

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1062	Date: April 6, 2012
	Change Request 7758

SUBJECT: Health Insurance Portability and Accountability Act (HIPAA) 5010 and D.0 Annual Re-Certification Program

I. SUMMARY OF CHANGES: The purpose of this change request is to instruct the A/B Medicare Administrative Contractors (MACs) to prepare their Electronic Data Interchange (EDI) front end systems in order to complete the CMS Annual Recertification Program for the Accredited Standards Committee (ASC) X12 version 5010 transactions and the National Committee for Prescription Drug Programs (NCPDP) D.0 format transactions.

EFFECTIVE DATE: May 7, 2012

IMPLEMENTATION DATE: May 7, 2012

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revise information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 1062	Date: April 6 2012	Change Request: 7758
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SUBJECT: Health Insurance Portability and Accountability Act (HIPAA) 5010 and D.0 Annual Recertification Program

Effective Date: May 7, 2012`

Implementation Date: May 7, 2012

I. GENERAL INFORMATION

A. Background: The Centers for Medicare and Medicaid Services (CMS) is in the process of implementing the next version of the Health Insurance Portability and Accountability Act (HIPAA) transactions. The Secretary of the Department of Health and Human Services (DHHS) has adopted Accredited Standards Committee (ASC) X12 Version 5010 and the National Council for Prescription Drug Programs (NCPDP) Version D.0 as the next HIPAA transaction standards for covered entities to exchange HIPAA transactions. The final rule was published on January 16, 2009. Some of the important dates in the implementation process are:

Effective Date of the regulation: March 17, 2009

Level I compliance by: December 31, 2010

Level II Compliance by: December 31, 2011

All covered entities have to be fully compliant on: January 1, 2012

Level I compliance means “that a covered entity can demonstrate that it could create and receive compliant transactions, resulting from the compliance of all design/build activities and internal testing.”

Level II compliance means “that a covered entity has completed end-to-end testing with each of its trading partners, and is able to operate in production mode with the new versions of the standards.”

DHHS has promulgated in the Final Rules provisions which permit dual use of existing standards (ASC X12 4010A1 and NCPDP 5.1) and the new standards (5010 and D.0) from the March 17, 2009, effective date until the January 1, 2012, compliance date to facilitate testing subject to trading partner agreement.

The purpose of this change request is to instruct the A/B Medicare Administrative Contractors (MACs) to prepare their Electronic Data Interchange (EDI) front end systems in order to complete the CMS Annual Recertification Program for the Accredited Standards Committee (ASC) X12 version 5010 transactions and the National Committee for Prescription Drug Programs (NCPDP) D.0 format transactions.

MAC estimates for this CR should include a breakdown as part of the Level of Effort (LOE) response, utilizing the following table to be included in the “Estimate-Specific Comments” portion of the LOE template, to follow the Investment Lifecycle Phases.

Investment Lifecycle Phase	Total Hours	Total Cost
Pre-Implementation/CR Review		
Design & Engineering Phase		
Development Phase		
Testing Phase		
Implementation Phase		

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
7758.6	Contractors shall estimate at this time in the Level Of Effort area within CMS' eChimp application staffing levels and costs associated with the Trading Partner management activities during the annual recertification period. This shall assist CMS with applicable funding levels using appropriate Fiscal Year dollars.	X	X								CEDI
7758.7	Contractors shall perform an analysis of lessons learned from the Certification Test Program and deliver a Word document to the Pre-Implementation Contact.	X	X								CEDI

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: NA

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Angie Bartlett (410) 786-2865, Angie.Bartlett@cms.hhs.gov
Michael Cabral (410) 786-6168, Michael.Cabral@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachments: 2

Re-Certification Instruction Guide

Recertification Status/Reports Tool



Centers for Medicare & Medicaid Services (CMS)/Single Testing Contractor (STC)/Medicare Administrative Contractor (MAC)

5010/D.0 Re-Certification Instruction Guide

Contract Number HHSM-500-2007-000241
Task Order Number HHSM-500-T0001

April 30, 2012
Version 1.0

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REVISION HISTORY

REVISION HISTORY			
DATE	VERSION	DESCRIPTION	MODIFIED BY
December 6, 2011	0.3	Draft for peer review	C. Keefer
April 30, 2012	1.0	Baseline version	Ron Pierce

SIGNATURES

The signatures below represent authorization for the Single Testing Contractor (STC) 5010/D.0 Re-Certification Project team to use QSSI and project resources to perform tasks in association with the successful completion of this 5010/D.0 Re-Certification Instruction Guide and subsequent activities.

KIM OSWALD, PROGRAM DIRECTOR
QSSI STC PROJECT

02/10/2012

DATE

LAURIN BOGGERO, PROGRAM OVERSIGHT DIRECTOR
QSSI STC PROJECT

02/10/2012

DATE

RON PIERCE, PROJECT MANAGER
STC 5010/D.0 RE-CERTIFICATION PROJECT

02/10/2012

DATE

TAMYA MOORE, QMO REPRESENTATIVE

02/10/2012

DATE

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1. Introduction

The purpose of the 5010/D.0 Re-Certification Instruction Guide is to explain the 5010/D.0 Re-Certification process, reporting requirements, and retention requirements. This guide is intended to be used by the Medicare Administrative Contractors (MAC) and Common Electronic Data Interchange (CEDI), referred to as “Contractors” in this guide.

1.1. Project Overview

As of January 2012, the Centers for Medicare and Medicaid Services (CMS) implemented the next version of Health Insurance Portability and Accountability Act (HIPAA) 5010 and National Council for Prescription Drug Programs (NCPDP) D.0 transactions.

