Ohio Section S

Form Location	Form Description	Length	Start	End	Required on Rectype	Blank on Rectype	Range	Data type	Consistency Checks Between Fields Needed (yes/no)
S0150	Alternative Resident Identifier Code	9	1976	1984	NC, NQ, NP, NT, ND, NS, NSD, NO, NOD		alphanumeric, or ^(1)	Text	no
S8520C	Leave Days for Medicaid End Date	8	2417	2424	NC, NQ, NP, NT, ND, NS, NSD, NO, NOD		Date or -(1)	Text	no

Update Effective 04/01/2011