Health New Zealand
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NATIONAL NON-ADMITTED PATIENT COLLECTION (NNPAC)

PMS Compliance Test Scripts for Districts

Organisation Name: …………………………………………………..

This Compliance Test Scripts document supports the NNPAC Compliance Testing Strategy and Approach Plan.

Prepared by:	Data Management Services, National Collections
Date:	20 August 2024
File Version:	7.0
Status:	FINAL

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TEST SITE DETAILS FORM

In the space below please provide information about the environment in which the tests were conducted. This information is an integral part of the testing process.

Test site: ....

Software name: ....

Software version being tested:..

Hardware platform details: ....

Operating system and version: ....

Are there any differences in the test environment or system from the production equivalent, other than the software being tested? If YES please provide a description:

(Y/N) ....

Please list any additional details required to fully define the test environment in the comments section below or in an accompanying letter.

OTHER COMMENTS:

TESTER: **(To be completed by the person performing the tests)**

Signed: ....   Date: ....../....../..

Name: ....

Title: ....

Organisation: ....

Address: *   ....

                       ....

Phone: …….………………………………………………………

Email: …………………………………………………………………

ADDITIONAL CONTACTS TO BE INCLUDED IN ANY CORRESPONDENCE REGARDING TEST OUTCOMES: (OPTIONAL)

Name: ....

Email: ……………………………………………………………

Name: ....

Email: ……………………………………………………………

Name: ....

Email: ……………………………………………………………

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1 Introduction

The purpose of these compliance tests is to confirm that organisations' data reporting requirements as documented in the National Non-Admitted Patient Collection (NNPAC), File Specification Version 7.0 (effective July 2019) can pass Health New Zealand's NNPAC Full Compliance Certification standard.

Compliance testing would typically be required when an Organisation's Patient Management System (PMS) undergoes a significant change, whether the change originated within the DISTRICTDistrict or Health NZ.

If your compliance test results meet the 'pass' requirements and your first production file also successfully passes through the Data Management Services (DMS) Compliance Environment, full NNPAC Compliance Certification will be issued and file processing through the Production environment can be resumed.

Completing all of the Test Script Scenarios is important for both Health NZ and your Organisation, to ensure that all the software changes have been properly tested. If a Test Scenario cannot be completed you must provide an explanation in the "Completion Box" for that Scenario.

There are intended validation errors in the NNPAC Compliance Test Script. Where parts of the test cannot be completed due to validation restrictions in the local patient management system or the local NNPAC extract process, the system will have met the compliance requirements. The content of any
- error messages,
- validation restrictions (eg, the system does not allow you to enter the ACC Funding Agency code where the purchaser code is privately funded 06), or
- warnings

should be reported as a test outcome below each of the scenarios in the box provided.

The Scenarios are designed to pass all present and newly-introduced NNPAC validation rules and to ensure that where the new restrictions are not applied by the patient management system the newly introduced rejection message generated by the NNPAC load process can be picked up and processed appropriately by the Organisation's patient management system.

The steps for finalising the Test Script and sending extract files are explained in more detail in Section 4 of this document.

We will also run your first full production file in our compliance environment and review for compliance before loading to production. Be aware that if there is a high error rate (>5%) we will not be loading this file to production until it is compliant. Time must be allowed for this process to take place.

If you have any queries relating to this Compliance Test Script or the test procedures please contact:

Standard Compliance Contact
 compliance@health.govt.nz

Escalation Contact
Angela.Pidd@tewhatuora.govt.nz

2 Test Methodology

2.1 Overview of Test Process

1. Data Management Services (DMS) have supplied this test script.

2. You will perform the tests using your test environment and PMS. The data extracted from your system should match the expected data values unless your system generates a validation error. Your system must also be able to input and process the Return files produced by DMS, if that is a function of your PMS. (If you are unable to trigger the error message in your test environment a sample of the content of the error message can be supplied to your vendor.)

3. Once you have undertaken your own internal testing, you will need to follow the Test script. In doing so, you will be producing two **separate** NNPAC extract files.

4. SFTP the extract files as per the 'District Compliance Procedures' that will be sent to you separately.

5. Send a notification email to - compliance@health.govt.nz, attaching the completed portion of the Test Script document.

6. DMS will load each extract file to the NNPAC compliance environment and provide an Acknowledgement and Error Return file for each extract. If errors occur during the extract file processing we may require you to make changes to your PMS and/or the Test Scenario data and resend files.

7. If you observe any unexpected system behaviour on your test Patient Management System when creating the NNPAC events, or if you receive unexpected validation results back from the load process, please advise the Compliance Team immediately.

8. After the extract file has been processed and all errors identified are corrected, you will be given Provisional NNPAC Compliance. The next step of sending a production NNPAC file for processing in the Compliance Test Environment may then commence.