Re-certification is defined as a successful execution of selected use/test cases from the original Certification Program and their associated test data files which have been verified against the selected use/test cases. These use/test cases represent the ability of Contractors to continue to exchange Electronic Data Interchange (EDI) transactions with external trading partners and process the transactions through their Commercial off-the-shelf (COTS) EDI translator and the Common Edits and Enhancements Module (CEM).

1.2. Project Purpose, Scope, and Objectives

The CMS now accepts only the next version of HIPAA-adopted transactions including Accredited Standards Committee (ASC) X12 and NCPDP standards, often referred to as Version 5010/D.0. Use cases, test cases, and the associated test data files have been created and validated to verify each Contractor continues to receive and process 5010/D.0 transactions, as well as other CMS-required EDI enhancements in production.

The STC is responsible for conducting an annual Re-Certification Program. The objective of the program is to make sure the Contractors can still process X12 005010 transactions, NCPDP D.0 and the batch equivalent of NCPDP 1.2 transactions and the CEM edits.

All Contractors will be performing Re-Certification testing using the Re-Certification Test Package (RTP) and producing reports based on the test results. For audit and quality check purposes, each Contractor must retain a copy of re-certification results, reports, and files as necessary.

As future changes are made to the transactions based on the CMS Change Requests or other industry factors, the RTP will be updated and utilized during each annual Re-Certification Program.

1.3. Contact Information

For assistance or more information about the HIPAA 5010/D.0 Re-Certification Program, please contact the following STC project leaders:

TABLE 1: 5010/D.0 RE-CERTIFICATION PROJECT CONTACTS

STC CONTACT NAME	ROLE	PHONE NUMBER
Ron Pierce	STC HIPAA 5010/D.0 Project Manager	(803) 832-7000, ext. 624
Kim Oswald	STC Program Director	(803) 832-7000, ext. 602

For e-mail inquiries, please send them to STC5010@gssinc.com.

1.4. Acronyms

The following table lists the acronyms listed in this instruction guide.

TABLE 2: ACRONYMS

ACRONYM	DESCRIPTION
ASC	Accredited Standards Committee
CEDI	Common Electronic Data Interchange
CEM	Common Edits and Enhancement Module
CMS	Centers for Medicare and Medicaid Services
COTS	Commercial Off The Shelf
DME	Durable Medical Equipment
DOORS	Dynamic Object Oriented Requirements System
EDC	Enterprise Data Center
EDI	Electronic Data Interchange
EIN	Employer Identification Number
HICN	Health Insurance Claim Number
HIPAA	Health Insurance Portability and Accountability Act of 1996
ID	Identifier
MAC	Medicare Administrative Contractor
NCPDP	National Council for Prescription Drug Program
NPI	National Provider Identifier
PHI	Personal Health Information
POC	Point Of Contact
RTP	Re-Certification Test Package
SSN	Social Security Number
STC	Single Testing Contractor
SME	Subject Matter Expert
SOW	Statement Of Work
TDL	Technical Direction Letter

2. Schedule

CMS will issue a change request which will specify the start and duration of the re-certification program.

3. Overview of Use Case, Test Case, & Data File Development

The RTP includes the following CMS-selected components:

- Use cases, which are used to group testing of the transaction by loop
- Test cases that define specific test conditions for the transactions
- Test data files, which are used to validate the test case

Each of these components are described below.

3.1. Definition of a Use Case

A use case represents a grouping of test cases for a given structure within a transaction (where loop is applicable) and the minimum type of response expected by each of the test cases within the use case. In most cases, each loop has at least one “accept (in process/flat file mapping)” use case and at least one “reject” use case.

For each use case, there are multiple test cases. However, the “reject loop” use case contains only one test case for the rejection or first negative test of the entire loop.

Depending on the edit type, additional use cases may be necessary. For example, each loop will have one Implementation Acknowledgment (999) use case with multiple test cases and one accepted (“A”) use case for “good clean” claims in process/flat file mapping. A loop may also have one Health Care Claim Acknowledgment (277CA) use case with multiple test cases.

For NCPDP, each segment has one “accept (in process/flat file mapping)” use case, one “reject” use case, and one flat file mapping use case developed by CEDI.

3.1.1. Use Case Identifier

A use case identifier (ID) maintains traceability between the use case, the test cases, the associated test data files, and Re-certification results. Each use case identifier is comprised of four identifiers:

- The Transaction identifier
- An Accept/Reject identifier
- The Edit identifier
- The Loop identifier

For NCPDP, the use case identifier is placed in the 880-K5 Transaction Reference Number field.

Each use case includes narrative text describing the purpose and scope of the use case, as well as associated comments.

3.1.2. Use Case Identifier Definitions

The table below defines use case identifiers and provides their valid values or examples.

TABLE 3: USE CASE IDENTIFIER DEFINITIONS

IDENTIFIER	POSITION	DESCRIPTION	VALID VALUES/EXAMPLES
Transaction	1	1 byte transaction	I = Institutional P = Professional D = Durable Medical Equipment (DME) only (CEDI) N = NCPDP (CEDI) 7 = 277CA 5 = 835
Accept/Reject/Reject Loop/Flat File	2	1 byte accepts or rejects use case results	A = Accept - In process/Flat File mapping F = Flat File L = Reject Loop* R = Reject * The "reject loop" use case contains only one Test Case. This Test Case will be for the first negative test of a loop.
Edit	3	1 byte edit	A = TA1 (reject envelop ISA, IEA) 9 = 999 7 = 277CA 5 = 835 T = Transaction Response (CEDI NCPDP only)
Loop #	4-9 (if needed)	Maximum of a 6 byte loop number (no longer filled with lowercase "x")	Examples: 2300 1000B 2010AB

