



Centers for Medicare & Medicaid Services

# DDPS Certification Testing Protocol 2024

## Testing Protocol

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# 1. Submitter Certification Process Overview

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Note: The 2024 PDE Certification Testing will begin on (or after) **November 15, 2023**. Therefore, 2024 PDE Certification Test files should not be submitted prior to this date.

1. CSSC Operations will assign a submitter ID to each new Part D submitter.
2. CSSC Operations will assign test contract IDs to Part D submitters.
3. Each new submitter can access the 2024 PDE Certification Package detailing the submission protocol on the [www.csscooperations.com](http://www.csscooperations.com) website by selecting EDI Onboarding & Connectivity page from the Topics tab drop-down list.
4. CSSC Operations will maintain a certification-testing log that will show the results of each file submitted as well as the status of each submitter's test status.
5. Submitters can submit two types of files during the certification testing process:
  - a. Preliminary (TEST) Test Files – To work through issues prior to submitting files for the certification record.
  - b. Certification (CERT) Files – To be submitted and scored for the certification record. These submissions will be used to determine the submitter's certification status.
6. A submitter is considered to have successfully completed the certification process when:
  - a. A file containing at least 100 original PDEs has an error rate of no more than 20%.
  - b. Test cases 01 – 08 of the 10 Coverage Gap Discount test cases produce an accepted PDE (beginning on page 5).

Note: Submitters that handle only PACE plans may petition CSSC Operations to be exempt from test cases 01 – 10.

7. Upon successful completion of certification testing, CSSC Operations will formally notify the submitter and make the appropriate updates in the front-end system to accept production transmissions.
8. Submitters must be enrolled as a submitter with CSSC Operations prior to submitting test/certification data, but are not required to have finalized contracts with their clients (MA-PDs / PDPs).

## 2. Instructions for Building Test Files

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### 2.1 CSSC Operations Responsibilities

CSSC Operations will contact each submitter in order to:

1. Obtain a signed EDI Agreement to cover Part D submissions.
2. Assign a Submitter ID (for those submitters who don't already have one).
3. Confirm the submitter's data transmission protocol. (*Connect:Direct, SFTP, etc.*)
4. Assign test contract numbers. (*A unique contract number that CSSC Operations has assigned to a submitter for use during the certification testing process only. This number will be valid only in the certification test region and does not represent a real contract. It should be used on all test and certification files. If the submitter desires, additional test*

*contract numbers can be requested in order to test submissions containing data from multiple contracts.)* Each test contract number will have associated test PBP IDs that can be used for testing PDEs specific to each plan type. The following PBPs will be established for each test contract

**Table 1: Benefit Plan Type Descriptions**

Test PBP ID	Benefit Plan Type Description
T01	Defined Standard Benefit Plan
T02	Actuarially Equivalent Std Plan
T03	Basic Alternative Plan
T04	Enhanced Alternative Plan
T05	Employer-only Plan
T06	Dual-eligible PACE Plan
T07	Medicare-only PACE Plan
T11	Enhanced Alternative Plan offering Gap Coverage
T12	Enhanced Alternative Plan with Alternative Initial Coverage Limit of \$4000
T13	Enhanced Alternative Plan with Alternative Initial Coverage Limit of \$4000 and Gap Coverage
T14	Basic Alternative Plan with Alternative Deductible of \$0

## 2.2 Submitter's Responsibilities

Each submitter will generate test PDEs from their internal systems and batch into files for transmission to CSSC Operations. It is strongly recommended that the submitters prepare test PDEs that cover the full range of scenarios that could be encountered, in order to establish a high level of confidence that records will not be rejected in production. CMS suggests that PDEs for the various benefit plan types described in the table above be created. In addition, CMS strongly advises that PDEs for various types of beneficiaries be represented in the test PDEs. The two tables below describe the representative PDE conditions that should be included in the test PDEs and the beneficiary characteristics that are built into the certification-testing environment.

