

FREE WEBINAR

TUE, JAN 14 | 1 PM CT

HOPE on the horizon

Clinical accuracy & practical strategies
for HOPE compliance in 2025



Thanks for joining us!
Stay tuned for a live giveaway



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HOSPICE

— YOUR SPEAKERS —



Lisa Selman-Holman

VP of Education & Quality
McBee, part of Netsmart



Michelle Horner

Manager - Clinical Consulting & Education
McBee, part of Netsmart

Agenda

- **Clinical Accuracy:** Understand the clinical elements of the HOPE Assessment, including correct scoring, documentation, and how these impact quality outcomes.
- **Submission Workflows:** Learn how to align your process with iQIES submission requirements and ensure timely, accurate reporting.
- **HOPE Compliance:** Identify tools and methods to support accurate documentation and regulatory compliance.

HOPE on the horizon in 2025

Let's get our acronyms straight...

- **HOPE** – Hospice Outcomes and Patient Evaluation
- **HUV** – HOPE Update Visit
- **SFV** – Symptom Follow-up Visit
- **iQIES** - Internet Quality Improvement and Evaluation System
- **QIES** - Quality Improvement and Evaluation System (old)
- **HCI** - Hospice Care Index
- **HVLDL** – Hospice Visits in Last Days of Life
- **CAHPS** – Consumer Assessment of Healthcare Providers & Systems

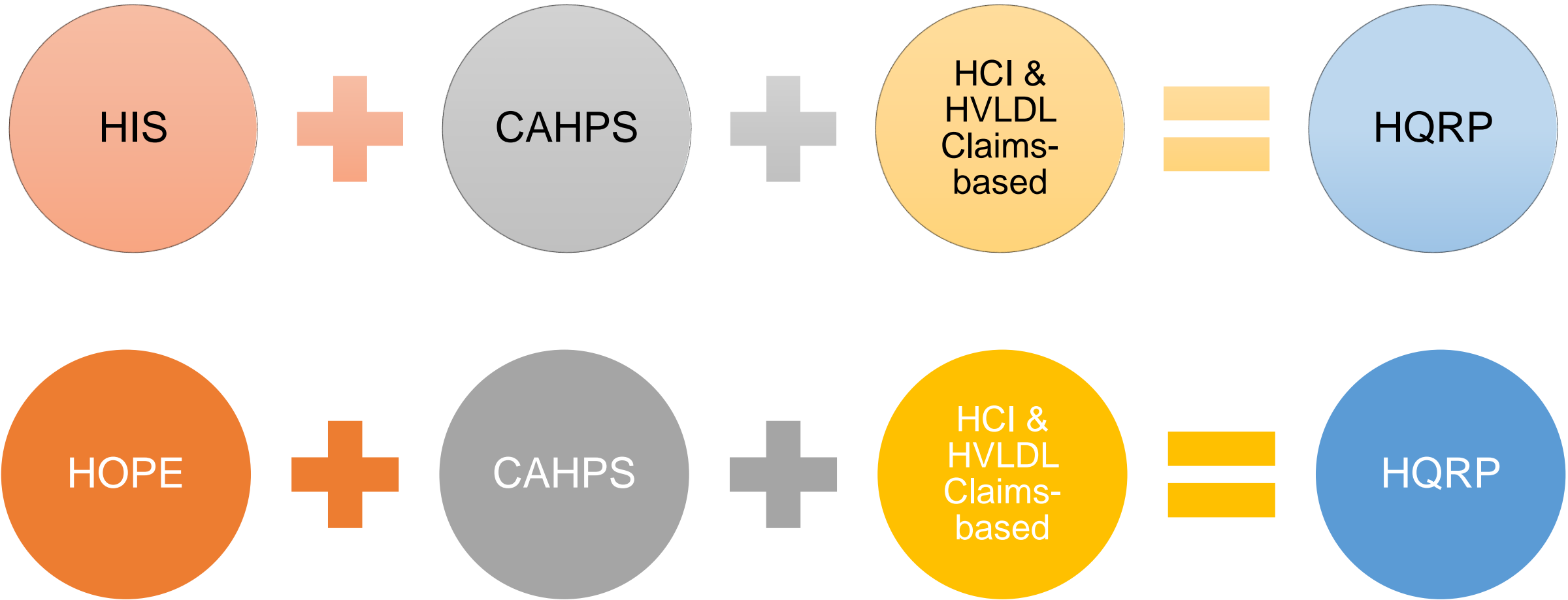
HOPE Purpose

Hospices will start using the HOPE tool on October 1, 2025

Primary objectives of HOPE are to:

- *provide quality data for HQRP requirements through standardized data collection*
 - *support survey, and certification processes*
 - *inform future payment and quality improvement refinements*
-
- Data collected at baseline, along with status changes and outcomes at other timepoints, will contribute to the updates to the hospice plan of care and support providers' quality improvement efforts
 - Quality measures based on the HOPE items are described in the HQRP Quality Measures (QM) User Manual

Changes in HQRP



Applicable Patients

Completion of HOPE records (formerly HIS) applies to all patient admissions to a Medicare-certified hospice program regardless of the following:

- Payer source (Medicare, Medicaid, or private payer)
- Patient age
- Where the patient receives hospice services, such as a private home, nursing home, assisted living, or hospice inpatient facility.
- Hospice LOS

3 Criteria Needed to Require a HOPE Assessment

There is a signed election statement (or other agreement for care)



The Patient did NOT Expire prior to the effective date



The hospice made a visit in the setting where hospice services are to be initiated



If all 3 are
true then
HOPE is
Required

If any of the criteria are false –
then HOPE NOT Required!

