OASIS-E Patient Tracking Sheet

PRA Disclosure Statement

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

☐ UK – Unknown or Not Available

M0010. CMS Certification Number

M0014. Branch State

M0016. Branch ID Number

M0020. Patient ID Number

M0030. Start of Care Date

Month - Day - Year

M0032. Resumption of Care Date	
☐☐ - ☐☐ - ☐☐☐☐ Month Day Year	☐ NA – Not Applicable

M0040. Patient Name
☐☐☐☐☐☐☐☐☐☐☐   ☐   ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐   (First)   (MI)   (Last)

M0050. Patient State of Residence
☐☐

M0060. Patient ZIP Code
☐☐☐☐☐ - ☐☐☐☐

M0064. Social Security Number	
☐☐☐ - ☐☐ - ☐☐☐☐	☐ UK – Unknown or Not Available

M0063. Medicare Number	
☐☐☐☐☐☐☐☐☐☐☐☐	☐ NA – No Medicare

M0065. Medicaid Number	
☐☐☐☐☐☐☐☐☐☐☐☐	☐ NA – No Medicaid

M0069. Gender	
Enter Code ☐	1. **Male** 2. **Female**

M0066. Birth Date
☐☐ - ☐☐ - ☐☐☐☐   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**

A1010. Race

What is your race?

☐	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	
☐	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**