MINISTRY OF HEALTH

MEDICAL SERVICES PLAN

TELEPLAN

Electronic Medical Claims System

Inbound & Outbound Record Specifications

Version 4.7 April 2021

Teleplan4 Web

Specifications Document

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Update Revision	> Version 2.6	January 1998
Update Revision	> Version 2.5	October 1996
Update Revision	> Version 2.0	June 1991
Original Specs	> Version 1.0	July 1988

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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”).

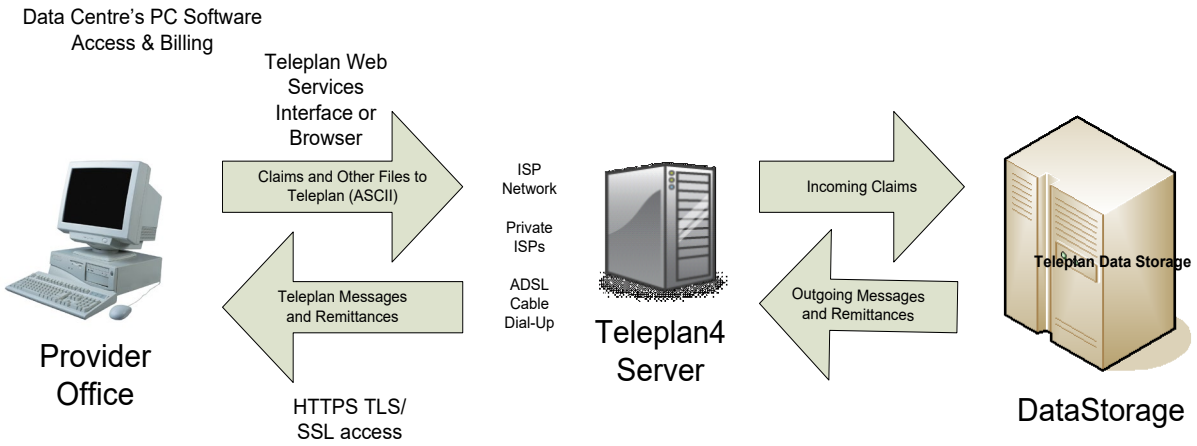
1.3 TELEPLAN OVERVIEW

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.

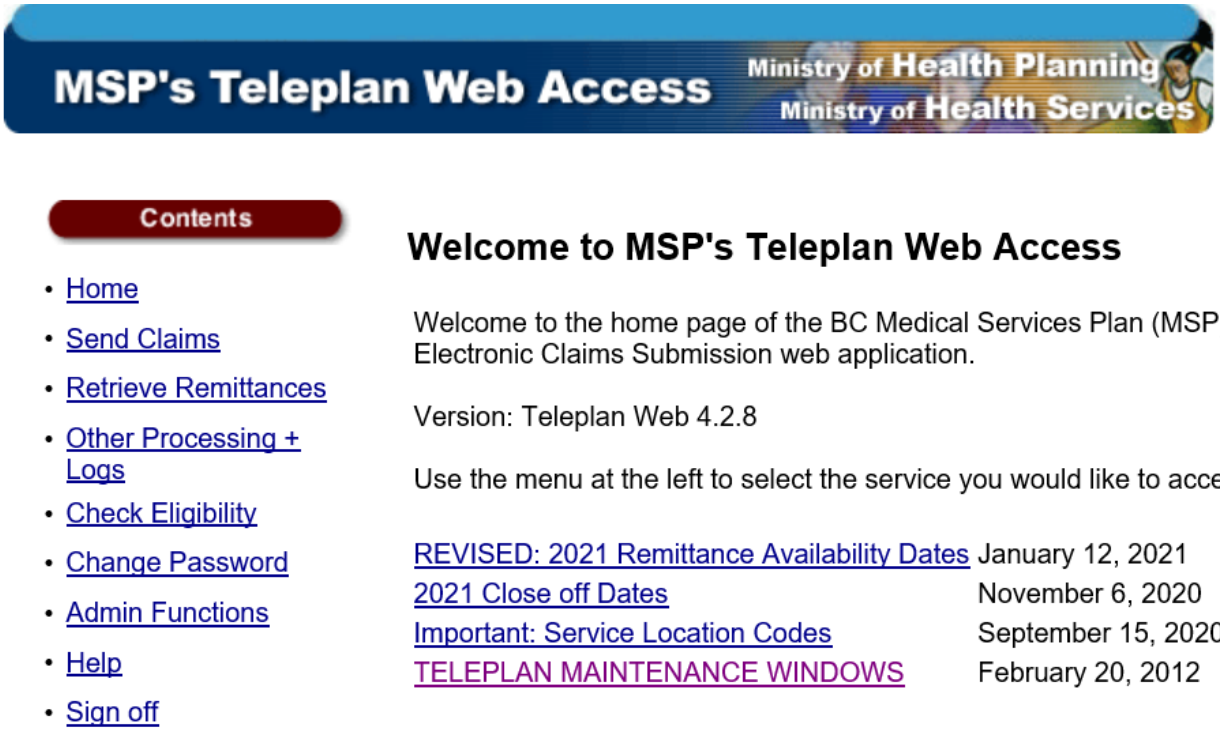
Sample browser screens follow, next two pages:

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:

Sample 2 - Teleplan Home Page:



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:

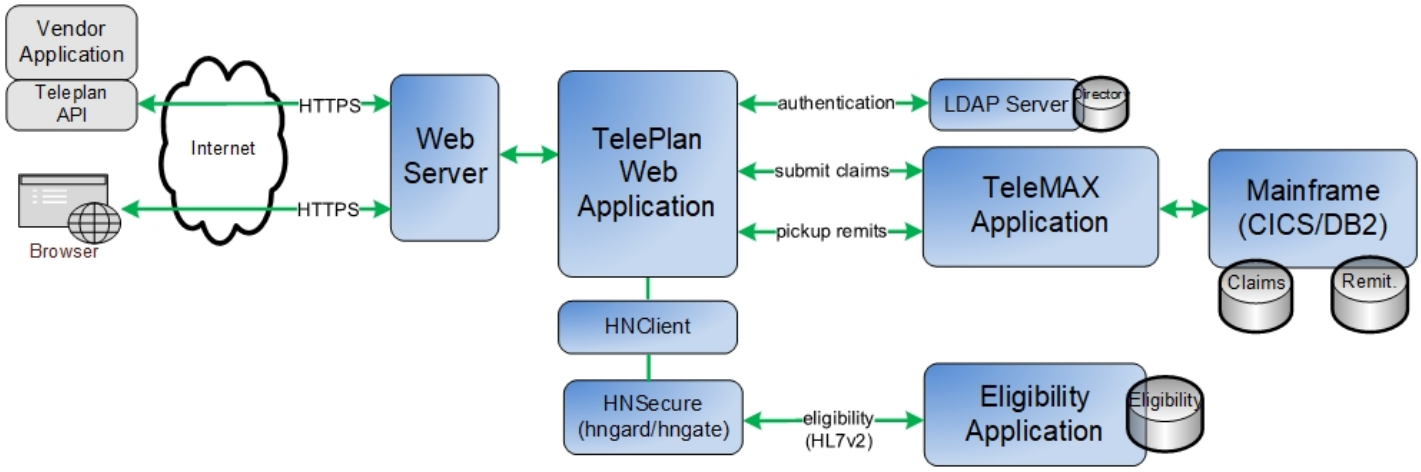
- Access path from a Teleplan site to the MSP computers

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 compete 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
- 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 →	An MSP application identifier assigned to a physical data submission site 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.
Payee Number →	An MSP number assigned to an individual practitioner or organization that will receive payment for claims submitted 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.
Practitioner Number →	An MSP number assigned to the practitioner who performs the service In the vast majority of cases, the payee number is the same as the practitioner number.
Teleplan User ID →	A security sign-on identification assigned to one person who is responsible for using Teleplan at a data centre (examples: 'TTUTnnnn' or 'TTUVnnnn'')
Password →	A secondary security identification issued by MSP that allows access using the data centre's Teleplan User ID 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.

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 (Tnnnn) 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	• ID/PHN is not numeric • ID/PHN is invalid, it failed MOD 10/11 digit check • ID is institutional (010000008)
DEPENDENT-NUM	P18	AH	• 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	• Initials, Surname, RCP First Name Initial, Surname error:

Data Element Name	Reference Sequence #	Explanatory Code	Explanatory Code Refusal Description
			Edit rules: ○ 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	• 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 '00000000'
OIN-INSURANCE-CODE	P100	AY	• 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	• 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	• Zapped as requested by Data Centre; claim will not be processed for payment
BILLED-AMOUNT PAYMENT MODE	P27 P28	RH	• If it is a Population Based Funding (PBF) Office encounter claim and the billed amount is not zero
PAYEE-NUM	P06	VA	• Payee Number is not numeric or alphanumeric, missing or invalid
BILLED-SRV-UNITS BILLED-FEE-ITEM BILLED-AMOUNT	P20 P26 P27	VE	• 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	• 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	• Fee Item is not numeric for No Charge Referral (Fee Item 03333) • Fee amount is not '0000000' (zeros)
SERVICE-DATE	P30	VH	• 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	• Practitioner Number is not numeric or alphanumeric, missing or invalid
OFFICE-FOLIO-NUM	P54	VK	• 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	• 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	• Diagnostic Code (minimum 3 to 5 characters) is: ○ 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	• 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	• 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	• WSBC Address Line 3 - Nature of Injury ○ 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	• WSBC Address Line 1 edit (Date of Injury) ○ 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	• WSBC Address Line4 Edit (WSBC Claim Number) ○ 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	• WSBC Address Line 2 Edit - Area of Injury ○ 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	• ICBC Claim Number not '00000000' Edit: ○ 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	• MSP anatomical area must be '00' (2 blanks will be set to '00') ○ 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	• 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	• 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	• Payee Status is not = 'A' (Active)
CLAIM-SHORT-COMMENT NOTE-BASIC-IN	P58 P01 on N01 record	W4	• 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	• 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	• Note record content is blank
SUBMISSION-CODE ORIGINAL-MSP-FILE-NUM	P34 P64	X1	• On Debit Request (Submission Code of E): ○ Original Data Centre Code must start with 'T', 'M', or 'V' 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	• Facility number must be 5 alphanumeric or was not zeros
FACILITY-SUB-NUM	P72	X3	• Sub Facility number must be 5 alphanumeric or was not zeros
OIN-INSURER-	P100	X4	• 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		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	• RCP Birthday, must be numeric, and valid date
OIN-FIRST-NAME OIN-LAST-NAME	P106 P110	X6	• 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-SECOND-NAME-INITIAL	P108	X7	• RCP Initial must be blank or A-Z
OIN-SEX-CODE	P112	X8	• RCP Sex Code must be 'M' or 'F'
OIN-ADDRESS-1	P114	X9	• Pay Patient Address Line1 must be greater than 5 characters long
SUBMISSION CODE NOTE-BASIC-IN	P34 P01 on N01 record	YA	• 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	• Invalid record code, not C02 and N01
SERVICE CLARIFICATION CODE	P22	Y1	• Service Clarification (2 chars) is not the following: ○ '00' or ' ' ○ char 1 not alphanumeric or blank ○ char 2 not alphanumeric or blank
PAYMODE MODE	P28	Y2	• Payment Mode can be 0 or E (PBF) only
OIN-INSURER-CODE SUBMISSION-CODE	P100 P34	Y3	• 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	• Service Location Code is not a valid value for submission or date of service
REF-PRACT-1-CD	P41	Y5	• Referring Practitioner Code 1 must be B, T or 0 (zero)
REF-PRACT-2-CD	P44	Y6	• Referring Practitioner Code 2 must be B, T or 0 (zero)
CORRESPONDENCE CODE	P56	Y7	• Not C, B, N, or zero
MVA-CLAIM-CODE	P60	Y8	• MVA Code not Y, N or 0 (zero defaults to N)
ICBC-CLAIM-NUM	P62	Y9	• If ICBC Claim Number is not zero then it must pass check digit or not zeros
NOTE-BASIC-IN	P01 on N01 record	ZI	• 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 • 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	• If MSP Registration Number is all zero and the RCP Province Code is blank or 00, refuse
CORRESPONDENCE-CODE	P56	ZK	• Correspondence Code must be 'B' (both), 'C' (paper), 'N' or '0 (no note)
OIN-INSURER-CODE OIN-REGISTATION-NUM	P100 P102	ZL	• 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	A 10-digit number for all registered subscribers and dependents Stored as "PHN" on MSP database, known as the PHN and issued on the CareCard—uses a MOD-11 formula. **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.
2) MSP Correctional Services	As of October 1996, this number is no longer accepted except for special MSP exceptions dealing with BC Correctional Services types. A 9-digit number which has been replaced by the Personal Health Number—uses a MOD-10 formula. Restricted use.

ICBC Claim Number field

Contains:

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

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)

13X11 = 143

151-143 = 8

11-8 = 3 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 = (sum B)

SUM C = 22 + 10 = 32

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 only applies to services provided by practitioners who have a specialty of Chiropractic Medicine, Massage Therapy, or Physiotherapy. 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 reminder.

Step 4: Compare the resulting reminder 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 $$$$$$¢¢ (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}	
Negative 15.01	will be represented	as 150J	(1)
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

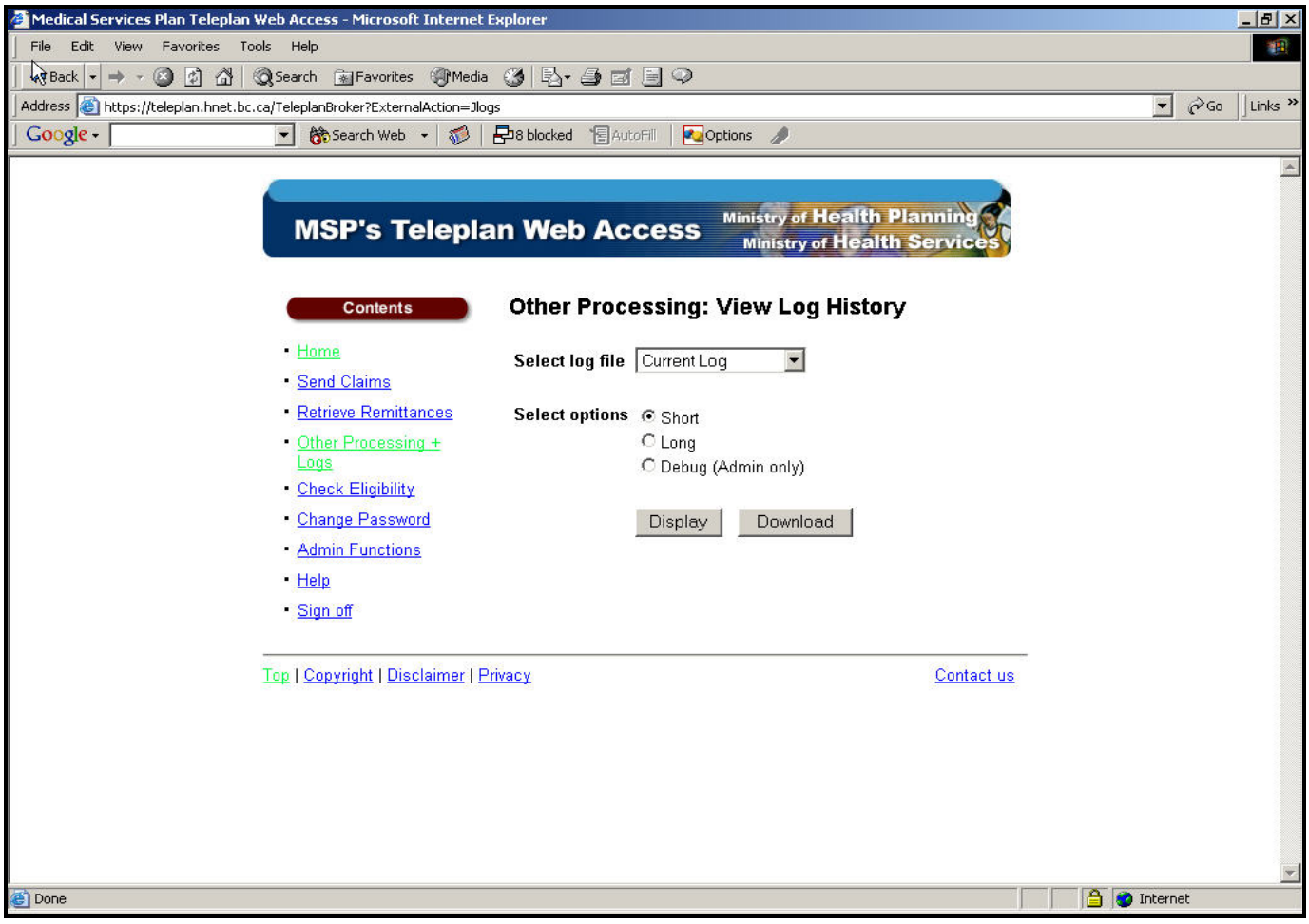
ASCII in PC	EBCDIC in MVS	Desc
00	00	NULL
01	01	SOH
02	02	STX
03	03	ETX
04	37	EOT
05	2D	ENQ
06	2E	ACK
07	2F	BEL
08	16	BS
09	05	HT
0A	25	LINE FEED
0B	0B	VF
0C	0C	FF
0D	0D	CARRIAGE CONTROL
0E	0E	SO
0F	0F	SI
10	10	DLE
11	11	DC1
12	12	DC2
13	13	DC3
14	3C	DC4
15	3D	NAK
16	32	SYN
17	26	AMPERSAND
18	18	CAN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

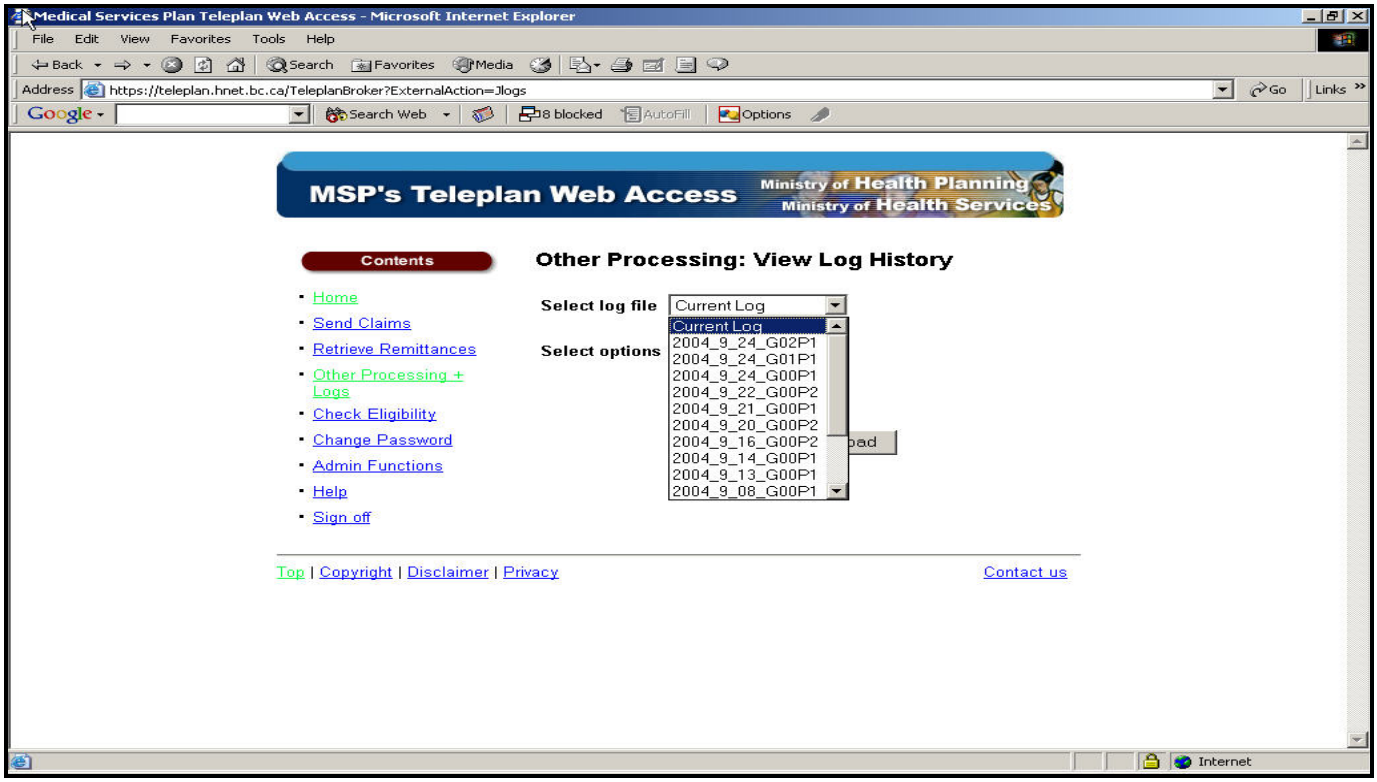
This image shows a log browser web page for a site to either look at a 'Short' message or 'Long' technical message which is mainly meant for vendors. A 'Debug' option is reserved for Teleplan Support Centre Staff.

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: TTUM0005 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	REMITS=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: TTUM0005 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
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

CHAPTER 2

INBOUND RECORDS TO MSP

2.1 TELEPLAN INBOUND RECORDS OVERVIEW

This chapter identifies the (ASCII) Teleplan record structure needed for medical office software to supply data that is to be transmitted to MSP using the Teleplan system. The section called Outbound Records defines the data that is available for Teleplan users from MSP.

2.1.1 Inbound Record Types

There are four Inbound Record types which allow the sending of medical claims fees for services rendered, notations, and eligibility coverage requests.

1. Batch Eligibility Request (B04)

Records data to determine if a subscriber's coverage is active – any number of requests can be sent with replies supplied overnight.

2. MSP Claims Record (C02)

Records data that supports a Fee for Service or Encounter for Population Based Funding (PBF) sites, Alternative Payment Program (APP) and Nurse Practitioners.

3. MSP Note Record (N01)

Records comments that support a claim being submitted (as required), by a structured PBF or Work Safe BC (WSBC) record.

4. Vendor Submission Control Record (VS1)

Records data for MSP and vendors about the billing software being used to submit claims. This record is mandatory for all submissions to MSP of any Inbound Record type. It must be the first record of each submission. Any other VS1 records submitted at the time of submission will be ignored.

2.1.2 Online Eligibility Requests

Two alternatives for an immediate reply to an Eligibility Coverage Request are:

- The online Check Eligibility Request option available in Teleplan, and
- MSP's IVR (Interactive Voice Response) systems.

The online request provides the same function as the nightly Batch Eligibility Coverage Request but information is returned immediately, rather than overnight. The Teleplan Check Eligibility function and equivalent function in the API is intended for real-time Point-of-Service checks only. Automated calls and batching of patients to check eligibility are NOT ALLOWED. This action can result in significant delays and ongoing monitoring of your operations by health representatives.

2.2 INBOUND RECORDS DESIGN WARNING!

The following items are crucial to the design and understanding of the records required for Teleplan processing.

2.2.1 Vendor Submission Control Record (VS1) – MANDATORY

This record is to be **the first record** in any submission to MSP. It identifies for MSP and vendors what sites are using valid versions of software and will allow proactive support by MSP and vendors to Teleplan sites. To accommodate high-volume sites, we have allowed for multiple VS1 records to be submitted within the same submission but only the first VS1 record is edited and captured per transmission.

