OASIS ITEM
(M0010) CMS Certification Number: __ __ __ __ __ __
ITEM INTENT
Specifies the agency's Centers for Medicare and Medicaid Services (CMS) certification number (CCN/Medicare provider number).
TIME POINTS ITEM(S) COMPLETED
SOC (Patient Tracking Sheet)
RESPONSE—SPECIFIC INSTRUCTIONS
• Enter the agency's CMS certification (Medicare provider) number, if applicable. If agency is not Medicare-certified, leave blank. • This is NOT the Provider's NPI number. • Preprinting this number on clinical documentation is allowed and recommended.
DATA SOURCES / RESOURCES
• Agency administrator and billing staff

OASIS ITEM
(M0014) Branch State: __ __
ITEM INTENT
Specifies the State where the agency branch office is located.
TIME POINTS ITEM(S) COMPLETED
SOC (Patient Tracking Sheet) and updated if change occurs during the episode.
RESPONSE—SPECIFIC INSTRUCTIONS
• 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 blank. • Preprinting this number on clinical documentation is allowed and recommended.
DATA SOURCES / RESOURCES
• Agency or branch administrator

OASIS ITEM
(M0016) Branch ID: __ __ __ __ __ __ __ __ __ __
ITEM INTENT
Specifies the branch identification code, as assigned by CMS. The identifier consists of 10 digits – the State code as the first two digits, followed by Q (upper case), followed by the last four digits of the current Medicare provider number, ending with the three-digit CMS-assigned branch number.
TIME POINTS ITEM(S) COMPLETED
SOC (Patient Tracking Sheet) and updated if change occurs during the episode.
RESPONSE—SPECIFIC INSTRUCTIONS
• Enter the Federal branch identification number 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. • Preprinting this number on clinical documentation is allowed and recommended.
DATA SOURCES / RESOURCES
• Agency or branch administrator

OASIS ITEM:
(M0018) National Provider Identifier (NPI) for the attending physician who has signed the plan of care**:** __ __ __ __ __ __ __ __ __ __ ☐ **UK – Unknown or Not Available**
ITEM INTENT
Identifies the physician who will sign the Plan of Care
TIME POINTS ITEM(S) COMPLETED
SOC (Patient Tracking Sheet)
RESPONSE—SPECIFIC INSTRUCTIONS
• The NPI replaces UPIN of "Primary Referring Physician ID."
DATA SOURCES / RESOURCES
• Agency medical records department • For more information see the link for NPI registry in Chapter 5 of this manual.

OASIS ITEM
(M0020) Patient ID Number: _
ITEM INTENT
Specifies the agency-specific patient identifier. This is the identification code the **agency** assigns to the patient and uses for record keeping 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 (e.g., from admission to discharge).
TIME POINTS ITEM(S) COMPLETED
SOC (Patient Tracking Sheet)
RESPONSE—SPECIFIC INSTRUCTIONS
• If there are fewer digits than spaces provided, leave spaces at the end blank.
DATA SOURCES / RESOURCES
• Agency medical records department

OASIS ITEM

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

ITEM INTENT

Specifies the start of care date, which is the date that the first reimbursable service is delivered.

TIME POINTS ITEM(S) COMPLETED

SOC (Patient Tracking Sheet)

RESPONSE—SPECIFIC INSTRUCTIONS

- In multidiscipline cases, regulatory requirements, coverage criteria (such as the Conditions of Participation), and agency policy establish which discipline's visit is considered the start of care. A reimbursable service must be delivered to be considered the start of care. For Medicare reimbursement, as explained in 42 CFR 409.46, a physician must specifically order that a particular covered service be furnished on the SOC date. All other coverage criteria must be met for this initial service to be billable and to establish the start of care.
- If the date or month is only one digit, that digit is preceded by a "0" (e.g., May 4, 1998 = 05/04/1998). Enter all four digits for the year.
- For skilled PT or SLP to perform the start of care visit for a Medicare patient:
  - the HHA is expected to have orders from the patient's physician indicating the need for physical therapy or SLP prior to the initial assessment visit;
  - no orders are present for nursing at the start of care;
  - a reimbursable service must be provided; and
  - the need for this service establishes program eligibility for the Medicare home health benefit (42 CFR 484.55(a)(2).
- Accuracy of this date is essential; many other aspects of data collection are based on this date.
- When the agency's policy/practice is for an RN to perform the SOC assessment in a therapy-only case, the nursing assessment visit must be made the same day or within five days after the therapist's first visit.
- If questions exist as to the start of care date, clarify the exact date with agency administrative personnel.

