered **invalid** and are translated to 'blanks'. Please do not use these characters.

See Table 2 in section 1.16.3 for invalid characters considerations.

1.16.3 Invalid ASCII Character Considerations - ASCII to EBCDIC Translation

The Teleplan Pre-edit process converts the invalid EBCDIC characters found within the medical records submitted to BLANKS after the transmission from the PC in ASCII has been converted. This is done to ensure these invalid characters from the submitter's billing software does not cause an inability to process or display within our MVS Host computer, the CICS application programs, data sent to partners, internal processes, and staff screen displays.

Table 2: Invalid ASCII characters - ASCII to EBCDIC Translation

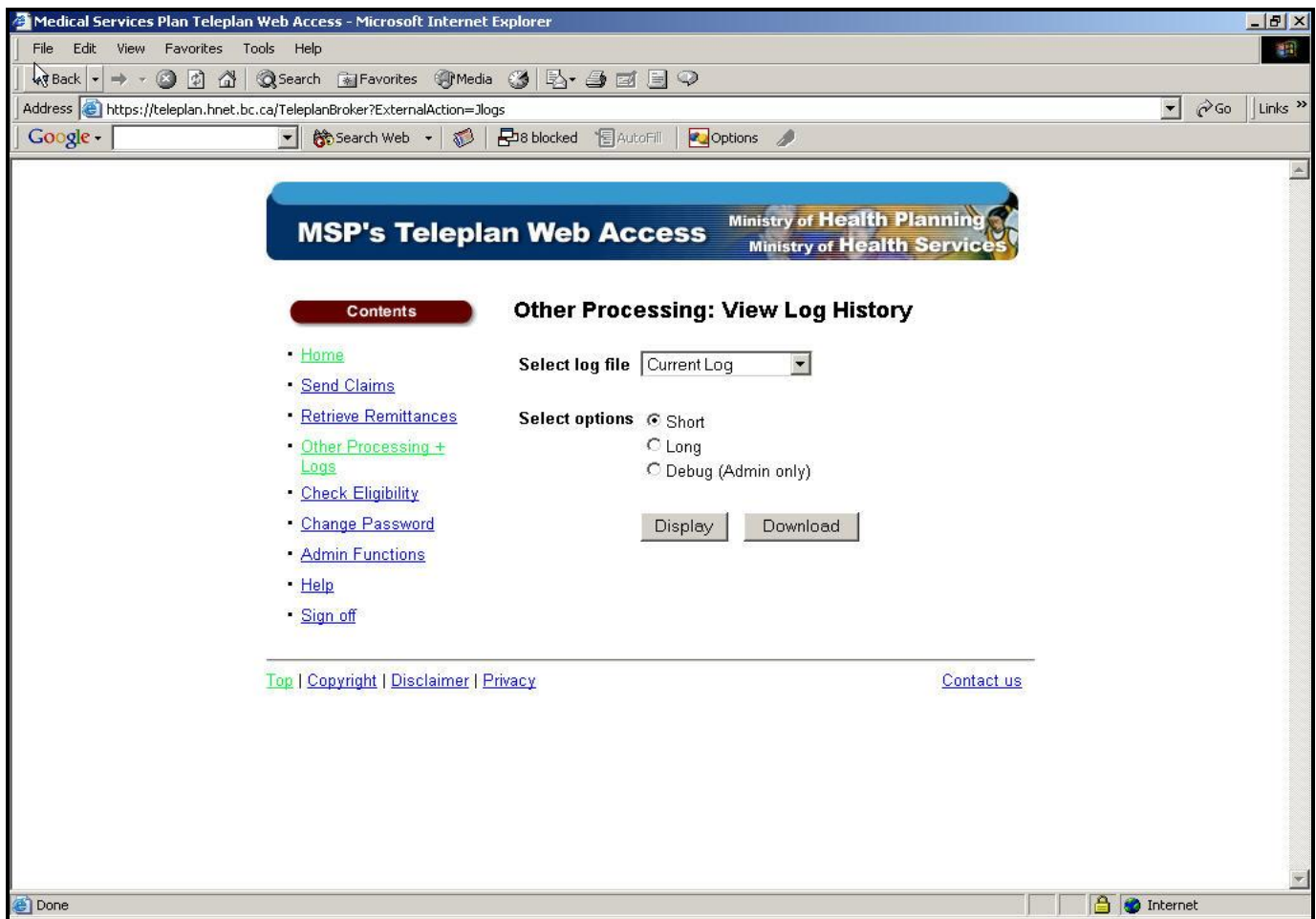
ASCII in PC	EBCDIC in MVS	Desc
00	00	NULL
01	01	SOH
02	02	STX
03	03	ETX
04	37	EOT
05	2D	ENQ
06	2E	ACK
07	2F	BEL
08	16	BS
09	05	HT
0A	25	LINE FEED
0B	0B	VF
0C	0C	FF
0D	0D	CARRIAGE CONTROL
0E	0E	SO
0F	0F	SI
10	10	DLE
11	11	DC1
12	12	DC2
13	13	DC3
14	3C	DC4
15	3D	NAK
16	32	SYN
17	26	AMPERSAND
18	18	CAN
19	19	EM
1A	3F	SUB
1B	27	ESC
1C	1C	FS
1D	1D	GS
1E	1E	RS
1F	1F	US
7E	A1	TILDA
7F	07	DEL