Each time this record is submitted, the backend system will collect the information and update statistical reports.

Note:

Vendors, on request to Teleplan Support, can obtain a list of all data centres using their specific software. Teleplan support staff can provide the Data Centre Number, name, vendor name and number, last claims submitted date, and the vendor header information from the VS1 record.

2.2.2 Data Centre Sequence Number Rationale

The 'Data-Centre-Seqnum' is the primary link between Teleplan users and MSP. This field provides a unique key for MSP processes, should a subsequent file search be required. The 'Data-Centre-Seqnum' is to be sequentially assigned by the Data Centre's medical office software (incremented by 1) on each record in the submission, regardless of record type. In MSP's view, a unique record key is the combination of the Data Centre and Data Centre Sequence Number fields. See Sequence Number Failure section for detail rules.

There are seven digits in the Data Centre Sequence Number. Once the number reached 9999999, it can be continue with the sequence number 0000001 on the next submission record, and continue to increment by one for each subsequent record.

2.2.3 Office Folio Claim Number

MSP has provided an optional ability for a Data Centre to record their office (Folio) claim number as a memo item on each claim. This field will be returned on the outbound records for all claim and batch eligibility details. Currently, if the number is submitted as zeros, then MSP fills this field with the submitted data centre sequence number.

2.2.4 Maximum Transmission Volumes

The MSP Teleplan system has been designed to restrict Teleplan sites to a current maximum transmission of nine thousand (9,000) records at any one time. This does not prevent a site from transmitting numerous times a day. Except for large service bureaus, the majority of sites transmit under 500 claims a day.

Note:

This is to accommodate a system-wide database failure recovery, if it was to occur.

Note:

During an actual transmission, each record is edited for major failures. Normally no problems are detected and the contents of the submission are saved for processing.

2.2.5 How to Indicate End of a Teleplan Record (CR & LF)

!!!!!! IMPORTANT !!!!!!

All Teleplan records are FIXED LENGTH and REQUIRE the CR (CARRIAGE RTURN) and LF (LINE FEED) values inserted after the end of each record. Although most Windows software programs do this automatically, please ensure your office billing software does this insertion.

Example: a full claim detail record including Reciprocal data is 424 characters but is 426 in actual length. Failure to provide the CR and LF values normally results in an aborted transmission with a failed transfer.

Note:

- PC Hexadecimal value of CR is 'OD' when viewed in a Windows Text Editor; it looks like a musical note.
- PC Hexadecimal value of LF is 'OA' when viewed in a Windows Text Editor; it looks like a small circle.

Vendor software is tested using the Teleplan test system. New vendor software must be tested and verified by Teleplan. Only certified vendor software will be allowed to have production service providers as clients.

2.2.5.1 Quick way to view CR/LF Records

Record codes like 'C02' for a claim detail having CR/LF values are displayed in the first three (3) positions of a screen line for each new record, not randomly across the screen.

Example**:** using Windows Notepad application software.

VS1.....record one.....>
C02..... record two .....>
.....
C02.....record three.....>
.....

But the following lines are wrong:
VS1.....>
... C02.....>
..... C02 .....> C02.....

2.2.5.2 Detailed Data Elements List

Sections 2.3, 2.4, and 2.5 describe in detail all field rules, conditions, and layout of each record's data element submitted to MSP.

2.3 BATCH ELIGIBILITY REQUEST RECORD LAYOUT (B04)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-IN	3	X(3)	This field is to identify specific types of records inbound to the MSP System. 'B04' is reserved for a Batch Eligibility Request Inbound Record for Registered Subscribers and their Dependents.
P02	DATA-CENTRE-NUM	5	X(5)	Unique Identifier of a submitting location (authorized Data Centre) for security and control. This could be a practitioner's office or a service bureau. Value is assigned by MSP – example: T1234.
P04	DATA-CENTRE-SEQNUM	7	9(7)	A unique sequential number assigned (by each Data Centre) to each record before transmission to the MSP Host site. (Any record that is not sequentially higher than the last by 1 will cause transmission failure.) This number is the prime system Record Key between a Data Centre and MSP systems. - Numeric field
P06	PAYEE-NUM	5	X(5)	Valid MSP payee number. - Numeric or alphanumeric field
P08	MSP-REGISTRATION :MSP PHN :MSP Identity (restricted use)	10	9(10)	Personal Health Number uses a modulus 11 check digit. It is 10 digits long and starts with '9'. or MSP ID is 8 or 9 digits or less. - Leading positions must be left zero filled - Must be right justified - Modulus 10 check digit
P10	DEPENDENT-NUM continued next page →	2	9(2)	Valid value required (00) - Always zeros if PHN is used - Dep 66 (Newborn) not valid for this eligibility request record

2.3	**(B04) continued →**			
SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P12	NAME-VERIFY	4	X(4)	First initial of the first name followed by first initial of second name (or blank), then followed by the first 2 characters of patient's surname.
P14	BIRTH-DATE	8	9(8)	Patient's Birth date CCYYMMDD – example: December 25, 2004 is 20041225. - Supply zeros for DD if day is not known - Default is zeros only when patient's birth date is not known (00000000) - Numeric field
P16	DATE-OF-SERVICE	8	9(8)	This field sets the start date of a coverage request (format: CCYYMMDD - March 31, 2004 is 20040331). Patient's date of service normally current or a prior DOS. - Numeric field - Default is current date **Note:** 1. Current DOS requests for active coverages will be set to a maximum of current plus 7 days' honour period. The actual claim ('C02' record) must be received by MSP within a 7-day period of the last SERVICE-VALID-DATE. 2. DOS request for active coverages prior to current date are set to only that DOS. Claim must be received by MSP within 7 days after request date.
P18	SEX	1	X(1)	Patient's sex: - 'F' = Female - 'M' = Male - Default is blank
	continued next page →			

2.3	**(B04) continued →**			
SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P20	PATIENT-STATUS-REQUEST	1	X(1)	Request to MSP for confirmation of additional patient coverage information. Current Codes: 'A' = MSP Covered Service 'E' = Request last Eye Exam Paid by MSP - Default is a BLANK - Future codes will be announced in MSP newsletters and/or messages
P22	OFFICE-FOLIO-NUMBER	7	9(7)	Optional item to allow office to submit its own Folio (claim) number. MSP will return number as submitted. - Default is zeros - Numeric field If zeros are submitted, returned value will be zero
P99	FILLER-B04-RCD	19	X(19)	Future - Default is blanks

'B04'	Element count: 13 Record size total: 80

2.4 MSP CLAIM DETAIL RECORD LAYOUT (C02)

The following list contains the MSP Fee for Service detail claim record requirements. Medical office software must format data elements as indicated for providers to submit for processing claims to be paid by MSP. There are TWO parts of this claim record which make up a full record type 'C02'. First are the basic claim data fields, followed by a second part called Other Insurer for a continuation of additional data required to support claims for patients of other provinces (except Quebec), BC Institution patients, Pay Patient, Opted-Out submitters, and WSBC.

2.4.1 Basic portion of C02 - part 1 of 2

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-IN	3	X(3)	This field identifies the specific type of Inbound record. - 'C02' for Claims
P02	DATA-CENTRE-NUM	5	X(5)	Unique identifier of submitting location (an authorized Data Centre) for security and control. This could be a practitioner's office, service bureau, Laboratory, Hospital, or Clinic. Value is assigned by MSP.
P04	DATA-CENTRE-SEQNUM	7	9(7)	A unique sequential number assigned to each record—regardless of record type—before transmission to the MSP Host site by each Data Centre. - Each Data Centre originally starts at 0000001 and then increments by 1 all records until they reach 9999999, at which time it must start again at 1. (Any record that is not sequentially higher by 1 than the last record will cause a transmission failure.) This number is the prime system Record Key match between a Data Centre and MSP Systems. - Data Centre Number and Data Centre Sequence Number fields together make a unique key for MSP.
P06	PAYEE-NUM	5	X(5)	Identifies the Payee for this claim.
P08	PRACTITIONER-NUM	5	X(5)	Identifies the Practitioner who has provided the service to the patient. - See PBF Appendix C1/C2 for specs to support more than 1 practitioner per claim
	continued next page →			

2.4.1 Basic portion of C02 - part 1 of 2 cont...

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P14	MSP-REGISTRATION :MSP PHN -Correctional ID	10	9(10)	Key field to MSP Subscriber Registration Database (right justify). The PHN is issued for BC residents only. - PHN is 10 digits with a '9' always in first position (use Mod-11 Check Digit). - If the patient is MSP Correctional ID, enter the Correctional ID in this field. **Note:** Override Rules when using Other Insurer Portion for these patients: - Always default to zeros for Other Insurers - If patient is a non-resident from a province with an Other Insurer agreement with MSP then insert zeros in this field - See Fields P100 - P122 at end of claim record. - If BC Institutional claim (00010000008), or - If BC Pay Patient Opted Out, or - If BC WSBC, then the same rules apply as reciprocal claims
P16	NAME-VERIFY	4	X(4)	2 initials or initial and space, followed by first 2 characters of patient's surname - Zeros if Other Insurer Claim, see P14
P18	DEPENDENT-NUM	2	9(2)	Valid value required; 00 or 66 for BC residents only - If PHN used in P14 field then Dependent number is zeros except for non-registered newborns where the value is '66'. Use Mother's PHN for claims (up to month of birth plus two months) until newborn is issued his/her own PHN. - Zeros if Other Insurer claim, see P14
P20	BILLED-SRV-UNITS	3	9(3)	Must be numeric, equal to or greater than 001
	continued next page →			

2.4.1 Basic portion of C02 - part 1 of 2 cont...

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P22	SERVICE CLARIFICATION CODE (SCC)	2	X(2)	Fee Item Service Clarification Codes. As required, various SCC codes will be assigned by MSP to enhance claims processing: - Default is zeros or blanks - Used for Rural Retention Program Codes - contact MSP for list
P23	MSP SERVICE ANATOMICAL AREA	2	X(2)	**FUTURE USE**: TO BE ANNOUNCED Allows further identification to process or enhance Fee Item payment. - Default is zeros (00) or blanks (__), otherwise left justify code as shown with 'BLANK' fill as needed. 1) Examples of Anatomical Area Codes: 'L' Left 'R' Right 'B' Bilateral
P24	AFTER HOURS SERVICE INDICATOR	1	X(1)	Extra to consultation or other visit, or to procedure if no consultation or other visit charged as per fee schedule. Codes are: **'0' (zero)** Default or blank (_) **'E'** Evening (call placed between 1800 and 2300 hours, service rendered between 1800 and 0800 hours) **'N'** Night (call placed and service rendered between 2300 and 0800 hours) **'W'** Saturday, Sunday, or Statutory Holiday (call placed between 0800 and 2300 hours) **Note: *Claim must state time called and time service rendered*. MSP can issue new codes at any time.**
P25	NEW PROGRAM INDICATOR	2	X(2)	MSP may issue new codes at any time. This field identifies new services such as Hep C. e.g.: 01 = Hepatitis C 02 = Screening Mammography **Codes are**: '**00' (zeros)** Default or blanks
	continued next page →			

2.4.1 Basic portion of C02 - part 1 of 2 cont...

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P26	BILLED-FEE-ITEM	5	X(5)	Valid MSP Fee for Service item - Right justified with left zeros fill **NOTE:** MSP may issue **alphanumeric** fee items codes in future.
P27	BILLED-AMOUNT	7	9(5)V99	Valid Fee for Service item Value from the MSP Fee Schedule multiplied by the BILLED-SRV_UNTS - Numeric field ($234.67 is 0023467
P28	PAYMENT-MODE	1	X(1)	MSP Alternative Payment Branch Options/ Population Based Funding, Nurse Practitioners **- '0' default for regular MSP Claims FFS Submission**. ========== WARNING! USE **'E'** VALUE ONLY WHEN THE PAYEE IS REGISTERED WITH MSP's ALTERNATIVE PAYMENT BRANCH, Population Based Funding (PBF), OR IS A NURSE PRACTITIONER FOR BILLING ENCOUNTER. ========== - '**E'** Payee submits service encounter record for recording by MSP with valid Fee Item code but a zero Billed Amount. MSP will process and return a payment amount of zero. All other normal edits apply. Note: Under some situations the PBF system will convert 'E' claims to Paid as Fee for Service claims. Site then receives a paid amount > zero record on its remittance.
P30	SERVICE-DATE	8	9(8)	Date service was performed - Valid date less than or equal to submission date (CCYYMMDD)
P32	SERVICE-TO-DAY	2	9(2)	To identify the last day of hospital services in a month - Default is zeros

2.4.1 Basic portion of C02 - part 1 of 2 cont...

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P34	SUBMISSION-CODE	1	X(1)	This code identifies type of submission for MSP Claims Processing purposes. **Regular Codes** under 90 days: - '0' (zero) for normal submission - 'D' for Duplicate claim - 'E' for DEBIT REQUESTS A site may request MSP to debit a previously-submitted claim. The site need only submit the previous claim with a SUBMISSION code = 'E' and complete Field P64, Original-MSP-FILE-NUM. **A Note record with reason must follow.** -'R' for Re-Submitted claim (optional) **MANDATORY Codes for claims over MSP submission period of 90 days:** ALL MSP CLAIMS MUST BE SUBMITTED WITHIN 90 DAYS. MSP recommends all submitters transmit current claims on a daily basis. - 'A': Requested Pre-approval claim in writing to MSP. This claim must match a pre-authorized record created by MSP claims staff. - 'C': Subscriber coverage problem; a Note record (N01) is required - 'I': ICBC claim—include ICBC Claim number if known and set MVA field indicator to 'Y' - 'W': Claim not accepted by Worker's Compensation Board - 'W': Claim determined to be WSBC's; you must submit as Insurer WC—see P100 - 'X': Resubmitting of refused previous or partially-paid claim.

continued next page →

2.4.1 Basic portion of C02 - part 1 of 2 cont...

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
				A Note record (N01) with optional Original MSP File Number field is required.
P35	EXTENDED SUBMISSION CODE	1	X(1)	**FUTURE USE -** to be announced e.g.: A=Aged, D=Duplicates **-** Default is blank
P36	DIAGNOSTIC-CODE - 1	5	X(5)	Mandatory field - CURRENT USE is ICD9 codes - ICD9: left justify code and BLANK fill remaining spaces. DO NOT OMIT leading zeros, e.g., 010 is '010' - MSP minimal ICD9 submission code requirement is for the first 3 ICD9 characters followed by 2 blanks **or** - 4-character ICD9 followed by 1 blank **or** - Full 5-character ICD9 code **Note:** only alphanumeric characters per ICD9 Book or MSP files are valid. ICD9 special characters like '.', '/ ', and '-' are invalid (example: V10.4 is V104, 102.51 is 10251, 0100 is '0100 ').
P37	DIAGNOSTIC CODE – 2	5	X(5)	**FUTURE USE for MSP -** to be announced - Optional for PBF use - If more than one diagnostic applies to this service, fill in the second diagnostic code - Default is blanks
P38	DIAGNOSTIC CODE – 3	5	X(5)	**FUTURE USE for MSP -** to be announced - Optional for PBF use - If more than two diagnostics apply to this service, fill in the third diagnostic code - Default is blanks
P39	DIAGNOSTIC EXPANSION	15	X(15)	**FUTURE USE** - Default is blanks
	continued next page →			

2.4.1 Basic portion of C02 - part 1 of 2 cont...

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P40	SERVICE-LOCATION-CD	1	X(1)	To identify location of service - Mandatory field Current codes are: A – Practitioner's Office – In Community (only available until September 30, 2021) B – Community Health Centre C – Residential Care/Assisted Living Residence D – Diagnostic Facility E – Hospital Emergency Room (unscheduled patient) F – Private medical/surgical facility G – Hospital, Day Care (surgery) I – Hospital Inpatient J – First Nations Primary Health Care Clinic K – Hybrid Primary Care Practice L – Longitudinal Primary Care Practice(e.g. GP family practice or PCN clinic) M – Mental Health Centre N – Health Care Practitioner Office (non-physician) P – Hospital Outpatient Q – Specialist Physician Office R – Patient's private home T – Practitioner's office, in publicly administered facility U – Urgent and Primary Care Centre V – Exclusive Virtual Care Clinic W – Walk-In Clinic Z – Other, e.g., accident site or in an ambulance MSP can allocate more codes as needed.
P41	REF-PRACT-1-CD	1	X(1)	Indicator that patient was referred BY or TO another practitioner, identified by P42 - Code is a 'B' or 'T' - Default is zero

P42	REF-PRACT-1	5	X(5)	First practitioner that patient is referred BY or TO; relates to P41 - Zeros or valid practitioner number
P44	REF-PRACT-2-CD	1	(X)1	Indicator that patient is referred BY or TO another practitioner, identified by P46 (second referral) - Code is a 'B' or 'T' - Default is zero
P46	REF-PRACT-2 continued next page →	5	X(5)	Second Practitioner that a patient is referred BY or TO; relates to P44 - Zeros or valid practitioner number - Default is zeros

2.4.1 Basic portion of C02 - part 1 of 2 cont...

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P47	TIME-CALL-RECVD-SRV	4	9(4)	**FUTURE USE -** Time a call was received by the service provider (HHMM, 24-hour
P48	SERVICE-TIME-START	4	9(4)	Required for emergency visits, called start time, or anaesthesia start time. MSP can require as policy demands (HHMM, 24-hour clock) - Default is zeros **Note:** Provision of different times for identical claims can prevent refusal of these claims.
P50	SERVICE-TIME-FINISH	4	9(4)	Rendered/Finish service time (HHMM, 24-hour clock) - Default is zeros
P52	BIRTH-DATE	8	9(8)	Birth Date of unregistered NEWBORNS is mandatory (CCYYMMDD), optional for other patients - Default is zeros
P54	OFFICE-FOLIO-NUMBER	7	9(7)	Office Claim (Folio) number from Data Centre - Optional field - Default is zeros
P56	CORRESPONDENCE-CODE	1	X(1)	Indicates correspondence supports this claim - 'C' = paper correspondence following - 'N' = Note Record following this claim record (Ref. Record type N01) - 'B' = both - Default is zero This code is not related to P58.
P58	CLAIM-SHORT-COMMENT	20	X(20)	For short explanatory comment - alternative is to use the Note (Record type N01) submission method which allows up to 400 characters to support narrative communication to MSP. **Use only this field or the Note record, not both.** - Default is blanks

continued next page →

2.4.1 Basic portion of C02 - part 1 of 2 cont...

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P60	MVA-CLAIM-CODE	1	X(1)	Required to indicate if treatment was for an injury as a result of a motor vehicle accident (MVA) - 'Y' = Yes for MVA claim - Default is 'N' = Not MVA claim **Note:** a zero is assumed to be an 'N'.
P62	ICBC-CLAIM-NUM	8	X(8)	Required for all ICBC MSP claims - See MOD-7 check digit section - Default is zeros **or** - ICBC number (Xnnnnnnn)
P64	ORIGINAL-MSP-FILE-NUM (DCN/DCS/DRM)	20	X(20)	Used when this claim relates to a previously submitted claim for information or for MSP'S DEBIT REQUEST RECORD system's computer search of a previous submission to debit. This is a group data element and must contain the following three data elements: > First is the DATA-CENTRE-NUM, i.e., of record to be Debited (example: T1234) > Second is the DATA-CENTRE-SEQNUM, i.e., of record to be Debited (example: 1234567) > Third is the DATE-RECEIVED-MSP, i.e., of record to be Debited - date (CCYYMMDD) sent to MSP, zeros, or an approximate date (example: 20070628) - Default is zeros for non-use
P70	FACILITY-NUM	5	X(5)	Facility Number per MSP rules or PBF - Default is zeros
P72	FACILITY-SUB-NUM	5	X(5)	Referring Facility Number per MSP rules, optional for PBF - Default is zeros
	continued next page →			

2.4.1 Basic portion of C02 - part 1 of 2 cont...

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P80	FILLER-CLAIM-C02-RCD	58	X(58)	**Future use**. - Default is blanks This is the last field of the regular claim data record, part 1 of 2.

IMPORTANT!!! Please read the following.

MSP recommends you submit a full record if you are unsure as to when to include or exclude the Other Insurer portion of the full claim record. The 'C02' Claim Record continues on the next page with additional required fields for the Other Insurer portion, part 2 of 2 of an MSP claim.

NOTE:

You can either BLANK FILL the remaining fields P100-P122 (next page) of the C02 claim record (data for the Other Insurer MSP Claims portion—Other Insurer Patients using BC practitioners) and write the record to the PC file OR write the record after the above field (P80).

SEE END OF 'C02' CLAIM RECORD PART 2 of 2 FOR FINAL RECORD LENGTH.

2.4.2 Other Insurer Portion of Claim (C02) 2 of 2

This Extended Portion of the MSP claim record is designed for Other Insurer Carriers as the patients are normally not on the MSP Registration databases or extra data is required to allow these services.

MSP Fee for Service Claims for patients from provinces having an Other Insurer agreement with BC (excluding Quebec) must be submitted using these fields in addition to the appropriate regular claim fields previously created.

This portion is also used to bill the Insurer type called BC Institutional Claims and—as approved by MSP—Pay Patient Opted Out and WSBC claims.

2.4.3 'C02' part 2 of 2 (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P100	OIN-INSURER-CODE	2	X(2)	The Insurer with which a patient has medical coverage while receiving service from a BC practitioner in BC—the Province/Location of health provider of patient - Reciprocal Other Insurer Provincial Plan Valid Canadian Province codes are: **AB, SK, MB, ON, NB, NS, PE, NF/NL, NT, YT and NU** - '**IN**' = BC Institutional claim - **MSP can set limits for claims** - '**PP**' = **BC Pay Patient Opted Out**, Physician, Naturopath, Chiropractor, Massage Therapist, Podiatrist, Physiotherapist, Optometrist, Acupuncturist **Note: Opted Out cannot bill for Institutional or Incarcerated claims**. - '**WC**' = Work Safe BC (WSBC) including BC Opted Out Pay Patient

	continued →			
SEQ	**DATA ELEMENT NAME**	**SIZE**	**TYPE**	
P102	OIN-REGISTRATION-NUM	12	X(12)	**DESCRIPTION** Registration number of patient - Right justified as each insurer has various lengths - Left zero filled, example: 000012345678 **Warning!!** 1. PROVINCIAL INSURER CODES: - Must have 12 digits 2. BC PAY PATIENTS and WSBC CLAIMS: - Must use the BC CareCard PHN number: '9nnnnnnnnn' in positions 1-10 - Use zeros in positions 11-12 or '66' when mother's PHN is used for a newborn in Pay Patient claims 3. BC INSTITUTIONAL CLAIMS: - Use a value '0010000008' in positions 1-10 of OIN number or zeros followed by the BC Institution number 'nn' itself
P104	OIN-BIRTHDATE	8	9(8)	Birth date of patient receiving service - Mandatory numeric field (CCYYMMDD) **Note: DD can be zeros if not known.**
P106	OIN-FIRST-NAME	12	X(12)	Full patient first name
P108	OIN-SECOND-NAME-INITIAL	1	X(1)	Second name, initial only or blank
P110	OIN-SURNAME	18	X(18)	Full patient surname
P112	OIN-SEX-CODE	1	X(1)	'M' or 'F'
P114	OIN-ADDRESS-1	25	X(25)	Patient's home/legal address 1. Mandatory for OIN insurer type patient, i.e., Reciprocal Provinces, Pay Patients, BC Institution patients 2. For 'PP' Pay Patient claims, must be the LEGAL address for cheque to be sent to; ensure it starts on Address Line 1 **Note: Pay Patient Address-1 must be more than 5 (five) characters.**
	continued →			

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
	or WSBC Date of Injury (8)			3. WSBC's Claims: Date of Injury field - Format is CCYYMMDD followed by blanks
P116	OIN-ADDRESS-2	25	X(25)	Patient's home address, line 2, or continuation of legal *address
	or WSBC Area of Injury (5) & Anatomical-Position (2)			WSBC provides table values - Area of Injury code is 'XXXXX', then Anatomical Position Code 'XX', followed by 'blanks'—example: '00110RP '
P118	OIN-ADDRESS-3	25	X(25)	Patient's home address, line 3, or continuation of legal * address
	or WSBC Nature of Injury (5)			WSBC provides table values - Nature of Injury code 'XXXXX' followed by blanks—example: '00200 '
P120	OIN-ADDRESS-4	25	X(25)	Patient's home address, line 4 or continuation of legal * address
	or WSBC Claim Number (8)			WSBC Claim Number - Normally 'NNNNNNNN', no check digit - Provide as known, WSBC edits - Blanks fill remainder
P122	OIN-POSTAL-CODE	6	X(6)	Address' Canadian Postal Code - Format of 'ANANAN', example: 'V8W3C8' - Default is 'blanks' - Mandatory for Insurer Code 'PP' (Pay Patients) to complete address submitted - Blank fill if address not used, postal code not known for claims with an address, or not a Canadian address

This identifies entire MSP claim record including the Other Insurer portion.

