Hospice Item Set (HIS) Version(V)3.00 to Hospice Outcomes and Patient Evaluation (HOPE)V1.00 – Draft Item Set Change Table

#	Item Set(s) Affected	Item / Text Affected	HIS V3.00	HOPE V1.00	Rationale for Change / Comments
1.	All	Header	HIS – V3.00	HOPE – V1.00	Updated header.
2.	All	Footer	HIS – V3.00 V3.00 Effective 02/16/2021	HOPE – V1.00 V1.00 Effective no sooner than 10/01/2025	Updated footer.
3.	All	N/A	N/A	Punctuation and style revisions applicable throughout the instrument.	Punctuation and style revisions to align with HIS V3.00 for existing data elements and for standardized patient assessment data elements to align with PAC cross-setting data elements (e.g., Ethnicity A1005, Race A1010).

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4.	Admission	A0205	**A0205. Site of Service at Admission** **01.** Hospice in patient's home/residence **02.** Hospice in Assisted Living facility **03.** Hospice provided in Nursing Long Term Care (LTC) or Non-Skilled Nursing Facility (NF) **04.** Hospice provided in a Skilled Nursing Facility (SNF) **05.** Hospice provided in Inpatient Hospital **06.** Hospice provided in Inpatient Hospice Facility **07.** Hospice provided in Long Term Care Hospital (LTCH) **08.** Hospice in Inpatient Psychiatric Facility **09.** Hospice provided in a place not otherwise specified (NOS) **10.** Hospice home care provided in a hospice facility	**A0215. Site of Service at Admission** **01.** Patient's Home/Residence **02.** Assisted Living Facility **03.** Nursing Long Term Care (LTC) or Non-Skilled Nursing Facility (NF) **04.** Skilled Nursing Facility (SNF) **05.** Inpatient Hospital **06.** Inpatient Hospice Facility (General Inpatient (GIP)) **07.** Long Term Care Hospital (LTCH) **08.** Inpatient Psychiatric Facility **09.** Hospice Home Care (Routine Home Care (RHC)) Provided in a Hospice Facility **99.** Not listed	HIS origin. CMS approved changes to remove "hospice in…" and "hospice provided in…" language for simplicity. For response option 06. Added GIP for clarity. Response option 09. was changed to Hospice Home Care (Routine Home Care (RHC)) Provided in a Hospice Facility. RHC was added for clarity. Original response option 09 language, "place not otherwise specified (NOS)" was removed. Added option 99. Not listed.

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5.	Admission	A0245	**A0245. Date Initial Nursing Assessment Initiated** Month(_ _) Day(_ _) Year(_ _ _ _)	N/A	This item was deleted as it was not being used.
6.	Admission, Discharge, Hope Update Visit (HUV)	A0250	**A0250. Reason for Record** **01.** Admission **02.** Discharge	**A0250. Reason for Record** **1.** Admission (ADM) **2.** HOPE Update Visit (HUV) **9.** Discharge (DC)	Changed to single digit response codes and added to the new HOPE timepoint, HUV.
7.	Admission, Discharge	A0600	**A0600. Social Security and Medicare Numbers** **A.** Social Security Number **B.** Medicare number (or comparable railroad insurance number)	**A0600. Social Security and Medicare Numbers** **A.** Social Security Number **B.** Medicare Number	Changed to remove phrase in parentheses "or comparable railroad insurance number."
8.	Admission	A1000	**A1000. Race/Ethnicity** • **Check all that apply** **A.** American Indian or Alaska Native **B.** Asian **C.** Black or African American **D.** Hispanic or Latino **E.** Native Hawaiian or Other Pacific Islander **F.** White	N/A	A1000 was deleted and replaced with separate standardized patient assessment data elements for Ethnicity (A1005) and Race (A1010).

