Appendix J

MMIS Interfaces with Managed Care Organizations (MCOs)

All Interfaces from, or to, a Managed Care Organization (MCO) and MMIS have been defined as batch interfaces (as opposed to transactional).

All HIPAA transactions will be in **X12 format**. All non-HIPAA interfaces will be in **XML format**.

Appropriate Channels for interfacing of batch transactions include:

1. Health Transaction Service (HTS); and
2. Provider Web Portal

Listed below is a short description of each of the interfaces from, or to, MMIS and the MCOs. Note that the terms INBOUND and OUTBOUND are used to denote the flow of data relative to MMIS. Inbound is data coming from an MCO to MMIS, and outbound is data coming from MMIS to an MCO.

A. Inbound Interfaces

1. Inbound Managed Care Provider Directory

   On a monthly basis, the Contractor shall submit to MMIS a full listing of its Primary Care Provider Network to be loaded into a Managed Care Provider directory database. This database will be used to support Member enrollment choices. Information such as the provider type and specialties, working hours, languages spoken and handicap accessibility will be supplied to Members based on the information in the directory.

   This file may include additional specialties as further directed by EOHHS.

2. Inbound Co-Pay Data

   On a daily basis, the Contractor shall transmit co-pay information on Enrollees to MMIS.

B. Outbound Interfaces

1. HIPAA 834 Outbound Daily File

   On a daily basis, MMIS will transmit the HIPAA 834 enrollment transactions to the Contractor. The 834 is the mechanism by which MMIS communicates to MCOs any changes in Enrollee name, DOB, gender, address, Medicare, enrollment dates and member enrollment changes.

2. HIPAA 834 Outbound Monthly File

   On a monthly basis, MMIS will transmit a full set of all enrollment transactions to the Contractor. This gives the Contractor a mechanism to verify that its enrollment files and MMIS enrollment

files are synchronized. This audit file will send the most current information available which will include any Enrollee updates that took place during the previous month.

3. HIPAA 820 File

   On a scheduled monthly basis, MMIS will transmit HIPAA 820 payment confirmations.

4. TPL Carrier Codes File

   On a monthly basis MMIS will send a TPL Carrier Code file to the Contractor.

5. FFS Wrap Services File

   On a daily basis MMIS will send claim data for assigned Enrollees who received services performed outside of the MCO's covered services on a Fee-For-Service basis.