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Learning Objectives

- Discuss the regulatory requirements related to the HOPE assessment tool

- Explain the anatomy of the HOPE assessment tool

- Describe methods for ramping up for the implementation of the HOPE tool

HOPE Assessment Tool

- Hospice Outcomes and Patient Evaluation (HOPE)

- CMS began development in 2019

- The name HOPE was confirmed in the FY 2020 Hospice Final Rule

- **Principal goals of the tool**

  - Provide quality data for Hospice Quality Reporting Program (HQRP) requirements through standardized data collection

  - Provide additional clinical data that could inform future payment refinements

Final FY 2025 Payment Update Rule

- CMS finalized the HOPE assessment tool

- Implementation is scheduled for **October 1, 2025**

- HOPE will replace the Hospice Item Set (HIS)

- Public reporting of the first two HOPE-related quality measures will be no earlier than CY 2028

HOPE Objectives

- To provide assessment-based quality data to enhance the HQRP through standardized data collection

- To provide a better understanding of patient care needs, contribute to the patient's plan of care

- To provide additional clinical data that could inform future payment refinements

HOPE Objectives (cont.)

- HOPE will provide hospices with information to help them identify opportunities to adjust their practices and improve patient- and agency-level decisions about the care they provide

- Patients and their families will be more informed about the hospice they choose based on potential public reporting of the HOPE assessment-based quality measures

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Assessment With HOPE

● HOPE v1.0 will contain demographic, record processing, and patient-level standardized data elements

● While HOPE data elements contribute to the assessment, they do not replace a thorough and ongoing assessment of each patient, nor do they replace clinical practice and clinical judgment

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§418.54 Comprehensive Assessment Content

- No changes to this federal Condition of Participation

- **Content includes**

  - The nature and condition causing admission (including the presence or lack of objective data and subjective complaints)

  - Complications and risk factors that affect care planning

  - Functional status, including the patient's ability to understand and participate in their own care

  - Imminence of death

  - Severity of symptoms

  - Drug profile

  - Bereavement

  - The need for referrals and further evaluation by appropriate health professionals

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HIS and HOPE

- Both tools are interdisciplinary

- CMS retained key items from the HIS in HOPE v1.0, but many of these items are expanded

- **HIS**

  - Retrospective clinical; record abstraction at admission and discharge to determine if hospices performed care processes

- **HOPE**

  - Items are designed to collect patient-specific data in **real time**, based on interactions with the patient and family/caregiver, and with flexibility to accommodate patients with varying clinical needs

  - HOPE contains a standardized set of items to capture patient-level data on each hospice patient

Data Submission

- At the time of implementation, all HOPE records would need to be submitted as an XML file (the same as for the HIS)

- CMS posted the data specifications and scheduled a call for software developers on 11/19/2024

Training and Updates Related to HOPE

HOPE Guidance Manual
- The final HOPE Guidance Manual v1.0 is available on the HQRP HOPE webpage for review. This guidance manual offers hospices direction on the collection and submission of hospice patient stay data to CMS to support the HQRP quality measures.
- https://www.cms.gov/files/document/draft-hope-guidance-manualv100.phttps://www.cms.gov/files/document/hope-guidance-manualv100.pdfdf

HOPE Data Collection Timepoints Explainer Video
- A brief explainer video, Hospice Outcomes and Patient Evaluations (HOPE) Data Collection Timepoints, is now available for hospice providers. This resource can be accessed through the HQRP Training and Education Library.

HOPE Tool Web-Based Training
- A new web-based training course, **Introducing the Hospice Outcomes and Patient Evaluation (HOPE) Tool** is now available for hospice providers. This resource can be accessed through the HQRP Training and Education Library.

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HOPE Compliance

- All Medicare-certified hospice providers must comply with reporting requirements

- The compliance threshold for HOPE record submission (and acceptance) is 90%

- If the threshold is not met or no data is submitted, the provider will be subject to a 4% payment deduction in the coordinating APU year (pay for reporting)
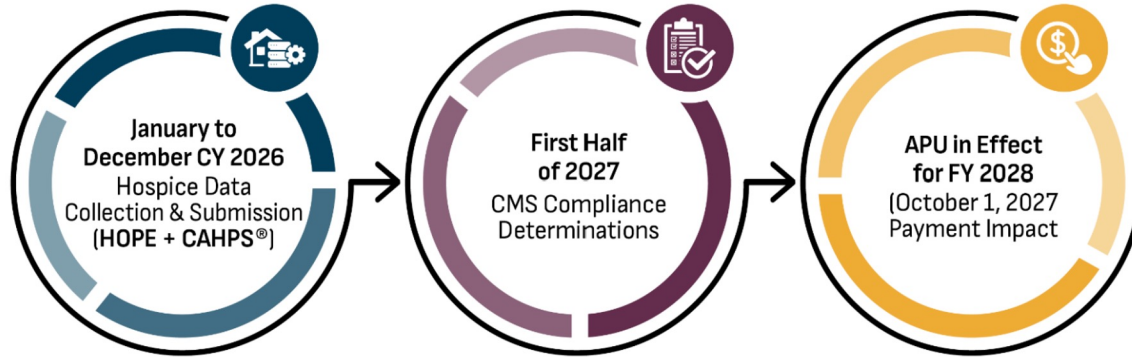

Figure: HQRP Compliance and Payment Impact. Hospice Outcomes and Patient Evaluation (HOPE) Guidance Manual - v1.0 Final

HOPE Administration Timepoints

- Hospices are required to submit up to four records for each patient admitted to their organization

  - HOPE-Admission record

  - Up to two HOPE Update Visits (HUVs): depending on patient length of stay

  - A HOPE-Discharge record

- HOPE data are collected during the hospice's routine clinical assessments and are based on unique patient assessment visits

- Not all HOPE items are completed at every timepoint

Description of Timepoints

Timepoint	Definition	Timeframe
Admission	The HOPE-Admission data are collected as part of the comprehensive assessment of the patient	No later than 5 calendar days after the effective date of the hospice election
HOPE Update Visit 1 (HUV1)	The data for HUV1 are collected via an in-person visit to inform updates to the plan of care	• Required on or between days 6 and 15 of the hospice stay and should not be completed within the first 5 days after the hospice election • The date of the hospice election would be considered "Day 0"
HOPE Update Visit 2 (HUV2)	The data for HUV2 are collected via an in-person visit to inform updates to the plan of care	HUV2 is required on or between days 16 and 30 after the hospice election
Discharge	The data are collected at discharge for any reason listed in A2115	At the time of discharge

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HOPE Data Collection Timepoints

Admission	HUV1	HUV2

| Day 0 | Day 5 | Day 6 | Day 15 | Day 16 | Day 30 |

Discharge data are collected at the time of the discharge

Figure: HQRP Compliance and Payment Impact. Hospice Outcomes and Patient Evaluation (HOPE) Guidance Manual - v1.0 Final

Symptom Follow-Up Visit (SFV)

- **During the admission visit or HUV**

  - Assessment data collected for the symptom impact item may trigger the need for the Symptom Follow-Up Visit (SFV)

  - The SFV is an **in-person visit** expected **within two calendar days** as a follow-up for any pain or nonpain symptom impact rated as moderate or severe

  - The SFV must be a separate visit from the admission or HUV

  - It may occur anytime within two calendar days or later on the same day as the assessment where an admission or HUV was completed

  - Depending upon responses to J2051 (Symptom Impact) at admission and at the two HUV time points, up to three SFVs may be required over the course of the hospice stay

  - The SFV item for symptom follow-up may be completed by either an RN or an LPN/LVN

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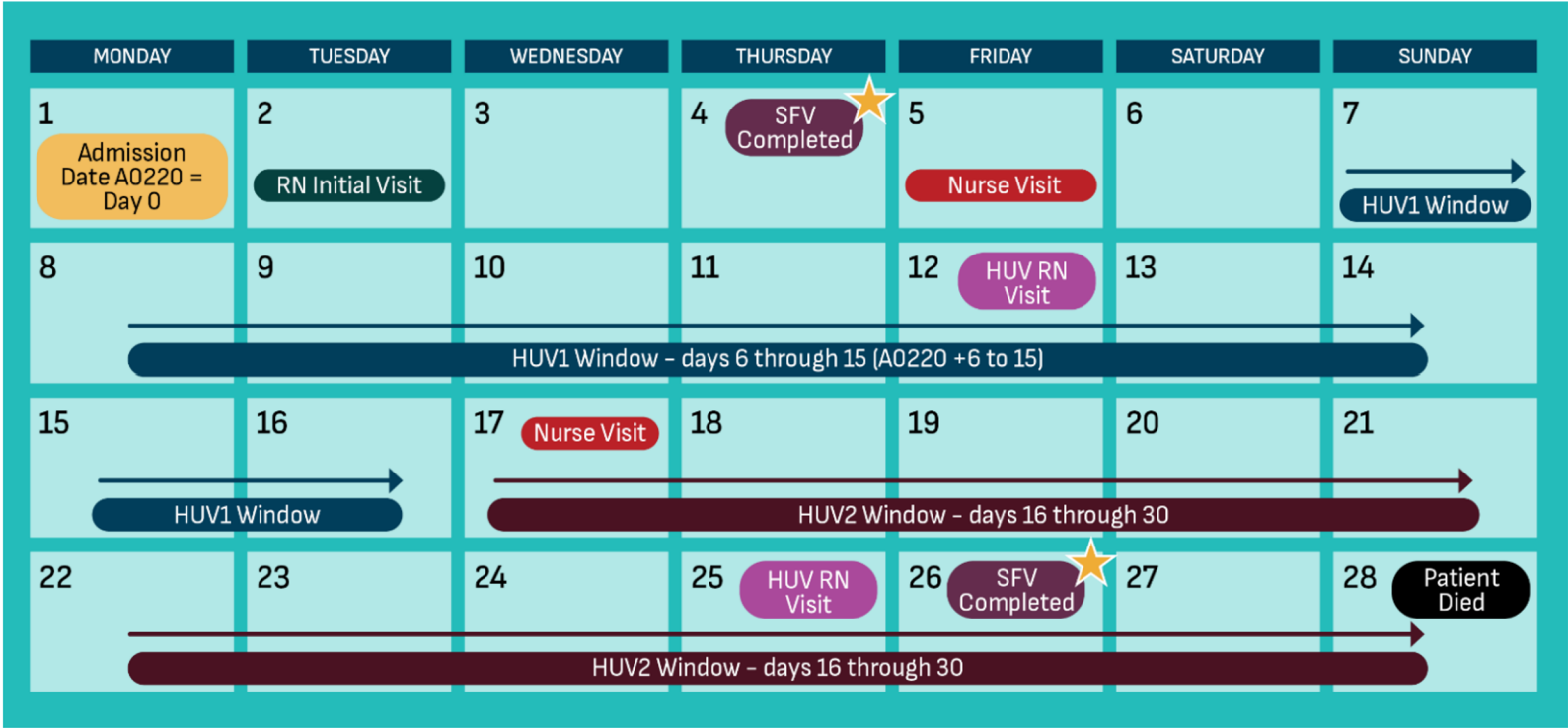# HOPE Administration Time Points (Example)

Figure: HQRP Compliance and Payment Impact. Hospice Outcomes and Patient Evaluation (HOPE) Guidance Manual - v1.0 Final

HOPE Assessment Tool General Conventions

- All Medicare-certified hospice providers are required to submit data on all patient admissions (hospice quality reporting is at the CCN level)

- 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

- HIS records are submitted through 9/30/2025

- HOPE records are submitted beginning 10/1/2025

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Patient Transfers

- Patient care transfers or changes from one hospice to another (different CCNs)

  - Each hospice should complete a HOPE-Admission, HOPE Update Visit records (as applicable), and a HOPE-Discharge record for the care provided to the patient by their organization (transferring hospice)

  - When the transferring hospice completes its HOPE-Discharge, "transferred to another hospice," should be selected as reason for discharge

Traveling Patients

- **Scenario 1: home hospice discharges patient**
  - Home hospice: discharge record
  - New hospice: admission record
- **Scenario 2: traveling contract in place**
  - If there is no discharge by the home hospice, then the home hospice is not required to submit a HOPE-Discharge record when the patient travels out of the home hospice's service area
  - Relatedly, the host hospice would not need to submit a HOPE-Admission or HOPE-Discharge record for a traveling patient for whom they are providing services under a written agreement with the home hospice

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Administrative Discharges

- **Change in patient's payer source**

  – A private-pay patient becomes eligible for Medicare during the hospice stay; the hospice completes an "administrative" discharge and readmits the patient for billing purposes

- **Missed face-to-face requirement**

  – The hospice "administratively" discharges the patient, but the patient remains on service

  – The patient remains under hospice care with no interruption in hospice service, and completion of a HOPE-Discharge record is not required

Who May Complete the HOPE Assessment?

- Some of the data elements are to be collected during routine clinical assessment visits, while other data may be extracted from the clinical record by hospice staff, including volunteers, contractors, and affiliates

- HOPE may be completed by any appropriate hospice staff member, based on the data being collected, such as the registered nurse (RN) for HOPE items requiring a skilled nursing assessment

- Per the hospice CoPs, (418.114 Conditions of Participation), it is at the discretion of the hospice to determine who can accurately complete HOPE

HOPE Assessment Tool Sections

- **Section A:** Administrative Information

- **Section F:** Preferences

- **Section I:** Active Diagnoses

- **Section J:** Health Conditions

- **Section M:** Skin Conditions

- **Section N:** Medications

- **Section Z:** Record Administration

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Record Completion

- **Section Z:** Record Administration

  - Items in this section contain the signatures of individuals completing HOPE and the signature of the individual verifying HOPE record completion

- **Chapter 3:** Submission and Correction of Hope Records

  - This chapter details the submission and correction process for HOPE records and requirements for data submission by hospices for the HQRP starting October 1, 2025

  - Hospices must complete and submit required HOPE records to CMS

  - Each provider must create electronic HOPE records and submission files using software that creates files that meet the requirements detailed in the current HOPE data submission specifications, available on the CMS HQRP website

  - Providers must register for an account in the CMS system and request a user role

    - Additional details are available on the QIES Technical Support Office (QTSO) website at **https://qtso.cms.gov/**

HOPE Resources

- Hospice Outcomes and Patient Evaluation (HOPE) Guidance Manual - v1.00

- HOPE-v1.00_All-Item_508c (PDF)

- HOPE-v1.00_Admission_508c (PDF)

- HOPE-v1.00_HOPE-Update-Visit_508c (PDF)

- HOPE-v1.00_Discharge_508c (PDF)

- HOPE Draft_HOPE_v1.00_All_Item_Mockup (PDF)

- HOPE Data Collection Timepoints Explainer Video

- **CMS-HQRP**

  – https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting

- **CMS-HOPE**

  – https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HOPE
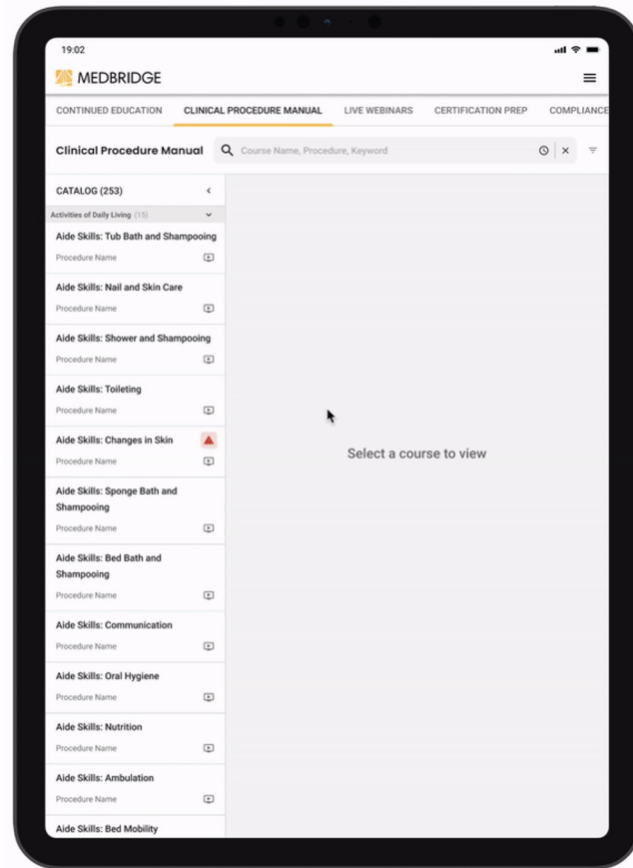
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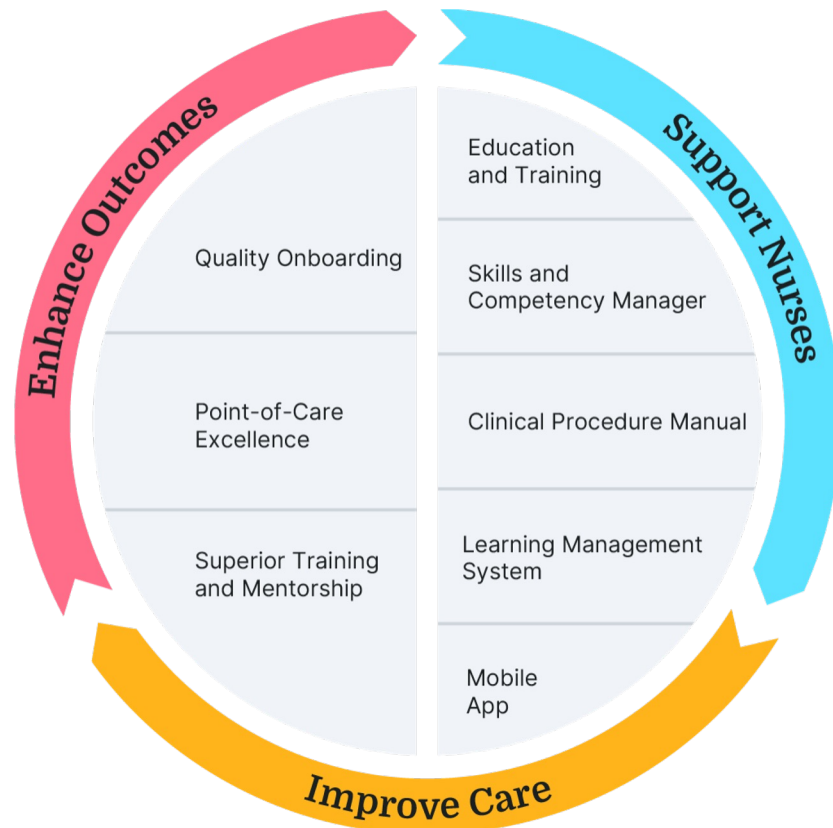
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COMING SOON!

Hospice HOPE Series by Jennifer Kennedy, EdD, MA, BSN, RN, CHC

- An Overview of the Hospice HOPE Assessment Tool

- HOPE Assessment Tool Administrative Content Completion

- HOPE Assessment Tool Interdisciplinary Content Completion

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