DDPS Certification Testing Protocol – 2012

Submitter Certification Process Overview

1. CMS will provide a list of all Contract/PBPs who have been selected for participation in Part D to Palmetto GBA and the DDPS Development team. This list will identify the type of plan (DSB, AE, BA, etc.).

2. Palmetto GBA will assign a submitter ID to each Part D submitter.

3. Palmetto GBA will assign test contract IDs to Part D submitters.

4. Palmetto GBA will post a "certification test packet" at www.csscoperations.com.

5. Each submitter will receive a packet containing the following items:

    a. A welcome letter

    b. Submission protocol information

    c. Instructions about how the submitters should build their test and certification files

6. Palmetto GBA 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.

7. Submitters can submit two types of files during the certification testing process:

    a. Preliminary Test Files (a.k.a "TEST" files) – To work through issues prior to submitting files for the record
    b. Certification Files (a.k.a "CERT" files) – To be submitted and scored for the record. These submissions will be used to determine the submitter's certification status.

8. A submitter is considered to have successfully completed the certification process when:
    - A file containing at least 100 original PDEs has an error rate of no more than 20.
    - Test conditions 27 - 34 of the 10 Coverage Gap Discount test conditions produce an accepted PDE (see page 4).

Note: Submitters that handle only basic plans may petition Palmetto GBA to be exempt from test conditions 35 and 36. Submitters that handle only PACE plans may petition Palmetto GBA to be exempt from test conditions 27 - 36.

9. Upon successful completion of certification testing, Palmetto GBA will formally notify the submitter and make the appropriate updates in the front-end system to accept production transmissions.

10. Submitters must be enrolled as a submitter with Palmetto GBA prior to submitting test/certification data, but are not required to have finalized contracts with their clients (MA-PDs / PDPs).

Instructions for Building Test Files

Palmetto Responsibilities:

Palmetto GBA 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 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:

Test PBP ID	Benefit Plan Type Description
T01	Defined Std 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
T08	Flexible Capitated Payment Demonstration Option [1]
T09	Fixed Capitated Payment Demonstration Option [1]
T10	MA Rebate Payment Demonstration Option [1]
T11	Enhanced Alternative Plan offering Gap Coverage [2]
T12	Enhanced Alternative Plan with Alternative Initial Coverage Limit of $4000 [2]
T13	Enhanced Alternative Plan with Alternative Initial Coverage Limit of $4000 and Gap Coverage [2]
T14	Basic Alternative Plan with Alternative Deductible of $0 [2]

[1] Payment Demonstration PBPs are effective through 2010 only.
[2] PBPs T11 – T14 are effective as of 2011

Submitters' Responsibilities:

Each submitter will generate test PDEs from their internal systems and batch into files for transmission to Palmetto GBA. 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.

