

OASIS-E Patient Tracking Sheet

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OUTCOME ASSESSMENT INFORMATION SET VERSION E (OASIS-E) Patient Tracking Sheet

Section A	Administrative Information
M0018. National Provider Identifier (NPI) for the attending physician who has signed the plan of care	
	<input type="text"/> <input type="checkbox"/> UK – Unknown or Not Available
M0010. CMS Certification Number	
	<input type="text"/>
M0014. Branch State	
	<input type="text"/>
M0016. Branch ID Number	
	<input type="text"/>
M0020. Patient ID Number	
	<input type="text"/>
M0030. Start of Care Date	
	<input type="text"/> - <input type="text"/> - <input type="text"/> Month Day Year

M0032. Resumption of Care Date	
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="checkbox"/> NA – Not Applicable
	Month Day Year
M0040. Patient Name	
<input type="text"/>	<input type="checkbox"/> <input type="text"/>
	(First) (MI) (Last)
M0050. Patient State of Residence	
<input type="text"/>	
M0060. Patient ZIP Code	
<input type="text"/>	- <input type="text"/>
M0064. Social Security Number	
<input type="text"/>	- <input type="text"/> - <input type="text"/> <input type="checkbox"/> UK – Unknown or Not Available
M0063. Medicare Number	
<input type="text"/>	<input type="checkbox"/> NA – No Medicare
M0065. Medicaid Number	
<input type="text"/>	<input type="checkbox"/> NA – No Medicaid
M0069. Gender	
Enter Code	1. Male
<input type="text"/>	2. Female
M0066. Birth Date	
<input type="text"/>	- <input type="text"/> - <input type="text"/>
	Month Day Year

A1005. Ethnicity	
Are you of Hispanic, Latino/a, or Spanish origin?	
↓ Check all that apply	
<input type="checkbox"/>	A. No, not of Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/>	B. Yes, Mexican, Mexican American, Chicano/a
<input type="checkbox"/>	C. Yes, Puerto Rican
<input type="checkbox"/>	D. Yes, Cuban
<input type="checkbox"/>	E. Yes, another Hispanic, Latino, or Spanish origin
<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond

A1010. Race	
What is your race?	
↓ Check all that apply	
<input type="checkbox"/>	A. White
<input type="checkbox"/>	B. Black or African American
<input type="checkbox"/>	C. American Indian or Alaska Native
<input type="checkbox"/>	D. Asian Indian
<input type="checkbox"/>	E. Chinese
<input type="checkbox"/>	F. Filipino
<input type="checkbox"/>	G. Japanese

A1010. Race	
What is your race?	
<input type="checkbox"/>	H. Korean
<input type="checkbox"/>	I. Vietnamese
<input type="checkbox"/>	J. Other Asian
<input type="checkbox"/>	K. Native Hawaiian
<input type="checkbox"/>	L. Guamanian or Chamorro
<input type="checkbox"/>	M. Samoan
<input type="checkbox"/>	N. Other Pacific Islander
<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond
<input type="checkbox"/>	Z. None of the above

M0150. Current Payment Sources for Home Care	
↓	Check all that apply
<input type="checkbox"/>	0. None ; no charge for current services
<input type="checkbox"/>	1. Medicare (traditional fee-for-service)
<input type="checkbox"/>	2. Medicare (HMO/managed care/Advantage plan)
<input type="checkbox"/>	3. Medicaid (traditional fee-for-service)
<input type="checkbox"/>	4. Medicaid (HMO/managed care)
<input type="checkbox"/>	5. Workers' compensation
<input type="checkbox"/>	6. Title programs (for example, Title III, V, or XX)
<input type="checkbox"/>	7. Other government (for example, TriCare, VA)
<input type="checkbox"/>	8. Private insurance
<input type="checkbox"/>	9. Private HMO/managed care
<input type="checkbox"/>	10. Self-pay
<input type="checkbox"/>	11. Other (specify)
<input type="checkbox"/>	UK. Unknown