SHP
STRATEGIC HEALTHCARE PROGRAMS

SHP for **Hospice** HANDOUT

Frequently Asked Questions:
The Journey from HIS to HOPE

The shift from the traditional Hospice Item Set (HIS) to the Hospice Outcomes and Patient Evaluation (HOPE) tool is a significant milestone for the Hospice Quality Reporting Program (HQRP). Designed to provide a more patient-centered approach, the new HOPE tool offers detailed insights into patient care and experience, ultimately enhancing quality standards in hospice services.

This FAQ guide provides answers to common questions on the implementation, data collection, and benefits of HOPE, ensuring your organization is prepared for this important shift.

1 What is the HOPE Tool?

The Hospice Outcomes and Patient Evaluation (HOPE) tool is a patient assessment initiative developed by the Centers for Medicare & Medicaid Services (CMS). Scheduled for implementation starting October 1, 2025, HOPE replaces the HIS by introducing real-time, comprehensive data collection points during a patient's hospice care.

While HIS focused on retrospective data collection at admission and discharge, HOPE provides more frequent assessments, known as HOPE Update Visits (HUVs), allowing for timely evaluations and interventions.

Key features include:

- Collecting data during admission and two additional assessment points in the first 30 days.
- Real-time capturing of patient and family care needs.
- Supporting new quality measures that better reflect ongoing care.

2 Why is the transition happening?

HIS, while valuable, primarily provided a retrospective view of hospice care using abstracted medical records. HOPE was developed to:

- Enable real-time assessments.
- Align with patient-centered care standards.
- Provide data that supports both quality improvements and future payment refinements.
- Better accommodate diverse clinical needs throughout a patient's hospice stay.

CMS's aim is to ensure hospices have access to actionable data that can improve care planning, meet compliance requirements, and enable public reporting on quality measures.

3 What are HOPE Update Visits (HUVs)?

HOPE introduces HOPE Update Visits (HUVs) in addition to the initial admission assessment. These visits are required for longer hospice stays and are collected via an in-person visit to inform updates to the plan of care.

- HUV1 is required on or between days six and 15 of the hospice stay
- HUV2 is required on or between days 16 and 30 after the hospice election.

4 What quality measures are tied to HOPE?

CMS has finalized two quality measures linked to HOPE that focus on symptom management and timely care delivery based on the reporting of the Symptom Follow-up Visit (SFV):

- Timely Follow-up for Pain Impact: This measures the percentage of patients who receive follow-up visits within two days after reporting moderate or severe pain.
- Timely Follow-up for Non-Pain Symptom Impact: Similar to the above, this evaluates follow-up visits for non-pain symptoms within the two-day window.

Both measures underline the importance of addressing symptoms promptly, improving the quality of life for hospice patients. These metrics also serve as benchmarks for public reporting, allowing hospices to demonstrate their commitment to high-quality care.

5 Who can complete the SFU Visits?

Only in-person nursing visits by the RN or LPN would be acceptable to complete the SFV and count toward that numerator for the new HOPE measures.

6 Is October 1, 2025, the final implementation date for HOPE?

Yes, October 1, 2025, is the final implementation date for HOPE. Only HOPE data will be accepted for all patients admitted or discharged on or after October 1, 2025. If a patient was admitted with a Hospice Item Set prior to October 1st, 2025, you would only be doing a HOPE discharge.

7 For patients admitted just before 10/1/25 using the HIS, will providers have to submit the HUV timepoint, or is that only for new patients admitted on or after 10/1/25?

The HUV data collection timepoints will only apply to new patients admitted on or after October 1, 2025, using the HOPE tool.

8 Will CMS have any period where both HOPE and HIS records are acceptable, or is it just a hard cutover on 10/1/25?

While there will be some transition time to allow for HIS record corrections, only HOPE records will be accepted for all patients admitted or discharged on or after October 1, 2025.

9 Have the Submission Deadlines changed with HOPE?

No, the submission requirements for HOPE assessments will stay as 30 days. This will include the new HUV1 and HUV2 if completed based on the length of stay for each patient. Ninety percent of the HOPE data must be submitted within the thirty-day deadline during the calendar year to avoid that four percent payment penalty in the corresponding fiscal year

10 Will HOPE make assessments more complex?

While HOPE introduces new timepoints and data elements, its design aligns with existing hospice workflows to minimize disruption. Many of the data points were informed by input from hospice providers during beta testing, ensuring relevance and feasibility for routine care processes.

Challenges Addressed During Testing

- Standardization of Data Points: Ensures clarity and consistency.
- Feasibility Improvements: Beta testing revealed minor gaps, which were addressed to enhance usability.
- Real-Time Data Collection: Promotes efficiency while supporting clinical decision-making.

11 What are the benefits of HOPE for hospices and patients?

HOPE is more than just a compliance tool; it's a vehicle for elevating care quality and optimizing operations. Benefits include:

- Improved Patient Care: Real-time evaluations ensure symptoms are managed promptly, enhancing patient comfort.
- Data-Driven Decisions: Actionable insights help refine care plans and strategies.
- Enhanced Reporting: Publicly reported measures showcase hospice performance, building trust with patients and families.
- Future-Proofing: HOPE supports CMS's evolving quality standards, ensuring hospices remain compliant under HQRP.

12 How can our hospice prepare for the transition?

Early preparation is crucial for a smooth transition to HOPE. Here's how to get started:

- Train Your Team: Ensure all clinicians understand new data points and workflows
- Review Resources: Familiarize your team with the HOPE Guidance Manual and CMS-provided education.
- Upgrade Technology: Ensure your electronic health records (EHR) system can accommodate HOPE data collection and reporting

13 When will the transition to iQIES from QIES be made?

CMS' Internet Quality Improvement & Evaluation System (iQIES) will replace QIES and CASPER in 2025.

- Hospices will transition to iQIES with the launch of HOPE, beginning October 1, 2025.
- CMS' free HART tool will be retired so hospice providers will need to work with their EHR to support downloading the assessments in the proper format.
- Providers can choose to submit the records themselves or arrange with a 3rd party to submit on their behalf.

14 What is different about iQIES vs. QIES?

- Only one log in, CMSNet goes away.
- iQIES access is not limited to just 2 users.

15 How do I set up new iQIES Accounts?

Step 1: All hospice users need a HARP user ID

- HARP = Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) account.
- Once obtained, they will access iQIES to request a specific role to access the functionality in iQIES.
- A CMS approved Provider Security Official (PSO) is responsible to approve all users for their hospice (e.g., third parties and vendors).

Step 2: PSO

- CMS approves the first PSO for each hospice.
- Hospices appoint at least one PSO. CMS recommends two PSOs.
- The PSO must be in place prior to any other user obtaining their iQIES role.
- Information about the process and timeline for onboarding hospice PSOs will be released in summer 2025.

16 iQIES – What stays the same?

The Hospice workflow:

- Hospices will continue to assess patients, code the HOPE tool, and submit an XML file.
- Access to reports in iQIES: support downloading the assessments in the proper format
  - Some will be automatically generated and placed in your folders.
  - Others can be run on an ad hoc basis.
  - Detailed information about the reports available with the migration of submissions into iQIES will be distributed later.
- CMS will continue to provide a validation utility tool (VUT), for vendors and third parties to check their software.