**Table 2: Test Condition Descriptions**

Test Condition Number	Test Condition Description
30 & 56	Beneficiary is not classified as Low Income status (Low Income Category '0') and PDEs with Drug Coverage Status Code "C"
31 & 57	Beneficiary with a Low Income Category '2' and PDEs with Drug Coverage Status Code "C"
32 & 58	Beneficiary with a Low Income Category '1' and PDEs with Drug Coverage Status Code "C"

Test Condition Number	Test Condition Description
33	Beneficiary with a Low Income Category '4' and PDEs with Drug Coverage Status Code "C"
34 & 60	Beneficiary who is classified as Low Income Category '3' and PDEs with Drug Coverage Status Code "C"
35 & 61	Beneficiary is not classified as Low Income status (Low Income Category '0') and PDEs with Drug Coverage Status Code "E"
36 & 62	Beneficiary with a Low Income Category '2' and PDEs with Drug Coverage Status Code "E"
37 & 63	Beneficiary with a Low Income Category '1' and PDEs with Drug Coverage Status Code "E"
38	Beneficiary with a Low Income Category '4' and PDEs with Drug Coverage Status Code "E"
39 & 65	Beneficiary who is classified as Low Income Category '3' and PDEs with Drug Coverage Status Code "E"
40 & 66	Beneficiary is not classified as Low Income (Low Income Category '0') status and PDEs with Drug Coverage Status Code "O"
41 & 67	Beneficiary with a Low Income Category '2' and PDEs with Drug Coverage Status Code "O"
42 & 68	Beneficiary with a Low Income Category '1' and PDEs with Drug Coverage Status Code "O"
43	Beneficiary with a Low Income Category '4' and PDEs with Drug Coverage Status Code "O"
44 & 70	Beneficiary who is classified as Low Income Category '3' and PDEs with Drug Coverage Status Code "O"
45 & 71	PDEs with a subsequent adjustment and/or deletion that causes the accumulated TrOOP to drop below the OOP threshold
46 & 72	PDEs with subsequent adjustments that cause the accumulated TrOOP to rise above the OOP threshold
47 & 73	PDEs from multiple years that have the same beneficiary, same Contract and the same PBP
-	SUBMITTER-DEFINED CONDITIONS
48 & 74	Submitter-defined – for conditions other than those defined above, beneficiary gender = female
49 & 75	Submitter-defined – for conditions other than those defined above, beneficiary gender = male
-	OPTIONAL FAILURE CONDITIONS
50 & 76	Beneficiary is not enrolled in Part D on date of service
51 & 77	Beneficiary is not enrolled in Contract/PBP on date of service

Test Condition Number	Test Condition Description
53 & 79	DOS after DOD + 32 days
-	PLAN-TO-PLAN CONDITIONS
54 & 80	Contract of Record is different from Submitting Contract
55 & 81	Contract of Record is the same as Submitting Contract; PBP of Record is different from Submitting PBP

There are two sets of test conditions provided:

- Test conditions 30 through 55 are provided for submitters whose TEST/CERT PDEs will have CY 2023 dates of service.
- Test conditions 56 through 81 are provided for submitters whose TEST/CERT PDEs will have CY 2024 dates of service.

Starting in calendar year 2024, a low income category of '4' is no longer applicable, as per the Inflation Reduction Act of 2022, Subtitle B, Part 5, Section 11404 – Expanding Eligibility for Low-Income Subsidies Under Part D of the Medicare Program; therefore, Test Conditions 59, 64, and 69 are removed from the above table.

Test Conditions 52 & 78 - Gender mismatch were removed, as Edit 702 has been changed from as Reject edit to an Informational edit.

Note: Test conditions (50-55 and 76-81) are provided for submitters who wish to trigger error conditions in their batches and test their error handling processes. Therefore, Test conditions 50-55 and 76-81 should only be included in "TEST" files and should NOT be included in batches submitted for certification ("CERT"), since these errors would be included in the overall error rate.

## 2.3 Coverage Gap Discount Test Cases

With the implementation of the Medicare Coverage Gap Discount Program (the Discount Program), enacted into law in section 3301 of the Patient Protection and Affordable Care Act (H.R. 3590) (PPACA), as amended by section 1101 of the Health Care and Education Reconciliation Act of 2010 (H.R. 4872) (HCERA) and codified in sections 1860D-43 and 1860D-14A of the Social Security Act (the Act), the PDE record was expanded to include 11 new fields. The following pages explain each Coverage Gap Discount test case scenario.

