CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

SNF Virtual Training Program – Part 1

Social Determinants of Health and New Data Elements in Section A

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Objectives

- Discuss the Social Determinants of Health (SDOH) data elements and their significance in the assessment process.
- Define and discuss the new non-SDOH assessment data elements in Section A: Identification Information.

Overview of Changes

New/Revised SDOH Items for SNF:

- A1005. Ethnicity
- A1010. Race
- A1110. Language
- A1250. Transportation
- B1300. Health Literacy
- D0700. Isolation

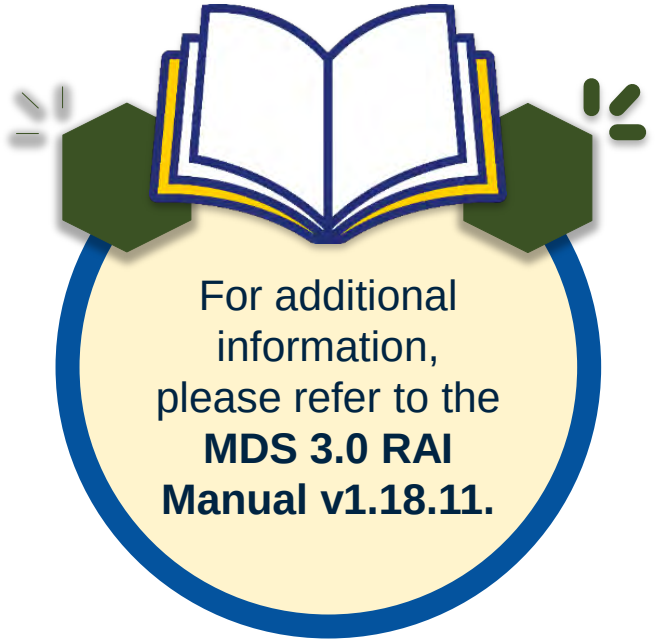
New Non-SDOH Items for SNF:

- A2121-A2124. Transfer of Health Information

Social Determinants of Health

What Are SDOH?

- SDOH:
  - Are the conditions in which people live, work, learn, and play.
  - Affect a wide range of health risks and outcomes.
- SDOH data elements added to the post-acute care (PAC) assessment instruments conform to the 2011 Health and Human Services Data Standards.



Why Is It Important to Collect SDOH?

- Capturing standardized SDOH data helps to:
  - Understand factors at the individual, community, and population levels.
  - Improve quality of care and health outcomes.
  - Document and track health disparities.
  - Allow for comparison of SDOH data within and across PAC settings.
  - Support the collecting/sharing of data across certification, policy, and coordination agencies and stakeholders.

SDOH Data Elements

SDOH Data Elements – Sections A, B, and D

- Five of the six SDOH standardized patient assessment data elements in Sections A, B, and D will be reviewed in this presentation:
  - A1005. Ethnicity.
  - A1010. Race.
  - A1250. Transportation.
  - B1300. Health Literacy.
  - D0700. Social Isolation.

Section A: Identification Information

Section A: Intent

REVISED

The intent of this section is to obtain the reasons for assessment, administrative information, and key demographic information to uniquely identify each resident, potential care needs including access to transportation, and the home in which they reside.

A1005

Ethnicity

A1005. Ethnicity

A1005. Ethnicity

Are you of Hispanic, Latino/a, or Spanish origin?

↓	Check all that apply
☐	**A.** No, not of Hispanic, Latino/a, or Spanish origin
☐	**B.** Yes, Mexican, Mexican American, Chicano/a
☐	**C.** Yes, Puerto Rican
☐	**D.** Yes, Cuban
☐	**E.** Yes, another Hispanic, Latino/a, or Spanish origin
☐	**X.** Resident unable to respond
☐	**Y.** Resident declines to respond

