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# Oregon MMIS

## SSNRI: 834 Transaction Mock-up File

**Version 0.7  
DXC Confidential**

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**June, 2017**



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## 1.1 Mock-up Overview

As part of the CMS SSNRI Program, necessary modifications to the Oregon MMIS system and interfaces are being made to support the newly created Medicare Beneficiary Identifier (MBI) in either replacement or in addition to the Health Insurance Claim Number (HICN). This document will address the proposed SSNRI MMIS modifications specific to the 834 transactions which interface between the Oregon MMIS and State CCOs/Clearinghouses.

Listed in the sections below are the current 834 transaction data/sample and the post SSNRI modified 834 transaction data/sample mock-ups. The mock-ups include the current (As Is) version containing the HICN value and the post SSNRI (To Be) version that contains both the HICN and the MBI values. The mock-up versions show the transactions broken out with linefeeds and data location and call-outs for easier review.

**Note:** All information has been de-identified to ensure all PHI was removed.

## 1.2 834 Transaction – Current (*HICN Only*)

Currently the 834 has the option to include the HICN value. See current 834 transaction data location details and sample transaction below.

### 1.2.1 HICN Data Location

#### Current - 834 Transaction - HICN Data Location Details

- Loop: 2000 MEMBER LEVEL DETAIL
- Segment: REF
- Qualifier: F6

### 1.2.2 Transaction Sample - Current (*HICN Only*)

**Note:** The segment that contains the HICN value is highlighted in Yellow below.

```
ISA*00*          *00*          *ZZ*ORDHS          *ZZ*MB123456
*170608*0128*!*00501*000000812*0*P*:~
GS*BE*ORDHS*MB123456*20170608*012857*9812*X*005010X220A1~
ST*834*0001*005010X220A1~
BGN*00*22222201706080122222*20170608*0128*PT***2~
REF*38*222222~

LOOP ID - 1000A SPONSOR NAME
N1*P5*OR-MMIS*FI*930592162~

LOOP ID - 1000B PAYER
N1*IN**FI*999999999~

LOOP ID - 2000 MEMBER LEVEL DETAIL
```

INS\*Y\*18\*001\*AI\*A\*C\*\*AC\*\*N~  
REF\*0F\*12345678~  
REF\*3H\*BO12345678~  
REF\*23\*12345678~  
REF\*F6\*HICN12345678~ HICN  
DTP\*356\*D8\*20140701~  
DTP\*357\*D8\*20170630~  
**LOOP ID - 2100A MEMBER NAME**  
NM1\*IL\*1\*LAST\*FIRST\*M\*\*\*34\*123456789~  
PER\*IP\*\*TE\*5551231234~  
N3\*123 MAIN AVE~  
N4\*KLAMATH FALLS\*OR\*976030000\*\*CY\*035~  
DMG\*D8\*19670913\*F\*\*C:RET:2186-5~  
AMT\*P3\*305.07~  
LUI\*LE\*ENG\*\*7~  
LUI\*LE\*UND\*\*5~  
**LOOP ID - 2200 DISABILITY INFORMATION**  
DSB\*2~  
**LOOP ID - 2300 HEALTH COVERAGE**  
HD\*001\*\*HMO\*N\*IND~  
DTP\*348\*D8\*20150701~  
REF\*17\*D4~  
**LOOP ID - 2320 COORDINATION OF BENEFITS**  
COB\*U\*\*5~  
DTP\*344\*D8\*20110601~  
**LOOP ID - 2330 COORDINATION OF BENEFITS RELATED ENTITY**  
NM1\*IN\*2\*MEDICARE NW - PART A~  
N3\*PO BOX 8110~  
N4\*PORTLAND\*OR\*972078110~  
PER\*CN\*\*TE\*8668040681~  
**LOOP ID - 2320 COORDINATION OF BENEFITS**  
COB\*U\*\*5~  
DTP\*344\*D8\*20110601~  
**LOOP ID - 2330 COORDINATION OF BENEFITS RELATED ENTITY**  
NM1\*IN\*2\*MEDICARE-B/BC N DAKOTA~  
N3\*PO BOX 6740~  
N4\*FARGO\*ND\*581086740~  
PER\*CN\*\*TE\*8006334227~  
LS\*2700~  
**LOOP ID - 2700 MEMBER REPORTING CATEGORIES**  
LX\*1~  
**LOOP ID - 2750 REPORTING CATEGORY**  
N1\*75\*BRANCH - WORKER~



