



Welcome to the Centers for Medicare & Medicaid Services OASIS-C Online Training. This module provides foundational education on the Patient Tracking Domain of the OASIS data set. It covers M0010 CMS Certification Number through M0069 Gender, M0140 Race/Ethnicity, and M0150 Current Payment Sources for Home Care.

Introduction

This program provides an introduction to OASIS-C items related to the Patient Tracking Domain.

Discussion includes relevant guidance found in Chapter 3 of the December 2012 OASIS-C Guidance Manual.

- Item intent for each specific item
- Time points for item completion
- Response-specific item instructions
- Data sources and resources



The image shows the cover of the 'OASIS-C Guidance Manual'. The cover is white with a blue header that reads 'Outcome and Assessment Information Set'. Below that, it says 'OASIS-C Guidance Manual'. Further down, it indicates 'Revised: December 2012' and 'Centers for Medicare & Medicaid Services'. The CMS logo is visible in the bottom right corner of the manual cover.

This program provides an introduction to OASIS-C items related to the Patient Tracking Domain. Discussion includes relevant guidance found in the December 2012 version of the OASIS-C Guidance Manual, specifically from Chapter 3, which contains OASIS item-specific guidance. Specific topics covered in this module include item intent or clarification about what each item is intended to report, time points when each item should be completed, response-specific item instructions clarifying the differences between the various responses that could be selected for each item, and data sources and resources related to the Patient Tracking items.

Module Objectives

- Identify the intent of each item in the Patient Tracking Domain.
- Specify the data collection time points for each item in the Patient Tracking Domain.
- Identify response-specific guidelines for completing each item in the Patient Tracking Domain.
- Identify data sources for each item in the Patient Tracking Domain.



After completing this OASIS-C Online Training module, you will be able to identify the intent of each item in the Patient Tracking Domain, specify the data collection time points for each item in the Patient Tracking Domain, identify response-specific guidelines for completing each item in the Patient Tracking Domain, and identify data sources and resources for each item in the Patient Tracking Domain.

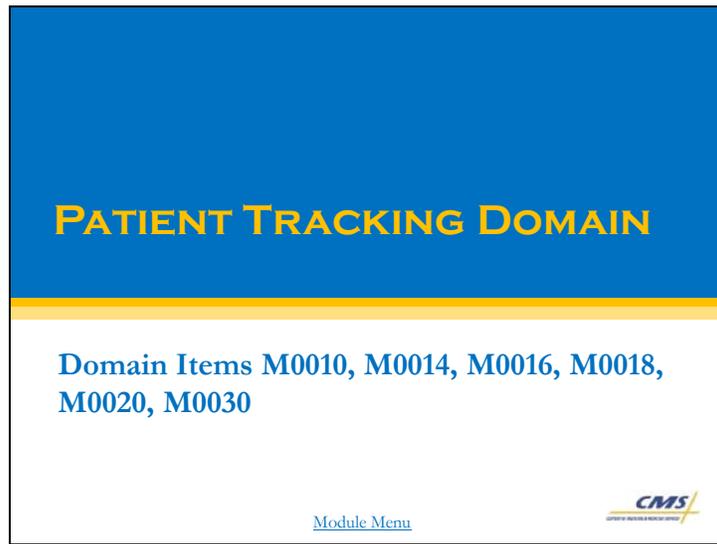
Module Menu

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Select the Forward button to review the entire module, or you may select a topic from the Module Menu to review a specific topic of interest.



In this topic, we will review Patient Tracking Domain items M0010, M0014, M0016, M0018, M0020, and M0030.

Summary of M- Items

- M0010 CMS Certification Number
- M0014 Branch State
- M0016 Branch ID
- M0018 National Provider Identifier
- M0020 Patient ID Number
- M0030 Start of Care Date
- M0032 Resumption of Care Date
- M0040 Patient Name
- M0050 Patient State of Residence
- M0060 Patient Zip Code
- M0063 Medicare Number
- M0064 Social Security Number
- M0065 Medicaid Number
- M0066 Birth Date
- M0069 Gender
- M0140 Race/Ethnicity
- M0150 Current Payment Sources for Home Care



The Patient Tracking Domain consists of 17 items. This topic covers the first 6 items: M0010 CMS Certification Number, M0014 Branch State, M0016 Branch ID, M0018 National Provider Identifier, M0020 Patient ID Number, and M0030 Start of Care Date.

M0010 CMS Certification Number
Item Intent & Time Points

(M0010) C M S Certification Number: _ _ _ _ _

- Specifies the agency's Centers for Medicare & Medicaid Services (CMS) certification number (CCN/Medicare provider number).

Collected at SOC

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



The first item we'll discuss is M0010 CMS Certification Number. The intent of this item is for the assessing clinician to document the agency's Centers for Medicare & Medicaid Services (CMS) certification number (CCN/Medicare provider number). The OASIS data collection rules specify the time points at which each OASIS item should be collected. This item is collected at the Start of Care Assessment time point.

**M0010 CMS Certification Number
Response-Specific Instructions**

(M0010) C M S Certification Number: _ _ _ _ _

- Enter the agency’s CMS certification number or Medicare provider number, if applicable.
- Leave blank if the agency is not Medicare-certified.
- This is **not** the provider’s National Provider Identifier (NPI).
- Preprinting this number on clinical documentation is allowed and recommended.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources 

The response-specific instructions for M0010 CMS Certification Number direct you to enter the agency’s CMS certification number or Medicare provider number, if applicable. If the agency is not Medicare-certified, then leave M0010 blank. Keep in mind that this is not the provider’s National Provider Identifier, or NPI. The CMS certification number may be preprinted on the agency’s specific clinical documents. This practice is not only allowed, it is recommended to assist the agency in accurate completion of this item.

**M0010 CMS Certification Number
Data Sources / Resources**

- Agency administrator
- Billing staff



Item Intent Time Points Response-Specific Instructions Data Sources/ Resources



Contact the agency administrator or billing staff to obtain the correct response for M0010 CMS Certification Number.

M0014 Branch State & M0016 Branch ID
Item Intent & Time Points

(M0014) Branch State: __

- Specifies the State where the agency branch is located.

(M0016) Branch I D: _____

- Specifies the branch identification code, as assigned by CMS.
- Consists of 10 digits:
 - State code as the first two digits
 - Followed by a Q (upper case)
 - Followed by the last four digits of the current Medicare provider number
 - Ending with the three-digit, CMS-assigned branch number

Collected at SOC & Updated if Changes

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



The next OASIS items in the Patient Tracking Domain are M0014 Branch State and M0016 Branch ID. The intent of M0014 Branch State is for the assessing clinician to identify the State where the agency branch office is located. The intent of M0016 Branch ID is to identify the branch identification code as assigned by CMS. The Branch ID consists of 10 digits. The State code is assigned to the first two digits, followed by the letter Q (upper case), followed by the last four digits of the current Medicare provider number, and ending with the three-digit CMS-assigned branch number. Both of these items are collected at the Start of Care Assessment time point and updated if changes occur during the episode of care.

