

# Primary Care Networks: Clinic Setup for Encounter Reporting

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## BACKGROUND

Most physicians within B.C. submit fee-for-service (FFS) claims to the Medical Services Plan (MSP) through Teleplan. The same process is used to submit encounter records for family physicians (FPs), nurse practitioners (NPs), and nurses hired under a primary care network (PCN) and in various locations, for example, health authority, urgent and primary care centre (UPCC), community health centre (CHC), NP primary care clinic (NPPCC), or First Nations primary care centre (FNPCC). Before practitioners submit reporting for services provided at these locations, they will connect their MSP billing number to a clinic payee number. The following guide provides step-by-step instructions on how to do this.

First, practitioners new to B.C. or new to practice will need to apply for an MSP billing number, if they don't already have one (see Step 1). Next, the health authority will determine what status of Payee number is required.

Y-status payee numbers are used when the contract agreement the physicians work under requires 50% of third party billings to be recovered by the ministry. M-status payee numbers are used by physicians billing FFS as well as by physicians under contract when the contract agreement has no recovery provision.

Both Y- and M-status payees can be used for encounter reporting. Once the practitioner understands which payee status is needed, the practitioner will complete an **Assignment of Payment** form (for FPs) or an **Encounter Record Submission Authorization** form (only for NP/registered nurse (RN)/licensed practical nurse (LPN)) for each of the primary care sites where they provide care. For detailed instructions about how to connect a practitioner’s billing number to the clinic payee number, including a link to each of the forms above, see Step 2.

Practitioners will generally submit their encounters through a shared payee number for the primary care site.

- Physicians billing **FFS in non-contract sites** use either a shared M-status payee, or the physicians bill to their own payee.
- Physicians on the **Group Contract for Practicing Family Physicians (PFP)** require a shared M-status payee. Separate reporting instructions have been created for the PFP contract in Appendix 3. Please contact your health authority’s medical affairs department for support.
- Physicians on the **Individual Contract for New to Practice Family Physicians** can use either a M-status payee or a Y-status payee. If reporting through a Y-status payee, third party billings should be billed to a separate payee (e.g., their personal billing number). Please contact your health authority’s medical affairs department to determine the most appropriate payee to assign to.
- **NPs, RNs and LPNs** can encounter report through either a M-status payee or a Y-status payee.

For specific instructions on the Y-status payee set up process, please see Appendix 1.

### STEP 1: APPLY FOR AN MSP BILLING NUMBER

To register with the MSP, the practitioner requires an MSP billing number (also known as a *practitioner number*). A billing number denotes the person providing the service and is required for all submissions using the Teleplan system. FPs who have received an MSP billing number as part of the licensing process can skip this step. If the practitioner does not have an MSP billing number, they must complete the appropriate **Application for Billing Number** form (see below).

Health Provider	Form Description
FPs	Application for MSP Billing Number (Form #2991) <a href="https://www2.gov.bc.ca/assets/gov/health/forms/2991fil.pdf">https://www2.gov.bc.ca/assets/gov/health/forms/2991fil.pdf</a>
NPs, RNs, and LPNs	Application for Billing Number (Form #2997) <a href="https://www2.gov.bc.ca/assets/gov/health/forms/2997fil.pdf">https://www2.gov.bc.ca/assets/gov/health/forms/2997fil.pdf</a>

### STEP 2: CONNECT THE PRACTITIONER’S BILLING NUMBER TO THE CLINIC PAYEE NUMBER

To connect the MSP billing number to an existing shared clinic payee number (also known as *payment number*), FPs must complete an **Assignment of Payment** form and NP/RN/LPNs must submit an **Encounter Record Submission Authorization** form. Note that there are two different Assignment of Payment forms for FPs depending on the status of the shared payee they will assign to. The practitioner or health authority will then submit the form directly to Health Insurance BC (HIBC). Appendix 2 provides additional information on how to complete these forms.

