

FIR Transmission Certification Tests

Test Plan Overview

Version 1.2
September 30, 2011

Prepared by:
Tracy Highton
RelayHealth

This document summarizes the test transactions used to certify readiness for use of NCPDP Financial Information Reporting transactions.

Table of Contents

| | |
|--|-----------|
| Document Revision History | 4 |
| Open Issues History | 4 |
| Certification Testing Purpose and Scope | 5 |
| General Approach | 5 |
| Test Summaries | 7 |
| How to Use the Test Case Descriptions..... | 7 |
| Transmission Test 1 – Inquiry for Current Year, Accepted, With Activity in All Coverage Months | 8 |
| Transmission Test 2 – Inquiry for Current Year, Rejected (Code 52 – Non-Matched Cardholder ID)..... | 9 |
| Transmission Test 3 – Inquiry for Current Year, Rejected (Code AK – M/I Software Vendor/Certification ID) | 10 |
| Transmission Test 4 – Inquiry for Current Year, Accepted, With Activity in Only Some Coverage Months | 11 |
| Transmission Test 5 – Inquiry for Current Year, Accepted, With No Activity in Any Coverage Months | 12 |
| Transmission Test 6 – Update for Current Year, Accepted, No Overlap Coverage | 13 |
| Transmission Test 7 – Update for Current Year, Rejected (Code S1 – M/I Accumulator Year) | 14 |
| Transmission Test 8 – Update for Current Year, Rejected (Code S3 – M/I Accumulated Patient TrOOP Amount) | 15 |
| Transmission Test 9 – Exchange for Current Year, Accepted, No Overlap Coverage | 16 |
| Transmission Test 10 – Exchange for Current Year, Accepted, With Overlap Coverage | 17 |
| Transmission Test 11 – Exchange for Current Year, Accepted, With Activity in Only Some Coverage Months | 18 |
| Transmission Test 12 – Exchange for Current Year, Accepted, With No Activity in Any Coverage Months and No Overlap | 19 |
| Transmission Test 13 – Exchange for Current Year, Rejected (Code T1 – Request Financial Segment Required) | 20 |
| Appendix A -- Deferred Phase II Test Possibilities | 21 |
| Transmission Test X1 – Inquiry for Previous Year, Accepted, With Activity in All Coverage Months..... | 21 |
| Transmission Test X2 – Update for Previous Year, Accepted, No Overlap Coverage | 21 |

Document Revision History

| Date | By | Description |
|----------|------------|---------------|
| 09/30/11 | T. Highton | V1.2 Original |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Open Issues History

| Date | Initiator | Issue | Responses and Resolution (Date / Person / Description) |
|------|-----------|-------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Certification Testing Purpose and Scope

The purpose of Certification Testing is to ensure that each third party processor system is able to receive FIR Requests sent by the TrOOP Facilitator and then generate and return correctly formed and populated FIR Response messages within permissible response times. Each Test Case consists of a single F1, F2, or F3 Request for a different test beneficiary.

Multiple Test Cases are defined for each transaction type (F1, F2, or F3) to simulate different types of situations regarding the coverage months and monthly accumulator values that already exist on the processor system for the test beneficiary and the corresponding values that are expected in a correctly populated Response to the Request. For example, the Response to an Exchange (F3) Request differs based on whether a processor has stored financial activity that overlaps with accumulator values included in the Request. Therefore, there are two separate F3 Test Cases for these two situations – with overlap and without.

Additional Test Cases are defined to test situations where a reject Response is expected, such as a FIR Request being sent for a beneficiary that does not exist on the processor system being tested.

Note. Certification Testing is intended as a transaction level test of a processors ability to properly form, populate, and return FIR responses to a pre-defined group of Requests given certain beneficiary financial accumulator pre-conditions. These tests **do not** attempt to exhaustively recreate every scenario in the NCPDP Implementation Guide or CMS Guidance, which involve multiple transactions across multiple plans. Instead, they are a representative sample of the kinds of Requests that a single plan within those scenarios might receive given different states of the plan's stored financial activity for a beneficiary relative to any accumulator values passed in the Request. The certification process therefore tests proper messaging between the facilitator and a plan, but does not attempt to test how the supplied data is processed internally within a plan system, nor the methods by which the facilitator determines which plans should receive transactions and when, nor the methods by which the facilitator uses the Response contents from one plan to create the Request for the next plan in a FIR sequence.

General Approach

- ③ Certification Testing (described in this document) is mandatory. Production FIR transactions will not be routed to plans that have not been certified.
- ③ In Certification Testing, each Transmission Test (Request and Response set) is independent from the others, but they will be executed in the order presented. Failure of some tests may preclude continuation of testing until remedies are implemented.
- ③ All Transmission Tests are initiated by the Facilitator based on a testing request from a processor. The processor will need to test certify each of their systems used for Part D primary plans. However, if multiple plans are supported on a single system, it not necessary to run separate tests for each plan on the system; certification of the system will certify all plans supported by that system.
- ③ The processor specifies the BIN/PCN/Group to which test transactions should be sent.
- ③ Each Transmission Test is assigned its own unique Cardholder ID for the associated test beneficiary. Each processor should use these specified Cardholder IDs if at all possible. If these specified Cardholder IDs cannot be used, the processor will need to notify the Facilitator before testing of the actual Cardholder IDs to be used
- ③ Before testing is requested, the processor will pre-load the system associated with the test BIN/PCN/Group with data for all test beneficiaries (where relevant) as indicated in the Transmission Test descriptions. The only exception is the Reject test for Non-Matched Cardholder ID (Test 2a), in which the indicated Cardholder should NOT be loaded (as described in the description for that test).

