Pennsylvania
MDS 3.0 Section S

Section S	Pennsylvania Specific Items

Demographic and Background

S0113.   Resident Living Situation Prior to Admission Complete only if A0310A = 01.

	01. Resident lived alone without services
	02. Resident lived alone with services
	03. Resident lived with caregiver in the home who is able to assist with daily medical and custodial needs
	04. Resident lived in congregate situation
	99. None of the above

S0114.   Support Person Complete only if A0310A = 1 – 6 or A0310F = 10

	Resident has one or more support person(s) who are positive towards discharge.
	0. No
	1. Yes

S0120.   ZIP Code of Prior Primary Residence Enter the first five digits of the zip code. Complete only if A0310F = 01,12

S0123.   County Code of Prior Primary Residence Enter the three-digit code from table. Complete only if A0310F = 01,12

Code 999 if out-of-state

S0521. Primary Reason for Admission Complete only if A0310A = 01

	01. Significant change in functional status
	02. Deterioration in cognitive status
	03. Change in the availability/status of primary caregivers
	04. Difficulty arranging or paying for needed in-home care or support
	05. Failed to succeed in residential care home
	06. Short term rehabilitation or skilled care
	99. None of the above

Discharge After Discharge

S8010H1. Picture Date Reporting Complete only if A0310F = 11

Check if applies	Check this item if the assessment is a Discharge Return Anticipated assessment (DRA) AND is to be used as a Discharge Return Not Anticipated (DRNA) for Picture Date reporting requirements

Payment

S9080. Source of Payment

Enter Code
☐

A. Is the resident Medical Assistance for MA CASE-MIX? (see instructions)
   0. No
   1. Yes

B. Date of change to/from Medical Assistance for MA CASE-MIX

☐☐ ☐☐ ☐☐☐☐
Month Day Year

C. Recipient Number from PA ACCESS Card Must be completed if S9080A = 1

☐☐☐☐☐☐☐☐☐☐

D. MA NF Effective date from PA/FS 162

☐☐ ☐☐ ☐☐☐☐
Month Day Year

Enter Code
☐

E. Is the resident DAY ONE MA Eligible?
   0. No
   1. Yes

Community Health Choices (CHC)

S9085. CHC Enrollment Details

Enter Code
☐

A. Is the resident enrolled in CHC?
   0. No ⟶ Skip S9085B, C and D
   1. Yes ⟶ Complete S9085B, C and D

B. CHC Effective Date Must be completed if S9085A = 1

☐☐ ☐☐ ☐☐☐☐
Month Day Year

C. CHC Plan Enter the two-digit code from table. Must be completed if S9085A = 1

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D. CHC Member ID Must be completed if S9085A = 1

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MDS 3.0 Section S Manual

SECTION S: PENNSYLVANIA SPECIFIC ITEMS

Intent: The intent of items in this section is to collect additional demographic and Pennsylvania Medical Assistance case-mix payment information. Portions of Section S must be completed with all   MDS 3.0 OBRA and PPS assessments (A0310A Federal OBRA Reason for Assessment = 01 – 06, A0310B PPS Assessment = 01 – 05, 07); Discharge assessments (A0310F = 10, 11); and Tracking forms (Entry Record [A0310F = 01] and Death in facility record [A0310F = 12]). S8010H1Picture Date Reporting must be completed on any assessment when A0310F = 11 Discharge Return Anticipated regardless of the ISC being completed. Section S is not required with the stand-alone Start or End of Therapy or Change of Therapy assessment (A0310A = 99; A0310B = 07; A0310C = 1 – 4) or a Nursing Home Part A PPS Discharge assessment (A0310A = 99; A0310B = 99; A0310C = 0; A0310H = 1) unless combined with a Discharge assessment.

For each Picture Date, the latest classifiable OBRA or PPS assessment will be selected for inclusion on the CMI Report. If this assessment does not accurately reflect the resident's MA for MA CASE-MIX status at S9080A as of the Picture Date, the assessment should be modified using the procedures found in Chapter 5 of the MDS 3.0 RAI Manual. The new information in S9080A and S9080B will then be used to define the resident's MA for MA CASE-MIX status for the CMI Report. A resident for whom the last record is a Discharge Return Anticipated (A0310F = 11) with a Discharge Date (A2000) on or before the Picture Date will automatically be converted to non-MA status; no modification is necessary.