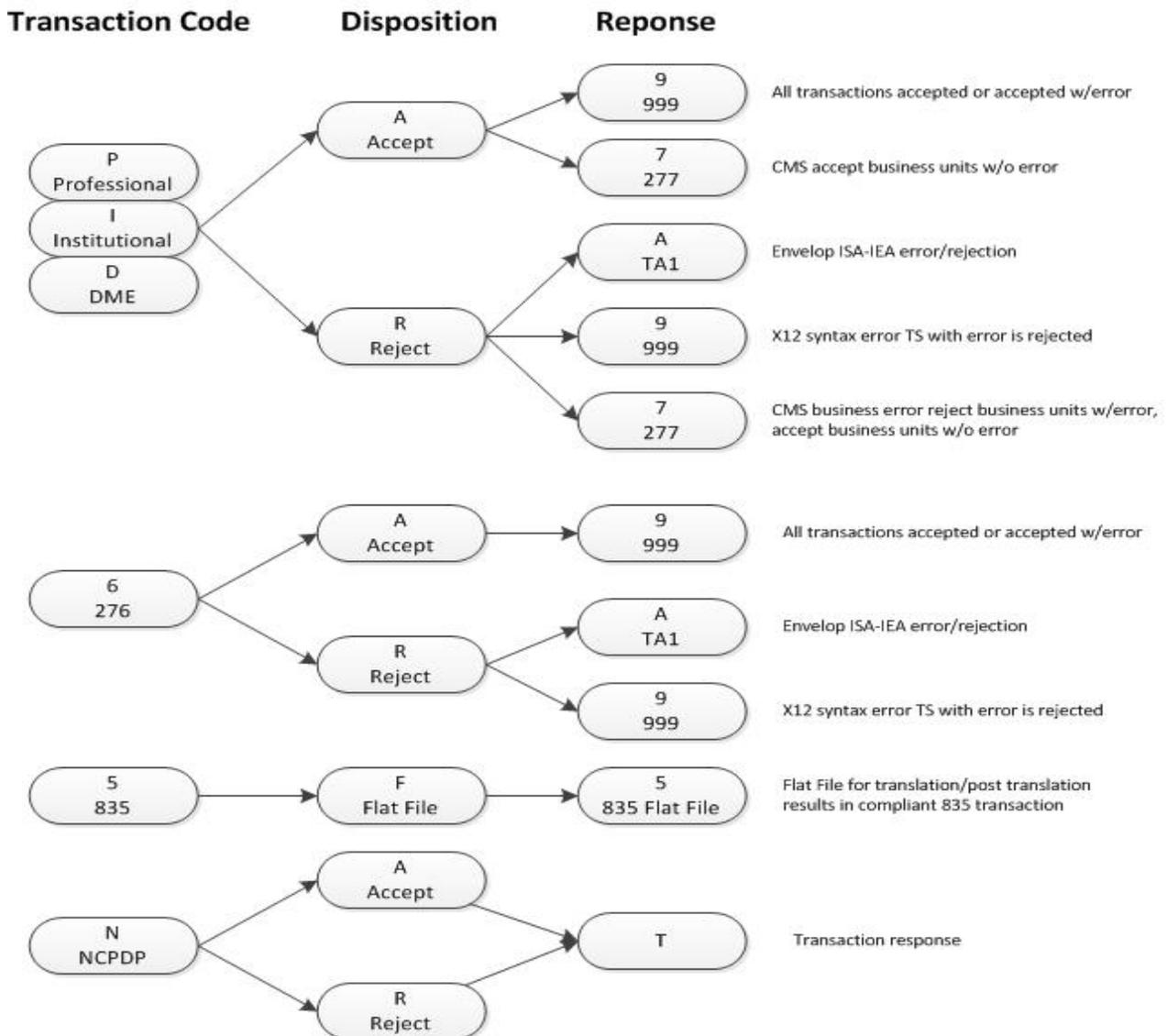
3.1.3. Use Case Examples

The following table shows some examples of use case identifiers.

TABLE 4: USE CASE IDENTIFIER EXAMPLES

TRANSACTION	ACCEPT/REJECT	EDIT	LOOP	FULL USE CASE ID
P	R	9	1000A	PR91000A
P	A	7	1000B	PA71000B
P	R	7	1000B	PR71000B
P	R	9	1000B	PR91000B
P	R	9	2010AA	PR92010A

FIGURE 1: USE CASE MAPPING



3.1.4. Special Use Case Instructions for CEDI

837P for CEDI (DME MACs)

The STC determined the approximate number of 837P test cases needed by CEDI for DME MAC processing. Additionally, other edits in the 837P Transaction Edits Spreadsheet were different between Part B and DME processing. CEDI added the DME elements, which had to change in order to completely test DME claims.

In order for CEDI to use the Part B claims deck, CEDI wrote use cases based on the loops where they have 5010 edits different from those used by the Part B systems. Therefore, the CEDI use case is different from those of Part B. CEDI uses “D” as the first letter of their use case rather than “P.” All other elements comprising the use case will be the same.

Examples of valid 837P Test Case IDs for CEDI are DA91000A and DR92010BB.

835 for CEDI (DME MACs)

When the 835 use/test cases were completed, CEDI reviewed the test cases to ensure all elements had been covered, and added use/test cases for the 835 elements for DME MACs only. Any items identified as unique to DME utilized by CEDI begin with a “D.”

3.2. Definition of a Test Case

A test case describes each task to insure that each of the transactions data elements, qualifiers, and data values conform to the appropriate standard, for example, TR3 or IG and the associated Transaction Edits Spreadsheet. Each valid value, invalid value, and edit is listed in the appropriate Transaction Edits Spreadsheet as an associated test case.

Each test case includes:

- The purpose of the test case
- The steps (and prerequisites) required to execute the test case
- What the expected results are
- Any necessary comments to clarify the test case

These components are described in more detail below.

