

Appendix C1:

**Technical Summary of Required Changes for Primary Health Care to
MSP Teleplan Record Specifications Version 4.0**

Appendix C2:

Primary Health Care, Special Record Formats

**APPENDIX C1 OF C2
PRIMARY HEALTH CARE
TELEPLAN V4.0 SPECIFICATIONS**

OCTOBER 2004

Technical Summary of Required Changes to MSP Teleplan Record Specifications Version 4.0

The following revisions to the Teleplan Specifications, Version 4.0 have been developed to support additional service encounter and patient registration data reporting for the Primary Health Care Branch (formerly the Primary Care Demonstration Project (PCDP)).

These specifications were designed to meet the data collection and reporting requirements of Primary Health Care (PHC). PHC requires the Teleplan Specifications, Version 4.0 to be implemented and supplemented with these additional specifications.

The required changes to Teleplan Version 4.0 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 PHC 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 PHC.
- Development of a formatted Data Centre Mailbox Message Record (M01) format to advise PHC 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 3 FUTURE fields are to be rendered 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 3.

Note: Above fields are optional for APB (Alternative Payment Programs) & FFS billing sites depending on guidelines issued by PHC office.

2. Changes in Field Usage

Explanation of usage of the following Teleplan Version 4.0 fields for PHC is defined below:
If you have questions, please see the Contact Info section.

- **Practitioner Number (P08):** For the purposes of PHC, “practitioner” carries a broader definition than the traditional use for this field. All PHC 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 PHC staff.
- **Payee Number (P06):** MSP will assign new payee numbers to each PHC, and establish the payment authority for each practitioner with the PHC. PHC payee numbers will become effective as of the date the site begins submitting Teleplan data under the PHC 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 PHC staff.
- **Payment Mode (P28):**

The **value ‘E’** must be used for all Primary Health Care service encounter and registration related submission records. This can also apply to identified Alternative Payment Branch (APB) services based on contracted requirements, contact PHC for clarification if needed.

Payment Mode **value ‘0’ (zero)** must be used for all fee-for-service claims from the PHC Organization (e.g. MSP, ICBC, WCB and OIN (i.e. RCP)).

This field must be used for all C02 records submitted by the PHC. ‘E’, Encounter, records will not be accepted for Payee numbers not assigned to a Primary Care Organization or Alternative Payments Branch. 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 PHC practitioner provides service to a patient. Valid values are as defined in the Teleplan Version 4.0 Specification. All valid values are to be made active (ie: not just ‘O’ & ‘H’).
- **Facility Identifier (P70):** MSP will assign unique facility identifiers to each PHC site. Facility IDs are mandatory on all FFS and encounter claims from a PHC site. Most sites will have only one facility ID. In the case where more than one facility ID exists per PHC 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 PHC staff.

3. New Note Record (NO1) 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). – i.e. the rules for Note Records as defined in Teleplan Version 4.0 apply to the new Note Record format. **This Note Record is an optional record, except for Registration Claims.**

3.1 PHC Additional Service Encounter Record Data

- This N01 record format allows a Primary Health Care Organization (PHCO) 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 “PHC Additional Service Encounter Record Data” (specification C2.1).

3.2 PHC Registration Record Data

- This N01 record format allows a PHCO 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 PHC MSP Payee number.
- For more detail on the Registration Record format, see the attached specification for the “PHC Registration Record Data” (specification C2.2).

3.3 PHC De-Registration Record Data

- This N01 record format allows a PHC 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 PHC MSP Payee number.
- For more detail on the De-Registration Record format, see the attached specification for the “PHC De-Registration Record Data” (specification C2.3).

3.4 PHC Registration Override Record Data

- This N01 record format allows a PHCO to submit a request to the Ministry, to override (stop) the proposed automatic registration of an individual patient to the PHCO'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 PHC 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 “PHC Registration Override Record Data” (specification C2.4).

3.5 PHC De-Registration Override Record Data

- This N01 record format allows a PHCO to submit a request to the Ministry, to override (stop) the proposed automatic de-registration of an individual patient from the PHC 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 PHC 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 “PHC De-Registration Override Record Data” (specification C2.5).