Example

Pt signed election statement Sunday, effective date Monday. Nurse went to patient's house Monday afternoon and pt expired prior to arrival.

- HOPE is NOT Required
- Even though pt signed election statement and survived to date of election, pt expired before visit could be made in the setting where services were to be provided

Consents signed on the admission date. The patient expired during the admission visit.

- HOPE IS Required
- The hospice should complete BOTH the Admission and Discharge record with any HOPE data collected during the assessment visit.
- HUV would not be expected

HOPE Data Submission

- ***Mandatory Vendor Partnership:*** Hospices currently use QIES or Hospice Abstraction Reporting Tool (HART) for submission. CMS will retire the HART, and **hospices will need to select a private vendor to submit HOPE data via iQIES.**
- **Vendor Selection Takes Time:** Partnering with a reliable vendor involves research, negotiation, onboarding, and training. Starting early ensures you're operationally ready by the October 1 deadline.

FY 2025 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, and Hospice Quality Reporting Program Requirements

- *64258 Federal Register / Vol. 89, No. 151 / Tuesday, August 6, 2024 / Rules and Regulations*
- c. Retirement of Hospice Abstraction Reporting Tool (HART)
- In 2014, CMS made a free tool (Hospice Abstraction Reporting Tool, or HART) available which providers could use to collect HIS data. Over time we observed that only a small percentage of hospices utilized the tool. Therefore, in light of the limited utility the free tool provided, we will no longer provide a free tool for standardized data collection. Beginning October 1, 2025, ***hospices will need to select a private vendor to collect and submit HOPE data to CMS.***

HOPE Implementation and Transition

Beginning October 1, 2025:

- HOPE data will replace HIS data for timely submission as a factor in determining a hospice's compliance.
- All data collected at the HOPE timepoints must be submitted and accepted on time.
- Submission to CMS will be done via iQIES
- The compliance threshold for HOPE records will remain at 90 percent.
- If not compliant looking at a 4% reduction in payment

- After October 1, 2025, hospices will only use HOPE for the collection of data. The HIS will no longer be accepted for new patients.
- ***For existing patients admitted prior to October 1, 2025, using the HIS data set, the only timepoint required is the HOPE-Discharge.***



HOPE is coming Oct. 1... are you ready?

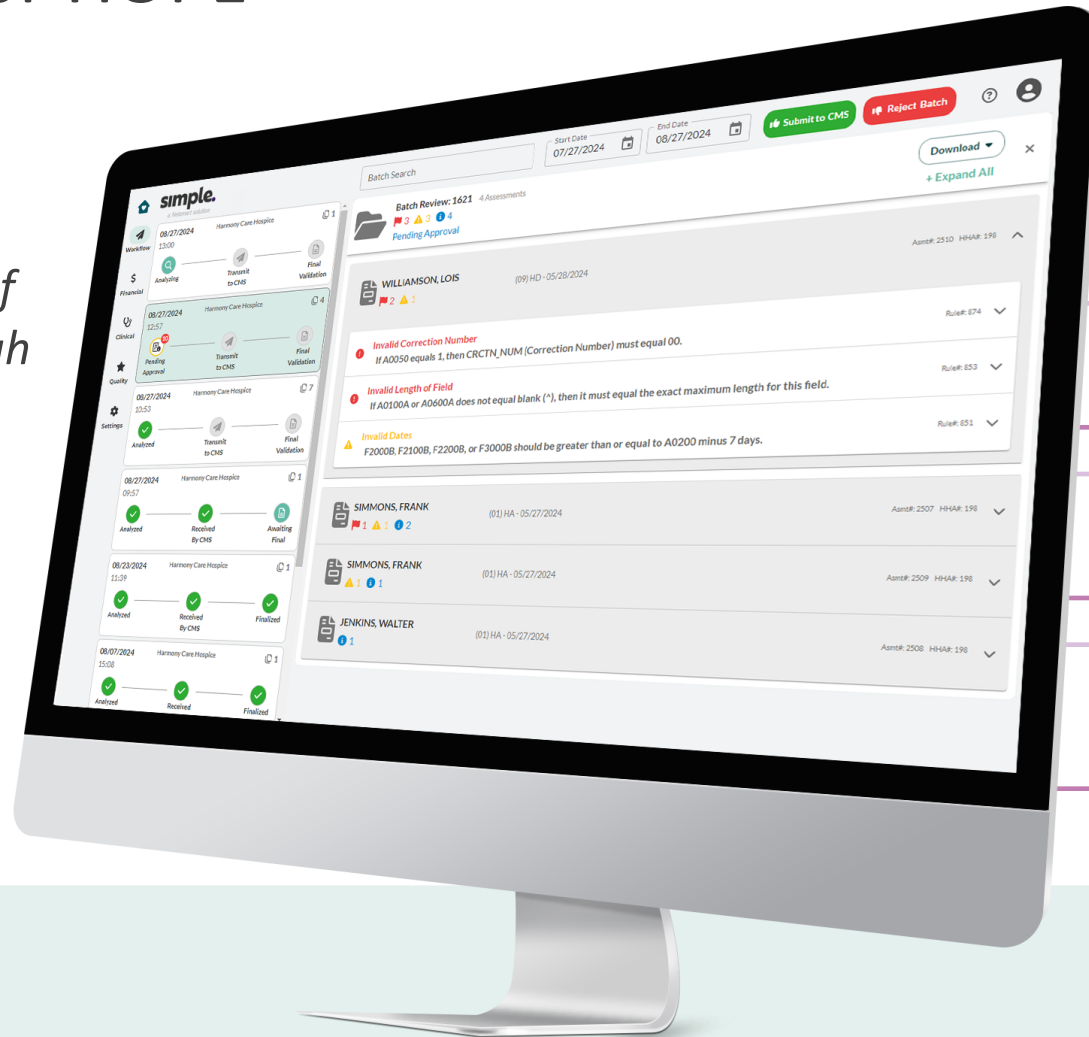
Don't risk losing 4% of your revenue – we can help you prepare for HOPE

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Simple supported thousands of skilled nursing facilities through a similar transition in 2023.