3.2.1. Test Case Identifier

For the Re-Certification Program, the test case identifier is comprised of five values, separated by periods:

- The use case identifier
- The data element identifier
- A peer segment identifier (new for Re-Certification purposes)

- Code value (for ID type data elements which have more than one valid code value)
- The test case sequence number (used to make the Test Case ID unique)

For reject test cases, the test data files are named with the same identifier as the test case. “Accept” test case data files represent multiple test cases.

For NCPDP, Test Case Field ID is placed in the 104-A4 Processor Control Number field positions 1 through 7, and the Test Case Sequence Number is placed in 104-A4 Processor Control Number field positions 8 through 10.

Without the addition of the peer segment identifier, there are test cases and test data files which would have identical names. The peer segment identifier has been added **ONLY** when duplications would occur. These will be used only when the same segment is repeated more than one time to identify the peer segment qualifier used for this Test Case.

3.2.2. Test Case Identifier Definitions

For the Re-Certification Program, the test case IDs have been modified to include a peer segment to eliminate what would be duplicate test case IDs. In order to eliminate duplicate test case IDs, peer segments are to be used. For example, the following table compares the test case IDs used for Certification to those used for Re-Certification:

TABLE 5: EXAMPLES OF TEST CASE IDS USED FOR CERTIFICATION & RE-CERTIFICATION

CERTIFICATION TEST CASE ID	RE-CERTIFICATION TEST CASE ID
PR92320xx.AMT01.1.0002	PR92320.AMT01.D..0002
PR92320xx.AMT02.2.0001	PR92320.AMT02.A8..0001
PR92400xx.DTP01.0001	PR92400.DTP01.472.D8.0001
PR92400xx.DTP01.0003	PR92400.DTP01.471..0001

As a result, the test case identifier for Re-Certification testing now consists of four values separated by periods, as noted in the previous section. The table below defines the elements of a test case identifier.

TABLE 6: TEST CASE IDENTIFIER DEFINITIONS

TEST CASE ID ELEMENT	POSITION	DESCRIPTION	EXAMPLES
Use Case ID	1	Identifies the use case	PR92320 PR92400
Element ID	2	A maximum of 7 bytes, including a dash for composite data elements	ISA01 AMT01 AMT02 DTP01

TEST CASE ID ELEMENT	POSITION	DESCRIPTION	EXAMPLES
Peer Segment ID	3	The 5010 value from the CMS Edits spreadsheet specifically testing for that value in that row. This identifier will also work in situations where there is a segment in the TR3 that repeats multiple times for the same business purpose but has multiple quantifiers. An example for this would be Loop 2400 DTP (page 387 in TR3) for Test Date, where the segment repeats twice with two qualifiers in DTP01: code 738-Most Recent Hemoglobin or Hematocrit or Both, and code 739-Most Recent Serum Creatine.	D A8 EAF 738 739
Code Value	4	When a data element is an identifier type data element (ID) and there is more than one valid code, this position will contain the code value used for this Test Case.	D8 RD8
Test Case Sequence Number	5	For MACs, this is a sequential number beginning with 0001, followed by the next sequential number(s) until the element identifier changes. At that point, the sequential numbering must restart with 0001. For CEDI NCPDP transactions only, this is a sequential number beginning with 001, followed by the next sequential number(s) until the element identifier changes. At that point, the sequential numbering must restart with 001.	For MACs: 0001 0002 0003 0004 0005 For CEDI NCPDP transactions only: 001 002 003 004 005

3.2.3. Envelope and Provider-Level Test Case Identifiers

Examples of envelope and provider-level test case identifiers are provided in the table below.

TABLE 7: ENVELOPE & PROVIDER-LEVEL TEST CASE IDENTIFIER EXAMPLES

USE CASE ID	ELEMENT ID	TEST CASE SEQUENCE NUMBER	TEST CASE IDENTIFIER
IRA	ISA	0001	IRA.ISA...0001
IRA	ISA	0002	IRA.ISA...0002
IRA	ISA01	0001	IRA.ISA01...0001
IR91000B	NM101	0001	IR91000B.NM101...0001
PA92010AA	NM1	0001	PA92010AA.NM1...0001

USE CASE ID	ELEMENT ID	TEST CASE SEQUENCE NUMBER	TEST CASE IDENTIFIER
PA92010AA	NM101	0001	PA92010AA.NM101...0001

3.2.4.Claim-Level Test Case Identifiers

Examples of claim-level test case identifiers are provided below.

TABLE 8: CLAIM-LEVEL TEST CASE IDENTIFIER EXAMPLES

USE CASE ID	ELEMENT ID	TEST CASE SEQUENCE NUMBER	TEST CASE IDENTIFIER
PA92300	CLM05-01	0001	PA92300.CLM05-01...0001
PR92300	CLM05-01	0002	PR92300.CLM05-01...0002
PA92300	CLM11-05	0001	PA92300.CLM11-05...0001
PR92300	CLM11-05	0001	PR92300.CLM11-05...0001

3.3. Test Data Files

The CMS provided “reject” test data files with the identical name of each test case ID. Each “reject” test data file represents one test case and only one error based on the Transaction Edits Spreadsheets provided by the CMS.

The CMS provided “accept” test data files. Multiple test cases are included in one “accept” test data file.

Each use case has an associated data file that will be used to certify the Contractor can process the test cases correctly. The Test Data Files are generic in nature and do not include any Personal Health Information (PHI). When it was determined that more than one data file was needed for a test case, the data file name includes the peer segment as part of the file name.

Example: PR92320.AMT01.D..0002

4. Procedures for Re-Certification

The Re-Certification test will ensure each MAC has implemented the HIPAA-adopted transactions consistently and remains in compliance with the regulations of the selected transaction specifications, code sets, and CMS edits. Successful execution of the Re-Certification test will demonstrate the MACs' continued ability to correctly accept and reject transactions as well as to produce the associated acknowledgment transactions.

