

CHAP

HIS to HOPE

What You Need to Know

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Why a Patient Assessment Tool?

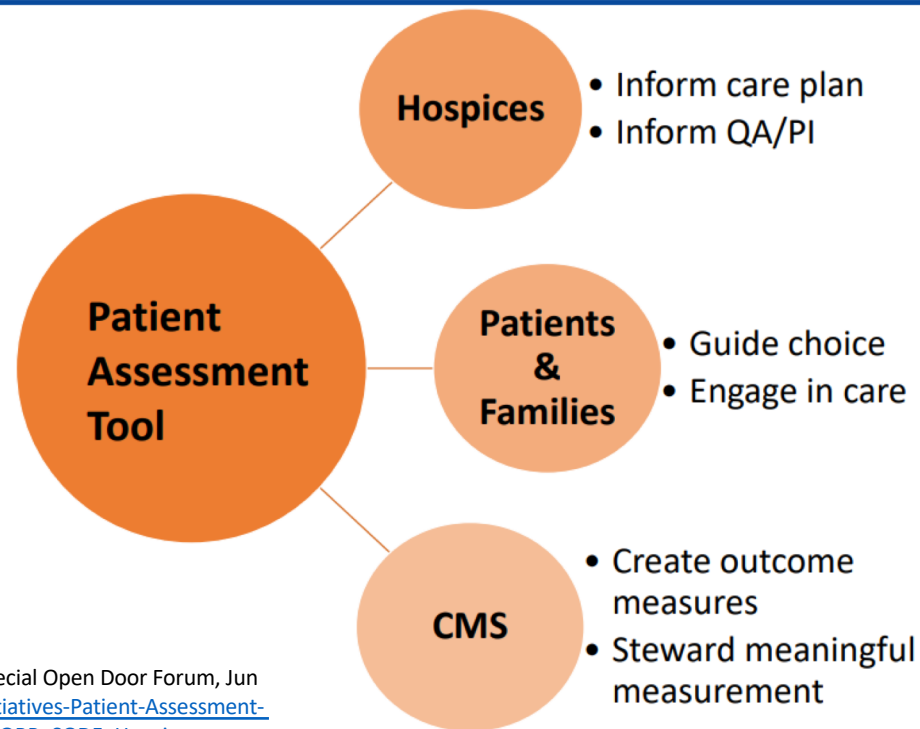
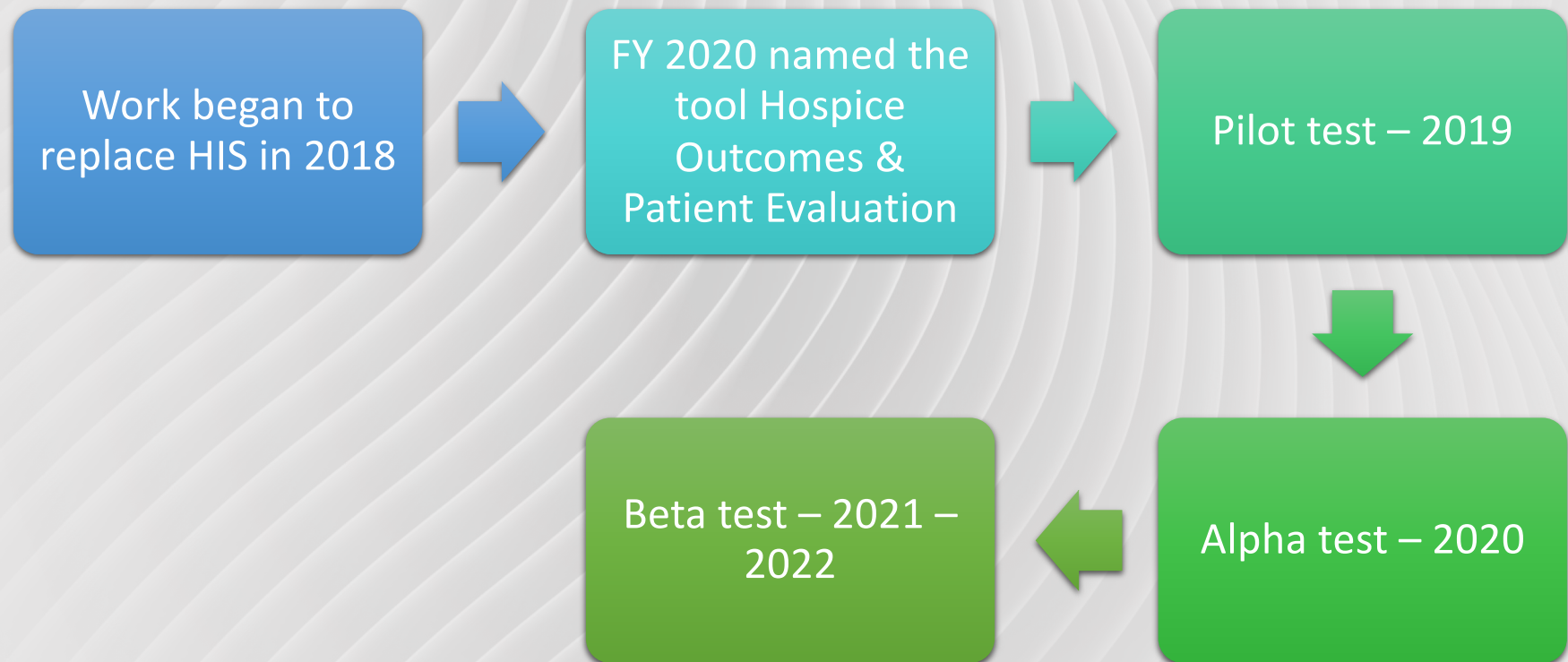