S0113 Resident Living Situation Prior to Admission

S0113.	Resident Living Situation Prior to Admission Complete only if A0310A = 01.
☐☐	01. Resident lived alone without services 02. Resident lived alone with services 03. Resident lived with caregiver in the home who is able to assist with daily medical and custodial needs 04. Resident lived in congregate situation 99. None of the above

Definitions
- Awareness of the resident's prior living situation enables the Interdisciplinary Team to evaluate resident needs and evaluate possible discharge requirements.
- Lived alone without services: No other person shares the residence and no services are received.
- Lived alone with services: No other person shares the residence but resident received services such as Home Health or Meals on Wheels.
- Resident lived with caregiver in the home who is able to assist with daily medical and custodial needs. Another person shares the residence who is able to provide all needed assistance.
- Resident lived in congregate situation: Resident lived in assisted living, residential care home, etc.

Coding Instructions
- Enter the two-digit code that most closely describes the resident's previous living arrangements and availability of caregiver assistance prior to admission.

- Complete with Comprehensive Admission assessment (ISC = NC; A0310A Federal OBRA Reason for Assessment = 01 Admission).
- This item must be completed on all Admission records; it may not be skipped or dash filled.

S0114 Support Person(s)

S0114.	**Support Person** Complete only if A0310A = 1 – 6 or A0310F = 10
☐	**Resident has one or more support person(s) who are positive towards discharge.** 0. No 1. Yes

Definitions
- Support person(s) can be a spouse, one or more family members, significant others, or friends.

Coding Instructions
- Code 0 No if there is no indication that the resident has one or more support person(s) or the support person(s) are unwilling or unable to support the resident's discharge.
- Code 1 Yes if the resident has a support person(s) who are positive towards discharge.
- Complete with record types NC – Comprehensive; NQ – Quarterly and ND - Discharge.

S0120 ZIP Code of Prior Primary Residence

S0120.	**ZIP Code of Prior Primary Residence** Enter the first five digits of the zip code. Complete only if A0310F = 01,12
	☐☐☐☐☐

Definitions
- Prior Primary Residence is the community address where the resident last resided prior to nursing facility admission. A primary residence includes the primary home or apartment, board and care home, assisted living, or group home. If the resident was admitted to your facility from another nursing facility or institutional setting, the prior primary residence is the address of the resident's home prior to entering the other nursing facility, etc.

Coding Instructions
- Enter the first five digits of the zip code. Enter one digit per box beginning with the left most box.
- Enter dashes if the ZIP Code is unknown.
- Complete with record type NT – Tracking.

S0123 County Code of Prior Primary Residence

S0123.	**County Code of Prior Primary Residence** Enter the three-digit code from table. Complete only if A0310F = 01,12
	Code 999 if out of state ☐☐☐

Definitions

- County Code is a numerical identifier assigned to each Pennsylvania county listed below in alphabetical order starting with Adams 001 and ending with York 067. See S0120 for definition of Prior Primary Residence.

Coding Instructions

- Enter the three digits from the following table that indicate the County Code of the Prior Primary Residence.
- Enter 999 if the resident is from out of state.
- Enter dashes if the County is unknown.
- Complete with record type NT – Tracking.

County Code	County Name	County Code	County Name	County Code	County Name
001	Adams	024	Elk	047	Montour
002	Allegheny	025	Erie	048	Northampton
003	Armstrong	026	Fayette	049	Northumberland
004	Beaver	027	Forest	050	Perry
005	Bedford	028	Franklin	051	Philadelphia
006	Berks	029	Fulton	052	Pike
007	Blair	030	Greene	053	Potter
008	Bradford	031	Huntingdon	054	Schuylkill
009	Bucks	032	Indiana	055	Snyder
010	Butler	033	Jefferson	056	Somerset
011	Cambria	034	Juniata	057	Sullivan
012	Cameron	035	Lackawanna	058	Susquehanna
013	Carbon	036	Lancaster	059	Tioga
014	Centre	037	Lawrence	060	Union
015	Chester	038	Lebanon	061	Venango
016	Clarion	039	Lehigh	062	Warren
017	Clearfield	040	Luzerne	063	Washington
018	Clinton	041	Lycoming	064	Wayne
019	Columbia	042	McKean	065	Westmoreland
020	Crawford	043	Mercer	066	Wyoming
021	Cumberland	044	Mifflin	067	York
022	Dauphin	045	Monroe	999	Out of State
023	Delaware	046	Montgomery		

