

CHAP

The HOPE Assessment Tool *What You Need to Know*

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Learning Objectives

- Describe the implementation of the HOPE assessment tool
- Discuss content highlights and their impact on hospice program operations in the future

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

Final FY 2025 Payment Update Rule

Posted in the Federal Register 8/6/2024

<https://www.govinfo.gov/content/pkg/FR-2024-08-06/pdf/2024-16910.pdf>

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

§418.54 Comprehensive Assessment Content – No changes

Content must include:

- **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 his or her own care**
- Imminence of death
- Severity of symptoms
- **The need for referrals and further evaluation by appropriate health professionals***
- **Drug profile**
- **Bereavement assessment**

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



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

Public Reporting of Quality Measures

Find & compare providers near you.

Not sure what type of provider you need?
[Learn more about the types of providers.](#)



Welcome



Doctors & clinicians



Hospitals



Nursing homes including rehab services



Home health services



Hospice care

Welcome!

You can use this tool to find and compare different types of Medicare providers (like physicians, hospitals, nursing homes, and others). Use our maps and filters to help you identify providers that are right for you.

<https://www.medicare.gov/care-compare/>

- CMS finalized its decision not to use the data from the first quarter Q4 CY 2025 for assessing the validity and reliability of the quality measures
- CMS will assess the quality and completeness of the data near the end of Q4 2025 before publicly reporting the measures
- Data collected by hospices during the four quarters of CY 2026 (for example, Q 1, 2, 3, and 4 CY 2026) will be analyzed starting in CY 2027
- CMS stated that it will inform the public of the decisions about whether to report some or all the quality measures publicly based on the findings of analysis of the CY 2026 data.

Data Collection Specifications

- At the time of implementation, all HOPE records would need to be submitted as an XML file (the same as for the HIS)
- CMS will conduct a call with software developers and vendors after the draft specifications are posted, during which they will respond to questions, comments, and suggestions
- CMS stated that software developers and vendors should not wait for final technical data specifications to begin the development of their products
- Retirement of Hospice Abstraction Reporting Tool (HART)
- CMS will no longer provide a free tool for standardized data collection

Training 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.pdf>
<https://www.cms.gov/files/document/hope-guidance-manualv100.pdf>

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](#).

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

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



HOPE Tool Nuts & Bolts

Information in the section is from the HOPE Guidance Manual v1.00

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 an 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

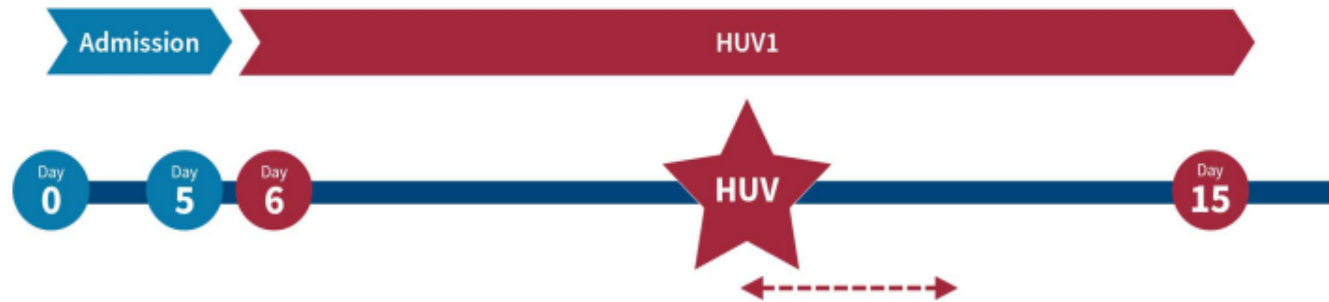
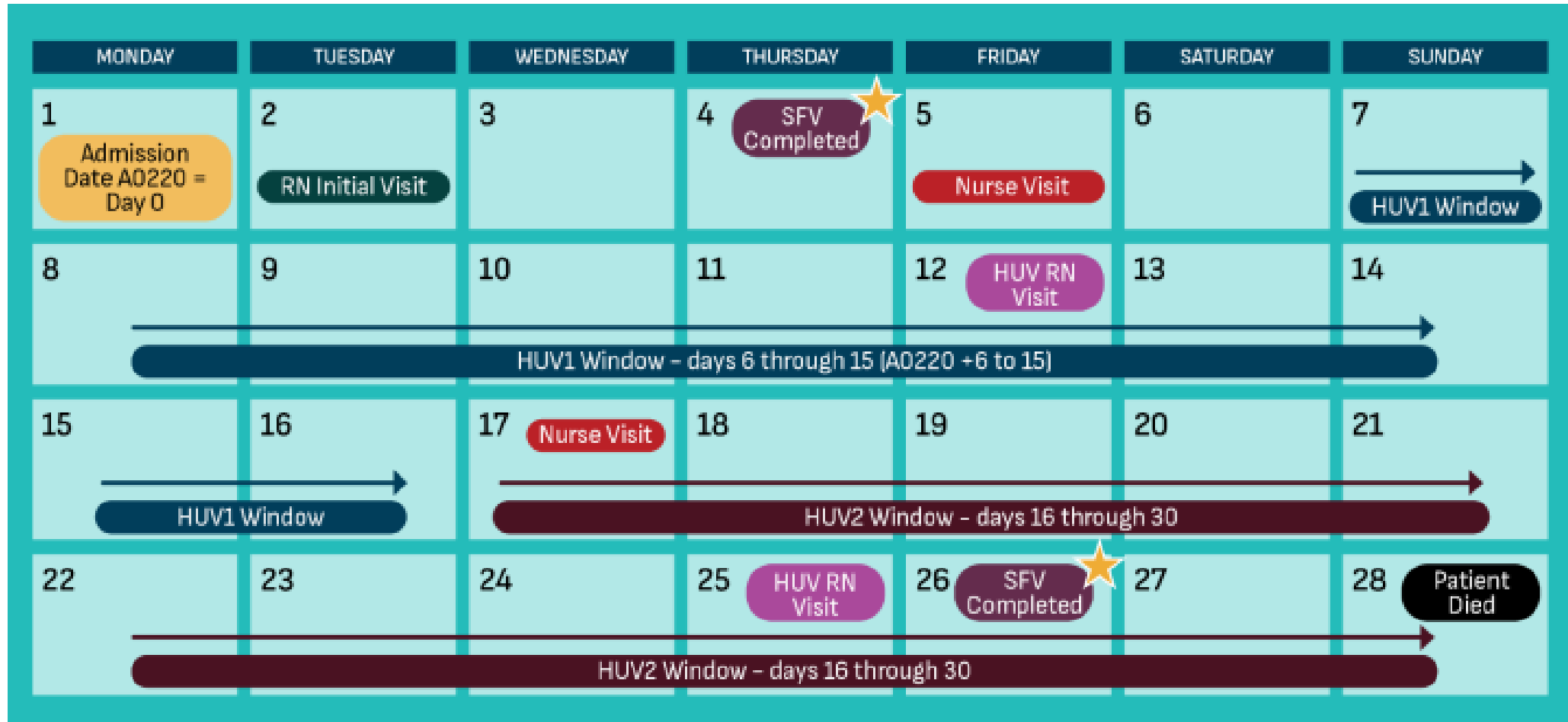