To identify test cases on each PDE record of the certification file, submitters shall populate the Test Case # as the first 2 positions of the Claim Control Number on each PDE record. For each PDE record not associated with the Coverage Gap Discount test cases, submitters shall populate the first 2 positions of the Claim Control Number with '99'.

## 2.4 Test Cases for Coverage Gap Discount

Each of these test scenarios are for PDEs with calendar year (CY) 2023 or 2024 Dates of Service, and Drug Coverage Status = 'C'.

Unless noted otherwise, PDEs may be submitted with Low Income (LI) eligible or non-LI eligible beneficiaries.

Unless noted otherwise, PDEs may be submitted with Gap Discount applicable National Drug Codes (NDCs) (Biologic License Application (BLA)/New Drug Application (NDA)) or non-applicable NDCs.

**Table 3: Test Cases for Coverage Gap Discount**

Test Cases for Coverage Gap Discount Test Case #	Test Scenario	Applicable Test Condition #	Pre Conditions and Expected Result	Edits Tested
01	Non-Straddle Deductible Phase PDE (assumes defined standard benefit structure)	CY 2023: 30 – 45, 48 – 49  CY 2024: 56 – 58, 60 – 63, 65 – 68, 70 – 71, 74 – 75	<u>Pre Conditions:</u> Beginning and Ending Benefit Phases = 'D' TGCDC Accumulator + GDCB <= Deductible Limit TrOOP Accumulator <= TGCDC Accumulator GDCA = zero Reported Gap Discount = zero  <u>Expected results:</u> ACCEPTED PDE	650-659, 670, 671, 696, 744, 786, 787, 869
02	Non-Straddle Initial Coverage Phase PDE	CY 2023: 30 – 45, 48 – 49  CY 2024: 56 – 58, 60 – 63, 65 – 68, 70 – 71, 74 – 75	<u>Pre Conditions:</u> Beginning and Ending Benefit Phases = 'N' TGCDC Accumulator > Deductible Limit TGCDC Accumulator + GDCB <= Initial Coverage Limit TrOOP Accumulator <= TGCDC Accumulator GDCA = zero Reported Gap Discount = zero  <u>Expected results:</u> ACCEPTED PDE	650-659, 670, 671, 696, 744, 786, 787, 869
03	Non-Straddle Coverage Gap Phase PDE  Non-LI Beneficiary  Applicable Drug	CY 2023: 30, 35, 40, 45, 48 – 49  CY 2024: 56, 61, 66, 71, 74 – 75	<u>Pre Conditions:</u> Beginning and Ending Benefit Phases = 'G' TGCDC Accumulator > Initial Coverage Limit TrOOP Accumulator + Delta TrOOP <sup>1</sup> <= OOP Threshold TrOOP Accumulator <= TGCDC Accumulator GDCA = zero Reported Gap Discount > zero Reported Gap Discount within \$0.05 of the CMS Calculated Gap Discount  <u>Expected results:</u> ACCEPTED PDE	650-659, 670, 671, 696, 744, 786, 787, 865-868, 870-875



