

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1259	Date: July 25, 2013
	Change Request 8352

SUBJECT: HIPAA 5010 and D.0 2013 Annual Recertification

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. Recertification is expected to begin on August 1, 2013.

EFFECTIVE DATE: August 26, 2013

IMPLEMENTATION DATE: August 26, 2013

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/revised 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) and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 obliged 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.*

Number	Requirement	Responsibility												
		A/B MAC			D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				Other	
		A	B	H H H					F I S S	M C S	V M S	C W F		
8352.4	Contractors shall attend the recertification kick off meeting/conference call on Wednesday July 31, 2013 at 11:00 E.T. Dial-in information: 877-267-1577 Access code 0176.	X	X											CEDI
8352.5	Contractors shall on or before September 20, 2013, report to CMS that the EDI Front End (which is inclusive of the section of the Financial Subsystem which creates and feeds the remittance advice process) has executed the 2013 Recertification test package and reported all deviations to CMS.	X	X											CEDI
8352.6	Contractors shall meet with CMS weekly for status updates and other reporting activities during the 2013 Recertification. This time frame is estimated to begin on July 31, 2013 and conclude at the end of September 2013.	X	X											CEDI

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			D M E	F I	C A R R I E R	R H I	Other
		A	B	H H H					
	None								

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Angie Bartlett, 410-786-2865 or angie.bartlett@cms.hhs.gov , Jason Jackson, 410-786-6156 or jason.jackson@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), and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 do 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.

ATTACHMENT(S): 3



Centers for Medicare & Medicaid Services (CMS)/ Medicare Administrative Contractor (MAC) 5010/D.0 Re-Certification Instruction Guide

**May 09, 2013
Version 4.1**

Centers for Medicare & Medicaid Services
Office of Information System
Business Applications Management Group
Division of Business Applications and Analysis
7500 Security Boulevard
Baltimore, MD 21244-1850

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
June 19, 2012	2.0	Final Version	Ron Pierce
May 9, 2013	3.0	Updates made for the 2013 Re-Certification process	Ron Pierce
June 11, 2013	4.0	Updates made for the 2013 Re-Certification process	Ron Pierce
June 21, 2013	4.1	Updates to remove STC Information	Angie Bartlett

TABLE OF CONTENTS

1. INTRODUCTION	1
1.1. PROJECT OVERVIEW	1
1.2. PROJECT PURPOSE, SCOPE, AND OBJECTIVES	1
1.3. CONTACT INFORMATION	2
1.4. ACRONYMS	2
2. SCHEDULE	3
3. OVERVIEW OF USE CASE, TEST CASE, & DATA FILE DEVELOPMENT	4
3.1. DEFINITION OF A USE CASE	4
3.1.1. Use Case Identifier	4
3.1.2. Use Case Identifier Definitions	5
3.1.3. Use Case Examples	6
3.1.4. Special Use Case Instructions for CEDI	7
3.2. DEFINITION OF A TEST CASE	7
3.2.1. Test Case Identifier	7
3.2.2. Test Case Identifier Definitions	8
3.2.3. Envelope and Provider-Level Test Case Identifiers	10
3.2.4. Claim-Level Test Case Identifiers	10
3.3. TEST DATA FILES	10
4. PROCEDURES FOR RE-CERTIFICATION	11
4.1. DELIVERY OF RE-CERTIFICATION TEST PACKAGE	11
4.2. OPEN & DOWNLOAD THE RE-CERTIFICATION TEST PACKAGE	11
4.3. FILE PREPARATION FOR RE-CERTIFICATION OF ASC X12 5010 TRANSACTIONS	12
4.4. FILE PREPARATION FOR NCPDP TRANSACTIONS	14
5. FILE TRANSLATION FOR RE-CERTIFICATION	15
5.1. FILE TRANSLATION FOR RE-CERTIFICATION OF ASC X12 5010 TRANSACTIONS	15
5.2. FILE TRANSLATION FOR RE-CERTIFICATION OF NCPDP TRANSACTIONS	15
6. CEM CREATION OF 277CA TRANSACTIONS	15
7. REPORTING & COMMUNICATION REQUIREMENTS	16
7.1. RE-CERTIFICATION STATUS MEETING	16
7.2. RE-CERTIFICATION STATUS REPORT	17
7.3. FINAL RE-CERTIFICATION RESULTS	18
8. GLOSSARY	19