DATA SOURCES / RESOURCES

- Agency administrative staff

OASIS ITEM

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

ITEM INTENT

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

TIME POINTS ITEM(S) COMPLETED

ROC

The resumption of care date must be updated on the Patient Tracking Sheet whenever a patient returns to service following an inpatient facility stay.

RESPONSE—SPECIFIC INSTRUCTIONS

- At start of care, mark "NA."
- The most recent resumption of care date should be entered.
- Agencies who always discharge patients when they are admitted to an inpatient facility will not have a resumption of care date.
- If the date or month is only one digit, that digit is preceded by a "0" (e.g., May 4, 1998 = 05/04/1998). Enter all four digits for the year.
- Assessment strategies: If question exists as to the resumption of care date, clarify with the agency administrative staff.

DATA SOURCES / RESOURCES

- Agency administrative staff

OASIS ITEM
(M0040) Patient Name: __ (First) (MI) (Last) Suffix)
ITEM INTENT
Specifies the full name of the patient: first name, middle initial, last name, and suffix (e.g., Jr., III, etc.).
TIME POINTS ITEM(S) COMPLETED
SOC (Patient Tracking Sheet) and updated if change occurs during the episode.
RESPONSE—SPECIFIC INSTRUCTIONS
• Enter all letters of the first and last names, the middle initial, and the abbreviated suffix. Correct spelling is important. • If no suffix, leave blank. If middle initial is not known, leave blank. • The name entered should be exactly as it appears on the patient’s Medicare or other insurance card. • The name entered should be the patient’s legal name, even if the patient consistently uses a nickname. • The sequence of the names may be reordered (i.e., last name, first name, etc.) in agency forms, if desired.
DATA SOURCES / RESOURCES
• Patient’s Medicare card, private insurance card, HMO identification card, etc.

OASIS ITEM
(M0050) Patient State of Residence: __ __
ITEM INTENT
Specifies the State in which the patient is currently residing while receiving home care.
TIME POINTS ITEM(S) COMPLETED
SOC (Patient Tracking Sheet) and updated if change occurs during the episode.
RESPONSE—SPECIFIC INSTRUCTIONS
• Enter the two-letter postal service abbreviation of the State in which the patient is CURRENTLY residing, even if this is not the patient's usual (or legal) residence.
DATA SOURCES / RESOURCES
• Clarify the exact (State) location of the residence with municipal, county, or State officials, if necessary.

OASIS ITEM
(M0060) Patient Zip Code: __ __ __ __ __ __ __ __ __ __
ITEM INTENT
Specifies the zip code for the address at which the patient is currently residing while receiving home care.
TIME POINTS ITEM(S) COMPLETED
SOC (Patient Tracking Sheet); updated if change occurs during the episode.
RESPONSE—SPECIFIC INSTRUCTIONS
• 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 (nine digits if known). • The patient's zip code is used for *Home Health Compare* to determine places where your agency provided service. Be sure to use the zip code where the service is provided.
DATA SOURCES / RESOURCES
• Verify the zip code with the local post office, if necessary.

OASIS ITEM

(M0063) Medicare Number: __ __ __ __ __ __ __ __ __ __ __ __ __ (including suffix, if any) ☐ **NA – No Medicare**

ITEM INTENT

For Medicare patients only. Specifies the patient's Medicare number, including any prefixes or suffixes.

Use RRB number for railroad retirement program.

TIME POINTS ITEM(S) COMPLETED

SOC (Patient Tracking Sheet); updated if change occurs during the episode.

RESPONSE—SPECIFIC INSTRUCTIONS

- Enter the number identified as "Claim No." on the patient's Medicare card. (NOTE: 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.
- Enter 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 spaces at the end blank.

DATA SOURCES / RESOURCES

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

OASIS ITEM
(M0064) Social Security Number: __ __ __ -__ __ -__ __ __ __ ☐ **UK - Unknown or Not Available**
ITEM INTENT
Specifies the patient's Social Security number.
TIME POINTS ITEM(S) COMPLETED
SOC (Patient Tracking Sheet)
RESPONSE—SPECIFIC INSTRUCTIONS
• Include all nine numbers. Mark "UK" if unknown or not available (e.g., information cannot be obtained or patient refuses to provide information).
DATA SOURCES / RESOURCES
• Patient's Social Security card, if available. Referral information may include the number, but it should be verified with the patient.