Table 3: Determining Whether the SFV is Required

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



Special Circumstances

Administrative Discharges

- If the patient **remains under hospice care** with no interruption in hospice service, completion of a HOPE-Discharge record is **not required**

Example: Changes in payer source, failure to meet timely F2F

Patient Transfers

- If a patient transfers from one hospice provider to another provider, and the two hospices have different CCNs, each hospice should complete:
 - A hope-admission
 - A HOPE update visit record (if applicable)
 - A HOPE discharge record for the care provided to the patient by their organization
- HUV time points may be required and expected from either hospice

Special Circumstances

Traveling Patients – Scenarios

- Managing/home hospice provider discharges the patient for leaving the service area
- Required completion of a HOPE Discharge record
- Managing/home hospice provider contracts with another hospice provider in the travel area
- No HOPE admission or HOPE-Discharge record is completed



HOPE Tool Sections

Information in the section is from the HOPE Guidance Manual v1.00

HOPE 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



OMB Control Number: 0938-1153
Expiration: XX/XX/XXXX

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



Effective October 1, 2025

Centers for Medicare & Medicaid Services
Hospice Quality Reporting Program

<https://www.cms.gov/files/document/hope-guidance-manualv100.pdf>

Section A: Administrative Information



Contains key information that uniquely identifies each patient, the hospice, and potential patient care needs

- Patient demographics (i.e., Adm date, legal name, site of service, payer source, etc.)
- Includes questions related to ethnicity, race, language
- Type of HOPE record (Admission, HUV, Discharge)

Section F: Preferences

- This section is intended to capture the process and evidence of communication about patient preferences including life-sustaining treatment preferences and spiritual/existential concerns
- MD orders alone, without evidence of discussion or involvement from the patient/responsible party, are not sufficient to check yes to whether they were asked about preference regarding the use of CPR
- **CPR preference**
 - Was the patient/responsible party asked about preference regarding the use of CPR?
 - Date the patient/responsible party was first asked about preference regarding the use of CPR

Section F: Preferences

- **Other Life-Sustaining Treatment Preferences**
 - Was the patient/responsible party asked about preferences regarding life-sustaining treatment other than CPR?
 - Date the patient/responsible party was first asked about preferences regarding life-sustaining treatments other than CPR
- **Hospitalization Preference**
 - Was the patient/responsible party asked about preference regarding hospitalization?
 - Date the patient/responsible party was first asked about preference regarding hospitalization
- **Spiritual/Existential Concerns**
 - Was the patient and/or caregiver asked about spiritual/existential concerns?
 - Date the patient and/or caregiver was first asked about spiritual/existential concerns

Section I: Active Diagnoses

Principal diagnosis section

- Items in this section of HOPE pertain to the principal diagnosis of the patient
 - The diagnosis that most contributes to the patient's life expectancy of six months or less if the illness runs its normal course at the time of admission
- Item completion must be based on what is indicated in the clinical record

