

<b>OASIS ITEM:</b>
(M0065) Medicaid Number: _____ <input type="checkbox"/> NA – No Medicaid
<b>DEFINITION:</b>
The patient's <u>Medicaid</u> number only.
<b>TIME POINTS ITEM(S) COMPLETED:</b>
SOC (Patient Tracking Sheet) and updated if change occurs during the episode.
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>• Include all digits and letters. If patient does not have Medicaid coverage, mark “NA - No Medicaid.”</li> <li>• If the patient has Medicaid, answer this item whether or not Medicaid is the reimbursement source for the home care episode.</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
Ask to see the patient's Medicaid card or other verifying documentation. Make sure that the coverage is still in effect. The number may be available from the referring physician, but should be verified with the patient. Depending on specific State regulations or procedures, you may need to verify coverage and effective dates with the social services agency.