

Patient Tracking Sheet

(M0010) CMS Certification Number: _____

(M0014) Branch State: ____

(M0016) Branch ID Number: _____

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

_____ UK - Unknown or Not Available

(M0020) Patient ID Number: _____

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

(M0032) Resumption of Care Date: _____ / _____ / _____ NA - Not Applicable
month / day / year

(M0040) Patient Name: _____ (MI)

(First) (Last) (Suffix)

(M0050) Patient State of Residence: ____

(M0060) Patient Zip Code: _____ - _____

(M0063) Medicare Number: _____ (including suffix) NA - No Medicare

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

(M0065) Medicaid Number: _____ NA - No Medicaid

(M0066) Birth Date: _____ / _____ / _____
month / day / year

(M0069) Gender:

Enter Code	1-Male
<input type="checkbox"/>	2-Female

(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

(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

Clinical Record Items

(M0080) Discipline of Person Completing Assessment:

Enter Code	1 - RN
<input type="checkbox"/>	2 - PT
	3 - SLP/ST
	4 - OT

(M0090) Date Assessment Completed: _____ / _____ / _____
month / day / year

(M0100) This Assessment is Currently Being Completed for the Following Reason: Transfer to an Inpatient Facility

Enter Code	6 – Transferred to an inpatient facility—patient not discharged from agency [Go to M1041] 7 – Transferred to an inpatient facility—patient discharged from agency [Go to M10401]
<input type="checkbox"/>	

(M1041) Influenza Vaccine Data Collection Period: Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 through March 31?

Enter Code	0 – No [Go to M1051] 1 - Yes
<input type="checkbox"/>	

(M1046) Influenza Vaccine Received: Did the patient receive the influenza vaccine for this year's flu season?

Enter Code	1 – Yes; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge) 2 – Yes; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge) 3 – Yes; received from another health care provider (for example, physician, pharmacist) 4 – No; patient offered and declined 5 – No; patient assessed and determined to have medical contraindication(s) 6 – No; not indicated – patient does not meet age/condition guidelines for influenza vaccine 7 – No; inability to obtain vaccine due to declared shortage 8 – No; patient did not receive the vaccine due to reasons other than those listed in responses 4-7.
<input type="checkbox"/>	

(M1051) Pneumococcal Vaccine: Has the patient ever received the pneumococcal vaccination (for example, pneumovax)?

Enter Code	0 – No 1 - Yes [Go to M1501]
<input type="checkbox"/>	

(M1056) Reason Pneumococcal Vaccine not received: If patient has never received the pneumococcal vaccination (for example, pneumovax), state reason:

Enter Code	1 - Offered and declined 2 - Assessed and determined to have medical contraindication(s) 3 - Not indicated; patient does not meet age/condition guidelines for Pneumococcal Vaccine 4 - None of the above
<input type="checkbox"/>	

Cardiac Status

(M1501) Symptoms in Heart Failure Patients: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) at the time of or at any time since the most recent SOC/ROC assessment?

Enter Code	0 - No [Go to M2005] 1 - Yes 2 - Not assessed [Go to M2005] NA - Patient does not have diagnosis of heart failure [Go to M2005]
<input type="checkbox"/>	

(M1511) Heart Failure Follow-up: If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure at the time of or at any time since the most recent SOC/ROC assessment, what action(s) has (have) been taken to respond? **(Mark all that apply.)**

- 0 - No action taken
- 1 - Patient's physician (or other primary care practitioner) contacted the same day
- 2 - Patient advised to get emergency treatment (for example, call 911 or go to emergency room)
- 3 - Implemented physician-ordered patient-specific established parameters for treatment
- 4 - Patient education or other clinical interventions
- 5 - Obtained change in care plan orders (for example, increased monitoring by agency, change in visit frequency, telehealth)

Medications

(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?

Enter Code	0 - No 1 - Yes NA - There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications
<input type="checkbox"/>	

(M2016) Patient/Caregiver Drug Education Intervention: At the time of, or at any time since the most recent SOC/ROC assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and how and when to report problems that may occur?

Enter Code	0 - No 1 - Yes NA - Patient not taking any drugs
<input type="checkbox"/>	

Emergent Care

(M2301) Emergent Care: At the time of or at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency department (includes holding/observation status)?