4.1. Delivery of Re-Certification Test Package

The RTP is being delivered to all Contractors via their designated Point of Contact (POC). The STC will e-mail the test cases and test data files to each POC as a compressed zip file (.zip). When these e-mails are received, they must be retained by the Contractors for the re-certification process. If the STC issues any changes to the RTP, they will be accompanied by a Change Log.

Each RTP contains the following items:

- Package introduction and inventory
- The initial Re-Certification Status Reporting spreadsheet, which defines the associated use cases/test cases, test data file names, and the CMS Transaction Edits Spreadsheet ID (from the April 2012 CR 7596 as well as Technical Direction Letter (TDL)-12149)
- Test data files

Before beginning the Re-Certification Test, Contractors should ensure the test data files are in place at their site for translator and CEM access.

The Re-Certification Status Report is to be updated and submitted each day to the STC during the test execution period. Therefore, the original and the daily updates must be saved in a secure file location at the Contractor's site throughout the Re-Certification test and afterward for future audits and quality checks. (See Sections 7.2 and 7.3 for more information.)

4.2. Open & Download the Re-Certification Test Package

Once the .zip files are saved at the Contractor's local site, they must be unzipped for use.

To unzip the files, use the PowerArchiver2000 software or a similar tool. Depending on the file compression software installed on the Contractor's computers for zipping and unzipping files, there are several different ways to extract a file:

Method #1:

1. Move the zip file to the location on the computer where the files are to go.
2. Right click on the .zip file and select "Extract here." The files should appear on the computer either in a folder titled the same as the name of the .zip file, or each file will extract individually in the same location as the zip file.

Method #2:

1. Right click on the .zip file and select “Extract all.”
2. Click the Browse button to navigate to the location where the files are to be extracted.
3. Select the location and click “OK.”
4. Click on “Extract.” The files should appear in a folder, titled the same as the zip file name, at the desired location.

Method #3:

1. Right click on the zip file and select “Open” or simply double-click on the .zip file.
2. Select all the files to be extracted.
3. Drag those files onto the computer’s desktop or to the location where they are to be extracted.

Method #4:

1. Click on the .zip file.
2. In the “Extract to” box on the screen, select the location where the files are to be stored.
3. Click on the “Extract” box to write all the files in the .zip file to the designated folder.

Regardless of which method is used to unzip the RTP files, Contractors should confirm their designated folder contains the same number of extracted files as the original test package.

4.3. File Preparation for Re-Certification of ASC X12 5010 Transactions

For ASC X12 5010 transactions, each test data file contains a series of “wildcard” values where site-specific PHI data content is located. When testing the test data files, these “wildcard” values need to be replaced with realistic values to prevent false negative errors. These “wildcard” values are listed in the table below.

TABLE 9: ASC X12 5010 TEST DATA FILE WILDCARD VALUES FOR PHI

DATA ELEMENT	WILDCARD VALUE TO BE REPLACED
Submitter ID	SSSSSS
Payer ID	PPPPP
Employer Identification Number (EIN)	EEEEEEEE
Social Security Number (SSN)	XXXXXXXX
Health Insurance Claim Number (HICN)	11111111F
Non-Rendering National Provider Identifier (NPI)	NNNNNNNNNN
Non-Attending NPI	NNNNNNNNNN
Attending NPI	AAAAAAAAAA
Rendering NPI	RRRRRRRRRR
Zip + 4	ZIPCDFOUR (Recommend doing this find/replace before ZIPCD)
Zip Code	ZIPCD (See recommendation for Zip + 4)
Creation Dates (8 digits)	CRE8DATE
Creation Dates (6 digits)	6DIGIT
Business Transaction Dates	BUSDATES

Using a text editing tool and the steps noted below, replace the “wildcard” values for PHI in test data files. **Please note: The file now contains PHI and can no longer be sent to another location via electronic mail.**

- Step 1:** Replace “SSSSSSbbbbbbbb” (15 characters total) with the Submitter ID used at the Contractor’s site. Please note there are 9 blank spaces after the SSSSSS on the ISA segment. This replaces the Submitter ID on the ISA segment accurately. If this data element is not 15 characters (bytes), the translation will fail.
- Step 2:** For the remaining Submitter IDs in the Test Data Files, replace “SSSSSS” with the same Submitter ID used at the Contractor’s site. This replaces Submitter ID on all other segments.
- Step 3:** Replace all “PPPPbbbbbbbb” (15 characters total) with the same CMS-assigned Contractor number. This replaces the Payer ID in all other segments.
- Step 4:** For the remaining Submitter IDs in the Test Data Files, replace “PPPP” with the same Receiver ID used at the Contractor’s site. This replaces Receiver ID on segments.
- Step 5:** Replace “EEEEEEEE” with the EIN of a facility/provider/supplier used at the Contractor’s location.
- Step 6:** Replace “XXXXXXXXXX” with the SSN of a facility/provider/supplier used at the Contractor’s location.
- Step 7:** Replace “11111111F” with a beneficiary’s Medicare number or HICN used at the Contractor’s location.
- Step 8:** Replace “NNNNNNNNNN” with a non-attending and non-rendering NPI number used in the Contractor’s location.
- Step 9:** Replace “AAAAAAAAAA” with an Attending NPI number used in the Contractor’s location.
- Step 10:** Replace “RRRRRRRRRR” with a Rendering NPI number used in the Contractor’s our location.
- Step 11:** Replace “ZIPCDFOUR” with the zip code used in the Contractor’s location.
- Step 12:** Replace “ZIPCD” with the zip code used in the Contractor’s location.
- Step 13:** Replace “CRE8DATE” with the current transaction creation date (CCYYMMDD).
- Step 14:** Replace “6DIGIT” with the current transaction creation date (YYMMDD).
- Step 15:** Replace “BUSDATES” with the date for the claim.

