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HOSPICE

HOPE on the Horizon:
Prepare Your Hospice for the Future of Quality Reporting

Chris Gallarneau
Senior Education Consultant

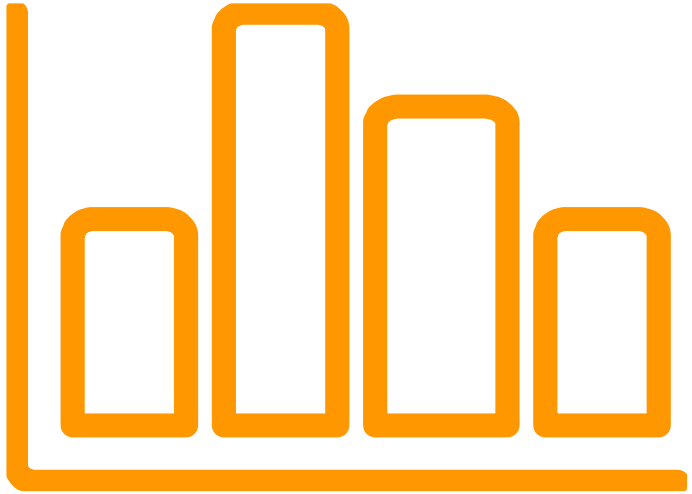
Today's Speaker

Chris Gallarneau

Senior Education Consultant

MAC LEGACY

Quick Poll



Objectives

- **HQRP**
- From HIS To HOPE

- **HOPE**
- Key Components of The HOPE Assessment Tool.

- **IMPACT**
- Strategies For Success.

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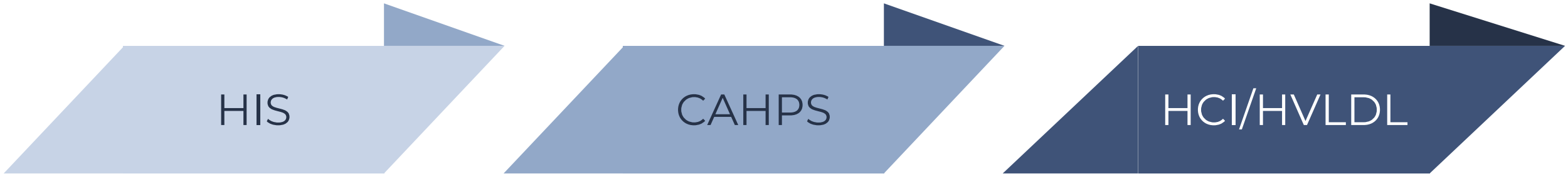
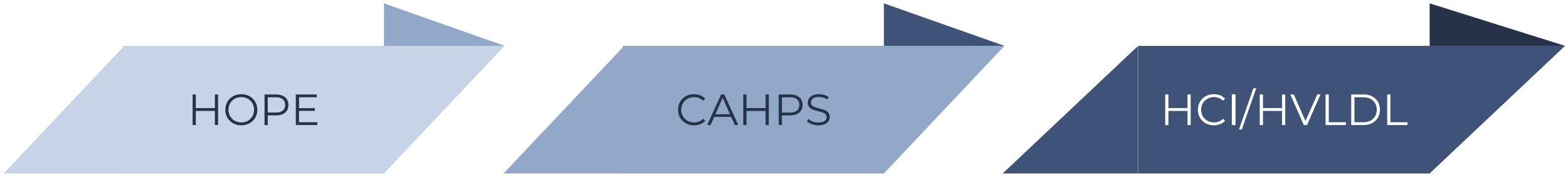
1 HQRP

From HIS To HOPE

HQRP – Current State



HQRP – Future State



HIS To HOPE Data Submission

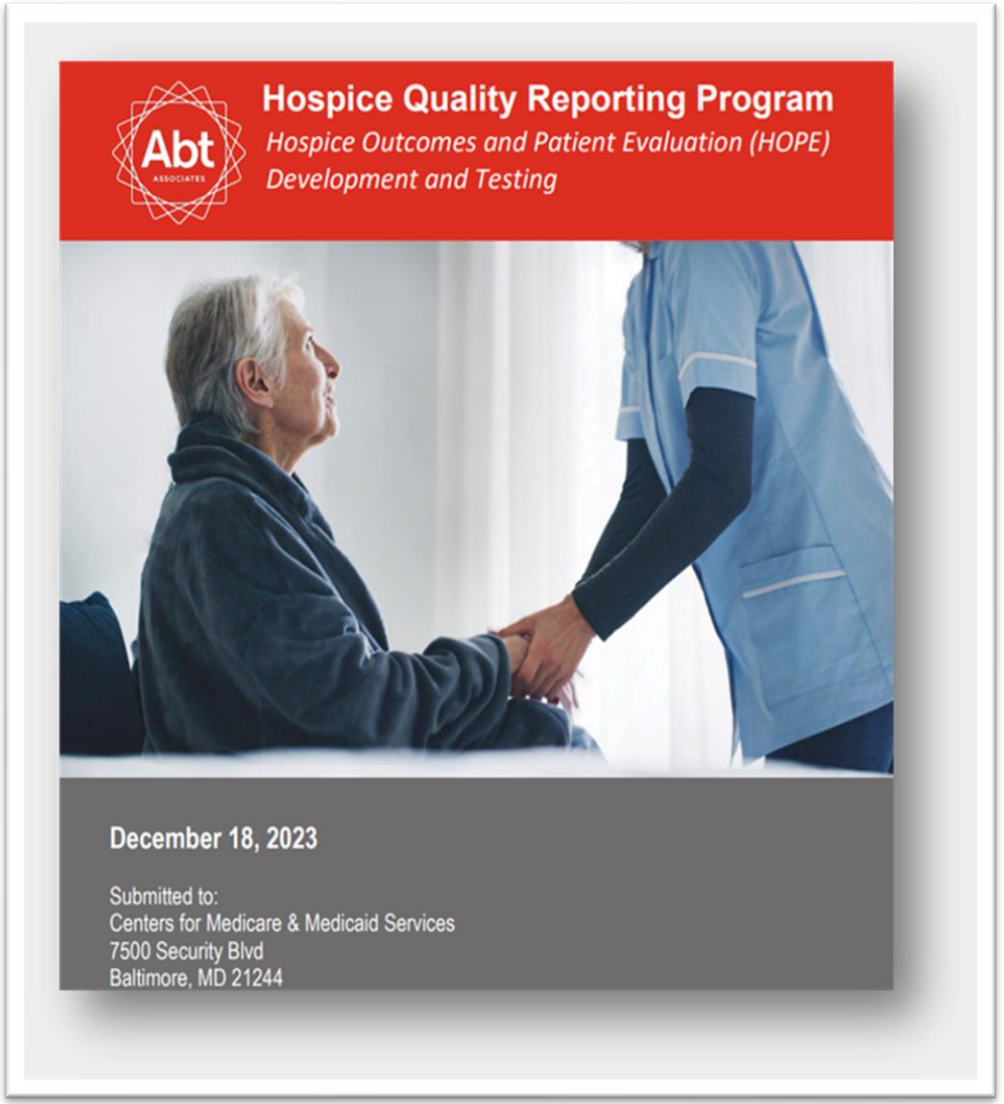
- Last HIS collected will be on September 30, 2025.

- Note: Patients on service at the start of HOPE data collection should not be discharged and readmitted using the HOPE tool.

HOPE Development

- Information Gathering
- Stakeholder Engagement
- Technical Expert Panel
- Tested

- Cognitive, Pilot, Alpha Testing & National Beta Field Testing Completed October of 2022



Hospice Outcomes & Patient Evaluation (HOPE)

- Federal Register August 6, 2024.

64202 Federal Register / Vol. 89, No. 151 / Tuesday, August 6, 2024 / Rules and Regulations

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 418

[CMS–1810–F]

RIN 0938–AV29

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

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Final rule.

SUMMARY: This final rule updates the hospice wage index, payment rates, and aggregate cap amount for Fiscal Year (FY) 2025. This rule also adopts the most recent Office of Management and Budget statistical area delineations, which will impact the hospice wage index. This rule clarifies current policy related to the "election statement" and the "notice of election", as well as adds clarifying language regarding hospice certification and includes a technical regulation text change to the Conditions of Participation (CoPs). This rule finalizes changes to the Hospice Quality Reporting Program. Finally, this rule summarizes comments received regarding potential implementation of a separate payment mechanism to account for high intensity palliative care services.

DATES: These regulations are effective on October 1, 2024.

FOR FURTHER INFORMATION CONTACT:
For general questions about hospice payment policy, send your inquiry via email to: hospicepolicy@cms.hhs.gov.
For questions regarding the CAHPS® Hospice Survey, contact Lauren Fuentes at (410) 786–2290.
For questions regarding the hospice conditions of participation (CoPs), contact Mary Rossi-Coajou at (410) 786–6051.
For questions regarding the hospice quality reporting program, contact Jermama Keys at (410) 786–7778.

SUPPLEMENTARY INFORMATION:

I. Executive Summary

A. Purpose

This final rule updates the hospice wage index, payment rates, and cap amount for Fiscal Year (FY) 2025 as required under section 1814(i) of the Social Security Act (the Act). This rule also finalizes the adoption of the most recent Office of Management and Budget (OMB) statistical area delineations based on data collected during the 2020 Decennial Census, which will result in changes to the hospice wage index. In addition, this rule finalizes the reorganization of the regulations to clarify current policy related to the "election statement" and the "notice of election (NOE)," and adds clarifying language regarding who can certify terminal illness and admit patients to hospice. This rule also summarizes comments solicited regarding a potential policy to account for the increased hospice costs of providing high intensity palliative care services.

Additionally, this rule finalizes the Hospice Quality Reporting Program (HQRP) measures collected through a new collection instrument, the Hospice Outcomes and Patient Evaluation (HOPE); finalizes two HOPE-based measures and lays out the planned trajectory for further development of this instrument; and provides updates on Health Equity, future quality measures (QMs), and public reporting requirements. We also acknowledge responses on the request for information on potential social determinants of health (SDOH) elements. Finally, this rule also finalizes changes to the Hospice Consumer Assessment of Healthcare Providers and Systems (Hospice CAHPS) Survey.

B. Summary of the Major Provisions

Section III.A.1 of this final rule updates the hospice wage index and makes the application of the updated wage data budget neutral for all four levels of hospice care.

Section III.A.2 of this final rule adopts the new OMB labor market delineations from the July 21, 2023, OMB Bulletin No. 23–01 based on data collected from the 2020 Decennial Census.

Section III.A.3 of this final rule includes the final FY 2025 hospice payment update percentage of 2.9 percent.

Section III.A.4 of this final rule includes updates to hospice payment rates.

Section III.A.5 of this final rule includes an update to the hospice cap amount for FY 2025 by the hospice payment update percentage of 2.9 percent.

In section III.B of this final rule, we make clarifying changes to the hospice Conditions of Participation (CoPs) and adopt clarifying regulations text, with no change to current policy. This includes reorganizing the regulations to clearly identify the distinction between the "election statement" and the "notice of election," as well as including clarifying text changes that align payment regulations and CoPs regarding who may certify terminal illness and determine admission to hospice care. This section also finalizes technical regulations text changes in the Medical Director CoP at § 418.102. In addition, we are making a technical correction in the personnel requirements at § 418.114(b)(9), where we inadvertently used the term "marriage and family counselor" when the correct term is "marriage and family therapist."

In section III.C of this final rule, we include a summary of comments received on a potential policy to account for higher hospice costs involved in the provision of high intensity palliative care treatments.

Finally, in section III.D of this final rule, we finalize HOPE-based process measures; finalize the HOPE instrument; discuss updates to potential future quality measures; and finalize changes to the CAHPS® Hospice Survey.

C. Summary of Impacts

The overall economic impact of this final rule is estimated to be $790 million in increased payments to hospices in FY 2025.

II. Background

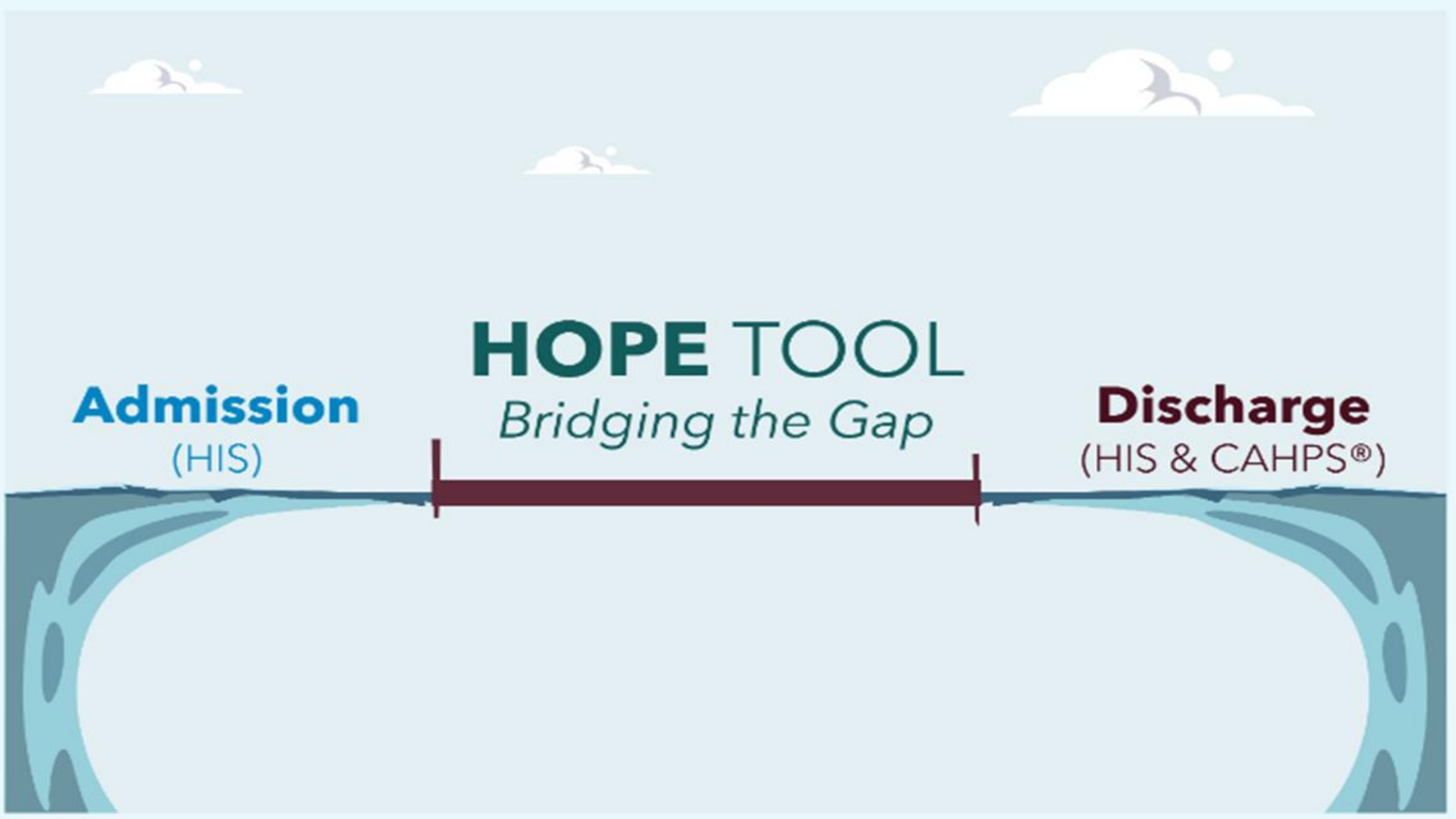
A. Hospice Care

Hospice care is a comprehensive, holistic approach to treatment that recognizes the impending death of a terminally ill individual and warrants a change in the focus from curative care to palliative care for relief of pain and for symptom management. Medicare regulations define "palliative care" as patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice (42 CFR 418.3). Palliative care is at the core of hospice philosophy and care practices and is a critical component of the Medicare hospice benefit.

The goal of hospice care is to help terminally ill individuals continue life with minimal disruption to normal activities while remaining primarily in the home environment. A hospice uses an interdisciplinary approach to deliver medical, nursing, social, psychological, emotional, and spiritual services through a collaboration of professionals and other caregivers, with the goal of making the beneficiary as physically

HOPE Current and New Measures

- Collect Data For The HQRP
- Replaces HIS As Data Source For Comprehensive Assessment At Admission (CBE 3235)
- Two New Measures
- Anticipated Public Reporting In FY 2028
- Analysis of 2026 Data (Four Full Quarters) In 2027 Will Determine Decision of Public Reporting


HOPE TOOL
Bridging the Gap
Admission
(HIS)
Discharge
(HIS & CAHPS®)

HOPE Future Use

- Future Testing Measures For HQRP
  - May Be Hybrid Measures
  - Combined With Other Sources Like CAHPs And Claims Data
- Further Development of Instrument
- Support Survey and Certification Process
- **May** Inform Future Payment Changes

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2

HOPE

Key Components of The HOPE Assessment Tool

CMS HOPE Website – Technical Info

HOPE Data Specs (FINAL) Effective October 1, 2025

The final Hospice Outcomes and Patient Evaluation (HOPE) data submission specifications (V1.00.1) are now available. This FINAL version of the specifications will go into effect on October 1, 2025. Notable changes since the DRAFT version include the following: (1) A0810 (Sex) replaces the A0800 item; (2) New warning edit -3110, which includes the HUV timing rules; and (3) New edit -3111, which addresses the handling of item Z0350 for inactivation records. Please review the Item Change and Edit Change reports to see all the revisions.

This version of the data specifications consists of the following files:

- HOPE data specs overview (v1.00.1) FINAL 04-05-2025.pdf
- HOPE data specs CSV files (v1.00.1) FINAL 04-05-2025.zip
- HOPE data specs HTML files (v1.00.1) FINAL 04-05-2025.zip
- HOPE data specs PDF files (v1.00.1) FINAL 04-05-2025.zip
- These files are contained in a single ZIP file named “HOPE Data Specs (v1.00.1) FINAL 04-05-2025.zip”, which is available in the **Downloads** section below.

Update Released April 16, 2025

CMS HOPE Website – Technical Info

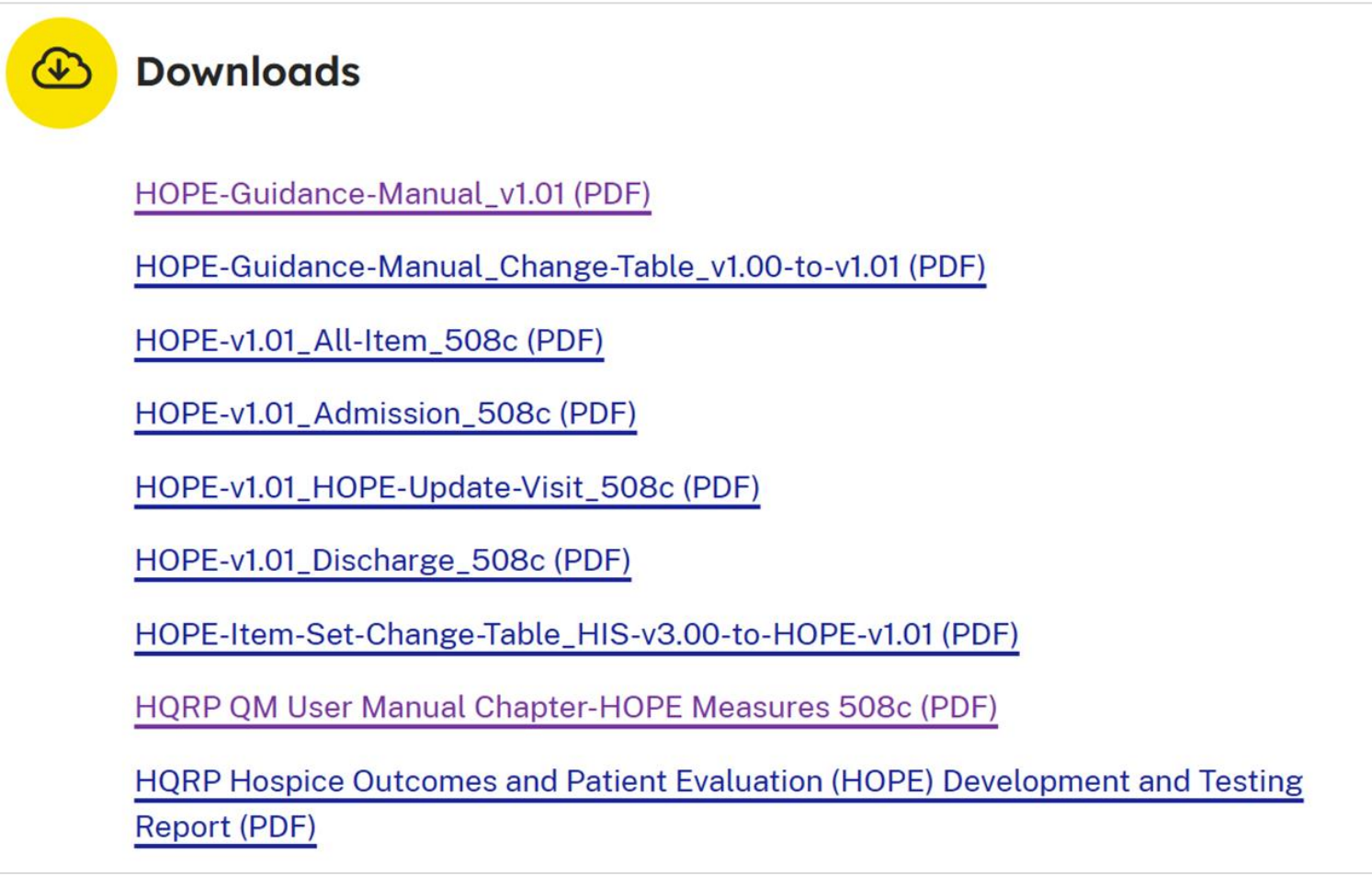
Errata History

06/24/2025 Issues 01-03 were added.

Issue ID	Problem	Resolution	Status
01	Edit -3040 currently reads as follows: a) If J0910A=[0], then all active items from J0910B through J0910C9 must equal [^]. b) If J0910A=[1], then all active items from J0910B through J0910C9 must not equal [^]. The edit does not include item J0915, which must also be skipped.	Edit -3040 will be revised to read as follows: a) If J0910A=[0], then all active items from J0910B through J0915 must equal [^]. b) If J0910A=[1], then all active items from J0910B through J0915 must not equal [^].	This change will be implemented into production on 10/01/2025.
02	Edit -3067 currently reads as follows: If J0905=[0], then all active items J0910A through J0910C9 must equal [^]. The edit does not include item J0915, which must also be skipped.	Edit -3067 will be revised to read as follows: If J0905=[0], then all active items J0910A through J0915 must equal [^].	This change will be implemented into production on 10/01/2025.
03	Item J0915 does not currently allow the value of caret [^]. This value must be allowed when skips defined in edits -3040 or -3067 apply.	The caret [^] will be added as an allowed value for item J0915.	This change will be implemented into production on 10/01/2025.

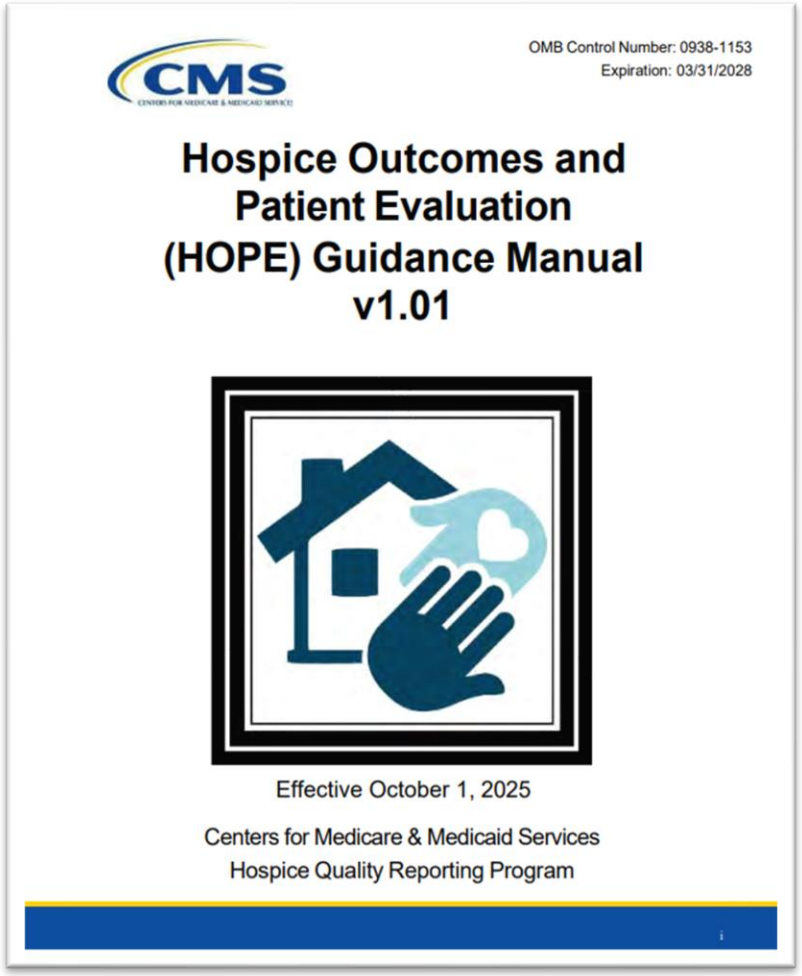
Update Released June 24, 2025

CMS HOPE Website – Downloads



Modifications Released April 22, 2025

HOPE Guidance Manual



https://www.cms.gov/files/document/hope-guidance-manualv101.pdf

HOPE Guidance Manual – Changes

HOPE Guidance Manual Change Table v1.00 to v1.01			
Chapter and/or Section in v1.01	**Page in v1.01**	**Change**	**Explanation**
Cover page	i	Added OMB expiration date: 03/31/2028. Version number updated to v1.01.	Date received from OMB. HOPE Guidance Manual v1.01 updates made to provide clarification and corrections.
Table of Contents	ii	Replaced A0800. Gender item with A0810. Sex item.	To align hospice with items .across all PAC settings
Table of Contents	iii	Removed reference to examples from the table for items M1190-M1200.	Correction- examples are still within the manual in chapter 2.
Throughout the manual	3, 6, 7, 9, 10, 11, 12, 13	The words "complete" or "completed" were changed to *conduct or conducted* where applicable when referring to performing the actual HUV and SFV visits.	Adjusted for clarity and to minimize confusion with *completing* the entire HUV item set.
Throughout the manual		Minor wording or sentence structure adjustments or corrections made throughout with no impact on meaning.	Adjusted for clarity.
1-1.3.2. HUV Timepoints	6	Added language: • *If an HUV is missed or late for any reason (e.g., HUV1 conducted on day 17 or HUV2 conducted on day 33), conduct the visit as appropriate and submit the record once completed, including any SFV if applicable.*	Clarification: re: SFV visits conducted beyond the required HUV timeframes.

HOPE Assessment Tool Details

- Must Be Collected By An In-Person RN Visit – No Telehealth
- Multiple Time Points
  - Admission
  - Hope Update Visits (HUV)
    - Defined Time Points
    - Dependent On Length of Stay
  - Discharge

HOPE Assessment Tool Details

- Includes New Or Expanded Items In Several Domains:
  - Sociodemographic
  - Living Arrangements
  - Availability of Assistance
  - Diagnoses
  - Symptom Impact Assessment
  - Imminent Death
  - Skin

HOPE By Sections

Section A

Administrative Information

Revised & Expanded

Section F

Preferences

Unchanged

Section I

Active Diagnoses

Revised & Expanded

Section J

Health Conditions

Revised & Expanded

Section M

Skin Conditions

New

Section N

Medications

Unchanged

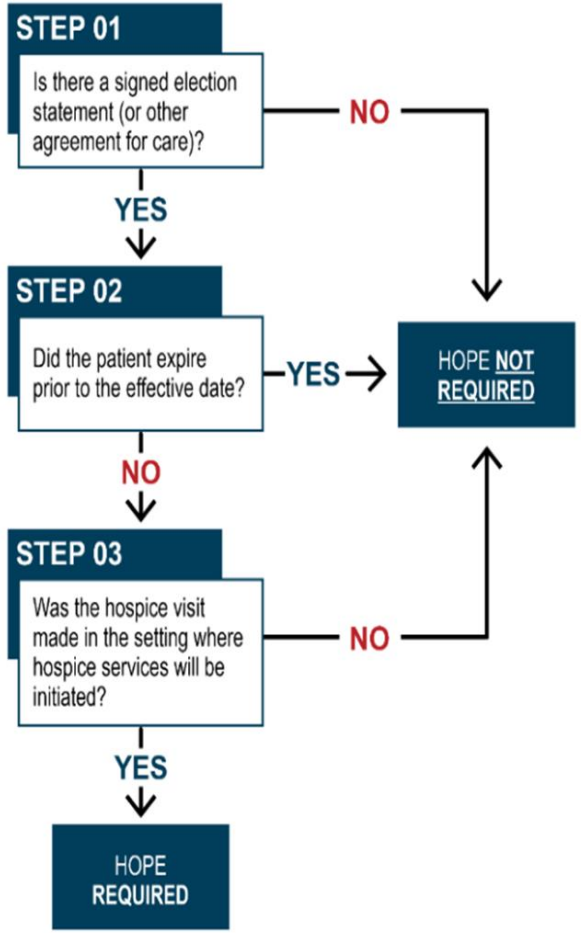
Section Z

Record Administration

Expanded - One New Item

HOPE Data Collection Time Points

HOPE Admission Flowchart

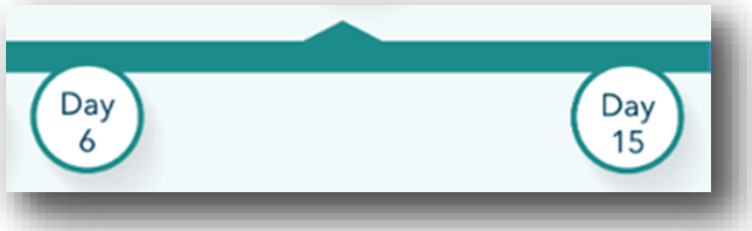


HOPE Admission Timepoint

- Collected Within First Five Calendar Days of Admission
  - Election Day Is Day “0”
- Must Be Collected By An RN
- Must Be In-Person – No Telehealth
- Intended To Inform The Plan of Care
- May Trigger A Symptom Follow-Up Visit (SFV)

HOPE HUV1 Timepoint

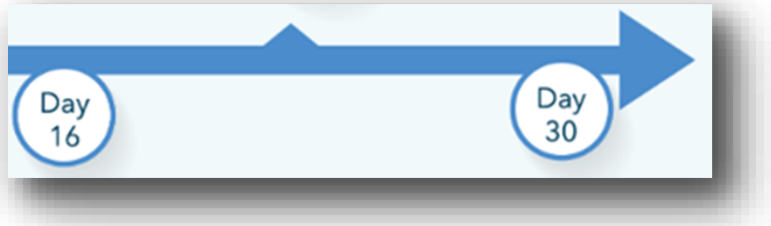
- Required Between Day 6 And Day 15
  - Remember Date of Election Is Day “0”
  - Not To Be Completed In First 5 Days
- Must Be Completed In Person By An RN
- Intended To Inform The Plan of Care
- May Trigger A Symptom Follow-Up Visit



- If the patient is discharged before the collection is completed within the designated window for HUV1, use Discharge HOPE instead.

HOPE HUV2 Timepoint

- Last of The HUV Visits
- Required Between Day 16 And Day 30
  - Remember Date of Election Is Day “0”
- Must Be Completed In Person By An RN
- Intended To Inform The Plan of Care
- May Trigger A Symptom Follow-Up Visit



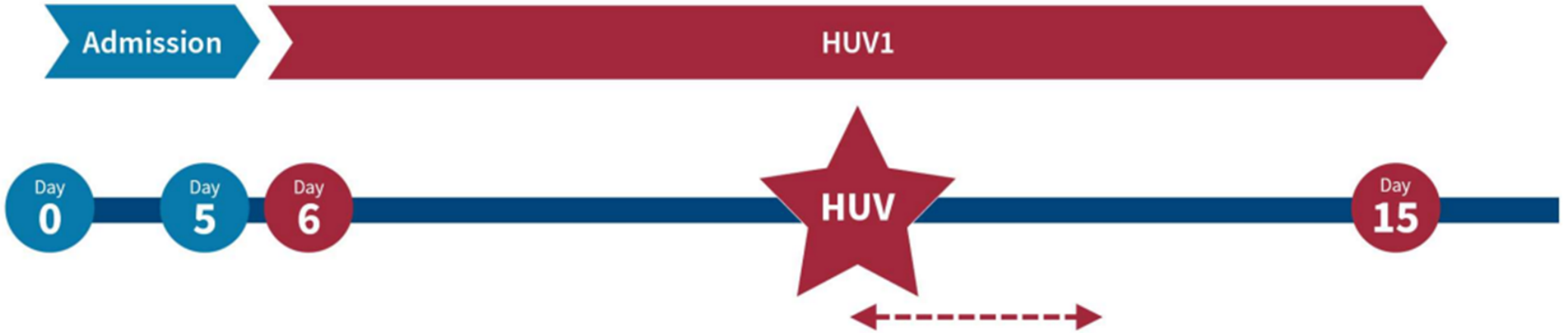
- If the patient is discharged before the collection is completed within the designated window for HUV2, use Discharge HOPE instead.

HOPE Update Visit (HUV) Guidance

- HUV Timepoint

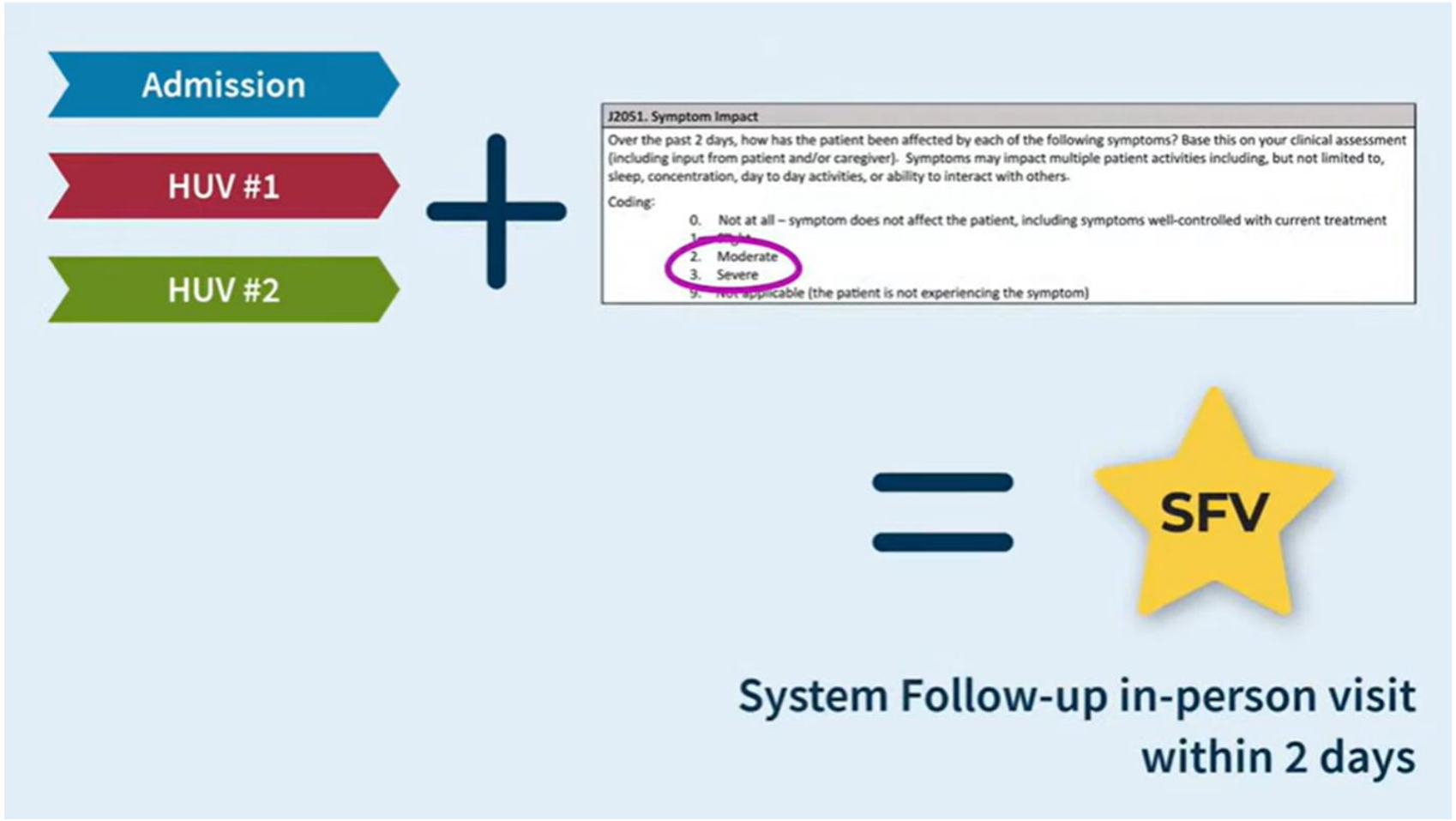
Scenario	If	Then	Rationale
Death/discharge Day 0 to 5	The patient dies or is discharged within 5 days after the effective date of the hospice election (A0220 + 5).	HUV1 is not required.	No HUV is expected due to the short LOS.
Day 5 of hospice stay	It has been 5 days since the effective date of the hospice election (A0220 + 5)	The HUV is not required. It is too early to complete HUV1.	HUV1 should not be completed within the first 5 days after the effective date of the hospice election.
Day 15 of the hospice stay	The patient is still on service on Day 15 (A0220 + 15) and beyond.	HUV1 is required and accepted.	Updates to the plan of care via completion of HUV1 is required on or between Days 6 and 15.
Day 30 of the hospice stay	The patient is still on service on Day 30 (A0220 + 30) and beyond.	HUV2 is required and accepted.	Updates to the plan of care via completion of both HUVs are required. (On or between Days 6 and 15 for HUV1 and on or between Days 16 and 30 for HUV2.)
Death/discharge Day 10	The patient dies or is discharged on Day 10 (A0220 + 10).	HUV1 is not required. The HUV1 record would be accepted if submitted.	The hospice may not have had an opportunity to complete HUV1 due to the death or discharge of the patient.
Death/discharge Day 25	The patient dies or is discharged on Day 25 (A0220 + 25).	HUV1 is required and accepted. HUV2 is not required. The HUV2 record will be accepted if it is submittted.	Updates to the plan of care via the completion of HUV2 would be expected if the patient is on service for 30 days. With a discharge or death after Day 15 and before Day 30, the hospice may not have had an opportunity to complete HUV2.

Symptom Follow-up Visit (SFV)



- Exemptions: Pt. Refused, Pt. Unavailable, Unable To Locate

SFV Timepoint



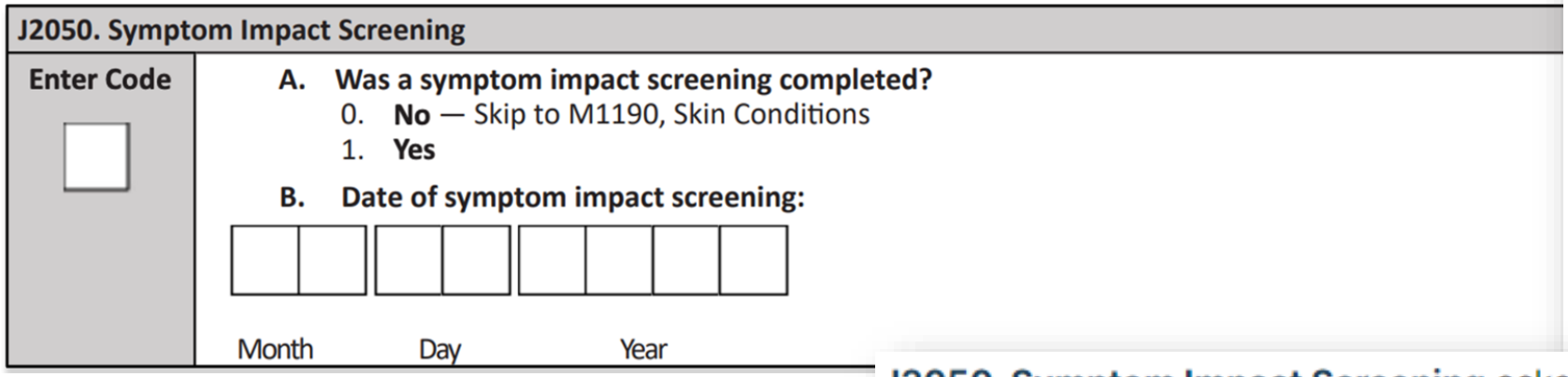
RN or LPN/LVN

Determining if SFV is Required

Scenario	If	Then	Rationale
Moderate or severe symptoms documented at a HOPE timepoint visit	The HOPE-Admission or HOPE Update Visit (HUV) timepoint is completed and at least one response to the Symptom Impact item (J2051) = moderate or severe (J2051A-H = 2 or 3).	Symptom Follow-up Visit (SFV) is required within two calendar days.	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** when completing the HOPE-Admission or HUV.
No moderate or severe symptoms were documented at a HOPE timepoint visit	The HOPE-Admission or HUV timepoint is completed and no response to J2051 = moderate or severe (J2051A-H = 2 or 3).	SFV is not required.	A HOPE-SFV is only required when any pain or non-pain symptom (J2051 A through H) response is **moderate or severe** when completing the HOPE-Admission or HUV.

J2050 – Symtom Impact Screening

- Admission – HUV1 – HUV2



J2050. Symptom Impact Screening

Enter Code	
☐	**A. Was a symptom impact screening completed?** 0. **No** — Skip to M1190, Skin Conditions 1. **Yes** **B. Date of symptom impact screening:** ☐☐ ☐☐ ☐☐☐☐ Month Day Year

DEFINITION

SYMPTOM IMPACT
The effect of symptom(s) on the patient. Symptoms may impact a patient in multiple ways, (e.g., sleep, concentration, day to day activities).

J2050. Symptom Impact Screening asks if the screening was completed during the visit and if so, what the date of the screening was. If a screening was not completed, the clinician would select 0. No, and skip to the next section on the HOPE tool.

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	☐
B. Shortness of breath	☐
C. Anxiety	☐
D. Nausea	☐
E. Vomiting	☐
F. Diarrhea	☐
G. Constipation	☐
H. Agitation	☐

This data element asks how the patient has been affected by each symptom listed *over the past 2 days*. The response options range from *0. Not at all*, to *3. Severe*, with an option for *9. Not applicable* (if the patient is not experiencing the symptom at all).

Clinical assessment and judgment are required, considering all information provided by the patient, family/caregiver, facility staff, and their own clinical evaluation.

NOTE: Symptom Impact is not an assessment of the intensity, frequency, or other characteristics of the symptom.

J2052 – Symptom Follow-Up

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

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).

Enter Code ☐

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

Enter Code ☐

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

This item is only completed if any response to J2051. Symptom Impact is *2. Moderate or 3. Severe*. It asks if the follow-up visit was completed. (A.0 = No, or A.1 = Yes) and allows the clinician to either date (B. Date of SFV in-person visit) or skip to C. Reason SFV Not Completed and enter the appropriate code.

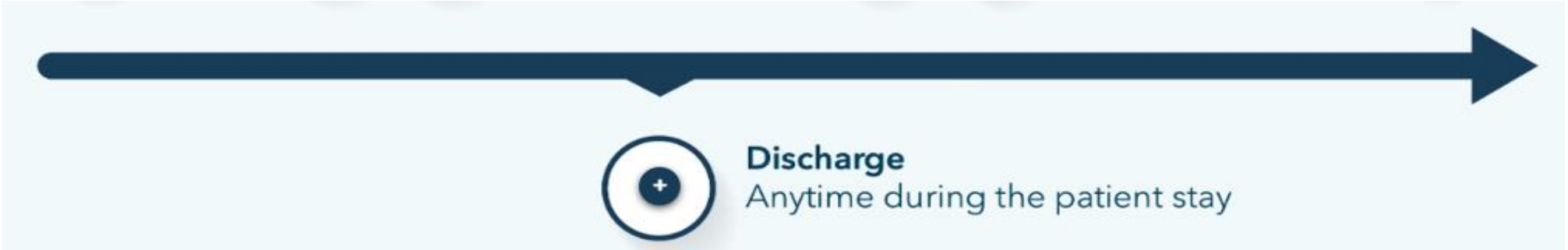
J2053 – SFV Symptom Impact

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	☐
B. Shortness of breath	☐
C. Anxiety	☐
D. Nausea	☐
E. Vomiting	☐
F. Diarrhea	☐
G. Constipation	☐
H. Agitation	☐

J2053. SFV Symptom Impact asks how the patient was impacted by each of the symptoms since the last Symptom Impact assessment and is completed if applicable based on the clinician's response to J2052.

If the patient is Moderate or Severe during this visit, another visit is not required for HQRP purposes. However, you should still follow up as needed to meet the patient's needs.

HOPE Discharge Timepoint



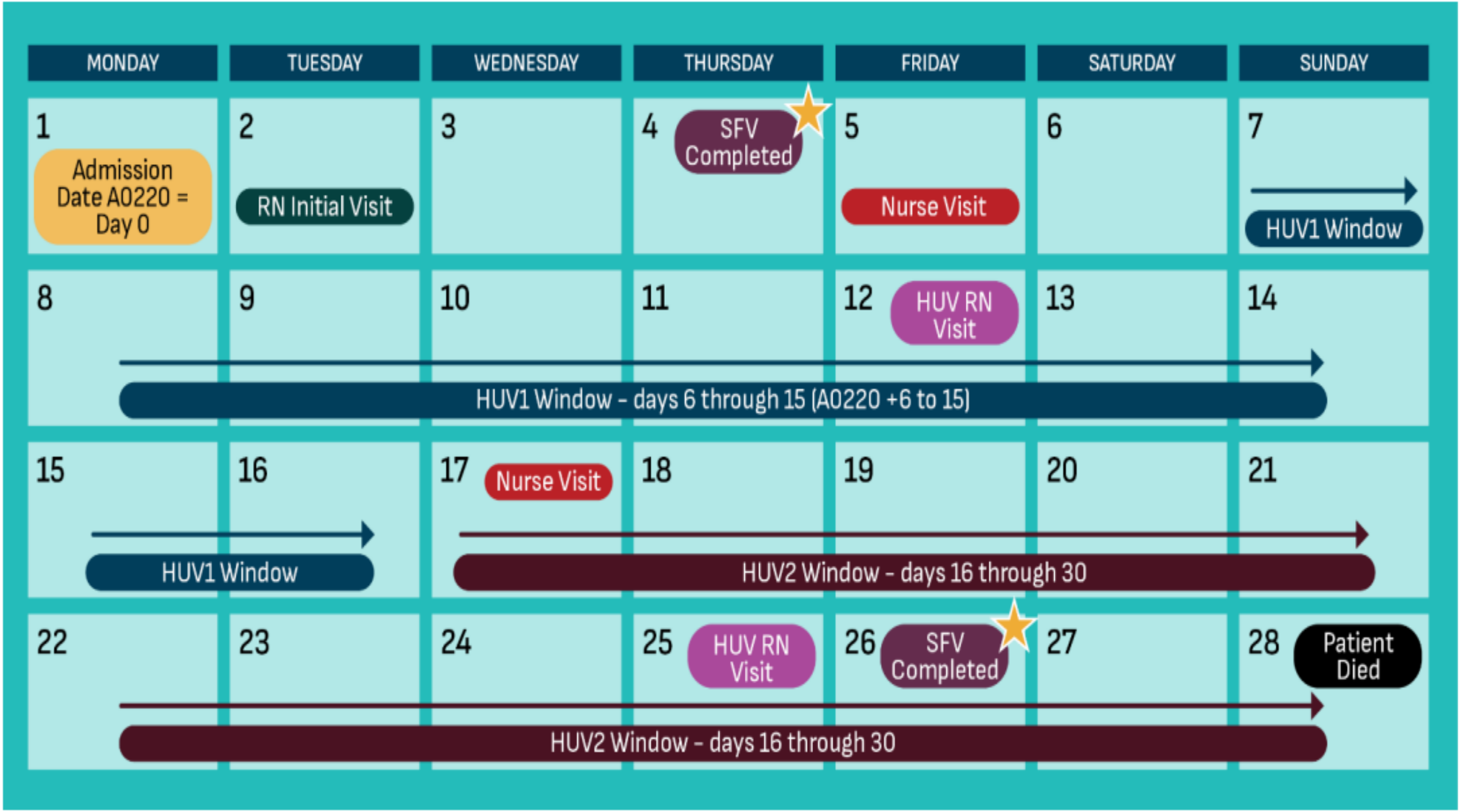
A2115. Reason for Discharge

A2115. Reason for Discharge	
Enter Code ☐	1. Expired 2. Revoked 3. No longer terminally ill 4. Moved out of hospice service area 5. Transferred to another hospice 6. Discharged for cause

HOPE Discharge Timepoint

- Collected At Any Time After Admission

- Collected On ALL Patients After Oct 1, 2025
  - Admissions prior to Oct. 1, 2025, but discharged on or after October 1, 2025 – HOPE Discharge only
  - No HIS after October 1, 2025


MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY
SUNDAY
1
Admission Date A0220 = Day 0
2
RN Initial Visit
3
4
SFV Completed
5
Nurse Visit
6
7
HUV1 Window
8
9
10
11
12
HUV RN Visit
13
14
HUV1 Window - days 6 through 15 (A0220 +6 to 15)
15
HUV1 Window
16
17
Nurse Visit
18
19
20
21
HUV2 Window - days 16 through 30
22
23
24
25
HUV RN Visit
26
SFV Completed
27
28
Patient Died
HUV2 Window - days 16 through 30

HOPE Important Dates

Title / Date Name	Definition
Admission Date (A0220)	The date on which the hospice becomes responsible for the care of the patient. For Medicare patients, it is the same as the effective date of the hospice benefit election (or re-election), which may be the first day of hospice care or a later date but may be no earlier than the date of the election statement.[4]
Discharge Date (Item A0270)	The date a patient leaves the hospice. If the patient has expired, it is the date of death. For live discharges, it is the date the patient revoked the hospice benefit or the date the hospice discharged the patient.[5]
Date Assessment Completed (Z0350)	This is the date that the clinician signs once they have conducted their assessment visit, collected information for the HOPE Update Visit (HUV), including SFV data if applicable.
Record Completion Date (Z0500B)	The actual date on which the hospice verifies the information to be submitted in the HOPE record is complete. Defined as the date all required information has been collected and documented, and staff have signed and dated that the record is complete.
Completion Goal	The latest possible date that a provider is encouraged to complete a HOPE record. The completion goal for the Admission record is no later than the Admission Date + 14 calendar days. The completion goal for HUV records is no later than the date the HUV assessment was completed (Z0350) + 14 calendar days. The completion goal for the Discharge record is no later than the Discharge Date + 14 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	The submission deadline is defined as the latest possible date on which the HOPE record should be ***submitted to and accepted by*** CMS. The submission deadline for the Admission record is no later than the Admission date + 30 calendar days. The submission deadline for HUV records is no later than the date the HUV assessment was completed + 30 calendar days. The submission deadline for the Discharge record is no later than the Discharge Date + 30 calendar days.

HOPE Data Submission Deadlines

Providers must submit at least 90% of all their HOPE records by the 30-day submission deadline to be compliant.

From The Admission Date

From The HUV Completion Date

From The Discharge Date

CMS Completion Recommendations

It is at the discretion of the hospice to develop internal policies for completing and submitting HOPE records according to current requirements. The completion goal is neither a requirement, nor does it affect compliance determination. As of October 1, 2025, the recommended completion goal for HOPE records is the following:

- HOPE-Admission Records: No later than 14 days from the Admission Date (A0220). This is unchanged from the recommended completion timing for HIS-Admission records.
- HOPE-HUV Records: No later than 14 days from the Date Assessment was Completed (Z0350) for each specified HUV timepoint.
- HOPE-Discharge Records: No later than 7 days from the Discharge Date (A0270). This is unchanged from the recommended completion timing for HIS-Discharge records.

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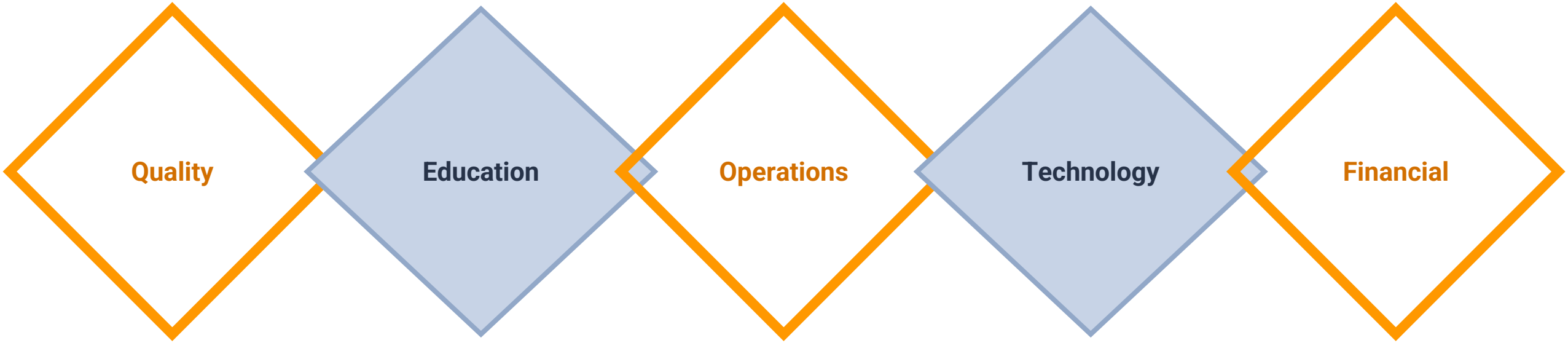
3 Impact

Strategies For Success

Impact Areas



Impact Areas

Quality Impact

- Two New Measures

TIMELY FOLLOW-UP FOR PAIN IMPACT

TIMELY FOLLOW-UP FOR NON-PAIN SYMPTOM IMPACT

The percentage of hospice patients that have a pain follow-up visit within 2 days after pain impact was initially assessed as Moderate or Severe.

Timely Follow–up for Pain Impact

$$\frac{\text{Numerator}}{\text{Denominator}} = \frac{\text{Assessments in which pain impact is followed up within 2 days of the initial/triggering assessment date}}{\text{Assessments where pain impact is Moderate or Severe}}$$

Quality Impact

- Timely Follow-Up for Pain Impact

  - Process measure will determine how many patients assessed with moderate or severe pain impact were reassessed by the hospice within 2-calendar days

  - HOPE data will be calculated using assessments collected at admission or the HOPE Update Visit (HUV) timepoints

Quality Impact

- Two New Measures

TIMELY FOLLOW-UP FOR PAIN IMPACT	TIMELY FOLLOW-UP FOR NON-PAIN SYMPTOM IMPACT

The percentage of assessments that have a symptom follow-up visit within 2 days after non-pain symptom impact was initially assessed as Moderate or Severe.

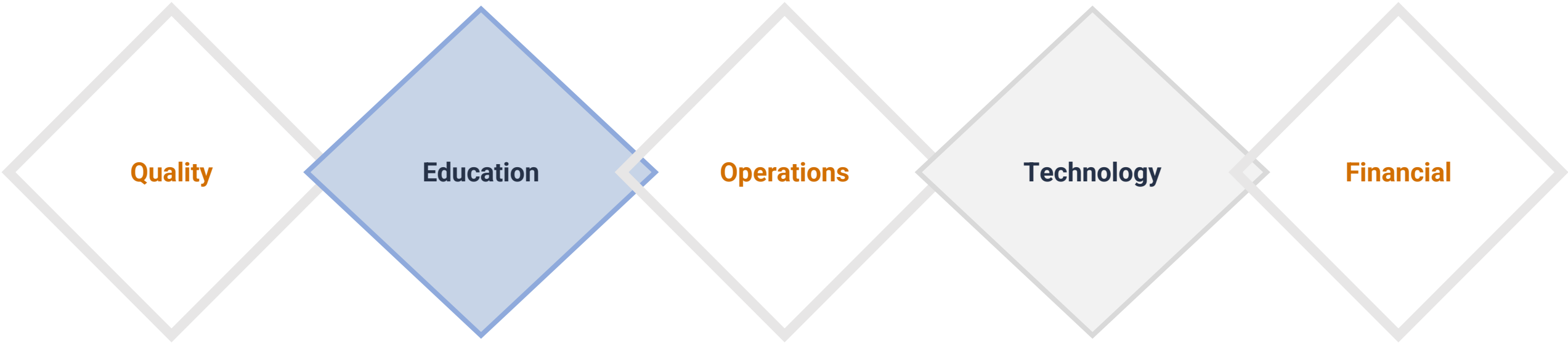
Timely Follow–up for Non–Pain Symptom Impact

$$\frac{\text{Numerator}}{\text{Denominator}} = \frac{\text{Assessments in which non-pain symptom impact is followed up with a visit within 2 days of the initial/ triggering assessment date}}{\text{Assessments where at least one non–pain symptom impact is Moderate or Severe}}$$

Quality Impact

- Timely Follow-Up for Non-Pain Impact
  - Process measure will determine how many patients assessed with moderate or severe non-pain impact were reassessed by the hospice within 2-calendar days
    - Agitation, Anxiety, Nausea, Vomiting, Diarrhea, Constipation, and SOB
  - HOPE data will be calculated using assessments collected at admission or the HOPE Update Visit (HUV) timepoints

Impact Areas

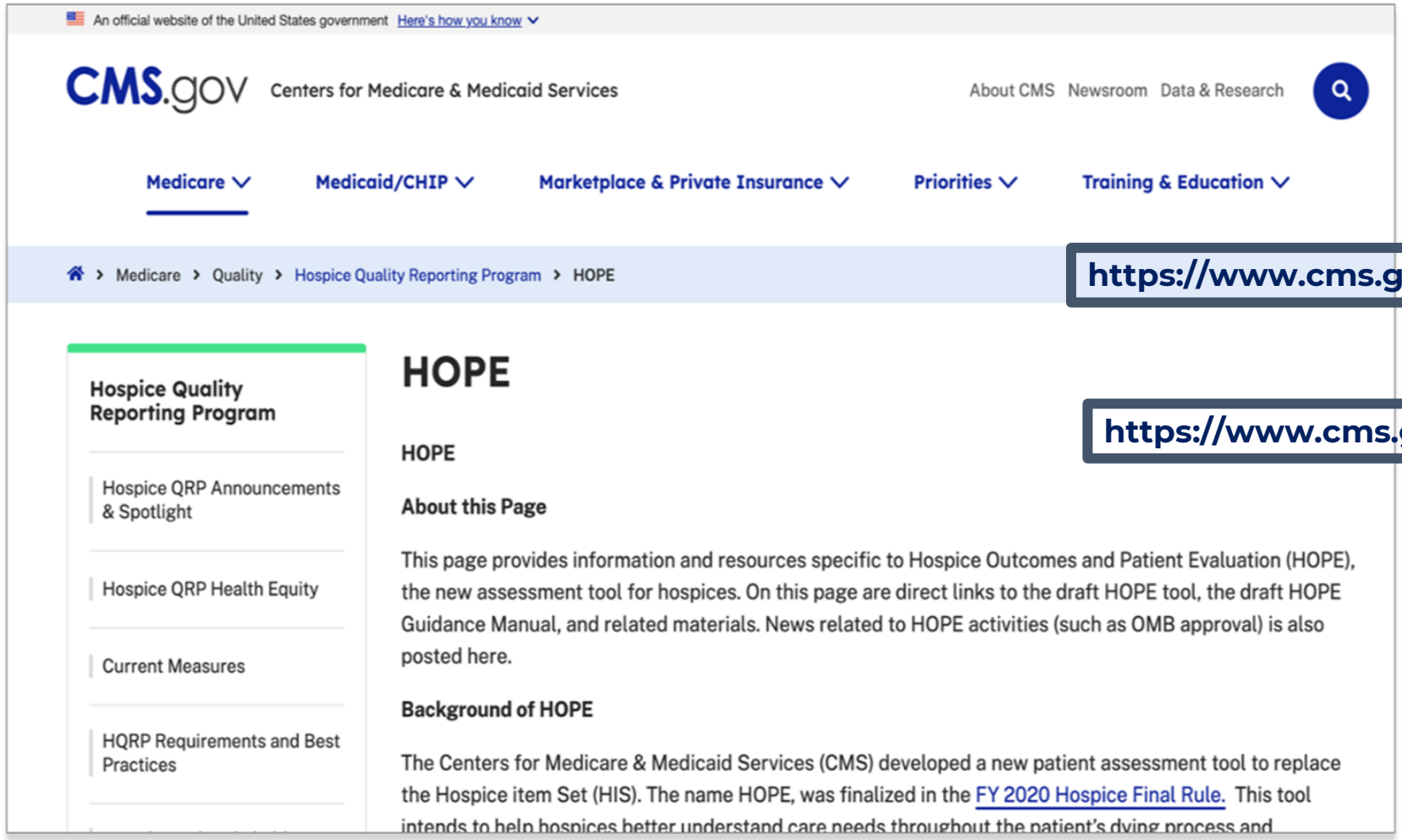


Education Impact

- Explain To Your Team The Differences Between HIS and HOPE
  - Revised and Expanded Data Collection
  - Additional Data Points Visits Required (HUV and SFV)
  - Explain Timepoints and Exceptions

- Explain To Your Team The “Why” Behing HOPE
  - Improving Hospice Practices and Decisions About Hospice Care
  - Informing Quality Measures for Future Reporting and Payment Reform

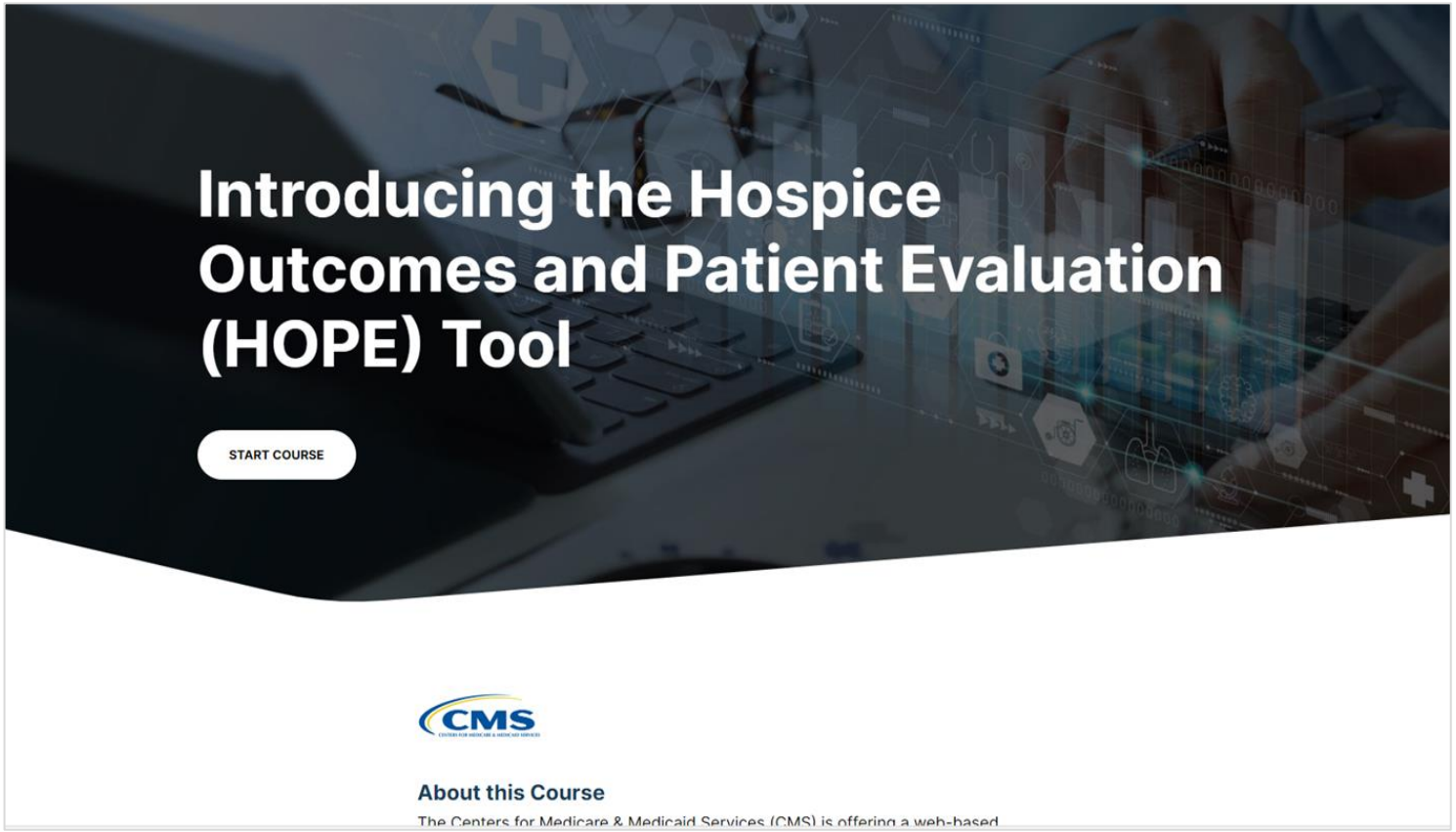
Education Resources



https://www.cms.gov/medicare/quality/hospice

https://www.cms.gov/medicare/quality/hospice/hope

Education Resources



https://rainmakerssolutions.com/postacutecaretraining/HOPETool/index.html

Education Resources

NEW RESOURCES AVAILABLE: Hospice Outcomes and Patient Evaluation (HOPE) National Implementation Virtual Training Program Course 1: Didactic Recorded Training Series

The Centers for Medicare & Medicaid Services (CMS) is offering a series of five self-paced recorded presentations and corresponding PDFs which highlight items that are new for HOPE, as well as the existing and updated items carried over from the Hospice Item Set (HIS).

It is highly recommended that all five parts of this didactic course be reviewed prior to attending the coding workshop in August. A registration announcement for the workshop will be sent via the listserv.

To access the videos, select the following links:

- Part 1: Training Overview and Introduction to the HOPE Tool
- Part 2: HOPE Section A. Administrative Information Didactic Training
- Part 3: HOPE Sections F. Preferences, and I. Active Diagnoses Didactic Training
- Part 4: HOPE Section J. Health Conditions Didactic Training
- Part 5: HOPE Sections M. Skin Conditions, N. Medications, and Z. Record Admin. Didactic Training

Update Released July 15, 2025

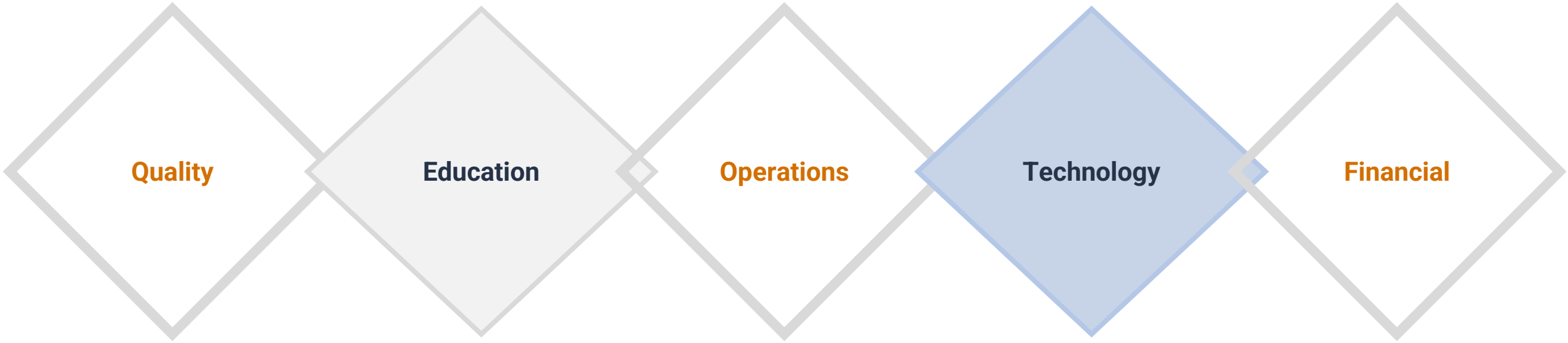
https://www.cms.gov/medicare/quality/hospice/hqrp-training-and-education-library

Impact Areas

Operations Impact

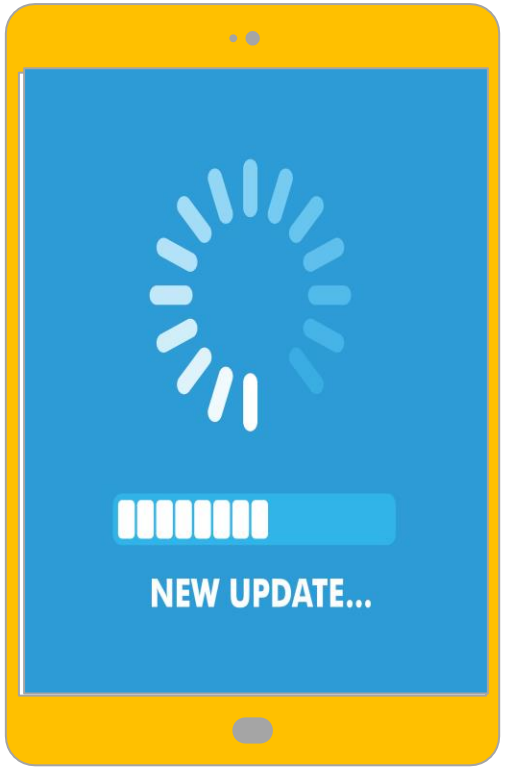
- Evaluate Processes – Who and When
  - Staffing
  - Scheduling
  - Submission Processes
  - Policies

Impact Areas



Technology Impact

- Software Updates
- Device Compatibility
- iQIES Access



Technology Impact

To ensure timely iQEIS access, hospice organizations must designate at least one (preferably two) Provider Security Officials (PSOs) by September 10, 2025.

Update Released July 31, 2025

Action Steps:

- Choose PSO(s) for your provider.
- Register PSO(s) through HARP: https://harp.cms.gov/register
- Complete identity proofing and Multi-Factor Authentication (MFA).
- Request and receive approval for the PSO role for your provider's CCN by visiting https://iqies.cms.gov and logging in with your HARP credentials.

Technology Impact

- Ask Your EMR Vendor:
  - When will development and setup be completed before the 10/01/2025 implementation date to allow time to train and test?
  - What options are available for the HOPE assessments (Admit, HUV, Discharge) to be separate documents for tracking and mandatory completion?
  - How will the SFV be setup to allow completion by either an RN or LPN/LVN?
  - Will alerts be created in the EMR to notify Nurses when the HUV or SFV is due?
  - Are you pilot testing modifications with a user group before going live to ensure compliance and operability?

Impact Areas

Financial Impact

- Non-Compliance = 4% Annual Payment Update Reduction

Financial Impact

Annual Payment Update	HIS/HOPE	CAHPS
FY2025	Submit at least 90% of all HIS records within 30 days of the event date for patient admissions/discharges occurring 1/1/2023 - 12/31/2023	Ongoing monthly participation in the Hospice CAHPS survey 1/1/023 – 12/31/2023
FY2026	Submit at least 90% of all HIS records within 30 days of the event date for patient admissions/discharges occurring 1/1/2024 - 12/31/2024	Ongoing monthly participation in the Hospice CAHPS survey 1/1/2024 – 12/31/2024
FY2027	Submit at least 90% of all HIS records within 30 days of the event date for patient admissions/discharges occurring 1/1/2025 - 9/30/2025 Submit at least 90% of all HOPE records within 30 days of the event date for patient admissions/HUV/discharges occurring 10/1/2025 - 12/31/2025	Ongoing monthly participation in the Hospice CAHPS survey 1/1/2025 – 12/31/2025
FY2028	Submit at least 90% of all HIS/HOPE records within 30 days of the event date for patient admissions/HUV/discharges occurring 1/1/2026 - 12/31/2026	Ongoing monthly participation in the Hospice CAHPS survey 1/1/2026 – 12/31/2026

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HOPE Summary

Ready, Set, Go!

Summary

- HOPE is a new patient assessment tool replacing HIS effective 10/01/2025.
- Retains HIS elements and adds additional elements including additional patient visits.
- Intended to improve hospice practices and the overall patient experience
- Enhances HQRP data collection and may inform future payment model changes.

Prepare Now

- Understand the HOPE Assessment Tool
- Evaluate current systems
- Train Leadership and Quality Staff

Next Steps

- Standardize Agency processes
- Implement technology updates
- Train staff thoroughly

Stay Ready

- HOPE fully implemented by October 1st
- Seek continuous improvement
- On-going regular reporting

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Be Ready

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Thank you!

References

- CMS Hospice Outcome Patient Evaluation (HOPE) webpage
  - https://www.cms.gov/medicare/quality/hospice/hope
- CMS Hospice Quality Reporting Program (HQRP) webpage
  - https://www.cms.gov/medicare/quality/hospice
- CMS HOPE Guidance Manual – v1.01
  - https://www.cms.gov/files/document/hope-guidance-manualv101.pdf
  - FY 2025 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, and Hospice Quality Reporting Program Requirements
  - CMS-1810-F | CMS