Test Condition Descriptions

Test Condition #	Bene Number	Test Condition Description	Edits Tested
01	30 & 56	Beneficiary is not classified as Low Income status (MBD Code '0') and PDEs with Drug Coverage Status Code "C"	N/A
02	31 & 57	Beneficiary with a MBD Code '2' and PDEs with Drug Coverage Status Code "C"	N/A
03	32 & 58	Beneficiary with a MBD Code '1' and PDEs with Drug Coverage Status Code "C"	N/A
04	33 & 59	Beneficiary with a MBD Code '4' and PDEs with Drug Coverage Status Code "C"	N/A
05	34 & 60	Beneficiary who is classified as MBD Code '3' and PDEs with Drug Coverage Status Code "C"	N/A
06	35 & 61	Beneficiary is not classified as Low Income status(MBD Code '0') and PDEs with Drug Coverage Status Code "E"	N/A
07	36 & 62	Beneficiary with a MBD Code '2' and PDEs with Drug Coverage Status Code "E"	N/A
08	37 & 63	Beneficiary with a MBD Code '1' and PDEs with Drug Coverage Status Code "E"	N/A
09	38 & 64	Beneficiary with a MBD Code '4' and PDEs with Drug Coverage Status Code "E"	N/A
10	39 & 65	Beneficiary who is classified as MBD Code '3' and PDEs with Drug Coverage Status Code "E"	N/A
11	40 & 66	Beneficiary is not classified as Low Income (MBD Code '0') status and PDEs with Drug Coverage Status Code "O"	N/A
12	41 & 67	Beneficiary with a MBD Code '2' and PDEs with Drug Coverage Status Code "O"	N/A
13	42 & 68	Beneficiary with a MBD Code '1' and PDEs with Drug Coverage Status Code "O"	N/A
14	43 & 69	Beneficiary with a MBD Code '4' and PDEs with Drug Coverage Status Code "O"	N/A
15	44 & 70	Beneficiary who is classified as MBD Code '3' and PDEs with Drug Coverage Status Code "O"	N/A
16	45 & 71	PDEs with a subsequent adjustment and/or deletion that causes the accumulated TrOOP to drop below the OOP threshold	N/A
17	46 & 72	PDEs with subsequent adjustments that cause the accumulated TrOOP to rise above the OOP threshold	N/A
18	47 & 73	PDEs from multiple years that have the same beneficiary, same Contract and the same PBP	N/A
SUBMITTER-DEFINED CONDITIONS			
19	48 & 74	Submitter-defined – for conditions other than those defined above, beneficiary gender = female	N/A
20	49 & 75	Submitter-defined – for conditions other than those defined above, beneficiary gender = male	N/A
OPTIONAL FAILURE CONDITIONS			

Test Condition #	Bene Number	Test Condition Description	Edits Tested
21	50 & 76	Beneficiary is not enrolled in Part D on date of service	N/A
22	51 & 77	Beneficiary is not enrolled in Contract/PBP on date of service	N/A
23	52 & 78	Gender mismatch	N/A
24	53 & 79	DOS after DOD + 32 days	N/A
PLAN-TO-PLAN CONDITIONS			
25	54 & 80	Contract of Record is different from Submitting Contract	N/A
26	55 & 81	Contract of Record is the same as Submitting Contract; PBP of Record is different from Submitting PBP	N/A
COVERAGE GAP DISCOUNT CONDITIONS			
27	30,35,40,45,48,49 31-34, 36-39, 41-44	Non-Straddle Deductible Phase PDE (assumes defined standard benefit structure) Pre Conditions: Beginning and Ending Benefit Phases = 'D' TGCDC Accumulator + GDCB <= Deductible Limit TrOOP Accumulator <= TGCDC Accumulator GDCA = zero Reported Gap Discount = zero Drug Coverage Status Code = ‘C’ Expected results: ACCEPTED PDE	650-659, 670, 671, 696, 744, 786, 787, 869
28	30,35,40,45,48,49 31-34, 36-39, 41-44	Non-Straddle Initial Coverage Phase PDE Pre Conditions: 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 Drug Coverage Status Code = ‘C’ Expected results: ACCEPTED PDE	650-659, 670, 671, 696, 744, 786, 787, 869
29	30,35,40,45,48,49	Non-Straddle Coverage Gap Phase PDE non-LI Beneficiary Applicable Drug Pre Conditions: Beginning and Ending Benefit Phases = 'G' TGCDC Accumulator > Initial Coverage Limit TrOOP Accumulator + Delta TrOOP4 <= OOP Threshold TrOOP Accumulator <= TGCDC Accumulator GDCA = zero Reported Gap Discount > zero Reported Gap Discount within $0.05 of the CMS Calculated Gap Discount Drug Coverage Status Code = ‘C’ Expected results: ACCEPTED PDE	650-659, 670, 671, 696, 744, 786, 787, 865-868, 870-875
30	31-34, 36-39, 41-44	Non-Straddle Coverage Gap Phase PDE LI Beneficiary Pre Conditions: Beginning and Ending Benefit Phases = 'G' TGCDC Accumulator > Initial Coverage Limit TrOOP Accumulator + Delta TrOOP4 <= OOP Threshold TrOOP Accumulator <= TGCDC Accumulator	650-659, 670, 671, 696, 744, 786, 787, 865-868, 870-875