Below is an example of a partial Part A claim **before** the “wildcard” replacement:

```
ISA*00*      *00*      *ZZ*SSSSSS      *ZZ*PPPPP      *6DIGIT*1609*^*00501*266969000*1*T*~
GS*HC*SSSSSS*PPPPP*CRE8DATE*1609*346001*X*005010X223A2~
ST*837*IAS2310Bx*005010X223A1~
BHT*0019*00*IAS2310Bx.NM1.0001*CRE8DATE*1609*CH~
NM1*41*2*SUBMITNAME*****46*SSSSSS~
PER*IC**TE*7012776736~
NM1*40*2*MEDICARE PART A UTAH*****46*PPPPP~
GE*1*346001~
IEA*1*266969000~
```

Below is an example of a partial Part B claim **before** the “wildcard” replacement:

```
ISA*00*      *00*      *28*SSSSSS      *28*PPPPP      *6DIGIT*1700*^*00501*900000001*1*T*~
GS*HC*SSSSSS*PPPPP*CRE8DATE*1700*700000001*X*005010X222~
ST*837*PA92420Gx*005010X222~
BHT*0019*00*PA92420Gx.N3.*CRE8DATE*1630*CH~
NM1*41*2*TEST SUBMITTER*****46*SSSSSS~
PER*IC*HIPAA HELP DESK*TE*3058881234*FX*3058881235~
NM1*40*2*J1 MEDICARE 'B' - CA, HI, NV*****46*PPPPP~
GE*1*700000001~
IEA*1*900000001~
```

4.4. File Preparation for NCPDP Transactions

For NCPDP D.0 and the equivalent batch standard 1.2 transactions, each test data file contains a series of “wildcard” values where site-specific PHI data content is located. When using the test data files, these “wildcard” values need to be replaced with realistic values to prevent false negative errors. These “wildcard” values are listed in the table below.

TABLE 10: NCPDP D.0 TEST DATA FILE WILDCARD VALUES FOR PHI

DATA ELEMENT	WILDCARD VALUE TO BE REPLACED
Submitter ID	SSSSSSSSSS
HICN	111111111F
Provider NPIs	NNNNNNNNNN
Creation Dates	CRE8DATE

Using a text editing tool and the steps noted below, replace the “wildcard” values for PHI in test data files. **Please note: The file now contains PHI and can no longer be sent to another location via electronic mail.**

- Step 1:** Replace “SSSSSSSSSS” with the Submitter ID used at the Contractor’s site. This replaces Submitter ID on all other segments.
- Step 2:** Replace “11111111F” with a beneficiary’s Medicare number or HICN used at the Contractor’s location.
- Step 3:** Replace “NNNNNNNNNN” with a with a Provider NPI number used in the Contractor’s location.
- Step 4:** Replace “CRE8DATE” with the current transaction creation date (CCYYMMDD).

5. File Translation for Re-Certification

This section explains the tasks related to file translation for re-certification of both ASC X12 5010 and NCPDP 5.0 and batch 1.2 transactions.

5.1. File Translation for Re-Certification of ASC X12 5010 Transactions

Using the steps below, the Contractors should process input files as they normally would from any outside source for transactions. Contractors should utilize their EDI translator to process each test data file. The translator results must exactly match the test case expected results, which correspond to the Transaction Edits Spreadsheets.

- Step 1:** Run the inbound test data file transactions through the EDI Translator.
- Step 2:** Process inbound X12 005010 transactions from the EDI Translator through the CEM. Please note the CEM is part of the CEDI front end translator software.
- Step 3:** Document the results of the test case including errors produced, transactions produced 999/TA1, and the transaction flat file location at the Contractor's site for future audit purposes.
- Step 4:** If abnormal or unexpected results occur based upon the expected results for the test case complete the Re-Certification Status Report and send it to the STC **daily** for exception categorization and resolution recommendation.

5.2. File Translation for Re-Certification of NCPDP Transactions

Using the steps below, Contractors should process input files as they normally would from any outside source for NCPDP transactions. Contractors should utilize their EDI translator to process each test data file. The translator results must exactly match the test case expected results, which correspond to the Transaction Edits Spreadsheets.

- Step 1:** Run the test data file through the EDI Translator.
- Step 2:** Document the results of the test case including errors produced, transactions produced, and transaction flat file location at the Contractor's site for future audit purposes.
- Step 3:** If abnormal or unexpected results are produced, including any complete the Re-Certification Status Report and send it to the STC **daily** for resolution.

6. CEM Creation of 277CA Transactions

Using the steps below, Contractors should process test data files as they normally would from any outside source for transactions. Contractors should utilize their EDI translator to process each X12 005010 data file. The translator results must exactly match the test case expected results, which correspond to the Transaction Edits Spreadsheets or be marked as an exception. For CEDI the CEM is part of the front end translator software.

- Step 1:** Verify that the 837 file translated properly and did not receive a 999R or a TA1.
- Step 2:** Request that the translated 837 flat file be processed through the current version of the CEM at the Contractor's site.
- Step 3:** Document the results of the processed 837 flat file received from the CEM.
A 277CA must be produced as an outbound transaction representing the acceptance or rejection of each claim.
- If the claim was accepted, it will be assigned an internal control number and an Enterprise Data Center (EDC) flat file should be produced.
 - If the claim was rejected, the 277CA will include claim status codes identifying why the claim was rejected.
- Step 4:** If the claim was accepted, the contractor may process the resulting EDC flat file through the Standard System.
If the 277CA was rejected, the MAC or CEDI will receive an EDC error report. Record the details in the Re-Certification Status Report and produce an outbound transaction.
- Step 5:** All 277CA files must be translated as an outbound transaction without any errors.
- Step 6:** Record any other abnormal or unexpected results in the Re-Certification Status Report and send it to the STC **daily** for resolution.