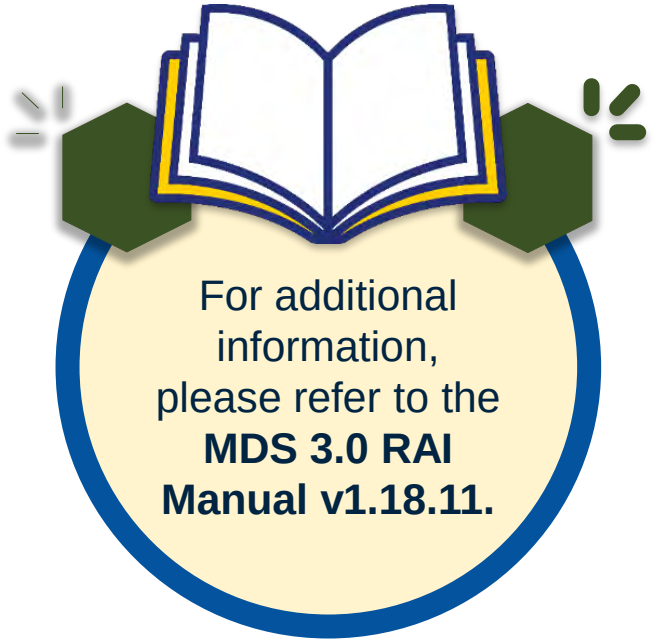
A1005: Item Rationale

- The ability to improve understanding of and address ethnic disparities in health care outcomes requires the availability of better data related to SDOH, including ethnicity.
- The ethnicity data element uses a one-question multi-response format based on whether or not the resident is of Hispanic, Latino/a or Spanish origin. Collection of ethnic data provides data granularity important for documenting and tracking health disparities and conforms to the 2011 Health and Human Services Data Standards.

A1005: Item Rationale (cont.)

REVISED

- This item uses the common uniform language approved by the Office of Management and Budget (OMB) to report ethnic categories. Response choices A1005B through A1005E roll up to the Hispanic or Latino/a category of the OMB standard (see Definition Ethnicity). The categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature.
- Collection of ethnicity data is an important step in improving quality of care and health outcomes.
- Standardizing self-reported data collection for ethnicity allows for the comparison of data within and across multiple PAC settings.



A1005: Steps for Assessment – Interview Instructions

1. Ask the resident to select the category or categories that most closely correspond to their ethnicity from the list in A1005.
    - Individuals may be more comfortable if this question is introduced by saying, *"We want to make sure that all our residents get the best care possible, regardless of their ethnic background. We would like you to tell us your ethnic background so that we can review the treatment that all residents receive and make sure that everyone gets the highest quality of care"* (Baker et al., 2005).
2. If the resident is unable to respond, the assessor may ask a family member, significant other, and/or guardian/legally authorized representative.
3. Ethnic category definitions are provided only if requested in order to answer the item.

A1005: Steps for Assessment – Interview Instructions (cont.)

4. Respondents should be offered the option of selecting one or more ethnic designations.
5. Only use medical record documentation to code A1005, Ethnicity if the resident is unable to respond and no family member, significant other, and/or guardian/legally authorized representative provides a response for this item.
6. If the resident declines to respond, do not code based on other resources (family, significant other, or guardian/legally authorized representative or medical records).

A1005: Coding Instructions

REVISED

If the resident provides a response, check the box(es) indicating the ethnic category or categories identified by the resident.

A1005: Coding Instructions (cont. 1)

Code X, Resident unable to respond: if the resident is unable to respond.

- In the cases where the resident is unable to respond and the response is determined via family, significant other, or legally authorized representative input or medical record documentation, check all boxes that apply, including X. Resident unable to respond.
- If the resident is unable to respond and no other resources (family, significant other, or legally authorized representative or medical records) provided the necessary information, code A1005 as X. Resident unable to respond.

A1005: Coding Instructions (cont. 2)

Code Y, Resident declines to respond: if the resident declines to respond.

- When the resident declines to respond, code only Y. Resident declines to respond.
- When the resident declines to respond do not code based on other resources (family, significant other, or legally authorized representative or medical records).

A1010

Race

A1010. Race

A1010. Race

What is your race?

↓	Check all that apply
☐	**A.** White
☐	**B.** Black or African American
☐	**C.** American Indian or Alaska Native
☐	**D.** Asian Indian
☐	**E.** Chinese
☐	**F.** Filipino
☐	**G.** Japanese
☐	**H.** Korean
☐	**I.** Vietnamese
☐	**J.** Other Asian
☐	**K.** Native Hawaiian
☐	**L.** Guamanian or Chamorro
☐	**M.** Samoan
☐	**N.** Other Pacific Islander
☐	**X.** Resident unable to respond
☐	**Y.** Resident declines to respond
☐	**Z.** None of the above

A1010: Item Rationale

- The ability to improve understanding of and address racial disparities in health care outcomes requires the availability of better data related to social determinants of health, including race.
- Collection of A1010. Race provides data granularity important for documenting and tracking health disparities and conforms to the 2011 Health and Human Services Data Standards.

A1010: Item Rationale (cont.)