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2.2 **Testing** **Prerequisites**	1. The NNPAC file you send will need to be in the new version **V7.0** format with a date sent on or after 1 July 2020.
	2. The system you use to perform the tests must be an exact copy of your production system in all structural and operational respects.
	3. You must be able to enter the test data into your system and generate an extract file containing the data entered.
	4. It is very important that you record the actual values you enter, or that the system generates, as you complete each Test Scenario. This information will be used by the DMS team when investigating problems that may arise during the test. This applies to Patient details entered on the NHI as well as all hospital event details.
	5. All test events should refer to dates on or after 1 July 2020.
	6. You must enter the NNPAC test data and generate the extract file using only your test Patient Management System and without any subsequent alteration of the extract file. This is implicit in your sign-off for this test script and applies to your vendor too.
	7. For the purpose of this testing please use the following NHIs. As the script testing is done in our compliance environment which is refreshed copy of prod each week, these NHIs are deliberately made available in the dimension table used to validate the NHI.

NHI	Name	Gender	DOB
ZZZ0016	ProdSmokeTest, Sector, One*	Male	20/11/2015
ZZZ0024	ProdSmokeTest, Sector, Two	Male	3/05/2012
ZZZ0032	ProdSmokeTest, Sector, Three	Male	29/08/1996
ZZZ0059	ProdSmokeTest,, Sector, Four	Male	3/07/1970
ZZZ0067	ProdSmokeTest,, Sector, Five	Male	6/09/1945
ZZZ0075	ProdSmokeTest, Sector, Six	Female	20/07/2015
ZZZ0083	ProdSmokeTest,, Sector, Seven	Female	12/06/2012
ZZZ0091	ProdSmokeTest, Sector, Eight	Female	22/05/1992
ZZZ0105	ProdSmokeTest,, Sector, Nine	Female	2/01/1965
ZZZ0113	ProdSmokeTest, Sector, Ten	Female	6/04/1938
ZZZ9994	Labtest, John	Male	1/01/1978

**2.3
Test Scenarios**

1. Details of the five test patients and the nine scenarios that you need to generate are specified in this Test Script.

2. When registering test NHI patients, please be aware that you can create patient details to suit your testing needs.

   - Avoid numeric or special characters (such as underscore) in the patient name as these are likely to be rejected by your PMS and/or the NHI.

   - Post Codes and Domicile codes should not be entered when creating new patients. The NHI eSAM software scrubs the supplied address and allocates a Post Code and Domicile code for you.

   - Any address changes for patients presenting for a service should be updated in the NHI at the time of service. So the domicile code on the submitted NNPAC event should be the same as the domicile code on the NHI.

3. Please indicate with a tick/cross or yes/no in the relevant 'Completion Box' when you have completed each Test Scenario. It is expected that you may not be able to create extract files for all scenarios as some contain forced errors. Where the validation process of your PMS system correctly prevents you from entering data requested the test scenario is considered to have been completed. Detail of the error message, warning or validation outcome should be entered in the box provided.

4. Section 4 details what to do once you have completed all the Test Scenarios. NNPAC extract files should be sent only when you have the all-clear from the Compliance Team.

5. When your files are received, they will be loaded into our compliance environment and results checked by our data quality team. Feedback on the data quality and return files will be sent back for you to check and/or load back onto your test PMS. If the quality is acceptable and there are no other issues with the process you will be granted provisional compliance.

6. When we get your first production file it will be loaded into compliance. The criteria for achieving full compliance on the first production files are;

   - there is a reasonable variety of events post 01 July 2020,

   - the file is version 7.0

   - the file is of the usual size for production,

   - fewer than 5% of the records are rejected as errors and

   - there are no NCAMP related errors

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2.4 **Summary of Compliance Scenarios to be completed**.

FILE 1		
Test Scenario	**Your Test Patient Name**	**Brief history of patient event**
NNPAC-01	PATIENT A	Test Patient A presents at your Emergency Department is triaged, treated and discharged by a GP more than 6 hours later.
NNPAC-02	PATIENT B	Test Patient B attends your GP led clinic for removal of skin lesions
NNPAC-03	PATIENT C	Test Patient C attends your respiratory clinic and is assessed for sleep apnoea. This purchase is privately funded.
NNPAC-04	PATIENT D	Test Patient D is visited by continence services to assist family caring for patient D on the morning of day X.
NNPAC-05	PATIENT E	Event (i) and (ii) and (iii) Test Patient E attends radiology and receives an ultra sound scan of the chest. Later that day they receive a high resolution CT scan of the lungs and an MRI of the Spine. Each visit is recorded as a separate NNPAC event. The visits are funded by ACC directly.

FILE 2		
Test Scenario	**Your Test Patient Name**	**Brief history of patient event**
NNPAC-06	PATIENT C	Test Patient C was incorrectly recorded as having the Purchaser *Privately Funded*. An update is sent through to change the Purchaser code to a District- *funded purchase*
NNPAC-07	PATIENT D	Test Patient D was visited by continence services on the afternoon of day X. This is recorded separately to the visit in File 1. *(intentional error)*
NNPAC-08	PATIENT E	Test Patient E did not receive the CT scan of the lungs and a delete message is sent through to remove the CT scan recorded in File 1.