Test Cases for Coverage Gap Discount Test Case #	Test Scenario	Applicable Test Condition #	Pre Conditions and Expected Result	Edits Tested
04	Non-Straddle Coverage Gap Phase PDE  LI Beneficiary	CY 2023: 31 – 34, 36 – 39, 41 – 44  CY 2024: 57 – 58, 60, 62 – 63, 65, 67 – 68, 70	<u>Pre Conditions:</u> Beginning and Ending Benefit Phases = 'G' TGCDC Accumulator > Initial Coverage Limit TrOOP Accumulator + Delta TrOOP <sup>1</sup> <= OOP Threshold TrOOP Accumulator <= TGCDC Accumulator GDCA = zero Reported Gap Discount = zero  <u>Expected results:</u> ACCEPTED PDE	650-659, 670, 671, 696, 744, 786, 787, 865-868, 870-875
05	Non-Straddle Catastrophic Phase PDE	CY 2023: 30 – 45, 48 – 49  CY 2024: 56 – 58, 60 – 63, 65 – 68, 70 – 71, 74 – 75	<u>Pre Conditions:</u> Beginning and Ending Benefit Phases = 'C' TrOOP Accumulator = OOP Threshold TrOOP Accumulator <= TGCDC Accumulator GDCB = zero GDCA > zero Reported Gap Discount = zero  <u>Expected results:</u> ACCEPTED PDE	650-659, 673, 674, 696, 744, 786, 787, 869
06	Initial Coverage Phase to Gap Straddle PDE  Non-LI Beneficiary  Applicable Drug	CY 2023: 30, 35, 40, 45, 48 – 49  CY 2024: 56, 61, 66, 71, 74 – 75	<u>Pre Conditions:</u> Beginning Benefit Phase = 'N' Ending Benefit Phase = 'G' TGCDC Accumulator > Deductible Limit TGCDC Accumulator <= Initial Coverage Limit TrOOP Accumulator + Delta TrOOP <sup>1</sup> <= OOP Threshold TGCDC Accumulator + GDCB > Initial Coverage Limit TrOOP Accumulator <= TGCDC Accumulator GDCA = zero Reported Gap Discount > zero Reported Gap Discount within \$0.05 of the CMS Calculated Gap Discount  <u>Expected results:</u> ACCEPTED PDE	650-659, 670, 671, 696, 744, 786, 787, 865-868, 870-875

Test Cases for Coverage Gap Discount Test Case #	Test Scenario	Applicable Test Condition #	Pre Conditions and Expected Result	Edits Tested
07	Gap to Catastrophic Straddle PDE  Non-LI Beneficiary  Applicable Drug	CY 2023: 30, 35, 40, 45, 48 – 49  CY 2024: 56, 61, 66, 71, 74 – 75	<p><u>Pre Conditions:</u>                      Beginning Benefit Phase = 'G'                      Ending Benefit Phase = 'C'                      TGCDC Accumulator &gt; Initial Coverage Limit                      TrOOP Accumulator &lt; OOP Threshold                      TrOOP Accumulator + Delta TrOOP<sup>1</sup> &gt; OOP Threshold                      TrOOP Accumulator &lt;= TGCDC Accumulator                      GDCA &gt; zero                      GDCB &gt; zero                      Reported Gap Discount &gt; zero                      Reported Gap Discount within \$0.05 of the CMS                      Calculated Gap Discount</p> <p><u>Expected results:</u> ACCEPTED PDE</p>	650-659, 672, 696, 744, 786, 787, 865- 868, 870- 875
08	Gap to Catastrophic Straddle PDE  LI Beneficiary	CY 2023: 31 – 34, 36 – 39, 41 – 44  CY 2024: 57 – 58, 60, 62 – 63, 65, 67 – 68, 70	<p><u>Pre Conditions:</u>                      Beginning Benefit Phase = 'G'                      Ending Benefit Phase = 'C'                      TGCDC Accumulator &gt; Initial Coverage Limit                      TrOOP Accumulator &lt; OOP Threshold                      TrOOP Accumulator + Delta TrOOP<sup>1</sup> &gt; OOP Threshold                      TrOOP Accumulator &lt;= TGCDC Accumulator                      GDCA &gt; zero                      GDCB &gt; zero                      Reported Gap Discount = zero</p> <p><u>Expected results:</u> ACCEPTED PDE</p>	650-659, 672, 675, 696, 744, 786, 787, 865-868, 870-875