1.17 TELEPLAN LOG MESSAGES

Teleplan creates logging messages for each sign-on by a site so a vendor and a site can follow the sequence of a successful submission, remittance, and/or refusal retrieval, eligibility request (E45), and outbound support files request (such as a Fee Schedule). The log also shows password changes, errors, and the confirmation of records processed.

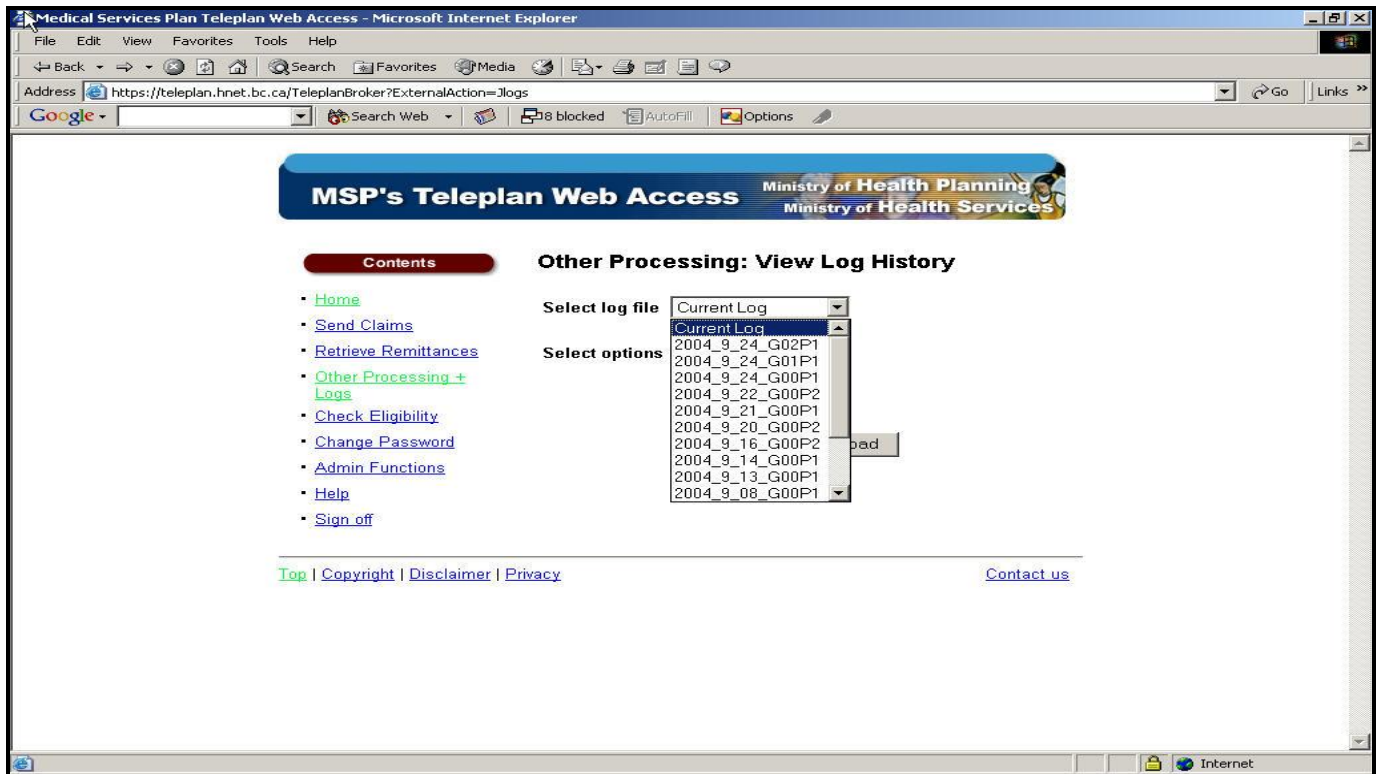
This image shows a log browser web page for a site to either look at a 'Short' message or 'Long' technical message which is mainly meant for vendors. A 'Debug' option is reserved for Teleplan Support Centre Staff.