- This item uses the common uniform language approved by the Office of Management and Budget (OMB) to report racial categories (see Definitions: Race). Response choices A1010D through A1010J roll up to the Asian category of the OMB standard. Response choices A1010K through A1010N roll up to the Native Hawaiian or Other Pacific Islander category of the OMB standard. The categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature.
- Collection of race data is an important step in improving quality of care and health outcomes.
- Standardizing self-reported data collection for race allows for the equal comparison of data across multiple post-acute-care settings.
- These categories are NOT used to determine eligibility for participation in any Federal program.

A1010: Steps for Assessment: Interview Instructions

1. Ask the resident to select the category or categories that most closely correspond to the resident's race from the list in A1010, Race.
   - Individuals may be more comfortable if this question is introduced by saying, *"We want to make sure that all of our residents get the best care possible, regardless of their racial background. We would like you to tell us your racial background so that we can review the treatment that all residents receive and make sure that everyone gets the highest quality of care"* (Baker et al., 2005).

A1010: Steps for Assessment: Interview Instructions (cont. 1)

2. If the resident is unable to respond, the assessor may ask a family member, significant other, and/or guardian/legally authorized representative.
3. Racial category definitions are provided only if requested in order to answer the item.
4. Respondents should be offered the option of selecting one or more racial designations.

A1010: Steps for Assessment: Interview Instructions (cont. 2)

5. Only use medical record documentation to code A1010, Race if the resident is unable to respond and no family member, significant other, and/or guardian/legally authorized representative provides a response for this item.
6. If the resident declines to respond, do not code based on other resources (family, significant other, or legally authorized representative or medical records).

A1010: Coding Instructions

If the resident provides a response, check the box(es) indicating the race category or categories identified by the resident.

A1010: Coding Instructions (cont. 1)

- **Code X, Resident unable to respond:** if the resident is unable to respond.
  - In the cases where the resident is unable to respond and the response is determined via family, significant other, or legally authorized representative input or medical records, check all boxes that apply, including X. Resident unable to respond.
  - If the resident is unable to respond and no other resources (family, significant other, or legally authorized representative or medical records) provided the necessary information, code as X. Resident unable to respond.

A1010: Coding Instructions (cont. 2)

- **Code Y, Resident declines to respond:** if the resident declines to respond.
  - When the resident declines to respond, code only Y. Resident declines to respond.
  - When the resident declines to respond do not code based on other resources (family, significant other, or legally authorized representative or medical records).
- **Code Z, None of the above:** if the resident reports or it is determined from other resources (family, significant other, or legally authorized representative or medical records) that none of the listed races apply.

A1250

Transportation

A1250. Transportation

A1250. Transportation (from NACHC©)

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

Complete only if A0310B = 01 **or** A0310G = 1 and A0310H = 1

↓	Check all that apply
☐	**A.** Yes, it has kept me from medical appointments or from getting my medications
☐	**B.** Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
☐	**C.** No
☐	**X.** Resident unable to respond
☐	**Y.** Resident declines to respond

A1250: Item Rationale

- **Health-related Quality of Life**
  - Access to transportation for ongoing health care and medication access needs is essential for effective care management.
  - Understanding resident transportation needs can help organizations assess barriers to care and facilitate connections with available community resources.
- **Planning for Care**
  - Assessing for transportation barriers will facilitate better care coordination and discharge planning for follow-up care.

A1250: Steps for Assessment: Interview Instructions

1. Ask the resident:
   - *"In the past six months to a year, has lack of transportation kept you from medical appointments or from getting your medications?"*
   - *"In the past six months to a year, has lack of transportation kept you from non-medical meetings, appointments, work, or from getting things that you need?"*
2. Respondents should be offered the option of selecting more than one "yes" designation, if applicable.

A1250: Steps for Assessment: Interview Instructions (cont.)

3. If the resident is unable to respond, the assessor may ask a family member, significant other, and/or guardian/legally authorized representative.
4. Only if the resident is unable to respond and no family member, significant other, and/or guardian/legally authorized representative may provide a response for this item, use medical record documentation.
5. If the resident declines to respond, do not code based on other resources (family, significant other, or legally authorized representative or medical records).

A1250: Coding Instructions

- **Code A, Yes, it has kept me from medical appointments or from getting my medications:** if the resident indicates that lack of transportation has kept the resident from medical appointments or from getting medications.
- **Code B, Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need:** if the resident indicates that lack of transportation has kept the resident from non-medical meetings, appointments, work, or from getting things that the resident needs.
- **Code C, No:** if the resident indicates that a lack of transportation has not kept the resident from medical appointments, getting medications, non-medical meetings, appointments, work, or getting things that the resident needs.