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HOPE assessment scrubbing

Submission validation tools

iQIES transition support

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Changes from HIS to HOPE

New data collection timepoints – the HOPE Update Visits (HUVs)

- Up to 2 HUVs are required, depending on length of stay.

- Section A. Administrative Information
 - New and updated items
- Section F. Preferences
 - No changes
- Section I. Active Diagnosis
 - Principal Diagnosis list has been expanded from 3 to 10 responses
 - New item to check all comorbidities that apply
- Section J. Health Conditions
 - New and updated items
- Section M. Skin Conditions
 - Three new items in **new section**
- Section N. Medications
 - No new items – but added to HUV time points
- Section Z. Record Administration
 - New item

HOPE Timepoint & Timeframe

HOPE Admission

Admission data is collected as part of the comprehensive assessment

No later than 5 calendar days after the effective date of hospice election

HOPE Update Visit 1 (HUV1)

HUV1 data is collected via an in-person visit to inform updates to the POC

HUV1 required btw days 6 and 15 of the hospice stay.
(not in first 5 days)

HOPE Update Visit 2 (HUV2)

HUV1 data is collected via an in-person visit to inform updates to the POC

HUV2 required on or between days 16 and 30 after the hospice election

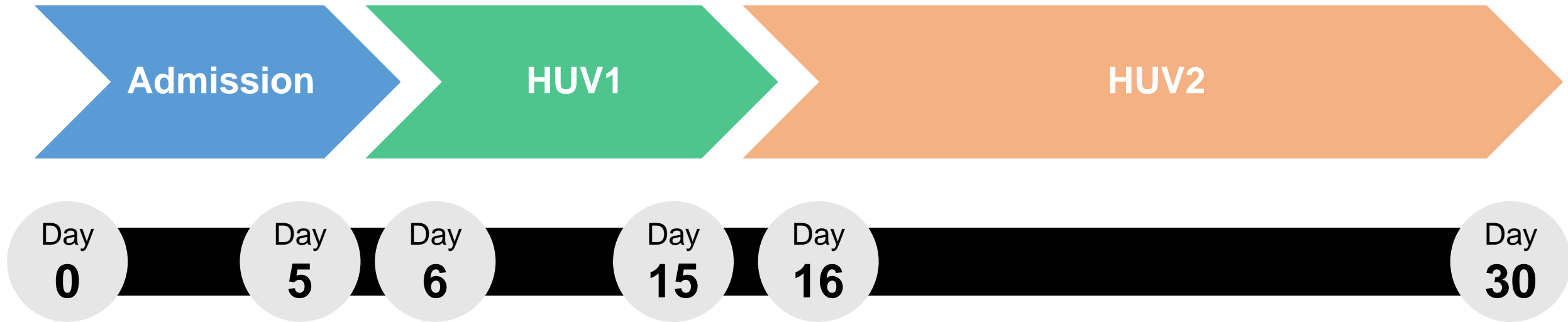
HOPE Discharge

Data is collected at Discharge for any reason listed in A2115

Required at the time of discharge

Date of hospice election is “Day 0”

HOPE Data Collection Timepoints



Discharge data is collected at the time of the discharge, regardless of day

HUV Timepoints

Date of hospice election is “Day 0”

HOPE Update Visit 1 (HUV1)

- HUV1 data is collected via an in-person visit to inform updates to the POC
- HUV1 required btw days **6** and **15** of the hospice stay (not in 1st 5 days).

HOPE Update Visit 2 (HUV2)

- HUV2 data is collected via an in-person visit to inform updates to the POC
- HUV2 required on or btw days **16** and **30** after the hospice election

Is HUV needed?

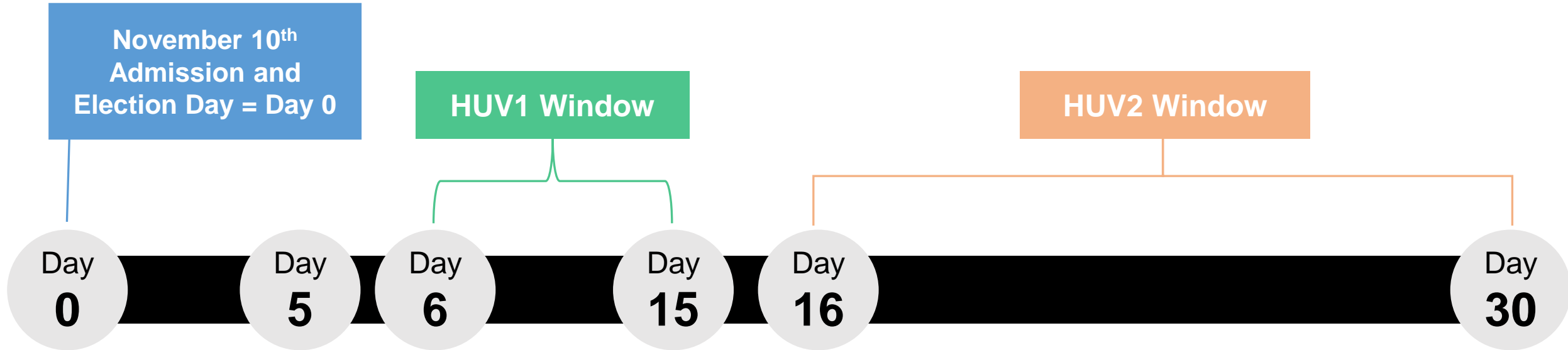
Scenario	If	Then	Rationale
Death/DC day 0 to 5	A0220 +5 - death or d/c	HUV1 NOT required	Too soon
Day 5 of hospice stay	A0220 +5 - alive	HUV1 NOT required	Too soon
Day 15 of hospice stay	A0220 +15 - alive	HUV1 IS required	HUV1 required days on or btw 6-15
Day 30 of hospice stay	A0220 +30 - alive	HUV1 & HUV2 IS required	HUV1 on or btw days 6-15 & HUV2 on or btw days 16-30
Death/DC day 10	A0220 +10 - death or d/c	HUV1 NOT required but is accepted if submitted	May or may not have done HUV1 yet. Due day 6-15.
Death/DC day 25	A0220 +25 - death or d/c	HUV1 IS required, HUV2 NOT required, but accepted if submitted	May or may not have done HUV2 yet. HUV2 due days 15-30.

