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OUTCOME AND ASSESSMENT INFORMATION SET VERSION E2

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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	UK — Unknown or Not Available				
M0010. CMS Certification Number							
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
M0014. Branch State							
	<input type="text"/> <input type="text"/>						
M0016. Branch ID Number							
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
M0020. Patient ID Number							
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
M0030. Start of Care Date							
	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <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="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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
	(First)	(MI)	(Last) <input type="text"/> <input type="text"/> <input #cccccc;"="" background-color:="" type="text/> (Suffix)</td> </tr> <!-- M0050 --> <tr style="/> <td colspan="4" style="padding: 5px;">M0050. Patient State of Residence</td>	M0050. Patient State of Residence			
	<input type="text"/> <input type="text"/>						
M0060. Patient ZIP Code							
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
M0064. Social Security Number							
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	NA — No Medicare				

M0065. Medicaid Number

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☐

NA — No Medicaid

A0810. Sex

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. 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. Worker's 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