Test Condition #	Bene Number	Test Condition Description	Edits Tested
		GDCA = zero Reported Gap Discount = zero Drug Coverage Status Code = 'C' Expected results: ACCEPTED PDE	
31	30,35,40,45,48,49 31-34, 36-39, 41-44	Non-Straddle Catastrophic Phase PDE Pre Conditions: Beginning and Ending Benefit Phases = 'C' TrOOP Accumulator = $4700 TrOOP Accumulator <= TGCDC Accumulator GDCB = zero GDCA > zero Reported Gap Discount = zero Drug Coverage Status Code = 'C' Expected results: ACCEPTED PDE	650-659, 673, 674, 696, 744, 786, 787, 869
32	30,35,40,45,48,49	ICL to Gap Straddle PDE non-LI Beneficiary Applicable Drug Pre Conditions: Beginning Benefit Phase = 'N' Ending Benefit Phase = 'G' TGCDC Accumulator > Deductible Limit TGCDC ACC<= Initial Coverage Limit TrOOP Accumulator + Delta TrOOP4 <= 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 Drug Coverage Status Code = 'C' Expected results: ACCEPTED PDE	650-659, 670, 671, 696, 744, 786, 787, 865-868, 870-875
33	30,35,40,45,48,49	Gap to Catastrophic Straddle PDE non-LI Beneficiary Applicable Drug Pre Conditions: Beginning Benefit Phase = 'G' Ending Benefit Phase = 'C' TGCDC Accumulator > Initial Coverage Limit TrOOP Accumulator < OOP Threshold TrOOP Accumulator + Delta TrOOP4 > OOP Threshold TrOOP Accumulator <= TGCDC Accumulator GDCA > zero GDCB > zero Reported Gap Discount > zero Reported Gap Discount within $0.05 of the CMS Calculated Gap Discount Drug Coverage Status Code = 'C' Expected results: ACCEPTED PDE	650-659, 696, 744, 786, 787, 865-868, 870-875
34	31-34, 36-39, 41-44	Gap to Catastrophic Straddle PDE LI Beneficiary Pre Conditions: Beginning Benefit Phase = 'G' Ending Benefit Phase = 'C' TGCDC Accumulator > Initial Coverage Limit TrOOP Accumulator < OOP Threshold TrOOP Accumulator + Delta TrOOP4 > OOP Threshold	650-659, 675, 696, 744, 786, 787, 865-868

Test Condition #	Bene Number	Test Condition Description	Edits Tested
		TrOOP Accumulator <= TGCDC Accumulator GDCA > zero GDCB > zero Reported Gap Discount = zero Drug Coverage Status Code = 'C' Expected results: ACCEPTED PDE	
35	30,35,40,45,48,49	Non-Straddle Coverage Gap Phase PDE non-LI Beneficiary Applicable Drug Alternate ICL Amount (PBP T12 or T13) Pre Conditions: Beginning and Ending Benefit Phases = 'G' TGCDC Accumulator > Initial Coverage Limit TrOOP Accumulator + Delta TrOOP4 < =OOP Threshold TrOOP Accumulator <= TGCDC Accumulator GDCA = zero Reported Gap Discount > zero Reported Gap Discount within $0.05 of the CMS Calculated Gap Discount Drug Coverage Status Code = 'C' Expected results: ACCEPTED PDE	650-659, 670, 671, 696, 744, 786, 787, 865-868, 870-875
36	30,35,40,45,48,49	Non-Straddle Coverage Gap Phase PDE non-LI Beneficiary Applicable Drug Coverage in the Gap (PBP T11 or T12) Pre Conditions: Beginning and Ending Benefit Phases = 'G' TGCDC Accumulator > Initial Coverage Limit TrOOP Accumulator + Delta TrOOP4 < =OOP Threshold TrOOP Accumulator <= TGCDC Accumulator GDCA = zero Reported Gap Discount > zero Reported Gap Discount within $0.05 of the CMS Calculated Gap Discount Drug Coverage Status Code = 'C' Expected results: ACCEPTED PDE	650-659, 670, 671, 696, 744, 786, 787, 865-868, 870-875

There are two sets of bene numbers provided:

- Bene numbers 30 through 55 are provided for submitters whose TEST/CERT PDEs will have CY 2012 dates of service.
- Bene numbers 56 through 81 are provided for submitters whose TEST/CERT PDEs will Have CY 2011 dates of service.