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9.	Admission	A1005	**A1000. Race/Ethnicity** ↓ **Check all that apply** **A.** American Indian or Alaska Native **B.** Asian **C.** Black or African American **D.** Hispanic or Latino **E.** Native Hawaiian or Other Pacific Islander **F.** White	**A1005. Ethnicity** Are you of Hispanic, Latino/a, or Spanish origin? ↓ **Check all that apply** **A.** No, not of Hispanic, Latino/a, or Spanish origin **B.** Yes, Mexican, Mexican American, Chicano/a **C.** Yes, Puerto Rican **D.** Yes, Cuban **E.** Yes, another Hispanic, Latino, or Spanish origin **X.** Patient unable to respond **Y.** Patient declines to respond	A1000 was deleted and replaced with the standardized patient assessment Ethnicity data element A1005 to align with the finalized Standardized Patient Assessment Data Elements in other PAC settings. The new Ethnicity data element aligns with 2011 HHS race and ethnicity data standards for person-level data collection, while maintaining the 1997 OMB minimum data standards for race and ethnicity.

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10.	Admission	A1010	**A1000. Race/Ethnicity** ↓ **Check all that apply** **A.** American Indian or Alaska Native **B.** Asian **C.** Black or African American **D.** Hispanic or Latino **E.** Native Hawaiian or Other Pacific Islander **F.** White	**A1010. Race** What is your race? ↓ **Check all that apply** **A.** White **B.** Black or African American **C.** American Indian or Alaska Native **D.** Asian Indian **E.** Chinese **F.** Filipino **G.** Japanese **H.** Korean **I.** Vietnamese **J.** Other Asian **K.** Native Hawaiian **L.** Guamanian or Chamorro **M.** Samoan **N.** Other Pacific Islander **X.** Patient unable to respond **Y.** Patient declines to respond **Z.** None of the above	A1000 was deleted and replaced with the standardized patient assessment Race data element, A1010, to align with the finalized Standardized Patient Assessment Data Elements in other PAC settings. The Race data element aligns with 2011 HHS race and ethnicity data standards for person-level data collection, while maintaining the 1997 OMB minimum data standards for race and ethnicity.
11.	Admission	A1110	**N/A**	**A1110. Language** **A. What is your preferred language?** **B. Do you need or want an interpreter to communicate with a doctor or health care staff?** 0. No 1. Yes 9. Unable to determine	New standardized patient assessment data element, which has been adopted in other PAC settings, approved for inclusion in hospice.

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12.	Admission	A1400	**A1400. Payor Information** **Check all existing payer sources at the time of this assessment that apply** **A.** Medicare (traditional fee-for-service) **B.** Medicare (managed care/Part C/Medicare Advantage) **C.** Medicaid (traditional fee-for-service) **D.** Medicaid (managed care) **G.** Other government (e.g., TRICARE, VA, etc.) **H.** Private insurance/Medigap **I.** Private managed care **J.** Self-pay **K.** No payor source **X.** Unknown **Y.** Other	**A1400. Payer Information** **Check all existing payer sources at the time of this assessment that apply** **A.** Medicare (traditional fee-for-service) **B.** Medicare (managed care/Part C/Medicare Advantage) **C.** Medicaid (traditional fee-for-service) **D.** Medicaid (managed care) **G.** Other government (e.g., TRICARE, VA, etc.) **H.** Private insurance/Medigap **I.** Private managed care **J.** Self-pay **K.** No payer source **X.** Unknown **Y.** Other	Spelling change made from "Payor" to "Payer."

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13.	Admission	A1802	**A1802. Admitted From Immediately preceding this admission, where was the patient?** **01.** Community residential setting (e.g., private home/apt., board/care, assisted living, group home, adult foster care) **02.** Long-term care facility **03.** Skilled Nursing Facility (SNF) **04.** Hospital emergency department **05.** Short-stay acute hospital **06.** Long-term care hospital (LTCH) **07.** Inpatient rehabilitation facility or unit (IRF) **08.** Psychiatric hospital or unit **09.** ID/DD Facility **10.** Hospice **99.** None of the Above	**A1805. Admitted From Immediately preceding this admission, where was the patient?** **01.** Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) **02.** Nursing Home (long-term care facility) **03.** Skilled Nursing Facility (SNF, swing beds) **04.** Short-Term General Hospital (acute hospital, IPPS) **05.** Long-Term Care Hospital (LTCH) **06.** Inpatient Rehabilitation Facility (IRF, free standing facility or unit) **07.** Inpatient Psychiatric Facility (psychiatric hospital or unit) **08.** Intermediate Care Facility (ID/DD facility) **10.** Hospice (institutional facility) **11.** Critical Access Hospital (CAH) **99.** Not Listed	Change from A1802 to A1805 to align with "Admitted From" data elements from the LTCH and SNF PAC settings (A1805) as well as the Admit From data element (A15) in the IRF setting. Response options "09. Hospice (home/non-institutional)," and "12. Home under care of organized home health service organization," were removed due to CMS' decision that 01 would suffice for both since the patient would still be at home in the community setting.