- ③ The pre-test financial activity accumulator values specified for each test are target values only. The processor being tested should pre-load the values for each beneficiary to approximate these values, but it is not necessary to match them exactly. As part of the testing request process, the processor to be tested will inform the facilitator of the actual exact values that were pre-loaded on their systems, which the facilitator will use to evaluate the resulting responses.
- ③ All situational fields will be populated for each test to allow for processors that require one or more of these fields (e.g. date of birth) to uniquely identify a beneficiary.

Test Summaries

How to Use the Test Case Descriptions

This section includes descriptions for each of the 13 test cases. Each description includes the following sub-topics:

- ③ **Summary.** This provides a brief description of the purpose of the test case.
- ③ **Test Case Context and Test Beneficiary Setup.** This consists primarily of a table and associated Notes that summarize the overall context of the FIR transaction sequence in which the test case would occur in a production setting. See the example below:

| At Relay (4RX data) and Plan plus CMS date of birth & gender | | | | | | | | Eligibility coverage & Accumulator balances by month at the processor | | | |
|--|------------------|------------------|------------------|------------------|-------------|-------------------|-------------|---|------------------------|--------------------------------------|---------------------------------------|
| Plan | Bin | PCN | Group | C/H id | Person Code | DOB | Gender | Original coverage begins | Original coverage ends | TROOP \$ | DRUG SPEND \$ |
| A | 610011 | EXA | Group1 | 000000001 | 01 | 01/01/1925 | Male | 1/1/08 | 3/31/08 | Jan/Feb/Mar 0 / 50 / 175 | Jan/Feb/Mar 0 / 50 / 175 |
| B | See notes | See notes | See notes | TSTFIR009 | 01 | 01/01/1925 | Male | 4/1/08 | 6/30/08 | Apr//May/Jun 25 / 0 / 500 | Apr//May/Jun 25 / 0 / 2000 |
| C | 610018 | EXC | Group3 | 123456789 | 01 | 01/01/1925 | Male | 7/1/08 | 9/30/08 | Jul/Aug/Sep 750 / 100 / 0 | Jul/Aug/Sep 3000 / 4000 / 0 |

Notes: Processor should provide BIN, PCN, and Group for Plan B to Facilitator before testing. Processor should pre-load accumulator balances to be close to the target values indicated above and then provide actual values to Facilitator before testing. *However, zero \$ (\$0) amounts must match exactly.*

Each test case involves the Facilitator sending only a single Request transaction to only one of the plans in this sequence. That “simulated plan” to be tested is listed in the table with bold lettering and highlighted in **green** (as with Plan B in the example table above).

Before the test case is executed, the processor should pre-load the system to be tested with the Beneficiary Cardholder ID and accumulator values by month that are indicated for the bolded and highlighted plan only (it is not necessary to load any values for the other two plans in the table). The processor should pre-load accumulator balances to be close to the target values indicated in the table and then provide actual values to Facilitator before testing. *(However, any zero \$ [\$0] amounts must match exactly).*

Note. The months for which values should be pre-loaded for the test case are identified in the **TROOP \$** and **DRUG SPEND \$** columns of the highlighted row. In the example table above, accumulators should be loaded as closely as possible to \$25 in April, \$0 in May, and \$500 in June for TrOOP and \$25 in April, \$0 in May, and \$2000 in June for Drug Spend.

Note that the Processor will provide BIN, PCN, and Group for the plan to be tested to the Facilitator before testing, using the FIR Certification Test Request Form available on the MEDIFACD website. On the same form, the Processor will also provide the actual values pre-loaded on their system for each test case. Therefore, those values must be pre-loaded before requesting the test.

- ③ **Associated Data Sheets.** Each test case has an associated Excel spreadsheet that provides data sheets indicating the FIR Request that the Facilitator will send and the Response expected to be returned by the Processor. The name of that spreadsheet for each test case is identified in the test case description.

Transmission Test 1 – Inquiry for Current Year, Accepted, With Activity in All Coverage Months

Summary

This tests the ability of a plan system to return a correct Response to a basic Inquiry (F1) Request. In this scenario, the plan has some financial activity on record for each month in which the Beneficiary was covered by the plan. The expected result is that the plan will therefore return the accumulators for each month of coverage.

