Appendix J

MMIS Interfaces with One Care Plans

All Interfaces from, or to, a One Care Plan 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 Online Service Center (POSC)
3. Another method specified by EOHHS

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

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. Daily Inbound Copay File

   On a daily basis, the Contractor shall transmit co-pay information on Enrollees to MMIS in a form and format specified by EOHHS.

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 One

Care Plans 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 One Care Plan's covered services on a Fee-For-Service basis.

6. Daily Outbound Copay File

   On a daily basis, MMIS will transmit copay accumulation information on Enrollees to the Contractor via the Daily Outbound Copay File. The file will communicate the Enrollees' monthly copay cap and their updated copay accumulations on a daily basis.