**M0014 Branch State & M0016 Branch ID
Response-Specific Instructions**

(M0014) Branch State: __

- Enter the two-letter postal service abbreviation of the State in which the branch office is located.
- If a branch ID (not N or P) is entered in M0016, then M0014 cannot be left blank.

(M0016) Branch I D: _____

- Enter the Federal Branch Identification specified for this branch as assigned by CMS.
- If you are an HHA with no branches, enter “N” followed by 9 blank spaces.
- If you are a parent HHA that has branches, enter “P” followed by 9 blank spaces.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources 

The response-specific instructions for M0014 Branch State direct you to enter the two-letter postal service abbreviation of the state in which the branch office is located. For example, if your branch office is located in the state of Kentucky, then enter the letters KY into M0014. The response-specific instructions for M0016 Branch ID direct you to enter the Federal branch identification specified for this branch as assigned by CMS. If your agency has no branches, enter “N” followed by nine blank spaces. If your agency is a parent home health agency that has branches, enter “P” followed by nine blank spaces. If a branch ID (not N or P) is entered in M0016, then M0014 cannot be blank. Preprinting both the Branch State and Branch ID on clinical documentation is allowed and recommended.

M0016 Branch ID Example

Your agency has a parent office and a smaller branch office.

- The parent office enters the following:
(M0016) Branch I D: P _____
- The branch office enters the following:
(M0016) Branch I D: K Y Q 1 2 2 2 1 2 3
- An agency with no branches enters the following:
(M0016) Branch I D: N _____

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/ Resources 

Let’s review the following example for M0016 Branch ID. If your agency has a parent office and a small branch office, the parent office would enter a “P” into the first space followed by nine blank spaces. If your agency is the branch office, then you would enter the State code as the first two digits, followed by the letter Q, followed by the last four digits of the current Medicare provider number, and ending with the three-digit CMS-assigned branch number. If the agency has no branches, then you would enter an “N” in the first space followed by nine blank spaces.

M0014 Branch State & M0016 Branch ID
Data Sources / Resources

- Contact the agency administrator or branch administrator to obtain the correct response.



Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/ Resources 

Contact the agency administrator or branch administrator to obtain the correct response for M0014 Branch State and M0016 Branch ID.

M0010, M0014, M0016
Review Question

CMS recommends preprinting the correct information into agency forms for M0010 CMS Certification Number, M0014 Branch State, and M0016 Branch ID.

True

False

That is correct! CMS not only allows for preprinting this information on agency forms but highly recommends this practice.

Select an answer.



Let’s see if you can answer this practice question. CMS recommends preprinting the correct information into agency forms for M0010 CMS Certification Number, M0014 Branch State, and M0016 Branch ID. True or false?

Correct answer: True. CMS not only allows for preprinting this information on agency forms but highly recommends this practice.

M0018 National Provider Identifier
Item Intent & Time Points

(M0018) National Provider Identifier (N P I) for the attending physician who has signed the plan of care:

----- UK – Unknown or Not Available

- Identifies the physician who will sign the Plan of Care.



Collected at SOC

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/ Resources _____



The intent of M0018 National Provider Identifier (NPI) is for the assessing clinician to identify the NPI number of the physician who will sign the home health agency Plan of Care. This item is collected at the Start of Care Assessment time point.

**M0018 National Provider Identifier
Response-Specific Instructions**

(M0018) National Provider Identifier (N P I) for the attending physician who has signed the plan of care:

----- UK – Unknown or Not Available

- HIPAA standard
- Unique 10-digit number
- Replaces UPIN of the primary referring physician ID

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/ Resources 

The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique 10-digit number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The response-specific instructions for this item remind us that the NPI replaces the UPIN of the “primary physician ID.”

**M0018 National Provider Identifier
Data Sources / Resources**

- Contact the agency medical records department for this information.
- For more information, see the link for NPI Registry in [Chapter 5 of the OASIS-C Guidance Manual](#).



Item Intent — Time Points — Response-Specific Instructions — **Data Sources/ Resources**



Contact the agency medical records department to obtain the correct response for M0018 National Provider Identifier. For more information, see the link for the NPI Registry in Chapter 5 of the CMS OASIS-C Guidance Manual.

M0020 Patient ID Number

Item Intent & Time Points

(M0020) Patient I D Number: _____

- Specifies the agency-specific patient identifier.
- Assigned by the agency.
- May stay the same from one admission to the next or may change for each admission.
- Should remain constant throughout a single episode of care.

Collected at SOC

Item IntentTime PointsResponse-Specific InstructionsData Sources/
Resources

The intent of M0020 Patient ID Number is for the assessing clinician to specify the agency-specific patient identifier. This is the identification code the agency assigns to the patient and uses for recordkeeping purposes for this episode of care. The patient ID number may stay the same from one admission to the next or may change with each subsequent admission, depending on agency policy. However, it should remain constant throughout a single episode of care, for example, from admission to discharge. This item is collected at the Start of Care Assessment time point.

M0020 Patient ID Number Response-Specific Instructions

(M0020) Patient I D Number: _____

- Leave blank spaces if there are fewer digits than spaces provided.



Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources 

The response-specific instructions for M0020 Patient ID Number direct you to leave blank spaces after a patient ID number that has fewer digits than the spaces provided. For example, patient ID number 123456789 would be followed by blank spaces.

M0020 Patient ID Number
Data Sources / Resources

- Contact the agency medical records department for this information.



Item Intent — Time Points — Response-Specific Instructions — Data Sources/ Resources



Contact the agency medical records department to obtain the correct response for M0020 Patient ID Number.

M0030 Start of Care Date Item Intent & Time Points

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

- Specifies the Start of Care date, which is the date that the first reimbursable service is delivered.
- Check the payer’s coverage criteria to ensure care is reimbursable.



Collected at SOC

Item Intent Time Points Response-Specific Instructions Data Sources/ Resources



The intent of M0030 Start of Care Date is for the agency to specify the date that the first reimbursable service is delivered. This means the clinician must understand the coverage criteria for each payer to be sure the care that is delivered is reimbursable by the payer. This item is collected at the Start of Care Assessment time point.

M0030 Start of Care Date
Data Sources / Resources

- Contact agency administrative staff for this information.
- Specify that this is the date for the first reimbursable service.