HUV Example

Patient is admitted to hospice on November 10 and the RN conducts the initial assessment visit, completing the HOPE-Admission. When would the HUV1 be due?

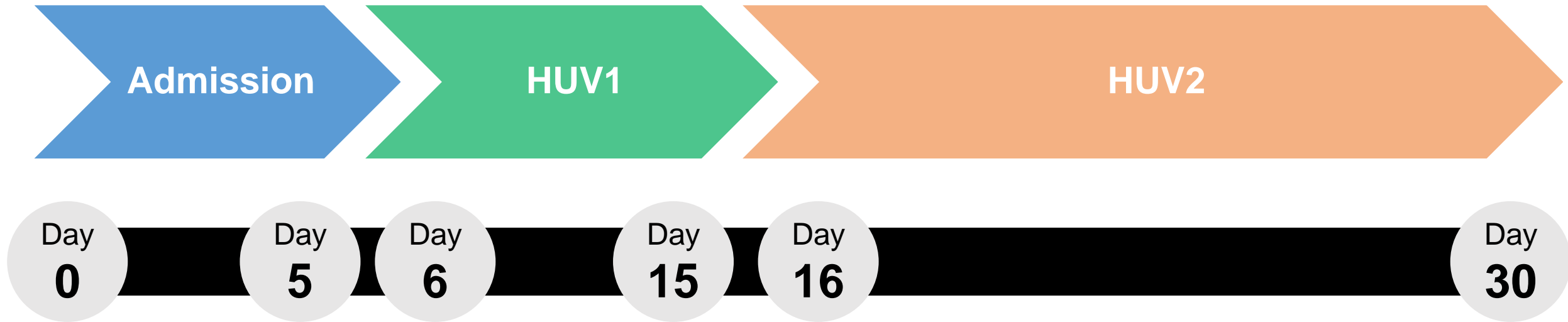
- A. Any day deemed applicable by the case manager
- B. Day 6-15
- C. Day 16-30
- D. After day 31

HUV Example



- **Instructions for HUV1 completion:** The HUV1 is required starting on November 16th.
- **Rationale:** HUV1 should occur on or between days 6 and 15 after the hospice election. Therefore, in this situation, the HUV1 is due no sooner than November 16th, and no later than November 25th. (A0220+6 to A0220 +15) Any visit to complete HUV1 within this timeframe is acceptable.

HOPE Data Collection Timepoints



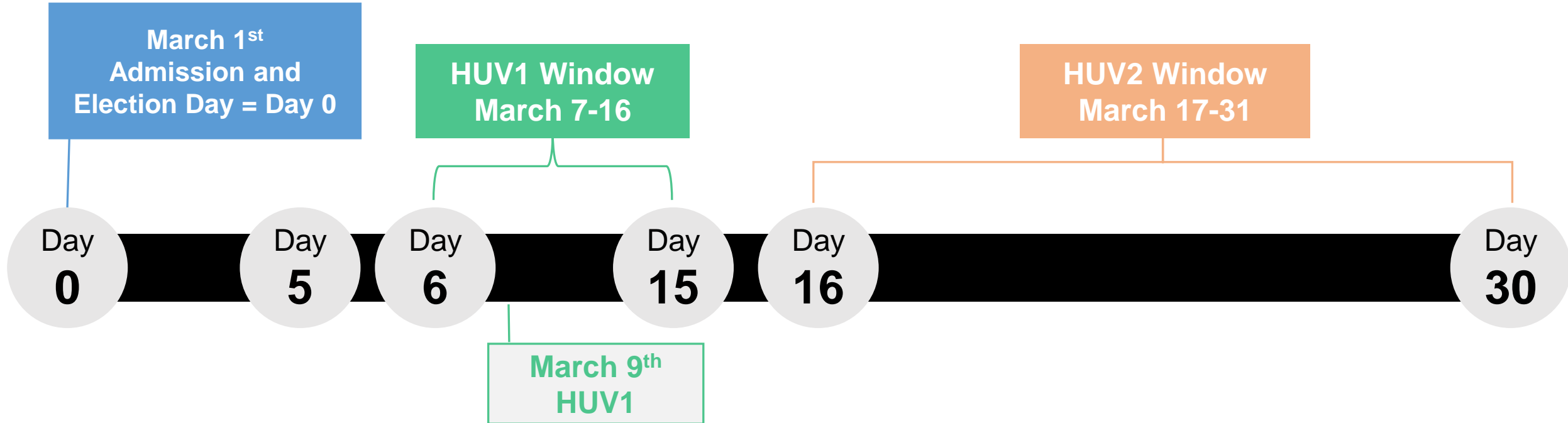
Discharge data is collected at the time of the discharge, regardless of day

HUV Example

Patient elected hospice on March 1. The patient remained on hospice throughout their illness and died on service 63 days later. HUV1 was completed on March 9. When should the HUV2 have been completed?