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

4.1 PHC 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 Primary Care 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 pickup. 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 the PHC. (Specification C.6)
- The Primary Health Care Organization (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 “PHC Pending Registration Action Record Data” (specification C2.6).

Business Rules/Additional Notes:

- A patient’s registration status may change (repeatedly) over time. The Ministry of Health and the PHC jointly developed initial registration lists, but a PHCO 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 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 their PHC.

PHC 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.

PHC 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 records with a Billed Fee Item (P26) value of \$0 from either a list of "**Extended Service Items**" or "**Core Fee Items**". Contact PHC for latest list or see **the Ministry Web Site**.

Fee-for-service records (Payment Mode (P28) value '0') include all other valid Billed Fee Item values. See the **PHCO Operations Manual** for descriptions of the conditions where service encounter or fee-for-service records apply.

- Explanatory Codes returned by Teleplan to the Data Centre mailbox, related to Teleplan submissions, are available from Teleplan Other Processing Options in the Browser or API software of the vendor.
- Contact PHC Systems Coordinator : 250.952.2328)
- Primary Care Fee/Service code files are available in the standard Teleplan format.

Core Services: Extended Services:

(Available upon request from the PHC Systems Coordinator at 250 952-2328).

- 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:

e.g. 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).

e.g. 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 callouts.

- 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 from PHC staff (contact the PHC Systems Coordinator at 250.952.2328).

Vendor testing:

Contact Info.

**APPENDIX C2: PRIMARY HEALTH CARE
SPECIAL RECORD FORMATS**

C2.1 PHC ADDITIONAL SERVICE ENCOUNTER RECORD DATA

C2.2 PHC REGISTRATION RECORD DATA

C2.3 PHC DE-REGISTRATION RECORD DATA

C2.4 PHC REGISTRATION OVERRIDE DATA

C2.5 PHC DE-REGISTRATION OVERRIDE DATA

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

C2.1 PHC 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 as 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. *** PHC ADDITIONAL SERVICE ENCOUNTER RECORD DATA format follows. ***
The following is a redefinition of P22 for PHC ADDITIONAL SERVICE ENCOUNTER RECORD DATA					
Cols 27	Record Type Code RCRD_TP_CD	M	1	X(1)	A code to 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 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 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 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.
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.

SEQ	DATA ELEMENT NAME	MANDATORY /OPTIONAL	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
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.
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 PHC 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 as 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. *** PHC REGISTRATION RECORD DATA format follows. ***
The following is a redefinition of P22 for PHC 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 RGSTRN_CD	M	1	X(1)	A code to indicate registration. Valid value is: 'R' Register patient.
Cols 29 - 36	Registration Effective Date RGSTRN_EFCTV_DT	M	8	X(8)	Date a patient is to be registered. Format CCYYMMDD.
Cols 37 - 44	Registration-Cancel-Date RGSTRN_CNCL_DT	O	8	X(8)	Date a patient is to be de-registered, if the registration is to be considered temporary. 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. Default is '0'.
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.

SEQ	DATA ELEMENT NAME	MANDATORY /OPTIONAL	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
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 PHC 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 as 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. *** PHC DE-REGISTRATION RECORD DATA format follows. ***

The following is a redefinition of P22 for PHC 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 RGSTRN_CD	M	1	X(1)	A code to indicate de-registration. Valid value is: 'D' De-register patient.
Cols 29 - 36	Filler	O	8	X(8)	Blank fill.
Cols 37 - 44	Registration-Cancel-Date RGSTRN_CNCL_DT	M	8	X(8)	Date a patient is to be de-registered. Format CCYYMMDD.