S0521 Primary Reason for Admission

	S0521. **Primary Reason for Admission** Complete only if A0310A = 01
☐☐	01. Significant change in functional status 02. Deterioration in cognitive status 03. Change in the availability/status of primary caregivers 04. Difficulty arranging or paying for needed in-home care or support 05. Failed to succeed in residential care home 06. Short term rehabilitation or skilled care 99. None of the above

Definitions

- Many issues may influence a resident's decision to enter a nursing facility. Identification of the primary reason for this decision may guide discharge planning and lead to a swifter return to the community.
- Significant change in functional status: Inability to perform Activities of Daily Living at baseline level.
- Deterioration in cognitive status: Resident's cognitive status, skills, or abilities have deteriorated as compared to the baseline level.
- Change in the availability/status of primary caregivers: Primary caregiver no longer willing or able to provide services.
- Difficulty arranging or paying for needed in-home care or support: Costs of care exceed resident's personal resources or finances or no provider is available.
- Failure to succeed in residential care home: Current placement no longer appropriate for resident's community living option.
- Short term rehabilitation or skilled care: Resident's medical condition requires skilled nursing or therapy services with an expectation that s/he will be discharged within 100 days.

Coding Instructions

- Enter the two-digit code that most closely reflects the primary reason for admission.
- Complete with Comprehensive Admission assessment (ISC = NC; A0310A Federal OBRA Reason for Assessment = 01 Admission).
- This item must be completed on all listed record types; it may not be skipped or dash filled.

S8010H1 Picture Date Reporting

S8010H1. Picture Date Reporting Complete only if A0310F = 11	
Check if applies ☐	Check this item if the assessment is a Discharge Return Anticipated assessment (DRA) AND is to be used as a Discharge Return Not Anticipated (DRNA) for Picture Date reporting requirements

Definitions

- Residents who have been Discharged Return Anticipated (A0310F = 11) and have not exceeded 30 days absence after the discharge date by the Picture Date will appear on the non-MA list on the CMI Report. If the NF knows the resident will not be returning, e.g., has died, discharged to another facility or home, use this item to convey this information to remove the resident from the CMI Report.

Coding Instructions

- Complete only if A0310F = 11 (Discharge return anticipated)
- Do not check this item (submit as 0) if:
  1. this is an original assessment (A0050 = 1) or
  2. this discharge assessment is being modified (A0050 = 2) for reasons other than using this DRA as a DRNA for Picture Date reporting requirements or
  3. the Assessment Reference Date of the assessment is more than 30 days before the Picture Date.
- Check this item (submit as 1) to use this DRA as a DRNA for Medical Assistance Picture Date reporting requirements. Code A0050 = 2 Modification.
- Skip this item (^) if A0310F does not = 11.
- If A0310F = 11, complete with record types NC – Comprehensive; NQ – Quarterly; NP – PPS; ND – Discharge; NSD – SOT OMRA and Discharge; NOD – EOT, EOT-R or COT OMRA and Discharge.

S9080 Source of Payment

S9080. Source of Payment	
Enter Code [ ]	**A. Is the resident Medical Assistance for MA CASE-MIX? (see instructions)** 0. No 1. Yes
	B. Date of change to/from Medical Assistance for MA CASE-MIX [ ][ ] [ ][ ] [ ][ ][ ][ ] Month Day Year
	C. Recipient Number from PA ACCESS Card Must be completed if S9080A = 1 [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
	D. MA NF Effective date from PA/FS 162 [ ][ ] [ ][ ] [ ][ ][ ][ ] Month Day Year
Enter Code [ ]	**E. Is the resident DAY ONE MA Eligible?** 0. No 1. Yes

A. Is the resident Medical Assistance for MA CASE-MIX?

Definitions

- The resident is considered to be Medical Assistance (MA) for MA Case-Mix if one of the following applies to the day of care:
  - the Department pays 100% of the MA rate for an MA resident;
  - the Department and the resident and/or third party pay other than Medicare Part A pay 100% of the MA rate for an MA resident;
  - a Managed Care Organization (MCO) under contract with the Department or an LTCCAP/LIFE provider (see NOTE below) that provides managed care to MA residents pays 100% of the negotiated rate or fee for an MA resident's care;
  - the resident and either an MCO under contract with the Department or LTCCAP/LIFE provider that provides managed care to an MA resident pays 100% of the negotiated rate or fee for an MA resident's care;
  - the Department pays for care provided to an MA resident receiving hospice services in a nursing facility. As long as MA is being billed for the day of care for a resident receiving hospice services, whether through MA or Medicare, the resident is MA for MA Case-Mix.