Item Intent — Time Points — Response-Specific Instructions — Data Sources/ Resources 

Contact the agency administrative staff to obtain the correct response for M0030 Start of Care Date. Remember that this date is when the first reimbursable service was delivered.

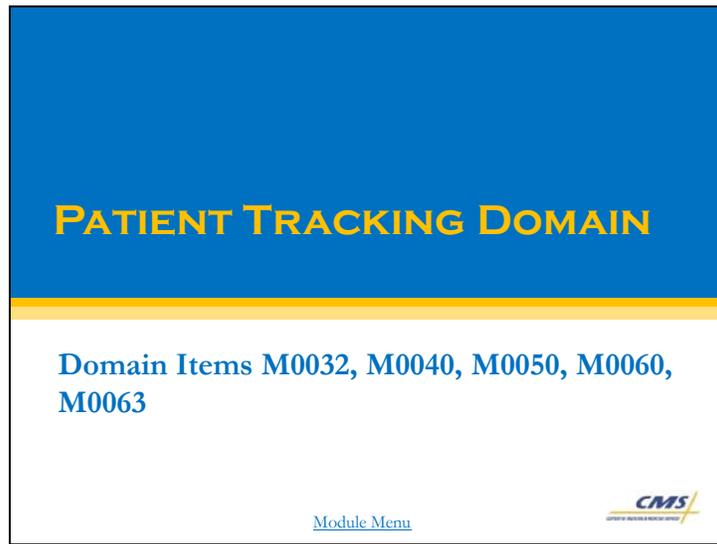
M0030 Scenario

Your agency receives a referral on March 9, 2012 for a Medicare patient requiring wound care to a stage IV pressure ulcer to the right heel.

The RN visits on March 10, 2012 to complete the initial assessment visit and the comprehensive assessment as well as to provide wound care to the heel.



Now let's analyze a scenario and determine the Start of Care date. Your agency receives a referral on March 9, 2012 for a Medicare patient requiring wound care to a Stage IV pressure ulcer to the right heel. The RN visits on March 10, 2012 to complete the initial assessment visit and the comprehensive assessment as well as to provide wound care to the heel.



In this topic, we will review Patient Tracking Domain items M0032, M0040, M0050, M0060, and M0063.

Summary of M- Items

- M0010 CMS Certification Number
- M0014 Branch State
- M0016 Branch ID
- M0018 National Provider Identifier
- M0020 Patient ID Number
- M0030 Start of Care Date
- M0032 Resumption of Care Date
- M0040 Patient Name
- M0050 Patient State of Residence
- M0060 Patient Zip Code
- M0063 Medicare Number
- M0064 Social Security Number
- M0065 Medicaid Number
- M0066 Birth Date
- M0069 Gender
- M0140 Race/Ethnicity
- M0150 Current Payment Sources for Home Care



As we discussed earlier, the Patient Tracking Domain consists of 17 items. In the previous topic, we discussed items M0010 through M0030. In this topic, we will discuss the next five items in the Patient Tracking Domain: M0032 Resumption of Care Date, M0040 Patient Name, M0050 Patient State of Residence, M0060 Patient Zip Code, and M0063 Medicare Number.

M0032 Resumption of Care Date
Item Intent & Time Points

(M0032) Resumption of Care Date: __/__/____ NA – Not Applicable
month/ day/ year

- Specifies the date of the first visit following an inpatient stay by a patient receiving service from the agency.



Collected at ROC & Updated if Changes

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



The intent of M0032 Resumption of Care Date is for the assessing clinician to specify the date of the first visit following an inpatient stay by a patient receiving service from the home health agency. This information is collected at the Resumption of Care Assessment time point and must be updated whenever a patient returns to service following an inpatient facility stay.

M0032 Resumption of Care Date
Response-Specific Instructions

(M0032) Resumption of Care Date: __/__/____ NA – Not Applicable
month/ day/ year

- Mark NA – Not Applicable:
 - For a Start of Care assessment.
 - For agencies that always discharge patients when they are admitted to an inpatient facility.
- Otherwise, enter the most recent Resumption of Care date.
 - Precede a one-digit month or day with a "0".
 - Enter all four digits of the year.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/  Resources

The response-specific instructions for M0032 Resumption of Care Date direct you to mark NA – Not Applicable for this item at the time of the Start of Care Assessment. If your agency always discharges the patients when they are admitted to an inpatient facility, then you would not perform a Resumption of Care Assessment if the patient returned to your agency. You would perform a new Start of Care Assessment. If the patient has had multiple Resumptions of Care, enter the most recent Resumption of Care date. When entering a date in M0032, enter a 0 in the first space if the month or day is only one digit. Enter all four digits of the year.

M0032 Resumption of Care Date
Data Sources / Resources

- Contact agency administrative staff for this information.





Item Intent Time Points Response-Specific Instructions Data Sources/ Resources



Contact the agency administrative staff to obtain the correct response for M0032 Resumption of Care Date. Remember that this date is when agency staff first visit a patient after an inpatient stay.

M0040 Patient Name
Item Intent & Time Points

(M0040) Patient Name:

(First) (MI) (Last) (Suffix)

- Specifies the full name of the patient:
 - First name
 - Middle initial (MI)
 - Last name
 - Suffix (e.g., Jr., Sr., III, etc.)

Collected at SOC & Updated if Changes

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____ 

The intent of M0040 Patient Name is for the assessing clinician to specify the patient’s full name, which includes the first name, middle initial, last name, and suffix such as “Junior” or “the third” in the spaces provided. This item is collected at the Start of Care Assessment time point and then updated if changes occur during the episode.

M0040 Patient Name
Response-Specific Instructions

(M0040) Patient Name:

(First) (MI) (Last) (Suffix)

- Enter all of the first and last names, the middle initial, and abbreviated suffix.
- Use the correct spelling.
- Leave spaces blank if suffix or middle initial is unknown.
- Enter the name exactly as it appears on insurance card.
 - Should be the patient’s legal name.
 - Sequence of the names may be reordered in agency forms if desired.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources 

The response-specific instructions for M0040 Patient Name direct you to enter all of the first and last names, the middle initial, and the abbreviated suffix. Correct spelling is very important. If there is no suffix or the middle initial is not known, then leave these spaces blank. Check the patient’s Medicare or other insurance cards and enter the name in M0040 exactly as written on the card. Enter the patient’s legal name even if the patient consistently uses a nickname. You can reorder the sequence of how the names appear in the agency forms, if desired. For example, the form may have last name followed by the first name, middle initial, and suffix.

M0040 Patient Name Data Sources / Resources

(M0040) Patient Name:

(First) (MI) (Last) (Suffix)

- Patient's Medicare card
- Private insurance card
- HMO identification card



Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/ Resources 

Review the patient's Medicare card, private insurance card, or HMO identification card to obtain the correct response for M0040 Patient Name.

