

## APPENDIX Q POPS BATCH INTERFACES

All Interfaces from, or to, a One Care Plan and POPS have been defined as batch interfaces (as opposed to transactional).

The POPS Portal is the appropriate Channel for uploading Claim files and PBM Network Files. Additionally, this portal is where ONE CARE Control Reports, ONE CARE Error spreadsheets, and ONE CARE Rejected Claim files are available for pickup.

All Claim files will be submitted in the formats and on the schedule as provided by EOHHS which may be customized by EOHHS from time to time with prior written notice to ONE CAREs.

### Current Formats are as follows:

1. Attachment A - MCE Pharmacy Claims Level Interface 7.1.2019 (NCPDP Post-Adjudication Standard Version 2.1. – History View) and MCE Pharmacy Claims Level Interface Change Control Doc Ver 2 7.1.2019.

2. MCE Pharmacy Provider Network Identification Layout

Any ONE CARE drug claims and reversals submitted that are rejected by EOHHS due to an unknown pharmacy provider, the ONE CARE is required to complete and submit the ONE CARE Pharmacy Provider Network layout 3 days prior to the submission of the ONE CARE Error Correction files.

3. MassHealth Drug Rebate File Submission Report for ONE CARE Pharmacy Claims

This report documents file submission requirements and due dates for the inclusion of ONE CARE Pharmacy claims in the Massachusetts Medicaid invoicing for federal drug rebate.

4. Change in BIN/PCN/Group Number Report

This ad-hoc report is delivered whenever there is a change in BIN/PCN/Group Number for the PBM submitting claims for inclusion in the Massachusetts Medicaid invoicing of federal drug rebates.

### Schedule for Interfaces:

The ONE CARE claims files must be uploaded to the POPS secure portal **within 5 calendar days** following the close of the prior month.

Any ONE CARE Retail Pharmacy drug claims and reversals submitted that are rejected by EOHHS must be corrected and resubmitted in the ONE CARE Error Correction file **at least 1 day** prior to the next month's ONE CARE drug claim file submission.

Listed below is a short description of each of the interfaces from, or to, POPS and the ONE CAREs. Note that the terms INBOUND and OUTBOUND are used to denote the flow of data relative to POPS. Inbound is data coming from a ONE CARE to POPS, and outbound is data coming from POPS to a ONE CARE.

## A. Inbound Interfaces

### 1. ONE CARE Claims Files to EOHHS

On a monthly basis, the Contractor shall transmit the Inbound ONE CARE Retail Pharmacy Claims Level file to the Distribution/ MASS PBM/ (ONE CARE Name)/ ToMassHealth/ folder to the POPS portal **within 5 calendar days** following the close of the prior month.

ONE CARE Retail pharmacy claims and/or reversals submitted that are rejected by EOHHS must be corrected using the ONE CARE Error Correction File format and transmitted to the Distribution/ MASS PBM/ (ONE CARE Name)/ ToMassHealth/ **at least 1 day prior to** the next month's ONE CARE drug claim file submission

### 2. ONE CARE Provider File or their contracted PBMs Network file to EOHHS

Any ONE CARE drug claims and/or reversals submitted that are rejected by EOHHS due to an unknown pharmacy provider must be corrected using the ONE CARE Provider Network layout and transmit to the Distribution/ MASS PBM/ (ONE CARE Name)/ ToMassHealth/ folder on the POPS portal **3 days prior** to the submission of the Error Correction files.

## B. Outbound Interfaces

### Error Correction Files to ONE CARE from EOHHS

Any ONE CARE Retail drug claims and reversals submitted that are rejected by EOHHS will be available for pickup via the POPS portal for three calendar days after e-mail notification to the ONE CARE submitter containing a ONE CARE Control Report, ONE CARE Error Spreadsheet, and ONE CARE Rejected Claim file on the Distribution/ MASS PBM/ (ONE CARE Name)/ FromMassHealth/ folder within the POPS portal."