NOTE: LTCCAP/LIFE is an acronym describing the MA Long Term Care Capitated Assistance Program provided through Pennsylvania Living Independence for the Elderly (LIFE), nationally known as the PACE (Program for All-Inclusive Care for the Elderly). (http://www.dhs.pa.gov/citizens/alternativestonursinghomes/lifelivingindependencefortheelderly/)

Coding Instructions

- Enter a 0 if No; 1 if Yes.
- The resident must have a valid Recipient Number (S9080C). A resident who is MA pending is not considered to be MA for MA Case-Mix.
- The resident is not considered to be MA for MA Case-Mix if any portion of the day of care is paid by Medicare Part A. Medicare Part B payments for ancillary services are not considered as payment for a day of care.

- A resident participating in any statewide mandatory Medicaid managed care program is considered to be MA for MA Case-Mix. An MA resident funded through a LTCCAP/LIFE provider is MA for MA Case-Mix.
- For an Admission assessment (A0310A = 01), the determination of MA for MA Case-Mix should reflect the resident's status as of the Entry Date (A1600). For all other assessments, responses should reflect the resident's status as of the Target Date: Assessment Reference Date (A2300); Entry Date (A1600); and Discharge Date (A2000).
- For Discharge assessments/tracker, complete this item as if the discharge date was a billable day.
- Complete with record types NC – Comprehensive; NQ – Quarterly; NP – PPS; NT – Tracking; and ND – Discharge.
- This item must be completed on all listed record types; it may not be skipped or dash filled.

B. Date of change to/from Medical Assistance for MA CASE-MIX

Definitions
- Date of change to/from Medical Assistance for MA CASE-MIX is the beginning date applicable to any change in the resident's Medical Assistance for MA CASE-MIX status.

Coding Instructions
- Enter the 2-digit month, 2-digit day and the 4-digit year.
- If a resident has never been MA for MA Case-Mix, the date of change would be the resident's latest admission/reentry date in order to demonstrate that since admission, the resident has never been MA for MA Case-Mix.
- When a resident becomes MA for MA Case-Mix and the date of change to MA for MA Case-Mix does not coincide with the next assessment reference date, complete a modification of the latest assessment to indicate S9080A = 1 and change the S9080B date to the date the resident met the MA for MA Case-Mix status definition.
- On an Entry Tracking record, enter the current date of Entry/Reentry and report the resident's MA for MA Case-Mix status as of that date.
- If an existing resident remains MA for MA Case-Mix for a following assessment, the date of change to/from MA for MA Case-Mix should be carried forward from the prior assessment (or the prior assessment modification, if applicable).
- An MA for MA Case-Mix resident on therapeutic leave continues to be classified as MA for MA Case-Mix and no modification is necessary.
- The date of change to/from MA for MA Case-Mix should be on or after the date in S9080D if S9080D is completed.
- Complete with record types NC – Comprehensive; NQ – Quarterly; NP – PPS; NT – Tracking; and ND – Discharge.
- This item must be completed on all listed record types; it may not be skipped or dash filled.

C. Recipient Number from PA ACCESS Card (if applicable)

Definitions
- The Pennsylvania ACCESS card is a permanent plastic identification card issued to all recipients eligible for public assistance benefits. The ten-digit MA recipient number is found on this card and may be used by MA providers to verify an MA consumer's eligibility for MA services through the Eligibility Verification System.

Coding Instructions
- Enter the 10-digit MA recipient number found on the PA ACCESS card, if available.
- If the resident does not have an MA recipient number, skip this item (enter caret [^] marks).
- Complete with record types NC – Comprehensive; NQ – Quarterly; NP – PPS; NT – Tracking; and ND – Discharge.

- Must be completed if S9080A = 1.

D. MA NF Effective Date from PA/FS 162

Definitions
- A PA/FS 162 is a state specific form used by the County Assistance Offices to notify applicants of eligibility for MA payment and, if appropriate, the amount the applicant is responsible for paying toward the cost of their care in a nursing facility. It identifies the date that the applicant is eligible for nursing facility care.
- The Effective Date is the date applicable for this admission specified on the "Notice to Applicant" (PA/FS 162) listed as the "Effective Date" or "Eff. Date". This may not initially be available for residents covered by MA MCOs or LTCCAP/LIFE.