Figure source: Hospice Quality Reporting Program: Special Open Door Forum, Jun 12, 2019, https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Downloads/HQRP_SODF_Hospice-Patient-Assessment-Tool-Update_June-2019.pdf

The Lead-up to HOPE



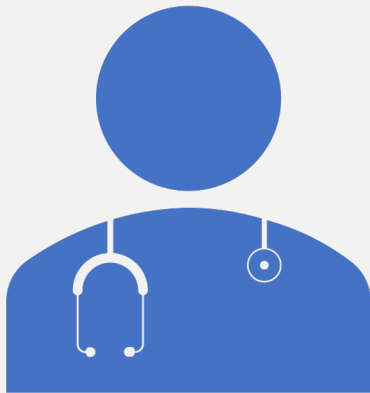
HOPE Tool Goals

Overarching Goals:

- Provide quality data for Hospice Quality Reporting Program (HQRP) requirements through standardized data collection
- Provide additional clinical data that could inform future payment refinements

Additional Objectives:

- Provide information to hospices to help inform QAPI initiatives
- Include interdisciplinary efforts in the assessment process
- Assist with hospice team care planning
- Align with Conditions of Participation



CMS Value-Based Programs (VBP)

- Value-based programs reward healthcare providers with incentive payments for the quality of care they give to people with Medicare
- These programs are part of a larger quality strategy to reform how health care is delivered and paid for
- Value-based programs also support the three-part aim:
 - Better care for individuals
 - Better health for populations
 - Lower cost
- CMS states their value-based programs are important because they're helping to move toward paying providers based on the quality, rather than the quantity of care they give patients

HOPE Timeline

Data collection - October 1, 2025

- HOPE data collection begins

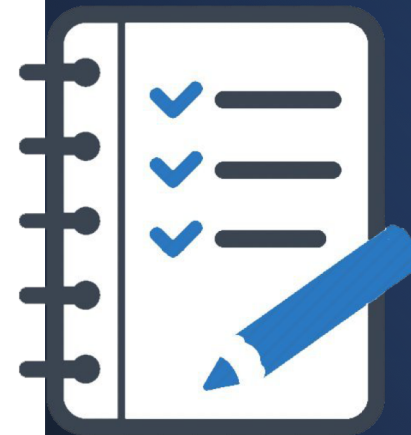
Public reporting - No earlier than CY 2028

- Public reporting of the first two HOPE-related quality measures
- CMS will have the data needed to establish the scientific soundness of quality measures that will be calculated using the standardized data after implementation
- This implementation will coordinate with the FY 2028 APU