- A. Any day deemed applicable by the case manager
- B. Day 6-15
- C. Day 16-30
- D. Any day after day 31

HUV Example



- **Instructions for HUV2 completion:** HUV2 is due no sooner than March 17th and no later than March 31st. Any visit within that timeframe is acceptable to complete HUV2.
- **Rationale:** Since the patient remained on service for 63 days, HUV2 is required on or between days 16 and 30, after the date of the hospice election.(A0220+16 to A0220 +30)

SFV- Symptom Follow-up Visit

- During the Admission or HUV, data collected for the Symptom Impact item (J2051) may trigger the need for the Symptom Follow-up Visit (SFV)
- SFV is:
 - an **in-person visit**
 - expected within 2 calendar days (or later on the same day as Admission or HUV)
 - as a follow-up for any pain or non-pain symptom impact rated as moderate or severe on J2051.
- SFV must be a separate visit from the Admission or HUV – BUT is imbedded in the assessment item
- Up to three SFVs may be required over the course of the hospice stay depending on responses to J2051 at admission and HUVs.

Is SFV required?

If HOPE Admission or HUV	Then
-has at least 1 response to J2051 Symptom Impact scored as moderate or severe	Symptom Follow-up Visit (SFV) is required within two calendar days.
-has NO responses to J2051 scored as moderate or severe	SFV is NOT required.

A HOPE-SFV is an **in-person** visit expected when any pain or non-pain symptom impact (J2051 A through H) is rated as **moderate or severe (2 or 3)** when completing the HOPE-Admission or HUV.

J2051 is completed at Admission, HUV1 and HUV2 Timepoints

J2051. Symptom Impact

J2051. Symptom Impact	
Over the past 2 days, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from patient and/or caregiver). Symptoms may impact multiple patient activities including, but not limited to, sleep, concentration, day to day activities, or ability to interact with others.	
Coding:	
0. Not at all – symptom does not affect the patient, including symptoms well-controlled with current treatment	
1. Slight	
2. Moderate	
3. Severe	
9. Not applicable (the patient is not experiencing the symptom)	
	Enter Code
	↓
A. Pain	<input type="checkbox"/>
B. Shortness of breath	<input type="checkbox"/>
C. Anxiety	<input type="checkbox"/>
D. Nausea	<input type="checkbox"/>
E. Vomiting	<input type="checkbox"/>
F. Diarrhea	<input type="checkbox"/>
G. Constipation	<input type="checkbox"/>
H. Agitation	<input type="checkbox"/>

Symptom Follow-up Visit

J2052. Symptom Follow-up Visit (SFV) (complete only if any response to J2051 Symptom Impact = 2. Moderate or 3. Severe)

Enter Code

☐

Enter Code

☐

An in-person **Symptom Follow-up Visit (SFV)** should occur within 2 calendar days as a follow-up for any moderate or severe pain or non-pain symptom identified during Symptom Impact assessment at Admission or HOPE Update Visit (HUV).

A. Was an in-person SFV completed?

0. No — Skip to J2052C, Reason SFV Not Completed.

1. Yes

B. Date of in-person SFV — Complete and skip to J2053, SFV Symptom Impact.

Month

Day

Year

C. Reason SFV Not Completed — Skip to M1190, Skin Conditions.

1. Patient and/or caregiver declined an in-person visit.

2. Patient unavailable (e.g., in ED, hospital, travel outside of service area, expired).

3. Attempts to contact patient and/or caregiver were unsuccessful.

9. None of the above

J2053. SFV Symptom Impact

Since the last Symptom Impact assessment was completed, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from patient and/or caregiver). Symptoms may impact multiple patient activities including, but not limited to, sleep, concentration, day to day activities, or ability to interact with others.

Coding:

0. Not at all — symptom does not affect the patient, including symptoms well-controlled with current treatment

1. Slight

2. Moderate

3. Severe


9. Not applicable (the patient is not experiencing the symptom)

	Enter Code
	↓
A. Pain	<input type="checkbox"/>
B. Shortness of breath	<input type="checkbox"/>
C. Anxiety	<input type="checkbox"/>
D. Nausea	<input type="checkbox"/>
E. Vomiting	<input type="checkbox"/>
F. Diarrhea	<input type="checkbox"/>
G. Constipation	<input type="checkbox"/>
H. Agitation	<input type="checkbox"/>


SFV assessment findings will be reported in **J2052** and **J2053** on the original HOPE assessment where the symptoms were identified for submission to CMS

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SFV Example

During the admission visit, J2051 pain and nausea are both marked as severe. Interventions are implemented and the nurse returns the next day to complete an SFV. During the SFV the impact of the nausea has improved to mild and the pain is down to moderate. Is another SFV required?

- If there is evidence of ongoing moderate or severe symptoms during an SFV, NO additional SFV is required for the purpose of HQRP
- However, the hospice staff is expected to continue following up with the patient based on their clinical and symptom management needs.

