Final HOPE Materials Released
Source: The Alliance, September 17, 2024

- **Replaces the Hospice Item Set**
- **Stay tuned for more analysis from the Alliance**

Hospices will begin completing the Hospice Outcome & Patient Evaluation (HOPE) on October 1, 2025. The final HOPE item sets – **HOPE Admission v1.00, HOPE Update Visit (HUV) v1.00, HOPE Discharge v1.00 and HOPE ALL Item v1.00** – and accompanying HOPE Guidance Manual v1.00 were released on September 16, 2024. These documents can be accessed from the Downloads section on the CMS HQRP HOPE webpage.

The HOPE data collection tool replaces the Hospice Item Set (HIS) but includes many of the same items. CMS has provided a table outlining the changes from the HIS to the HOPE. Hospices will stop completing the HIS when HOPE is implemented next year. CMS indicated in a recent Hospice Quality Reporting Program (HQRP)Forum that there will likely be some overlap when HOPE begins and HIS ends. Presumably there will be HIS-Discharge records completed and submitted for those patients who are admitted prior to HOPE implementation but are discharged after this date. More information will be coming from CMS as the implementation date is closer. The HQRP Forum slides and transcript can be accessed in the Downloads section of the Provider and Stakeholder Engagement webpage.

Medicare-certified hospices will complete HOPE records for all patient admissions regardless of the following:

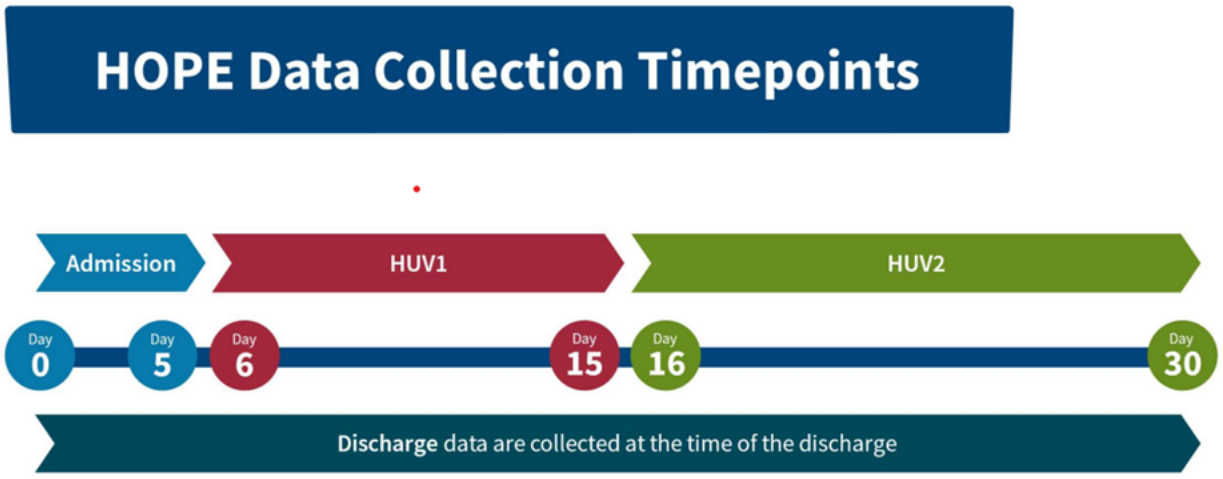
- Payer source (Medicare, Medicaid, or private payer).
- Patient age.
- Where the patient receives hospice services, such as a private home, nursing home, assisted living, or hospice inpatient facility.
- Hospice Length of Stay (LOS).

Each hospice provider will submit the HOPE records electronically. CMS has not yet posted the technical data specifications, nor has it finalized the chapter of the Hospice Quality Reporting Program Quality Measure Specifications User's Manual that addresses the two HOPE-based measures that were finalized – Timely Reassessment of Pain Impact and Timely Reassessment of Non-Pain Symptom Impact.

Below is a summary of key points in the HOPE Guidance Manual and some key aspects for implementation of the HOPE. CMS has indicated that it will provide trainings and an FAQ document in the future. Additionally, the Alliance will provide more resources for members over the coming months.

SUMMARY OF KEY POINTS

The primary objectives of HOPE, as stated by CMS, are to provide quality data for HQRP requirements through standardized data collection, support survey, and certification processes, and to inform future payment and quality improvement refinements. The data will contribute to the patient's plan of care through providing patient data throughout the hospice stay and is expected to improve practice and care quality. However, HOPE is not a patient assessment tool. Hospices will continue to complete the comprehensive assessment using existing tools and may incorporate the HOPE data collection tool into the assessment but are not required to do so.
Generally, hospices are required to submit up to four records for each patient admitted to their organization beginning October 1, 2025. This includes a minimum of a HOPE-Admission record, a HOPE-Discharge record, and up to two HOPE Update Visits (HUVs). Not all HOPE items are completed at every timepoint, and they are not intended to replace a thorough and ongoing assessment of each patient. 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. Acceptable sources of documentation include in-person clinical assessments, data collection in real-time and additional information that can be obtained from the clinical record.



The HUV timepoints are designed to inform updates to the patient's written plan of care. Depending on the patient's LOS, up to two of these assessments are required. HUV1 should be completed between days six and 15, but not within the first five days after the date of admission. HUV2 should be completed between days 16 and 30. The date of the hospice election would be considered "Day 0."