Bene numbers 50-55 and 76-81 are provided for submitters who wish to trigger error conditions in their batches and test their error handling processes. These bene numbers should not be included in batches submitted for certification, since these errors would be included in the overall error rate.

Coverage Gap Discount Test Conditions

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. All submitters must be certified by successfully submitting PDE files using the new file layout. Each Coverage Gap Discount test condition is explained in the table above.

In order to assist Palmetto GBA in identifying these test cases on 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 conditions, submitters shall populate the first 2 positions of the Claim Control Number with '99'.

[3] The Test HICN may be built using any of these bene numbers (see the Beneficiary Characteristics chart on the following page, and the Test HICN Description instructions on page 12)

[4] Delta TrOOP equals (Patient Pay Amount + Other TrOOP Amount + LICS Amount + Reported Gap Discount)

* Each of the coverage gap discount test scenarios are for PDEs with 2012 Dates of Service, and Drug Coverage Status = 'C'

** Unless noted otherwise, PDEs may be submitted with LI eligible or non-LI eligible beneficiaries

*** Unless noted otherwise, PDEs may be submitted with Gap Discount applicable NDCs (BLA/NDA) or non-applicable NDCs

Beneficiary Characteristics Associated with Each Beneficiary Number

BENE NUMBER	PBP START DATE	PBP END DATE	BENE SEX	BENE BIRTH DATE	BENE DEATH DATE	MBD Code [5]	LIS Effective Date	LIS End Date
For use with PDEs with Dates of Service in Calendar Year 2011:								
56	01/01/09		Female	06/12/35		0		
57	01/01/09		Male	06/18/40		2	02/01/11	10/31/11
58	01/01/09		Female	09/12/36		1	02/01/11	10/31/11
59	01/01/09		Male	07/26/40		4	03/01/11	
60	01/01/09		Female	07/20/40		3	02/01/11	10/31/11
61	01/01/10		Female	03/18/31		0		
62	01/01/10		Female	09/13/09		2	03/01/11	11/30/11
63	01/01/10		Male	07/27/40		1	03/01/11	11/30/11
64	01/01/10		Male	07/18/39		4	03/01/11	
65	01/01/10		Male	08/31/35		3	03/01/11	11/30/11
66	02/01/11		Male	09/04/28		0		
67	02/01/11		Male	11/09/32		2	02/01/11	10/31/11
68	02/01/11		Male	08/06/28		1	02/01/11	10/31/11
69	02/01/11		Male	06/13/40		4	02/01/11	
70	02/01/11		Female	02/21/27		3	02/01/11	10/31/11
71	02/01/11		Female	03/18/16		0		
72	02/01/11		Female	09/09/10		4	02/01/11	
73	02/01/10		Female	08/31/37		4	02/01/10	
74	02/01/11		Female	10/01/34		0		
75	02/01/11		Male	04/12/31		0		
76	08/01/08		Female	11/15/33		1	02/01/11	10/31/11
77	07/01/08	08/01/10	Male	11/02/34		2	02/01/11	10/31/11
78	07/01/08		Female	04/13/39		2	02/01/11	10/31/11
79	07/01/08		Female	01/23/28	08/01/11	1	02/01/11	10/31/11
80	09/01/11		Male	04/12/31		0		
81	09/01/08		Female	11/15/33		0		
For use with PDEs with Dates of Service in Calendar Year 2012:								
30	01/01/10		Female	06/12/35		0		
31	01/01/10		Male	06/18/40		2	02/01/12	10/31/12
32	01/01/10		Female	09/12/36		1	02/01/12	10/31/12
33	01/01/10		Male	07/26/40		4	03/01/12	
34	01/01/10		Female	07/20/40		3	02/01/12	10/31/12
35	01/01/11		Female	03/18/31		0		
36	01/01/11		Female	09/13/09		2	03/01/12	11/30/12
37	01/01/11		Male	07/27/40		1	03/01/12	11/30/12
38	01/01/11		Male	07/18/39		4	03/01/12	
39	01/01/11		Male	08/31/35		3	03/01/12	11/30/12
40	02/01/12		Male	09/04/28		0		
41	02/01/12		Male	11/09/32		2	02/01/12	10/31/12
42	02/01/12		Male	08/06/28		1	02/01/12	10/31/12