A1250: Coding Instructions (cont. 1)

Code X, Resident unable to respond: if the resident is unable to respond.

- In the cases where the resident is unable to respond and the response is determined via family, significant other, or legally authorized representative input or medical records, check all boxes that apply, including X. Resident unable to respond.
- If the resident is unable to respond and no other resources (family, significant other, or legally authorized representative or medical records) provided the necessary information, code A1250 as only X. Resident unable to respond.

A1250: Coding Instructions (cont. 2)

Code Y, Resident declines to respond: if the resident declines to respond.

- When the resident declines to respond, code only Y. Resident declines to respond.
- When the resident declines to respond do not code based on other resources (family, significant other, or legally authorized representative or medical records).

Section B: Hearing, Speech, and Vision

B1300

Health Literacy

B1300. Health Literacy

B1300. Health Literacy

Complete only if A0310B = 01 **or** A0310G = 1 and A0310H = 1

Enter Code ☐

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

0. **Never**
1. **Rarely**
2. **Sometimes**
3. **Often**
4. **Always**
7. **Resident declines to respond**
8. **Resident unable to respond**

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SKILLED NURSING FACILITY QUALITY REPORTING PROGRAM

B1300: Item Rationale

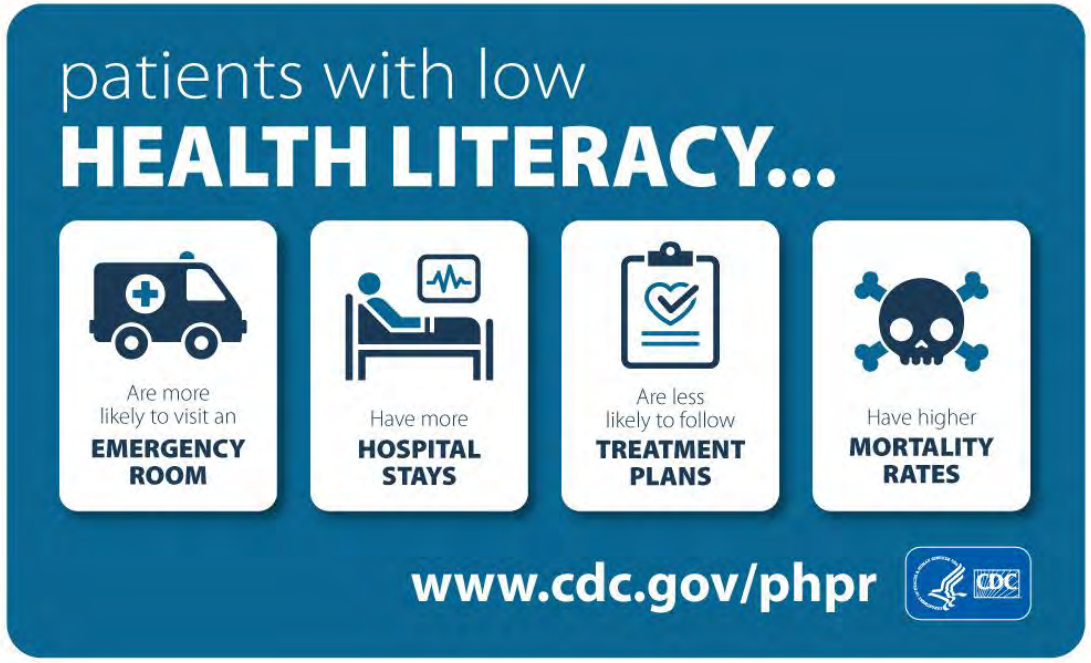
NEW

Health-related Quality of Life

- Similar to language barriers, low health literacy interferes with communication between provider and resident.
- Health literacy can also affect residents' ability to understand and follow treatment plans, including medication management.
- Poor health literacy is linked to lower levels of knowledge of health, worse outcomes, the receipt of fewer preventive services, and higher medical costs and rates of emergency department use.

Planning for Care

- Assessing for health literacy will facilitate better care coordination and discharge planning.



B1300: Definition – Health Literacy

Health Literacy

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

B1300: Steps for Assessment

This item is intended to be a resident self-report item. No other source should be used to identify the response.

1. Ask the resident, "*How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?*"

B1300: Coding Instructions

- **Code 0, Never:** if the resident indicates never needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies.
- **Code 1, Rarely:** if the resident indicates rarely needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies.
- **Code 2, Sometimes:** if the resident indicates sometimes needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies.