Sample Image: Main LOG Menu



This image shows a Log browser web page allowing a site to select a previous Log session (up to 15) to view or print or save.

Sample Image: Main LOG Selection of Sessions



Note:

- Log files are “session-specific”—all transactions requested by a user, whether successful or unsuccessful, are recorded in the “Current Log” for the session. When the session ends (either when the user logs out or the session times out due to inactivity), the log file is closed and copied to a date/time stamped file, which becomes available in a drop down selection box.
- Logs for the current and most recent 15 sessions are maintained for viewing or downloading from the drop down selection box.
- Within a log file, content for each *successful transaction* will be transaction-specific and identify the transaction, the Host application involved in the transaction (e.g., Teleplan CICS), and additional log details particular to the transaction—e.g., for Teleplan “Send Claims”, number of records successfully sent will be displayed.
- Within a log file, content for a *failed transaction* will be transaction-specific and identify the transaction, the Host application involved in the transaction (e.g., Teleplan CICS), the error type and description, as well as additional log details particular to the transaction.
- Log type selection “Short” is the default.
- If “Download” is selected, a “Browse” window will be displayed to enable the user to select the location where they would like the file stored and confirm the name under which the file will be saved.

- The date/time-based name for the “Current Log” will not display until that log is no longer the current log (session has ended).

The following three sections (A - C) are the transaction (functions) messages returned by the MSP mainframe computer (host) to the server validating the success or non-success of a submission or retrieval. These messages are inserted to the log and are prefixed with an 'H' in column 3 prior to message for 'HOST' reply.

Sample 1: Log being displayed: 2004_8_17_G01P2

1	2	3	4
Time	TID	Message	
19:25:16		W	Log created on: Tuesday, August 17, 2004 at 19:25:16 PDT
19:25:16		W	User: XXXXXXXX logged in
19:25:16		W	Environment ID: P2
19:25:16		W	Teleplan Logon Process starting
19:25:16		W	Teleplan Version: 1.8.0
19:25:16		W	Teleplan Logon Process ending
19:25:17	000	W	File retrieval process started
19:25:17	000	W	User requested: MSP ICD9 Codes (4&3 some 5)
19:25:17	000	W	File retrieval process ended
19:25:18	000	W	File: TPBULET-I.txt sent successfully
19:25:22	001	W	File: 2004_8_17_G01P2T.log sent successfully
19:25:31	002	W	File Transmission process starting
19:25:31	002	W	Receive remittance data file process selected
19:25:31	002	W	File Transmission process exiting with success
19:25:31	002	W	RetrieveRedirector starting
19:25:31	002	H	TETZ-004 STARTING RETRIEVE REMITTANCES REQUEST
19:25:31	002	H	TETZ-009 WARNING! YOUR M.S.P. DATA CENTRE IS IN TEST STATUS
19:25:36	002	W	File: remit192531.txt sent successfully
19:25:36	002	H	TETZ-000 2004-08-17 START=19.25.31 END=19.25.35
19:25:36	002	H	TETZ-025 REMITS=000000 REFS=005386 ELG=000000 MSG=000002 OTHR=000000 VNDR=000001