Test Cases for Coverage Gap Discount Test Case #	Test Scenario	Applicable Test Condition #	Pre Conditions and Expected Result	Edits Tested
09	Non-Straddle Coverage Gap Phase PDE  Non-LI Beneficiary  Applicable Drug  Alternate ICL Amount (PBP T12 or T13)	CY 2023: 30, 35, 40, 45, 48 – 49  CY 2024: 56, 61, 66, 71, 74 – 75	<u>Pre Conditions:</u> Beginning and Ending Benefit Phases = 'G' TGCDC Accumulator > Initial Coverage Limit TrOOP Accumulator + Delta TrOOP <sup>1</sup> < =OOP Threshold TrOOP Accumulator <= TGCDC Accumulator GDCA = zero Reported Gap Discount > zero Reported Gap Discount within \$0.05 of the CMS Calculated Gap Discount  <u>Expected results:</u> ACCEPTED PDE	650-659, 670, 671, 696, 744, 786, 787, 865-868, 870-875
10	Non-Straddle Coverage Gap Phase PDE  Non-LI Beneficiary  Applicable Drug  Coverage in the Gap (PBP T11 or T13)	CY 2023: 30, 35, 40, 45, 48 – 49  CY 2024: 56, 61, 66, 71, 74 – 75	<u>Pre Conditions:</u> Beginning and Ending Benefit Phases = 'G' TGCDC Accumulator > Initial Coverage Limit TrOOP Accumulator + Delta TrOOP <sup>1</sup> < =OOP Threshold TrOOP Accumulator <= TGCDC Accumulator GDCA = zero Reported Gap Discount > zero  <u>Expected results:</u> ACCEPTED PDE	650-659, 670, 671, 696, 744, 786, 787, 865-868, 870-875

Notes:

Submitters that handle only PACE plans may petition CSSC Operations to be exempt from test cases 01 – 10.

The Test Medicare beneficiary identifier may be built using any of these test condition numbers (see the Beneficiary Characteristics chart on the following page, and the Test Medicare beneficiary identifier Description instructions below).

<sup>1</sup> Delta TrOOP equals (Patient Pay Amount + Other TrOOP Amount + LICS Amount + Reported Gap Discount).

## 2.5 Beneficiary Characteristics Associated with Each Test Condition

Table 4: Beneficiary Characteristics Associated with Each Test Condition

Test Condition Number	PBP Start Date	PBP End Date	Bene Sex	Bene Birth Date	Bene Death Date	Low Income Category <sup>2</sup>	LIS Effective Date	LIS End Date	Calendar Year
30	01/01/21		Female	06/12/35		0			2023
31	01/01/21		Male	06/18/40		2	02/01/23	10/31/23	2023
32	01/01/21		Female	09/12/36		1	02/01/23	10/31/23	2023
33	01/01/21		Male	07/26/40		4	03/01/23		2023
34	01/01/21		Female	07/20/40		3	02/01/23	10/31/23	2023
35	01/01/22		Female	03/18/31		0			2023
36	01/01/22		Female	09/13/09		2	03/01/23	11/30/23	2023
37	01/01/22		Male	07/27/40		1	03/01/23	11/30/23	2023
38	01/01/22		Male	07/18/39		4	03/01/23		2023
39	01/01/22		Male	08/31/35		3	03/01/23	11/30/23	2023
40	02/01/23		Male	09/04/28		0			2023
41	02/01/23		Male	11/09/32		2	02/01/23	10/31/23	2023
42	02/01/23		Male	08/06/28		1	02/01/23	10/31/23	2023
43	02/01/23		Male	06/13/40		4	02/01/23		2023
44	02/01/23		Female	02/21/27		3	02/01/23	10/31/23	2023
45	02/01/23		Female	03/18/16		0			2023
46	02/01/23		Female	09/09/10		4	02/01/23		2023
47	02/01/23		Female	08/31/37		4	02/01/22		2023
48	02/01/23		Female	10/01/34		0			2023
49	02/01/23		Male	04/12/31		0			2023