M0040 Review Question

Your patient goes by the nickname J.J. His legal name, Jonathan Joseph Johnson, is listed on his Medicare card. Which of the following names do you enter for M0040 Patient Name?

- Name he goes by (J.J.)
- Name on the Medicare card (Jonathan Joseph Johnson)

That is correct! You would enter the patient's legal name, as written on the Medicare card, even if the patient consistently uses a nickname.

Select an answer.



Let's review what we have learned about M0040 Patient Name. Your patient goes by the nickname J.J. His legal name, Jonathan Joseph Johnson, is written on his Medicare card. Which of the following names do you enter for M0040 Patient Name? Do you enter the name he goes by or the name on the Medicare card?

Correct answer: Name on the Medicare card (Jonathan Joseph Johnson). You would enter the patient's legal name, as written on the Medicare card, even if the patient consistently uses a nickname.

M0050 Patient State of Residence
Item Intent & Time Points

(M0050) Patient State of Residence: __

- Specifies the State in which the patient **currently** resides while receiving home care.



Collected at SOC & Updated if Changes

Item IntentTime PointsResponse-Specific InstructionsData Sources/ Resources



The intent of M0050 Patient State of Residence is for the assessing clinician to specify the State in which the patient **currently** resides while receiving home care. This item is collected at the Start of Care Assessment time point and then updated if changes occur during the episode.

**M0050 Patient State of Residence
Response-Specific Instructions**

(M0050) Patient State of Residence: _ _

- Enter the two-letter postal service abbreviation of the state in which the patient **currently** resides.



Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/ Resources _____



The response-specific instructions for M0050 Patient State of Residence direct you to enter the two-letter postal service abbreviation of the State in which the patient **currently** resides, even if this is not the patient’s usual or legal residence.

M0050 Patient State of Residence
Data Sources / Resources

- Clarify the exact state location of the residence with municipal, county, or state officials if necessary.

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/ Resources 

If necessary, contact municipal, county, or state officials to clarify the correct response for M0050 Patient State of Residence.

M0060 Patient Zip Code Item Intent & Time Points

(M0060) Patient Zip Code: _____

- Specifies the zip code for the address at which the patient **currently** resides while receiving home care.



Collected at SOC & Updated if Changes

Item Intent Time Points Response-Specific Instructions Data Sources/Resources



The intent of M0060 Patient Zip Code is for the assessing clinician to report the zip code for the address at which the patient **currently** resides while receiving home care. This item is collected at the Start of Care Assessment time point and then updated if changes occur during the episode.

M0060 Patient Zip Code
Response-Specific Instructions

(M0060) Patient Zip Code: _ _ _ _ _

- Enter the zip code for the address of the patient's **current** residence.
- May not be the patient's usual or legal residence.
- Enter at least five digits (nine if known).
- Patient's zip code is used for Home Health Compare to determine places where your agency provided service.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/ Resources 

The response-specific instructions for M0060 Patient Zip Code direct you to enter the zip code for the address of the patient's **current** residence, even if this is not the patient's usual or legal residence. Enter at least five digits, or nine digits if known. The patient's zip code is used for Home Health Compare reporting to determine places where your agency provided service.

**M0060 Patient Zip Code
Data Sources / Resources**

- Verify the zip code with the local post office.



Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/ Resources 

Check with the local post office when the patient’s zip code is unknown or if you have questions regarding the accuracy of the zip code.

M0050 and M0060 Review Question

Your patient is temporarily staying with his daughter, who lives in a different state. What information do you enter for M0050 Patient State of Residence and M0060 Patient Zip Code?

- State and zip code of the daughter’s address where the patient is temporarily staying
- State and zip code of the patient’s permanent home address

That is correct! The response-specific instructions for both items direct you to enter the residence where the patient currently resides. In this scenario, you would enter the daughter’s state and zip code because this is where the patient currently resides.



Let’s review what we have learned about M0050 Patient State of Residence and M0060 Patient Zip Code. Your patient is temporarily staying with his daughter who lives in a different State. Which of the following do you enter for M0050 Patient State of Residence and M0060 Patient Zip Code? Do you enter the State and zip code of the daughter’s address where the patient currently resides? Or do you enter the State and zip code of the patient’s permanent home address?

Correct answer: State and zip code of the daughter’s address where the patient is temporarily staying. The response-specific instructions for both items direct you to enter the residence where the patient currently resides. In this scenario, you would enter the daughter’s State and zip code because this is where the patient currently resides.

M0063 Medicare Number
Item Intent & Time Points

(M0063) Medicare Number: _____ NA – No Medicare
(including suffix, if any)

- Provided for Medicare patients only.
- Specifies the patient’s Medicare number.
- Includes any prefixes or suffixes.
- Use Railroad Retirement Board number for railroad retirement program.

Collected at SOC & Updated if Changes

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



The intent of M0063 Medicare Number is for the assessing clinician to specify the Medicare number, including prefixes or suffixes, for a Medicare patient only. If the patient is a beneficiary of the Railroad Retirement Program, use the Railroad Retirement Board number in M0063. This item is collected at the Start of Care Assessment time point and then updated if changes occur during the episode.

M0063 Medicare Number
Response-Specific Instructions

(M0063) Medicare Number: _____ NA – No Medicare
(including suffix, if any)

- Enter the “Claim Number” on the patient’s Medicare card.
- This may or may not be the patient’s Social Security number.
- If the patient does not have Medicare, mark NA - No Medicare.
- If the patient is a member of a Medicare HMO, Medicare Advantage plan, or Medicare Part C, enter Medicare number if available.
- Do not enter HMO identification number.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources 

The response-specific instructions for M0063 Medicare Number direct you to enter the number identified as “Claim Number” on the patient’s Medicare card. Note that this may or may not be the patient’s Social Security number. If the patient does not have Medicare, mark NA – No Medicare. If the patient is a member of a Medicare HMO, another Medicare Advantage plan, or Medicare Part C, enter the Medicare number if available. If not available, mark NA – No Medicare. Do not enter the HMO identification number.

M0063 Medicare Number
Response-Specific Instructions, cont'd

(M0063) Medicare Number: _____ NA – No Medicare
(including suffix, if any)

- Enter the Medicare number if known, whether or not Medicare is the primary payment source.
- If there are fewer digits than spaces provided, leave blank spaces at the end.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources 

Enter the Medicare number if known, whether or not Medicare is the primary payment source for this episode of care. If there are fewer digits than spaces provided, leave blank spaces at the end.