NNPAC-09		Event (i) and (ii) Test Patient F has a first appointment with Gynaecology in the morning of day X but does not arrive. Test Patient F then attends in the afternoon. Two records are sent through in the file for this appointment, a DNA and an ATT record.
	PATIENT F	
NNPAC-10		Test Patient G attends an outpatient visit for a minor ENT procedure. It is recorded under ACC and is funded directly by ACC but the funding agency is incorrectly added as the funding District.
	PATENT G	
NNPAC-11		Test patient H presents to ED and only receiving triage in ED before transferring to a paediatric AAU where treatment is < 3 hours
	PATIENT H	
NNPAC-12		Test patient I presents to ED with severe injuries on his leg. Patient goes through a surgery on his leg before transferring to the Inpatient ward where treatment is >3 hours.
	PATIENT I	

3 All Test Scenarios

3.1   Test Scenario NNPAC-01

3.1.1 Completion Box	Reason if unable to complete	**TICK HERE WHEN COMPLETE**	
Please record any validation information returned by PMS system- error message or rejection of value entered			

3.1.2 Introduction

Test Patient A presents at your Emergency Department, is triaged, treated and discharged more than 6 hours later.

Record the patient details on the NHI and enter the Event details as specified.

3.1.3 New Patient Details

Field	Record all values
Test Patient A Surname	
First Names	
Address	
Date of Birth	
Gender	
Ethnicity	
Ethnicity (2)	
Ethnicity (3)	
NZ Resident Status	**Y**

Returned NHI Number	

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3.1.4 NNPAC-01 Event Details

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Record Type	EVENT	
Event Type	ED	
Health Practitioner Type	M	
Client System Identifier	*Your Client System ID*	
PMS Unique Identifier	*Your PMS Identifier*	
NHI Number	*NHI For* **Test Patient A**	
Facility Code	*Your facility code*	
Agency Code	*Your agency code*	
Location Type	1	
Health Specialty Code	G01	
Service Type	FIRST	
Equivalent Purchase Unit Code	ED0x001 where x is the level of service provided in your emergency department.	
ACC Claim Number	*ACC claim number*	
Accident Flag	Y	
Purchaser Code	35	
Attendance Code	ATT	
Volume	1	
Domicile Code	*Domicile Code from the NHI*	
Datetime of Presentation	*Valid date time*	
Datetime of Service	*Valid date time of triage*	
Datetime of First Contact	*Valid date time*	
Datetime of Departure	*Valid date time*	
Triage level	*3*	
Event End Type Code	*ER*	
NMDS PMS Unique Identifier	-	
Funding Agency	*Funding District*	
Mode of Delivery Code	1	
Alcohol Involved Code	Y	
Date time of disposition		
Clinical disposition		
Clinical code	-	
Clinical code sequence	-	

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Record Type	EVENT_ITEM	
Event Type	PC	
Health Practitioner Type		
Client System Identifier	*Your Client System ID*	
PMS Unique Identifier	*Your PMS Identifier*	
NHI Number	*NHI For **Test Patient A***	
Facility Code	-	
Agency Code	-	
Location	-	
Health Specialty Code	-	
Service Type	-	
Equivalent Purchase Unit Code	-	
ACC Claim Number	-	
Accident Flag	-	
Purchaser Code	-	
Attendance Code	-	
Volume	-	
Domicile Code	-	
Datetime of Presentation	-	
Datetime of Service	-	
Datetime of First Contact	-	
Datetime of Departure	-	
Triage Level	-	
Event End Type Code	-	
NMDS PMS Unique Identifier	-	
Funding Agency	-	
Mode of delivery code	-	
Alcohol involved code		
Date time of disposition	-	
Clinical disposition	-	
Clinical Code	Enter a valid code in the HISO ED SNOMED code set.	
Clinical code sequence	Enter a valid clinical code Sequential number.	

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3.2 Test Scenario NNPAC-02

3.2.1 Completion Box	Reason if unable to complete	**TICK HERE WHEN COMPLETE**	
Please record any validation information returned by PMS system- error message or rejection of value entered			

3.2.2 Introduction

Test Patient B attends your GP led clinic for removal of skin lesions. Record the patient details on the NHI and enter the Event details as specified.