Test Condition Number	PBP Start Date	PBP End Date	Bene Sex	Bene Birth Date	Bene Death Date	Low Income Category <sup>2</sup>	LIS Effective Date	LIS End Date	Calendar Year
50	08/01/20		Female	11/15/33		1	02/01/23	10/31/23	2023
51	07/01/20	08/01/22	Male	11/02/34		2	02/01/23	10/31/23	2023
52	07/01/20		Female	04/13/39		2	02/01/23	10/31/23	2023
53	07/01/20		Female	01/23/28	08/01/23	1	02/01/23	10/31/23	2023
54	09/01/23		Male	04/12/31		0			2023
55	09/01/20		Female	11/15/33		0			2023
56	01/01/22		Female	06/12/35		0			2024
57	01/01/22		Male	06/18/40		2	02/01/24	10/31/24	2024
58	01/01/22		Female	09/12/36		1	02/01/24	10/31/24	2024
60	01/01/22		Female	07/20/40		3	02/01/24	10/31/24	2024
61	01/01/23		Female	03/18/31		0			2024
62	01/01/23		Female	09/13/09		2	03/01/24	11/30/24	2024
63	01/01/23		Male	07/27/40		1	03/01/24	11/30/24	2024
65	01/01/23		Male	08/31/35		3	03/01/24	11/30/24	2024
66	02/01/24		Male	09/04/28		0			2024
67	02/01/24		Male	11/09/32		2	02/01/24	10/31/24	2024
68	02/01/24		Male	08/06/28		1	02/01/24	10/31/24	2024
70	02/01/24		Female	02/21/27		3	02/01/24	10/31/24	2024
71	02/01/24		Female	03/18/16		0			2024
72	02/01/24		Female	09/09/10		1	02/01/24		2024
73	02/01/23		Female	08/31/37		1	02/01/24		2024
74	02/01/24		Female	10/01/34		0			2024

Test Condition Number	PBP Start Date	PBP End Date	Bene Sex	Bene Birth Date	Bene Death Date	Low Income Category <sup>2</sup>	LIS Effective Date	LIS End Date	Calendar Year
75	02/01/24		Male	04/12/31		0			2024
76	08/01/21		Female	11/15/33		1	02/01/24	10/31/24	2024
77	07/01/21	08/01/23	Male	11/02/34		2	02/01/24	10/31/24	2024
78	07/01/21		Female	04/13/39		2	02/01/24	10/31/24	2024
79	07/01/21		Female	01/23/28	08/01/24	1	02/01/24	10/31/24	2024
80	09/01/24		Male	04/12/31		0			2024
81	09/01/21		Female	11/15/33		0			2024

Starting in calendar year 2024, a low income category of '4' is no longer applicable, as per the Inflation Reduction Act of 2022, Subtitle B, Part 5, Section 11404 – Expanding Eligibility for Low-Income Subsidies Under Part D of the Medicare Program; therefore, Test Conditions 59, 64, and 69 are removed from the above table.

In order for the PDEs to be processed, CMS-recognized Medicare beneficiary identifiers must be included on the PDEs. Because no live Medicare beneficiary identifiers are stored in the DDPS testing region, submitters will need to use contrived Medicare beneficiary identifiers on test PDE records. The process to create test Medicare beneficiary identifiers is described in the paragraphs below.

<sup>2</sup> See Table 5 for explanation of Low Income Categories:

Table 5: 2023 Low Income (LI) Categories

Low Income Category	Deductible	Initial Coverage Period	Coverage Gap	Catastrophic
1	\$0	\$4.15-generic \$10.35-brand	\$4.15-generic \$10.35-brand	\$0
2	\$0	\$1.45-generic \$4.30-brand	\$1.45-generic \$4.30-brand	\$0
3	\$0	\$ 0	\$0	\$0
4	\$104	15%	15%	\$4.15-generic \$10.35-brand

Table 6: 2024 Low Income (LI) Categories

Low Income Category	Deductible	Initial Coverage Period	Coverage Gap	Catastrophic
1	\$0	\$4.50-generic \$11.20-brand	\$4.50-generic \$11.20-brand	\$0
2	\$0	\$1.55-generic \$4.60-brand	\$1.55-generic \$4.60-brand	\$0
3	\$0	\$0	\$0	\$0

Note: A Low Income Category of 0 (zero) means no LI eligibility.

## 2.6 Test Medicare Beneficiary Identifier Description

The composition of the 11-character test Medicare beneficiary identifier is:

- Positions 1 – 5      **Test Contract Number**
- Positions 6 – 8      **Test PBP ID**
- Position 9      **Beneficiary Sequence Number**
- Positions 10 – 11      **Test Condition**

Test Medicare beneficiary identifiers are built by concatenating the Test Contract Number, Test PBP ID, Beneficiary Sequence Number and Test Condition Number into an 11-character string.