Health authority and/or divisions of family practice PCN staff who are assisting practitioners with this process should ensure both forms are completed and processed successfully by HIBC before the practitioner begins making submissions through Teleplan.

Health Provider	Form Description
FPs	Assignment of Payment (Form #2870) <b>M-STATUS PAYEES</b> <a href="https://www2.gov.bc.ca/assets/gov/health/forms/2870fil.pdf">https://www2.gov.bc.ca/assets/gov/health/forms/2870fil.pdf</a>
FPs	Assignment of Payment (Form #2875) <b>Y-STATUS PAYEES</b> <a href="https://www2.gov.bc.ca/assets/gov/health/forms/2875fil.pdf">https://www2.gov.bc.ca/assets/gov/health/forms/2875fil.pdf</a>
NPs, RNs, and LPNs	Encounter Record Submission Authorization (Form #2871) <a href="http://www2.gov.bc.ca/assets/gov/health/forms/2871fil.pdf">http://www2.gov.bc.ca/assets/gov/health/forms/2871fil.pdf</a>

**Notes:**

- FPs working in a clinic on the Practicing Family Physician Group contract will be notified of the payee number to assign to, please see Appendix 3. For FPs working under an Alternative Payments Program (APP) contract, they will need a Y-status payee number. Instructions for the health authority to obtain a Y-status payee are outlined in Appendix 1.
- If the practitioner provides care at multiple sites, they must complete and submit the applicable form for each site.

**TIPS FOR ENCOUNTER REPORTING**

**Note: this section is intended for medical office assistants (MOAs), billing agents or other professionals who directly support billing/encounter record submission processes.**

PCN practitioners under contract use the following encounter code sets:

Health Provider	Encounter Reporting Model
FPs	Simplified Encounter Reporting (FP) <a href="https://www.pcnbc.ca/en/pcn/permalink/pcn130">https://www.pcnbc.ca/en/pcn/permalink/pcn130</a>
NPs	For NPs practicing in emergency departments or in acute care for inpatients: Encounter Reporting (NP): <a href="https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/7-encounter-codes.pdf">https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/7-encounter-codes.pdf</a>  For all other NPs: Simplified Encounter Reporting (NP) <a href="https://www.pcnbc.ca/en/pcn/permalink/pcn117">https://www.pcnbc.ca/en/pcn/permalink/pcn117</a>
RNs and LPNs	Encounter Reporting for RN/LPN <a href="https://www.pcnbc.ca/en/pcn/permalink/pcn138">https://www.pcnbc.ca/en/pcn/permalink/pcn138</a>

Encounter records must be submitted in the format approved for electronic submission through Teleplan and in accordance with the requirements, rules and procedures of MSP/HIBC. Refer to each

contract's appended Reporting section, for more information about the required fields for encounter reporting, attachment reporting and shift reporting.

- Pursuant to the *Medicare Protection Act* and the *Medical and Health Care Services Regulation*, encounters must be submitted within 90 days of the date of service. Practitioners who wish to submit aged encounter records should contact HIBC for support.
- For the list of ICD-9 Codes please refer to:  
<http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/diagnostic-code-descriptions-icd-9>
- Note for M-status payees: When submitting simplified FP/NP encounter records or RN/LPN encounter records to a shared M-status payee, the default payment mode ("0") must be used to avoid rejections. Do not use encounter ("e") mode to submit these records when assigning to an M-status payee.

## NOTIFICATION OF ENCOUNTER RECORD ACCEPTANCE RETURN (REMITTANCE STATEMENT) OR NOTIFICATION OF CLAIM ADJUSTMENT/RETURN

Every clinic that submits records to Teleplan receives a remittance statement twice per month from HIBC. For FFS, the remittance statement shows what claims have been accepted and paid to the MSP payee number as well as what claims have been refused. Refusals can happen for several reasons, some of which are discussed below.