'C02'	Element Count:	54
	Record Size Total:	424

2.5 NOTE RECORD LAYOUT (N01)

This record must follow in sequence the MSP claim that it supports. Allows a data centre to submit an electronic note to clarify reason for claim being submitted. Submission of a note can delay payment of a claim dependent on adjudication requirements and time required to manually review. Data centres should only submit this record where it is a requirement by MSP or an explanation is felt needed to prevent refusal of the claim. An alternative for comments 20 characters or less is to use field P58 of the Claim Record 'C02' called 'Claim-Short-Comment'.

NOTE: WSBC Claims use this record for their WSBC Electronic Forms and PBF for their records.

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P01	NOTE-BASIC-IN	25	X(25)	The first 25 characters of this Note record are as outlined in the Claim Record (see C02 record, fields P00-P08). First - REC-CODE-IN (3) must be 'N01' Second - DATA-CENTRE-NUM (5) Third - DATA-CENTRE-SEQNUM (7) Fourth - PAYEE-NUM (5) Fifth - PRACTITIONER-NUM (5)
P20	NOTE-DATA-TYPE	1	X(1)	Classification of note types - 'A' = Regular note - 'W' = WSBC Electronic Form - 'P' = PBF Note Additional note codes to be assigned as required.
P22	NOTE-DATA-LINE	40	X(400)	To allow narrative comments related to the preceding claim record - Left justified - Ensure BLANKS are in the positions not used
	or WSBC-NOTE-DATA-LINE (400)			See WSBC for specific definitions and Appendix-B
	or PBF-NOTE-DATA-LINE (400)			See PBF for specific definitions and Appendix-C1 / C2
	***** Warning! ***** Ensure that the claim field called 'CORRESPONDENCE-CODE' (P56) is coded as an 'N' or 'B'			The MSP system can accommodate a maximum of 400 characters submitted per claim.

'N01'	Element Count:	3
	Record Size Total:	426

2.6 VENDOR SUBMISSION IDENTIFICATION RECORD (VS1) MANDATORY RECORD

The Vendor Submission Identification Record (VS1) must be submitted as the first record of every submission to MSP in order to validate and maintain support among Teleplan, its vendors, and sites. MSP can then provide feedback of sites to specific vendors upon request. Teleplan will only keep the last submitted VS1 record on file.

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P01	RECORD-CODE	3	X(3)	Always 'VS1' Vendor Submission Identification Record - Mandatory field
P02	DATA-CENTRE-NUMBER	5	X(5)	Teleplan Data Centre Number - MSP assigned. - Mandatory, example: T1234 or Vnnnn if a vendor site
P03	DATA-CENTRE-SEQUENCE	7	9(7)	Data Centre Submission Seq #, Normal MSP rules Mandatory, example: 0012345
P04	VENDORS-MSP-DC-NUMBR	5	X(5)	Vendor's Assigned Data Centre Number by MSP - Mandatory, example: V0001 - Vendor must be registered and approved by MSP
P05	VENDORS-SOFTWARE-NAME	25	X(25)	Software Name - Mandatory
P06	VENDORS-SOFTWARE-VERSION	10	X(10)	Software Version Number/release - Mandatory, example: V400.B 01
P07	VENDORS-SOFTWARE-INSTALLED-DATE	8	9(8)	Date of Installation (CCYYMMDD) - Mandatory, example: 20040628
P08	VENDORS-COMPANY-NAME	40	X(40)	Company Name registered with MSP - Mandatory
P09	VENDOR-CONTACT	15	X(15)	Contact Phone Number - Mandatory, example: (250) 123-4567
P10	VENDOR-CONTACT-NAME	25	X(25)	Contact Name - Optional, blank fill
P100	FILLER	57	X(57)	**Future Use**. Blanks.

'VS1'	Element Count:	11
	Record Size Total:	200

NOTE:

Fields P02 and P04 can be the same value when a vendor is testing its own site software, e.g., V1234 (Excellent Billings Vendor Site) testing V1234 (Vendor Assigned). For Production, the VS1 record would be the T5678 billing site using the V1234 software.

CHAPTER 3

OUTBOUND RECORDS FROM MSP

3.1 TELEPLAN OUTBOUND RECORDS OVERVIEW

This chapter identifies the Teleplan record structures of (ASCII) data transmitted to Teleplan Data Centres from the MSP for their medical office software to process.

There are a total of sixteen (16) outbound record types and they are grouped within four categories called:

1 2 3 4
Daily / Special / Remittances / Vendor Control

3.1.1 Daily Records

1. Batch Eligibility Record - (B14)

Returns reply to a Batch Eligibility Request (B04) submitted the previous day.

2. Refusal Claim Record - (C12)

Returns minimal claim submission information (C02) for those claims that are refused due to format, edit, or eligibility error conditions. Data Centre Number and Data Centre Sequence Number are the Prime Keys to the medical office software.

3. Data Centre Message Record - (M01)

a) Returns information to data centre(s) on the status of MSP processing schedules or messages related either to a particular or all data centres.

b) Payment advice is returned each remittance period to allow data centre payees to know their net payment amounts. This data is normally available one day prior to the remittance load. This record is not created for Pay Patient electronic submitters.

c) Population Based Funding (PBF) Data Centre Message Record with PBF Pending Registration Action Record Data - see Appendix C2.6

3.1.2 Other Records (X__)

Any records to be transmitted to Data Centres that do not normally fall into the claims' processing will be designated as "Others" code 'Xnn_'.

4. Other - Patient Demographic Data to Practitioners - (X02)

A service that allows practitioners to request patient data with the PHN in order to establish their initial office files on an office computer. It also provides a way to reset the database with a basic profile of a patient when no backup exists.

MSP can scan all services up to 18 months for that practitioner/payee and generate a patient record of the last service performed. This can be done once a month upon request to MSP.

3.1.3 Remittances (Semi-monthly) Records Overview

The following records will supply information on the regular remittance report.

3.1.3.1 Remittance Record Types

5. Remittance Claim Data (Data Centre Change) - (S00)

Return full information on a claim in which a payee has changed his/her data centre location at time of payment and verifying the original data centre submission location; consists of the regular Paid/Refused/Held claim details.

Example: claims were submitted on cards and then switched to Teleplan or payee changed service bureau or location.

6. Remittance Claim - Paid as Billed - (S01)

This claim was paid as billed, minimal data sent.

7. Remittance Claim - Paid with an Explanation - (S02)

This claim was paid with explanatory codes attached.

8. Remittance Claim - Refused - (S03)

This claim has been refused by MSP after having been processed through the adjudication systems.

9. Remittance Claim - In Hold Process - (S04)

This claim is still in MSP's claim process and will be processed at a later date. Minimal data sent.

10. Remittance Payee Payment Summary Record - (S21)

This record supplies total values for the Payee/Data Centre combination.

11. Remittance Practitioner Record - (S22)

This record supplies total values for the Practitioner/Payee/Data Centre combination.

12. Remittance Adjustment Detail - (S23)

13. Remittance Adjustment Summary - (S24)

These records supply overall payment and deduction totals for the set of Practitioner/Payee/Data Centre.

14. Remittance Broadcast Message - (S25)

This record supplies a specific message related to that payee/practitioner remittance statement. It can consist of many notations dealing with general announcements or specific claims. It is not used for operational messages sent to Teleplan Data Centres.

3.1.4 Vendor Control Record Types

MSP will provide two types of control records for vendors when data is transmitted to a site. This is to ensure details have been accounted for after a transmission.

Note: These records are not sent in the 'Other Processing' method of Teleplan, i.e., Retrieve a Fee Schedule File.

15. Vendor Remittance Control Record - (VRC)

This record will be at the end of each group of remittance (S--) records sending the Payment Date and Total Count. If more than one remittance is sent, then one VRC record will be sent for each set.

16 Vendor Transmission Control Record - (VTC)

This record will be the last record of all transmissions when actual data is sent from MSP. It is sent for refusals, remittances, messages, eligibility, etc. This record must be in all transmissions and denotes end of data file.

3.2 OUTBOUND RECORDS DESIGN WARNING!

The following observations should be noted about Teleplan remittances.

3.2.1 MSP Remittance Line Code

Each line code within a remittance record is assigned a unique Teleplan record code to allow reduced data transmission and reduce site balancing time where possible. Line codes also provide another way of identifying 'S00' record types when it cannot allocate the S01/02/03/04 codes.

3.2.2 Data Centre Number and Data Centre Sequence Number

The "Data-Centre-Number" and "Data-Centre-Sequence Number" together provide a total unique matching key link between MSP and a vendor's software package. In cases where a payee has switched data centres, the record code 'S00' will then identify this situation and the remittance line code will identify the type of remittance claim data.

3.2.3 Remittance Contents

Remittance records do not return all data from a submitted inbound claim (example: ICD9 code, claim comment).

Some records (S01/S04) will be sent back with only sufficient data to allow the vendor to match against original data centre files.

In cases where MSP has corrected errors, adjusted fields, or created records not submitted, the records (S00/S02/S03) are sent back with full remittance data.

Note: when S00 records go back they will not have the current site's Data Centre Number or its data centre sequence as the payee moved sites from the original submission. Also, when MSP creates Debits and/or Credits, there may be occasions when MSP is not able to supply the original submitted sequence number because of numerous claims adjusted.

3.2.4 Remittance Summary Records (S21-S24) Amount Overflow WARNING!

At times more than one **Teleplan Summary record (see S21 to S24 record types)** can be created when the summary amount fields (length of “S9 (7) V99”) are more than $9,999,999.99 (one cent less than 10 million dollars).

The MSP Claims payment system was changed to accommodate BC Health Region’s summary payments and BC Government Corporate Accounting System from the above limit to $999,999,999.99 (999 million dollars); for the Teleplan system an extra summary record will be created to make up the difference.

At a future date, when major changes to the Teleplan data fields and records are announced to vendors, it will then increase these summary record fields to accommodate the increased size to “S9(9)V99”. As of today, the summary amount fields remain at “S9 (7) V99” field length per the detailed specifications.

3.2.5 Payee Connection to a Data Centre

Payees are connected to a data centre which means that MSP will send processed claim data back to where the payee is located at payment time.

Teleplan registration receives a large number of requests to move payees from one site to another, either from a service bureau to PC or *vice versa*. Remittance Record Type 'S00' denotes this situation and vendors ***should not*** try automatic matching for these records. The original Data Centre Number and sequence number is normally returned to allow the payee to identify those claims. Refer to Line Code and Source Code for further information about the claim.

All other Remittance Records 'S01/S02/S03/S04' indicate the payee did not change location based on the original data centre from which the claim was submitted. The Remittance Records 'S21/S22/S23/S24/S25' are sent to the current location as they were issued by MSP.

Refusal Record Type 'C12' is also returned to the current location but the system does not identify the original data centre if changed.

Batch Eligibility Record Type 'B14' is returned to the original data centre since a claim is not involved; it is the patient who “resides” at the submitting location.

Message Record Type 'M01' is sent to data centres from MSP and if a Payment Advice is involved then it goes to the Payee’s current location.

3.3 BATCH ELIGIBILITY REQUEST REPLY (B14)

This record is created only from the processing of Teleplan Inbound Batch Eligibility Request (Record Type B04) and is returned for subsequent process at the data centre site.

MSP will normally establish an authorized period of one to seven days from your 'B04' Eligibility Request. You must then submit your claim within seven days of the SERVICE-VALID-DATE or submission date. If the updates are zero (no coverage) then it means that the patient's active coverage does not fall into this authorized period.

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of record returned to data centre - 'B14' is reserved for Outbound Batch Eligibility and is the reply to a 'B04' submitted eligibility request.
P02	DATA-CENTRE-NUM	5	X(5)	Original Data Centre that requested the Eligibility check
P04	DATA-CENTRE-SEQNUM	7	9(7)	Original sequence number of the eligibility request
P06	NAME-VERIFY	4	X(4)	First initial of first name, first initial (or space) of second name, and first two characters of surname as submitted from the data centre
P08	DATE-OF-REQUEST	8	9(8)	The date the Batch Eligibility Request was received
	continued →			

Batch Eligibility Request Reply (B14) (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P10	STATUS-COVERAGE-CODE continued →	3	X(3)	Code related to the response of a request - An explanatory code assigned by MSP Pre-Edit and Edit & Eligibility processes. Refer to MSP Explanatory Code Booklet. This code is shown as a result of patient identification edit failures or changes. Examples - **all codes are XX_ (blank)**: W2 - Payee not connected to Data Centre W3 - Payee not active or not on file VA - Payee number is not numeric or alphanumeric, missing or invalid W7 - Provincial Institutions ineligible for pre-authorization W8 - Dependent 66 newborns ineligible for pre-authorization XB - Invalid patient Status Request Code XC - Invalid Sex Code AB - PHN or MSP Identity Number not on the active subscriber master file AI - Dependent is not registered AQ - Surname does not match subscriber master file AM - Dependent number or initials do not match subscriber master file AH - Dependent number is missing or invalid AJ - Incorrect dependent number AA - PHN or Identity Number is missing, invalid, or it has failed—MOD11/10 formulas AV - Contact Teleplan Support Centre AL - No coverage for request period AF - No coverage for request period ___ (Blank) - Coverage okay (ensure dates are valid) **Note:** The COVERAGE-REPLY-TXT field contents may clarify an explanatory code.

Batch Eligibility Request Reply (B14) (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P12	SERVICE-VALID-DATE	8	9(8)	Date to which the service is valid, if known (CCYYMMDD) - Pre-authorization TO date, zero if no pre-authorization **Note:** Eligibility is approved from the Service Valid Date to the end of that month.
P14	COVERAGE-REPLY-TXT	40	X(40)	A narrative coverage reply that indicates coverage status and any required changes to patient's MSP Registration Number or initials.
P16	PATIENTS-STATUS-REQUEST	1	X(1)	Original Patient-Status-Request code submitted to MSP
P18	PATIENTS-STATUS-REPLY-TXT	24	X(24)	A narrative Patient Status Request reply that indicates patient's status - Depending on the coverage situation, MSP generates text messages
P20	PAYEE-NUM	5	X(5)	Original MSP Payee number on eligibility request
P22	OFFICE-FOLIO-NUMBER	7	9(7)	Original Office-Folio-Number on eligibility request
P24	PBF-PATIENT-REGISTRATION-STATUS-INDICATOR	1	X(1)	Default is Blank. This field is only populated for PBF (payee status F) sites. This field represents a patient's registration status for the submitting payee on the date of service on the claim. PBF patient registration status indicator values: 'Y' = Registered 'N' = Not Registered 'O' = Registered to another PBF Payee 'R' = Pending Registration (to submitting payee) 'D' = Pending De-registration (to submitting payee)
P26	FILLER	20	X(20)	Future changes (blank filled)

'B14' Element Count: 14
Record Size Total: 136

3.4 CLAIMS REFUSAL RECORD (C12)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of record sent to Data Centre - 'C12' reserved for all claim refusals
P02	DATA-CENTRE-NUM	5	X(5)	Data Centre Number to which this claim refusal is sent - Dependent on Payee's current location; normally the data centre that submitted the claim.
P04	DATA-CENTRE-SEQNUM	7	9(7)	Sequence number on original claim
P06	PAYEE-NUM	5	X(5)	Payee number on original claim
P08	PRACTITIONER-NUM	5	X(5)	Practitioner number on original claim
P10	EXPLANATORY-CODE-1	2	X(2)	See MSP Explanatory Codes List
P12	EXPLANATORY-CODE-2	2	X(2)	See MSP Explanatory Codes List
P14	EXPLANATORY-CODE-3	2	X(2)	See MSP Explanatory Codes List
P16	EXPLANATORY-CODE-4	2	X(2)	****Future Use****
P18	EXPLANATORY-CODE-5	2	X(2)	****Future Use****
P20	EXPLANATORY-CODE-6	2	X(2)	****Future Use****
P22	EXPLANATORY-CODE-7	2	X(2)	****Future Use****
P24	OFFICE-FOLIO-CLAIM-NUM	7	9(7)	Memo item: office claim number from data centre
P90	FILLER	24	X(24)	****Future Use****

'C12'	Element Count: 14 Record Size Total: 70

Note: This record is created only for those inbound claims that received refusals due to Pre-Edit format or Edit & Eligibility rules established by MSP. These are normally placed in a Data Centre's mailbox overnight.

3.5 DATA CENTRE MESSAGE RECORD (M01)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of record to data centre - 'M01' reserved for Data Centre Message record and Total Net Payment Memo
P02	DATA-CENTRE-NUM	5	X(5)	Data Centre for which this message is intended
P04	FILLER	4	9(4)	Always zeros
P06	MESSAGE-TEXT	350	X(350)	Free format text of message Types: - Operational/Notices - **Teleplan Support Centre issues:** input is 5 lines of 70 characters each - Remittance Period (Automated Notice) - **Total Net Payment Memo** is shown on line 1 only and consists of the following: 'PAYEE#" in positions 1 to 6, then Payee Num, Text, Payment Date, and Amount
	or PBF PENDING-REGISTRATION-RECORD			See PBF Appendix C2
P08	FILLER	14	X(14)	****Future Use**** - Always blanks

'M01' Element Count: 5
Record Size Total: 376

3.6 PATIENT DEMOGRAPHIC RECORD (X02)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	RECORD-TYPE	3	X(3)	Denotes a Patient Demographic Record - Always 'X02'
P02	DATA-CENTER	5	X(5)	Data centre to receive the patient demographic data
P04	SUMMARY-CODE	1	9(1)	Denotes detail Patient Demographic Record - Always '1'
P06	DATA-CENTER-SELECTION	1	X(1)	Data centre requested code 'R' - send all data to data centre payees
P08	SEARCH-PAYEE	5	X(5)	Payee number requested in search
P10	PRACTITIONER	5	X(5)	Practitioner who requested the search
P12	FILLER	10	X(10)	****Future Use****
P14	DEPENDENT-NUMBER	2	9(2)	Patient's MSP Dependent Number (nn)
P16	SURNAME	18	X(18)	Patient's last registered name known at claim's date of service
P18	FIRST-NAME	12	X(12)	Patient's first name or initial (depends on registration)
P20	SECOND-NAME	12	X(12)	Patient's second name or initial (depends on registration)
P22	BIRTH-DATE	8	9(8)	Patient's birth date (CCYYMMDD, example: 19980218)
P24	SERVICE-DATE	8	9(8)	Patient's latest claim service date (CCYYMMDD, example: 19980328)
	continued →			

Patient Demographic Record (X02) (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P26	XREF-PHN	10	9(10)	Patient's Personal Health Number **Note:** This number is to be used in the claim's MSP REGISTRATION field and, unless a newborn, the claim DEPENDENT NUMBER field must be zeros.
P28	XREF-INDEX	1	X(1)	"P" - Claim submitted with PHN "I" - Claim submitted with MSP CSS number at 1997
P30	INTERNAL-MSP	8	9(8)	Date processed - internal MSP use only (CCYYMMDD)
P32	FILLER	19	X(19)	****Future use**** - Always blanks

'X02'	Element Count:	17
	Record size total:	128

Only one record per Patient/Practitioner/Payee combination is created and it is always the most recent service date of that patient. A practitioner must ask for this file through a special request form from MSP. These requests are normally run once a month as it involves searching all of MSP's paid remittances from the last quarter back 6-18 months.

3.7 REMITTANCE PARTIAL DETAIL RECORD "PAID AS BILLED" (S01)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of record to Data Centre - 'S01' for Remittance paid as billed claim
P02	DATA-CENTRE-NUM	5	X(5)	Data Centre this claim came from
P04	DATA-CENTRE-SEQNUM	7	9(7)	Sequence number on original claim
P06	PAYMENT-DATE	8	9(8)	Date of the remittance statement (CCYYMMDD)
P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of Detail, example: 'P' Paid as billed
P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the claim
P12	MSP INTERNAL CONTROL NUMBER	6	9(6)	MSP Internal Control Number
P14	PRACTITIONER-NUMBR	5	X(5)	Practitioner number under which the claims were billed, i.e., person who performed service/responsible ****Up to 7 Adjustment Codes/Amounts Follow NOTE: These amounts are not included in the P52-PAID AMOUNT—they are shown in the S23/S24 records.**
P16	ADJUSTMENT-CODE-1	2	X(2)	Indicates payment adjustment code
P18	ADJUSTMENT-AMT-1	7	S9(5)V99	Amount adjusted for code above
P20	ADJUSTMENT-CODE-2	2	X(2)	Indicates if payment was adjusted
P22	ADJUSTMENT-AMT-2	7	S9(5)V99	Amount adjusted for code above
P24	ADJUSTMENT-CODE-3	2	X(2)	Indicates if payment was adjusted
P26	ADJUSTMENT-AMT-3	7	S9(5)V99	Amount adjusted for code above
P28	ADJUSTMENT-CODE-4	2	X(2)	Indicates if payment was adjusted
P30	ADJUSTMENT-AMT-4	7	S9(5)V99	Amount adjusted for code above
P32	ADJUSTMENT-CODE-5	2	X(2)	Indicates if payment was adjusted
P34	ADJUSTMENT-AMT-5 continued →	7	S9(5)V99	Amount adjusted for code above

Remittance Partial Detail Record "Paid as Billed" (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P36	ADJUSTMENT-CODE-6	2	X(2)	Indicates if payment was adjusted
P38	ADJUSTMENT-AMT-6	7	S9(5)V99	Amount adjusted for code above
P40	ADJUSTMENT-CODE-7	2	X(2)	Indicates if payment was adjusted
P42	ADJUSTMENT-AMT-7	7	S9(5)V99	Amount adjusted for code above **** END OF ADJUSTMENT ITEMS ****
P50	OFFICE-FOLIO-CLAIM-NUM	7	9(7)	Memo item: office claim number from Data Centre
P52	PAID-AMOUNT	7	S9(5)V99	Amount being paid for Fee Items
P54	MSP-RCD-DATE	8	9(8)	Date MSP received original claim (CCYYMMDD)
P56	PAID-RATE-ON-FILE-INDICATOR	2	X(2)	**** FUTURE USE **** Denotes requested payment was paid at current rates on file at MSP. **** FUTURE USE ****
P96	ICBC/WSBC-NUM	8	X(8)	ICBC or WSBC claim number
P97	INSURER-CODE-RESPONS	2	X(2)	Insurer Code Responsibility Valid codes: IC = ICBC (Physiotherapy and Chiropractic) IP = ICBC (Physician) MP = Medical Services Plan of BC MS = Ministry of Employment and Income Assistance MV = Office of Superintendent of Motor Vehicles WC = WorkSafe BC Reciprocal Provinces: AB = Alberta MB = Manitoba NB = New Brunswick NF = Newfoundland and Labrador NL = Newfoundland and Labrador NS = Nova Scotia NT = Northwest Territories

continued →

Remittance Partial Detail Record "Paid as Billed" (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
				NU = Nunavut ON = Ontario PE = Prince Edward Island SK = Saskatchewan YT = Yukon Territory
P99	FILLER	29	X(29)	Filler (blanks)

'S01' Element Count: 29
Record Size Total: 166

3.8 REMITTANCE FULL DETAIL RECORDS

All detail claims that have been paid with an explanation code from MSP, refused, or where the submitting data centre of the payee has changed will be returned with one of these three record codes: S00, S02, or S03. The data elements are the same for these three records, as shown, except for the line code and record code which identify the specific nature of the record involved.