7. Reporting & Communication Requirements

7.1. Re-Certification Status Meeting

Throughout the Re-Certification process, the STC 5010 Project Coordinator will be facilitating weekly conference calls with all stakeholders for the purpose of discussing Contractor statuses and issues during the RTP execution. Stakeholders for the Re-Certification Program include the CMS, the STC, CEDI, and the MACs.

The CMS will establish the timeline for the Re-Certification Program. The timeframe for these calls will coincide with the Re-Certification Phase of the Project Schedule.

7.2. Re-Certification Status Report

The RTP will include a Re-Certification Status Report that the STC will initially populate from the Dynamic Object Oriented Requirements System (DOORS). As a result, much of the information in the Re-Certification Status Report will be pre-populated for each Contractor, with each row of the spreadsheet representing a test case that must be executed as part of the Re-Certification testing process.

Use the Re-Certification Status Report spreadsheet to report all results that occurred based upon the expected results for the test case, including any front-end matrix issues. Contractors must complete the Re-Certification Status Report and send it to the STC **daily**.

The STC will then categorize and develop responses to the exceptions in the Re-Certification Status Report spreadsheet and return the spreadsheet to the MAC with a suggested resolution for any reported exceptions on a weekly basis. . These recommendations may include but not limited to requests for additional to clarify the exception, require corrective action to the EDI translation, CEM or other front end software and the rerunning of the test case after corrective action to verify the expected results are received or a recommendation to mark the test case complete.

The following table describes the information documented in the STC Re-Certification Status Report.

TABLE 11: STC RE-CERTIFICATION STATUS REPORT FIELDS

FIELD	DESCRIPTION/REQUIRED ACTION
MAC	Notes the Medicare Part A/Part B MAC ID or CEDI doing the testing
Test Case ID	Will be pre-populated. (The data file ID will match the test case ID.)
Use Case ID	Will be pre-populated.
CMS Edit Reference ID	Will be pre-populated.
Element ID	Will be pre-populated.
Seq # (Sequence Number)	Will be pre-populated.
Bene Info (Beneficiary Information)	Will be pre-populated.
Prov Info (Provider Information)	Will be pre-populated.
Intercase Dependencies	Will be pre-populated.
Prerequisites for Set-Up	Will be pre-populated.

FIELD	DESCRIPTION/REQUIRED ACTION
Purpose of Test Case	Will be pre-populated.
Steps to Execute	Will be pre-populated.
Expected Results	Will be pre-populated.
MAC & CEDI Exception Y/N	From the drop-down box, select either Y(es) or N(o) to indicate whether or not an exception occurred for this test case.
Exception Explanation	Enter the details of the exception to the expected result.
Exception Response	Indicates the CMS or STC response to the reported exception. Contractors should refer to this information for direction on how to resolve the exception and continue testing
MAC & CEDI Pass/Fail	From the drop-down box, select either Pass or Fail to indicate whether the test case passed or failed.
Date Completed	Enter the date on which the test case is marked as "Pass."
Percentage of Test Cases Completed	This cell automatically calculates the percentage of test cases completed based on a formula built into the spreadsheet.

7.3. Final Re-Certification Results

The Re-Certification testing process is not complete until Contractors have completed and submitted their final copy of the Re-Certification Status Report spreadsheet to the STC. This final copy of the report should be filled out completely, with all test cases marked as “pass” with the associated completion date.

Please retain all files for future audits and quality checks.

8. Glossary

Exception – Any abnormal or unexpected result that occurs based upon the expected results for a test case, including front-end matrix issues, during Re-Certification test execution. (In the Certification test process, these test results were referred to as “deviations.”)

Re-Certification – A successful execution of selected critical error conditions from the original Certification Program use cases/test cases using test data files which had been verified against the test cases.

Re-Certification Test Package (RTP) – A complete set of instructions, use cases, test cases, test data files, and reports that the STC, MACS, and CEDI are to use in executing the tests required for the annual Re-Certification Program.

Test Case – A description of all tasks that must be completed to insure that each of the transactions data elements, qualifiers, and data values conform to the appropriate standard (for example, TR3 or IG) and the associated Transaction Edits Spreadsheet.

Use Case – A grouping of test cases for a given structure within a transaction (where loop is applicable) and the minimum type of response expected by each of the test cases within the use case.

Re-Certification Status Reporting spreadsheet

The Re-Certification Status Report is to be updated and submitted each day to the STC during the test execution period. Therefore, the original and the daily updates must be saved in a secure file location at the Contractor's site throughout the Re-Certification test and afterward for future audits and quality checks.

Columns A through M will be prefilled by the STC and locked for the MACs

Columns N, R, and S have pick lists for valid values

For the purposes of this CR this spreadsheet is populated with **sample** Test Cases and dates for illustration purposes. Prior to recertification this spreadsheet will be populated with all Test Cases included for re-certification.