HOPE Tool Info Checklist

- Implementation would update [§ 418.312\(a\)\(b\)\(1\)](#) to require hospices to complete and submit a standardized set of items for each patient to capture patient-level data, regardless of payer or patient age
- The HOPE tool will replace the existing Hospice Item Set (HIS) structure upon implementation
- HOPE will enable CMS to gather patient-level data during their hospice stay to support quality measures
- HOPE v1.00 contains 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



HOPE Tool General Conventions

- All Medicare-certified hospice providers are required to submit data on all patient admissions
- 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 time point
- All completed HOPE records must be electronically submitted to CMS
- Data is collected during in-person visits
- All data items must be completed
- Hospice quality reporting is at the CCN level

CHECKLIST

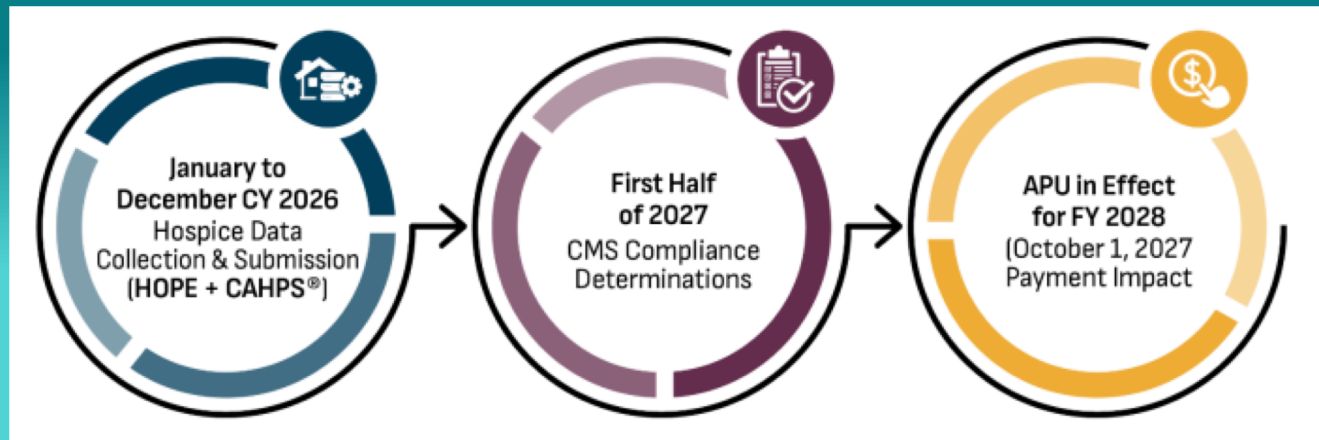


The HOPE Tool Domains

- HOPE includes several domains that are new or expanded relative to HIS, including:
 - Sociodemographic (updated)
 - Diagnoses (expanded)
 - Symptom Impact Assessment
 - Imminent death
- Data elements represent other domains such as:
 - Administrative
 - Preferences for Customary Routine Activities
 - Active Diagnoses
 - Health Conditions
 - Medications
 - Skin Conditions

HOPE Compliance Measurement

- The compliance threshold for HOPE record submission (and acceptance) is 90%
 - Admission, HUV, discharge records for each patient
- 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)



Source: Figure: HQR Compliance and Payment Impact. [Hospice Outcomes and Patient Evaluation \(HOPE\) Guidance Manual - v1.0 Final](#)

Applicable Hospice Patients



Completion of HOPE records 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 (home, nursing home, assisted living facility (ALF), freestanding hospice)
- Hospice length of stay (LOS)

HOPE Tool Administration Time Points

Admission

- The HOPE-Admission data are collected as part of the comprehensive assessment of the patient
- No later than five calendar days after the effective date of the hospice election (CoP 418.54)

HOPE Update Visit

- Collected via **in-person** visits to inform updates to the plan of care
- Up to two HUV records may be required for every hospice admission (depending on LOS and CMS will only accept 2 HUVs)
- An RN must complete the admission and HUV visit
- Since the data collected for these visits include clinical data that require a skilled nursing assessment, it is generally expected that the RN would be completing these visits

HOPE Tool Administration Time Points, cont.