A) Supports the SENDING of CLAIMS and/or Eligibility Request

Function: Send Claims Host Messages to Server Access Logs for Client (Data Centre)

TETA-000	2001-09-17 START=13.43.28 END=13.43.30 13:43:30
TETA-001	CLAIMS=0000 NOTES=0000 ELIG=0008 VS1=0002
TETA-002	CLAIMS AND ELIG SUBSYSTEMS UNAVAILABLE
TETA-004	STARTING SEND CLAIMS REQUEST
TETA-005	SOCKET ERROR*** RETCODE= ___ ERNO= ___ SOCKET ID = ___
TETA-006	INVALID VERSION-CONTACT TELEPLAN SUPPORT INPUT VERSION:
TETA-007	ACCESS DENIED TO THIS DATA CENTRE, CONTACT TELEPLAN SUPPORT
TETA-008	HOST ERROR: ___ tablename SQL CODE=___
TETA-009	WARNING! YOUR M.S.P. DATA CENTRE IS IN TEST STATUS
TETA-010	CICS ...error type... QID = ___
TETA-011	SOCKET CLOSED SOCKID=
TETA-012	CONCURRENT SESSION FROM YOUR DATACENTRE DETECTED, CONTACT TELEPLAN SUPPORT
TETA-013	HOST ERROR, CONTACT TELEPLAN HELP DESK - TSQ ERROR: pxxxx error type,
TETA-020	DATA CENTRE VALUE IN FILE DOES NOT MATCH, SEE RECORD AT # ___
TETA-021	INVALID RECORD CODE: ___ RECORD #: ___
TETA-022	SEQ NUMBER ERROR. EXPECTED: ___ LAST COMMITTED: ___
TETA-023	HEADER ERROR, CONTACT YOUR VENDOR, VS1 ERROR= ___
TETA-024	INVALID RECORD LENGTH AFTER RECORD: ___
TETA-025	TOTAL BILLED AMOUNT GREATER THAN 9999999.99
TETA-026	ERROR: NUMBER OF INPUT RECORDS EXCEEDED SYSTEM LIMIT

- B. Supports the RECEIVING of REMITTANCES, REFUSALS, ELIGIBILITY, MESSAGES, and OTHER RECORDS from MSP Teleplan RECEIVE Remittances and Refusal Processes.

Function: Retrieve Remittances Host Messages to Server Access Logs for Client (Data Centre).

TETZ-000	2001-07-31 START=12.59.06 END=12.59.06
TETZ-002	ALL OUTBOUND SUBSYSTEMS UNAVAILABLE
TETZ-004	STARTING RETRIEVE REMITTANCES REQUEST
TETZ-005	SOCKET ERROR*** RETCODE=
TETZ-006	INVALID VERSION-CONTACT TELEPLAN SUPPORT, INPUT VERSION:
TETZ-007	ACCESS DENIED TO THIS DATA CENTRE, CONTACT TELEPLAN
TETZ-008	HOST ERROR: tablename SQL CODE=
TETZ-009	WARNING! YOUR M.S.P. DATA CENTRE IS IN TEST STATUS
TETZ-010	CICS ...error type... QID=_____
TETZ-017	NO RECORDS TO PICKUP
TETZ-020	REMITTANCES SUBSYSTEM UNAVAILABLE
TETZ-021	REFUSAL SUBSYSTEM UNAVAILABLE
TETZ-022	ELIGIBILITY SUBSYSTEM UNAVAILABLE
TETZ-023	DATA CENTRE MESSAGE SUBSYSTEM UNAVAILABLE
TETZ-024	OTHER SUBSYSTEM UNAVAILABLE
TETZ-025	REMITTS=000000 REFS=000000 ELG=000000 MSG=000000 OTHR=000000 VNDR=000000

- C. Supports the SENDING of a File to Teleplan Support for Investigation Using Other Processing function.