SEQ	DATA ELEMENT NAME	MANDATORY /OPTIONAL	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
Cols 45	Registration-Cancel-Reason- Code RGSTRN_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 PHC 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 as 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. *** PHC REGISTRATION OVERRIDE RECORD DATA format follows. ***

The following is a redefinition of P22 for PHC 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 RGSTRN_CD	M	1	X(1)	A code to indicate automatic PHC registration is to be overridden (stopped). Valid value is: 'X' Stop automatic PHC patient 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	Registration-Override-Code RGSTRN_OVRD_CD	M	1	X(1)	Registrations override reason code to stop automatic PHC registration. Valid values are: 'C' Covering for a vacationing Practitioner. 'T' Temporary patient referral from another Practitioner. 'V' Patient visiting the Catchment Area. 'D' Patient deceased. 'N' Patient not known to the Practice. 'M' Patient moved. 'F' Practice is full – not accepting new patients. 'R' Patient referred to another Practitioner. 'I' Patient expressed intent to see another Practitioner. 'A' Another reason. Must have an accompanying explanation in the Note-Data-Line field. 'X' Patient is Fee-for-Service only.
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 PHC 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 as 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. *** PHC DE-REGISTRATION OVERRIDE RECORD DATA format follows. ***
The following is a redefinition of P22 for PHC 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 RGSTRN_CD	M	1	X(1)	A code to indicate automatic PHC de-registration is to be overridden (stopped). Valid value is: 'Y' Stop automatic PHC 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 DRGSTRN_OVRD_RS N_CD	M	1	X(1)	De-Registration override reason code to stop automatic PHC de-registration. Valid values are: 'V' Patient was on vacation. 'T' Patient temporarily referred to another Practitioner for a special condition. 'W' Patient lives outside Catchment Area, but works or attends school in the Catchment Area. 'S' Patient lives outside Catchment Area, but requires special care available in the Practice. 'I' Patient lives outside the Catchment Area, but declared intention to get all services from this Practice. 'C' Patient saw another Practitioner while usual Practice/Practitioner was on vacation. 'U' Ministry address for patient is incorrect as patient lives in Catchment Area. 'E' Ministry records are incorrect as patient has MSP coverage. 'A' Another reason. Must have an accompanying explanation in the Note-Data-Line field.
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 PHC 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 as 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. *** PHC 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 PHC 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)	<p>A code to indicate, why registration, de-registration, or registration change is pending:</p> <p>Valid Registration pending codes:</p> <p>'01' 2 consecutive services in PCO, and lives in Catchment Area.</p> <p>'02' At least 51% reviewed services in PCO, and lives in Catchment Area.</p> <p>'03' Registered through PCO/MSP register synchronization process.</p> <p>'M' Registration effective date backdated.</p> <p>Valid De-registration pending codes:</p> <p>'03' The patient was de-registered through the PHC Practice/MSP register synchronization process.</p> <p>'A0' Ministry records show that the patient is deceased.</p> <p>'A1' The patient no longer has MSP coverage.</p> <p>'B0' The patient lives outside of your catchment area, and has received the LAST TWO services outside the catchment.</p> <p>'B' The patient has recently moved outside your Practice catchment area, and has received NO services in the Practice.</p> <p>'B1' The patient has recently moved outside your Practice catchment area but has received AT LEAST ONE service from the Practice since their move.</p> <p>'C ' The patient has received at least 3 services in the last 3 years and none were received at your Practice.</p> <p>'D ' Less than 50% of the patient's reviewed services were in your Practice.</p> <p>'F ' The patient has received at least 5 of 7 services outside your Practice.</p> <p>'L0' The patient was registered to your practice on your "Initial Patient Register" but does not appear to be a patient of your practice.</p> <p>'X1' All reviewed visits are outside the catchment area for your Practice.</p> <p>'X2' The patient's last THREE primary care services were outside your catchment area.</p> <p>Left justify, blank fill.</p>
Cols 45	Pending Registration	1	X(1)	A code to indicate pending registration action.

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS
	Code PNDNG_RGSTRN_CD			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_RGSTRN_CD is ‘R’, this is the date a patient is to be registered. If PNDNG_RGSTRN_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 PHC 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: ‘0’ Default. ‘1’ Administration Type 1. ‘2’ Future Use Default is ‘0’.
Cols 208 – 362	Filler	155	X(155)	Blank fill.