3.8.1 Remittance Full Detail Record "Data Centre Change" (S00)

3.8.2 Remittance Full Detail Record "Paid with Explanation" (S02)

3.8.3 Remittance Full Detail Record "Adjudication Refusal" (S03)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of Record to Data Centre - 'S00' for Remittance detail claims that are going to a different Data Centre based on most current Payee attachment (See Line Code -Seq P08 for type of detail) - 'S02' for Remittance Paid with explanation - 'S03' for Remittance Claim Refused in adjudication
P02	DATA-CENTRE-NUM	5	X(5)	Original Data Centre this claim came from
P04	DATA-CENTRE-SEQNUM	7	9(7)	Sequence number on original claim
P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement (CCYYMMDD)
P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of detail claim - 'P' Paid as billed, applies to 'S00/S02' record - 'R' Refusal, applies to 'S00/S03' - 'H' Recycle Process, applies to 'S00' as a Held claim
P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the record
P12	MSP-INTERNAL-CONTROL-NUMBER	6	9(6)	MSP Internal Control Number

continued →

3.8.3 Remittance Full Detail Records (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P14	PRACTITIONER-NUMBR	5	X(5)	Practitioner number for which the claims were billed, i.e., person who performed the service
P16	MSP-RCD-DATE	8	9(8)	Date that MSP received claim (CCYYMMDD) **Note for debit records:** the date debit was created by MSP system
P18	INITIALS	2	X(2)	Initials of the patient, left-justified
P20	SURNAME	18	X(18)	Surname of the patient
P22	MSP-REGISTRATION :MSP PHN :OIN	10	9(10)	MSP Registration Number, right-justified - Positions 1-10 of the Other Insurer Registration Number
P24	DEPENDENT-NUMBER :OIN	2	9(2)	Dependent number, 00 or 66 - Positions 11-12 of the Other Insurer Registration Number
P26	SERVICE-DATE	8	9(8)	Claim date of service (CCYYMMDD)
P28	'TO'-DAY	2	9(2)	Date of service 'to' day, if present
P30	BILLED-NUMBER-OF-SERVICES	3	S9(3)	Billed number of services from the original claim record or as debited/credited
P32	BILLED-SERVICE-CLARIFICATION-CODE	2	X(2)	Fee item Service Clarification Code submitted by site
P34	BILLED-FEE-SCHEDULE-ITEM	5	X(5)	Billed fee schedule item from the original claim record
P36	BILLED-AMOUNT	7	S9(5)V99	Billed amount from the original claim record
P38	PAID-NUMBER-OF-SERVICES	3	S9(3)	Number of services being paid
P40	PAID-SERVICE-CLARIFICATION-CODE continued →	2	X(2)	Fee item Service Clarification Code submitted or modified by MSP

3.8.3 Remittance Full Detail Records (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P42	PAID-FEE-SCHEDULE-ITEM	5	X(5)	Fee schedule item that is being paid
P44	PAID-AMOUNT	7	S9(5)V99	Amount being paid for fee item
P46	OFFICE-FOLIO-CLAIM-NUM	7	9(7)	Memo Item: Office Folio Claim Number submitted by data centre
P48	EXPLANATORY-CODE-1	2	X(2)	See MSP Explanatory Codes
P50	EXPLANATORY-CODE-2	2	X(2)	See MSP Explanatory Codes
P52	EXPLANATORY-CODE-3	2	X(2)	See MSP Explanatory Codes
P53	EXPLANATORY-CODE-4	2	X(2)	****Future use****
P54	EXPLANATORY-CODE-5	2	X(2)	****Future use****
P55	EXPLANATORY-CODE-6	2	X(2)	****Future use****
P56	EXPLANATORY-CODE-7	2	X(2)	****Future use****
				****ADJUSTMENT ITEMS FOLLOW** Note: These amounts are NOT INCLUDED in the P44 PAID AMOUNT—they are shown in the S23/S24 records.**
P60	ADJUSTMENT-CODE-1	2	X(2)	Indicates payment adjustment code
P61	ADJUSTMENT-AMT-1	7	S9(5)V99	Amount adjusted for code above
P62	ADJUSTMENT-CODE-2	2	X(2)	Indicates if payment was adjusted
P63	ADJUSTMENT-AMT-2	7	S9(5)V99	Amount adjusted for code above
P64	ADJUSTMENT-CODE-3	2	X(2)	Indicates if payment was adjusted
P65	ADJUSTMENT-AMT-3	7	S9(5)V99	Amount adjusted for code above
P66	ADJUSTMENT-CODE-4	2	X(2)	Indicates if payment was adjusted
P67	ADJUSTMENT-AMT-4	7	S9(5)V99	Amount adjusted for code above
P68	ADJUSTMENT-CODE-5	2	X(2)	Indicates if payment was adjusted
P69	ADJUSTMENT-AMT-5 continued →	7	S9(5)V99	Amount adjusted for code above

3.8.3 Remittance Full Detail Records (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P70	ADJUSTMENT-CODE-6	2	X(2)	Indicates if payment was adjusted
P71	ADJUSTMENT-AMT-6	7	S9(5)V99	Amount adjusted for code above
P72	ADJUSTMENT-CODE-7	2	X(2)	Indicates if payment was adjusted
P73	ADJUSTMENT-AMT-7	7	S9(5)V99	Amount adjusted for code above
P85	PLAN-REFERENCE-NUM	10	9(10)	An MSP-generated reference number for manual/card claims. Claims received by Teleplan media are normally noted with zeros.
P90	CLAIM-SOURCE-CODE	1	X(1)	This field is to identify the source media of a claim. Teleplan codes for an 'S00' record that is sent to a data centre at remittance time due to a change in Payee Submission Media: Original Submission Media codes -'C' = Web Forms or MSP computer internal Adjustments -'A' = Teleplan format -'O' = default of an 'S02' or 'S03' record Internal MSP codes are converted to 'C' to show as MSP computer internal adjustments. These codes are for information only. -'G' = Adjudication Process -'O' = OLAN process - 'I' = Internal ICBC or WSBC process
P92	PREVIOUS-PAID-DATE	8	9(8)	The previous date that this refused claim was paid. Applies to claims refused as 'HA' for duplicates. - CCYYMMDD if an 'HA' type refusal, Debit 'DR', or Credit 'HK (both codes accompanied by secondary codes) - Default is zeros

continued →

3.8.3 Remittance Full Detail Records (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P94	INSURER-CODE-RESPONS	2	X(2)	Insurer Code Responsibility Valid codes: IC = ICBC (Physiotherapy and Chiropractic) IP = ICBC (Physician) MP = Medical Services Plan of BC MS = Ministry of Employment and Income Assistance MV = Office of Superintendent of Motor Vehicles WC = WorkSafe BC Reciprocal Provinces: AB = Alberta MB = Manitoba NB = New Brunswick NF = Newfoundland and Labrador NL = Newfoundland and Labrador NS = Nova Scotia NT = Northwest Territories NU = Nunavut ON = Ontario PE = Prince Edward Island SK = Saskatchewan YT = Yukon Territory
P96	ICBC/WSBC-NUM	8	X(8)	ICBC or WSBC claim number
P99	FILLER	31	X(31)	Filler

'S00/S02/S03' Element Count: 51
Record Size Total: 268

Note: Other Insurer Billing Claims reporting method (OIN)

The current system will report back the Other Insurer Billing claims as normal claims. Inserted in the MSP REGISTRATION NUMBER field (P22) will be positions 1 to 10 of the OIN number and in the DEPENDENT NUMBER field (P24) will be positions 11-12 of the OIN number.

An explanatory code 'FX' will be assigned to identify each OIN claim.

3.9 REMITTANCE RECORD "IN HOLD PROCESS" (S04)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of record to Data Centre - 'S04' for Remittance In Hold Process
P02	DATA-CENTRE-NUM	5	X(5)	Original Data Centre
P04	DATA-CENTRE-SEQNM	7	9(7)	Original Claim Sequence number
P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement (CCYYMMDD)
P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of detail - 'H' In Recycle Process
P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the record
P12	MSP-INTERNAL-CONTROL-NUMBER	6	9(6)	MSP Internal Control Number
P14	PRACTITIONER-NUMBR	5	X(5)	Practitioner number under which the claims were billed
P16	MSP-RCD-DATE	8	9(8)	Date MSP received claim (CCYYMMDD)
P18	OFFICE-FOLIO-CLAIM-NUM	7	9(7)	Memo item: Office Folio claim number from the data centre
P20	EXPLANATORY-CODE-1	2	X(2)	See MSP Explanatory Codes
P22	EXPLANATORY-CODE-2	2	X(2)	See MSP Explanatory Codes
P24	EXPLANATORY-CODE-3	2	X(2)	See MSP Explanatory Codes
P26	EXPLANATORY-CODE-4	2	X(2)	****Future Use****
P28	EXPLANATORY-CODE-5	2	X(2)	****Future Use****
P30	EXPLANATORY-CODE-6	2	X(2)	****Future Use****
P32	EXPLANATORY-CODE-7	2	X(2)	****Future Use****
	continued →			

3.9 Remittance Record "In Hold Process" (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P40	ICBC/WSBC-NUMBER	8	X(8)	ICBC or WSBC claim number
P41	INSURER-CODE-RESPONS	2	X(2)	Insurer Code Responsibility as shown Valid codes: IC = ICBC (Physiotherapy and Chiropractic) IP = ICBC (Physician) MP = Medical Services Plan of BC MS = Ministry of Employment and Income Assistance MV = Office of Superintendent of Motor Vehicles WC = WorkSafe BC Reciprocal Provinces: AB = Alberta MB = Manitoba NB = New Brunswick NF = Newfoundland and Labrador NL = Newfoundland and Labrador NS = Nova Scotia NT = Northwest Territories NU = Nunavut ON = Ontario PE = Prince Edward Island SK = Saskatchewan YT = Yukon Territory
P90	FILLER	87	X(87)	Always blanks

'S04'	Element Count: 20 Record Size Total: 166

3.10 REMITTANCE PAYEE PAYMENT SUMMARY RECORD (S21)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of record to Data Centre - 'S21' for Remittance Payee Payment Summary Record
P02	DATA-CENTRE-NUM	5	X(5)	Data Centre Number
P04	DATA-CENTRE-SEQNM	7	9(7)	Generated by MSP - set to zeros
P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement (CCYYMMDD)
P08	LINE-CODE	1	X(1)	Alpha-numeric code identifying type of record 'Z' - Payee totals
P10	PAYEE-NUMBER	5	X(5)	Payee (payment) number associated with the record
P12	MSP-INTERNAL-CONTROL-NUMBER	6	9(6)	MSP Internal Control Number
P14	PAYEE-NAME	25	X(25)	Name in which payment was made
P16	AMOUNT-BILLED	9	S9(7)V99	Total amount billed by the payee
P18	AMOUNT-PAID	9	S9(7)V99	Total amount paid to the payee
P20	BALANCE-FORWARD	9	S9(7)V99	Opening Balance from previous statement
P22	CHEQUE-AMOUNT	9	S9(7)V99	Amount of payment after adjustments - Net Payment
P24	NEW-BALANCE	9	S9(7)V99	Revised Balance Outstanding Balance (Debit) or Credit For any balance under $1.00, a cheque is not issued.
P26	FILLER	61	X(61)	Always blanks

'S21'	Element Count:	14
	Record Size Total:	166

3.11 REMITTANCE PRACTITIONER SUMMARY RECORD (S22)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of record to data centre - 'S22' for Remittance Practitioner Record
P02	DATA-CENTRE-NUM	5	X(5)	Data Centre Number
P04	DATA-CENTRE-SEQNM	7	9(7)	Generated by MSP - Set to zeros
P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement (CCYYMMDD)
P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of record - 'Y' = Practitioner Totals within Payee
P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the record
P12	MSP-INTERNAL-CONTROL-NUMBER	6	9(6)	MSP Internal Control Number
P14	PRACTITIONER-NUMBR	5	X(5)	Practitioner number under which the claims were billed
P16	PRACTITIONER-NAME	25	X(25)	Practitioner name
P18	AMOUNT-BILLED	9	S9(7)V99	Total amount billed by this practitioner
P20	AMOUNT-PAID	9	S9(7)V99	Total amount paid to this practitioner
P22	FILLER	83	X(83)	Blanks always

'S22'	Element Count:	12
	Record Size Total:	166

3.12 REMITTANCE ADJUSTMENT RECORDS

These records are total additions or deductions to the gross payment in a remittance period for any number of reasons. There are two records involved that identify a detail adjustment or a summary when more than one payee/practitioner is involved. The data element formats are the same for both records but the record code/line code and contents will vary for the records known as S23 or S24.

3.12.1 Remittance Adjustment Detail Record (S23)

3.12.2 Remittance Adjustment Summary Record (S24)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of record to data centre - 'S23' for Adjustment Detail - 'S24' for Adjustment Summary
P02	DATA-CENTRE-NUM	5	X(5)	Data Centre Number
P04	DATA-CENTRE-SEQNM	7	9(7)	Generated by MSP - Set to zeros
P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement (CCYYMMDD)
P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of record - 'A' Adjustment Detail - 'S' Adjustment Summary
P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the record
P12	MSP-INTERNAL-CONTROL-NUMBER	6	9(6)	MSP Internal Control Number
	continued →			

3.12.2 Remittance Adjustment Summary Record (S23) & (S24) (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P14	ADJUSTMENT-CODE	2	X(2)	Code that indicates a type of adjustment—not all codes are necessarily used. Current codes are below; see P18 'Adjustment Message' for description. Code Description ---- ---------- 01 Northern Allowance 02 Pro-ration 03 Recover Manual Advance 04 Interest 05 MSP Deduction 06 Audit Recovery 07 Receiver General Payment 08 ICBC Demand Recovery 09 Assignments-Demands 10 MSP Group Premium De 11 Assign Mid-Month Payment 12 Demand-Assign-Payment 13 Revenue Canada Adjustment 14 Fee Schedule Hard Copy Charge 15 MSP Refund 16 GST and Fee Schedule Hard Copy 17 Payment - Overage Claim 18 Debt Recovery - % 19 Debt Recovery - $ 20 BCMA Life Assurance 21 Clear Debit Balance 22 Discount Adjustment Repayment 23 Card Keying Charge 24 Paper R/S Charge 25 Deduct Debit Balance 26 Fiche R/S Charge 27 Courier Charges 28 Lump Sum Payment 29 Assign End-Month Payment 30 BCMA Staff Retire 31 WSBC Lift 32 Discount 33 Individual Pro-ration 34 Geographic Payment Rate 35 Fee Item Pro-ration 36 Relative Value Adjustment 37 Emergency Medicine 38 RRP - Rural Retention Premium 40 BCMA Group Disability

continued →

3.12.2 Remittance Adjustment Summary Record (S23) & (S24) (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P14	ADJUSTMENT-CODE (cont'd)			41 LOCUM 60/40 42 LOCUM - $500 43 LOCUM - TOP UP 44 LOCUM - STANDBY 49 Mid-Month 1/2 50 BCMA Annual Dues 55 Chiropractor's Annual Dues 59 Emergency Payment 60 Emergency Advance Recovery 64 User Fee Breakdown 65 PBF Funding Payment 66 PBF Retro Payment 67 PBF Adjustment Payment 70 APP Adjustment 71 APP Monthly Release 72 APP Recovery Pro-rate 77 Premium Adjustment Recovery 78 NIA Recovery 79 Discount Adjustment Recovery 80 Retro Payment 81 Negative Retro Adjustment 82 NIA Retro Adjustment 84 Premium Adjustment Retro 85 GST on Card Keying 86 GST on Paper R/S 87 GST on Fiche R/S 88 Reciprocal Payment 89 Sessional Payment 90 Travelling Expenses 91 Travelling Time See PBF for codes P1-P9 **A complete list of the adjustment codes is available in Teleplan in a download file**. For Web Browser users, it is the options: Other Processing + Logs, Retrieve Data File Select Adjustment Codes. For API uses, it is the function: AGetASCII file type A. **Note: above codes also shown on detail S00/S01/S02 record as needed.**
P16	ADJUSTMENT-IDENTIFICATION continued →	12	X(12)	Identification for the adjustment (example - Retro Payment: Practitioner number) **Note:** This field will contain 9's on the

3.12.2 Remittance Adjustment Summary Record (S23) & (S24) (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
				Summary record (Line Code = S). Identifies the individual, clinic, or subscriber member for whom the adjustment was applied.
P18	ADJUSTMENT-MESSG	20	X(20)	Name associated with the adjustment (e.g., Retro Payment - Practitioner name) **Note:** this field will contain the adjustment name on the summary record.
P20	CALCULATION-METHOD	1	X(1)	The adjustment is calculated as follows: A - amount entered G - percentage of gross payment N - percentage of net payment
P22	REGULAR-PERCENT	5	S9(3)V99	The percentage used to calculate the regular amount adjustment
P24	ONE-TIME-PERCENT	5	S9(3)V99	The percentage used to calculate the one-time amount adjustment
P26	GROSS/NET-AMOUNT	9	S9(7)V99	The Gross Payment Amount when the calculation method is G or the Net Payment Amount when the calculation method is N
P28	REGULAR-AMOUNT	9	S9(7)V99	The amount to be adjusted on a regular basis. If the calculation method is G or N: Regular Amount = Regular Percentage times Gross or Net Amount
P30	ONETIME-AMOUNT	9	S9(7)V99	The amount to be taken once only. If the Calculation Method is G or N: One-Time Amount = One-Time Percentage times Gross or Net Amount
P32	BALANCE-FORWARD	9	S9(7)V99	Any outstanding balance from previous statement
P34	ADJUSTMENT-MADE	9	S9(7)V99	The actual adjustment made for this statement
P36	ADJUSTMENT-OUTSTANDING	9	S9(7)V99	Balance outstanding reflects amount still owing if total to be adjusted has been entered on the adjustment record
P38	FILLER	32	X(32)	Blank always

'S23/S24'	Element Count:	20
	Record Size Total:	166

3.13 REMITTANCE PAYEE-PRACTITIONER BROADCAST RECORD (S25)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of Record to data centre - 'S25' reserved for remittance broadcast message
P02	DATA-CENTRE-NUM	5	X(5)	Data Centre Number
P04	DATA-CENTRE-SEQNM	7	9(7)	Generated by MSP - Set to zeros
P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement (CCYYMMDD)
P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of record 'B' - Broadcast
P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the record
P12	MSP-INTERNAL-CONTROL-NUMBER	6	9(6)	MSP Internal Control Number
P14	PRACTITIONER-NUMR	5	X(5)	Practitioner number who is to receive this broadcast or zeros for all practitioners
P16	MESSAGE	80	X(80)	One line of the broadcast message **Note:** in the first line of each broadcast message set, the field will contain the practitioner's name followed by the actual message
P18	FILLER	46	X(46)	Blanks always

'S25'	Element Count:	10
	Record Size Total:	166

3.14 VENDOR CONTROL RECORDS FROM MSP

3.14.1 Vendor Remittance Control Record from MSP (VRC)

This record will be provided at the end of each group of Remittances submitted to a site, denoting the Payment Date and total count of this control group ("group" meaning records having the same first character, i.e., "S" for Remittances). If more than one remittance is transmitted during the same session then another VRC record will be sent at the end of that specific Payment Date group of records.

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P01	RECORD-CODE	3	X(3)	Always 'VRC' - Vendor Remittance Control Record
P02	DATA-CENTRE-NUMBER	5	X(5)	Teleplan Data Centre Number - MSP assigned
P03	PAYMENT-DATE	8	9(8)	Payment date of remittance records (CCYYMMDD)
P04	RECORD-GROUP-ALPHA-CHAR	1	X(1)	First character of record group: "S" for Remittances
P05	TOTAL-RECORD-COUNT-REMITTANCE	7	9(7)	Total count for this remittance period (Payment Date), example: 0001548
P06	TIMESTAMP	20	X(20)	Date and time transmitted, example: 2007-04-14 18:24:32
P100	FILLER	122	X(122)	****Future use**** - Blanks

'VRC'	Element Count:	7
	Record Size Total:	166

3.14.2 Vendor Transmission Control Record From MSP (VTC)

This record must be in the transmission sent to a site. It will be the last of an entire submission. It counts by Groups will equal the whole submission, including the Vendor Control Record Group (VRC). If this record is not present in a file when the data sent are one or greater, then it is possible the transmission did not complete. Contact Teleplan Support for possible re-transmission.