B1300: Coding Instructions (cont.)

- **Code 3, Often:** if the resident indicates often needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies.
- **Code 4, Always:** if the resident indicates always needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies.
- **Code 7, Resident declines to respond:** if the resident declines to respond.
- **Code 8, Resident unable to respond:** if the resident was unable to respond.

Section D: Mood

Section D: Intent

REVISED

- The items in this section address mood distress and social isolation. Mood distress is a serious condition that is underdiagnosed and undertreated in the nursing home and is associated with significant morbidity.
- It is particularly important to identify signs and symptoms of mood distress among nursing home residents because these signs and symptoms can be treatable.

Section D: Intent (cont.)

REVISED

- Social isolation refers to an actual or perceived lack of contact with other people and tends to increase with age. It is a risk factor for physical and mental illness and a predictor of mortality, and is important to assess in order to identify engagement strategies.

D0700

Social Isolation

D0700. Social Isolation

D0700. Social Isolation

Enter Code ☐

How often do you feel lonely or isolated from those around you?

0. **Never**
1. **Rarely**
2. **Sometimes**
3. **Often**
4. **Always**
7. **Resident declines to respond**
8. **Resident unable to respond**

SKILLED NURSING FACILITY QUALITY REPORTING PROGRAM

D0700: Item Rationale

Health-related Quality of Life

Social isolation:

- Tends to increase with age.
- Is a risk factor for physical and mental illness.
- Is a predictor of mortality.

D0700: Item Rationale (cont.)

Planning for Care

- Programs to increase residents' social engagement should be designed and implemented, while also taking into account individual needs (e.g., disability, language) and preferences (e.g., cultural practices).
- Assessing social isolation can facilitate the identification of residents who may feel lonely and therefore may benefit from engagement efforts.
- Resident engagement in social interactions and activities of interest can greatly enhance quality of life. A resident's individualized care plan should address activity planning if the resident states that they sometimes, often, or always feel lonely or isolated.

D0700: Definition – Social Isolation

NEW

Social Isolation

Refers to an actual or perceived lack of contact with other people, such as living alone or residing in a remote area.

D0700: Steps for Assessment

This item is intended to be a resident self-report item. No other source should be used to identify the response.

1. Ask the resident, "*How often do you feel lonely or isolated from those around you?*"

D0700: Coding Instructions

- **Code 0, Never:** if the resident indicates never feeling lonely or isolated from others.
- **Code 1, Rarely:** if the resident indicates rarely feeling lonely or isolated from others.
- **Code 2, Sometimes:** if the resident indicates sometimes feeling lonely or isolated from others.

D0700: Coding Instructions (cont.)

- **Code 3, Often:** if the resident indicates often feeling lonely or isolated from others.
- **Code 4, Always:** if the resident indicates always feeling lonely or isolated from others.
- **Code 7, Resident declines to respond:** if the resident declines to respond.
- **Code 8, Resident unable to respond:** if the resident was unable to respond.

Non-SDOH Data Elements
Section A: Identification Information

A2121

Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

Complete only if A0310H = 1 and A2105 = 02-12

Enter Code ☐

At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider?

0. **No** - Current reconciled medication list not provided to the subsequent provider → Skip to A2200, Previous Assessment Reference Date for Significant Correction
1. **Yes** - Current reconciled medication list provided to the subsequent provider

SKILLED NURSING FACILITY QUALITY REPORTING PROGRAM

A2121: Item Rationale

- The transfer of a current reconciled medication list at the time of discharge can improve care coordination and quality of care, and help subsequent providers reconcile medications, and it may mitigate adverse outcomes related to medications.
- Communication of medication information at discharge is critical to ensure safe and effective transitions from one health care setting to another.

A2121: Steps for Assessment

1. Determine whether the resident was discharged to one of the subsequent providers defined under Coding Tips, based on discharge location item A2105.
2. If yes, determine whether, at the time of discharge, your facility provided a current reconciled medication list to the resident's subsequent provider.

A2121: Coding Instructions

- **Code 0, No:** if at discharge to a subsequent provider, your facility did not provide the resident's current reconciled medication list to the subsequent provider, or the resident was not discharged to a subsequent provider.
- **Code 1, Yes:** if at discharge to a subsequent provider, your facility did provide the resident's current reconciled medication list to the subsequent provider.