OASIS ITEM
(M0065) Medicaid Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ ☐ **NA – No Medicaid**
ITEM INTENT
Specifies the patient's Medicaid number.
TIME POINTS ITEM(S) COMPLETED
SOC (Patient Tracking Sheet); updated if change occurs during the episode.
RESPONSE—SPECIFIC INSTRUCTIONS
• Include all digits and letters. If 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.
DATA SOURCES / RESOURCES
• Patient's Medicaid card or other verifying documentation. Make sure that the coverage is still in effect, such as checking 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 include the number, but it should be verified with the patient.

OASIS ITEM
(M0066) Birth Date: __ __ /__ __ /__ __ __ __ month day year
ITEM INTENT
Specifies the birth date of the patient, including month, day, and four digits for the year.
TIME POINTS ITEM(S) COMPLETED
SOC (Patient Tracking Sheet)
RESPONSE—SPECIFIC INSTRUCTIONS
• If the date or month is only one digit, that digit is preceded by a "0" (e.g., May 4, 1998 = 05/04/1998). Enter all four digits for the year.
DATA SOURCES / RESOURCES
• Patient or caregiver report • Other legal documents (e.g., driver's license, state-issued ID card, etc.).

OASIS ITEM
(M0069) Gender: ☐ 1 - Male ☐ 2 - Female
ITEM INTENT
Specifies the gender of the patient.
TIME POINTS ITEM(S) COMPLETED
SOC (Patient Tracking Sheet)
RESPONSE—SPECIFIC INSTRUCTIONS
DATA SOURCES / RESOURCES
• Patient/caregiver interview • Observation • Physical assessment

OASIS ITEM

(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

ITEM INTENT

Specifies the racial/ethnic groups or populations with which the patient is affiliated, as identified by the patient or caregiver. Office of Management and Budget (OMB) regulations state that "unknown" is not a permissible response for this item. The major purpose of this item is to track health disparities.

TIME POINTS ITEM(S) COMPLETED

SOC (Patient Tracking Sheet); updated if change occurs during the episode.

RESPONSE—SPECIFIC INSTRUCTIONS

- 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 including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Response 3 – Black or African American. 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."
- 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. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- 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.

DATA SOURCES / RESOURCES

- Patient/family interview
- If the patient does not self-identify, referral information (including hospital or physician office clinical record data); observation

OASIS ITEM

(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

ITEM INTENT

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.**

TIME POINTS ITEM(S) COMPLETED

SOC (Patient Tracking Sheet) and updated when change occurs during the episode.

RESPONSE—SPECIFIC INSTRUCTIONS

- Exclude "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 (e.g., Medicare and Medicaid; private insurance and self-pay; etc.), 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.
- Select Response 2 if the payment source is a Medicare HMO, another Medicare Advantage Plan, or Medicare Part C.
- Select Response 3 if the patient is receiving services provided as part of a Medicaid waiver or home and community-based waiver (HCBS) program.
- Select Response 6 if the patient is receiving services through one of the following programs:
  - Title III - 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 insures that elders receive the services they need to remain independent by providing transportation services, in-home services and caregiver support services,

RESPONSE—SPECIFIC INSTRUCTIONS

- Title V - State programs to maintain and strengthen their leadership in planning, promoting, coordinating and evaluating health care for pregnant women, mothers, infants, and 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 - Social service block grants available to states to provide homemaking, chore service, home management or home health aide services and enable each State to furnish social services best suited to the needs of the individuals residing in the State. Federal block grant funds may be used to provide services directed toward one of the following five goals specified in the law: (1) To prevent, reduce, or eliminate dependency, (2) to achieve or maintain self-sufficiency, (3) to prevent neglect, abuse, or exploitation of children and adults, (4) to prevent or reduce inappropriate institutional care, and (5) to secure admission or referral for institutional care when other forms of care are not appropriate.

- Select Response 7 if the patient is a member of a Tri-Care program, which replaced CHAMPUS.
- Select Response 10 if patient is self pay for all or part of the care (e.g., copayments).

DATA SOURCES / RESOURCES

- Referral information regarding coverage. This can be verified with patient/caregiver.
- Copies of health insurance identification cards. The card(s) will provide the patient ID number as well as current status of coverage.