3.2.3 New Patient Details

Field	Record all values
Test Patient B Surname	
First Names	
Address	
Date of Birth	
Gender	
Ethnicity	
Ethnicity (2)	
Ethnicity (3)	
NZ Resident Status	**Y**

Returned NHI Number	

3.2.4 NNPAC-02   Event Details

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Record Type	EVENT	
Event Type	OP	
Health Practitioner Type	M	
Client System Identifier	*Your Client System ID*	
PMS Unique Identifier	*Your PMS Identifier*	
NHI Number	*NHI For **Test Patient B***	
Facility Code	*Facility code (GP clinic if available)*	
Agency Code	*Your agency code*	
Location Type	*12*	
Health Specialty Code	G01	
Service Type	FIRST	
Equivalent Purchase Unit Code	S00008	
ACC Claim Number	-	
Accident Flag	*N*	
Purchaser Code	35	
Attendance Code	ATT	
Volume	1	
Domicile Code	*Domicile Code from the NHI*	
Datetime of Presentation	-	
Datetime of Service	*Valid date time*	
Datetime of First Contact	-	
Datetime of Departure	-	
Triage level	-	
Event End Type Code	-	
NMDS PMS Unique Identifier	-	
Funding Agency	*Funding District*	
Mode of delivery code	1	
Alcohol Involved code		
Date time of disposition	-	
Clinical disposition	-	
Clinical code	-	
Clinical code sequence	-	

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3.3 Test Scenario NNPAC-03

3.3.1 Completion Box	Reason if unable to complete	TICK HERE WHEN COMPLETE	
Please record any validation information returned by PMS system- error message or rejection of value entered			

3.3.2 Introduction

Test Patient C attends your respiratory clinic and is assessed for sleep apnoea. This purchase is privately funded

Record the patient details on the NHI and enter the Event details as specified.

3.3.3 New Patient Details

Field	Record all values
Test Patient C Surname	
First Names	
Address	
Date of Birth	
Gender	
Ethnicity	
Ethnicity (2)	
Ethnicity (3)	
NZ Resident Status	

Returned NHI Number	

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3.3.4 NNPAC-03   Event Details (1 x EVENT Record)

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Record Type	EVENT	
Event Type	OP	
Health Practitioner Type	M	
Client System Identifier	*Your Client System ID*	
PMS Unique Identifier	*Your PMS Identifier (i)*	
NHI Number	*NHI For **Test Patient C***	
Facility Code	*Your facility code*	
Agency Code	*Your agency code*	
Location Type	1	
Health Specialty Code	M65/M55	
Service Type	FIRST	
Equivalent Purchase Unit Code	MS02020	
ACC Claim Number	-	
Accident Flag	*N*	
Purchaser Code	06	
Attendance Code	ATT	
Volume	1	
Domicile Code	*Domicile Code from the NHI*	
Datetime of Presentation	-	
Datetime of Service	*Valid date time*	
Datetime of First Contact	-	
Datetime of Departure	-	
Triage level	-	
Event End Type Code	-	
NMDS PMS Unique Identifier	-	
Funding Agency	-	
Mode of delivery code	1	
Alcohol involved code		
Date time of disposition	-	
Clinical disposition	-	
Clinical code	-	
Clinical code sequence		

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3.4 Test Scenario NNPAC-04

3.4.1 Completion Box	Reason if unable to complete	**TICK HERE WHEN COMPLETE**	
Please record any validation information returned by PMS system- error message or rejection of value entered			

3.4.2 Introduction

Test Patient D is visited by continence services to assist family caring for patient D on the morning of day X. Record the patient details on the NHI and enter the Event details as specified.

3.4.3 New Patient Details

Field	Record all values
Test Patient D Surname	
First Names	
Address	
Date of Birth	
Gender	
Ethnicity	
Ethnicity (2)	
Ethnicity (3)	
NZ Resident Status	

Returned NHI Number	

3.4.4 NNPAC-04 Event Details (1 x EVENT Record)

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Record Type	EVENT	
Event Type	OP	
Health Practitioner Type	N/O	
Client System Identifier	*Your Client System ID*	
PMS Unique Identifier	*Your PMS Identifier*	
NHI Number	*NHI For **Test Patient D***	
Facility Code	*Your facility code*	
Agency Code	*Your agency code*	
Location	6	
Health Specialty Code	Any of *N01 or A01, S70, M25,S10, S30, M55 or D01* as used by your District	
Service Type	FIRST	
Equivalent Purchase Unit Code	DOM104	
ACC Claim Number	-	
Accident Flag	*N*	
Purchaser Code	35	
Attendance Code	DNW	
Volume	0	
Domicile Code	*Domicile Code from the NHI*	
Datetime of Presentation	*-*	
Datetime of Service	*Valid date time (C1)*	
Datetime of First Contact	-	
Datetime of Departure	-	
Triage level	-	
Event End Type Code		
NMDS PMS Unique Identifier	*-*	
Funding Agency	*-*	
Mode of Delivery Code	1	
Alcohol involved code		
Date time of disposition	*-*	
Clinical disposition	*-*	
Clinical code	*-*	
Clinical code sequence	*-*	

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3.5 Test Scenario NNPAC-05

3.5.1 Completion Box	Reason if unable to complete	**TICK HERE WHEN COMPLETE**	
Please record any validation information returned by PMS system- error message or rejection of value entered			