BENE NUMBER	PBP START DATE	PBP END DATE	BENE SEX	BENE BIRTH DATE	BENE DEATH DATE	MBD Code [5]	LIS Effective Date	LIS End Date
43	02/01/12		Male	06/13/40		4	02/01/12	
44	02/01/12		Female	02/21/27		3	02/01/12	10/31/12
45	02/01/12		Female	03/18/16		0		
46	02/01/12		Female	09/09/10		4	02/01/12	
47	02/01/11		Female	08/31/37		4	02/01/11	
48	02/01/12		Female	10/01/34		0		
49	02/01/12		Male	04/12/31		0		
50	08/01/09		Female	11/15/33		1	02/01/12	10/31/12
51	07/01/09	08/01/11	Male	11/02/34		2	02/01/12	10/31/12
52	07/01/09		Female	04/13/39		2	02/01/12	10/31/12
53	07/01/09		Female	01/23/28	08/01/12	1	02/01/12	10/31/12
54	09/01/12		Male	04/12/31		0		
55	09/01/09		Female	11/15/33		0		

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

[5] See next page for explanation of Low Income Status (LIS) Categories:

2011 Low Income (LI) Levels and Medicare Beneficiary Database (MBD) Codes

LI Level	Deductible	Initial Coverage Period	Coverage Gap	Catastrophic	MBD Code
I	$ 0	$1.10-generic $3.30-brand	$1.10-generic $3.30-brand	$0	2
II	$ 0	$2.50-generic $6.30-brand	$2.50-generic $6.30-brand	$0	1
III	$63	15%	15%	$2.50-generic $6.30-brand	4
Inst	$ 0	$0	$0	$0	3

2012 Low Income (LI) Levels and Medicare Beneficiary Database (MBD) Codes

LI Level	Deductible	Initial Coverage Period	Coverage Gap	Catastrophic	MBD Code
I	$ 0	$1.10-generic $3.30-brand	$1.10-generic $3.30-brand	$0	2
II	$ 0	$2.60-generic $6.50-brand	$2.60-generic $6.50-brand	$0	1
III	$65	15%	15%	$2.60-generic $6.50-brand	4
Inst	$ 0	$0	$0	$0	3

Note: An MBD code of 0 (zero) means no LI eligibility

LI levels and MBD codes: The charts above cross-walk the LI Levels put forth in guidance to the LI level codes as reported in MBD. The LI Levels reported in the PDE as I, II, III and Institutional should correspond to the co-pays in ascending order.

Test HICN Description

The composition of the 11-character test HICN is:

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

Test HICNs 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 HICNs for each test condition provides a simple way to distinguish the various test conditions. A separate HICN should be created for each plan type/test condition being tested and the appropriate HICN should be assigned to the relevant PDEs. The submitter can create up to ten test HICNs (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 HICNs 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 (bene numbers 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 HICN for bene number 54 should be assigned to the PDEs for that test condition as follows:

Test HICN # 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/Bene Number. This HICN represents the bene number assigned to the beneficiary designated as # 5 for bene number # 54 for this Contract/PBP. This position may contain a single digit from 0 to 9 and must not be left blank.
54	=	Bene Number – There are currently 52 different bene numbers that comprise the certification test suite. This HICN should be used on PDEs with bene number # 54.

File Characteristics

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 Bene Numbers: 30 - 49

b. ***File 2*** – A set of PDEs with Adjustment/Deletion Code = 'D' and/or 'A'.

   Minimum File Size: 1 PDE record
   Suggested Bene Numbers: 30 - 49

   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 Bene Numbers: 30 - 49

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.

Transmission of Test Files to Palmetto 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 2-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.

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 for 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 2 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 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 processed 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, Palmetto 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.)