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P01	RECORD-CODE	3	X(3)	Always 'VTC', Vendor Transmission Control Record **Note: this record will be generated only when MSP transmits actual data.**
P02	DATA-CENTRE-NUMBER	5	X(5)	Site Teleplan Data Centre Number, MSP assigned
P03	TIMESTAMP	20	X(20)	Date and time transmitted, example: 2007-04-14 18:24:32
P04	GROUP-1-RECORD-TYPE	1	X(1)	First character of Record Group: "S" for Remittances
P05	GROUP-1-RECORD-COUNT	7	9(7)	Number of records transmitted for above group
P06	GROUP-2-RECORD-TYPE	1	X(1)	First character of Record Group: "C" for Daily Refusals
P07	GROUP-2-RECORD-COUNT	7	9(7)	Number of records transmitted for above group
P08	GROUP-3-RECORD-TYPE	1	X(1)	First character of Record Group: "B" for Batch Eligibility
P09	GROUP-3-RECORD-COUNT	7	9(7)	Number of records transmitted for above group
P10	GROUP-4-RECORD-TYPE	1	X(1)	First character of Record Group: "M" for Messages/Pay Advice
P11	GROUP-4-RECORD-COUNT	7	9(7)	Number of records transmitted for above group
P12	GROUP-5-RECORD-TYPE	1	X(1)	First character of Record Group: "X" for Patient Request File
P13	GROUP-5-RECORD-COUNT	7	9(7)	Number of records transmitted for above group
P14	GROUP-6-RECORD-TYPE	1	X(1)	First character of Record Group: "V" for Vendor Control Records
P15	GROUP-6-RECORD-COUNT	7	9(7)	Number of records transmitted for above group **Note: this count will include all "V__" records transmitted, including this VTC record.**
	continued →			

3.14.2 Vendor Transmission Control Record from MSP (VTC) cont'd

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P16	GROUP-7-RECORD-TYPE	1	X(1)	First character of Record Group: ****Future Use****
P17	GROUP-7-RECORD-COUNT	7	9(7)	Number of records transmitted for above group ****Future Use****
P18	GROUP-8-RECORD-TYPE	1	X(1)	1st char of Record Group: ****Future Use****
P19	GROUP-8-RECORD-COUNT	7	9(7)	Number of records transmitted for above group ****Future Use****
P20	GROUP-9-RECORD-TYPE	1	X(1)	1st char of Record Group: ****Future Use****
P21	GROUP-9-RECORD-COUNT	7	9(7)	Number of records transmitted for above group ****Future Use****
P22	GROUP-10-RECORD-TYPE	1	X(1)	1st char of Record Group: ****Future Use****
P23	GROUP-10-RECORD-COUNT	7	9(7)	Number of records transmitted for above group ****Future Use****
P24	GROUP-11-RECORD-TYPE	1	X(1)	1st char of Record Group: ****Future Use****
P25	GROUP-11-RECORD-COUNT	7	9(7)	Number of records transmitted for above group ****Future Use****
P26	OVERALL-RECORDS-TRANSMITTED	8	9(8)	Total of all records Transmitted in this file
P100	FILLER	42	X(42)	****Future use**** - blanks

'VTC' Element Count: 27
Record Size Total: 166

Note: Group Type identifies a major series of record type sent to a site by Teleplan.

Examples: S___ = Remittances

C___ = Daily Refusals

M___ = Messages

New series will be introduced by MSP as needed through revised specifications.

CHAPTER 4

ELECTRONIC MASTER FILES AND MAGNETIC STRIPE SPECIFICATIONS

4.1 MSP ELECTRONIC FILES

The following pertains to registered vendors only. These files are available to all registered vendors and sites. MSP cannot accept responsibility for the methods that vendors choose to use to read our files and update their clients' PC files. We do encourage automatic updates by your software and Teleplan will give ample notice if a published format is changed.

Teleplan software provides a function called 'Other Processing' to retrieve these files from MSP in ASCII format. The software is self-explanatory, however, you may contact the Teleplan Support Centre at 866-456-6950 for help if needed. See next page (SAMPLE 1) for examples.

MSP works with the Medical Software Vendors Association (MSVA) in agreeing on final changes or improvements. The formats will remain as stated unless, through a Change Control process, we agree to revise the format.

Format instructions are in the data contained in the Electronic Fee Schedule, ICD93 and ICD9345 files.

Each file starts with records in positions 1-3 with the prefix 'REM___'. These records are at the front of the file followed by the data records.

The main MSP data files are made available using current Teleplan Web access. A site or vendor can use the 'Other Processing' function selections via a browser or your vendor-developed API software.

SAMPLE 1: Other Processing Files Available:

Note:

It is important to understand that these formats are mainly designed for vendors' use only and not for regular data centres. Files without REM lines are viewable and normally self-explanatory as to format.

At this time, all 'Other Processing' files are set as ASCII data files and are updated at least monthly by the MSP Claims system.

4.1.1 Fee for Service Schedule Format

This file contains Fee for Service Costs as noted within the remarks section of the file. Format structure remarks are contained within the data file itself. The following is a partial **sample attachment** of this file showing the format and some fee items.

```
REM001 * LIST UPDATED AS OF APRIL 05, 2021                              *
REM002 ******** CURRENT FEE SCHEDULE COSTS ****************************
REM003 *  User requested Teleplan/PC Other Processing Function          *
REM004 *   -Retrieve from M.S.P. the FEE SCHEDULE COSTS current EFILE   *
REM005 *    Selection chosen was VENDOR TEST SELECTION ONLY             *
REM006 ****************************************************************
REM007 * Vendor Contact- Teleplan Analyst  at .... 1(866)456-6950       *
REM008 * ELECTRONIC FILE  (FEE SCHEDULE, ITEM V)  VERSION = 2012.01     *
REM009 * FILE SOURCE = PROD (DEVL/TEST/PROD)                           *
REM010 **                                                              **
REM011 **  °  M E D I C A L   S E R V I C E S   P L A N     °          **
REM012 **  °    -F E E  S C H E D U L E  C O S T S-         °          **
REM013 **  °                                                °          **
REM014 **  °      FOR RATES EFFECTIVE  05 APRIL 2021        °          **
REM015 **  °________________________________________________°          **
REM016 **                                                              **
REM017 **   Special EXTRACT for TELEPLAN/PC                            **
REM018 **                                                              **
REM019 **  RECORD ONE STARTS AS REMnnn, all comment records            **
REM020 **  start with REM___ followed by the actual Fee Items          **
REM021 **  in FEE ITEM sequence. IE: 00010, 00011, 00101 .....         **
REM022 **                                                              **
REM023 ** DATA FORMAT:-------- N= Numeric  X= Alphanumeric ---------- **
REM024 ** Field    Field          Size  Field                          **
REM025 ** Position Name                Description                    **
REM026 **  01 - 05 Fee Item Code  N(5)  Fee for Service Fee Item       **
REM027 **                               code to be used for claims.    **
REM028 **                                                              **
REM029 **  06 - 12 Fee Schedule   N(7)  Fee for Service Amount         **
REM030 **          Amount               for this Fee Item              **
REM031 **                               5 dollars 2 decimal $$$$$CC    **
REM032 **                                                              **
REM033 **  13 - 14 Anaesthesia    N(2)  Allowable value for Fee Item   **
REM034 **          Intensity Level                                     **
REM035 **                                                              **
REM036 **                                                              **
REM037 **  15 - 15 Referral Flag  X(1)  Future Flag for Referral       **
REM038 **   MSP is unable to provide     - 'Y' for Yes                 **
REM039 **   specific data to vendors     - 'N' for No                  **
REM040 **   on referrals at this time.   - '*' FUTURE INFORMATION ITEM**
REM041 **                                                              **
REM042 **                                                              **
REM043 ** SPECIALTY CODES are shown only to help vendors select        **
REM044 ** their initial rate files. Verify with Practitioner/Site      **
REM045 **  16 - 17 Specialty 1/5 X(2)   Fee Item used by Specialty     **
REM046 **           Code                xx, can have five assigned.    **
```

```
REM047 **                                - 'blank' No restriction      **
REM048 **                                                              **
REM049 **  18 - 19 Specialty 2/5 X(2)    Fee Item used by Specialty    **
REM050 **           Code                 xx, can have five assigned.   **
REM051 **                                - 'blank' No restriction      **
REM052 **                                                              **
REM053 **  20 - 21 Specialty 3/5 X(2)    Fee Item used by Specialty    **
REM054 **           Code                 xx, can have five assigned.   **
REM055 **                                - 'blank' No restriction      **
REM056 **                                                              **
REM057 **  22 - 23 Specialty 4/5 X(2)    Fee Item used by Specialty    **
REM058 **           Code                 xx, can have five assigned.   **
REM059 **                                - 'blank' No restriction      **
REM060 **                                                              **
REM061 **  24 - 25 Specialty 5/5 X(2)    Fee Item used by Specialty    **
REM062 **           Code                 xx, can have five assigned.   **
REM063 **                                - 'blank' No restriction      **
REM064 **                                                              **
REM065 **                                                              **
REM066 **  26 - 26 Time Dependency X(1)  Future flag to indicate if    **
REM067 **    MSP is unable to provide    submission of Time field(s)   **
REM068 **    accurate data to vendors    on the claim is required.     **
REM069 **    at this time.                - 'T' for time required      **
REM070 **                                 - 'blank' for not req'd      **
REM071 **                                 - '*' FUTURE INFORMATION ITEM**
REM072 **                                                              **
REM073 **                                                              **
REM074 **  27 - 76 Fee Item       X(50)  Fee Item Title Description    **
REM075 **           Description          This is a Title description   **
REM076 **                                                              **
REM077 **
REM078 **  77 - 77 Service -      X(1)   Notes Service Clarification   **
REM079 **           Clarification Flag   Flag needed for Fee Item      **
REM080 **          (Flag not used at     as follows.                   **
REM081 **           this time).           - 'Y' Service Clarification  **
REM082 **                                 - 'blank' not required       **
REM083 **                                 - '*' FUTURE INFORMATION ITEM**
REM084 **                                                              **
REM085 **  78 - 78 Restriction    X(1)   Fee Item is restricted        **
REM086 **           Flag                 as follows.                   **
REM087 **          (Flag not used at      - 'G' Gender Restriction     **
REM088 **           this time).           - 'blank' not required       **
REM089 **                                 - '*' FUTURE INFORMATION ITEM**
REM090 **                                                              **
REM091 **  79 - 80 BCMA Status    X(2)   BCMA's status of Fee Item     **
REM092 **           Flag                                               **
REM093 **           MSP unable to        - '**' FUTURE INFORMATION ITEM**
REM094 **           provide this area.                                 **
REM095 **          (Future for this                                    **
REM096 **           field is filler).                                  **
REM097 **                                                              **
REM098 **
REM099 **  81 - 100 FILLER        X(20)  Future Use area               **
REM100 **                                                              **
```

```
REM101 **          END OF RECORD LAYOUT FORMAT                          **
REM102 ***************************************************************
REM103 *  SPECIALTY CODE Descriptions follow                            *
REM104 ***************************************************************
REM105 *SPECIALTY                For Vendors Selection purposes only   *
REM106 *CODE DESCRIPTION     MEDICAL SERVICES PLAN                      *
REM107 *-----*-----------------------------------------------------------*
REM108 Blank Specialty can normally be billed by various specialties
REM109  00   FAMILY MEDICINE
REM110  01   DERMATOLOGY
REM111  02   NEUROLOGY
REM112  03   PSYCHIATRY
REM113  05   OBSTETRICS & GYNAECOLOGY
REM114  06   OPHTHALMOLOGY
REM115  07   OTOLARYNGOLOGY
REM116  08   GENERAL SURGERY
REM117  09   NEUROSURGERY
REM118  10   ORTHOPAEDICS
REM119  11   PLASTIC SURGERY
REM120  12   CARDIAC SURGERY
REM121  13   UROLOGY
REM122  14   PAEDIATRICS
REM123  15   INTERNAL MEDICINE
REM124  16   RADIOLOGY
REM125  17   LABORATORY MEDICINE
REM126  18   ANAESTHESIA
REM127  19   PAEDIATRIC CARDIOLOGY
REM128  20   PHYSICAL MEDICINE AND REHABILITATION
REM129  21   PUBLIC HEALTH (COMMUNITY MEDICINE)
REM130  23   OCCUPATIONAL MEDICINE
REM131  24   GERIATRIC MEDICINE
REM132  26   CARDIOLOGY
REM133  28   EMERGENCY MEDICINE
REM134  29   MEDICAL MICROBIOLOGY
REM135  30   CHIROPRACTORS
REM136  31   NATUROPATHS
REM137  32   PHYSICAL THERAPY
REM138  33   NUCLEAR MEDICINE
REM139  34   OSTEOPATHY
REM141  37   ORAL SURGEONS
REM142  38   PODIATRISTS
REM143  39   OPTOMETRIST
REM144  40   DENTAL SURGEONS
REM145  41   ORAL MEDICINE
REM146  42   ORTHODONTISTS
REM147  43   MASSAGE PRACTITIONER
REM148  44   RHEUMATOLOGY
REM149  45   CLINICAL IMMUNIZATION AND ALLERGY
REM150  46   MEDICAL GENETICS
REM151  47   VASCULAR SURGERY
REM152  48   THORACIC SURGERY
REM153  49   RESPIROLOGY
REM154  50   FP - ANESTHESIA
REM155  51   ENDOCRINOLOGY
```

```
REM156  53   CRITICAL CARE MEDICINE
REM157  54   PAIN MEDICINE
REM158  56   GASTROENTEROLOGY
REM159  57   GENERAL INTERNAL MEDICINE
REM160  59   NEPHROLOGY
REM161  67   INFECTIOUS DISEASE
REM162  68   ACUPUNCTURE
REM163  74   HEMATOLOGY ONCOLOGY
REM164  75   PALLIATIVE MEDICINE
REM165  76   FP – EMERGENCY MEDICINE
REM167  78   RN - IN CERTIFIED PRACTICE
REM168  80   MIDWIVES OF BC
REM169  81   REGISTERED NURSE - PHCO ONLY
REM170  82   NUTRITIONIST/DIETICIAN - PHCO ONLY
REM171  83   COUNSELLOR/PSYCHOLOGIST - PHCO ONLY
REM172  84   EDUCATOR - PHCO ONLY
REM173  85   LICENSED PRACTICAL NURSE - PHCO ONLY
REM174  86   MEDICAL OFFICE ASSISTANCE - PHCO ONLY
REM175  87   NURSE PRACTITIONER
REM176  88   RESPIRATORY THERAPIST - PHCO ONLY
REM177  89   HOME SUPPORT - PHCO ONLY
REM178  91   PHARMACIST - PHCO ONLY
REM179  92   OCCUPATIONAL THERAPIST - PHCO ONLY
REM180  93   OTHER ALLIED HEALTH PROFESSIONAL - PHCO ONLY
REM181
00010000113700*          *INJECTION, INTRAMUSCULAR
****
00011000127700*          *INJECTION, INTRAVENOUS
****
00012000059500*          *INJECTION, VENEPUNCTURE
****
00013000160300*          *INJECTION, INTRA-ARTERIAL
****
```

4.1.2 International Clinical Diagnostic Codes ("ICD9") Format

This file contains the official ICD9 and special MSP codes and is available as a 3, 4, or 5 ICD9 codes and descriptions data file. The format is self-explanatory (a 5-character ICD9 code as known, a blank, and description). Format structure remarks are contained within the data file itself.

4.1.3 Explanatory Codes Report

This file is available as a TEXTUAL report with imbedded page skips. It is updated in the first week of each month as required. The first line contains the date and size last updated.

4.2 MOH CARECARD AND BC SERVICES CARD MAGNETIC STRIPE SPECIFICATIONS

The following pages are the detailed specifications of the encoded data elements on the MSP CareCard and of the MSP-related data elements on the BC Services Card. The CareCard and the BC Services Card are plastic cards given to all MSP beneficiaries and their dependents to provide evidence of enrolment in the MSP benefits program.

Those vendors who choose to use card reader devices or computer keyboards to capture data contained on these cards are solely responsible for the programs and testing required to enable the capture and use of the data. MSP does not make any recommendations or provide advice as to whether these devices meet or adhere to plastic card standards.

Beginning February 15, 2013, the BC Services Card will replace the BC CareCard and may be presented at health points of service as evidence of MSP enrolment. BC CareCards will no longer be issued after the introduction of the BC Services Card, but may continue to be presented at points of service.

The BC Services Card will be available in the following formats:

1. BC Services Card with a photo and combined with a BC Driver's Licence (Combined Card)
2. BC Services Card with a photo (Stand-Alone Photo Card)
3. BC Services Card without a photo (Non-Photo Card)

DATA LOCATIONS

Combined Card

1. Magnetic Stripe – Association of Motor Vehicle Administrators (AAMVA) standard, 3 track
2. 2D barcode – PDF417 encoding format, AAMVA standard
3. Electronic chip – included for future use

Stand-Alone Photo Card and Non-Photo Card

1. Magnetic Stripe – Ministry of Health standard, 2 track
2. 2D barcode – PDF417 encoding format, AAMVA standard
3. Electronic chip – included for future use

CareCard

1. Magnetic Stripe – Ministry of Health standard, 2 track

IMPORTANT: The Personal Health Number (PHN) location

- BCSC Photo Card, BCSC Non-photo Card and CareCard – PHN is on track 2 of the Magnetic Stripe
- Combined Card – PHN is on track 3 of the Magnetic Stripe
- Magnetic Stripe Card Readers with the capacity to read both track 2 and track 3 will be capable of accessing the PHN from the Magnetic Stripe on all the various card types
- The PHN is printed on the front of the BC CareCard
- The PHN will be printed on the back of all formats of the BC Services Card

4.2.1 Overview of Data Included in Magnetic Stripe

Data	Combined DL and BCSC	Standalone BCSC Photo and Non Photo
Name	Y	Y
Address	Y	N
City	Y	N
Province	Y	N
Postal Code	Y	N
Card #	Y	N
Card Expiry Date	Y	N
Birth Date	Y	Y
Gender	Y	N
Height	Y	N
Weight	Y	N
Hair Colour	Y	N
Eye Colour	Y	N
Personal Health Number (PHN)	Y	Y
MSP Expiry Date	N	Non Photo only
Issue Date	N	Y

Table 1 - Data Included in Magstripes by Card Type

The demographic data included within the magnetic stripe matches the data personalized on the front of the card with some fields truncated to fit within the available space.

4.2.2 Card Specifications – Combined Card

The following diagram in “Figure 1” shows the AAMVA Magstripe Track 1 mapped to the source card request data attributes provided by ICBC:

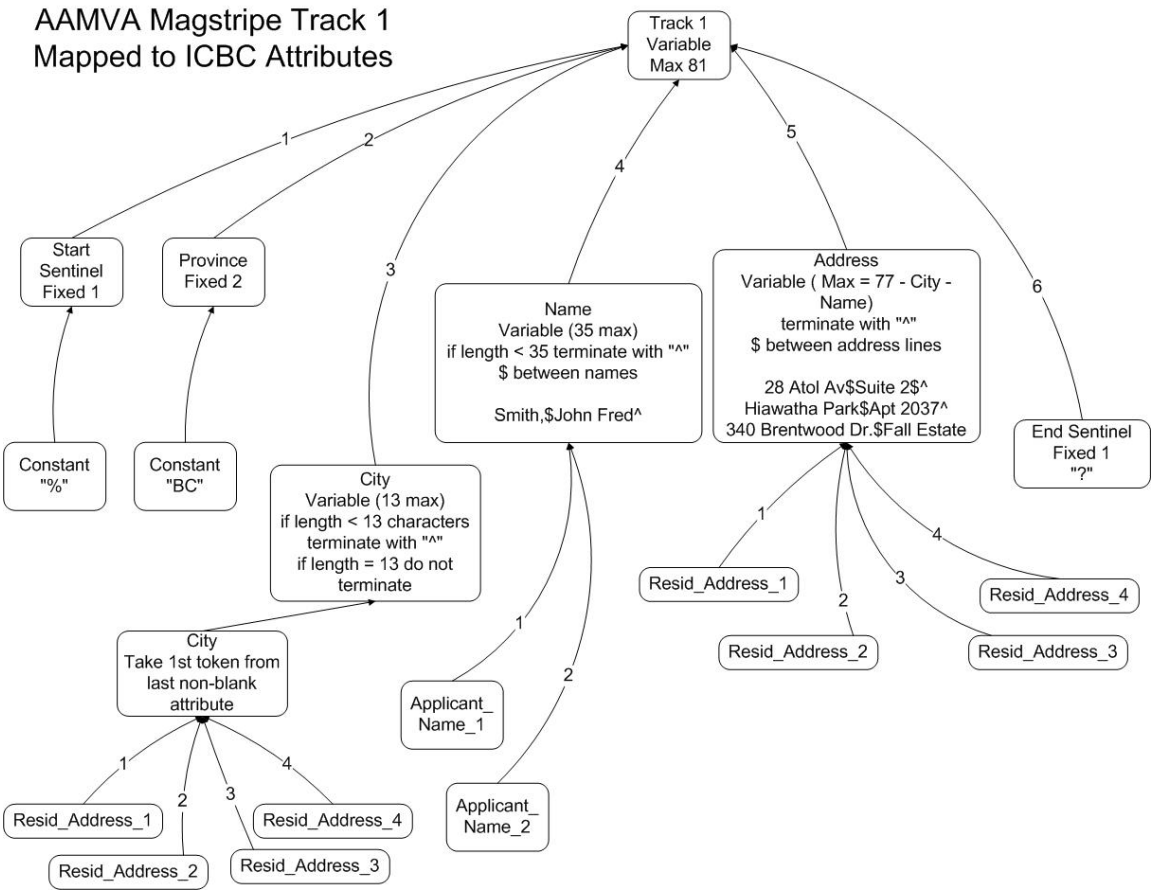


Figure 1 - AAMVA Magstripe Track 1 Mapped to ICBC Attributes

The fields for track 1 are further described in the following “Table 2”:

Field #	Length	Fixed or Variable	Req’d or Optional	Description
1	1	F	R	Constant “%”
2	2	F	R	Province “BC”
3	13	V	R	City. Up to 13 characters long. Terminated with “^” only if less than 13 characters in length.

Field #	Length	Fixed or Variable	Req'd or Optional	Description
4	35	V	R	Last name, "$" separator, given names. Terminated with "^" if length is less than 35 characters. For example: Smith, John Fred^ **Note**: Includes comma after last name (as shown in example).
5	29	V	R	Address with $ between address lines. Terminated with "^" if less than 29 characters. For example: 1. 28 Atol Av$Suite 2$^ 2. Hiawatha Park$Apt 2037^ 3. 340 Brentwood Dr.$Fall Estate **Notes**: ■ If equal to 29 characters, not terminated with "^" (as shown in example 3). ■ The length 29 refers to the whole string and includes separator characters. ■ There are 2 spaces before the postal code.
6	1	F	R	End sentinel "?". Available to card readers.
7	1	F	R	Longitudinal Redundancy Check (LRC) added by magstripe programming station. Typically consumed by card reader.