3.5.2 Introduction

Test Patient E attends radiology and receives an ultra sound scan of the chest. Later that day they receive a high resolution CT scan of the lungs and an MRI of the Spine. Each visit is recorded as a separate NNPAC event. The visits are funded by ACC directly.Record the patient details on the NHI and enter the Event details as specified

3.5.3 New Patient Details

Field	Record all values
Test Patient E Surname	
First Names	
Address	
Date of Birth	
Gender	
Ethnicity	
Ethnicity (2)	
Ethnicity (3)	
NZ Resident Status	

Returned NHI Number	

3.5.4 NNPAC-05 Event Details (3 x EVENT Record)

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Record Type	EVENT	
Event Type	CR	
Health Practitioner Type	M	
Client System Identifier	*Your Client System ID*	
PMS Unique Identifier	*Your PMS Identifier for each event* *(i)* *(ii)* *(iii)*	
NHI Number	*NHI For* **Test Patient E**	
Facility Code	*Your facility code*	
Agency Code	*Your agency code*	
Location	1	
Health Specialty Code	M89	
Service Type	CRD	
Equivalent Purchase Unit Code	CS01001	
ACC Claim Number	-	
Accident Flag	*N*	
Purchaser Code	A0	
Attendance Code	ATT	
Volume	(I) 1.30 (II) 1.20 (III) 15.20	
Domicile Code	*Domicile Code from the NHI*	
Datetime of Presentation	*-*	
Datetime of Service	*VALID DATE TIME (I)* *VALID DATE TIME (II)* *VALID DATE TIME (III)*	
Datetime of First Contact	-	

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Datetime of Departure	-	
Triage level	**-**	
Event End Type Code	-	
NMDS PMS Unique Identifier	**-**	
Funding Agency	*1237*	
Mode of delivery code	1	
Alcohol involved code		
Date time of disposition	-	
Clinical disposition	-	
Clinical code	-	
Clinical code sequence	-	

3.6 Test Scenario NNPAC-06

3.6.1 Completion Box	Reason if unable to complete	**TICK HERE WHEN COMPLETE**	
Please record any validation information returned by PMS system- error message or rejection of value entered			

3.6.2 Introduction   Test Patient C was incorrectly recorded as having the Purchaser *Privately Funded*. An update is sent through to change the Purchaser code to a *District-funded purchase*.

3.6.3 NNPAC-06 Event Details

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Record Type	EVENT	
Event Type	OP	
Health Practitioner Type	M	
Client System Identifier	*Your Client System ID*	
PMS Unique Identifier	*Your PMS Identifier(i)*	
NHI Number	*NHI For* **Test Patient C**	
Facility Code	*Your facility code*	
Agency Code	*Your agency code*	
Location Type	1	
Health Specialty Code	M65/M55	
Service Type	FIRST	
Equivalent Purchase Unit Code	MS02020	
ACC Claim Number	-	
Accident Flag	-	
Purchaser Code	35	
Attendance Code	ATT	
Volume	1	
Domicile Code	*Domicile Code from the NHI*	
Datetime of Presentation	-	
Datetime of Service	*Valid date time*	
Datetime of First Contact	-	
Datetime of Departure		
Triage level	-	
Event End Type Code	-	
NMDS PMS Unique Identifier	-	
Funding Agency	*FUNDING District*	
Mode of delivery code	1	
Alcohol involved code		

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Date time of disposition	-	
Clinical disposition	-	
Clinical code	-	
Clinical code sequence	-	

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3.7   Test Scenario NNPAC-07

3.7.1 Completion Box	Reason if unable to complete	**TICK HERE WHEN COMPLETE**	
Please record any validation information returned by PMS system- error message or rejection of value entered			

3.7.2 Introduction

Test Patient D was visited by continence services on the afternoon of day X. This is recorded separately to the visit in File 1.

3.7.3 Patient D Details

Field	Record all values
Test Patient Surname	
First Names	
Address	
Date of Birth	
Gender	
Ethnicity	
Ethnicity (2)	
Ethnicity (3)	
NZ Resident Status	

Returned NHI Number	

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3.7.4 NNPAC-07 Event Details

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Record Type	EVENT	
Event Type	OP	
Health Practitioner Type	N/O	
Client System Identifier	*Your Client System ID*	
PMS Unique Identifier	*Your PMS Identifier*	
NHI Number	*NHI For* **Test Patient D**	
Facility Code	*Your facility code*	
Agency Code	*Your agency code*	
Location	6	
Health Specialty Code	APPROPRIATE CODE USED BY SERVICE	
Service Type	FIRST	
Equivalent Purchase Unit Code	DOM104	
ACC Claim Number	-	
Accident Flag	*N*	
Purchaser Code	35	
Attendance Code	ATT	
Volume	0	
Domicile Code	*Any valid Domicile Code*	
Datetime of Presentation	*-*	
Datetime of Service	*Valid date time*	
Datetime of First Contact	*-*	
Datetime of Departure	*-*	
Triage Level	*-*	
Event End Type Code	*-*	
NMDS PMS Unique Identifier	*-*	
Funding Agency	*FUNDING District*	
Mode of delivery code	1	
Alcohol involved code		
Date time of disposition	-	
Clinical disposition	-	
Clinical code	-	
Clinical code sequence	-	

3.8 Test Scenario NNPAC-08

3.8.1 Completion Box	Reason if unable to complete	**TICK HERE WHEN COMPLETE**	
Please record any validation information returned by PMS system- error message or rejection of value entered			

3.8.2 Introduction

Test Patient E did not receive the radiology to the ankle joint and a delete message is sent through to remove the event recorded in File 1.

