

## SECTION S

### STATE OF OHIO SUPPLEMENT (S0150, S8520C and S8055)

**S0150. Resident Identifier Code:** The item in this section must be completed for all MDS 3.0 submitted in the State of Ohio if the resident does not have a Social Security Number.

**Intent:** To record an alternate resident identifier code if resident does not have a Social Security Number (SSN).

**Definition: A nine digit alphanumeric code** that is constructed for the resident if he/she does not have a SSN.

**Process:** If the resident has never applied for a SSN, it is the responsibility of the nursing facility to obtain one by contacting the Social Security office in your area. Until the SSN is obtained or if the resident is not issued a SSN, use this method to construct this identifier code. In the first three boxes, enter the first three letters of the resident's last name. In the next six boxes, enter the six digits of the resident's date of birth. Omit the century in the birth date. For example, if a resident named Mary Brown with a birth date of May 6, 1908 does not have a SSN, her identifier code would be BRO050608. If the resident's last name only consists of two letters, in the first two boxes enter the letters and in the third box enter a dash. Follow the dash with the six digits for the resident's date of birth.

**Coding:** Record the constructed identifier code in the boxes provided. *Use all boxes. If SSN is recorded in Section A0600A do not complete this item.*

#### **S8520C. Leave Days for Medicaid end date 1:**

**Intent:** To allow providers to modify an existing discharge return anticipated assessment rather than submitting a new discharge assessment for a resident who leaves the facility with an anticipated return, but ultimately does not return.

**Definition: A valid date code** that is utilized as the discharge date and will eliminate the need for completing a new assessment for a "discharge return not anticipated". The valid responses are date 'YYYYMMDD' and '-'; thus no warning as long as one of them are present as a valid response.

**Process:** Beginning October 1, 2011, completing S8520C will allow providers to modify an existing discharge return anticipated assessment rather than submitting a new discharge assessment for a resident who leaves the facility with an anticipated return, but ultimately does not return. When this Item S8520C is completed that date will be utilized as the discharge date and will eliminate the need for completing a new assessment for a "discharge return not anticipated". The new field does not need to be filled out on "discharge return not anticipated" assessments. Providers will do the following:

- Modify the original discharge assessment (A0310 F-11) by going to Section S, item S8520C and entering the date the facility learned that the resident would not be returning and submit the modification. Beginning on April 1, 2012 Ohio facilities will be able to do the modification of any Discharge Return Anticipated assessment that is combined with any assessment.

**S8055. Primary Payor:**

**Intent:** to assist Medicaid with additional information about the resident's payer source (e.g. Medicaid, MyCare, or other sources noted below).

**Definition: A single digit alphanumeric code**

**Process:** Beginning 10/1/ 2019, completing S8055 will allow the State to better understand the current payer source (e.g. Medicaid, MyCare, or other sources listed below). The type of assessment noted in A0310 should align with a valid code in S8055. For example, if A0310B = 01 (PPS 5-day assessment), then, S8055 should be 1 (Medicare).

1 Medicare	
2 Medicaid	FFS
3 Medicaid Pending	Do not use
4 Medicaid Managed	Regular Medicaid Managed Care
5 Managed Long Term	MyCare
9 None of the above	Private pay or VA

**Coding:** When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.