Test Case Context and Test Beneficiary Setup

The overall FIR transaction sequence context in which this test case would occur is indicated in the table below. This test simulates the transaction that the Facilitator would send to Plan A in this sequence, and evaluates the resulting Response. Prior to requesting test execution by the Facilitator, the processor should pre-load the system to be tested with the Beneficiary Cardholder ID and accumulator values by month indicated below for Plan A.

| At Relay (4RX data) and Plan plus CMS date of birth & gender | | | | | | | | Eligibility coverage & target accumulator balances by month at the processor | | | |
|--|-----------|-----------|-----------|-----------|-------------|------------|--------|--|------------------------|------------------------------|--------------------------------|
| Plan | Bin | PCN | Group | C/H id | Person Code | DOB | Gender | Original coverage begins | Original coverage ends | TROOP \$ | DRUG SPEND \$ |
| A | See notes | See notes | See notes | TSTFIR001 | 01 | 01/01/1925 | Male | 1/1/08 | 3/31/08 | Jan/Feb/Mar 75 / 125 / 65 | Jan/Feb/Mar 125 / 175 / 85 |
| B | 610014 | EXB | Group2 | 000000001 | 01 | 01/01/1925 | Male | 4/1/08 | 6/30/08 | Apr/May/June 25 / 0 / 500 | Apr/May/June 25 / 0 / 2000 |
| C | 610018 | EXC | Group3 | 123456789 | 01 | 01/01/1925 | Male | 7/1/08 | 9/30/08 | Jul/Aug/Sep 750 / 100 / 0 | Jul/Aug/Sep 3000 / 4000 / 0 |

Notes: Processor should provide BIN, PCN, and Group for Plan A to Facilitator before testing. Processor should pre-load accumulator balances to be close to the target values indicated above for Plan A and then provide actual values to Facilitator before testing.

Associated Data Sheets

To review Request and Expected Response data sheets for this test case, refer to the file **Test 01 - F1 Activity All Months.xls**.

Transmission Test 2 – Inquiry for Current Year, Rejected (Code 52 – Non-Matched Cardholder ID)

Summary

This tests the ability of a plan system to return a correct Reject Response to an Inquiry (F1) Request for a Beneficiary not covered on the tested BIN/PCN/Group.

Test Case Context and Test Beneficiary Setup

The overall FIR transaction sequence context in which this test case would occur is indicated in the table below. This test simulates the transaction that the Facilitator would send to Plan A in this sequence, and evaluates the resulting Response.

IMPORTANT: To ensure a non-match reject, the processor should ensure that the Beneficiary Cardholder ID for Plan A below does **NOT** exist for the BIN/PCN/Group being tested.

| At Relay (4RX data) and Plan plus CMS date of birth & gender | | | | | | | | Eligibility coverage & target accumulator balances by month at the processor | | | |
|--|-----------|-----------|-----------|--|-------------|------------|--------|--|------------------------|------------------------------|--------------------------------|
| Plan | Bin | PCN | Group | C/H id | Person Code | DOB | Gender | Original coverage begins | Original coverage ends | TROOP \$ | DRUG SPEND \$ |
| A | See notes | See notes | See notes | TSTFIR002 (see IMPORTANT note above for usage details) | 01 | 01/01/1925 | Male | 1/1/08 | 3/31/08 | Jan/Feb/Mar 75 / 125 / 65 | Jan/Feb/Mar 125 / 175 / 85 |
| B | 610014 | EXB | Group2 | 000000001 | 01 | 01/01/1925 | Male | 4/1/08 | 6/30/08 | Apr/May/Jun 25 / 0 / 500 | Apr/May/Jun 25 / 0 / 2000 |
| C | 610018 | EXC | Group3 | 123456789 | 01 | 01/01/1925 | Male | 7/1/08 | 9/30/08 | Jul/Aug/Sep 750 / 100 / 0 | Jul/Aug/Sep 3000 / 4000 / 0 |

Notes: Processor should provide BIN, PCN, and Group for Plan A to Facilitator before testing. For this test it is not necessary to pre-load accumulator balances with the target values indicated above for Plan A since a reject should occur and balances will not be returned.

Associated Data Sheets

To review Request and Expected Response data sheets for this test case, refer to the file **Test 02 - F1 Reject Code 52.xls**.

Transmission Test 3 – Inquiry for Current Year, Rejected (Code AK – M/I Software Vendor/Certification ID)

Summary

This tests the ability of a plan system to return a correct Reject Response to an Inquiry (F1) Request with a Software Vendor/Certification ID other than MEDDFTROOP.

Important: To invoke a reject, the request will contain a Vendor/Certification ID of MDCRFTR00P. If a processor does not intend to code their production system to edit Requests on Vendor/Certification ID, failure to return a reject response for this test case will be considered acceptable. The processor should notify the Facilitator before testing if this test case variant applies to their system to be tested.

Test Case Context and Test Beneficiary Setup

The overall FIR transaction sequence context in which this test case would occur is indicated in the table below. This test simulates the transaction that the Facilitator would send to Plan A in this sequence, and evaluates the resulting Response. Prior to requesting test execution by the Facilitator, the processor should pre-load the system to be tested with the Beneficiary Cardholder ID indicated below for Plan A.