3.8.3 New Patient Details

Field	Record all values
Test Patient E Surname	
First Names	
Address	
Date of Birth	
Gender	
Ethnicity	
Ethnicity (2)	
Ethnicity (3)	
NZ Resident Status	

Returned NHI Number	

3.8.4 NNPAC-08   Event Details

*ONLY THE KEY FIELDS ARE NEEDED FOR A DELETE_ other fields are listed below should you require them only.

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
*Record Type	DELETE	
Event Type	CR	
Health Practitioner Type	-	
*Client System Identifier	*Your Client System ID as in scenario 5, procedure (i) for patient E*	
*PMS Unique Identifier	*Your PMS Identifier as in scenario 5, procedure (i) for patient E*	
NHI Number	*NHI For **Test Patient E***	
Facility Code	-	
Agency Code		
Location	-	
Health Specialty Code	-	
Service Type	-	
Equivalent Purchase Unit Code	-	
ACC Claim Number	-	
Accident Flag	-	
Purchaser Code	-	
Attendance Code	-	
Volume	-	
Domicile Code	-	
Datetime of Presentation	-	
*Datetime of Service	-	
Datetime of First Contact	-	
Datetime of Departure	-	
Triage Level	-	
Event End Type Code	-	
NMDS PMS Unique Identifier	-	
Funding Agency	-	
Mode of delivery code		
Alcohol involved code		
Date time of disposition	-	
Clinical disposition	-	
Clinical code	-	
Clinical code sequence	-	

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3.9   Test Scenario NNPAC-09

3.9.1 Completion Box	Reason if unable to complete	**TICK HERE WHEN COMPLETE**	
Please record any validation information returned by PMS system- error message or rejection of value entered			

3.9.2 Introduction

Event 1 Test Patient F is booked for a first attendance Gynaecology appointment on the morning of day X but does not arrive.

Event 2 Test Patient F has a first attendance Gynaecology appointment in the afternoon of day X after missing the morning appointment.

3.9.3 New Patient Details

Field	Record all values
Test Patient F Surname	
First Names	
Address	
Date of Birth	
Gender	
Ethnicity	
Ethnicity (2)	
Ethnicity (3)	
NZ Resident Status	

Returned NHI Number	

3.9.4 NNPAC-09   Event Details (2 x EVENT Record)

Event (i)

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Record Type	EVENT	
Event Type	OP	
Health Practitioner Type	M	
Client System Identifier	*Your Client System ID*	
PMS Unique Identifier	*Your PMS Identifier*	
NHI Number	*NHI For* **Test Patient F**	
Facility Code	-	
Agency Code	*Your agency code*	

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Location		
Health Specialty Code	S30	
Service Type	FIRST	
Equivalent Purchase Unit Code	S30002	
ACC Claim Number	-	
Accident Flag	*N*	
Purchaser Code	35	
Attendance Code	DNA	
Volume	0	
Domicile Code	*Domicile Code from the NHI*	
Datetime of Presentation	*-*	
Datetime of Service	*Valid date time*	
Datetime of First Contact	*-*	
Datetime of Departure	-	
Triage Level	*-*	
Event End Type Code	*-*	
NMDS PMS Unique Identifier	*-*	
Funding Agency	*Purchasing District*	
Mode of delivery code	1	
Alcohol involved code		
Date time of disposition	-	
Clinical disposition	-	
Clinical code	-	
Clinical code sequence	-	

EVENT (ii)

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Record Type	EVENT	
Event Type	OP	
Health Practitioner Type	M	
Client System Identifier	*Your Client System ID*	
PMS Unique Identifier	*Your PMS Identifier*	
NHI Number	*NHI For* **Test Patient F**	
Facility Code	-	
Agency Code	*Your agency code*	
Location		
Health Specialty Code	S30	
Service Type	FIRST	

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Equivalent Purchase Unit Code	S30002	
ACC Claim Number	-	
Accident Flag	*N*	
Purchaser Code	35	
Attendance Code	ATT	
Volume	1	
Domicile Code	*Domicile Code from the NHI*	
Datetime of Presentation	*-*	
Datetime of Service	*Valid date time*	
Datetime of First Contact	*-*	
Datetime of Departure	-	
Triage Level	*-*	
Event End Type Code	*-*	
NMDS PMS Unique Identifier	*-*	
Funding Agency	*Funding District*	
Mode of delivery code	1	
Alcohol involved code		
Date time of disposition	-	
Clinical disposition	-	
Clinical code	-	
Clinical code sequence	-	

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3.10 Test Scenario NNPAC-10

3.10.1 Completion Box	Reason if unable to complete	TICK HERE WHEN COMPLETE	
Please record any validation information returned by PMS system- error message or rejection of value entered			

3.10.2 Introduction

Test Patient G attends an outpatient visit for a minor ENT procedure. It is recorded under ACC and is funded directly by ACC but the funding agency is incorrectly added as the funding District.