REF\*3L\*123456~  
**LOOP ID - 2700 MEMBER REPORTING CATEGORIES (Cycle Repeats until EOF)**  
LX\*2~  
**LOOP ID - 2750 REPORTING CATEGORY (Cycle Repeats until EOF)**  
N1\*75\*FIPS CODE~  
REF\*GE\*035~  
LX\*3~  
N1\*75\*GROUP CODE~  
REF\*XX1\*A~  
LX\*4~  
N1\*75\*BENEFIT PLAN~  
REF\*PID\*BMM~  
LX\*5~  
N1\*75\*PROGRAM ELIGIBILITY CODE~  
REF\*17\*D4~  
LX\*6~  
N1\*75\*TPL CODE~  
REF\*9X\*01~  
LX\*7~  
N1\*75\*REGION CODE 1~  
REF\*XX2\*AAAA~  
LX\*8~  
N1\*75\*REDETERMINATION DATE~  
REF\*ZZ\*DATE~  
DTP\*007\*D8\*20180731~  
LX\*9~  
N1\*75\*LANGUAGE NATIVE~  
REF\*ZZ\*XX~  
LX\*10~  
N1\*75\*LANGUAGE SPOKEN~  
REF\*ZZ\*EN~  
LX\*11~  
N1\*75\*LANGUAGE READING~  
REF\*ZZ\*XX~  
LX\*12~  
N1\*75\*LANGUAGE WRITING~  
REF\*ZZ\*XX~  
LX\*13~  
N1\*75\*PRIMARY RACE CODE~  
REF\*ZZ\*W~  
LX\*14~  
N1\*75\*PRIMARY ETHNICITY CODE~  
REF\*ZZ\*00~



```
LE*2700~  
SE*8200*0001~  
GE*1*82~  
IEA*1*000000812~
```

## 1.3 834 Transaction – Post SSNRI (*HICN and MBI*)

The post SSNRI 834 transaction will have no changes to the HICN value and the addition of the MBI value in the COB segment. See 834 transaction data location details and transaction sample below.

### 1.3.1 HICN/MBI Data Location

#### Post SSNRI - 834 Transaction – HICN/MBI Data Location Details

- **HICN:**
  - Loop: 2000 MEMBER LEVEL DETAILS
  - Segment: REF
  - Qualifier: F6
- **MBI**
  - Loop: 2320 Coordination of Benefits
  - Segment: COB
  - Qualifier: U

### 1.3.2 Transaction Sample – Post SSNRI (*HICN and MBI*)

**Note:** The segments that contains the HICN are highlighted in Yellow and segments that contain MBI are highlighted in Blue.

```
ISA*00*          *00*          *ZZ*ORDHS          *ZZ*MB123456  
*170608*0128*!*00501*000000812*0*p*:~  
GS*BE*ORDHS*MB123456*20170608*012857*9812*X*005010X220A1~  
ST*834*0001*005010X220A1~  
BGN*00*22222201706080122222*20170608*0128*PT***2~  
REF*38*222222~  
LOOP ID - 1000A SPONSOR NAME  
N1*p5*OR-MMIS*FI*930592162~  
LOOP ID - 1000B PAYER  
N1*IN**FI*999999999~  
LOOP ID - 2000 MEMBER LEVEL DETAIL  
INS*Y*18*001*AI*A*C**AC**N~
```