Discharge

- Collected at the time of discharge
- 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

Allowable discharge reasons

- Death
- Revocation
- No longer terminally ill
- Moved out of the hospice providers' service area
- Transferred to another hospice
- Discharged for cause

There is detailed guidance and scenarios for admission and the need to complete a HUV visit in the HOPE Guidance Manual

HOPE Tool Administration Time Points



Timepoint	Definition	Timeframe
Admission	The HOPE-Admission data are collected as part of the comprehensive assessment of the patient.	No later than five 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. ²	HUV1 is required on or between days six and 15 of the hospice stay and should not be completed within the first five 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. ³

Symptom Follow-up Visit (SFV)

- The SFV is an **in-person visit** expected within **two (2) calendar days** as a follow-up for any pain or non-pain symptom impact rated as moderate or severe
- 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
- During the Admission or HUV, data collected for the Symptom Impact item may trigger the need for the SFV
- SFVs are only required when moderate or severe symptoms are documented at any Admission or HUV timepoint
- Up to three SFVs may be required over the course of the hospice stay

Symptom Follow-up Visit (SFV), cont.

- The HOPE SFV is based on the symptom impact as opposed to the severity rating of the experienced pain or non-pain symptom
- 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)
- CMS has specified that the SFV may be completed by either an RN or LPN/LVN

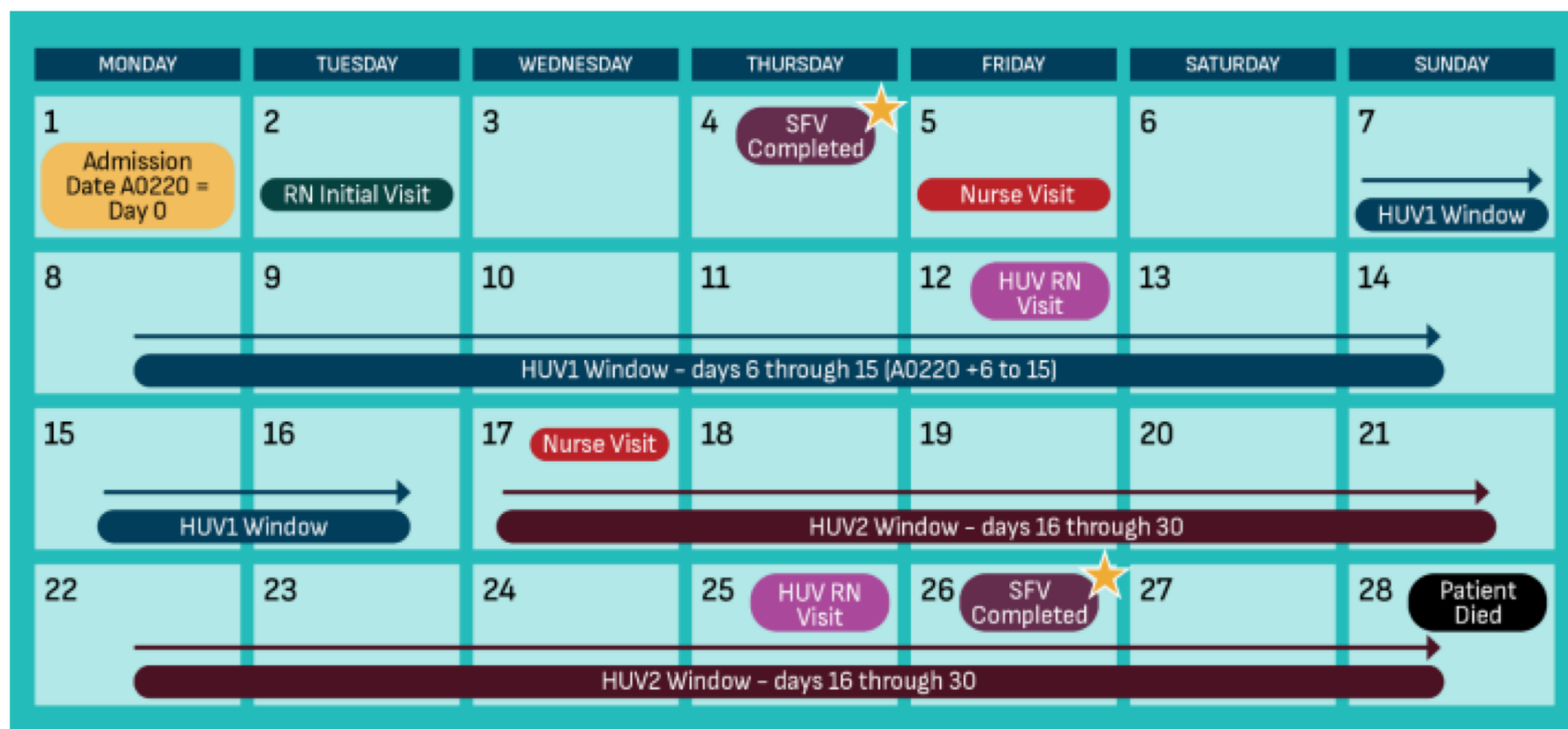
Example – Symptom Follow-up Visit Triggered at the HUV1