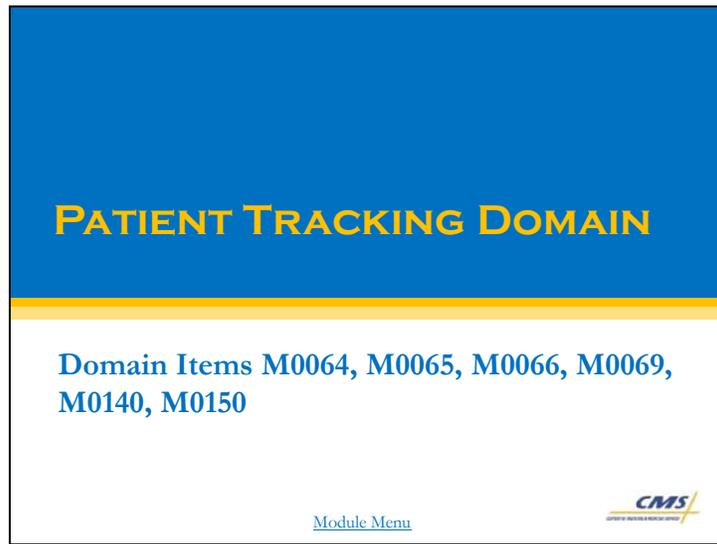
M0063 Medicare Number Data Sources / Resources

- Patient's Medicare card
- Referral information may include the number but should be verified with the patient

[Module Menu](#)

Item Intent _____ Time Points _____ Response-Specific Instructions _____ **Data Sources/ Resources**

Review the patient's Medicare card to obtain the correct response for M0063 Medicare Number. The referral information may also include the Medicare number, but you should verify it with the patient.



In this topic, we will review Patient Tracking Domain items M0064, M0065, M0066, M0069, M0140, and M0150.

Summary of M- Items

- M0010 CMS Certification Number
- M0014 Branch State
- M0016 Branch ID
- M0018 National Provider Identifier
- M0020 Patient ID Number
- M0030 Start of Care Date
- M0032 Resumption of Care Date
- M0040 Patient Name
- M0050 Patient State of Residence
- M0060 Patient Zip Code
- M0063 Medicare Number
- M0064 Social Security Number
- M0065 Medicaid Number
- M0066 Birth Date
- M0069 Gender
- M0140 Race/Ethnicity
- M0150 Current Payment Sources for Home Care



The Patient Tracking Domain consists of 17 items. In the previous section, we discussed items M0032 through M0063. In this section, we will discuss the last 6 items: M0064 Social Security Number, M0065 Medicaid Number, M0066 Birth Date, M0069 Gender, M0140 Race/Ethnicity, and M0150 Current Payment Sources for Home Care.

M0064 Social Security Number Item Intent & Time Points

(M0064) Social Security Number: ----- UK – Unknown or Not Available

- Specifies the patient’s Social Security number.



Collected at SOC

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



The intent of M0064 Social Security Number is for the assessing clinician to document the patient’s Social Security number. This item is collected at the Start of Care Assessment time point.

**M0064 Social Security Number
Response-Specific Instructions**

(M0064) Social Security Number: ____-____-____ UK – Unknown or Not Available

- Include all nine numbers.
- Mark “UK” if unknown or not available.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources 

The response-specific instructions for M0064 Social Security Number direct you to include all nine numbers in the spaces provided. If the Social Security number is unknown or unavailable (for example, if the patient refuses to provide the information or the information cannot be obtained), then mark UK – Unknown or Not Available.

M0064 Social Security Number Data Sources / Resources

(M0064) Social Security Number: - - - - - UK - Unknown or Not Available

- Review the patient's Social Security card.
- Referral information may include the number but should be verified with the patient.



Item Intent Time Points Response-Specific Instructions Data Sources/ Resources 

Review the patient's Social Security card to obtain the correct data for M0064 Social Security Number. The referral information may also include the Social Security number, but you should verify it with the patient.

M0065 Medicaid Number
Item Intent & Time Points

(M0065) Medicaid Number: _____ NA – No Medicaid

- Specifies the patient's Medicaid number.

Collected at SOC & Updated if Changes

Item Intent Time Points Response-Specific Instructions Data Sources/Resources



The intent of M0065 Medicaid Number is for the assessing clinician to document the patient's Medicaid number. This item is collected at the Start of Care Assessment time point and then updated if changes occur during the episode.

M0065 Medicaid Number
Response-Specific Instructions

(M0065) Medicaid Number: _____ NA – No Medicaid

- Include all digits and letters.
- If no Medicaid coverage or Medicaid coverage pending, mark NA - No Medicaid.
- If patient has Medicaid, answer this item whether or not Medicaid is the payer source.
- This number is assigned by an individual state and is found on the patient's Medicaid card.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources 

The response-specific instructions for M0065 Medicaid Number direct you to include all digits and letters of the Medicaid number. If the patient does not have Medicaid coverage or Medicaid coverage is pending, mark NA – No Medicaid. If the patient has Medicaid, answer this item whether or not Medicaid is the payer source for the home care episode. This number is assigned by an individual state and is found on the patient's Medicaid card.

M0065 Medicaid Number
Data Sources / Resources

(M0065) Medicaid Number: _____ NA – No Medicaid

- Review the patient’s Medicaid card or other verifying documentation.
- Make sure coverage is in effect.
- May need to verify coverage and effective dates with the social services agency.
- Referral information may include the number but should be verified with the patient.



Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/ Resources 

Review the patient’s Medicaid card or other verifying documentation to obtain the correct response for M0065 Medicaid Number. Make sure that the coverage is still in effect; for example, check the expiration date. Depending on specific State regulations or procedures, you may need to verify coverage and effective dates with the social services agency. Referral information may be another source of data and may include the Medicaid number, but you should verify it with the patient.

M0065 Review Question

When completing M0065 Medicaid Number, you should enter the Medicaid number even if Medicaid will not be billed for services during this home care episode.

True

False

That is correct! As stated in the response-specific instructions, if the patient has Medicaid, answer this item whether or not Medicaid is the payer source for the home care episode.

Select an answer.



Let's review what we have learned about M0065 Medicaid Number. When completing M0065 Medicaid Number, you should enter the Medicaid number even if Medicaid will not be billed for services during this home care episode. True or false?

Correct answer: True. As stated in the response-specific instructions, if the patient has Medicaid, answer this item whether or not Medicaid is the payer source for the home care episode.

M0066 Birth Date
Item Intent & Time Points

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

- Specifies the month, day, and four-digit year of the patient's birth date.

Collected at SOC

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/ Resources _____



The intent of M0066 Birth Date is for the assessing clinician to document the patient's date of birth including month, day, and four-digit year. This item is collected at the Start of Care Assessment time point.