SFV Example

During admission RN assesses J2051 Pain impact as severe, returns in 2 days for SFV. HUV1 is done on day 11, no further symptoms. HUV2 done on day 24 J2051 reveals pain severely impacting sleep, triggering another SFV. RN returns on day 25 to complete SFV. RN visits on day 26. Pt expires on day 27. Which timepoints are required to submit?

- Given the LOS for this patient, the HOPE-Admission and HUV1 are required to be completed and submitted.
- SFV is required when mod/severe symptoms at adm or HUV.
- The submission of HUV2 is optional because the patient died before day 30.
- However, since the HUV2 is complete, if the HUV2 record is submitted, this case will be accepted and ultimately count favorably towards the HQRP QM because the SFV was completed within two calendar days of the triggering HUV date.

SFV Requirements

- A SFV should be completed within 2 calendar days as a follow-up for any moderate or severe pain or non-pain symptom impact identified during an Admission or HUV timepoint.
- This may result in up to 3 SFVs per patient admission over the course of the hospice stay.
- Although multiple SFVs are not required for the purpose of the HQRP, it is expected that the hospice staff will continue to follow up with the patient based on their clinical and symptom management needs.

Timing Definitions

Admission Date (A0220)	<ul style="list-style-type: none">• Date hospice becomes responsible for care of patient• Is the effective date of hospice election or re-election• Effective date may be 1st day of care or later but no earlier than the date of election statement
Discharge Date (Item A0270)	<ul style="list-style-type: none">• Date pt leaves the hospice• If expired = death date• Live DC = date pt revoked hospice benefit or date hospice dc'd the pt
Date Assessment Completed (Z0350)	<ul style="list-style-type: none">• Date clinician signs once they have conducted their assessment, collected information for HUV, including any applicable SFV
Record Completion Date (Z0500B)	<ul style="list-style-type: none">• Actual date hospice verifies the info to be submitted in HOPE is complete.• Date all required info has been collected and documented and staff have signed and dated that the record is complete

Completion Goals

Completion goals are the latest possible date that a provider is encouraged to complete a HOPE record.

Admission
record – no later
than the
Admission Date +
14 calendar days.

HUV records – no later
than the date the HUV
assessment was
completed (Z0350) +
14 calendar days.

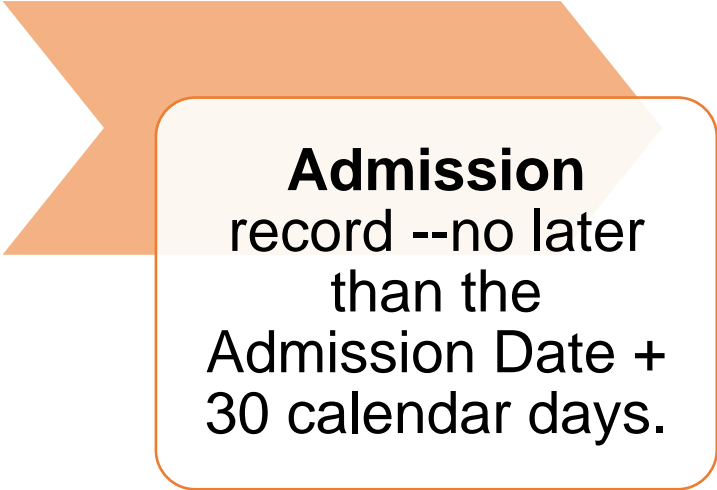
Discharge record –
no later than the
Discharge Date + 7
calendar days.

Submission Date

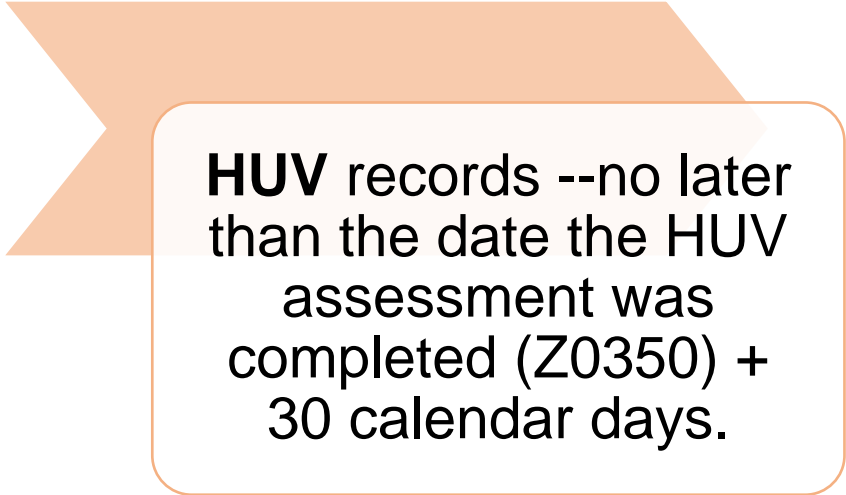
- The submission date is defined as the date on which the completed record was submitted to CMS.
- The submission date should be no later than the submission deadline.

Submission Deadline

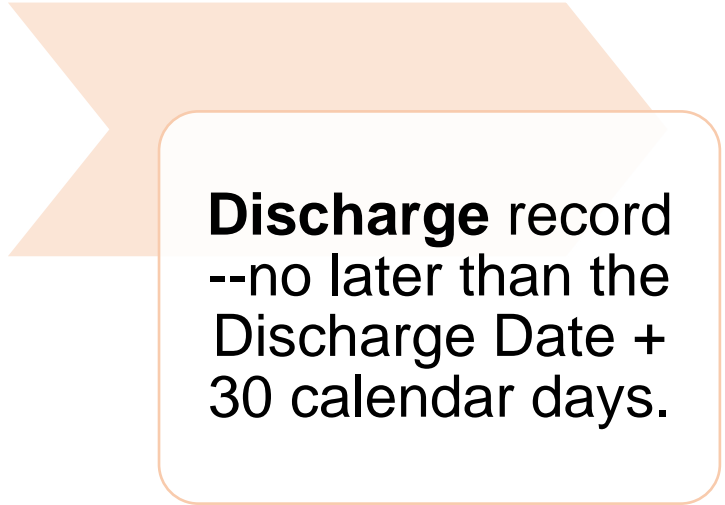
Submission deadline is defined as the latest possible date on which the HOPE record should be submitted to and accepted by CMS.



