Hospice Outcomes and Patient Evaluation (HOPE)

Starting October 1, 2025, the current hospice data set (HIS) will be replaced by the new Hospice Outcomes and Patient Evaluation (HOPE) assessment. Hospice providers will be required to submit data via iQUIES. Click here for the final CMS rule. Click here for the HOPE Guidance Manual.

In general, hospices are required to submit up to four records for each patient admitted to their organization: a **HOPE-Admission record**, a **HOPE-Discharge record**, and **up to two HOPE Update Visits (HUVs)**. Depending on the patient's length of stay (LOS), up to two HUV assessments/records may be required for every hospice admission, each at specified timeframes. HOPE data are collected during the hospice's routine clinical assessments and are based on unique patient assessment visits. However, not all HOPE items are completed at every timepoint. The HUV timepoints are designed to inform updates to the patient's written plan of care.

HOPE Admission: A patient is considered admitted to a hospice when the following conditions are met:

- There is a signed election statement (or other agreement for care 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 criteria listed above must be met for the patient to be considered admitted for the purposes of HOPE reporting.

HUV1 Assessment: Should be conducted on or between days six and 15, but not within the first five days after the date of admission.

HUV2 Assessment: Should be conducted on or between days 16 and 30. The date of the hospice election would be considered "Day0." (For different time point

scenarios/examples, view the HOSPICE Guidance Manual).

During the Admission or HUV, data collected for the Symptom Impact item (J2051) may trigger the need for the **Symptom Follow-up Visit (SFV)**. The purpose of the SFV aims to enhance patient care by ensuring timely reassessment and management of symptoms for patients with moderate to severe symptoms. This will be an in-person visit expected within 2 calendar days as a follow-up for any pain or non-pain symptom impact that was rated as moderate or severe. This visit is a separate visit from the Admission or HUV. This visit may occur anytime within the 2 calendar days, or later on the same day as the initial finding of the moderate or severe symptoms. Depending on the LOS, up to 3 SFVs may be required over the course of the hospice stay. (**NOTE**: The HOPE Manual also includes scenarios on when this should be completed.)

Discharge Assessment: A patient is considered discharged when the patient is no longer receiving services from the hospice, or there is an interruption in care/services related to one of the reasons listed in Item A2115. Reasons for discharge include: expired, revoked, no longer terminally ill, moved out of hospice service area, transferred to another hospice, discharged for cause.

ADDITIONAL KEY POINTS:

For all current patients with discharges occurring through September 30, 2025, completion and submission of both the HIS Admission and Discharge is required.

For patients admitted through September 30, 2025, but discharged on or after October 1, 2025, providers will:

- Complete and submit the HIS Admission.

- Not be required to administer the HUV assessment(s).
- Complete and submit a HOPE Discharge assessment.

For all patients admitted on or after October 1, 2025, only HOPE records will be accepted by CMS.

- The HOPE-Admission
- HOPE Update Visit(s), if applicable
- HOPE-Discharge records.

Completion of HOPE records (formerly HIS) applies to all patient admissions to a Medicare-certified hospice program regardless of payer source (Medicare, Medicaid, or private payer); Patient age; Where the patient receives hospice services: a private home, nursing home, assisted living, or hospice inpatient facility; or Hospice LOS.

Knowledgebase
http://kb.barnestorm.biz/KnowledgebaseArticle51736.aspx