Comorbidities section

- Refers to diseases or medical conditions that occur simultaneously with the principal diagnosis
- Review the medical record for comorbidities and/or coexisting conditions.
- Check all diseases or medical conditions that are addressed in the plan of care or that have the potential to impact the plan of care

Section J: Health Conditions

- The items in this section are intended to:
 - Items in this section are intended to document the physical symptoms and the **impact** of pain and non-pain symptoms on the patient
 - incorporate information from the interview with the patient and family/caregiver, as well as the clinical assessment and judgment of the assessing nurse if the patient is unable to participate
- Items include an assessment of imminent death, screening for pain, a comprehensive pain assessment if warranted, and screening for dyspnea
- Pain & dyspnea include screenings and assessments similar to HIS
- Must indicate the type of standardized symptom assessment tool used

Section J: Health Conditions – Symptom Reassessment

Timepoint(s) Item Completed

- Admission (ADM)
- HOPE Update Visit (HUV)

Visit Rationale

- This visit is to assess the patient for the impact of symptoms
- This is not an assessment of the severity, intensity, frequency, or other characteristics of the symptoms listed, but the impact these symptoms have on the patient.
- Unlike the assessments, the SFV item for symptom follow-up may be completed by either an RN or LPN/LVN

Section J: Health Conditions – Symptom Reassessment

Symptom Reassessment (SRA)

- Follow-up for moderate or severe symptoms
- The SRA visit should occur within two (2) calendar days as a follow-up for any moderate or severe pain or non-pain symptom impact identified during an Admission or HUV

SRA impact

- For each symptom a code is entered that best describes how the patient has been affected
- The assessing clinician, based on the patient/caregiver interview, observation, clinical assessment, and clinical judgment, determines how each symptom has affected the patient

Section M: Skin Conditions

- The items in this section document the presence, type, and current treatment of various skin conditions common in the hospice patient population
- Skin conditions, wounds, and lesions affect the quality of life for patients because they may limit activity and be painful
- Items identify patients at risk for further complications or skin injury
- Will need to include skin items in your assessment tool that are not included in the HOPE (i.e., wound measurements)

Section N: Medications

Items in this section of HOPE gather information on opioids and bowel regimens

Items include:

- Scheduled opioids
- PRN opioids
- Bowel regimen
 - Pharmacological
 - Non-pharmacological
 - Multiple regimen



Record Related Completion & Submission

Section Z: Record Administration

- Items in this section contain 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/>

Know Your Performance



- 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



HOPE Preparation

- Work closely with your EMR/EHR vendor
- Stay updated re: HOPE and HQRP:
 - CMS websites and list serves
 - Webinars/Conferences
 - State/National Associations

Hospice Future Pathway Pay for Performance

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

CMS Expanded Home Health Value-Based Program (HHVBP)

- Finalized in the CY 2022 Home Health Prospective Payment System rule
- Under the expanded HHVBP Model, HHAs receive adjustments to their Medicare fee-for-service payments based on their performance against a set of quality measures, relative to their peers' performance
- Performance on these quality measures in a specified year (performance year) impacts payment adjustments in a later year (payment year)
- HHAs are assigned to either a nationwide larger-volume cohort or nationwide smaller-volume cohort to group HHAs that are of similar size and are more likely to receive scores on the same set of measures for purposes of setting benchmarks and achievement thresholds and determining payment adjustments
- For more details about the expanded Model, please see [HHVBP Resources](#)

Preparing for VBP

- Assessment skills will be a key component in the implementation of the HOPE standardized assessment tool and future versions
- Skills include:
- Competency
 - Accuracy
 - Consistency
 - Efficiency without sacrificing documentation of essential information
- Know your patient population and your data
- Surround yourself with a dedicated team
- Focus on patient engagement
- Empower your staff through training
- Embrace and leverage the power of technology
- Provide high-quality care to patients/families



CHAP Upcoming Education

Power up 2025 Web Series

- Nov 5th: Compliance as Your Compass
- Nov 7th: Territory Mapping for Success
- Nov. 12th: Growth Mindset
- Nov. 14th: Creating a Stellar Start: Effective Healthcare Orientations
- Nov. 19th: Driving Growth and Improving Outcomes: The Power of Business Development-Clinical Alignment
- Nov. 21st: Avoiding the Pitfalls: Handling Performance Issues Effectively

<https://education.chaplinq.org/p/VirtualLearningSeries>

Five Star Pathway: Your Clear Path to Excellence

- **Master the Five-Star Path:** Discover the proven roadmap to achieving Five-Star status and increasing your response rates.
- **CAHPS Star System Demystified:** Learn how to calculate your Stars with small sample sizes and leverage the CAHPS Star System to your advantage.
- **Design Your Five-Star Visit Structure:**
 - Routine Visits
 - Admissions Visits
 - Facility Visits
 - And more

12/10: 11am-3:30pm ET

12/11: 11am-3:30pm ET

<https://education.chaplinq.org/p/five-star-pathway>

CHAP

Thanks
for All You Do

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<https://chapinc.org/>

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

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

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>