Admission
record --no later
than the
Admission Date +
30 calendar days.



HUV records --no later
than the date the HUV
assessment was
completed (Z0350) +
30 calendar days.



Discharge record
--no later than the
Discharge Date +
30 calendar days.

Date Summary

Hope Timepoint	Date	Assessment Timeframe	Record Completion Goal	Record Submission Deadline
Admission	Admission Date A0220	Within 5 days of admission	No later than the Admission Date A0220 + 14 days	No later than the Admission Date A0220 + 30 days
HUV1	HUV1 Date Z0350	On or btw day 6 and 15	No later than the HUV1 Date Z0350 + 14 days	No later than the HUV1 Date Z0350 + 30 days
HUV2	HUV2 Date Z0350	On or btw day 16 and 30	No later than the HUV2 Date Z0350 + 14 days	No later than the HUV2 Date Z0350 + 30 days
Discharge Assessment	Discharge Date A0270	At the time of discharge	No later than DC Date A0270 + 7 days	No later than DC Date A0270 + 30 days

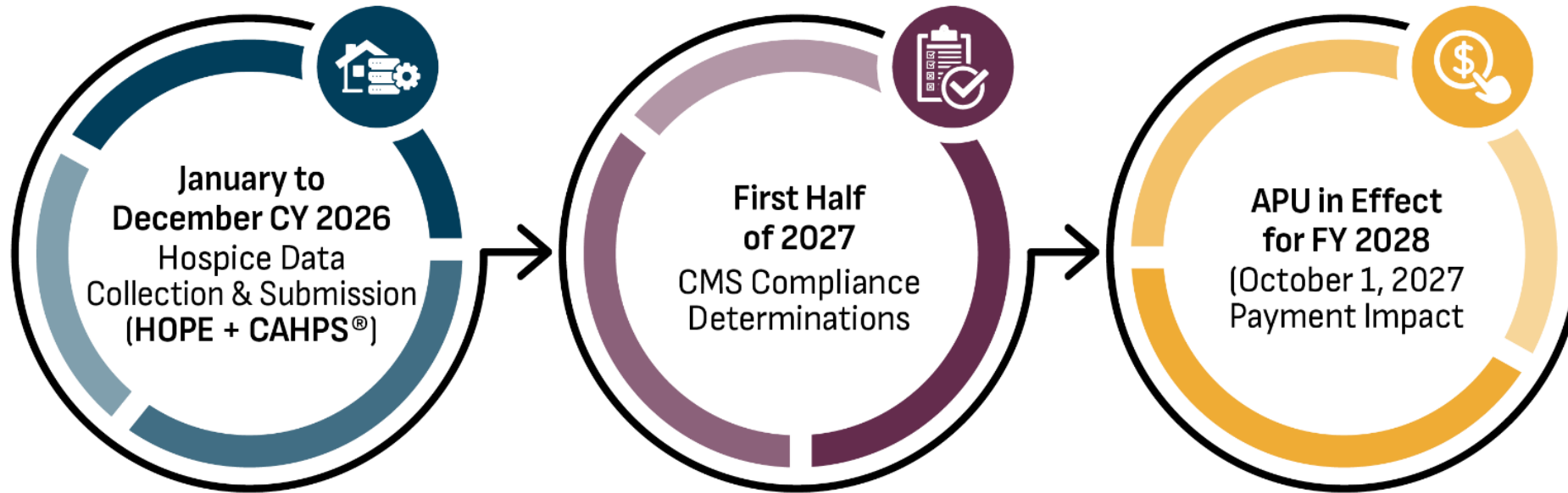
HQRP Compliance Criteria

- HQRP includes data submitted by hospices through:
 - the HOPE tool
 - Medicare hospice claims
 - Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey.
- All Medicare-certified hospice providers must comply with these reporting requirements.
- Noncompliance with reporting requirements for any given reporting period will result in an APU reduction of **4 percentage points** for the corresponding FY.
- Specific criteria for determining compliance with HQRP requirements are proposed and finalized through the federal rulemaking cycle.

HQRP Compliance Criteria

- The HQRP is currently a “pay-for-reporting” program, meaning that the act of submitting and the acceptance of the required HOPE data determines compliance with HQRP requirements.
- Timely submission of HOPE data is a factor in determining a hospice’s compliance with the HQRP requirements and APU determinations.
- To be compliant for the FY 2028 APU reporting year and all subsequent reporting years, providers must submit at least 90% of their HOPE records per the 30-day submission deadline specified in Chapter 3, Section 3.3. Timing and Sequence Policies.

Compliance with HQRP Requirements and Annual Payment Update (APU)



- HQRP activities operate on a cycle of data collection and submission, compliance determinations, and payment impact.
- This is the HQRP FY reporting cycle. The data collected will impact hospice payments two years later.

ACT NOW!

Do Not wait until October!

- **Avoid Financial Penalties:** Non-compliance with the 90% submission threshold will directly impact reimbursement, resulting in a **4% reduction in payment**. This could significantly impact your agency's financial stability
- **Training and Process Change** - The HOPE Assessment introduces a more comprehensive framework compared to HIS. Your team will need adequate time to train on the new assessment and adapt workflows to meet submission requirements.
 - Plan education ASAP - <https://web.cvent.com/event/6bed4d69-f380-4a91-a89d-d09a2386926a/summary>
- **Vendor Selection Takes Time:** Partnering with a reliable vendor involves research, negotiation, onboarding and training. Starting early ensures you're operationally ready by the Oct 1 deadline. Do NOT try to do this yourself.
- **Compliance Impacts Quality Reporting:** HOPE submissions will influence public-facing quality metrics. Non-compliance or inaccuracies could harm your agency's reputation and marketability.

Take your HOPE training to the next level

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LIVE WEBINAR

HOPE Assessment Essentials: *Preparing Your Hospice Team for Success*

Wednesday, Jan. 22 | 1:00 p.m. ET

REGISTER NOW



Lisa Selman-Holman

VP, Education & Quality,
McBee



Michelle Horner

Manager, Clinical Consulting &
Education, McBee

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learn more!*



Meet with us!



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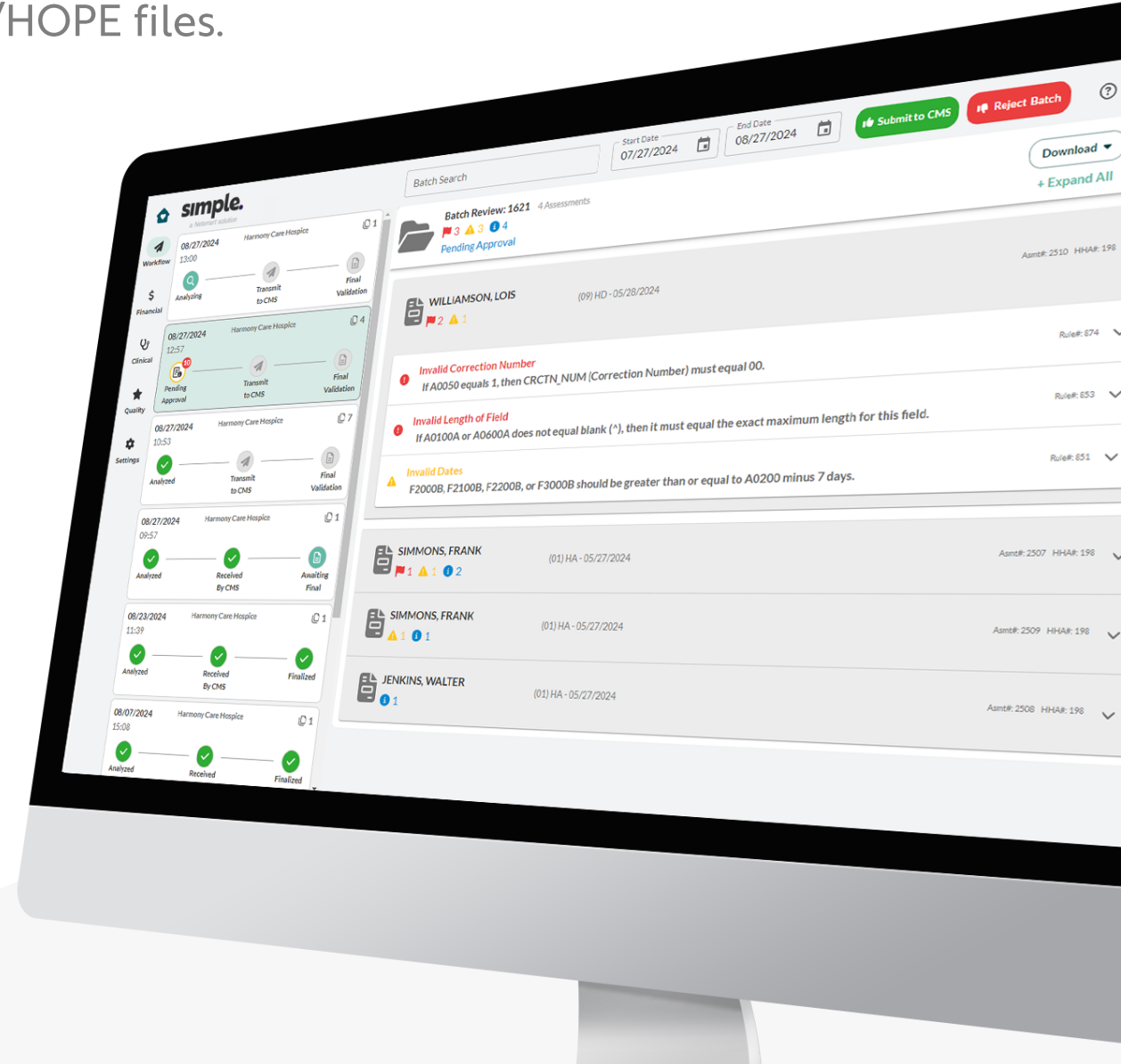
One simple solution to analyze, scrub and submit HIS/HOPE files.

- Simplified HIS/HOPE submission
- HIS/HOPE assessment scrubbing
- Unlimited number of users

HIS & HOPE
compliance
made simple.



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A stylized illustration of a red sailboat with a red and white striped sail, positioned on a green, rounded hill. A large, bright yellow sun is in the top left corner against a light blue sky. The overall style is simple and illustrative.

QUESTIONS

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HOSPICE



Thanks for joining us!

Recording & slides available here:
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