For clinics that submit encounter records, the remittance statement documents show accepted encounter records and refused encounter records (called returned records). If an encounter record has been returned, an **explanatory code**<sup>1</sup> is provided to explain why a particular encounter record was refused. Reasons for encounter record refusal may include:

- a claim is submitted more than 90 days past the date-of-service;
- a claim duplicates or overlaps a previous claim for the same service;
- a claim is not accurate (e.g., it contains an incorrect personal health number or encounter code number);
- HIBC did not receive and/or process the form (i.e., Assignment of Payment/Encounter Record Submission Authorization) to connect the practitioner's billing number to the payment/payee number.

If, after reading the remittance statement Notification of Claim Adjustment/Return, a clinic is still uncertain why a record has been refused or what is required before resubmitting it, contact HIBC by calling toll free: 866-456-6950 or from Vancouver: 604 456-6950.

## SERVICE LOCATION CODES AND DESCRIPTORS

A Service Location Code is a field within each record or FFS claim, which identifies the type of location a service was provided (such as the practitioner's office or the hospital). Effective April 1, 2021, the practitioner Service Location Code A (Practitioner's Office) was replaced with new codes. The new codes

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<sup>1</sup> <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/claim-submission-payment/explanatory-codes>

allow the Ministry of Health to collect data related to service locations in greater detail. For more information, please refer to the article on the government website:

<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/claim><https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/claim-submission-payments>

## **FACILITY NUMBER**

The Facility Number is a unique number that a community-based office must register for and that a physician must attach to. The Facility Number is not a mandatory Teleplan field, but must be included in all encounter, attachment and shift reporting for FPs on the NTP contract or Group Contract, as well as for FFS physicians in order to claim the Business Cost Premium (BCP). Clinics should ensure that their Electronic Medical Record or billing software has the capability of submitting their registered Facility Number.

Physicians on the NTP contract and the PFP contract who bill FFS (for non-contracted services) should ensure their Facility Number is included on all FFS claims to receive BCP payments. NPs, RNs and LPNs may include the Facility Number on their encounter records if one exists but are not required to.

## **ADDITIONAL RESOURCES**

1. Attachment reporting and attachment records: <https://www.pcnbc.ca/en/pcn/permalink/pcn90>
2. Shift reporting and shift codes: <https://www.pcnbc.ca/en/pcn/permalink/pcn131>
3. Encounter reporting supports contact list: <https://www.pcnbc.ca/en/pcn/permalink/pcn128>
4. Encounter reporting FAQ: <https://www.pcnbc.ca/en/pcn/permalink/pcn139>
5. NP encounter reporting Q&A: <https://www.pcnbc.ca/en/pcn/permalink/pcn131>
6. FP and NP contracts Q&A: <https://www.pcnbc.ca/en/pcn/permalink/pcn73>

## APPENDIX 1: Health Authority Instructions for Creating Y-Status Payee Numbers

Health authorities that hire or contract health professionals to deliver services under APP contracts may require a Y-status payee number. This document explains how Y-status payee numbers are provided to contracting agencies for reporting purposes.

### 1. Complete the Payment Number Reservation Form on the APP Website

To reserve a Y-status payee number for your service location, clinic, or program, complete the web form located here:

<https://forms2.gov.bc.ca/forms/content?id=E3491F0E62CA40EF96D3BFF5418B11DA>

The form will ask you to provide a description of:

- The service type (e.g., primary care)
- The facility name (e.g., clinic name)
- The facility's address
- Health authority contact information

**Requests for new Y-status payees should only be made by health authority employees via the ministry's APP team. Y-status payee requests should not be made directly to HIBC by agencies, care providers or billing agents.**

### 2. Health authority receives payee information and associated forms from APP Compensation Analyst

Upon receiving a request for a new Y-status payee number, the APP compensation analyst assigned to your health authority will compare your request to all existing Y-status payee numbers to determine if an existing payee can support encounter reporting at the site. If no suitable existing Y-status payee numbers are found, the analyst will contact HIBC and request that a new Y-status payee number be reserved for the health authority. The analyst will then send this new number and a copy of each of the following forms to you, the health authority:

- [HLTH 2875 Assignment of Payment \(APP\)<sup>1</sup>](#)
- [HLTH 2871 Encounter Record Submission Authorization for Non-Physician Providers<sup>2</sup>](#)
- [HLTH 2876 Application for Additional Payment Number \(APP\)<sup>3</sup><https://www2.gov.bc.ca/gov/content/health/health-forms/physician-comp>](#)

### 3. Health authority works with care providers to complete forms

Once the health authority has received the new payee number and the required forms, they should work with the care providers who will be assigning encounter records to the new payee number to ensure they complete the appropriate forms. Please refer to the following guidelines when completing the forms.

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<sup>1</sup> <https://www2.gov.bc.ca/assets/gov/health/forms/2875fil.pdf>

<sup>2</sup> <https://www2.gov.bc.ca/assets/gov/health/forms/2871fil.pdf>

<sup>3</sup> <https://www2.gov.bc.ca/assets/gov/health/forms/2876fil.pdf>

1. HLTH 2875 Assignment of Payment (APP) / HLTH Form 2871 Encounter Record Submission Authorization (NP/RN/LPN).

- a) Each physician who will be assigning encounters to the new payee must complete a copy of Form 2875.
- b) Each nurse practitioner, registered nurse, and licensed practical nurse who will be assigning encounters to the new payee must complete a copy of Form 2871.
- c) An assignment cannot be for a period of longer than five years.

2. HLTH 2876 Application for Additional Payment Number (APP).

- a) The reserved payee number from steps 1 and 2 will be included on this form for activation.
- b) For payees where the care providers will be submitting \$0 encounters only and where no single provider under the payee can be considered the most responsible provider (MRP), Section E can be signed by the contract manager at the health authority.
- c) For Y-status payees where a payment is generated out of Teleplan (e.g., fee for service top-up) the MRP **must** be a care provider who is also assigned to that payee.

#### 4. Health authority sends completed forms to HIBC

Once the forms are completed, the health authority collects the forms and scans and emails or faxes them to HIBC at: 250 405-3592 or [provider.program@hbc.gov.bc.ca](mailto:provider.program@hbc.gov.bc.ca).

#### 5. HIBC activates the new payee number

Upon receiving the forms, HIBC will activate the new Y-status payee in Teleplan and assign the signatory care providers. At this point the payee will become **Active** and can have billings and/or encounters submitted under it.

- Once a new payee is set up, a confirmation letter is sent by mail to the address on the application. If a site would like to confirm activation and setup before the letter arrives, they can contact HIBC by phone.
- HIBC will contact the site if there is an issue or problem with the Assignment of Payment (AOP). If the site would like to confirm that the AOP has been processed, they can contact HIBC by phone two to three days after submitting the AOP and HIBC can give verbal confirmation.

#### 6. (ONGOING) As care providers enter / leave the program

When new care providers are hired to provide services for the site, clinic or program, they must sign an Assignment of Billing form (2875 or 2871) in order to submit any reporting under the program's Y-Status Payee number. The **health authority** should provide the care provider a copy of the appropriate form and ensure it is submitted to HIBC prior to their start date.

## APPENDIX 2: Assignment of Payment Form Guide

The AOP Form (HTLH Form 2870/2875) was originally designed for locums to assign payments to a physician they are covering. As such, some of the language in the form can be confusing. The following list provides tips and translations for completing the AOP Form.

First, please ensure you are completing the correct AOP Form:

- M-status payees: [Form 2870](#)<sup>1</sup>
- Y-status payees: [Form 2875](#)<sup>2</sup>

1. The *Locum Name* is the physician's name who will be assigning encounter records or claims, and the *Principal Practitioner Name* is the group's name (or the name of the shared payee). In some cases, this may also be a lead physician's name or incorporated name.