Table 2 – AAMVA Track 1 Implementation

AAMVA Magstripe Track 2 Mapped to ICBC Attributes

The following diagram in “Figure 2” shows the AAMVA Magstripe Track 2 mapped to the source card request data attributes provided by ICBC:

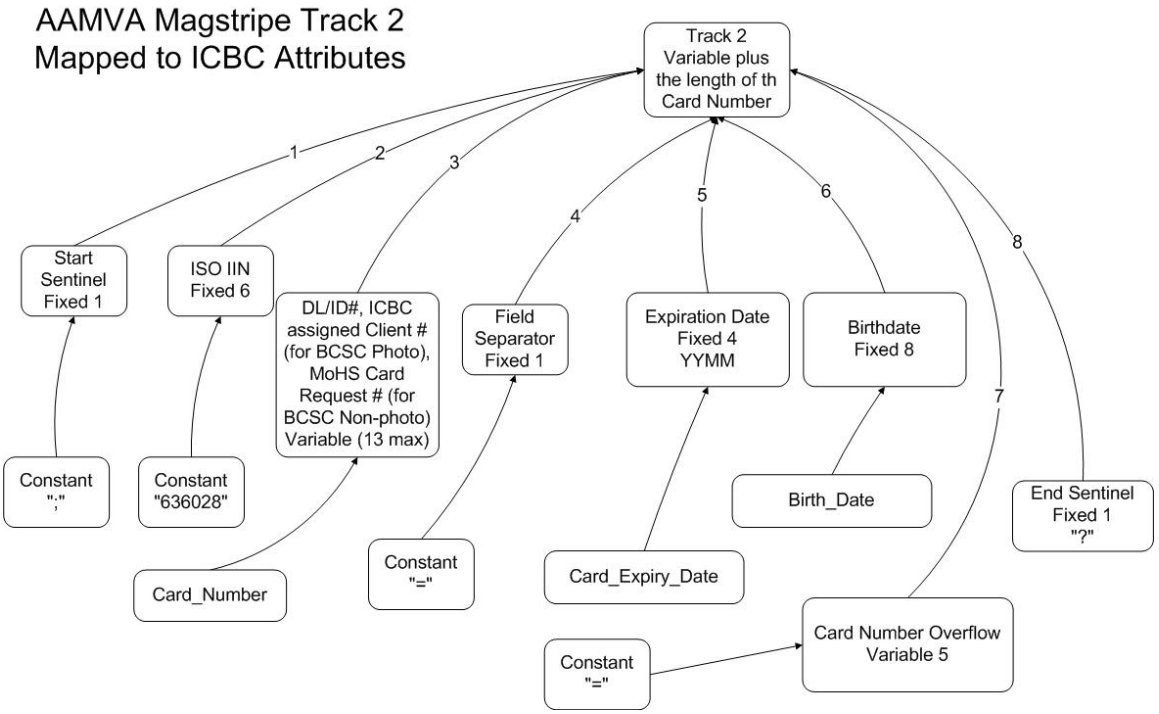


Figure 2 - AAMVA Magstripe Track 2 Mapped to ICBC Attributes

The fields for track 2 are further described in the following “Table 3”:

Field #	Length	Fixed or Variable	Req’d or Optional	Description
1	1	F	R	Constant “;”
2	6	F	R	ISO IIN assigned to Province of BC by AAMVA “636028”
3	13	V	R	DL (length 7), BCID Number (length 9), ICBC assigned Client Number (length 9) for BCSC Photo card, or MoHS Card Request Number for BCSC Non-photo card.
4	1	F	R	Field separator “=”

Field #	Length	Fixed or Variable	Req'd or Optional	Description
5	4	F	R	Card Expiry date with two digit year "YY" followed by two digit month "MM".
6	8	F	R	Birth date in the format CCYYMMDD
7	5	V	O	Card Number Overflow not used. Contains constant value "="
8	1	F	R	End sentinel "?". Available to card readers.
9	1	F	R	LRC added by magstripe programming station. Typically consumed by card reader.

Table 3 – AAMVA Track 2 Implementation

AAMVA Magstripe Track 3 Mapped to ICBC Attributes

The following diagram in “Figure 3” shows the AAMVA Magstripe Track 3 mapped to the source card request data attributes provided by ICBC:

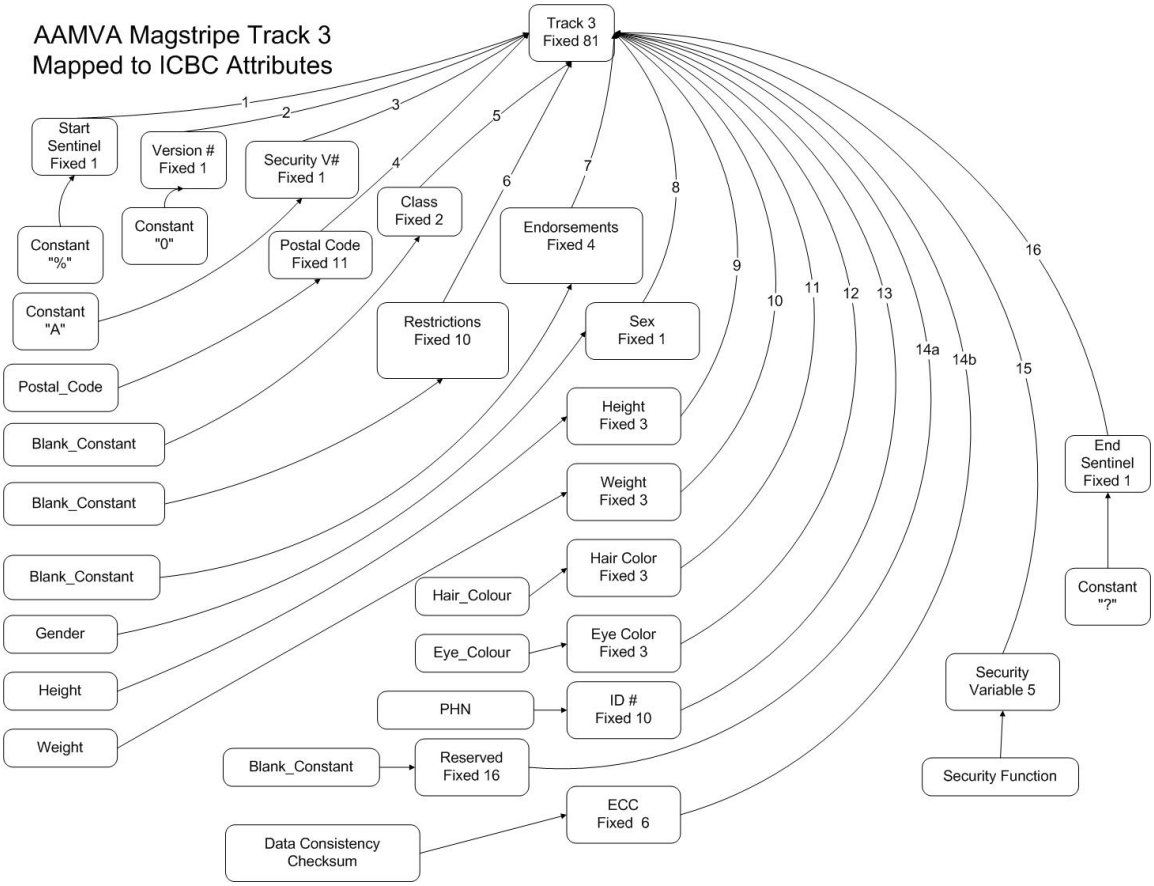


Figure 3 - AAMVA Magstripe Track 3 Mapped to ICBC Attributes

The fields for track 3 are further described in the following “Table 4”:

Field #	Length	Fixed or Variable	Req’d or Optional	Description
1	1	F	R	Constant “%” **Note:** Known to show up in some card readers as “#”.
2	1	F	R	Version # of “0”
3	1	F	R	Security Version #, constant “A”
4	11	F	R	Postal Code

Field #	Length	Fixed or Variable	Req'd or Optional	Description
5	2	F	O	Class – not used. Blanks supplied.
6	10	F	O	Restrictions. Not used, blanks supplied.
7	4	V	O	Endorsements. Not used, blanks supplied.
8	1	F	R	Sex: "M" or "F"
9	3	F	R	Height in cm
10	3	F	R	Weight in kg
11	3	F	R	Hair Colour
12	3	F	R	Eye Colour
13	10	F	O	PHN
14a	16	F	R	Blank constant for 16 characters.
14b	6	F	R	Error Control Code (ECC) data checksum value for 6 characters - previously assigned by card printer, now assigned externally.
15	5	V	R	Security Function **Note**: All 5 characters always used.
16	1	F	R	End sentinel of "?"
17	1	F	R	LRC added by magstripe programming station. Typically consumed by card reader.

Table 4 – AAMVA Track 3 Implementation

4.2.3 Card Specifications – Stand-Alone Photo Card, Non-Photo Card and CareCard

MoHS Magstripe Track 1 Mapped to MoHS Attributes

The following diagram in “Figure 4” shows the MoHS Magstripe Track 1 mapped to the card request attributes provided by ICBC:

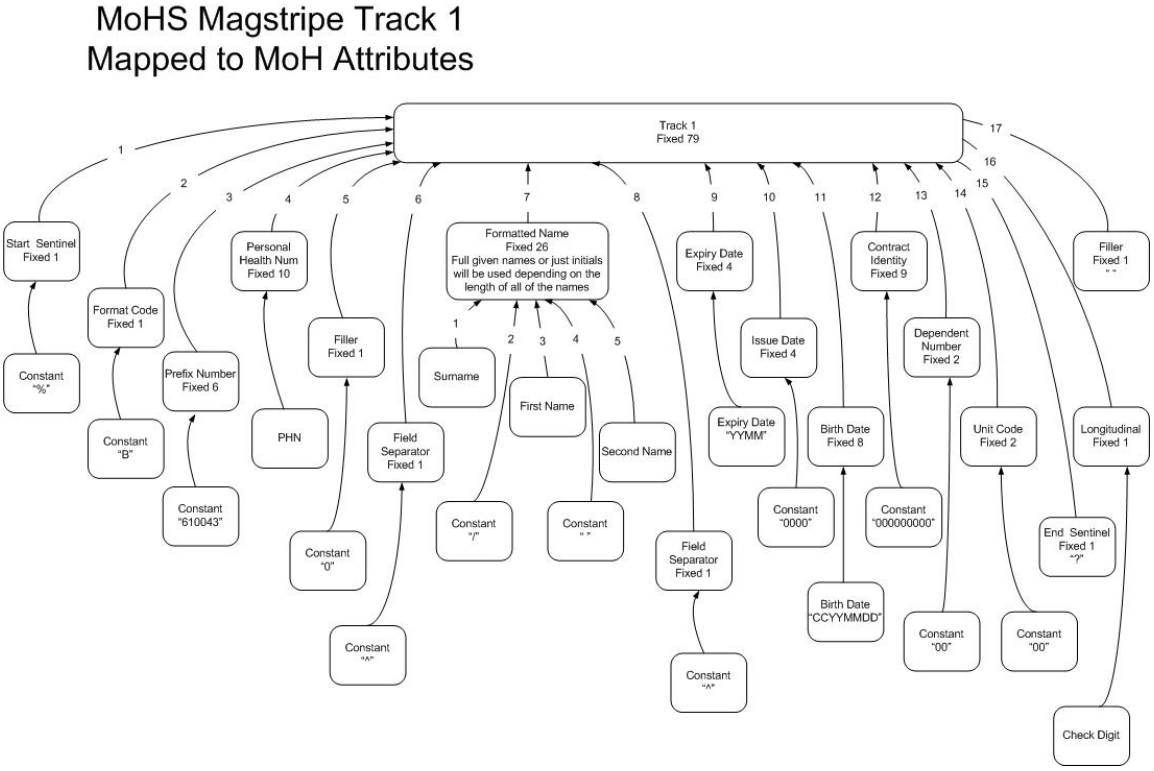


Figure 4 - MoHS Magstripe Track 1 Mapped to MoH Attributes

The fields for track 1 in the MoHS magnetic stripe are further described in the following “Table 5”:

Field #	Length	Req’d or Optional	Description
1	1	R	Start Sentinel Constant “%”
2	1	R	Format Code “B”
3	6	R	Issuer Identification Number “610043”.
4	10	R	PHN.
5	1	R	Filler “0”
6	1	R	Field Separator “^”

Field #	Length	Req'd or Optional	Description
7	26	R	Formatted Name with the following format: SURNAME "/" FIRST NAME " " SECOND NAME If field length > 26 characters, SECOND NAME is replaced with the first letter of the second name. If field length > 26 characters, Name is truncated to 26 characters. If field length is < 26 characters, Name is padded with spaces out to 26 characters.
8	1	R	Field Separator "^"
9	4	O	MSP Expiry Date, format "YYMM" (non-photo only) or null (0000)
10	4	R	Issue date. Format YYMM
11	8	R	Birth date. Format CCYYMMDD
12	9	O	Contract Identity – not used. Constant value "000000000"
13	2	O	Dependent Number – not used. Constant value "00"
14	2	O	Unit Code – not used. Constant value "00"
15	1	R	End sentinel "?". Available to card readers.
16	1	R	LRC added by magstripe programming station. Typically consumed by card reader.
17	1	O	Available filler. Not supplied or read.

Table 5 – MoHS Track 1 Implementation

The fields for track 1 in the MoHS magnetic stripe are all fixed length.

MoHS Magstripe Track 2 Mapped to MoHS Attributes

The following diagram in “Figure 5” shows the MoHS Magstripe Track 2 Mapped to MoHS Attributes:

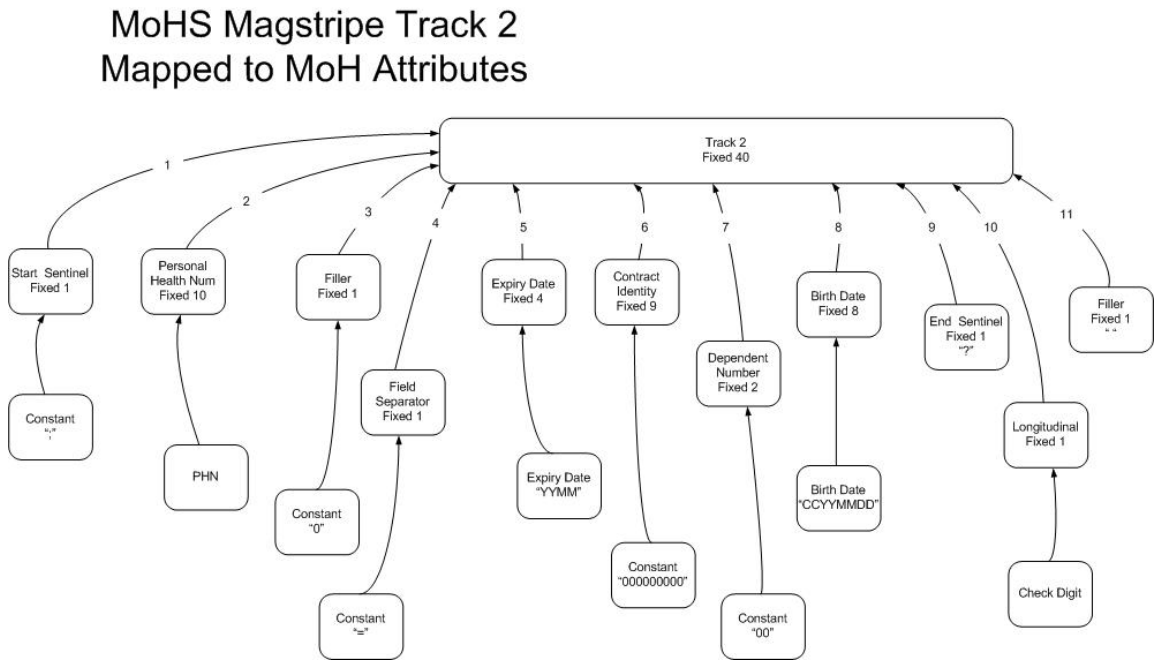


Figure 5 - MoHS Magstripe Track 2 Mapped to MoH Attributes

The fields for track 2 of the MoHS magnetic stripe are further described in the following “Table 6”:

Field #	Length	Req’d or Optional	Description
1	1	R	Start Sentinel Constant “;”
2	10	R	PHN
3	1	R	Filler – Constant “0”
4	1	R	Field Separator “=”
5	4	O	MSP Expiry Date, format “YYMM” (non-photo only) or null (0000)
6	9	R	Contract Identity – not used. Constant Value “000000000”
7	2	R	Dependent Number – not used. Constant Value “00”
8	8	R	Birth Date “CCYYMMDD”

Field #	Length	Req'd or Optional	Description
9	1	R	End sentinel "?". Available to card readers.
10	1	R	LRC added by magstripe programming station. Typically consumed by card reader.
11	2	O	Available filler. Not supplied or read.

Table 6 – MoHS Track 2 Implementation

The fields for track 2 in the MoHS magnetic stripe are all fixed length.

4.2.4 Card Specifications – 2D Barcode – Stand-Alone Photo Card, Non-Photo Card and Combined Card

At the bottom of the rear of the card, all of the cards are personalized with an unencrypted 2D barcode in the PDF417 encoding format. The data format and data fields for all of the cards, including the BC Services cards, match the Driver's Licence AAMVA specification magnetic stripe format defined in the "CARD SPECIFICATIONS – COMBINED CARD" section, except for Track 3, Field #1 which includes an underscore in the barcode, for example, Constant "_%"..

The following "Table 7" summarizes across card types the information contained in the 2D barcodes for the production implementation of the BC Driver's Licence, BC Identification and BC Services cards:

Data	Combo DL and BCSC	Standalone BCSC Photo and Non Photo
Name	Y	Y
Address	Y	Y
City	Y	Y
Province	Y	Y
Postal Code	Y	Y
Card #	Y	Y
Card Expiry Date	Y	Y
Birth Date	Y	Y
Gender	Y	Y
Height	Y	N
Weight	Y	N
Hair Colour	Y	N
Eye Colour	Y	N
PHN	Y	Y

Table 7 - Data Included in 2D Barcodes by Card Type

2D Barcode Data Format

The following "Table 8" describes each of the fields for the three AAMVA magstripe tracks that are appended together to make up the 2D barcode data.

Note: On all tracks, the Longitudinal Redundancy Check characters are excluded since they are actually added by the engraver. On Track 3, Field #1 includes an underscore.

Field #	Length	Fixed or Variable	Req'd or Optional	Description
Data fields from AAMVA Track 1				
1	1	F	R	Constant "%"
2	2	F	R	Province "BC"
3	13	V	R	City. Up to 13 characters long. Terminated with "^" only if less than 13 characters in length.
4	35	V	R	Last name, "$" separator, given names. Terminated with "^" if length is less than 35 characters. For example: Smith,$John Fred^ **Note**: Includes comma after last name (as shown in example).
5	29	V	R	Address with $ between address lines. Terminated with "^" if less than 29 characters. For example: 4. 28 Atol Av$Suite 2$^ 5. Hiawatha Park$Apt 2037^ 6. 340 Brentwood Dr.$Fall Estate **Notes**: ■ If equal to 29 characters, not terminated with "^" (as shown in example 3). ■ The length 29 refers to the whole string and includes separator characters. ■ There are 2 spaces before the postal code.

Field #	Length	Fixed or Variable	Req'd or Optional	Description
6	1	F	R	End sentinel "?". Available to card readers.
Data fields from AAMVA Track 2				
1	1	F	R	Constant ";"
2	6	F	R	ISO IIN assigned to Province of BC by AAMVA "636028"
3	13	V	R	DL (length 7), BCID Number (length 9), or ICBC assigned Client Number (length 9) for BCSC Photo card, or MoHS Card Request Number for BCSC Non-photo card.
4	1	F	R	Field separator "="
5	4	F	R	Card Expiry date with two digit year "YY" followed by two digit month "MM".
6	8	F	R	Birth date in the format CCYYMMDD
7	5	V	O	Card Number Overflow not used. Contains constant value "="
8	1	F	R	End sentinel "?". Available to card readers.
Data fields from AAMVA Track 3				
1	2	F	R	Constant "_%"
2	1	F	R	Version # of "0"
3	1	F	R	Security Version #, constant "A"
4	11	F	R	Postal Code
5	2	F	O	Class – not used. Blanks supplied.
6	10	F	O	Restrictions. Not used, blanks supplied.

Field #	Length	Fixed or Variable	Req'd or Optional	Description
7	4	V	O	Endorsements. Not used, blanks supplied.
8	1	F	R	Sex: "M" or "F"
9	3	F	R	Height in cm
10	3	F	R	Weight in kg
11	3	F	R	Hair Colour
12	3	F	R	Eye Colour
13	10	F	O	PHN
14a	16	F	R	Blank constant for 16 characters.
14b	6	F	R	Error Control Code (ECC) data checksum value for 6 characters - previously assigned by card printer, now assigned externally.
15	5	V	R	Security Function
16	1	F	R	End sentinel of "?"

Table 8 - 2D Barcode Data Format from AAMVA Magstripe

CHAPTER 5

MISCELLANEOUS

5.1 MISCELLANEOUS

This section contains extracts of newsletters, hints, and potential changes of the MSP Claims Teleplan system.

5.1.1 History of Changes

- The original Teleplan record specifications were issued in March of 1988 and were officially called 'Version 1.00 SPECIFICATIONS July 1988'. They included the distribution of Teleplan/PC v1.00 (aka SIMPC) communication software from the family of SIMWARE products to access an IBM mainframe electronically from a DOS PC using a modem.
- The Patient Demographic Record specifications were issued February, 1989.
- The MSP Registration Number specifications for the Personal Health Number version were issued July, 1989. The first plastic BC CareCards followed.
- The ICBC number activation was effective October, 1990.
- Revised Batch Eligibility Records (B02/B12) specifications were issued October, 1990 to replace the original records (B01/B11) of 1988. The system was available in December, 1990 and—effective March, 1991—all vendors were to required to complete the changeover.
- The new Teleplan/PC software Version 2.00 (441C200P) was distributed commencing April 30, 1991.
- CareCards were distributed only with the patients' PHN starting April, 1991.
- A replacement Teleplan specification document Version 2.0 for June, 1991 was distributed July, 1991.
- The claims Outbound Record 'R00/R02/R03' field called 'P60 Filler' was renamed 'PREVIOUS-PAID-DATE' effective October, 1991.
- The claims Inbound Record 'C01' field called 'P28 PRE-AUTHORIZED-CODE' was renamed to 'P28 FILLER-PRE'. The default is zero and old values are accepted but not actioned after the date of implementation. Vendors were required to change over to default.
- Old Batch Eligibility records B01/B11 were discontinued.
- The Debit Request Record system was announced in 1993.
- MSP and ICBC developed a system to allow BCMA physicians to submit their claims for BC patients only via Teleplan, 1994.
- BC Pay Patient Claims for Opted Out Teleplan Submitters was added.
- Allowed electronic claims submissions for Physicians Opted Out in July, 1994.
- Allowed electronic claims submissions for Chiropractors Opted Out in January, 1996.
- Allowed electronic claims submissions for Naturopaths Opted Out in Spring, 1996.

- MSP and ICBC improve the system to allow Therapy Claims to have prior approval for BC patients only via Teleplan in 1996.
- Functionality for Work Safe BC (WSBC), previously known as Workers' Compensation Board of BC (WCB) claims for Teleplan submitters added
- Physicians allowed to submit claims beginning May 8, 1996.
- Supplementary Benefit practitioners were added the following year.
- MSP submission policy for claims revised from 180 to 90 days
- Effective October 1, 1996, all claims must be submitted within 90 days of service. Exceptions are specific and considered to be Overage, needing prior approval from MSP.
- BC Systems became the Information Technology Services Division of the Ministry of Finance in April, 1996.
    - All references in this document changed
- A new version of Teleplan/PC (3.2) was released in September, 1995, replacing all previous versions. It provided use of high-speed modems and access to the BC Provincial Network that replaced the Teleplan private network. It also provided direct control to the modem by a user and many other technical features requested by users and vendors.
    - Minor updates were incorporated including Simwares latest 711C code.
    - Distribution to the province was completed in December, 1996.
- A replacement Teleplan Record Specification document, Version 2.5, was made available in October, 1996, The replacement document incorporated announcements and changes since 1992.
- MSP and WSBC began to allow physicians to submit WSBC Form Fees directly to WSBC via Teleplan effective October 4, 1996.
- Effective October 1, 1996, claim field P22 Billed -Fee-Prefix was activated and renamed SERVICE-CLARIFICATION-CODE.
- Effective October 1, 1996, MSP commenced usage of full 5-character Fee Items.
- Effective October 1, 1996, the Personal Health Number is mandatory for claims.
- Effective April 1, 1997, MSP and WSBC allow EFORMS to be sent via Teleplan.
- Effective June 1, 1997, Opted-Out Physiotherapists are allowed to submit via Teleplan.
- Effective April 2, 1997, the Teleplan original DNET Network was retired. All sites moved to SPANDial.
- Effective January, 1998, minor modification of Documentation Issued (V2.6).
- Effective April 1, 1998, added new Location Codes.
- Effective April, 1998, opted-out specialties are allowed to submit via Teleplan.
- Effective June, 1998, Year 2000 specs (V3.0) issued. Record codes C01/C11/B02/X01/R_ series replaced by new series. New Vendor Control Submission and Control record series ('V__') introduced.
- Effective September, 1999, Primary Health Care Services and Encounters by authorized PHC sites, now called Population Based Funding (PBF), commenced submissions to MSP.