Coding Instructions
- Enter the 2-digit month, 2-digit day and the 4-digit year.
- If the resident does not have an applicable PA/FS 162 effective date, skip this item (enter caret [^] marks).
- Complete with record types NC – Comprehensive; NQ – Quarterly; NP – PPS; NT – Tracking; and ND – Discharge.

E. Is the resident DAY ONE MA eligible?

Definitions
- A Day One MA eligible resident is an individual who:
  o is or becomes eligible for Medical Assistance within 60 days of the first day of the month of admission to the nursing facility; or
  o will become eligible for Medical Assistance upon conversion to MA from payment under a Medicare or a Medicare supplement policy if applicable,
  o is enrolled in an MA MCO or LTCCAP/LIFE program upon admission to the nursing facility, or is determined by the Department or an independent assessor, based upon information available at the time of assessment, as likely to become eligible within 60 days of the first day of the month of admission to the nursing facility or upon conversion to MA from payment under Medicare or a Medicare supplement policy, if applicable.

Coding Instructions
- Enter a 0 if No, 1 if Yes.
- The proper response should be identified for the first Entry tracking form when the resident enters the NF. This same response should be entered each time the item must be completed until either the resident is Discharged Return Not Anticipated (A0310F = 10) or the resident is Discharged Return Anticipated (A0310F = 11) and does not return within 30 days. In either of these cases, if the resident returns to the NF, the resident's MA Day One eligibility status would be evaluated related to the new stay.
- A resident in the facility for respite care under a PDA waiver is MA Day One eligible. However, he/she is not MA for MA Case-Mix (see p. 3-4).
- Complete with record type NT – Tracking.

S9085 Community HealthChoices (CHC)

S9085. CHC Enrollment Details	

Enter Code	**A. Is the resident enrolled in CHC?**
	   0. No ⟶ Skip S9085B, C and D
	   1. Yes ⟶ Complete S9085B, C and D

	B. CHC Effective Date Must be completed if S9085A = 1 ☐☐ ☐☐ ☐☐☐☐ Month Day Year
	C. CHC Plan Enter the two-digit code from table. Must be completed if S9085A = 1 ☐☐
	D. CHC Member ID Must be completed if S9085A = 1 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A. Is the resident enrolled in CHC?

Definitions

- The resident is considered to be participating in CHC if they are enrolled with a CHC plan and have a member card with a member ID.

Coding Instructions

- Code 0 No if there is no indication that the resident is enrolled with a CHC plan, and/or CHC is not active in the nursing facility's county. Skip S9085B, C and D.
- Code 1 Yes if the resident has a CHC member card indicating enrollment.
- Complete with record types NC – Comprehensive; NQ – Quarterly; NP – PPS/ NT – Tracking; ND – Discharge.

B. CHC Effective Date

Definitions

- The CHC Effective Date is the first date that the resident was enrolled with the current CHC plan. It is found on the CHC member card.

Coding Instructions

- Enter the 2-digit month, 2-digit day and the 4-digit year.
- Complete with record types NC – Comprehensive; NQ – Quarterly; NP – PPS; NT – Tracking; ND – Discharge.
- This item must be completed on all listed record types if S9085A = 1. If the resident is not enrolled in a CHC plan, skip this item (enter caret [^] marks).

C. CHC Plan

Definitions

- Enter the two digits from the following table that indicate the resident's CHC plan.

Coding Instructions

- Enter the two-digit code from the following table.
- Complete with record types NC – Comprehensive; NQ – Quarterly; NP – PPS; NT – Tracking; ND – Discharge.
- This item must be completed on all listed record types if S9085A = 1. If the resident is not enrolled in a CHC plan, skip this item (enter caret [^] marks).

CHC Code	CHC Plan
01	AmeriHealth Caritas
02	Pennsylvania Health and Wellness (Centene)
03	UPMC for You

D. CHC Member ID

Definitions

- Each CHC participant is assigned a member ID which may be found on the member card.

Coding Instructions

- Enter the member ID found on the CHC member card without spaces or dashes.
- Complete with record types NC – Comprehensive; NQ – Quarterly; NP – PPS; NT – Tracking; ND – Discharge.
- This item must be completed on all listed record types if S9085A = 1. If the resident is not enrolled in a CHC plan, skip this item (enter caret [^] marks).