Enter Code	0 - No [Go to M2401] 1 - Yes, used hospital emergency department WITHOUT hospital admission 2 - Yes, used hospital emergency department WITH hospital admission UK - Unknown [Go to M2401]
<input type="checkbox"/>	

(M2310) Reason for Emergent Care: For what reason(s) did the patient seek and/or receive emergent care (with or without hospitalization)? **(Mark all that apply.)**

- 1 - Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis
- 2 - Injury caused by fall
- 3 - Respiratory infection (for example, pneumonia, bronchitis)
- 4 - Other respiratory problem
- 5 - Heart failure (for example, fluid overload)
- 6 - Cardiac dysrhythmia (irregular heartbeat)
- 7 - Myocardial infarction or chest pain
- 8 - Other heart disease
- 9 - Stroke (CVA) or TIA
- 10 - Hypo/Hyperglycemia, diabetes out of control
- 11 - GI bleeding, obstruction, constipation, impaction
- 12 - Dehydration, malnutrition
- 13 - Urinary tract infection
- 14 - IV catheter-related infection or complication
- 15 - Wound infection or deterioration
- 16 - Uncontrolled pain
- 17 - Acute mental/behavioral health problem
- 18 - Deep vein thrombosis, pulmonary embolus
- 19 - Other than above reasons
- UK - Reason unknown

Data Items Collected at Inpatient Facility Admission or Agency Discharge Only

(M2401) Intervention Synopsis: (Check only **one** box in each row.) At the time of or at any time since the most recent SOC/ROC assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?

Plan / Intervention	No	Yes	Not Applicable
a. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient is not diabetic or is missing lower legs due to congenital or acquired condition (bilateral amputee).
b. Falls prevention interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Every standardized, validated multi-factor fall risk assessment conducted at or since the last OASIS assessment indicates the patient has no risk for falls.
c. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient has no diagnosis of depression AND every standardized, validated depression screening conducted at or since the last OASIS assessment indicates the patient has: 1) no symptoms of depression; or 2) has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used.
d. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Every standardized, validated pain assessment conducted at or since the last OASIS assessment indicates the patient has no pain.
e. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Every standardized, validated pressure ulcer risk assessment conducted at or since the last OASIS assessment indicates the patient is not at risk of developing pressure ulcers.
f. Pressure ulcer treatment based on principles of moist wound healing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.

(M2410) To which Inpatient Facility has the patient been admitted?

Enter Code <input type="checkbox"/>	1 - Hospital [Go to M2430] 2 - Rehabilitation facility [Go to M0903] 3 - Nursing home [Go to M0903] 4 - Hospice [Go to M0903]
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(M2430) Reason for Hospitalization: For what reason(s) did the patient require hospitalization? **(Mark all that apply.)**

- 1 - Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis
- 2 - Injury caused by fall
- 3 - Respiratory infection (for example, pneumonia, bronchitis)
- 4 - Other respiratory problem
- 5 - Heart failure (for example, fluid overload)
- 6 - Cardiac dysrhythmia (irregular heartbeat)
- 7 - Myocardial infarction or chest pain
- 8 - Other heart disease
- 9 - Stroke (CVA) or TIA
- 10 - Hypo/Hyperglycemia, diabetes out of control
- 11 - GI bleeding, obstruction, constipation, impaction
- 12 - Dehydration, malnutrition
- 13 - Urinary tract infection
- 14 - IV catheter-related infection or complication
- 15 - Wound infection or deterioration
- 16 - Uncontrolled pain
- 17 - Acute mental/behavioral health problem
- 18 - Deep vein thrombosis, pulmonary embolus
- 19 - Scheduled treatment or procedure
- 20 - Other than above reasons
- UK - Reason unknown

(M0903) Date of Last (Most Recent) Home Visit:

___/___/_____
month / day / year

(M0906) Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the patient.

___/___/_____
month / day / year

Section J: Health Conditions

(J1800) Any Falls Since SOC/ROC, whichever is more recent	
Enter Code <input type="checkbox"/>	Has the patient had any falls since SOC/ROC, whichever is more recent? 0 - No → Skip J1900 1 - Yes → Continue to J1900. Number of Falls Since SOC/ROC, whichever is more recent
(J1900) Number of Falls Since SOC/ROC, whichever is more recent	
Coding: 0. None 1. One 2. Two or more	Enter Code in Boxes <input type="checkbox"/> A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
	<input type="checkbox"/> B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
	<input type="checkbox"/> C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma