SPADES Items Coding Instructions and Care Planning Considerations

AGENDA

- What are SPADES?
- What is Health Equity?
- What is the IMPACT Act?
- What is the Annual Payment Update?
- Race and Ethnicity
- A1250: Transportation
- A 2121, A2122, A2123, A2124: Provision of Reconsiled Medication List
- B1300: Health Literacy

Standardized Patient Assessment Data Elements (SPADES)

- Part of the IMPACT Act requirement to establish a set of common assessment items collected on all post-acute care assessment tools
  - LTACHs
  - IRFs
  - SNFs
  - Home Health
- The items being added this year are referred to as Social Determinants of Health and advance CMS efforts to achieve health equity

Health Equity

- **Health equity** is defined as the attainment of the highest level of health for all people. Everyone has a fair and just opportunity to access their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.
- The Centers for Medicare & Medicaid Services (CMS) is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.
- CMS' strategy to advance health equity will address the health disparities that underlie our health system through stakeholder engagement and by building this pillar into the core functions of CMS. CMS' health equity strategy will build on the Biden-Harris Administration's commitment to advancing racial equity and support for underserved communities through the federal government, as described in President Biden's Executive Order 13985.

IMPACT Act and the Annual Payment Update

- Skilled Nursing Facility Quality Reporting Program (SNF QRP) (cms.gov)
- https://www.cms.gov/files/document/fy-2025-snf-qrp-apu-table-reporting-assessment-based-measures-and-standardized-patient-assessment.pdf
- Facilities are penalized for using dashes in items required under the IMPACT Act
  - 2% reduction to Medicare rates for the next fiscal year (rate year starting October 1) if the facility fails to report 100% of the required items (without using dashes) on at least 80% of all Medicare 5-day and Part A PPS Discharge assessments in the previous calendar year
  - Proposing to increase the threshold to 90%

Section A

- A1000: Race/ethnicity becomes two separate questions with more options
  - A1005 Ethnicity: Are you of Hispanic , Latino/a or Spanish origin?
    - See various answer options
  - A1010: Race: What is your race? Check all that apply.
    - See expanded answer options
- Answer options include resident unable to respond, resident declines to respond

Item Rationale

- The ability to improve understanding of and address ethnic and racial disparities in health care outcomes requires the availability of better data related to social determinants of health, including ethnicity.
- 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
- Collection of ethnicity and race data is an important step in improving quality of care and health outcomes.
- Standardizing self-reported data collection for ethnicity and race allows for the comparison of data within and across multiple post-acute-care settings

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” 2.
  - If the resident is unable to respond, the assessor may ask a family member, significant other, and/or guardian/legally authorized representative.

Steps for Assessment: Interview Instructions

- 3. Ethnic 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 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).

Examples

- 1. Resident R is admitted following an acute cerebral vascular accident (CVA) with mental status changes and is unable to respond to questions regarding their ethnicity. Their spouse informs the nurse that Resident R is Cuban.
  - Coding: A1005 would be coded as D. Yes, Cuban and X. Resident unable to respond. Rationale: If Resident R is unable to respond but their family, significant other, or legally authorized representative provided the response, code both that response and X. Resident unable to respond.
- 2. Resident K is admitted following a total hip arthroplasty and declines to respond when asked their ethnicity.
  - Coding: A1005, Ethnicity would be coded as Y. Resident declines to respond. Rationale: If a resident declines to respond to this item, code only Y. Resident declines to respond. Do not use other resources (family, significant other, or legally authorized representative or medical record documentation) to complete A1005, Ethnicity when a resident declines to respond.

Things to Think About

- Who will interview the resident and when?
- How can you use this information to ensure that you are providing trauma informed, culturally competent care?

A1250. Transportation

- A1250 Has lack of transportation kept you from medical appointments, meetings, work, or getting things needed for daily living?
  - Code only if A0310B = 1 PPS 5-day) or A0310G = 1 and A0310H = 1 (PPS interrupted stay or discharge)
  - A. Yes, it has kept me from medical appointments or getting medication
  - B. Yes, it has kept me from non-medical meetings, appointments, or work, or from getting things I need
  - C. No
  - X. Resident unable to respond
  - Y. Resident declines to respond

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

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.
- 3. If the resident is unable to respond, the assessor may ask a family member, significant other, and/or guardian/legally authorized representative.

Steps for Assessment: Interview Instructions

- 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).

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.

Coding Instructions

- 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.
- 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).

Things to Think About

- Who is going to interview the resident regarding transportation challenges on admission (to report on the PPS 5-day assessment)?
- Who will interview the resident at the end of the Medicare stay (for discharge planning purposes and to report on the End of the Part A stay assessment)?
- How will you use this information in developing the discharge plan?

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

- A2121 At the time of discharge to another provider, did your facility provide a current reconciled medication list to the subsequent provider?
  - Complete only if A031H = 1 (this is a Part A PPS Discharge)
  - 0. No – current reconciled medication list not provided to the subsequent provider -> skip to AA2200…
  - 1. Yes – Current reconciled med list provide to the subsequent provider
- Subsequent provider—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. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

- 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.
- Steps for Assessment
  - 1. Determine whether the resident was discharged to one of the subsequent providers defined below 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. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

- Coding Tips:
  - 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.
  - 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.
  - In the case of a standalone Medicare Part A PPS Discharge assessment (A0310A = 99, A0310B = 99, A0310F = 99, and A0310H = 1) with the resident staying on the same unit and with the same team of interdisciplinary professionals, code A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge as 1, Yes.

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

- Coding Tips:
  - In the case of a standalone Medicare Part A PPS Discharge assessment (A0310A = 99, A0310B = 99, A0310F = 99, and A0310H = 1) and the resident is moving to a different unit and/or interdisciplinary team (IDT), code A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge based on whether a member of the resident's IDT transferred the resident's current reconciled medication list to the subsequent unit and/or IDT
  - Information on the important content that may be included in a reconciled medication list is provided as guidance. This guidance does not dictate what information should be included in your facility's current reconciled medication list in order to code 1, Yes, that a current reconciled medication list was provided to the subsequent provider. The completeness of this reconciled medication list is left to the discretion of the providers who are coordinating this care with the resident. Examples of information that could be part of a reconciled medication list can be are provided on p. A-46

MEANS OF PROVIDING A CURRENT RECONCILED MEDICATION LIST

- DEFINITION:
  - 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).
  - A portal is a secure online website that gives providers, patients, and others convenient, 24-hour access to personal health information from anywhere with an Internet connection. Using a secure username and password, providers and patients can view health information such as current medications, recent doctor visits and discharge summaries.

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)
  - 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)
- 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. •
- 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

A2123: Provision of Current Reconciled Medication List to Resident at Discharge

- A2123 At the time of discharge to another provider, did your facility provide a current reconciled medication list to the resident, family and/or caregiver?
  - Complete only if A031H = 1 and A2105 = 01 (Home/community) or 99 (Not Listed)
  - 0. No – current reconciled medication list not provided to the subsequent provider -> skip to AA2200…
  - 1. Yes – Current reconciled med list provide to the resident, family and/or caregiver
- A2124 Route of Current Reconciled Medication List Transmission to Resident
  - 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)
  - Other Methods (e.g., texting, email, CDs)

Things to Think About

- What process will ensure that a reconciled medication list is provided to the subsequent provider and to the resident, family and/or caregiver at the end of each Medicare stay?
- Who will be responsible for this process?
- How will this be documented?

Section B

- B3100 Health Literacy: How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?
  - Complete on the NPE, on the NC complete only if A0310B = 1 0r A0310G = 1 and A0310H = 1
  - 0. Never
  - 1. Rarely
  - 2. Sometimes
  - 3. Often
  - 4. Always
  - 5. Resident declines to respond
  - 6. Resident unable to respond

B1300. Health Literacy

- Item Rationale 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.
- 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. Health Literacy

- Example 1. When asked how often they need help when reading the instructions provided by their doctor, the resident reports that they never need help. The resident's adult child is present and shares that a family member must always accompany the resident to doctors' visits and that the resident often needs someone to explain the written materials to them multiple times before they understand, providing examples of needing to frequently explain to the resident why they are on a special diet and why and how to take some of their medications.
- Coding: B1300, Health Literacy is coded as Code 0, Never.
- Rationale: The resident indicates they never need help reading instructions from their doctor or pharmacist. B1300, Health Literacy is intended to be a resident self-report item and no other sources, including family members/caregivers, should be used to identify the response to this item.
  - (Consider family input in discharge planning, however)

Things to Think About

- Who will interview the resident regarding health literacy at the end of the Medicare stay? When will this interview Occur?
- Where will this be documented?
- How will this information be used in developing the discharge plan?

About the Speaker

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