LIST OF FIGURES

Figure 1: USE CASE MAPPING	6
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LIST OF TABLES

Table 1: 5010/D.0 RE-CERTIFICATION PROJECT	2
Table 2: ACRONYMS	2

Table 3: USE CASE IDENTIFIER DEFINITIONS.....	5
Table 4: USE CASE IDENTIFIER EXAMPLES	6
Table 5: EXAMPLES OF TEST CASE IDS USED FOR RE-CERTIFICATION	8
Table 6: TEST CASE IDENTIFIER DEFINITIONS.....	8
Table 7: ENVELOPE & PROVIDER-LEVEL TEST CASE IDENTIFIER EXAMPLES:.....	10
Table 8: CLAIM-LEVEL TEST CASE IDENTIFIER EXAMPLES.....	10
Table 9: ASC X12 5010 TEST DATA FILE WILDCARD VALUES FOR	12
Table 10: NCPDP D.0 TEST DATA FILE WILDCARD VALUES FOR PHI.....	14
Table 11: RE-CERTIFICATION TRACKING SPREADSHEET FIELDS.....	17

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/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 CMS 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 CMS project leaders:

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

CONTACT NAME	PHONE NUMBER
Angie Bartlett	(410)786-2865
Jason Jackson	(410)786-6156

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 group testing of the transaction by loop;
- Test cases define the specific test conditions for the transactions; and
- Test data files and compliance reports 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 the 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 6 = 276
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 or 3-4	1 or 2 byte edit	A = TA1 (reject envelop ISA, IEA) 9 = 999 7 = 277CA 5A = 835 Part A 5B = 835 Part B S = Accept T = Transaction Response (CEDI NCPDP only)
Loop #	4-9 or 5-10 depending on size of Edit above (if needed)	Maximum of a 6 byte loop number (no longer filled with lowercase "x")	Examples: 2300 1000B 2010AB