A2121: Coding Tips

For the purposes of coding this item, a subsequent provider is based on the discharge locations in A2105 and defined as any of the following:

02. Nursing home (long-term care facility).
03. Skilled nursing facility (SNF, swing beds).
04. Short-term General Hospital (acute hospital, IPPS).
05. Long-Term Care Hospital (LTCH).
06. Inpatient Rehabilitation Facility (IRF, free standing facility or unit).
07. Inpatient Psychiatric Facility (psychiatric hospital or unit).
08. Intermediate Care Facility (ID/DD facility).
09. Hospice (home/non-institutional).
10. Hospice (institutional facility).
11. Critical Access Hospital (CAH).
12. Home under care of organized home health service organization.

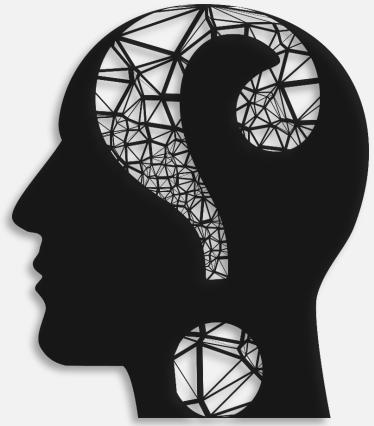
A2121: Coding Tips (cont.)

- While the resident may receive care from other providers after discharge from your facility, such as primary care providers, other outpatient providers, and residential treatment centers, these locations are not considered to be a subsequent provider for the purpose of coding this item.
- Your facility should be guided by current standards of care and any applicable regulations and guidelines (e.g., Requirements of Participation) in determining what information should be included in a current reconciled medication list.

Important Term

Current Reconciled Medication List

This refers to a list of the resident's current medications at the time of discharge that was reconciled by the facility prior to the resident's discharge.



A2121: Definition – Means of Providing a Current Reconciled Medication List

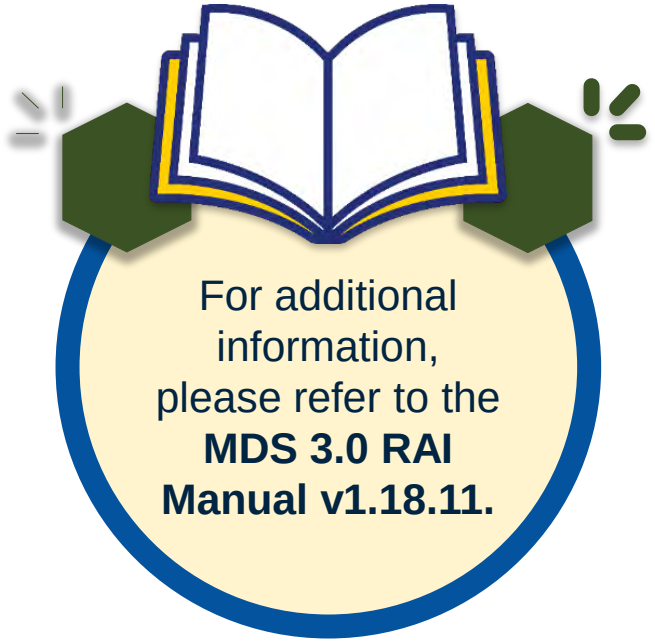
NEW

Means of Providing a Current Reconciled Medication List

Providing the current reconciled medication list at the time of transfer or discharge can be accomplished by any means, including active means (e.g., by mail, electronically, or verbally) and more passive means (e.g., a common electronic health record [EHR], giving providers access to a portal).

Additional Considerations for Important Medication List Content

- Other key elements may exist on a reconciled medication list, including but not limited to:
  - Demographic information.
  - Allergies and/or adverse reactions.
  - Special instructions.
  - Purpose or indication for use.
  - Current prescribed and over-the-counter medications.
- While this information serves as guidance, the completeness of the medication list is left to the discretion of the providers who are coordinating this care with the resident.



A2122

Route of Current Reconciled Medication List Transmission to Subsequent Provider

A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider

A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider

Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider.

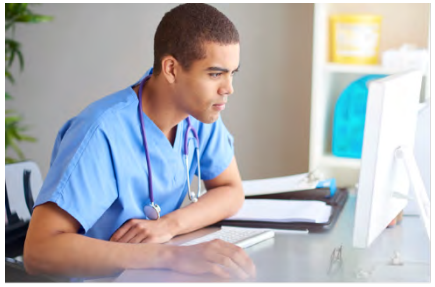
Complete only if A2121 = 1

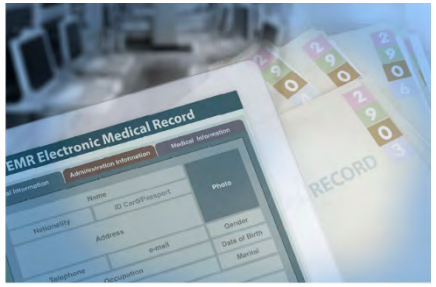
↓	Check all that apply Route of Transmission
☐	A. **Electronic Health Record**
☐	B. **Health Information Exchange**
☐	C. **Verbal** (e.g., in-person, telephone, video conferencing)
☐	D. **Paper-based** (e.g., fax, copies, printouts)
☐	E. **Other methods** (e.g., texting, email, CDs)

A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider (cont.)