This scenario will trigger an error message in your PMS system or it will trigger an error message from NNPAC which should be processed by your system and corrected so that the funding agency and purchaser code are a valid combination. Compliance will be granted

- if the error message generated by your extract or PMS system correctly identifies the issue or
- if the return error message can be correctly processed by your test system.

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3.10.3 New Patient Details

Field	Record all values
Test Patient G Surname	
First Names	
Address	
Date of Birth	
Gender	
Ethnicity	
Ethnicity (2)	
Ethnicity (3)	
NZ Resident Status	

Returned NHI Number	

3.10.4 NNPAC-10   Event Details

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Record Type	EVENT	
Event Type	OP	

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Health Practitioner Type	M	
Client System Identifier	*Your Client System ID*	
PMS Unique Identifier	*Your PMS Identifier*	
NHI Number	*NHI For **Test Patient G***	
Facility Code	-	
Agency Code	*Your agency code*	
Location	1	
Health Specialty Code	S45	
Service Type	FOLLOWUP	
Equivalent Purchase Unit Code	S45005	
ACC Claim Number		
Accident Flag	*Y*	
Purchaser Code	A0	
Attendance Code	ATT	
Volume	1	
Domicile Code	*Domicile Code from the NHI*	
Datetime of Presentation	*-*	
Datetime of Service	*Valid date time*	
Datetime of First Contact	*-*	
Datetime of Departure	-	
Triage Level	*-*	
Event End Type Code	*-*	
NMDS PMS Unique Identifier	*-*	
Funding Agency	*Funding District*	
Mode of delivery code	1	
Alcohol involved code		
Date time of disposition	-	
Clinical disposition	-	
Clinical code	-	
Clinical code sequence	-	

3.11 Test Scenario NNPAC-11

3.11.1 Completion Box	Reason if unable to complete	TICK HERE WHEN COMPLETE	
Please record any validation information returned by PMS system- error message or rejection of value entered			

3.11.2 Introduction
Test patient H presents to ED and only receiving triage in ED before transferring to a paediatric AAU where treatment is < 3 hours

3.11.3 New Patient Details

Field	Record all values
Test Patient B Surname	
First Names	
Address	
Date of Birth	
Gender	
Ethnicity	
Ethnicity (2)	
Ethnicity (3)	
NZ Resident Status	

Returned NHI Number	

3.11.4 NNPAC-11   Event Details

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Record Type	EVENT	
Event Type	ED	
Health Practitioner Type	N	
Client System Identifier	*Your Client System ID*	
PMS Unique Identifier	*Your PMS Identifier*	*(i)*
NHI Number	*NHI For **Test Patient H***	
Facility Code	*Your facility code*	
Agency Code	*Your agency code*	
Location	1	
Health Specialty Code	Any of *M05, M55, S00*	

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Service Type	FIRST	
Equivalent Purchase Unit Code	MS02019	
ACC Claim Number	-	
Accident Flag	N	
Purchaser Code	35	
Attendance Code	ATT	
Volume	1	
Domicile Code	*Domicile Code from the NHI*	
Datetime of Presentation	*Valid date time*	
Datetime of Service	*Valid date time of triage*	
Datetime of First Contact	*Valid date time*	
Datetime of Departure	*Valid date time*	
Triage Level	*3*	
Event End Type Code	*OB*	
NMDS PMS Unique Identifier	-	
Funding Agency	*Funding District*	
Mode of delivery code	1	
Alcohol involved code	N	
Date time of disposition	Valid date time	
Clinical disposition	Valid code	
Clinical code	-	
Clinical code sequence	-	

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Record Type	EVENT_ITEM	
Event Type	PC	
Health Practitioner Type		
Client System Identifier	*Your Client System ID*	
PMS Unique Identifier	*Your PMS Identifier*	
NHI Number	*NHI For* **Test Patient H**	
Facility Code	-	
Agency Code	-	
Location	-	
Health Specialty Code	-	
Service Type	-	
Equivalent Purchase Unit Code	-	
ACC Claim Number	-	
Accident Flag	-	
Purchaser Code	-	

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Attendance Code	-	
Volume	-	
Domicile Code	-	
Datetime of Presentation	**-**	
Datetime of Service	-	
Datetime of First Contact	**-**	
Datetime of Departure	**-**	
Triage Level	**-**	
Event End Type Code	**-**	
NMDS PMS Unique Identifier	**-**	
Funding Agency	-	
Mode of delivery code	-	
Alcohol involved code	-	
Date time of disposition	-	
Clinical disposition	-	
Clinical Code	Enter a valid code in the HISO ED SNOMED code set.	
Clinical code sequence	Enter a valid clinical code Sequential number.	