- Effective October, 2001, Teleplan Web V4.0 developed as the replacement for Teleplan DOS (v3.2). Vendors can have their clients access Teleplan Web using a Web Browser or a vendor-developed program (API). Internet access can be made via private ISP's modem, ADSL, or cable including limited service via SPANDial.
- Effective January, 2002, Teleplan Web v4.0 moved from pilot mode to full production access by all sites with a plan to migrate Teleplan DOS sites to Teleplan Web with vendors' cooperation.
- Effective February, 2004, volume claims limit per submission raised from 6,000 to 9,001 claims
- Effective October, 2004, revised specifications issued (V4.0)—modified for Teleplan4 Web and wording changes noted by vendors and staff.
- Effective October, 2004, the Title 'Teleplan' replaced all references except for prior medium software distribution to 'Teleplan/PC' or 'Teleplan-PC'. This was to acknowledge that only one medium exists for Teleplan so by default no distinction is required. (Original Teleplan had media of /PC or /Tape or /Remote Job Entry and separate unique specifications.)
- Effective October, 2004, the remaining Teleplan DOS sites (1,583 of 4,041) were to complete their migration to Teleplan4 Web by March 1, 2005. At that time, the family of NetManage (SIMPC) products was shut down. This closed the chapter of Teleplan DOS operation from June 1988–March 2005.
- Added new P40 SERVICE-LOCATION-CD values to C02 record specifications in October, 2007.
- Opened published "future use" fields INSURER-CODE-RESPONS and ICBC/WSBC-NUM to valid entry. Added valid codes to remittance record specifications in October, 2007.
- January 24, 2013 Teleplan Vendor Data Specification Change Summary. Please note the following:
    - Check Eligibility on the Teleplan Web Browser Screen and equivalent functions in the API is to be used for real-time Point of Service check only, not batch checks.
    - B04 batch eligibility: For multiple eligibility checks, use the Teleplan Batch Eligibility (B04) as part of the Claims Submission. This is the only approved method to determine eligibility for repeat clients and planned visits (e.g. physician or practice roster checks) and the preferred method for returning eligibility.
    - Submit claims daily instead of waiting to submit on close-off dates. This will eliminate the risk of not getting paid on the payment due date due to unforeseen system problems at the user's site and/or backend applications.
    - Review Expansion of Vendor Test Procedures for details regarding the kind of tests required for new vendors.
    - Check Eligibility is effective for Date of Eligibility up to the end of the month. It is not necessary to request again for the rest of the month once the Date of Eligibility is returned to the requestor.
    - Acceptable Use Policy: The Teleplan Check Eligibility function and equivalent function in the API is intended for real-time Point-of-Service checks only for unknown or previously unseen clients that have not scheduled visits in advance. Automated calls and batching of patients to check eligibility are NOT ALLOWED. Transaction utilization is continuously monitored. Automated, repeated or high volume jobs will not be processed (i.e. refused) and the transaction will be disabled for data centres and practices that do not conform to the Acceptable Use Policy.
    - Scheduled Service Outage has been revised
    - Recommendation on Teleplan Web logs not to be parsed for positional of return log messages. MSP can change return message text as required.

- April 1st, 2013 ICBC introduced second ICBC Claims Number format, and validation rules were updated (section 1.14.4 and 1.14.5)

- August 10, 2016 Teleplan Vendor Data Specification Change Summary for Change Specs Version 4.3 to 4.4. The following changes will be made:
  - Teleplan has been upgraded to OCIO compliance; therefore Teleplan user software may or may not require changes to access Teleplan as of September, 2016.
  - The Teleplan Application Program Interface (API) kit contains the new requirement. This can be requested from the Teleplan support centre.
  - A single Teleplan data centre must not submit more than 200,000 claims per payment cycle. This is to prevent problems in picking up remittances and incorrect calculation of payment for practitioners due to the large volume of data.
- September 30, 2020 Teleplan Vendor Data Specification Change Summary for Change Specs Version 4.4 to 4.5. The following changes will be made:
  - Teleplan has been upgraded to OCIO compliance; therefore Teleplan user software may or may not require changes to access Teleplan as of November, 2020.
  - The Teleplan Application Program Interface (API) kit has updates to document 06 Teleplan SSL and Protocol Information. This can be requested from the Teleplan support centre.
  - Added new P40 SERVICE-LOCATION-CD values – B, K, J, L, N, Q, U and W to Chapter 2 record specifications.
  - Added P24 PBF-PATIENT-REGISTRATION-STATUS-INDICATOR field – Y, N, O, R, D to Chapter 3, APPENDIX A and APPENDIX C1 specifications.
  - Switched the positions of the elements DATE-OF-REQUEST and SERVICE-VALID-DATE on pages 71 and 73 of Chapter 3 and on page 132 of Appendix A.
  - Changed the BC institution number to 0010000008 on page 52 of Chapter 2.
- November 10, 2020 Teleplan Vendor Data Specification Change Summary for Change Specs Version 4.5 to 4.6. The following changes will be made:
  - Added new P40 SERVICE-LOCATION-CD value – 'V' to Chapter 2 record specifications and a note to indicate that Service Location 'A' (Practitioner's Office – In Community) will be available until September 30, 2021.
  - Reverted back the positions of the elements DATE-OF-REQUEST and SERVICE-VALID-DATE on pages 71 and 73 of Chapter 3 and on page 132 of Appendix A.
- April 16, 2021 Teleplan Vendor Data Specifications Change Summary for Change Specs Version 4.6 to 4.7.

  The following changes will be made:
  - Per the changes in the Practitioner Payee Number Shortage (PPNS) project: Payee and Practitioner number descriptions changed in chapters 1, 2, 3 and Appendix C2 to reflect the change from only numeric to numeric or alphanumeric.
  - An overall review was completed and minor changes made to Chapter 1, 2, 3, 4 and Appendix C2 to update diagrams, screen captures, alphabetize lists and clarify wording.

5.2 NOTES

APPENDIX A

MSP DATA ELEMENTS SUMMARY

Record Layouts – See Chapters 2 and 3 for details.

1. Inbound Records to MSP Data Elements Summary List

1.1 Batch Eligibility Request (B04)

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
003	P00	REC-CODE-IN	3	X(3)	This field is to identify specific type of record 'B04'
008	P02	DATA-CENTRE-NUM	5	X(5)	Unique identifier of a submitting location
015	P04	DATA-CENTRE-SEQNUM	7	9(7)	A unique sequential number
020	P06	PAYEE-NUM	5	X(5)	Valid MSP payee number
030	P08	MSP-REGISTRATION	10	9(10)	Personal Health Number uses a modulus 11 check digit
032	P10	DEPENDENT-NUM	2	9(2)	Valid value required, 00-99
036	P12	NAME-VERIFY	4	X(4)	2 initials or initial and space, first 2 letters of name
044	P14	BIRTH-DATE	8	9(8)	Patient's Birth Date (CCYYMMDD)
052	P16	DATE-OF-SERVICE	8	9(8)	CCYYMMDD
053	P18	SEX	1	X(1)	Patient's sex
054	P20	PATIENT-STATUS	1	X(1)	Status of coverage
061	P22	OFFICE-FOLIO-NUMBER	7	9(7)	Office claim (Folio) number
080	P99	FILLER-B04-RCD	19	X(19)	**FUTURE USE**
		'B04' Element Count	13		
		Record Size Total	80		

1. Inbound Records to MSP Data Elements Summary List

1.2 MSP Claim Record Layout (C02)

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
003	P00	REC-CODE-IN	3	X(3)	This field identifies specific type of record ‘C02'
008	P02	DATA-CENTRE-NUM	5	X(5)	Unique identifier of submitting location
015	P04	DATA-CENTRE-SEQNUM	7	9(7)	A unique sequential number
020	P06	PAYEE-NUM	5	X(5)	Identifies the payee for this claim
025	P08	PRACTITIONER-NUM	5	X(5)	Identifies the practitioner who has provided the service
035	P14	MSP-REGISTRATION	10	9(10)	MSP registration number
039	P16	NAME-VERIFY	4	X(4)	2 initials or initial and space, first 2 characters of surname
041	P18	DEPENDENT-NUM	2	9(2)	Valid value required, 00 or 66 for BC
044	P20	BILLED-SRV-UNITS	3	9(3)	Must be numeric, equal to or greater than 001
046	P22	SERVICE-CLARIFICATION	2	X(2)	Fee Item Service Clarification Codes
048	P23	MSP-SERVICE-ANATOMICAL-AREA	2	X(2)	**FUTURE USE**
049	P24	AFTER-HOURS-SERVICE-INDICATOR	1	X(1)	Extra to consultation or other visit, or to procedure as per fee schedule
051	P25	NEW-PROGRAM-INDICATOR	2	X(2)	Identifies new service (such as Hepatitis C)
056	P26	BILLED-FEE-ITEM	5	X(5)	Valid MSP Fee for Service item
063	P27	BILLED-AMOUNT	7	9(5)V99	Valid Fee for Service Item value
064	P28	PAYMENT-MODE	1	X(1)	MSP Alternative Payment/PBF Options

1.2 MSP Claim record layout (C02) continued

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
072	P30	SERVICE-DATE	8	9(8)	Date service was performed (CCYYMMDD)
074	P32	SERVICE-TO-DAY	2	9(2)	To identify the last day of hospital service
075	P34	SUBMISSION-CODE	1	X(1)	This code identifies type of submission
076	P35	Expanded-submission	1	X(1)	**FUTURE USE**
081	P36	DIAGNOSTIC-CODE-1	5	X(5)	Mandatory field
086	P37	Diagnostic-Code-2	5	X(5)	Optional
091	P38	Diagnostic-Code-3	5	X(5)	Optional
106	P39	Diagnostic-Expand	15	X(15)	**FUTURE USE**
107	P40	SERVICE-LOCATION-CD	1	X(1)	To identify location of service
108	P41	REF-PRACT-1-CD	1	X(1)	Indicator that patient is referred BY
113	P42	REF-PRACT-1	5	X(5)	Zeros or valid practitioner's number
114	P44	REF-PRACT-2-CD	1	X(1)	Indicator that patient is referred BY
119	P46	REF-PRACT-2	5	X(5)	Zeros or valid practitioner's number
123	P47	TIME-CALL-RECD-SRV	4	9(4)	**FUTURE USE**
127	P48	SERVICE-TIME-START	4	9(4)	Required for emergency visit’s start time
131	P50	SERVICE-TIME-FINISH	4	9(4)	Rendered/finish service time
139	P52	BIRTH-DATE	8	9(8)	Birth date of unregistered newborn

1.2 MSP Claim Record Layout (C02) continued

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
146	P54	OFFICE-FOLIO-NUMBER	7	9(7)	Office Claim (Folio) Number
147	P56	CORRESPONDENCE-CODE	1	X(1)	Indicates correspondence supports this claim
167	P58	CLAIM-SHORT-COMMENT	20	X(20)	For short explanatory comment
168	P60	MVA-CLAIM-CODE	1	X(1)	Required to indicate if treatment was ICBC
176	P62	ICBC-CLAIM-NUM	8	X(8)	Required for all ICBC MSP claims
196	P64	ORIGINAL-MSP-FN	20	X(20)	Used when this claim relates to a previously-submitted claim
201	P70	FACILITY-NUM	5	X(5)	Main Facility Number, assigned by MSP
206	P72	FACILITY-SUB-NUM	5	X(5)	Sub-Facility Number, assigned by MSP
264	P80	FILLER-CLAIM-C02-RCD	58	X(58)	**FUTURE USE**
266	P100	OIN-INSURER-CODE	2	X(2)	The Insurer with which a patient has service (OOP, Pay Patient)
278	P102	OIN-REGISTRATION	12	X(12)	Registration number of OIN patients
286	P104	OIN-BIRTHDATE	8	9(8)	Birth date of patient receiving service
298	P106	OIN-FIRST-NAME	12	X(12)	Full patient first name
299	P108	OIN-SECOND-NAME	1	X(1)	Second name initial only
317	P110	OIN-SURNAME	18	X(18)	Full patient surname
318	P112	OIN-SEX-CODE	1	X(1)	M or F
343	P114	OIN-ADDRESS-1 or WSBC DATE-OF-INJURY (8)	25	X(25)	Patient's Home Address, line 1 >WSBC's claim's date of injury (CCYYMMDD), followed by blanks

1.2 MSP Claim Detail Record Layout (C02) continued

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
368	P116	OIN-ADDRESS-2 or WSBC-AREA-OF-INJURY (5) and the ANATOMICAL-POSITION (2)	25	X(25)	Patient's Home Address, line 2 >WSBC provides table values; Area of Injury code is 'XXXXX', then Anatomical Position code is 'XX' followed by blanks, example: '00110RP '
393	P118	OIN-ADDRESS-3 or WSBC-NATURE-OF-INJURY (5)	25	X(25)	Patient's Home Address, line 3 >WSBC provides table values; Nature of Injury code 'XXXXX'
418	P120	OIN-ADDRESS-4 or WSBC-CLAIM-NUMBER (8)	25	X(25)	Patient's Home Address, line 4 >WSBC Claim Number normally NNNNNNNN, no check digit
424	P122	OIN-POSTAL-CODE	6	X(6)	Patient's Home Address's postal code
		'C02' ELEMENT COUNT	54		
		RECORD SIZE TOTAL	424		

1. Inbound Records to MSP Data Elements Summary List

1.3 MSP Note Record layout (N01)

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
025	P01	NOTE-BASIC-IN	25	X(25)	The first 25 characters of this Note
026	P20	NOTE-DATA-TYPE	1	X(1)	Classification of note types
426	P22	NOTE-DATA-LINE or WSBC-NOTE-DATA-LINE (400) or PBF-NOTE-DATA-LINE (400)	400	x(400)	To allow narrative or structured comments >Contact WSBC for SPECIFICATIONS details – see Appendix 'B' >Contact PBF for SPECIFICATIONS details – see Appendix 'C'
		'N01' ELEMENT COUNT:	3		
		RECORD SIZE TOTAL	426		

1. Inbound Records to MSP Data Elements Summary List

1.4 Vendor Submission Identification Record (VS1)

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
003	P01	RECORD-CODE	3	X(3)	Mandatory-Always Vendor Submission Identification Record, 'VS1'
008	P02	DATA-CENTRE-NUMBER	5	X(5)	Mandatory-Site Teleplan Data centre number, MSP assigned
015	P03	DATA-CENTRE-SEQUENCE	7	9(7)	Mandatory-Data Centre Submission Seq. #, normal MSP rules
020	P04	VENDORS-MSP-DC-NUMBR	5	X(5)	Mandatory-Vendor's Assigned Data Centre Number by MSP
045	P05	VENDORS-SOFTWARE-NAME	25	X(25)	Mandatory-Software Name
055	P06	VENDORS-SOFTWARE-VERSION	10	X(10)	Mandatory-Software Version Number/release
063	P07	VENDORS-SOFTWARE-INSTALLED-DATE	8	9(8)	Mandatory-CCYYMMDD
103	P08	VENDORS-COMPANY-NAME	40	X(40)	Mandatory-Company Name registered with MSP
118	P09	VENDOR-CONTACT	15	X(15)	Mandatory-Contact Phone number, AC-113-4567
143	P10	VENDOR-CONTACT-NAME	25	X(25)	Contact Name
200	P100	FILLER	57	X(57)	**FUTURE USE**
		'VS1' ELEMENT COUNT	11		
		RECORD SIZE TOTAL	200		

2. Outbound Records from MSP Data Elements Summary List

2.1 Batch Eligibility Request Reply (B14)

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
003	P00	REC-CODE-OUT	3	X(3)	Type of record returned to data centre, 'B14'
008	P02	DATA-CENTRE-NUM	5	X(5)	Original Data Centre that requested eligibility check
015	P04	DATA-CENTRE-SEQNUM	7	9(7)	Original sequence number of eligibility request
019	P06	NAME-VERIFY	4	X(4)	2 initials or initial and space, first 2 letters of surname
027	P08	DATE-OF-REQUEST	8	9(8)	Pre-authorization from date
030	P10	STATUS-COVERAGE	3	X(3)	Code related to response of request
038	P12	SERVICE-VALID-DATE	8	9(8)	Date to which the service is valid
078	P14	COVERAGE-REPLY-TXT	40	X(40)	A narrative coverage reply
079	P16	PATIENTS-STATUS	1	X(1)	Original Patient-Status-Request code
103	P18	PATIENTS-STATUS	24	X(24)	A narrative Patient Status Request
108	P20	PAYEE-NUM	5	X(5)	Original MSP payee number on request
115	P22	OFFICE-FOLIO-NUMBER	7	9(7)	Office claim (Folio) number
116	P24	PBF-PATIENT-REGISTRATION-STATUS-INDICATOR	1	X(1)	Patient Registration Status
136	P26	FILLER	20	X(20)	Future changes (blank filled)
		'B14' ELEMENT COUNT	14		
		RECORD SIZE TOTAL	136		

2. Outbound Records from MSP Data Elements Summary List

2.2 Claims Refusal Record (C12) (Daily)

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
003	P00	REC-CODE-OUT	3	X(3)	Type of record sent to Data Centre, 'C12'
008	P02	DATA-CENTRE-NUM	5	X(5)	Data centre number this claim refusal sent to
015	P04	DATA-CENTRE-SEQNUM	7	9(7)	Sequence number on original claim
020	P06	PAYEE-NUM	5	X(5)	Payee number on original claim
025	P08	PRACTITIONER-NUM	5	X(5)	Practitioner number on original claim
027	P10	EXPLANATORY-CODE-1	2	X(2)	See MSP Explanatory Codes List
029	P12	EXPLANATORY-CODE-2	2	X(2)	See MSP Explanatory Codes List
031	P14	EXPLANATORY-CODE-3	2	X(2)	See MSP Explanatory Codes List
033	P16	EXPLANATORY-CODE-4	2	X(2)	** **FUTURE USE****
035	P18	EXPLANATORY-CODE-5	2	X(2)	** **FUTURE USE** **
037	P20	EXPLANATORY-CODE-6	2	X(2)	** **FUTURE USE** **
039	P22	EXPLANATORY-CODE-7	2	X(2)	** **FUTURE USE** **
046	P24	OFFICE-FOLIO-NUMBER	7	9(7)	Office claim (Folio) number
070	P90	FILLER	24	X(24)	** **FUTURE USE** **
		'C12' ELEMENT COUNT	14		
		RECORD SIZE TOTAL	70		

2. Outbound Records from MSP Data Elements Summary List

2.3 Data Centre Message Record 'M01'

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
003	P00	REC-CODE-OUT	3	X(3)	Type of record to data centre, 'M01'
008	P02	DATA-CENTRE-NUM	5	X(5)	Data Centre for which this message is intended
012	P04	FILLER	4	9(4)	Always zeros
362	P06	MESSAGE-TEXT	350	X(350)	Free format text of message or see PBF (C1)
376	P08	FILLER	14	X(14)	** **FUTURE USE** **
		'M01' ELEMENT COUNT	5		
		RECORD SIZE TOTAL	376		

2. Outbound Records from MSP Data Elements Summary List

2.4 Patient Demographic Record-PHN (X02)

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
003	P00	RECORD-TYPE	3	X(3)	Always 'X02', denotes a Patient Demographic Record (PDR)
008	P02	DATA-CENTRE	5	X(5)	Data centre to receive PDR
009	P04	SUMMARY-CODE	1	9(1)	Always '1', denotes detail
010	P06	DATA-CENTRE	1	X(1)	Data centre requested code 'R'
015	P08	SEARCH-PAYEE	5	X(5)	Payee number requested in search
020	P10	PRACTITIONER	5	X(5)	Practitioner who requested the search
030	P12	FILLER	10	X(10)	**FUTURE USE**
032	P14	DEPENDENT-NUMBER	2	9(2)	Patient's MSP dependent number
050	P16	SURNAME	18	X(18)	Patient's last registered name
062	P18	FIRST-NAME	12	X(12)	Patient's first name or initial
074	P20	SECOND-NAME	12	X(12)	Patient's second name or initial
082	P22	BIRTH-DATE	8	9(8)	Patient's birth date (CCYYMMDD)
090	P24	SERVICE-DATE	8	9(8)	Patient's latest claim service (CCYYMMDD)
100	P26	XREF-PHN	10	9(10)	Personal health number for patient
101	P28	XREF-INDEX	1	X(1)	'I' - Claim submitted with MSP CSS number

2.4 Patient Demographic Record-PHN (X02) continued

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
109	P30	INTERNAL-MSP	8	9(8)	Date processed - internal
128	P32	FILLER-X02	19	X(19)	**FUTURE USE**
		'X02' ELEMENT COUNT	17		
		RECORD SIZE TOTAL	128		

2. Outbound Records from MSP Data Elements Summary List

2.5 Remittance Partial Detail Record "Paid as Billed" (S01)

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
003	P00	REC-CODE-OUT	3	X(3)	Type of record to Data Centre, 'S01'
008	P02	DATA-CENTRE-NUM	5	X(5)	Data centre this claim came from
015	P04	DATA-CENTRE-SEQNUM	7	9(7)	Sequence number on original claim
023	P06	PAYMENT-DATE	8	9(8)	Date of the remittance statement
024	P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of detail
029	P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the claim
035	P12	MSP-INTERNAL	6	9(6)	MSP Internal Control Number
040	P14	PRACTITIONER-NUMBR	5	X(5)	Practitioner number under which the claims were billed
042	P16	ADJUSTMENT-CODE-1	2	X(2)	Indicates payment adjustment code
049	P18	ADJUSTMENT-AMT-1	7	S9(5)V99	Amount adjusted for code above
051	P20	ADJUSTMENT-CODE-2	2	X(2)	Indicates if payment was adjusted
058	P22	ADJUSTMENT-AMT-2	7	S9(5)V99	Amount adjusted for code above
060	P24	ADJUSTMENT-CODE-3	2	X(2)	Indicates if payment was adjusted
067	P26	ADJUSTMENT-AMT-3	7	S9(5)V99	Amount adjusted for code above
069	P28	ADJUSTMENT-CODE-4	2	X(2)	Indicates if payment was adjusted
076	P30	ADJUSTMENT-AMT-4	7	S9(5)V99	Amount adjusted for code above