The use of separate test Medicare beneficiary identifiers for each test condition provides a simple way to distinguish the various test conditions. A separate Medicare beneficiary identifier should be created for each plan type/test condition being tested and the appropriate Medicare beneficiary identifier should be assigned to the applicable PDEs. The submitter can create up to ten test Medicare beneficiary identifiers (0 through 9) for each test condition by varying the Beneficiary Sequence Number. There is no requirement to use all ten, but they can be created if the submitter wants to vary scenarios within each test condition when submitting PDEs.

It is important to match test Medicare beneficiary identifiers to the appropriate PDEs with care so that inadvertent enrollment errors will not occur when the PDEs are processed, triggering unnecessary investigation and problem resolution.

Please note that, when submitting P2P test conditions (conditions 54, 55, 80, and 81), the Test Contract Number and Test PBP ID must be the submitter's assigned Contract Number and PBP ID.

EXAMPLE: The Medicare beneficiary identifier for test condition 54 should be assigned to the PDEs for that test condition as follows:

Test Medicare beneficiary identifier # T0073T01554 is comprised of the following:

- T0073 = Test Contract Number
- T01 = Test PBP ID
- 5 = Beneficiary Sequence Number – Each test Contract/PBP will be allocated 10 distinct beneficiaries for each Contract/PBP/Test Condition. This Medicare beneficiary identifier represents the test condition assigned to the beneficiary designated as # 5 for test condition # 54 for this Contract/PBP. This position may contain a single digit from 0 to 9 and must not be left blank.
- 54 = Test Condition – In this example, the Medicare beneficiary identifier should be used on PDEs testing condition # 54.

## 3. File Characteristics

### 3.1 General Characteristics

1. Types of Files – Submitters have the option of submitting two types of files as part of the certification testing process:

- a. **Preliminary test files** that will not impact the submitter's certification status.

The submission of preliminary test files is optional, but CMS suggests they be used to work through initial tests prior to submitting files for the record. During the "TEST" phase, plans are encouraged to submit a PDE which will fail during the edit process and be returned to the contract/submitter for error resolution. Examples are missing or invalid values in required fields, reversal/deletions and adjustments prior to the submission of an original PDE and duplicate PDEs in the same submission. Testing of financial fields is also recommended. Some examples include individuals who are non-LI but have a LIS copay amount or a PDE in which the ingredient cost, dispensing fee and sales tax are calculated incorrectly. **Note: Testing error conditions should not be performed during the certification ("CERT") process.** If submitted, preliminary test files will be scored, but will not affect the submitter's certification status. If submitters choose to test further after they have achieved certification status (for example to test internal edits), they should submit files designated as preliminary test so that they do not reverse certification status.

To identify a preliminary test file, place "TEST" in the PROD-TEST-CERT IND field on the HDR record.

Maximum file size = 5,000 PDE records.

- b. **Certification files** that will be evaluated and scored.

Every submitter must successfully submit certification files before being authorized to submit live production data. Only certification files will result in an update to the submitter's certification status.



To identify a certification file, place “CERT” in the PROD-TEST-CERT IND field on the HDR record.

Maximum file size = 5,000 PDE records.

2. **Original/Adjustment/Deletion PDEs (only applicable for new submitters that have not been previously certified)** – The submitter must submit a file with original PDEs. In addition, a separate file containing deletions must also be submitted. The submitter may also submit adjustment PDEs. If the Submitter’s system requires the submission of deletion records followed by the submission of revised “originals,” the deletions should be submitted in one batch and the revised originals in a subsequent batch. The contents of the three files should be as follows:
  - a. **File 1** – A set of PDEs with Adjustment Deletion Code = Blank (original PDEs).
 

Minimum File Size: 100 PDE records

Suggested Test Conditions: 30 – 49 (CY 2023) or 56-75 (CY 2024)
  - b. **File 2** – A set of PDEs with Adjustment Deletion Code = ‘D’ and/or ‘A’.
 

Minimum File Size: 1 PDE record

Suggested Test Conditions: 30 – 49 (CY 2023) or 56-75 (CY 2024)

If the submitter system does not accommodate the submission of adjustment records (i.e. “deletion/revised original” methodology is used instead), this set of PDEs will contain ‘D’ records only.

