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**OUTCOME AND ASSESSMENT INFORMATION SET VERSION E1**  
**Patient Tracking Sheet**

<b>Section A</b>	<b>Administrative Information</b>
<b>M0018. National Provider Identifier (NPI) for the attending physician who has signed the plan of care</b>	
	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 10px;"></div> <div>UK — Unknown or Not Available</div> </div>
<b>M0010. CMS Certification Number</b>	
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<b>M0014. Branch State</b>	
	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
<b>M0016. Branch ID Number</b>	
	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>
<b>M0020. Patient ID Number</b>	
	<div style="border: 1px solid black; width: 250px; height: 20px;"></div>
<b>M0030. Start of Care Date</b>	
	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">—</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">—</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>
<b>M0032. Resumption of Care Date</b>	
	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">—</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">—</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> <div style="margin-left: 20px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <span>NA — Not Applicable</span> </div>
<b>M0040. Patient Name</b>	
	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between; align-items: center;"> <span>(First)</span> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; justify-content: center; align-items: center;"> <span>(MI)</span> </div> <div style="border: 1px solid black; width: 150px; height: 20px; display: flex; justify-content: space-between; align-items: center;"> <span>(Last)</span> </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between; align-items: center;"> <span>(Suffix)</span> </div> </div>
<b>M0050. Patient State of Residence</b>	
	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
<b>M0060. Patient ZIP Code</b>	
	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;"> <div style="border: 1px solid black; width: 50px; height: 20px;"></div> <div style="margin: 0 10px;">—</div> <div style="border: 1px solid black; width: 50px; height: 20px;"></div> </div>
<b>M0064. Social Security Number</b>	
	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 50px; height: 20px; margin-right: 10px;"></div> <div style="margin: 0 10px;">—</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 10px;"></div> <div style="margin: 0 10px;">—</div> <div style="border: 1px solid black; width: 60px; height: 20px;"></div> </div> <div style="margin-left: 20px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <span>UK — Unknown or Not Available</span> </div>
<b>M0063. Medicare Number</b>	
	<div style="border: 1px solid black; width: 150px; height: 20px; display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div style="margin-left: 20px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <span>NA — No Medicare</span> </div>

**M0065. Medicaid Number**

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☐

NA — No Medicaid

**M0069. Gender**

Enter Code

☐

1. **Male**
2. **Female**

**M0066. Birth Date**

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Month

Day

Year

**A1005. Ethnicity**

Are you of Hispanic, Latino/a, or Spanish origin?



Check all that apply

☐
A. **No, not of Hispanic, Latino/a, or Spanish origin**
☐
B. **Yes, Mexican, Mexican American, Chicano/a**
☐
C. **Yes, Puerto Rican**
☐
D. **Yes, Cuban**
☐
E. **Yes, another Hispanic, Latino, or Spanish origin**
☐
X. **Patient unable to respond**
☐
Y. **Patient declines to respond****A1010. Race**

What is your race?



Check all that apply

☐
A. **White**
☐
B. **Black or African American**
☐
C. **American Indian or Alaska Native**
☐
D. **Asian Indian**
☐
E. **Chinese**
☐
F. **Filipino**
☐
G. **Japanese**
☐
H. **Korean**
☐
I. **Vietnamese**
☐
J. **Other Asian**
☐
K. **Native Hawaiian**
☐
L. **Guamanian or Chamorro**
☐
M. **Samoan**
☐
N. **Other Pacific Islander**
☐
X. **Patient unable to respond**
☐
Y. **Patient declines to respond**
☐
Z. **None of the above**

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