| At Relay (4RX data) and Plan plus CMS date of birth & gender | | | | | | | | Eligibility coverage & target accumulator balances by month at the processor | | | |
|--|-----------|-----------|-----------|-----------|-------------|------------|--------|--|------------------------|------------------------------|--------------------------------|
| Plan | Bin | PCN | Group | C/H id | Person Code | DOB | Gender | Original coverage begins | Original coverage ends | TROOP \$ | DRUG SPEND \$ |
| A | See notes | See notes | See notes | TSTFIR003 | 01 | 01/01/1925 | Male | 1/1/08 | 3/31/08 | Jan/Feb/Mar 75 / 125 / 65 | Jan/Feb/Mar 125 / 175 / 85 |
| B | 610014 | EXB | Group2 | 000000001 | 01 | 01/01/1925 | Male | 4/1/08 | 6/30/08 | Apr/May/Jun 25 / 0 / 500 | Apr/May/Jun 25 / 0 / 2000 |
| C | 610018 | EXC | Group3 | 123456789 | 01 | 01/01/1925 | Male | 7/1/08 | 9/30/08 | Jul/Aug/Sep 750 / 100 / 0 | Jul/Aug/Sep 3000 / 4000 / 0 |

Notes: Processor should provide BIN, PCN, and Group for Plan A to Facilitator before testing. For this test it is not necessary to pre-load accumulator balances with the target values indicated above for Plan A since a reject should occur and balances will not be returned.

Associated Data Sheets

To review Request and Expected Response data sheets for this test case, refer to the file **Test 03 - F1 Reject Code AK.xls**.

Transmission Test 4 – Inquiry for Current Year, Accepted, With Activity in Only Some Coverage Months

Summary

This tests the ability of a plan system to return a correct Response to an Inquiry (F1) Request for the current year. In this scenario, the plan has financial activity on record for only some of the months in which the Beneficiary was covered by the plan. The expected result is that the plan will therefore return the accumulators for only coverage months with activity.

Test Case Context and Test Beneficiary Setup

The overall FIR transaction sequence context in which this test case would occur is indicated in the table below. This test simulates the transaction that the Facilitator would send to Plan A in this sequence, and evaluates the resulting Response. Prior to requesting test execution by the Facilitator, the processor should pre-load the system to be tested with the Beneficiary Cardholder ID and accumulator values by month indicated below for Plan A.

| At Relay (4RX data) and Plan plus CMS date of birth & gender | | | | | | | | Eligibility coverage & target accumulator balances by month at the processor | | | |
|--|-----------|-----------|-----------|-----------|-------------|------------|--------|--|------------------------|------------------------------|--------------------------------|
| Plan | Bin | PCN | Group | C/H id | Person Code | DOB | Gender | Original coverage begins | Original coverage ends | TROOP \$ | DRUG SPEND \$ |
| A | See notes | See notes | See notes | TSTFIR004 | 01 | 01/01/1925 | Male | 1/1/08 | 3/31/08 | Jan/Feb/Mar 0 / 0 / 65 | Jan/Feb/Mar 0 / 0 / 85 |
| B | 610014 | EXB | Group2 | 000000001 | 01 | 01/01/1925 | Male | 4/1/08 | 6/30/08 | Apr/May/June 25 / 0 / 500 | Apr/May/June 25 / 0 / 2000 |
| C | 610018 | EXC | Group3 | 123456789 | 01 | 01/01/1925 | Male | 7/1/08 | 9/30/08 | Jul/Aug/Sep 750 / 100 / 0 | Jul/Aug/Sep 3000 / 4000 / 0 |

Notes: Processor should provide BIN, PCN, and Group for Plan A to Facilitator before testing. Processor should pre-load accumulator balances to be close to the target values indicated above for Plan A and then provide actual values to Facilitator before testing. *However, zero \$ (\$0) amounts must match exactly.*

Associated Data Sheets

To review Request and Expected Response data sheets for this test case, refer to the file **Test 04 - F1 Activity Some Months.xls**.

Transmission Test 5 – Inquiry for Current Year, Accepted, With No Activity in Any Coverage Months

Summary

This tests the ability of a plan system to return a correct Response to an Inquiry (F1) Request for the current year. In this scenario, the plan has no financial activity on record for any of the months in which the Beneficiary was covered by the plan. The expected result is that the plan will respond with only the first month of coverage with zero value accumulators.

Test Case Context and Test Beneficiary Setup

The overall FIR transaction sequence context in which this test case would occur is indicated in the table below. This test simulates the transaction that the Facilitator would send to Plan A in this sequence, and evaluates the resulting Response. Prior to requesting test execution by the Facilitator, the processor should pre-load the system to be tested with the Beneficiary Cardholder ID and accumulator values by month indicated below for Plan A.

| At Relay (4RX data) and Plan plus CMS date of birth & gender | | | | | | | | Eligibility coverage & target accumulator balances by month at the processor | | | |
|--|-----------|-----------|-----------|-----------|-------------|------------|--------|--|------------------------|------------------------------|--------------------------------|
| Plan | Bin | PCN | Group | C/H id | Person Code | DOB | Gender | Original coverage begins | Original coverage ends | TROOP \$ | DRUG SPEND \$ |
| A | See notes | See notes | See notes | TSTFIR005 | 01 | 01/01/1925 | Male | 1/1/08 | 3/31/08 | Jan/Feb/Mar 0 / 0 / 0 | Jan/Feb/Mar 0 / 0 / 0 |
| B | 610014 | EXB | Group2 | 000000001 | 01 | 01/01/1925 | Male | 4/1/08 | 6/30/08 | Apr/May/June 25 / 0 / 500 | Apr/May/June 25 / 0 / 2000 |
| C | 610018 | EXC | Group3 | 123456789 | 01 | 01/01/1925 | Male | 7/1/08 | 9/30/08 | Jul/Aug/Sep 750 / 100 / 0 | Jul/Aug/Sep 3000 / 4000 / 0 |

Notes: Processor should provide BIN, PCN, and Group for Plan A to Facilitator before testing. Processor should pre-load accumulator balances to match the target values indicated above for Plan A. Zero \$ (\$0) amounts must match exactly.