Table 3: Determining Whether the 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.

Example Calendar - Completed HOPE-Admission, both HUV1 and HUV2, and SFVs when Triggered



The Role of EMRs with HOPE



Serve as the platform for HOPE assessment - follow CMS specs



Need to ensure the comprehensive assessment includes all data from §418.54 Comprehensive Assessment Content and HOPE



Ensure space in admission, visit notes, HUV, SFV, and discharge documentation for free text notes by clinicians



Provide thorough training to providers on the tool



Begin testing the tool with providers sooner rather than later



Be flexible



A provider's success is dependent upon the EMR

Importance of Getting it Right - Providers

- Ensuring high-quality patient/family care
- Ensuring full payment receipt
- Positive performance in future quality measures
 - Which may be linked to payment



Success for Providers

- Know your baseline performance and measure it consistently moving forward (i.e., iQIES, CASPER, PEPPER)
- Be proactive in determining clinical practice gaps with current assessment of the patient and family status and needs
 - Regularly review clinician documentation for trends or issues overall and with individuals
 - evaluate to determine issues now with the assessment processes
- Track/trend refusal of services to determine if an update in the process needs to occur
- Ensure clinicians have proper assessment completion training and evaluation of competency



Resources

- [HOPE-Guidance-Manual_v1.00 \(PDF\)](#)
- [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 \(PDF\)](#)
- [HIS-v3.00-to-HOPE-v1.00-All Item Set - Change Table \(PDF\)](#)
- Training
 - [HOPE Data Collection Timepoints Explainer Video](#)
 - HOPE Tool Web-Based Training - To access the training, click on the following link: [HOPE Web-Based Training](#).
 - [7.1 HOPE Frequently Asked Questions \(FAQS\)](#)

CMS-HQRP

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

CMS-HOPE

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References

[Medicare Program; FY 2025 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, and Hospice Quality Reporting Program Requirements - NPRM](#)

CMS - Hospice Outcomes & Patient Evaluation (HOPE) Frequently Asked Questions
<https://www.cms.gov/files/document/hope-faqfinaldecember-2019.pdf>

CMS - What are the value-based programs?
<https://www.cms.gov/medicare/quality/value-based-programs>

[Hospice Outcomes and Patient Evaluation \(HOPE\) Guidance Manual - v1.00](#)

CMS Home Health Value-Based Purchasing Model
<https://www.cms.gov/priorities/innovation/innovation-models/home-health-value-based-purchasing-model>

CMS Expanded Home Health Value-Based Purchasing Model
<https://www.cms.gov/priorities/innovation/innovation-models/expanded-home-health-value-based-purchasing-model>

References

- [Medicare Program; FY 2025 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, and Hospice Quality Reporting Program Requirements – NPRM](#)
- CMS - Hospice Outcomes & Patient Evaluation (HOPE) Frequently Asked Questions
<https://www.cms.gov/files/document/hope-faqfinaldecember-2019.pdf>
- CMS - [FY2020 Hospice Final Rule](#)
- CMS - What are the value-based programs?
<https://www.cms.gov/medicare/quality/value-based-programs>
- [Hospice Outcomes and Patient Evaluation \(HOPE\) Guidance Manual - v1.00](#)
- CMS Home Health Value-Based Purchasing Model
<https://www.cms.gov/priorities/innovation/innovation-models/home-health-value-based-purchasing-model>
- CMS Expanded Home Health Value-Based Purchasing Model
<https://www.cms.gov/priorities/innovation/innovation-models/expanded-home-health-value-based-purchasing-model>