According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1279. The time required to complete this information collection is estimated to average 52.8 minutes (0.9 minutes per item), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Home Health Patient Tracking Sheet

(M0010) CMS Certification Number: __ __ __ __ __ __

(M0014) Branch State: __ __

(M0016) Branch ID Number: __ __ __ __ __ __ __ __ __ __

(M0018) National Provider Identifier (NPI) for the attending physician who has signed the plan of care**:**

__ __ __ __ __ __ __ __ __ __   ☐ **UK − Unknown or Not Available**

(M0020) Patient ID Number: __

(M0030) Start of Care Date: __ __ /__ __ /__ __ __ __
              month / day / year

(M0032) Resumption of Care Date: __ __ /__ __ /__ __ __ __   ☐ **NA - Not Applicable**
              month / day / year

(M0040) Patient Name:

__ __ __ __ __ __ __ __ __ __ __ __ __   __   __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __   __ __ __
(First)   (M I)   (Last)   (Suffix)

(M0050) Patient State of Residence: __ __

(M0060) Patient ZIP Code: __ __ __ __ __   __ __ __ __

(M0063) Medicare Number: __ __ __ __ __ __ __ __ __ __ __ __   ☐ **NA − No Medicare**
              (including suffix)

(M0064) Social Security Number: __ __ __ - __ __ - __ __ __ __   ☐ **UK − Unknown or Not Available**

(M0065) Medicaid Number: __ __ __ __ __ __ __ __ __ __ __ __   ☐ **NA − No Medicaid**

(M0066) Birth Date: __ __ /__ __ /__ __ __ __
              month / day / year

(M0069) Gender:

☐ 1 - Male

☐ 2 - Female

(M0140) Race/Ethnicity: (Mark all that apply.)

☐ 1 - American Indian or Alaska Native

☐ 2 - Asian

☐ 3 - Black or African-American

☐ 4 - Hispanic or Latino

☐ 5 - Native Hawaiian or Pacific Islander

☐ 6 - White

(M0150) Current Payment Sources for Home Care: (Mark all that apply.)

- ☐   0 - None; no charge for current services
- ☐   1 - Medicare (traditional fee-for-service)
- ☐   2 - Medicare (HMO/managed care/Advantage plan)
- ☐   3 - Medicaid (traditional fee-for-service)
- ☐   4 - Medicaid (HMO/managed care)
- ☐   5 - Workers' compensation
- ☐   6 - Title programs (for example, Title III, V, or XX)
- ☐   7 - Other government (for example, TriCare, VA)
- ☐   8 - Private insurance
- ☐   9 - Private HMO/managed care
- ☐ 10 - Self-pay
- ☐ 11 - Other (specify) _____
- ☐ UK - Unknown