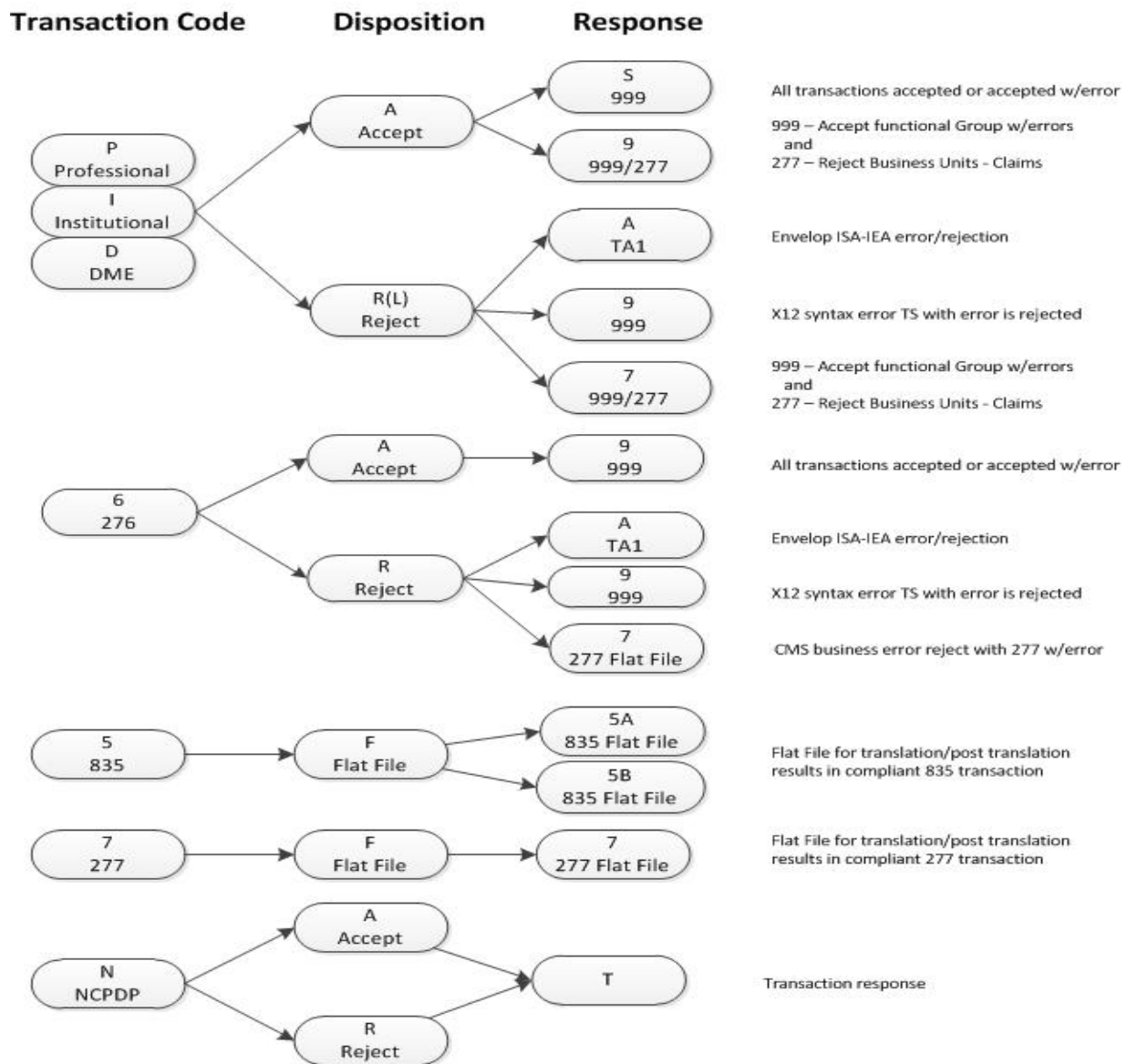
3.1.3. Use Case Examples

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 CMS 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.

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

RE-CERTIFICATION TEST CASE ID
PR92320.AMT01.D.0002
PR92320.AMT02.A8.0001
PR92400.DTP01.472.D8.0001
PR92400.DTP01.471.0001

The test case identifier for Re-Certification testing 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 8 bytes, including a dash for composite data elements	ISA01 AMT01 AMT02 DTP01

TEST CASE ID ELEMENT	POSITION	DESCRIPTION	EXAMPLES
Peer Segment ID	3	<p>The 5010 value from the CMS Edits spreadsheet specifically testing for that value in that row.</p> <p>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.</p>	<p>D A8 EAF 738 739</p>
Code Value	4	<p>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.</p>	<p>D8 RD8</p>
Test Case Sequence Number	5	<p>For MACs, this is a sequential number which corresponds with the ending number of the CMS Edit ID. For example, if the CMS Edit ID ends with .010, the test case ID will end .0001. If the CMS Edit ID ends with .020, the test case ID will end with .0002.</p> <p>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.</p>	<p>For MACs: 0001 0002 0003 0004 0005</p> <p>Exception: If there is more than one test case for a CMS Edit such as IAS.BHT05 when there are different formats not considered to be 5010 values, the sequence number will be 0010, 0011, 0012, etc. for a CMS Edit ending in .010.</p> <p>For CEDI NCPDP transactions only: 001 002 003 004 005</p>

