



Changes to attachment reporting procedures for PCN nurse practitioners

April 2022

The Ministry of Health (the ministry) has created a new attachment code (97701 PCN Existing Panel Or Panel Transfer Report) which is to be used by PCN nurse practitioners (NPs) effective April 1, 2022.

The two codes for attachment reporting are now as follows:

1. [PCN Attachment code specific to your PCN](#). This existing code should continue to be used to report net new attachments.
2. [97701 PCN Existing Panel Or Panel Transfer Report](#). This new code should be used for all other attachments. The ministry has created this code to ensure that the true size of NP patient panels is captured.

These two encounter codes in combination will help us to understand progress towards closing the attachment gap along with the NP panel sizes for the purposes of monitoring/evaluation and continuous improvement.

The chart below summarizes proper reporting of attachment. Frequently asked questions are answered on the following two pages.

What should I do if...

...a patient who was not previously attached in this PCN agrees to be attached to me?	→	This is a net new attachment. Report it using the PCN Attachment code specific to your PCN .
...I bring a patient panel with me when I join the PCN/clinic?	→	These are non-net-new attachments. Report each patient in this pre-existing patient panel using code 97701 .
...I take over a patient panel from a departing NP or physician in my PCN/clinic?	→	
...a patient detaches from me (deceased, moves away, switches providers)?	↘	
...I see a walk-in patient, or a patient who declines to attach to me?	→	Do not submit any code related to attachment.
...I see a patient who is attached to another NP or physician in my clinic/PCN?	↗	

The ministry thanks you for your diligence in reporting attachment!



Frequently asked questions

Q: Why should I submit attachment codes?

A: Reporting attachment is a mandatory contractual requirement for securing PCN funding. This data is essential for the ministry to evaluate outcomes and demonstrate quality improvement. Capturing and reporting fulsome attachment data is in everyone's best interest, as it showcases the value added by each model and helps to establish longer-term funding.

Q: Who should use the new PCN Existing Panel Or Panel Transfer Report code?

A: Any PCN NP, whether contracted or health authority employed, should use 97701 PCN Existing Panel Or Panel Transfer Report to report attachments that are not net new.

Q: Should I continue to use the PCN Attachment Code as well?

A: Yes. The PCN Attachment Code should still be used to capture net new attachments.

Q: How do I decide if a patient attachment counts as net new?

A: Non-net-new attached patients are those who:

- were already attached to you before you joined the PCN/clinic, and who you brought with you when you joined the PCN/clinic;
- or
- were transferred to you from another most responsible provider (e.g., a retiring physician) in the same PCN. The fact that the patient may have been unattached during this transition does not qualify the attachment as net new.

Net new attached patients are any individuals who do not fit into either of the above situations.

When in doubt about whether the attachment is net new, simply choose one of the two codes. Do not neglect to report an attachment.

Q: Would I ever submit both codes for the same patient?

A: No. Each attached patient should be captured with just one of the two codes. Use the guidance above to decide whether the patient qualifies as net new or not. Adding the counts of the two codes together yields your total panel size.

Q: Why can we not use just one code?

A: The ministry has two distinct information needs. Firstly, it needs to understand progress towards closing the attachment gap, with the PCN Attachment code meeting this purpose. Secondly, the ministry needs to understand NP panel sizes for the purposes of monitoring and evaluation; the PCN Existing Panel Or Panel Transfer Report code captures all attached patients that are not currently reflected by the PCN Attachment code.



Q: Is this data going to be used for enforcing contract compliance?

A: As per the [PCN NP Guideline](#), “The ministry has communicated broadly that the attachment targets in the service contract are targets and not firm goal posts. The targets will be reviewed through a continuous quality improvement process. The ministry notes that there are many recent mitigating circumstances (e.g., redeployment, attaching particularly complex patients in the early phase of attachment, etc.), which might prevent an NP from achieving the targets outlined in the service contract.”

Please note that while there are mitigating circumstances that may prevent you from achieving panel size targets, there are no acceptable reasons for failing to report attachment. This reporting is **mandatory** for contract compliance.

Q: I haven’t reported all of my previous attachments. Should I go back and report them?

A: Yes. All attachments must be reported. The Nurses and Nurse Practitioners of British Columbia’s (NNPBC’s) Regional Leadership Team can help you to review your attachment reporting to date and fill in any gaps. They can be contacted by emailing nppracticesupport@nnpbc.com.

Q: I reported my previous attachment, but I didn’t always apply the correct code. (I reported non-net-new attachments using the PCN Attachment code.) What should I do?

A: You should not attempt to retroactively recode these attachments at this time. Instead, simply use the PCN Attachment code only for net new attachments going forward.

Q: How often do I need to submit the codes?

A: They should be submitted on a one-time basis (one code, one time, for each attached patient). You do not need to resubmit this information each year.

Q: What do I do if a patient detaches (e.g., deceased, moves away, switches providers)?

A: You do not need to report detachment to the ministry at this time. Additional guidance around this may be provided in the future.

Q: Is there a different PCN Existing Panel Or Panel Transfer Report code for each PCN?

A: No. There is just one, provincewide PCN Existing Panel Or Panel Transfer Report code: 97701. This is unlike the PCN Attachment codes, which are [specific to PCNs](#).

Q: Where can I go for more help?

A: The NNPBC’s Regional Leadership Team can provide additional support, including guiding you through a self-review of attachment reporting to ensure that your entire patient panel has been reported to the ministry. Contact nppracticesupport@nnpbc.com. You may also reach out to the ministry’s Nursing Policy Secretariat at NursingPolicySecretariat@gov.bc.ca or the Primary Care Division’s Results Management Office at hlth.pcdrmo@gov.bc.ca.