Associated Data Sheets

To review Request and Expected Response data sheets for this test case, refer to the file **Test 05 - F1 Activity No Months.xls**.

Transmission Test 6 – Update for Current Year, Accepted, No Overlap Coverage

Summary

This tests the ability of a plan system to return a correct Response to a basic Update (F2) Request for the current year and properly update internal accumulator values when there is no coverage overlap between the old and new plans. The expected result is that the plan will accept the Request.

Test Case Context and Test Beneficiary Setup

The overall FIR transaction sequence context in which this test case would occur is indicated in the table below. This test simulates the transaction that the Facilitator would send to Plan C in this sequence, and evaluates the resulting Response. Prior to requesting test execution by the Facilitator, the processor should pre-load the system to be tested with the Beneficiary Cardholder ID indicated below for Plan C.

| At Relay (4RX data) and Plan plus CMS date of birth & gender | | | | | | | | Eligibility coverage & target accumulator balances by month at the processor | | | |
|--|-----------|-----------|-----------|-----------|-------------|------------|--------|--|------------------------|--------------------------------------|--------------------------------------|
| Plan | Bin | PCN | Group | C/H id | Person Code | DOB | Gender | Original coverage begins | Original coverage ends | TROOP \$ | DRUG SPEND \$ |
| A | 610010 | EXA | Group1 | 000000001 | 01 | 01/01/1925 | Male | 1/1/08 | 4/30/08 | Jan/Feb/Mar/Apr 0 / 50 / 175 / 15 | Jan/Feb/Mar/Apr 0 / 50 / 175 / 15 |
| B | 610014 | EXB | Group2 | 123456789 | 01 | 01/01/1925 | Male | 4/1/08 | 6/30/08 | Apr/May/June 25 / 0 / 500 | Apr/May/June 25 / 0 / 2000 |
| C | See notes | See notes | See notes | TSTFIR006 | 01 | 01/01/1925 | Male | 7/1/08 | 9/30/08 | Jul/Aug/Sep 750 / 100 / 0 | Jul/Aug/Sep 3000 / 4000 / 0 |

Notes: Processor should provide BIN, PCN, and Group for Plan C to Facilitator before testing. For this test it is not necessary to pre-load accumulator balances with the target values indicated above for Plan C since no balances are returned in an Update Response. April claims were paid under both Plans A and B. No claims were paid in Jan and May.

Associated Data Sheets

To review Request and Expected Response data sheets for this test case, refer to the file **Test 06 - F2 Update No Overlap.xls**.

Transmission Test 7 – Update for Current Year, Rejected (Code S1 – M/I Accumulator Year)

Summary

This tests the ability of a plan system to return a correct Reject Response to an Update (F2) Request with a future accumulator year.

Important: To invoke a reject, the request will contain a future accumulator year.

Test Case Context and Test Beneficiary Setup

The overall FIR transaction sequence context in which this test case would occur is indicated in the table below. This test simulates the transaction that the Facilitator would send to Plan C in this sequence, and evaluates the resulting Response. Prior to requesting test execution by the Facilitator, the processor should pre-load the system to be tested with the Beneficiary Cardholder ID indicated below for Plan C.

| At Relay (4RX data) and Plan plus CMS date of birth & gender | | | | | | | | Eligibility coverage & target accumulator balances by month at the processor | | | |
|--|------------------|------------------|------------------|------------------|-------------|-------------------|-------------|--|------------------------|--------------------------------------|--|
| Plan | Bin | PCN | Group | C/H id | Person Code | DOB | Gender | Original coverage begins | Original coverage ends | TROOP \$ | DRUG SPEND \$ |
| A | 610010 | EXA | Group1 | 000000001 | 01 | 01/01/1925 | Male | 1/1/08 | 4/30/08 | Jan/Feb/Mar/Apr 0 / 50 / 175 / 15 | Jan/Feb/Mar/Apr 0 / 50 / 175 / 15 |
| B | 610014 | EXB | Group2 | 123456789 | 01 | 01/01/1925 | Male | 4/1/08 | 6/30/08 | Apr/May/June 25 / 0 / 500 | Apr/May/June 25 / 0 / 2000 |
| C | See notes | See notes | See notes | TSTFIR007 | 01 | 01/01/1925 | Male | 7/1/08 | 9/30/08 | Jul/Aug/Sep 750 / 100 / 0 | Jul/Aug/Sep 3000 / 4000 / 0 |

Notes: Processor should provide BIN, PCN, and Group for Plan C to Facilitator before testing. For this test it is not necessary to pre-load accumulator balances with the target values indicated above for Plan C since a reject should occur and balances will not be returned.

Associated Data Sheets

To review Request and Expected Response data sheets for this test case, refer to the file **Test 07 - F2 Reject Code S1.xls**.