REF\*0F\*12345678~  
REF\*3H\*BO12345678~  
REF\*23\*12345678~  
REF\*F6\*HIC1234567~

HICN

DTP\*356\*D8\*20140701~  
DTP\*357\*D8\*20170630~

**LOOP ID - 2100A MEMBER NAME**

NM1\*IL\*1\*LAST\*FIRST\*M\*\*\*34\*123456789~  
PER\*IP\*\*TE\*5551231234~  
N3\*123 MAIN AVE~  
N4\*KLAMATH FALLS\*OR\*976030000\*\*CY\*035~  
DMG\*D8\*19670913\*F\*\*C:RET:2186-5~  
AMT\*P3\*305.07~  
LUI\*LE\*ENG\*\*7~  
LUI\*LE\*UND\*\*5~

**LOOP ID - 2200 DISABILITY INFORMATION**

DSB\*2~

**LOOP ID - 2300 HEALTH COVERAGE**

HD\*001\*\*HMO\*N\*IND~  
DTP\*348\*D8\*20150701~  
REF\*17\*D4~

**LOOP ID - 2320 COORDINATION OF BENEFITS**

COB\*U\*1234567890123\*5~

MBI

DTP\*344\*D8\*20110601~

**LOOP ID - 2330 COORDINATION OF BENEFITS RELATED ENTITY**

NM1\*IN\*2\*MEDICARE NW - PART A~  
N3\*PO BOX 8110~  
N4\*PORTLAND\*OR\*972078110~  
PER\*CN\*\*TE\*8668040681~

**LOOP ID - 2320 COORDINATION OF BENEFITS**

COB\*U\*1234567890123\*5~

MBI

DTP\*344\*D8\*20110601~

**LOOP ID - 2330 COORDINATION OF BENEFITS RELATED ENTITY**

NM1\*IN\*2\*MEDICARE-B/BC N DAKOTA~  
N3\*PO BOX 6740~  
N4\*FARGO\*ND\*581086740~  
PER\*CN\*\*TE\*8006334227~  
LS\*2700~

**LOOP ID - 2700 MEMBER REPORTING CATEGORIES**

LX\*1~

**LOOP ID - 2750 REPORTING CATEGORY**

N1\*75\*BRANCH - WORKER~  
REF\*3L\*123456~



**LOOP ID - 2700 MEMBER REPORTING CATEGORIES (Cycle Repeats until EOF)**

LX\*2~

**LOOP ID - 2750 REPORTING CATEGORY (Cycle Repeats until EOF)**

N1\*75\*FIPS CODE~

REF\*GE\*035~

LX\*3~

N1\*75\*GROUP CODE~

REF\*XX1\*A~

LX\*4~

N1\*75\*BENEFIT PLAN~

REF\*PID\*BMM~

LX\*5~

N1\*75\*PROGRAM ELIGIBILITY CODE~

REF\*17\*D4~

LX\*6~

N1\*75\*TPL CODE~

REF\*9X\*01~

LX\*7~

N1\*75\*REGION CODE 1~

REF\*XX2\*AAAA~

LX\*8~

N1\*75\*REDETERMINATION DATE~

REF\*ZZ\*DATE~

DTP\*007\*D8\*20180731~

LX\*9~

N1\*75\*LANGUAGE NATIVE~

REF\*ZZ\*XX~

LX\*10~

N1\*75\*LANGUAGE SPOKEN~

REF\*ZZ\*EN~

LX\*11~

N1\*75\*LANGUAGE READING~

REF\*ZZ\*XX~

LX\*12~

N1\*75\*LANGUAGE WRITING~

REF\*ZZ\*XX~

LX\*13~

N1\*75\*PRIMARY RACE CODE~

REF\*ZZ\*W~

LX\*14~

N1\*75\*PRIMARY ETHNICITY CODE~

REF\*ZZ\*00~

LE\*2700~



SE\*8200\*0001~

GE\*1\*82~

IEA\*1\*000000812~

