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OUTCOME AND ASSESSMENT INFORMATION SET VERSION E1
Patient Tracking Sheet

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