Transmission Test 8 – Update for Current Year, Rejected (Code S3 – M/I Accumulated Patient TrOOP Amount)

Summary

This tests the ability of a plan system to return a correct Reject Response to an Update (F2) Request with a negative Accumulated Patient TrOOP Amount.

Important: To invoke a reject, the request will contain a negative Accumulated Patient TrOOP Amount.

Test Case Context and Test Beneficiary Setup

The overall FIR transaction sequence context in which this test case would occur is indicated in the table below. This test simulates the transaction that the Facilitator would send to Plan C in this sequence, and evaluates the resulting Response. Prior to requesting test execution by the Facilitator, the processor should pre-load the system to be tested with the Beneficiary Cardholder ID indicated below for Plan C.

| At Relay (4RX data) and Plan plus CMS date of birth & gender | | | | | | | | Eligibility coverage & target accumulator balances by month at the processor | | | |
|--|------------------|------------------|------------------|------------------|-------------|-------------------|-------------|--|------------------------|--------------------------------------|--|
| Plan | Bin | PCN | Group | C/H id | Person Code | DOB | Gender | Original coverage begins | Original coverage ends | TROOP \$ | DRUG SPEND \$ |
| A | 610010 | EXA | Group1 | 000000001 | 01 | 01/01/1925 | Male | 1/1/08 | 4/30/08 | Jan/Feb/Mar/Apr 0 / 50 / 175 / 15 | Jan/Feb/Mar/Apr 0 / 50 / 175 / 15 |
| B | 610014 | EXB | Group2 | 123456789 | 01 | 01/01/1925 | Male | 4/1/08 | 6/30/08 | Apr/May/June 25 / 0 / 500 | Apr/May/June 25 / 0 / 2000 |
| C | See notes | See notes | See notes | TSTFIR008 | 01 | 01/01/1925 | Male | 7/1/08 | 9/30/08 | Jul/Aug/Sep 750 / 100 / 0 | Jul/Aug/Sep 3000 / 4000 / 0 |

Notes: Processor should provide BIN, PCN, and Group for Plan C to Facilitator before testing. For this test it is not necessary to pre-load accumulator balances with the target values indicated above for Plan C since a reject should occur and balances will not be returned.

Associated Data Sheets

To review Request and Expected Response data sheets for this test case, refer to the file **Test 08 - F2 Reject Code S3.xls**.

Transmission Test 9 – Exchange for Current Year, Accepted, No Overlap Coverage

Summary

This tests the ability of a plan system to return a correct Response to a basic Exchange (F3) Request for the current year and properly update internal accumulator values. In this scenario, the plan has some financial activity on record for each month in which the Beneficiary was covered by the plan, and there is no coverage overlap with the previous plan. The expected result is that the plan will therefore return the accumulators for each month of coverage.

Test Case Context and Test Beneficiary Setup

The overall FIR transaction sequence context in which this test case would occur is indicated in the table below. This test simulates the transaction that the Facilitator would send to Plan B in this sequence, and evaluates the resulting Response. Prior to requesting test execution by the Facilitator, the processor should pre-load the system to be tested with the Beneficiary Cardholder ID and accumulator values by month indicated below for Plan B.

| At Relay (4RX data) and Plan plus CMS date of birth & gender | | | | | | | | Eligibility coverage & Accumulator balances by month at the processor | | | |
|--|------------------|------------------|------------------|------------------|-------------|-------------------|-------------|---|------------------------|--------------------------------------|---------------------------------------|
| Plan | Bin | PCN | Group | C/H id | Person Code | DOB | Gender | Original coverage begins | Original coverage ends | TROOP \$ | DRUG SPEND \$ |
| A | 610011 | EXA | Group1 | 000000001 | 01 | 01/01/1925 | Male | 1/1/08 | 3/31/08 | Jan/Feb/Mar 0 / 50 / 175 | Jan/Feb/Mar 0 / 50 / 175 |
| B | See notes | See notes | See notes | TSTFIR009 | 01 | 01/01/1925 | Male | 4/1/08 | 6/30/08 | Apr/May/June 25 / 0 / 500 | Apr/May/June 25 / 0 / 2000 |
| C | 610018 | EXC | Group3 | 123456789 | 01 | 01/01/1925 | Male | 7/1/08 | 9/30/08 | Jul/Aug/Sep 750 / 100 / 0 | Jul/Aug/Sep 3000 / 4000 / 0 |

Notes: Processor should provide BIN, PCN, and Group for Plan B to Facilitator before testing. Processor should pre-load accumulator balances to be close to the target values indicated above and then provide actual values to Facilitator before testing. *However, zero \$ (\$0) amounts must match exactly.*

Associated Data Sheets

To review Request and Expected Response data sheets for this test case, refer to the file **Test 09 - F3 Exchange No Overlap.xls**.

Transmission Test 10 – Exchange for Current Year, Accepted, With Overlap Coverage

Summary

This tests the ability of a plan system to return a correct Response to an Exchange (F3) Request for the current year and properly update internal accumulator values. In this scenario, the tested plan has some financial activity on record for each month in which the Beneficiary was covered by the plan, but there *is* coverage overlap with the previous plan. The expected result is that the plan will therefore return the accumulators for each month of coverage.