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...0010
IRA	ISA	0002	IRA.ISA...0011
IRA	ISA01	0001	IRA.ISA01...0001
IR91000B	NM101	0001	IR91000B.NM101...0001
PA92010AA	NM1	0001	PA92010AA.NM1...0001
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

Each “reject” test data file represents one test case and only one error based on the Transaction Edits Spreadsheets provided by the CMS. 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 CMS 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 CMS 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 Re-Certification Tracking Spreadsheet, which defines the associated use cases/test cases, test data file names, and the CMS Transaction Edits Spreadsheet ID.
- 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 Tracking Spreadsheet is to be updated and submitted each week to the CMS during the test execution period. Therefore, the original and the weekly 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 WinZip 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

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 “**SSSSSSbbbbbbbbb**” (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 “**PPPPPbbbbbbbbb**” (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 “**PPPPP**” with the same Receiver ID used at the Contractor’s site. This replaces Receiver ID on segments.
- Step 5:** Replace “**EEEEEEEEEE**” 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	11111111F
Provider NPIs	NNNNNNNNNN
Creation Dates	CRE8DATE
Business 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 “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).
- Step 5:** Replace “BUSDATES” with the date for the claim.

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 Tracking Spreadsheet and send it to the CMS **weekly** 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 occur based upon the expected results for the test case complete the Re-Certification Tracking spreadsheet and send it to the CMS **weekly** for exception categorization and resolution recommendation.

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.

- 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:** Record any other abnormal or unexpected results in the Re-Certification Tracking Spreadsheet and send it to the CMS **weekly** for resolution.

7. Reporting & Communication Requirements

7.1. Re-Certification Status Meeting

Throughout the Re-Certification process, the CMS 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, 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 Tracking Spreadsheet that the CMS will initially populate from the Dynamic Object Oriented Requirements System (DOORS). As a result, much of the information in the Re-Certification Tracking Spreadsheet 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 Tracking 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 Tracking Spreadsheet and send it to the CMS **weekly**.

The CMS will then categorize and develop responses to the exceptions in the Re-Certification Tracking Spreadsheet and respond to the MAC with a suggested resolution for any reported exceptions on a weekly basis. These recommendations may include but are not limited to:

- Request for additional clarification for the exception;
- Corrective action to the EDI translator, CEM, or other front end software and re-running a test case after corrective action has been made to verify the expected results were received; or
- A recommendation to mark the test case complete.

The following table describes the information documented in the Re-Certification Tracking Spreadsheet.

TABLE 11: RE-CERTIFICATION TRACKING SPREADSHEET FIELDS

FIELD	DESCRIPTION/REQUIRED ACTION
Test Case ID	Will be pre-populated and locked. (The data file ID will match the test case ID.)
Use Case ID	Will be pre-populated and locked.
CMS Edit Reference ID	Will be pre-populated and locked.
Element ID	Will be pre-populated and locked.
Seq # (Sequence Number)	Will be pre-populated and locked.
Bene Info (Beneficiary Information)	Will be pre-populated and locked.
Prov Info (Provider Information)	Will be pre-populated and locked.
Intercase Dependencies	Will be pre-populated and locked.
Prerequisites for Set-Up	Will be pre-populated and locked.
Purpose of Test Case	Will be pre-populated and locked.
Steps to Execute	Will be pre-populated and locked.
Expected Results	Will be pre-populated and locked.
Comments	This is for the CMS to provide additional information for the test case.
Data File xRef	This field cross reference the data file.
MAC & CEDI Exception	From the drop-down box, select either Received Expected Result Plus Other, Received Results Other Than Expected, or Translator Error to indicate what type of exception occurred for this test case.

Exception Explanation	Enter additional details of the exception to the expected result.
Exception Response	Indicates the CMS 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 Tracking Spreadsheet to the CMS. This final copy of the report should be filled out completely, with all test cases marked as “pass” or “fail” and the associated completion date will be auto-populated. 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 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.