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14.	Admission	A1905	N/A	**A1905. Living Arrangements** **Identify the patient's living arrangement at the time of this admission:** **1.** Alone (no other residents in the home) **2.** With others in the home (e.g., family, friends, or paid caregiver) **3.** Congregate home (e.g., assisted living or residential care home) **4.** Inpatient facility (e.g., skilled nursing facility, nursing home, inpatient hospice, hospital) **5.** Does not have a permanent home (e.g., has unstable housing or is experiencing homelessness)	New data element.
15.	Admission	A1910	N/A	**A1910. Availability of Assistance** **Code the level of in-person assistance from available and willing caregiver(s), excluding hospice staff, at the time of this admission.** **1.** Around-the-clock (24 hours a day with few exceptions) **2.** Regular daytime (all day every day with few exceptions) **3.** Regular nighttime (all night every night with few exceptions) **4.** Occasional (intermittent) **5.** No assistance available	New data element.

| 16. | Admission | I0010 | **I0010. Principal Diagnosis**
01. Cancer
02. Dementia/Alzheimer's
99. None of the above | **I0010. Principal Diagnosis**
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 | Original data element expanded and a new "check all that apply," list for Comorbidities and Co-existing Conditions has been added. |

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				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	

17.	Admission and HUV timepoints	J0050	N/A	**J0050. Death is Imminent**
				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
					New data element.

18.	Admission	J0915	N/A	**J0915. Neuropathic Pain**
				Does the patient have neuropathic pain (e.g., pain with burning, tingling, pins and needles, hypersensitivity to touch)?
				   0. No
				   1. Yes
					New data element.

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19.	Admission	J2040	**J2040. Treatment for Shortness of Breath** A. **Was treatment for shortness of breath initiated?** – Select the most accurate response 0. **No** → Skip to N0500, Scheduled Opioid 1. **No, patient declined treatment** → Skip to N0500, Scheduled Opioid 2. **Yes** B. **Date treatment for shortness of breath initiated:** Month (_ _) Day (_ _) Year (_ _ _ _) C. **Type(s) of treatment for shortness of breath initiated:** ↓ **Check all that apply** 1. Opioids 2. Other medication 3. Oxygen 4. Non-medication	**J2040. Treatment for Shortness of Breath** A. **Was treatment for shortness of breath initiated?** – Select the most accurate response 0. **No** → Skip to J2050, Symptom Impact Screening 1. **No, patient declined treatment** → Skip to J2050, Symptom Impact Screening 2. **Yes** B. **Date treatment for shortness of breath initiated:** Month (_ _) Day (_ _) Year (_ _ _ _)	Response option C was eliminated since it was not being used in the QM.

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20.	Admission and HUV	J2050	N/A	**J2050. Symptom Impact Screening** **A. Was a symptom impact screening completed?** **0. No** — Skip to M1190, Skin Conditions **1. Yes** **B. Date of symptom impact screening:** Month (_ _) Day (_ _) Year (_ _ _ _)	New data element.

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21.	Admission and HUV	J2051	N/A	**J2051. Symptom Impact**
				 On Admission and Plan of Care (POC): Over the past 2 days, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from patient and/or caregiver). Symptoms may impact multiple patient activities including, but not limited to, sleep, concentration, day to day activities, or ability to interact with others.
				
				 Coding:
				 0. Not at all – symptom does not affect the patient, including symptoms well-controlled with current treatment
				 1. Slight
				 2. Moderate
				 3. Severe
				 9. Not applicable (the patient is not experiencing the symptom)
				
				 Enter Code ↓ *(for each)*
				    A. **Pain**
				    B. **Shortness of Breath**
				    C. **Anxiety**
				    D. **Nausea**
				    E. **Vomiting**
				    F. **Diarrhea**
				    G. **Constipation**
				    H. **Agitation**
					New data element.