Test Case Context and Test Beneficiary Setup

The overall FIR transaction sequence context in which this test case would occur is indicated in the table below. This test simulates the transaction that the Facilitator would send to Plan B in this sequence, and evaluates the resulting Response. Prior to requesting test execution by the Facilitator, the processor should pre-load the system to be tested with the Beneficiary Cardholder ID and accumulator values by month indicated below for Plan B.

| At Relay (4RX data) and Plan plus CMS date of birth & gender | | | | | | | | Eligibility coverage & Accumulator balances by month at the processor | | | |
|--|------------------|------------------|------------------|------------------|-------------|-------------------|-------------|---|------------------------|---------------------------------------|--|
| Plan | Bin | PCN | Group | C/H id | Person Code | DOB | Gender | Original coverage begins | Original coverage ends | TROOP \$ | DRUG SPEND \$ |
| A | 610011 | EXA | Group1 | 000000001 | 01 | 01/01/1925 | Male | 1/1/08 | 4/30/08 | Jan/Feb/Mar/Apr 0 / 50 / 175 / 15 | Jan/Feb/Mar/Apr 0 / 50 / 175 / 15 |
| B | See notes | See notes | See notes | TSTFIR010 | 01 | 01/01/1925 | Male | 4/1/08 | 6/30/08 | Apr/May/June 25 / 50 / 500 | Apr/May/June 25 / 50 / 2000 |
| C | 610018 | EXC | Group3 | 123456789 | 01 | 01/01/1925 | Male | 7/1/08 | 9/30/08 | Jul/Aug/Sep 750 / 100 / 0 | Jul/Aug/Sep 3000 / 4000 / 0 |

Notes: April claims were paid under both Plans A and B.
 Processor should provide BIN, PCN, and Group for Plan A to Facilitator before testing.
 Processor should pre-load accumulator balances to be close to the target values indicated above and then provide actual values to Facilitator before testing.

Associated Data Sheets

To review Request and Expected Response data sheets for this test case, refer to the file **Test 10 - F3 Exchange Overlap Activity All Months.xls**.

Transmission Test 11 – Exchange for Current Year, Accepted, With Activity in Only Some Coverage Months

Summary

This tests the ability of a plan system to return a correct Response to an Exchange (F3) Request for the current year. In this scenario, the plan has financial activity on record for only of the months in which the Beneficiary was covered by the plan. The expected result is that the plan will therefore return the accumulators for only those coverage months with activity.

Test Case Context and Test Beneficiary Setup

The overall FIR transaction sequence context in which this test case would occur is indicated in the table below. This test simulates the transaction that the Facilitator would send to Plan B in this sequence, and evaluates the resulting Response. Prior to requesting test execution by the Facilitator, the processor should pre-load the system to be tested with the Beneficiary Cardholder ID and accumulator values by month indicated below for Plan B.

| At Relay (4RX data) and Plan plus CMS date of birth & gender | | | | | | | | Eligibility coverage & Accumulator balances by month at the processor | | | |
|--|------------------|------------------|------------------|------------------|-------------|-------------------|-------------|---|------------------------|--------------------------------------|--------------------------------------|
| Plan | Bin | PCN | Group | C/H id | Person Code | DOB | Gender | Original coverage begins | Original coverage ends | TROOP \$ | DRUG SPEND \$ |
| A | 610011 | EXA | Group1 | 000000001 | 01 | 01/01/1925 | Male | 1/1/08 | 4/30/08 | Jan/Feb/Mar/Apr 0 / 50 / 175 / 15 | Jan/Feb/Mar/Apr 0 / 50 / 175 / 15 |
| B | See notes | See notes | See notes | TSTFIR011 | 01 | 01/01/1925 | Male | 4/1/08 | 6/30/08 | Apr/May/Jun 25 / 0 / 500 | Apr/May/Jun 25 / 0 / 2000 |
| C | 610018 | EXC | Group3 | 123456789 | 01 | 01/01/1925 | Male | 7/1/08 | 9/30/08 | Jul/Aug/Sep 750 / 100 / 0 | Jul/Aug/Sep 3000 / 4000 / 0 |

Notes: April claims were paid under both Plans A and B.
 Processor should provide BIN, PCN, and Group for Plan A to Facilitator before testing.
 Processor should pre-load accumulator balances to be close to the target values indicated above and then provide actual values to Facilitator before testing. *However, zero \$ (\$0) amounts must match exactly.*

Associated Data Sheets

To review Request and Expected Response data sheets for this test case, refer to the file **Test 11 - F3 Exchange Overlap Activity Some Months.xls**.

Transmission Test 12 – Exchange for Current Year, Accepted, With No Activity in Any Coverage Months and No Overlap

Summary

This tests the ability of a plan system to return a correct Response to an Exchange (F3) Request for the current year. In this scenario, the plan has no financial activity on record for any of the months in which the Beneficiary was covered by the plan. The expected result is that the plan will therefore return accumulators for none of its own coverage months and pass back only the accumulator values in the Request.