Note: on the Y-status/APP AOP Form, the *Locum Name* is referred to as the *Physician Name*, and the *Principal Practitioner Name* is referred to as the *Service Contract Name*.

2. There are two locations on the AOP Form that ask for the Locum Practitioner Number – these will both be the assigning physician's MSP number.

Note: on the Y-status/APP AOP Form, the *Locum Practitioner Number* is referred to as the *Practitioner Number*.

3. There are three locations on the AOP Form that ask for the *Principal Practitioner Payment Number* – this will be the site's payee number or the payee number to which billings/encounter records will be assigned

Note: on the Y-status APP AOP Form, the *Principal Practitioner Payment Number* is referred to as the *Service Contract Payment Number*.

4. The effective date will be the day the practitioner starts work at the site, the cancel date will be the end date for the contract or term of employment

Note: This period cannot exceed five years. Unless an end date is known, five years should be specified. For locums assigning to the payee for a limited time, the end date of the locum term should be specified. Physicians should keep track of their assignment expiry date and re-assign if they plan to continue working out of that site beyond the expiry date to avoid rejected Teleplan submissions.


5. Signatures: the *Assignor (Locum)* refers to the assigning physician, the *Payee* refers to the responsible practitioner or signatory for the site payment number. The *Witness* must be a third party, not the physician or the payee signatory.

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<sup>1</sup> <https://www2.gov.bc.ca/assets/gov/health/forms/2870fil.pdf>

<sup>2</sup> <https://www2.gov.bc.ca/assets/gov/health/forms/2875fil.pdf>





**ASSIGNMENT OF PAYMENT  
DUE TO PRACTITIONER  
UNDER THE MEDICAL SERVICES PLAN**

*APPLICATION MUST BE COMPLETED IN FULL*

I, \_\_\_\_\_  
Locum Name

hereby assign to \_\_\_\_\_  
Practitioner Name

any and all sums of money that shall on and after the date of the signing of this Assignment that is owing to me by the Medical Services Commission of British Columbia and billed by or for me in an approved claim format bearing my personal practitioner number, \_\_\_\_\_, and the assignee's Payment Number \_\_\_\_\_

Locum Practitioner Number      Practitioner Payment Number

The Commission is hereby authorized to pay all such sums directly to Payment Number \_\_\_\_\_  
Practitioner Payment Number

at any address the Assignee may from time to time designate, with payment of any such sum to be sufficient discharge to the Commission of and from any indebtedness in that amount to the Assignor, his/her heirs, executors, or administrators.

THIS AGREEMENT is to remain in full force and effect for all claims submitted with Assignees Payment Number, \_\_\_\_\_, and my Personal Practitioner Number, \_\_\_\_\_

Practitioner Payment Number      Locum Practitioner Number

from \_\_\_\_\_ to \_\_\_\_\_

Effective Date (Month / Day / Year)      Cancellation Date (Month / Day / Year)

I will submit written notification to the Commission of the cancellation of this assignment should the cancellation precede the date specified above.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of ASSIGNOR (LOCUM)

\_\_\_\_\_  
Signature of WITNESS

\_\_\_\_\_  
Signature of PAYER

Mailing Address: Provider Programs, PO Box 9480 Stn Prov Govt, Victoria BC V8W 1E7  
Tel: (Lower Mainland) 604-456-6950, (West of BC) 1-800-456-6950, Fax: 250-456-3592 Web: www.hbc.gov.bc.ca  
HLTH0074 Rev. 20121208

PRINT RESET

Document originally developed by Vancouver Coastal Health

## APPENDIX 3: Health Authority Instructions for PFP M-Status Payees

Clinics on the Practicing Family Physician Group Contract (PFP GC) are required to submit all their Teleplan encounters through a common M-status payee number. For the most recent version of all forms referenced in this Appendix, please refer to [Forms for Medical & Health Care Practitioners - Province of British Columbia](#). This appendix is a step-by-step guide for the health authority to confirm the PFP GC clinic's M-status payee and other relevant details.