2.5 Remittance Partial Detail Record “Paid as Billed” (S01) continued

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
078	P32	ADJUSTMENT-CODE-5	2	X(2)	Indicates if payment was adjusted
085	P34	ADJUSTMENT-AMT-5	7	S9(5)V99	Amount adjusted for code above
087	P36	ADJUSTMENT-CODE-6	2	X(2)	Indicates if payment was adjusted
094	P38	ADJUSTMENT-AMT-6	7	S9(5)V99	Amount adjusted for code above
096	P40	ADJUSTMENT-CODE-7	2	X(2)	Indicates if payment was adjusted
103	P42	ADJUSTMENT-AMT-7	7	S9(5)V99	Amount adjusted for code above
110	P50	OFFICE-FOLIO-CLAIM-NUM	7	9(7)	Office claim (Folio) number
117	P52	PAID-AMOUNT	7	S9(5)V99	Amount being paid
125	P54	MSP-RCD-DATE	8	9(8)	Date MSP received original claim
127	P56	Denotes requested payment was paid	2	X(2)	**FUTURE USE**
135	P96	ICBC/WSBC-NUM	8	X(8)	ICBC or WSBC claim number
137	P97	INSURER-CODE-RESPONS	2	X(2)	Insurer Code Responsible
166	P99	FILLER	29	X(29)	**FUTURE USE**
		'S01' ELEMENT COUNT	29		
		RECORD SIZE TOTAL	166		

2. Outbound Records from MSP Data Elements Summary List

2.6 Remittance Full Detail Records (S00/S02/S03)

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
003	P00	REC-CODE-OUT	3	X(3)	Type of Record to Data Centre, 'S00/S02/S03'
008	P02	DATA-CENTRE-NUM	5	X(5)	Original Data Centre this claim came from
015	P04	DATA-CENTRE-SEQNUM	7	9(7)	Sequence number on original claim
023	P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement
024	P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of detail claim
029	P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the record
035	P12	MSP-INTERNAL	6	9(6)	MSP Internal Control Number
040	P14	PRACTITIONER-NUMBR	5	X(5)	Practitioner number under which the claims were billed
048	P16	MSP-RECD-DATE	8	9(8)	Date that MSP received claim (CCYYMMDD)
050	P18	INITIALS	2	X(2)	Initials of the patient
068	P20	SURNAME	18	X(18)	Surname of the patient
078	P22	MSP-REGISTRATION	10	9(10)	MSP Registration Number
080	P24	DEPENDENT-NUMBER	2	9(2)	Dependent number 00 or 66
088	P26	SERVICE-DATE	8	9(8)	Claim date of service (CCYYMMDD)
090	P28	TO-DAY	2	9(2)	Date of Service 'to' day, if present
093	P30	BILLED-NUMBER-OF-SRVCS	3	S9(3)	Billed number of services from the original claim record
095	P32	BILLED-SERVICE-SCC	2	X(2)	Fee Item Service Clarification Code

2.6 Remittance Full Detail records (S00/S02/S03) continued

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
100	P34	BILLED-FEE-SCHEDULE	5	X(5)	Billed Fee Schedule item from the original claim record
107	P36	BILLED-AMOUNT	7	S9(5)V99	Billed amount from the original claim
110	P38	PAID-NUMBER-OF-SRVCS	3	S9(3)	Number of services being paid
112	P40	PAID-SERVICE-SCC	2	X(2)	Fee Item Service Clarification Code
117	P42	PAID-FEE-SCHEDULE-ITEM	5	X(5)	Fee Schedule item that is being paid
124	P44	PAID-AMOUNT	7	S9(5)V99	Amount being paid
131	P46	OFFICE-FOLIO-CLAIM-NUM	7	9(7)	Office claim (Folio) number
133	P48	EXPLANATORY-CODE-1	2	X(2)	See MSP Explanatory codes
135	P50	EXPLANATORY-CODE-2	2	X(2)	See MSP Explanatory codes
137	P52	EXPLANATORY-CODE-3	2	X(2)	See MSP Explanatory codes
139	P53	EXPLANATORY-CODE-4	2	X(2)	**FUTURE USE**
141	P54	EXPLANATORY-CODE-5	2	X(2)	**FUTURE USE**
143	P55	EXPLANATORY-CODE-6	2	X(2)	**FUTURE USE**
145	P56	EXPLANATORY-CODE-7	2	X(2)	**FUTURE USE**
147	P60	ADJUSTMENT-CODE-1	2	X(2)	Indicates payment adjustment code
154	P61	ADJUSTMENT-AMT-1	7	S9(5)V99	Amount adjusted for code above
156	P62	ADJUSTMENT-CODE-2	2	X(2)	Indicates if payment was adjusted

2.6 Remittance Full Detail Records (S00/S02/S03) continued

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
163	P63	ADJUSTMENT-AMT-2	7	S9(5)V99	Amount adjusted for code above
165	P64	ADJUSTMENT-CODE-3	2	X(2)	Indicates if payment was adjusted
172	P65	ADJUSTMENT-AMT-3	7	S9(5)V99	Amount adjusted for code above
174	P66	ADJUSTMENT-CODE-4	2	X(2)	Indicates if payment was adjusted
181	P67	ADJUSTMENT-AMT-4	7	S9(5)V99	Amount adjusted for code above
183	P68	ADJUSTMENT-CODE-5	2	X(2)	Indicates if payment was adjusted
190	P69	ADJUSTMENT-AMT-5	7	S9(5)V99	Amount adjusted for code above
192	P70	ADJUSTMENT-CODE-6	2	X(2)	Indicates if payment was adjusted
199	P71	ADJUSTMENT-AMT-6	7	S9(5)V99	Amount adjusted for code above
201	P72	ADJUSTMENT-CODE-7	2	X(2)	Indicates if payment was adjusted
208	P73	ADJUSTMENT-AMT-7	7	S9(5)V99	Amount adjusted for code above
218	P85	PLAN-REFERENCE-NUM	10	9(10)	An MSP generated reference number
219	P90	CLAIM-SOURCE-CODE	1	X(1)	This field is to identify the source media
227	P92	PREVIOUS-PAID-DATE	8	9(8)	The date that this refused claim was paid
229	P94	INSURER-CODE-RESPONS	2	X(2)	Insurer Code Responsible
237	P96	ICBC/WSBC-NUM	8	X(8)	ICBC or WSBC claim number
268	P99	FILLER	31	X(31)	FILLER

'S00/S02/S03' ELEMENT COUNT	51
RECORD SIZE TOTAL	268

2. Outbound Records from MSP Data Elements Summary List

2.7 Remittance Partial Detail Record "In Hold Process" (S04)

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
003	P00	REC-CODE-OUT	3	X(3)	Type of record to Data Centre, 'S04'
008	P02	DATA-CENTRE-NUM	5	X(5)	Original Data Centre
015	P04	DATA-CENTRE-SEQNUM	7	9(7)	Original claim sequence number
023	P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement
024	P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of detail
029	P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the record
035	P12	MSP-INTERNAL	6	9(6)	MSP Internal Control Number
040	P14	PRACTITIONER-NUMBER	5	X(5)	Practitioner number under which the claims were billed
048	P16	MSP-RCD-DATE	8	9(8)	Date MSP received claims (CCYYMMDD)
055	P18	OFFICE-FOLIO	7	9(7)	Office claim (Folio) number
057	P20	EXPLANATORY-CODE-1	2	X(2)	See MSP Explanatory Codes
059	P22	EXPLANATORY-CODE-2	2	X(2)	See MSP Explanatory Codes
061	P24	EXPLANATORY-CODE-3	2	X(2)	See MSP Explanatory Codes
063	P26	EXPLANATORY-CODE-4	2	X(2)	**FUTURE USE**
065	P28	EXPLANATORY-CODE-5	2	X(2)	**FUTURE USE**

2.7 Remittance Partial Detail Record (S04) continued

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
067	P30	EXPLANATORY-CODE-6	2	X(2)	**FUTURE USE**
069	P32	EXPLANATORY-CODE-7	2	X(2)	**FUTURE USE**
077	P40	ICBC/WSBC-NUM	8	X(8)	ICBC or WSBC claim number
079	P41	INSURER-CODE-RESPONS	2	X(2)	Insurer Code Responsible
166	P90	FILLER	87	X(87)	Always blanks
		'S04' ELEMENT COUNT	20		
		RECORD SIZE TOTAL	166		

2. Outbound Records from MSP Data Elements Summary List

2.8 Remittance Payee Payment Summary Record (S21)

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
003	P00	REC-CODE-OUT	3	X(3)	Type of record to Data Centre, 'S21'
008	P02	DATA-CENTRE-NUM	5	X(5)	Data centre number
015	P04	DATA-CENTRE-SEQNUM	7	9(7)	Generated by MSP
023	P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement
024	P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of record
029	P10	PAYEE-NUMBER	5	X(5)	Payee (payment) number associated with the record
035	P12	MSP-INTERNAL	6	9(6)	MSP Internal Control Number
060	P14	PAYEE-NAME	25	X(25)	Name in which payment was made
069	P16	AMOUNT-BILLED	9	S9(7)V99	Total amount billed by the payee
078	P18	AMOUNT-PAID	9	S9(7)V99	Total amount paid to the payee
087	P20	BALANCE-FORWARD	9	S9(7)V99	Opening Balance from previous statement
096	P22	CHEQUE-AMOUNT	9	S9(7)V99	Amount of payment after adjustments
105	P24	NEW-BALANCE	9	S9(7)V99	Revised balance
166	P26	FILLER	61	X(61)	Blanks always
		'S21' ELEMENT COUNT	14		
		RECORD SIZE TOTAL	166		

2. Outbound Records from MSP Data Elements Summary List

2.9 Remittance Practitioner Summary Record (S22)

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
003	P00	REC-CODE-OUT	3	X(3)	Type of Record to Data Centre, 'S22'
008	P02	DATA-CENTRE-NUM	5	X(5)	Data centre number
015	P04	DATA-CENTRE-SEQNUM	7	9(7)	Generated by MSP
023	P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement
024	P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of record
029	P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the record
035	P12	MSP-INTERNAL	6	9(6)	MSP Internal Control Number
040	P14	PRACTITIONER-NUMBER	5	X(5)	Practitioner number under which the claims were billed
065	P16	PRACTITIONER-NAME	25	X(25)	Practitioner name
074	P18	AMOUNT-BILLED	9	S9(7)V99	Total amount billed by this practitioner
083	P20	AMOUNT-PAID	9	S9(7)V99	Total amount paid to this practitioner
166	P22	FILLER	83	X(83)	Blanks always
		'S22' ELEMENT COUNT	12		
		RECORD SIZE TOTAL	166		

2. Outbound Records from MSP Data Elements Summary List

2.10 Remittance Adjustment Detail Record and Summary Record (S23/S24)

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
003	P00	REC-CODE-OUT	3	X(3)	Type of record to Data Centre, 'S23/24'
008	P02	DATA-CENTRE-NUM	5	X(5)	Data centre number
015	P04	DATA-CENTRE-SEQNUM	7	9(7)	Generated by MSP
023	P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement
024	P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of record
029	P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the record
035	P12	MSP-INTERNAL	6	9(6)	MSP Internal Control Number
037	P14	ADJUSTMENT-CODE	2	X(2)	Adjustment code that indicates a type of adjustment
049	P16	ADJUSTMENT-ID	12	X(12)	Identification for the adjustment
069	P18	ADJUSTMENT-MESSAGE	20	X(20)	Name associated with the adjustment
070	P20	CALCULATION-METHOD	1	X(1)	The adjustment is calculated as follows
075	P22	REGULAR-PERCENT	5	S9(3)V99	The percentage used to calculate the regular amount adjustment
080	P24	ONE-TIME-PERCENT	5	S9(3)V99	The percentage used to calculate the one-time amount adjustment
089	P26	GROSS/NET-AMOUNT	9	S9(7)V99	This is the Gross Payment Amount
098	P28	REGULAR-AMOUNT	9	S9(7)V99	The amount to be adjusted on a regular basis
107	P30	ONETIME-AMOUNT	9	S9(7)V99	The amount to be taken once only

2.10 Remittance Adjustment Detail & Summary Record (S23/S24) continued

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
116	P32	BALANCE-FORWARD	9	S9(7)V99	Any outstanding balance from the previous statement
125	P34	ADJUSTMENT-MADE	9	S9(7)V99	The actual adjustment made for this statement
134	P36	ADJUSTMENT-OUTSTANDING	9	S9(7)V99	Balance outstanding reflects amount still owing
166	P38	FILLER	32	X(32)	Blanks always
		'S23/S24' ELEMENT COUNT	20		
		RECORD SIZE TOTAL	166		

2. Outbound Records from MSP Data Elements Summary List

2.11 Remittance Payee-Practitioner Broadcast Record (S25)

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
003	P00	REC-CODE-OUT	3	X(3)	Type of Record to Data Centre, 'S25'
008	P02	DATA-CENTRE-NUM	5	X(5)	Data centre number
015	P04	DATA-CENTRE-SEQNUM	7	9(7)	Generated by MSP
023	P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement
024	P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of record
029	P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the record
035	P12	MSP-INTERNAL	6	9(6)	MSP Internal Control Number
040	P14	PRACTITIONER-NUMBER	5	X(5)	Practitioner number who is to receive this broadcast
120	P16	MESSAGE	80	X(80)	One line of the broadcast message
166	P18	FILLER	46	X(46)	Blanks always
		'S25' ELEMENT COUNT	10		
		RECORD SIZE TOTAL	166		

2. Outbound Records from MSP Data Elements Summary List

2.12 Vendor Remittance Control Record (VRC)

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
003	P01	RECORD-CODE	3	X(3)	Always Vendor Remittance Control Record, 'VRC'
008	P02	DATA-CENTRE-NUMBER	5	X(5)	Site's Teleplan Data Centre Number - MSP Assigned
016	P03	PAYMENT-DATE	8	9(8)	Payment Date of Remittance Records (CCYYMMDD)
017	P04	RECORD-GROUP-ALPHA-CHAR	1	X(1)	First character of Record Group: S for Remittances
024	P05	TOTAL-RECORD-COUNT-REMITTANCE	7	9(7)	Total Count for this Remittance Period (Payment Date), Example: 0001548
044	P06	TIMESTAMP	20	X(20)	Date and Time Transmitted, example:2007-04-14 18:24:32
166	P100	FILLER	122	X(122)	**FUTURE USE**, blanks
		'VRC' ELEMENT COUNT	7		
		RECORD SIZE TOTAL	166		

2. Outbound Records from MSP Data Elements Summary List

2.13 Vendor Transmission Control Record (VTC)

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
003	P01	RECORD-CODE	3	X(3)	Always Vendor Transmission Control Record, 'VTC' - generated only when data sent from MSP
008	P02	DATA-CENTRE-NUMBER	5	X(5)	Site's Teleplan Data Centre Number - MSP assigned
028	P03	TIMESTAMP	20	X(20)	Date and Time Transmitted example: 2007-04-14 18:24:32
029	P04	GROUP-1-RECORD-TYPE	1	X(1)	First character of Record Group: S for Remittances
036	P05	GROUP-1-RECORD-COUNT	7	9(7)	Number of records transmitted for above group
037	P06	GROUP-2-RECORD-TYPE	1	X(1)	First character of Record Group: C for Daily Refusals
044	P07	GROUP-2-RECORD-COUNT	7	9(7)	Number of records transmitted for above group
045	P08	GROUP-3-RECORD-TYPE	1	X(1)	First character of Record Group: B for Batch Eligibility
052	P09	GROUP-3-RECORD-COUNT	7	9(7)	Number of records transmitted for above group
053	P10	GROUP-4-RECORD-TYPE	1	X(1)	First character of Record Group: M for Messages/Pay Advice
060	P11	GROUP-4-RECORD-COUNT	7	9(7)	Number of records transmitted for above group
061	P12	GROUP-5-RECORD-TYPE	1	X(1)	First character of Record Group: X for Patient Request File
068	P13	GROUP-5-RECORD-COUNT	7	9(7)	Number of records transmitted for above group
069	P14	GROUP-6-RECORD-TYPE	1	X(1)	First character of Record Group: V for Vendor Control Records
076	P15	GROUP-6-RECORD-COUNT	7	9(7)	Number of records transmitted for above group
077	P16	GROUP-7-RECORD-TYPE	1	X(1)	**FUTURE USE:** first char of Record Group

2. Outbound Records from MSP Data Elements Summary List

2.13 Vendor Transmission Control Record (VTC) continued

POS END	SEQ NUM	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
084	P17	GROUP-7-RECORD-COUNT	7	9(7)	**FUTURE USE:** Number of records transmitted for above group
085	P18	GROUP-8-RECORD-TYPE	1	X(1)	**FUTURE USE:** first char of Record Group
092	P19	GROUP-8-RECORD-COUNT	7	9(7)	**FUTURE USE:** Number of records transmitted for above group
093	P20	GROUP-9-RECORD-TYPE	1	X(1)	**FUTURE USE:** first char of Record Group
100	P21	GROUP-9-RECORD-COUNT	7	9(7)	**FUTURE USE:** Number of records transmitted for above group
101	P22	GROUP-10-RECORD-TYPE	1	X(1)	**FUTURE USE:** first char of Record Group
108	P23	GROUP-10-RECORD-COUNT	7	9(7)	**FUTURE USE:** Number of records transmitted for above group
109	P24	GROUP-11-RECORD-TYPE	1	X(1)	**FUTURE USE:** first char of Record Group
116	P25	GROUP-11-RECORD-COUNT	7	9(7)	**FUTURE USE:** Number of records transmitted for above group
124	P26	OVERALL-RECORDS-TRANSMITTED	8	9(8)	Total of all records Transmitted in this file
166	P100	FILLER	42	X(42)	**FUTURE USE**, blanks
		'VTC' ELEMENT COUNT	27		
		RECORD SIZE TOTAL	166		

Note: This record will be provided as the last record of a file transmission to a site only when P26 is one or greater, i.e., MSP sent Batch Eligibility / refusal / messages / remittances Records.

APPENDIX B

WSBC E-FORMS SUMMARY as issued to Vendors April, 1997

(Note Record Layouts)

This Appendix is a memo item. See WSBC for specific details.

WSBC Contact:

Senior Manager or Director, Health Care Services
WorkSafeBC
6951 Westminster Highway
Richmond, BC V7C 1C6

WSBC toll free phone number: 1-888-967-5377

Web URL: www.worksafebc.com

Note: WSBC provides a specification that details the method of submitting a group of note records to support a form submission.

Extracted from WSBC specifications document (aka 1,600 byte record).

Front page from WSBC document (Page 1 of 131)

Information Services Division
Revised
WSBC Electronic Medical Forms
Vendor Specifications for MSP Inbound Records
SR#: 7153
Version 1.9
Created on: November 24, 2000
Last Updated: April 20, 2001

* Revision – November 2012 – Removal of fee items 19923, 19924, 19925 and 19926

1.1 PHYSICIAN'S FIRST REPORT

SEQ	DATA ELEMENT NAME	MANDATORY /OPTIONAL	SIZE	TYPE	DESCRIPTIONS/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 specifications.
P20 Col 26	NOTE-DATA-TYPE	M	1	X(1)	MSP has assigned a 'W' to this field to denote a WSBC electronic form. **For MSP purposes this field must contain a 'W'.**
P22 Cols 27-426	NOTE-DATA-LINE		400	X(400)	Narrative comments **Verify with WSBC as to contents - subject to change.**
The following is a redefinition of P22 for WSBC DEMOGRAPHIC INFORMATION					
Col 27	FORM-TYPE-VERSION	M	1	X(1)	Numeric sequential WSBC Electronic Form Type identifying the form being electronically submitted. This field will contain a '1' - Physician's First Report for April 1, 1997. Valid for Invoice Fee item codes, examples: 19900,19901 (verify with WSBC).
Cols 28-426	See WSBC for latest specifications.				

1.2 PHYSICIAN'S PROGRESS REPORT

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 specifications.
P20 Cols 26	NOTE-DATA-TYPE	M	1	X(1)	MSP has assigned a 'W' to this field to denote a WSBC electronic form. **For MSP purposes, this field will contain a 'W'.**
P22 Cols 27-426	NOTE-DATA-LINE		400	X(400)	Narrative Comments *** Verify with WSBC as to contents.***
The following is a redefinition of P22 for WSBC DEMOGRAPHIC INFORMATION					
Col 27	FORM-TYPE-VERSION	M	1	X(1)	Numeric sequential WSBC Electronic Form Type identifying the form being electronically submitted. This field will contain '2' - Physician's Progress Report for April 1, 1997 - Valid for Invoice Fee Item codes, examples: 19902,19903 (verify with WSBC).
Col 28 - 426	See WSBC for Specs.				

Appendix C1:

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

Appendix C2:

Population-Based Funding, Special Record Formats

APPENDIX C1 OF C2

POPULATION-BASED FUNDING

APPENDIX C1

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

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

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

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

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

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

1. CHANGES IN FIELD STATUS

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

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

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

2. CHANGES IN FIELD USAGE

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

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

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

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

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

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

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

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

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

3. NEW NOTE RECORD (N01) FORMATS

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

3.1 PBF ADDITIONAL SERVICE ENCOUNTER RECORD DATA

- This N01 record format allows a PBF site to submit additional service encounter data, when required, for up to three additional Practitioner Numbers and up to nine additional patients. An associated Claim Record (C02) must precede it.

- For more detail, see the attached specification for the "PBF Additional Service Encounter Record Data" (specification C2.1).

3.2 PBF REGISTRATION RECORD DATA

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

- For more detail on the Registration Record format, see the attached specification for the "PBF Registration Record Data" (specification C2.2).

3.3 PBF DE-REGISTRATION RECORD DATA

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

- For more detail on the De-Registration Record format, see the attached specification for the "PBF De-Registration Record Data" (specification C2.3).

3.4 PBF REGISTRATION OVERRIDE RECORD DATA

- This N01 record format allows a PBF site to submit a request to the Ministry to override (stop) the proposed automatic registration of an individual patient to the PBF site's Register. It must be preceded by an associated Claim Record (C02) with a Billed Fee Item (P26) of 96092, a Payment Mode (P28) of "E", and a valid practitioner number associated with the PBF MSP Payee Number.

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

- For more detail on the Registration Override Record format, see the attached specification for the "PBF Registration Override Record Data" (specification C2.4).

3.5 PBF De-Registration Override Record Data

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

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

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

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

4.1 PBF Pending Registration Action Record Data

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

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

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

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

5. Business Rules/Additional Notes:

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

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

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

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

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

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

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

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

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

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

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

  Core Services and Extended Services:

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

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

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

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

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

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

  03333 NO CHARGE REFERRAL

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

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

6. CONTACT INFORMATION

Compensation Policy and Programs Branch

PO Box 9649 STN PROV GOV, Victoria, BC V8W 9P4

Telephone: 250-952-3182

Fax: 250-952-1417

Email: PopulationBased.FundingProgram@gov.bc.ca

APPENDIX C2: POPULATION BASED FUNDING SPECIAL RECORD FORMATS

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 'R' Patient referred to another Practitioner 'T' Temporary patient referral from another Practitioner

SEQ	DATA ELEMENT NAME	MANDATORY/ OPTIONAL	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
					'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 '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.