#	Test Case ID	Use Case ID	Edit ID	Element ID	Provider Bene Info	Interchange Dependencies	Prereques		Steps to Execute	Expected Results	Test Case Comments	MAC & CEF/Exception Y/N	Exception Explanation	Exception Response	MAC & CSD/ Pass/Fail	Date Completed
							Item For Set-Up	Purpose of Test Case								
11629	PAS1000A.NM1.0001	PAS1000Ax	X222.074.1000A.NM1.010	NM1				Ensure 1000A NM1 loop is present	Ensure one 1000A NM1 is received	Accepted and flat file						
11630	PAS1000A.0001	PAS1000Ax	X222.074.1000A.010	NM1				Ensure one iteration 1000A NM1 is received	Ensure one 1000A NM1 is submitted	Accepted and flat file						
11631	PAS1000A.NM101.0001	PAS1000Ax	X222.074.1000A.NM101.010	NM101				Ensure valid value is submitted in the 1000A.NM101	NM101 = 41	Accepted and flat file						
11631	PAS1000A.NM101.41.0002	PAS1000Ax	X222.074.1000A.NM101.020	NM101				Ensure valid value is submitted in the 1000A.NM101	NM101 = 41	Accepted and flat file						
11632	PAS1000A.NM102.1.0001	PAS1000Ax	X222.074.1000A.NM102.010	NM102				Must be present	NM102 = 1	Accepted and flat file						
11633	PAS1000A.NM102.2.0001	PAS1000Ax	X222.074.1000A.NM102.010	NM102				Must be present	NM102 = 2	Accepted and flat file						
11633	PAS1000A.NM102.0002	PAS1000Ax	X222.074.1000A.NM102.020	NM102				1000A.NM102 must be valid values.	NM102 = 1 or NM102 = 2	Accepted and flat file						
11634	PAS1000A.NM103.0001	PAS1000Ax	X222.074.1000A.NM103.010	NM103				1000A.NM103 must be present.	NM103 = TEST PART B SUBMITTER	Accepted and flat file						
11634	PAS1000A.NM103.0002	PAS1000Ax	X222.074.1000A.NM103.020	NM103				Ensure 1000A.NM103 has 1 - 60 AN characters	NM103 = TEST PART B SUBMITTER	Accepted and flat file						
11634	PAS1000A.NM103.0003	PAS1000Ax	X222.074.1000A.NM103.030	NM103				1000A.NM103 must contain at least one non-space character	NM103 = TEST PART B SUBMITTER	Accepted and flat file						
11634	PAS1000A.NM103.0004	PAS1000Ax	X222.074.1000A.NM103.040	NM103				1000A.NM103 must be populated with accepted AN characters	NM103 = TEST PART B SUBMITTER	Accepted and flat file						
11635	PAS1000A.NM104.0001	PAS1000Ax	X222.074.1000A.NM104.010	NM104				Ensure 1000A.NM104 is not submitted when 1000A.NM102 = 2	Ensure NM104 is not submitted when NM102 = 2	Accepted and flat file						
11636	PAS1000A.NM104.0003	PAS1000Ax	X222.074.1000A.NM104.030	NM104				1000A.NM104 must be 1 - 35 characters.	NM104 = SUBMIT	Accepted and flat file						
11636	PAS1000A.NM104.0005	PAS1000Ax	X222.074.1000A.NM104.050	NM104				1000A.NM104 must contain at least one non-space character	NM104 = SUBMIT	Accepted and flat file						
11636	PAS1000A.NM104.0006	PAS1000Ax	X222.074.1000A.NM104.060	NM104				1000A.NM104 must be populated with accepted AN characters	NM104 = SUBMIT	Accepted and flat file						
11637	PAS1000A.NM105.0001	PAS1000Ax	X222.074.1000A.NM105.010	NM105				1000A.NM105 must contain at least one non-space character	Ensure NM105 is not submitted when NM102 = 2	Accepted and flat file						
11637	PAS1000A.NM105.0002	PAS1000Ax	X222.074.1000A.NM105.020	NM105				Ensure 1000A.NM105 is not submitted when 1000A.NM102 = 2	Ensure NM105 is not submitted when NM102 = 2	Accepted and flat file						
11638	PAS1000A.NM105.0004	PAS1000Ax	X222.074.1000A.NM105.040	NM105				1000A.NM105 must be 1 - 25 characters.	NM105 = A	Accepted and flat file						
11638	PAS1000A.NM105.0006	PAS1000Ax	X222.074.1000A.NM105.060	NM105				1000A.NM105 must be populated with accepted AN characters	NM105 = A	Accepted and flat file						
11641	PAS1000A.NM108.0001	PAS1000Ax	X222.074.1000A.NM108.010	NM108				1000A.NM108 must be present.	NM108 = 46	Accepted and flat file						
11641	PAS1000A.NM108.46.0002	PAS1000Ax	X222.074.1000A.NM108.020	NM108				1000A.NM108 must be "46".	NM108 = 46	Accepted and flat file						
11642	PAS1000A.NM109.0001	PAS1000Ax	X222.074.1000A.NM109.010	NM109				1000A.NM109 must be present.	NM109 = SSSSS	Accepted and flat file						
11642	PAS1000A.NM109.0002	PAS1000Ax	X222.074.1000A.NM109.020	NM109				1000A.NM109 must contain at least two non-space characters	NM109 = SSSSS	Accepted and flat file						
11642	PAS1000A.NM109.0003	PAS1000Ax	X222.074.1000A.NM109.030	NM109				1000A.NM109 must be 2-80 characters	NM109 = SSSSS	Accepted and flat file						
11642	PAS1000A.NM109.0005	PAS1000Ax	X222.074.1000A.NM109.050	NM109				1000A.NM109 must be populated with accepted AN characters	NM109 = SSSSS	Accepted and flat file						
11642	PAS1000A.NM109.0007	PAS1000Ax	X222.074.1000A.NM109.070	NM109				1000A.NM109 must be an approved electronic submitter	NM109 = SSSSS	Accepted and flat file						

Day	Percent Complete
05/21/2012	#REF!
05/22/2012	#REF!
05/23/2012	#REF!
05/24/2012	#REF!
05/25/2012	#REF!
05/29/2012	#REF!
05/30/2012	#REF!
05/31/2012	#REF!
06/01/2012	#REF!
06/04/2012	#REF!
06/05/2012	#REF!
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06/07/2012	#REF!
06/08/2012	#REF!
06/11/2012	#REF!
06/12/2012	#REF!
06/13/2012	#REF!
06/14/2012	#REF!
06/15/2012	#REF!
06/18/2012	#REF!