M0066 Birth Date
Response-Specific Instructions

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

- If the month or day is only one digit, precede that digit with a "0".
- Example: 0 5 / 0 4 / 1 9 9 8 for May 4, 1998.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources 

The response-specific instructions for M0066 Birth Date direct you to precede a one-digit month or day with a zero. For example, if the birth date is May 4, 1998, you would enter 05/04/1998.

M0066 Birth Date Data Sources / Resources

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

- Patient or caregiver report
- Other legal documents
 - Driver's license
 - State-issued ID card, etc.



WASHINGTON DRIVER LICENSE
LIC # DOE M/201P1 EXP 10-21-2015
DOE MARY JANE
123 YOUR STREET
CAPTOL CITY WA 98400
DOB: 08-25-1950 SEX: F
HAIR: BRN EYES: BRN
ISSUE DATE: 08-25-2011
EXPIRE: 10-21-2015
Mary Jane Doe

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources 

Review the patient or caregiver report to obtain the correct response for M0065 Birth Date. You may also obtain the data from legal documents such as the patient's driver's license or State-issued identification cards.

M0069 Gender
Item Intent & Time Points

(M0069) Gender:

1 – Male
 2 – Female

- Specifies the patient's gender.



Collected at SOC

Item Intent Time Points Response-Specific Instructions Data Sources/ Resources



The intent of M0069 Gender is for the assessing clinician to document the patient's gender. This item is collected at the Start of Care Assessment time point.

M0069 Gender
Data Sources / Resources

(M0069) Gender:

1 – Male
 2 – Female

- Patient or caregiver interview
- Observation
- Physical assessment

Item Intent _____ Time Points _____ Response-Specific Instructions _____ **Data Sources/ Resources** 

Interview the patient or caregiver to obtain the correct response for M0069 Gender. You may also observe the patient or obtain this information during your physical assessment of the patient.

M0140 Race/Ethnicity
Item Intent & Time Points

(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

- Specifies the racial/ethnic groups or populations with which the patient is affiliated.

Collected at SOC & Updated if Changes

Item Intent Time Points Response-Specific Instructions Data Sources/Resources



The intent of M0140 Race/Ethnicity is for the assessing clinician to specify the racial/ethnic groups or populations with which the patient is affiliated, as identified by the patient or caregiver. The Office of Management and Budget (OMB) regulations state that “unknown” is not a permissible response for this item. The main purpose of this item is to track health disparities. This item is collected at the Start of Care Assessment time point and then updated if changes occur during the episode.

| <h3>M0140 Race/Ethnicity</h3> <h4>Response-Specific Instructions</h4> | | |
|---|----------------------------------|--|
| Response 1 | American Indian or Alaska Native | A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment |
| Response 2 | Asian | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent |
| Response 3 | Black or African American | A person having origins in any of the black racial groups of Africa |

Item Intent Time Points **Response-Specific Instructions** Data Sources/Resources 

The response-specific instructions for M0140 Race/Ethnicity direct you to select a response as follows:

Response 1 American Indian or Alaska Native means a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Response 2 Asian means a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Response 3 Black or African American means a person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”

| M0140 Race/Ethnicity Response-Specific Instructions, cont'd | | |
|--|---|---|
| Response 4 | Hispanic or Latino | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race |
| Response 5 | Native Hawaiian or other Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands |
| Response 6 | White | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa |

Item Intent Time Points **Response-Specific Instructions** Data Sources/ Resources

Response 4 Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”

Response 5 Native Hawaiian or Other Pacific Islander means a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Response 6 White means a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

M0140 Race/Ethnicity
Data Sources / Resources

- Patient or caregiver interview
- Referral information
- Observation



Item Intent Time Points Response-Specific Instructions Data Sources/Resources



Interview the patient or caregiver to obtain the correct response for M0140 Race/Ethnicity. If the patient does not self-identify, you may obtain this information from referral information received from the hospital or physician office clinical record data. You may also obtain this information from observation.

M0150 Current Payment Sources Item Intent & Time Points

(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 (e.g., Title III, V, or XX)
- 7 – Other government (e.g., TriCare, VA, etc.)
- 8 – Private insurance
- 9 – Private HMO/managed care
- 10 – Self-pay
- 11 – Other (specify) _____
- UK – Unknown

- Identifies payers to which any services provided during this home care episode and included on the Plan of Care will be billed by your home health agency

Collected at SOC & Updated if Changes

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



The intent of M0150 Current Payment Sources for Home Care is limited to identifying payers to which any services provided during this home care episode and included on the Plan of Care will be billed by your home health agency. This item is collected at the Start of Care Assessment time point and then updated if changes occur during the episode.

M0150 Current Payment Sources
Response-Specific Instructions

- Excludes “pending” payment sources.
- If a patient’s care is being reimbursed by multiple payers, include all sources.
- If one or more payment sources are known but additional sources are uncertain, mark those that are known.
- Mark all current pay sources, whether considered primary or secondary.
- Do not consider any equipment, medications, or supplies being paid for by the patient, in part or in full.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/ Resources _____ 

The response-specific instructions for M0150 Current Payment Sources direct you as follows:

Exclude any pending payment sources.

Accurate recording of this item is important because assessments for Medicare and Medicaid patients are handled differently than assessments for other payers. If the patient’s care is being reimbursed by multiple payers, for example Medicare and Medicaid, private insurance, and self-pay, include all sources.

If one or more payment sources are known but additional sources are uncertain, mark those that are known.

Mark all current payment sources, whether they are considered primary or secondary payers.

Do not consider any equipment, medications, or supplies being paid for by the patient, in part or in full.

M0150 Current Payment Sources Response-Specific Instructions, cont'd

(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 (e.g., Title III, V, or XX)
- 7 – Other government (e.g., TriCare, VA, etc.)
- 8 – Private insurance
- 9 – Private HMO/managed care
- 10 – Self-pay
- 11 – Other (specify) _____
- UK – Unknown

- Select Response 2 if the payment source is:
 - A Medicare HMO
 - Another Medicare Advantage plan
 - Medicare Part C

Item Intent Time Points **Response-Specific Instructions** Data Sources/Resources



Select Response 2 if the payment source is a Medicare HMO, another Medicare Advantage plan, or Medicare Part C.

M0150 Current Payment Sources Response-Specific Instructions, cont'd

(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 (e.g., Title III, V, or XX)
- 7 – Other government (e.g., TriCare, VA, etc.)
- 8 – Private insurance
- 9 – Private HMO/managed care
- 10 – Self-pay
- 11 – Other (specify) _____
- UK – Unknown

- Select Response 3 if patient receives services provided as part of:
 - A Medicaid waiver
 - A home and community-based waiver (HCBS) program

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/Resources _____



Select Response 3 if the patient receives services provided as part of a Medicaid waiver or home and community-based waiver (HCBS) program.