The guidance below addresses coding **A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider**. Assessors should apply this same guidance to **A2124. Route of Current Reconciled Medication List Transmission to Resident**.

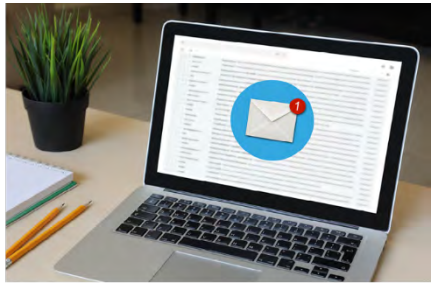
A2122: Item Rationale

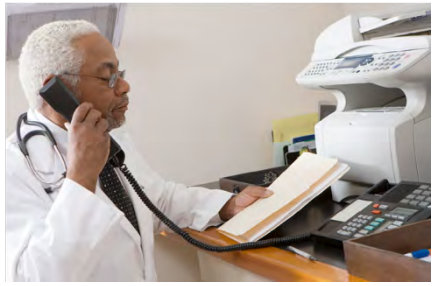




This item collects important data to monitor how medication lists are transmitted at discharge.

A2122: Steps for Assessment



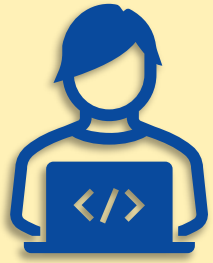


Identify all routes of transmission that were used to provide the resident's current reconciled medication list to the subsequent provider.

A2122: Definitions – Electronic Health Record and Portal

NEW

Electronic Health Record



An electronic health record (EHR), sometimes referred to as an Electronic Medical Record (EMR), is an electronic version of a resident's medical history that is maintained by the provider over time.

Portal

A portal is a secure online website that gives providers, residents, and others convenient, 24-hour access to personal health information from anywhere with an internet connection.

A2122: Coding Instructions

- Select the codes that correspond to the routes of transmission used to provide the medication list to the subsequent provider.
- **Check A2122A, Electronic Health Record:** if your facility has an EHR, sometimes referred to as an electronic medical record (EMR), and used it to transmit or provide access to the reconciled medication list to the subsequent provider.
  - This would include situations in which both the discharging and receiving provider have direct access to a common EHR system.
  - Checking this route does not require confirmation that the subsequent provider has accessed the common EHR system for the medication list.

A2122: Coding Instructions (cont. 1)

- **Check A2122B, Health Information Exchange:** if your facility participates in a Health Information Exchange (HIE) and used the HIE to electronically exchange the current reconciled medication list with the subsequent provider.
- **Check A2122C, Verbal:** if the current reconciled medication list information was verbally communicated (e.g., in-person, telephone, video conferencing) to the subsequent provider.

A2122: Coding Instructions (cont. 2)

- **Check A2122D, Paper-Based:** if the current reconciled medication list was transmitted to the subsequent provider using a paper-based method, such as a printout, fax, or eFax.
- **Check A2122E, Other Methods:** if the current reconciled medication list was transmitted to the subsequent provider using another method not listed above (e.g., texting, email, CDs).

A2122: Coding Tips

- The route of transmission usually is established with each subsequent provider, depending on how it is able to receive information from your facility.
- The route(s) may not always be documented in the resident's record.
- It will be helpful to understand and document how your facility typically transmits information to each subsequent provider at discharge to prepare for coding this item.
- More than one route of transmission may apply. Check all that apply.

A2123

Provision of Current Reconciled Medication List to Resident at Discharge

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Complete only if A0310H = 1 and A2105 = 01, 99

Enter Code ☐

At the time of discharge, did your facility provide the resident's current reconciled medication list to the resident, family and/or caregiver?