Function: Other Processing – Send Data File Host Messages to Server Access Logs for Client (Data Centre)

TETB-000	2001-09-21 START=09.44.35 END=09.44.36 LINES=0023
TETB-0009	WARNING! YOUR M.S.P. DATA CENTRE IS IN TEST STATUS
TETB-001	INVALID RECORD LENGTH AFTER RECORD:
TETB-002	SEND DATA FILE SUBSYSTEM UNAVAILABLE
TETB-004	STARTING SENDING DATA FILE REQUEST
TETB-005	SOCKET ERROR*** RETCODE=
TETB-006	INVALID VERSION-CONTACT TELEPLAN SUPPORT, INPUT VERSION:
TETB-007	ACCESS DENIED TO THIS DATA CENTRE, CNTACT TELEPLAN SUPPORT
TETB-008	HOST ERROR: _____ tablename SQL CODE=_____
TETB-010	CICS ...error type... QID=_____
TETB-011	SOCKET CLOSED SOCKID=
TETB-020	ERROR: NUMBER OF INPUT RECORDS EXCEEDED SYSTEM LIMIT

The following is a sample full log session:

Sample 2: Teleplan Web Application Sample Server Log File Page

Log being displayed: 2004_8_17_G01P2

Time	TID	Message
19:25:16		W Log created on: Tuesday, August 17, 2004 at 19:25:16 PDT
19:25:16		W User: XXXXXXXX logged in
19:25:16		W Environment ID: P2
19:25:16		W Teleplan Logon Process starting
19:25:16		W Teleplan Version: 1.8.0
19:25:16		W Teleplan Logon Process ending
19:25:17	000	W File retrieval process started
19:25:17	000	W User requested: MSP ICD9 Codes (4&3 some 5)
19:25:17	000	W File retrieval process ended
19:25:18	000	W File: TPBULET-1.txt sent successfully
19:25:22	001	W File: 2004_8_17_G01P2T.log sent successfully
19:25:31	002	W File Transmission process starting
19:25:31	002	W Receive remittance data file process selected
19:25:31	002	W File Transmission process exiting with success
19:25:31	002	W RetrieveRedirector starting
19:25:31	002	H TETZ-004 STARTING RETRIEVE REMITTANCES REQUEST
19:25:31	002	H TETZ-009 WARNING! YOUR M.S.P. DATA CENTRE IS IN TEST STATUS
19:25:36	002	W File: remit192531.txt sent successfully
19:25:36	002	H TETZ-000 2004-08-17 START=19.25.31 END=19.25.35
19:25:36	002	H TETZ-025 REMITS=000000 REFS=005386 ELG=000000 MSG=000002 OTHR=000000 VNDR=000001
19:25:36	002	W RetrieveRedirector exiting with success
19:25:39	003	W File: 2004_8_17_G01P2T.log sent successfully
19:26:08	004	W File retrieval process started
19:26:08	004	W User requested: MSP Explanatory Codes List
19:26:08	004	W File retrieval process ended
19:26:08	004	W File: TPBULET-1.txt sent successfully
19:26:10	005	W File: 2004_8_17_G01P2T.log sent successfully
19:26:20	006	W File retrieval process started
19:26:20	006	W User requested: MSP Fee Schedule Costs
19:26:20	006	W File retrieval process ended
19:26:21	006	W File: TPBULET-3.txt sent successfully
19:26:24	007	W File: 2004_8_17_G01P2T.log sent successfully
19:26:34		W Log closed at: Tuesday, August 17, 2004 at 19:26:34 PDT