M0150 Current Payment Sources Response-Specific Instructions, cont'd

(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 (e.g., Title III, V, or XX)
- 7 – Other government (e.g., TriCare, VA, etc.)
- 8 – Private insurance
- 9 – Private HMO/managed care
- 10 – Self-pay
- 11 – Other (specify) _____
- UK – Unknown

- Select Response 6 if the patient receives services through one of the following programs:
 - Title III – State Agency on Aging grants
 - Title V – State programs to assist pregnant women, mothers, children, and children with special needs who do not have access to adequate health care
 - Title XX – Social service block grants available to provide homemaking, chore service, home management, or home health aide services

Item Intent _____ Time Points _____

Response-Specific Instructions

Data Sources/
Resources

Select Response 6 if the patient receives services through one of the following programs: Title III programs are State Agency on Aging grants, which encourage State Agencies on Aging to develop and implement comprehensive and coordinated community-based systems of service for older individuals via statewide planning and area planning. The objective of these services and centers is to maximize the informal support provided to older Americans to enable them to remain in their homes and communities. This program ensures that elders receive the services they need to remain independent by providing transportation services, in-home services, and caregiver support service.

Title V programs are specific State programs to maintain and strengthen their leadership in planning, promoting, coordinating, and evaluating health care for pregnant women, mothers, infants, children, and children with special health care needs in providing health services for mothers and children who do not have access to adequate health care

Title XX programs are social service block grants available to States to provide homemaking, chore service, home management, or home health aide services. These programs enable each State to furnish social services best suited to the needs of the individuals residing in the State.

M0150 Current Payment Sources
Response-Specific Instructions, cont'd

(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 (e.g., Title III, V, or XX)
- 7 – Other government (e.g., TriCare, VA, etc.)
- 8 – Private insurance
- 9 – Private HMO/managed care
- 10 – Self-pay
- 11 – Other (specify) _____
- UK – Unknown

• Select Response 7 if patient is a member of a TriCare program.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/Resources _____ 

Select Response 7 if the patient is a member of a TriCare program, which replaced CHAMPUS.

M0150 Current Payment Sources Response-Specific Instructions, cont'd

(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 (e.g., Title III, V, or XX)
- 7 – Other government (e.g., Tricare, VA, etc.)
- 8 – Private insurance
- 9 – Private HMO/managed care
- 10 – Self-pay
- 11 – Other (specify) _____
- UK – Unknown

• Select Response 10 for self-pay for all or part of care.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/Resources _____



Select Response 10 if the patient is self-pay for all or part of the care, for example, if the patient pays for copayments.

M0150 Current Payment Sources
Data Sources / Resources

- Referral information regarding coverage
- Copies of health insurance identification cards



Item Intent — Time Points — Response-Specific Instructions — Data Sources/Resources 

Review the referral information regarding coverage to obtain the correct response for M0150 Current Payment Sources. You should verify this information with the patient or caregiver. You may also use copies of health insurance identification cards, which provide the patient ID number as well as the current status of coverage.

M0150 Review Question

Your patient has both a Medicare Advantage plan and private insurance. Your agency will be billing the Medicare Advantage plan only for the services the agency will provide. Which response would you select for M0150 Current Payment Sources?

- Response 1 – Medicare (traditional fee-for-service)
- Response 2 – Medicare (HMO/managed care/Advantage plan)
- Response 8 – Private insurance
- Response 9 – Private HMO/managed care

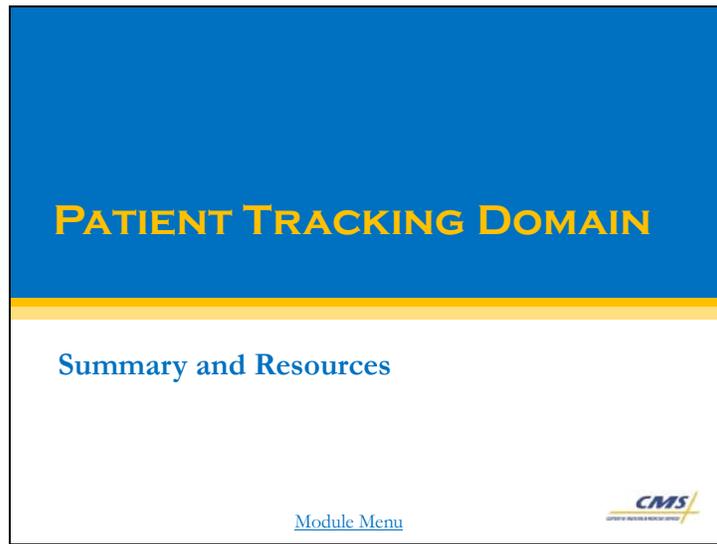
That is correct! The item intent states that this item is limited to identifying payers to which any services provided during this home care episode and included on the Plan of Care will be billed by your home health agency. Thus, only the Medicare Advantage plan will be reported since it is the only payer to be billed.



Let’s practice what we have learned about M0150 Current Payment Sources. Your patient has both a Medicare Advantage plan and private insurance. Your agency will be billing the Medicare Advantage plan only for the services the agency will provide. Which response would you select for M0150 Current Payment Sources?

- Response 1 – Medicare (traditional fee-for-service)
- Response 2 – Medicare (HMO/managed care/Advantage plan)
- Response 8 – Private insurance
- Response 9 – Private HMO/managed care

Correct answer: Response 2 - Medicare (HMO Managed Care/Advantage plan). The item intent states that this item is limited to identifying payers to which any services provided during this home care episode and included on the Plan of Care will be billed by your home health agency. Thus, only the Medicare Advantage plan will be reported since it is the only payer to be billed.



This topic summarizes the main points and lists the resources and references used in this educational module.

Summary of Domain

- Understand each item and individual responses
- Use Chapter 3 of the OASIS-C Guidance Manual as your reference for the following concepts:
 - Item intent
 - Time points for completion
 - Response-specific instructions
 - Data sources and resources
- Additional guidance can be found in the CMS Q & As and the CMS Quarterly Q & As



In summary, in order to accurately collect the items on the Patient Tracking Sheet, you should understand each item and its individual responses. Use Chapter 3 of the OASIS-C Guidance Manual as your reference for the intent of each OASIS item, when each item should be completed, what the various response options mean, and what data sources and resources you can use to facilitate an accurate assessment. Finally, use the CMS Q & As and the CMS quarterly OASIS Q & As for additional guidance related to data collection of the Patient Tracking Sheet items.