Note: These files can only be submitted after a file of “original PDEs” has been successfully processed and the original PDEs are stored in the database.
  - c. **File 3** – A set of PDEs with Adjustment Deletion Code = Blank (original PDEs). This file is only applicable to those submitters who use the “deletion/revised original” methodology and are transmitting “resubmitted” originals. Prior to submitting this file, a file of “original PDEs” and a file of “deletion PDEs” must both have been successfully processed.
 

Minimum File Size: 1 PDE record

Suggested Test Conditions: 30 – 49 (CY 2023) or 56-75 (CY 2024)
3. **Plan Types** – The submitter should submit files for each plan type in order to fully exercise the various scenarios that are possible.
4. **General Submission Ground Rules** – The following ground rules apply to all submissions:
  - a. All existing instructions to the Plans regarding the processing and submission of PDE data apply. Note that plans must not submit multiple actions on the same PDE in the same file.
  - b. This process is not intended to test beneficiary eligibility, only PDE preparation and submission.
  - c. A signed EDI Agreement must be on file for the submitter before the transmission of any files.
  - d. Because every file and every accepted record will be logged in the DDPS, it is important that each submitter’s test data adheres to the production processing practices – i.e., resubmitting the same records will cause duplicates.

## 3.2 Transmission of Test Files to Third-Party Administrator and Follow-up Communications

Transmission of the TEST/CERT PDE files should utilize the communications links established between the Prescription Drug Front-End System (PDFS) and the submitter. Submitters should allow for a two-day turnaround on submissions before being notified of processing results. If a greater than two-day delay occurs, please contact CSSC at 1-877-534-2772.

## 3.3 Return Files

Submitters will receive Report # 01 (PDE Return File a.k.a. Daily Transaction Validation Detail Report), that documents the status of each submitted record, and Report # 03 (Transaction Edit Summary Report) that will inform them of the edit errors encountered. The submitter should investigate and correct any unexpected errors before processing follow-up files and attempting certification. The ratio of TLR-DET-REJECTED-RECORD-TOTAL to TLR-DET-RECORD-TOTAL will be the basis of determining whether a submitter's file passes or fails the certification process. If this ratio exceeds twenty percent (20%) in a file with original PDEs (see File 1 description above), the submitter's file will have failed the certification criteria. (The TLR-DET-REJECTED-RECORD-TOTAL and TLR-DET-RECORD-TOTAL fields are found on the TLR record of Report # 01.)

The submission process will continue until a CERT file with at least 100 of original PDEs (including the Coverage Gap Discount test cases) has been scored with a rejected PDE rate of 20% or less and one delete record in another CERT file has been deleted successfully. It is recommended that every test condition be tested and that all follow-up files be transmitted and processed with acceptable results. When certification is attained, the CSSC Operations will notify the submitter and system updates will be applied to allow production transmissions.

After certification, submitters can submit additional runs, if scheduling permits. (If additional files are submitted, they should be designated as TEST so as not to affect certification status.)

## Appendix A: Acronyms

Table 7: Acronyms

Acronym	Literal Translation
BLA	Biologic License Application
CMS	Centers for Medicare and Medicaid Services
CSSC	Customer Service and Support Center
CY	Calendar Year
DDPS	Drug Data Processing System
EDI	Electionic Data Interchange
ICL	Initial Coverage Limit
GDCA	Gross Drug Cost Above Out Of Pocket Threshold
GDCB	Gross Drug Cost Below Of Pocket Threshold
HCERA	Health Care and Education Reconciliation Act
LI	Low Income
NDA	New Drug Application
NDC	National Drug Code
OOP	Out of Pocket
P2P	Plan to Plan
PACE	Program of All-Inclusive Care for the Elderly
PBP	Plan Benefit Package
PDE	Prescription Drug Event
PDFS	Prescription Drug Front End System
PPACA	Patient Protection and Affordable Care Act
SFTP	Secure File Transfer Protocol
TGCDG	Total Gross Covered Drug Cost

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Acronym	Literal Translation
TrOOP	True out of pocket