Test Case Context and Test Beneficiary Setup

The overall FIR transaction sequence context in which this test case would occur is indicated in the table below. This test simulates the transaction that the Facilitator would send to Plan B in this sequence, and evaluates the resulting Response. Prior to requesting test execution by the Facilitator, the processor should pre-load the system to be tested with the Beneficiary Cardholder ID and accumulator values by month indicated below for Plan B.

| At Relay (4RX data) and Plan plus CMS date of birth & gender | | | | | | | | Eligibility coverage & Accumulator balances by month at the processor | | | |
|--|------------------|------------------|------------------|------------------|-------------|-------------------|-------------|---|------------------------|----------------------------------|----------------------------------|
| Plan | Bin | PCN | Group | C/H id | Person Code | DOB | Gender | Original coverage begins | Original coverage ends | TROOP \$ | DRUG SPEND \$ |
| A | 610011 | EXA | Group1 | 000000001 | 01 | 01/01/1925 | Male | 1/1/08 | 3/31/08 | Jan/Feb/Mar 0 / 50 / 175 | Jan/Feb/Mar 0 / 50 / 175 |
| B | See notes | See notes | See notes | TSTFIR012 | 01 | 01/01/1925 | Male | 4/1/08 | 6/30/08 | Apr/May/Jun 0 / 0 / 0 | Apr/May/Jun 0 / 0 / 0 |
| C | 610018 | EXC | Group3 | 123456789 | 01 | 01/01/1925 | Male | 7/1/08 | 9/30/08 | Jul/Aug/Sep 750 / 100 / 0 | Jul/Aug/Sep 3000 / 4000 / 0 |

Notes: Processor should provide BIN, PCN, and Group for Plan A to Facilitator before testing. Processor should pre-load accumulator balances to exactly match the target values indicated above. *Zero \$ (\$0) amounts must match exactly.*

Associated Data Sheets

To review Request and Expected Response data sheets for this test case, refer to the file **Test 12 - F3 Exchange No Overlap Activity No Months.xls**.

Transmission Test 13 – Exchange for Current Year, Rejected (Code T1 – Request Financial Segment Required)

Summary

This tests the ability of a plan system to return a correct Reject Response to an Exchange (F3) Request with a missing Request Financial Segment.

Important: To invoke a reject, the request will be intentionally missing the Request Financial Segment. If a processor returns a reject code other than T1 that is also appropriate to this invalid request structure, the reject response will still be considered acceptable for this test case.

Test Case Context and Test Beneficiary Setup

The overall FIR transaction sequence context in which this test case would occur is indicated in the table below. This test simulates the transaction that the Facilitator would send to Plan B in this sequence, and evaluates the resulting Response. Prior to requesting test execution by the Facilitator, the processor should pre-load the system to be tested with the Beneficiary Cardholder ID indicated below for Plan B.

| At Relay (4RX data) and Plan plus CMS date of birth & gender | | | | | | | | Eligibility coverage & Accumulator balances by month at the processor | | | |
|--|------------------|------------------|------------------|------------------|-------------|-------------------|-------------|---|------------------------|---------------------------------------|--|
| Plan | Bin | PCN | Group | C/H id | Person Code | DOB | Gender | Original coverage begins | Original coverage ends | TROOP \$ | DRUG SPEND \$ |
| A | 610011 | EXA | Group1 | 000000001 | 01 | 01/01/1925 | Male | 1/1/08 | 4/30/08 | Jan/Feb/Mar/Apr 0 / 50 / 175 / 15 | Jan/Feb/Mar/Apr 0 / 50 / 175 / 15 |
| B | See notes | See notes | See notes | TSTFIR013 | 01 | 01/01/1925 | Male | 4/1/08 | 6/30/08 | Apr/May/June 25 / 50 / 500 | Apr/May/June 25 / 50 / 2000 |
| C | 610018 | EXC | Group3 | 123456789 | 01 | 01/01/1925 | Male | 7/1/08 | 9/30/08 | Jul/Aug/Sep 750 / 100 / 0 | Jul/Aug/Sep 3000 / 4000 / 0 |

Notes: Processor should provide BIN, PCN, and Group for Plan B to Facilitator before testing. For this test it is not necessary to pre-load accumulator balances with the target values indicated above for Plan C since a reject should occur and balances will not be returned.

Associated Data Sheets

To review Request and Expected Response data sheets for this test case, refer to the file **Test 13 - F3 Reject Code T1.xls**.

Appendix A -- Deferred Phase II Test Possibilities

Test cases in this section are related to Previous Year requests. It was jointly agreed that such tests will occur sometime in 2009 since no need exists for that capability in the current year. The tests in this section are therefore *not* part of the initial Certification Test suite. They are only included here as a capture for future consideration.

Transmission Test X1 – Inquiry for Previous Year, Accepted, With Activity in All Coverage Months

Summary

This tests the ability of a plan system to return a correct Response to a basic Inquiry (F1) Request for a previous year. In this scenario, the plan has some financial activity on record for each month in which the Beneficiary was covered by the plan. The expected result is that the plan will therefore return the accumulators for each month of coverage.

Transmission Test X2 – Update for Previous Year, Accepted, No Overlap Coverage

Summary

This tests the ability of a plan system to return a correct Response to a basic Update (F2) Request for the previous year and properly update internal accumulator values when there is no coverage overlap between the old and new plans. The expected result is that the plan will accept the Request.