The data for the HUVs are collected via an in-person visit to inform updates to the plan of care. Hospices currently complete visits to update the comprehensive assessment and these updates drive the revisions to the plan of care. Often, there is more than one of these visits completed between days 6 through 15 and days 16 through 30. Hospices should not pull back on the number of visits when HOPE is implemented. When it is the case that there is more than one in person visit between days 6 through 15 and/or between

days 7 through 30, the hospice will need to determine which of these visits will be the HUV1 and HUV2, respectively. CMS will not accept the submission of more than two HUV records for a patient.
Many hospices have asked which member of the interdisciplinary group should complete these HUVs. CMS does not specify which of the hospice interdisciplinary group members must complete them. However, since the data collected for these visits include clinical data which require a skilled nursing assessment, it is generally expected that the registered nurse (RN) would be completing these visits.

The HOPE requires data collection on pain and non-pain symptom impact at the HOPE-Admission and HOPE Update Visit timepoints. If the impact is rated as moderate or severe at either of these timepoints, a Symptom Follow-up Visit (SFV) is expected within two calendar days. The SFV is also an in person visit. It 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 HOPE Item J2051 – Symptom Impact, up to three SFVs may be required over the course of the hospice stay. Unlike the HUV, CMS has specified that the SFV may be completed by either an RN or LPN/LVN. If there is evidence of ongoing moderate or severe symptoms during an SFV, no additional SFV is required for HOPE. However, the hospice staff is expected to continue following up with the patient based on their clinical and symptom management needs.

In instances where a patient has a LOS beyond day 6 but dies, revokes, is discharged or transfers prior to day 15 and the hospice has completed the HUV1, the submission of the HUV1 record is optional because the patient is no longer a hospice patient on day 15. However, the record will be accepted. If there was pain or non-pain symptom impact rated at moderate or severe during the HUV1, and the SFV was completed within the two calendar days, it would be beneficial for the hospice to submit the HUV1 record. Here it would ultimately count favorably towards the Hospice Quality Reporting Program (HQRP) Quality Measure (QM) because the SFV was completed within two calendar days.

The HOPE SFV is based on the symptom impact as opposed to the severity rating of the experienced pain or non-pain symptom. In other words, the SFV is not an assessment of the severity, intensity, frequency, or other characteristics of the symptoms but rather the impact these symptoms have on the patient. CMS defines Symptom Impact as “The effect of symptom(s) on the patient. Symptoms may impact a patient in multiple ways, (e.g., sleep, concentration, day to day activities)”. For example, pain is rated as moderate, but the symptom impact may be rated as slight on the HOPE. Item J2051 on the HOPE tool is where symptom impact data is collected.

The HOPE Manual provides detailed item-specific guidance for the HUV, SFV and each of the items in the HOPE tool. Providers are encouraged to closely review this guidance as they develop plans for HOPE implementation in their organization.

Some of the general conventions for completing HOPE outlined by CMS in the Manual include:

- To accurately and fully complete HOPE data, hospice staff should understand what information each item requires and complete the item based only on what is being requested. Responses to items in HOPE can be selected by the assessing clinician as part of the routine assessment during a patient visit or, for select items, can be based on information documented in the clinical record and abstracted on or before the Completion Date (Item Z0500B).
- HOPE records should be submitted even if the patient revokes the hospice benefit or is discharged from hospice before all HOPE-related care processes are complete.
- If a patient is discharged (for whatever reason) before a hospice care process takes place, hospices should answer "no" to any of the HOPE gateway questions and follow the skip patterns as indicated on the individual data elements. Hospices should not leave any items blank unless directed to do so by skip patterns. All completed HOPE records must be electronically submitted to CMS.
- HOPE record submission should follow the sequence outlined in the Manual Chapter 3, Section 3.3. Timing and Sequence Policies.

The primary sources of information for completing HOPE include the following:

- Data collected through in-person visits and clinical care processes as they are completed.
- Documentation in the hospice clinical record from which the responses to HOPE data elements can be obtained.

The HQRP is currently a "pay-for-reporting" program, meaning that the act of submitting and the acceptance of the required HOPE data along with participation in the CAHPS Hospice Survey determines compliance with HQRP requirements. HOPE data collected, submitted, and accepted on time during calendar year (CY) 2026 will be processed for compliance determinations in CY 2027. The impact on hospice payment will occur in FY 2028, which starts on October 1, 2027. To be compliant for the FY 2028 Annual Payment Update (APU) reporting year and all subsequent reporting years, providers must submit at least 90% of their HOPE records within the 30-day submission deadline. Providers who do not comply with reporting requirements for any given reporting period will have their APU reduced by 4 percentage points for the corresponding FY.

CMS stated in the FY 2025 Hospice Wage Index and Payment Rate Update Final Rule, data collected by hospices during the four quarters of CY 2026 will be analyzed starting in CY 2027. Public reporting of the proposed quality measures will be implemented no earlier than FY 2028, allowing time for data analysis, review of measures' appropriateness for use for public reporting, and allowing hospices the required time to review their own data prior to public reporting.

Hospices must complete and submit required HOPE records to CMS electronically as is currently done with the HIS. CMS provides a program for hospices to submit the HIS which is called HART (Hospice Abstraction Reporting Tool). CMS will retire it when HOPE is implemented and not replace it. Therefore, each hospice provider must create electronic HOPE records and submission files using software that creates files that meet the requirements for HOPE data submission specifications, which will be available on the CMS HQRP website. Many electronic health record (EHR) companies will do this for their clients and some will submit directly to CMS on behalf of their clients. Otherwise, hospices will need to download the records from their EHR and submit them directly to CMS. This will be done through QIES.

More information on the submission and completion of the HOPE records can be found in the HOPE Manual. CMS also recently made a HOPE explainer video available which can be accessed here. As stated above, CMS will be conducting trainings and is developing an FAQ document, but a timeframe for these items was not provided. The Alliance anticipates this will take some time to develop and will update members when any new information is available from CMS.