3.12 Test Scenario NNPAC-12

3.12.1 Completion Box	Reason if unable to complete	**TICK HERE WHEN COMPLETE**	
Please record any validation information returned by PMS system- error message or rejection of value entered			

3.12.2 Introduction

Test patient I presents to ED with severe injuries on his leg. Patient goes through a surgery on his leg before transferring to the Inpatient ward where treatment is >3 hours.

3.12.3 New Patient Details

Field	Record all values
Test Patient I Surname	
First Names	
Address	
Date of Birth	
Gender	
Ethnicity	
Ethnicity (2)	
Ethnicity (3)	
NZ Resident Status	

Returned NHI Number	

3.12.4 NNPAC-12   Event Details

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Record Type	EVENT	
Event Type	ED	
Health Practitioner Type	N	
Client System Identifier	*Your Client System ID*	
PMS Unique Identifier	*Your PMS Identifier*	
NHI Number	*NHI For **Test Patient I***	
Facility Code	*Your facility code*	
Agency Code	*Your agency code*	
Location	1	
Health Specialty Code	S45	
Service Type	FIRST	
Equivalent Purchase Unit Code	ED00002A	

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
ACC Claim Number	*ACC claim number*	
Accident Flag	Y	
Purchaser Code	35	
Attendance Code	ATT	
Volume	1	
Domicile Code	*Domicile Code from the NHI*	
Datetime of Presentation	*Valid date time*	
Datetime of Service	*Valid date time of triage*	
Datetime of First Contact	*Valid date time*	
Datetime of Departure	*Valid date time*	
Triage Level	*3*	
Event End Type Code	*DW*	
NMDS PMS Unique Identifier	-	
Funding Agency	*Funding District*	
Mode of delivery code	1	
Alcohol involved code	N	
Date time of disposition		
Clinical disposition		
Clinical code	-	
Clinical code sequence	-	

Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Record Type	EVENT_ITEM	
Event Type	PC	
Health Practitioner Type		
Client System Identifier	*Your Client System ID*	
PMS Unique Identifier	*Your PMS Identifier*	
NHI Number	*NHI For* **Test Patient I**	
Facility Code	-	
Agency Code	-	
Location	-	
Health Specialty Code	-	
Service Type	-	
Equivalent Purchase Unit Code	-	
ACC Claim Number	-	
Accident Flag	-	
Purchaser Code	-	
Attendance Code	-	
Volume	-	
Domicile Code	-	

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Field Name	Expected NNPAC Extract value	Please record ALL values you entered
Datetime of Presentation	-	
Datetime of Service	-	
Datetime of First Contact	-	
Datetime of Departure	-	
Triage Level	-	
Event End Type Code	-	
NMDS PMS Unique Identifier	-	
Funding Agency	-	
Mode of delivery code	-	
Alcohol involved code	-	
Date time of disposition	-	
Clinical dispostion	-	
Clinical Code	Enter a valid code in the HISO ED SNOMED code set.	
Clinical code sequence	Enter a valid clinical code Sequential number.	

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Steps for extracting and sending NNPAC files

- Prepare the extract files, but do not send them yet.

  NOTE: The Date-Sent field in the Header record of the extract file must be on or after 1 July 2020, for the file to be processed by DMS.

- Add your Organisation name to the front page of this Test Script

- Double-check that page 2 has been filled in

- Check all Test Scenarios are completed (or have an explanation for non-completion)

- Email this Test Script to the DMS Compliance Team

  (Email: **compliance@health.govt.nz**)

- When you have the go-ahead from the Compliance Team to send the extract files:

  o Check that the version of all NNPAC extract files you are sending is V07.0 and that the Header Date-Sent field is on or after 1 July 2020 for each of them.

  o Send extract files as per the "District Compliance Procedures" document (or any other instructions from the Compliance Team).

  o Send the extract file for the Test Scenarios described from your test/production environments

  o Once you have complete d the scenarios above and the Compliance Team awards you provisional compliance you may send your first production file through in the usual manner. It will be run through the compliance environment first and provided it has an error rate < 5% and you are satisfied with the output, the file will be loaded to production. This is the final stage in the test process.

4 Processing Return Files

When your extract files have been sent and processed and return files have been sent back, complete your normal load/checking process to ensure that the complete end-to-end NNPAC process is functioning as expected. **This final step is integral to completing NNPAC Compliance testing.**

Please contact the team (Email: compliance@health.govt.nz**) if you would like to view the new return error messages but cannot generate them as the validation on your test system will not allow you to create the error.**

Please do not alter the files generated by your PMS or validations on your extract system for the scenarios above.

This completes NNPAC Compliance testing – thank you!