OUTSOURCED SERVICES

- o Revenue Cycle Management
- o Coding & OASIS
- o RCD
- o QAPI

TALENT SOLUTIONS

- o Executive Recruiting
- o Interim Leadership
- o Leadership Development
- o Employee Engagement Surveys

STRENGTH IN EVERY SOLUTION.

CONSULTING

- o Financial, Clinical, and Operations Consulting
- o Sales & Marketing
- o Information Technology
- o Compliance & Risk

MERGERS & ACQUISITIONS

- o Clinical Compliance Due Diligence
- o Quality of Earnings
- o Business Valuations
- o Post-Close Integration
- o Hospice Cap Due Diligence
- o Market Referral Due Diligence

DATA ANALYTICS

- o Market Data Analysis
- o Benchmarking
- o PDGM Analysis

COST REPORTING

- o Cost Reporting
- o Hospice Cap Reporting

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Hospice Outcomes and Patient Evaluation (HOPE) What You Should Know

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February 12, 2025

Outcomes

1. Understand the new **HOPE** tool requirements
2. Understand the types of visits required
3. Learn the time frames for the assessments
4. Understand when a follow-up visit is required

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What is the Hospice Outcomes and Patient Evaluation Tool

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Overview

- CMS developed a tool, Hospice Outcomes and Patient Evaluation (HOPE), to replace the HIS.

- Primary objectives:
  - 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
  - Support providers' quality improvement efforts via QAPI

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Who May Complete HOPE

- The clinical assessments related to the data collection would be completed by an RN.

- Other data, such as administrative data, may be collected by any appropriate hospice staff member. Per the hospice CoPs, it is at the discretion of the hospice to determine who can accurately complete HOPE.

- Each person completing any portion of HOPE should provide a signature in section Z, Record Administration.

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Acceptable Sources of Documentation

- The primary sources of information include:
  - Data collected through in-person visits and clinical care processes as they are completed
  - Documentation in the hospice clinical record from with the responses to HOPE data elements can be obtained.

- If a particular HOPE care process in not documented in the hospice clinical record, the care process is considered not to have occurred.

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HOPE Types of Visits, Timepoints and Definitions

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Timepoint Definitions and Timeframes

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]

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HOPE Data Collection Timepoints

- Admission – Day 0 through Day 5
- The patient is considered admitted to a hospice if the following conditions are met:
  - There is a signed election statement (or other agreement for non-Medicare patients).
  - The patient did not expire before the effective date of the election or agreement for care.
  - The hospice made a visit in the setting where hospice services are to be initiated
- All three must be met for the purposes of HOPE.

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HOPE Data Collection Timepoints

- HOPE Update Visit 1 (HUV1) – Day 6 – 15
- HOPE Update Visit 2 (HUV2) – Day 16 - 30
- Discharge:
  - When the patient is no longer receiving services from the hospice. Reason for discharge: expired, revoked, no longer terminally ill, moved out of hospice service area, transferred to another hospice, discharged for cause.

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HOPE Data Collection Timepoints

- Symptom Follow-up Visit (SFV)
- During the Admission or HUV, data collected for the Symptom Impact Item (J2051) may trigger the need for the SFV.
  - The SFV is an in-person visit expected within two calendar days as a follow-up for any pain or non-pain symptom impact rated as moderate or severe. This visit must be separate from the Admission or HUV.
  - It may occur anytime within two calendar days or later on the same day as the Admission or HUV assessment was completed.
  - Up to three (3) SFVs may be required over the course of the hospice stay, depending upon the responses to J2051.

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Examples of HOPE tool

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Diagnoses

I0010. Principal Diagnosis

Enter Code
01. Cancer
02. Dementia (including Alzheimer's disease)
03. Neurological Condition (e.g., Parkinson's disease, multiple sclerosis, amyotrophic lateral sclerosis (ALS))
04. Stroke
05. Chronic Obstructive Pulmonary Disease (COPD)
06. Cardiovascular (excluding heart failure)
07. Heart Failure
08. Liver Disease
09. Renal Disease
99. None of the above

Comorbidities and Co-existing Conditions

↓ Check all that apply

	Cancer
☐	I0100. Cancer
	Heart/Circulation
☐	I0600. Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema)
☐	I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
☐	I0950. Cardiovascular (excluding heart failure)
	Gastrointestinal
☐	I1101. Liver disease (e.g., cirrhosis)
	Genitourinary
☐	I1510. Renal disease
	Infections
☐	I2102. Sepsis
	Metabolic
☐	I2900. Diabetes Mellitus (DM)
☐	I2910. Neuropathy
	Neurological
☐	I4501. Stroke
☐	I4801. Dementia (including Alzheimer's disease)
☐	I5150. Neurological Conditions (e.g., Parkinson's disease, multiple sclerosis, ALS)
☐	I5401. Seizure Disorder
	Pulmonary
☐	I6202. Chronic Obstructive Pulmonary Disease (COPD)
	Other
☐	I8005. Other Medical Condition

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Death is Immanent

J0050. Death is Imminent	
Enter Code	At the time of this assessment and based on your clinical assessment, does the patient appear to have a life expectancy of 3 days or less? 0. No 1. Yes

- This is based on the clinician's assessment of the patient's status at the time of the visit.
- The response does not indicate a statement of the actual prognosis but rather the likelihood that death may be imminent based on the symptoms the clinician is observing.

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Next Steps

- CMS will continue to collect data only at admission and discharge from hospice via the HIS until September 30, 2025.
- Beginning October 1, 2025, HOPE will collect quality data by introducing additional time points, referred to as the HOPE Update Visits (HUVs). The HUVs enable CMS to gather patient-level data during the first 30 days after a beneficiary elects hospice
- It will not affect outcome scoring and public reporting until the fiscal year 2028, which begins on October 1, 2027.

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Next Steps

- Work with your Electronic Health Record vendor to ensure the HOPE tool will be ready to use by October 1, 2025

- Provide education to any and all staff who will collect the data and/or complete the tool, and submit the files to QIES.

- Once the tool is active, ensure accuracy and track submissions: be sure all files are submitted timely and accepted in QIES.

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Reference:

- www.cms.gov/files/document/hope-guidance-manualv100.pdf
  - (pg 51 forward)

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