Active on ISCs

This section of the supplemental data specifications contains information on ISCs for which the field is required to be active. When a field is active, then the value for the field is required to conform to specified consistency specifications.

Listed below are each of the Section S items, the Type of Assessment (A0310) on which the item is active, i.e. must be completed, and the associated ISC. An MDS 3.0 record is assigned an ISC based on the coded responses to A0310 Type of Assessment and following the CMS Data Submission Specifications.

Section S	Section S Item	A0310A	A0310B	A0310C	A0310F	Type of Assessment	ISC
S0113	Resident Living Situation Prior to Admission	01	01 – 05, 07, 99	0 – 4	10, 11 99	Comprehensive	NC
S0114	Support Person	01 – 06	01 – 05, 07, 99	0 – 4	10, 11, 99	Quarterly, Discharge	NC, NQ, ND
S0120	ZIP Code of Prior Primary Residence	99	99	0	01, 12	Tracking	NT
S0123	County Code of Prior Primary Residence	99	99	0	01, 12	Tracking	NT
S0521	Primary Reason for Admission	01	01 – 05, 07, 99	0 – 4	10, 11 99	Comprehensive	NC

Section S	Section S Item	A0310A	A0310B	A0310C	A0310F	Type of Assessment	ISC
S8010H1	Picture Date Reporting	01 – 06, 99	01 – 05, 07, 99	0 – 4	11	Comprehensive, Quarterly, PPS, Discharge	NC, NQ, NP, ND, NSD, NOD
S9080A MA for MA Case-Mix?		01, 03 – 05	01 – 05, 07, 99	0 – 4	10, 11, 99	Comprehensive	NC
S9080B Date of Change to from MA		02, 06	01 – 05, 07, 99	0 – 4	10, 11, 99	Quarterly	NQ
S9080C Recipient Number from PA ACCESS card		99	01 – 05, 07	0 – 4	10, 11 99	PPS	NP
		99	99	0	10, 11	Discharge	ND
S9080D MA NF Effective Date from PA/FS 162		99	99	0	01, 12	Tracking	NT
S9080E	Day One MA Eligible?	99	99	0	01, 12	Tracking	NT
S9085A Is the resident enrolled in CHC?		01, 03 – 05	01 – 05, 07, 99	0 – 4	10, 11, 99	Comprehensive	NC
S9085B CHC Effective Date		02, 06	01 – 05, 07, 99	0 – 4	10, 11, 99	Quarterly	NQ
S9085C CHC Plan		99	01 – 05, 07	0 – 4	10, 11 99	PPS	NP
S9085D CHC Member ID		99	99	0	10, 11	Discharge	ND
		99	99	0	01, 12	Tracking	NT

Acceptable Item Values

The following table indicates the CMS-defined Acceptable Item Values for Section S.

Item ID	Item Values
S0113 Resident Living Situation Prior to Admission	01 – 04, 99; caret (^) mark indicating skipped when A0310A <>01
S0114 Support Person	0 No 1 Yes; caret (^) mark indicating skipped when A0310A = 99 and A0310F <>10
S0120 Residence prior to Admission: ZIP Code	5 digits; dashes indicating unknown
S0123 County code of prior residence	3 digits; dashes indicating unknown
S0521 Reason for Admission	01 – 06, 99; caret (^) mark indicating skipped when A0310A <> 01
S8010H1 Picture Date Reporting	0 No 1 Yes; caret (^) marks indicating skipped
S9080A Is the resident MA for MA CASE-MIX?	0 No 1 Yes
S9080B Date of change to/from MA	YYYYMMDD
S9080C Recipient Number from PA ACCESS Card	10 digits; caret (^) marks indicating skipped
S9080D MA NF Effective date from PA/FS 162	YYYYMMDD; caret (^) marks indicating skipped
S9080E Is the resident DAY ONE MA eligible?	0 No 1 Yes; caret (^) marks indicating skipped
S9085A Resident Enrolled in CHC?	0 No 1 Yes; caret (^) marks indicating skipped
S9085B CHC Effective Date	YYYYMMDD; caret (^) mark indicating skipped when S9085A = 0
S09085C CHC Plan	01 – 03; caret (^) mark indicating skipped when S9085A = 0
S9085D CHC Member ID	Text with maximum length of 14; caret (^) mark indicating skipped when S9085A = 0