0. **No** - Current reconciled medication list not provided to the resident, family and/or caregiver → Skip to A2200, Previous Assessment Reference Date for Significant Correction
1. **Yes** - Current reconciled medication list provided to the resident, family and/or caregiver

A2123: Item Rationale

- Communication of medication information to the resident at discharge is critical to ensuring safe and effective discharges.
- The item, collected at the time of discharge, can improve care coordination and quality of care, aids in medication reconciliation, and may mitigate adverse outcomes related to medications.
- It is recommended that a reconciled medication list that is provided to the resident, family member, guardian/legally authorized representative, or caregiver use consumer-friendly terminology and plain language to ensure that the information provided is clear and understandable.

A2123: Steps for Assessment

1. Determine whether the resident was discharged to a home setting, 01, defined below under Coding Tips, or 99, Not Listed based on discharge location item A2105.
2. If yes, determine whether, at discharge, your facility provided the resident's medication list to the resident, family member, guardian/legally authorized representative, and/or caregiver.

A2123: Coding Instructions

- **Code 0, No:** if at discharge to a home setting (A2105 = 01) or a not listed location (A2105 = 99), your facility did not provide the resident's current reconciled medication list to the resident, family, guardian/legally authorized representative, and/or caregiver.
- **Code 1, Yes:** if at discharge to a home setting, your facility did provide the resident's current reconciled medication list to the resident, family, guardian/legally authorized representative, and/or caregiver.

A2123: Coding Tips

Resident, family, significant other, guardian/legally authorized representative and/or caregiver.

- The recipient of the current reconciled medication list can be the resident, family member, significant other, guardian/legally authorized representative, and/or caregiver in order to code 1, Yes, a current reconciled medication list was transferred.
- It is not necessary to provide the current reconciled medication list to all of these recipients in order to code 1, Yes.

A2124

Route of Current Reconciled Medication List Transmission to Resident

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Indicate the route(s) of transmission of the current reconciled medication list to the resident/family/caregiver.

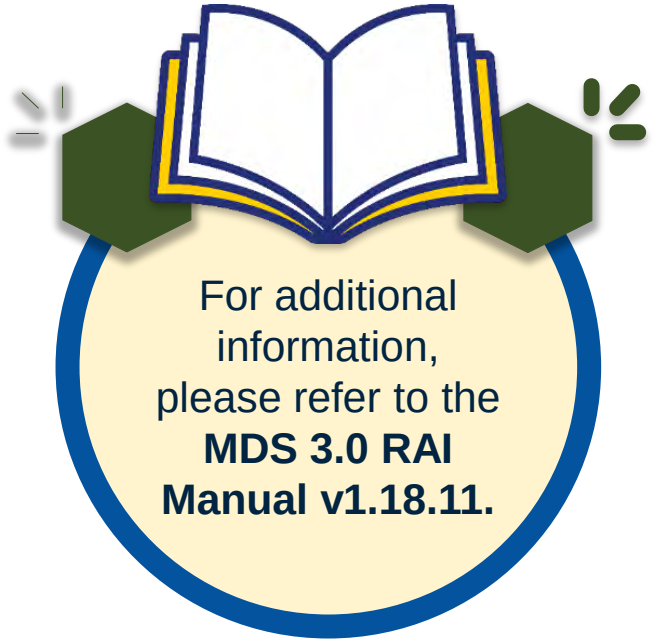
Complete only if A2123 = 1

↓ Check all that apply	Route of Transmission
☐	A. **Electronic Health Record** (e.g., electronic access to patient portal)
☐	B. **Health Information Exchange**
☐	C. **Verbal** (e.g., in-person, telephone, video conferencing)
☐	D. **Paper-based** (e.g., fax, copies, printouts)
☐	E. **Other methods** (e.g., texting, email, CDs)

SKILLED NURSING FACILITY QUALITY REPORTING PROGRAM

A2124: Reminder – Overlap of Instructions

- In A2124, the Item Rationale, Coding Instructions, and Coding Tips are the same as what was reviewed for **A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider**.
- The Step for Assessment in A2124 is the same as in A2122 except that it pertains to identifying all routes of transmission that were used to provide the resident's current reconciled medication list to the **resident, family member, significant other, guardian/legally authorized representative, and/or caregiver** rather than the subsequent provider.



Summary

- New/revised SDOH data elements were added in Sections A, B, and D of the RAI to conform to the 2011 Health and Human Services Data Standards.
- In addition, a series of non-SDOH data elements related to the transfer of health information were added.

Submitting Questions

If you have questions about this presentation, please submit them to PACTraining@EconometricaInc.com by June 2, 2023.

Select questions will be answered in Q&A sessions offered during the June 2023 virtual live event.