### 1. Ministry of Health will notify the health authority if an existing clinic payee can be re-purposed

If an existing clinic payee is to be repurposed, please skip to Step 3. If not, proceed to Step 2.

### 2. Setup a new M-status clinic payee

In the situation where an existing clinic payee cannot be re-purposed, the Ministry of Health will reserve a new M-status clinic payee. The health authority will work with the clinic's lead physician to fill out the following forms and send to HIBC. Please note HIBC will notify of any errors in the forms by regular mail. HIBC has offered to assist by phone, please see contact information on forms

- Application for an Additional Payment Number HLTH 2976 for the lead physician (using the reserved payee number provided by the Ministry of Health)
- [Application for Teleplan HLTH 2820<sup>1</sup>](#) to connect the data centre to Teleplan if necessary
- [Application for Direct Bank Payment HLTH 2832<sup>2</sup>](#) if preferred

A confirmation letter is sent by mail from HIBC to the address on the application. If a clinic would like to confirm payee activation before the letter arrives, they can contact HIBC Provider Programs by phone at (Lower Mainland) 604 456-6950 or (Rest of BC) 1 866 456-6950.

### 3. Assign payment to the clinic payee

Once an M-status clinic payee has been properly set up, please have all PFP physicians, and locums assign payment to the clinic payee using the [Assignment of Payment Form HTLH 2870 \(M-status\)<sup>3</sup>](#) and send to HIBC. Refer to Appendix 2 for instructions on how to fill out the Assignment of Payment Form.

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<sup>1</sup> <https://www2.gov.bc.ca/assets/gov/health/forms/2820fil.pdf>

<sup>2</sup> <https://www2.gov.bc.ca/assets/gov/health/forms/2832fil.pdf>

<sup>3</sup> <https://www2.gov.bc.ca/assets/gov/health/forms/2870fil.pdf>

#### 4. Confirm Facility Number

The health authority will ensure the clinic has an assigned Facility Number. The clinic Facility Number must be included in all, Encounter, Attachment and Shift Code reporting in Teleplan for services under the contract. The clinic may already have a facility number if they have applied for the Business Cost Premium (BCP). Please refer to [BCP forms](#).<sup>1</sup>

#### 5. (ONGOING) Assignment of payment for new physicians joining a PFP clinic or cancellation of assignment of payment for physicians departing a PFP clinic

- The health authority should have new PFP physicians, and locums, assign payment prior to their start date by submitting to HIBC the [Assignment of Payment Form HTLH 2870 \(M-status\)](#)<sup>2</sup>
- The health authority should ensure that departing physicians have their assignment to the clinic payee cancelled by instructing the clinic to notify the HIBC Provider Program's office, in writing, and including a signature. Written notification must be sent by fax to 250 405-3592 or emailed to [provider.program@hibc.gov.bc.ca](mailto:provider.program@hibc.gov.bc.ca) and must include:
  - Physician name, practitioner number,
  - The payee assignment to be removed and the effective date of the removal,
  - Contact information for the requestor (in case HIBC has further questions), and
  - Signature of the clinic lead physician.

#### Multiple Electronic Medical Record (EMR) Instances

To best meet contract deliverables (cross coverage, sharing patient charts etc.), it is best for clinics to be on one EMR instance. It is possible for physicians within the same clinic to have the same EMR vendor but separate instances. Although it is not recommended, clinics may choose to operate under the PFP Contract with separate EMR instances as long as each physician has full access to each EMR instance.

Multi-EMR instance clinics may require more than one reserved clinic payee number. A clinic in this scenario should connect with the health authority for instruction.

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<sup>1</sup> <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/business-cost-premium>

<sup>2</sup> <https://www2.gov.bc.ca/assets/gov/health/forms/2870fil.pdf>