Resources / References

- OASIS-C Guidance Manual
 - http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQI_OASISUserManual.html
 - Chapter 3 provides guidance on OASIS-C questions.
 - Chapter 5 provides resources on Patient Tracking Sheet items.
- CHAMP Program
<http://www.champ-program.org/>
- Home Health Quality Improvement (HHQI) National Campaign
<http://www.homehealthquality.org/>
- OASIS Answers, Inc.
<http://www.oasisanswers.com/>



You can access additional resources and references at the links listed here. Particularly important is the guidance in Chapter 3 of the OASIS-C Guidance Manual, which served as the foundational content for this educational module. Home care nurses and therapists responsible for collecting OASIS data should consider having a copy of the Chapter 3 guidance accessible while conducting comprehensive assessments to enhance data accuracy.

Questions

- Talk with your clinical managers.
- Email OASIS training feedback site.
oasisctrainingfeedback@cms.hhs.gov
- Check the CMS Q & As.
<https://www.qtso.com/hhdownload.html>
- Check the Quarterly Q & As.
<http://www.oasisanswers.com>
- Contact State OASIS Educational Coordinators.
http://www.cms.gov/OASIS/Downloads/OASIS_educationalcoordinators.pdf
- Submit Q & As to CMS.
[Send email to CMSOASISquestions@oasisanswers.com](mailto:CMSOASISquestions@oasisanswers.com)

[Module Menu](#)



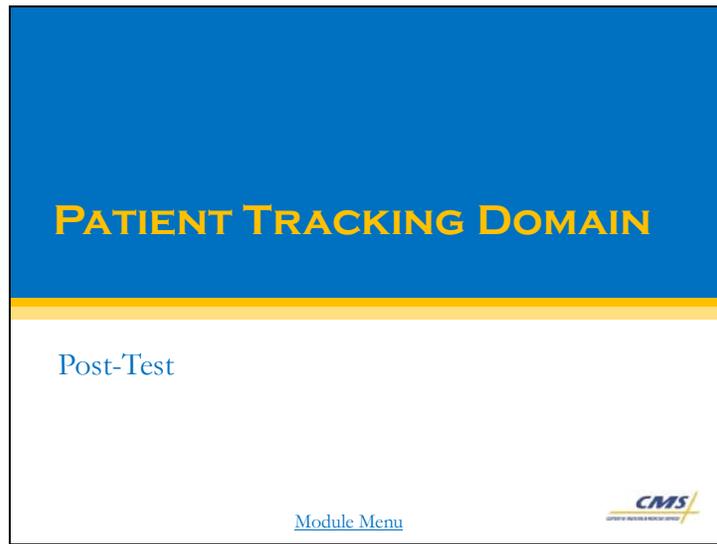
If you have questions, consider talking with your clinical managers. If you have comments related to this web module, please consider providing feedback to the OASIS training feedback mailbox at oasisctrainingfeedback@cms.hhs.gov.

Also, download and review additional guidance included in the CMS Q & As and the Quarterly Q & A updates, available at the links provided here.

If you still have an unanswered data collection question after consulting the guidance contained in Chapter 3 of the OASIS-C Guidance Manual and the OASIS Q & As, contact your State OASIS Educational Coordinator, who can provide free assistance in answering your OASIS data collection questions.

If your question cannot be resolved with the help of your OEC, consider submitting your inquiry to the CMS OASIS mailbox at CMSOASISquestions@oasisanswers.com.

Thank you for your commitment to OASIS accuracy.



This post-test contains five questions. Read each question, select an answer, and then select the Submit button.

Post-Test Question #1

At which time point are the majority of Patient Tracking items collected?

- A. Start of Care Assessment time point
- B. Recertification Assessment time point
- C. Resumption of Care Assessment time point
- D. Other Follow-up Assessment time point

That is correct! Of the 17 Patient Tracking items, 16 are collected at the Start of Care Assessment time point. Only M0032 Resumption of Care Date is collected at the Resumption of Care Assessment time point.

 Submit

Answer: A. Start of Care Assessment time point. Of the 17 Patient Tracking items, 16 items are collected at the Start of Care Assessment time point. Only M0032 Resumption of Care Date is collected at the Resumption of Care Assessment time point.

Post-Test Question #2

M0030 Start of Care Date is defined in the item intent as which of the following statements?

- A. The date of the first discipline to visit the patient.
- B. The date of the first nursing visit.
- C. The date when the first reimbursable service is delivered.
- D. The date when the comprehensive assessment is completed.

That is correct! The item intent for M0030 Start of Care date states that the Start of Care date is the date that the first reimbursable service is delivered.

 Submit

Answer: C. The date when the first reimbursable service is delivered. The item intent for M0030 Start of Care Date states that the Start of Care date is the date that the first reimbursable service is delivered.

Post-Test Question #3

Which Patient Tracking item identifies who will sign the Plan of Care?

- A. M0063 Medicare Number
- B. M0016 Branch ID
- C. M0010 CMS Certification Number
- D. M0018 National Provider Identifier

That is correct! M0018 National Provider Identifier identifies the physician who will sign the Plan of Care.

Submit 

Answer: D. M0018 National Provider Identifier. M0018 National Provider Identifier identifies the physician who will sign the Plan of Care.

Post-Test Question #4

You are admitting your patient to service. When asked about his insurance, he tells you that he has traditional Medicare, VA, and a Blue Cross/Blue Shield insurance policy. You call your office and find out that Medicare will be the only insurance billed for your home care services. Which response(s) would you select for M0150 Current Payment Sources for Home Care?

- A. Response 1 - Medicare
Response 7 - Other government
Response 8 - Private Insurance
- B. Response 1 - Medicare
- C. Response 1 - Medicare
Response 8 - Private Insurance
- D. Response 1 - Medicare
Response 11 - Other

That is correct! The item intent for M0150 Current Payment Sources for Home Care states that this item is limited to identifying payers to which any services provided during this home care episode and included on the Plan of Care will be billed by your home health agency. 

[Submit](#)

Answer: B. Response 1 – Medicare. The item intent for M0150 Current Payment Sources for Home Care states that this item is limited to identifying payers to which any services provided during this home care episode and included on the Plan of Care will be billed by your home health agency.

Post-Test Question #5

When asked about Race/Ethnicity, your patient states that he is Egyptian. Which response would you select for M0140 Race/Ethnicity?

- A. Response 2 - Asian
- B. Response 4 - Hispanic or Latino
- C. Response 5 - Native Hawaiian or other Pacific Islander
- D. Response 6 - White

That is correct! Response-specific instructions for M0140 Race/Ethnicity state that Response 6 – White means a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

[Submit](#)
[Module Menu](#)



Answer: D. Response 6 – White. Response-specific instructions for M0140 Race/Ethnicity state that Response 6 – White means a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