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22.	Admission and HUV	J2052	N/A	**J2052. Symptom Reassessment (SRA) Visit** *(Complete only if previous response to J2051 Symptom Impact = 2. Moderate or 3. Severe)*
				
				A. Was a symptom reassessment in-person visit completed?
				    0. No — Skip to J2052C. Reason SRA Visit Not Completed.
				    1. Yes
				
				B. Date of SRA in-person visit:
				Month (_ _) Day (_ _) Year (_ _ _ _)
				
				C. Reason SRA Visit Not Completed.
				1. Patient and/or caregiver declined an in-person visit.
				2. Patient unavailable (e.g., in ED, hospital, travel outside of service area, expired).
				3. Attempts to contact patient and/or caregiver were unsuccessful.
				9. None of the above.
					New data element.

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23.	Admission and HUV	J2053	N/A	**J2053. SRA Symptom Impact** Since the last Symptom Impact assessment was completed, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from patient and/caregiver). Symptoms may impact multiple patient activities including, but not limited to, sleep, concentration, day to day activities, or ability to interact with others. Coding: 0. Not at all – symptom does not affect the patient, including symptoms well-controlled with current treatment 1. Slight 2. Moderate 3. Severe 9. Not applicable (the patient is not experiencing the symptom) Enter Code ↓ *(for each)* **A. Pain** **B. Shortness of breath** **C. Anxiety** **D. Nausea** **E. Vomiting** **F. Diarrhea** **G. Constipation** **H. Agitation**	New data element.

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24.	Admission and HUV	M1190	N/A	**M1190. Skin Conditions** **Does the patient have one or more skin conditions?** 0. No - Skip to N0500, Scheduled Opioid 1. Yes	New data element.
25.	Admission and HUV	M1195	N/A	**M1195. Types of Skin Conditions** **Indicate which following skin conditions were identified at the time of this assessment.** ↓ **Check all that apply** A. Diabetic foot ulcer(s) B. Open lesion(s) other than ulcers, rash, or skin tear (cancer lesions) C. Pressure Ulcer(s)/Injuries D. Rash(es) E. Skin tear(s) F. Surgical wound(s) G. Ulcers other than diabetic or pressure ulcers (e.g., venous stasis ulcer, Kennedy ulcer) H. Moisture Associated Skin Damage (MASD) (e.g., incontinence-associated dermatitis [IAD], perspiration, drainage) Z. None of the above were present	New data element.

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26.	Admission and HUV	M1200	N/A	**M1200. Skin and Ulcer/Injury Treatments** **Indicate the interventions or treatments in place at the time of this assessment.** ↓ **Check all that apply** A. Pressure reducing device for chair B. Pressure reducing device for bed C. Turning/repositioning program D. Nutrition or hydration intervention to manage skin problems E. Pressure ulcer/injury care F. Surgical wound care G. Application of nonsurgical dressings (with or without topical medications) other than to feet H. Application of ointments/medications other than to feet I. Application of dressings to feet (with or without topical medications) J. Incontinence Management Z. None of the above were provided	New data element.
27.	Admission and HUV	N0500	**N0500. Scheduled Opioid** A. **Was a scheduled opioid initiated or continued?** 0. No — Skip to N0510, PRN Opioid 1. Yes **B. Date scheduled opioid initiated or continued:** Month (_ _) Day (_ _) Year (_ _ _ _)	**N0500. Scheduled Opioid** A. **Was a scheduled opioid initiated or continued?** 0. No — Skip to N0510, PRN Opioid 1. Yes **B. Date scheduled opioid initiated or continued:** Month (_ _) Day (_ _) Year (_ _ _ _)	HUV timepoint added.

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28.	Admission and HUV	N0510	**N0510. PRN Opioid** **A. Was PRN opioid initiated or continued?** 0. No — Skip to N0520, Bowel Regimen 1. Yes **B. Date PRN opioid initiated or continued:** Month (_ _) Day (_ _) Year (_ _ _ _)	**N0510. PRN Opioid** **A. Was PRN opioid initiated or continued?** 0. No — Skip to N0520, Bowel Regimen 1. Yes **B. Date PRN opioid initiated or continued:** Month (_ _) Day (_ _) Year (_ _ _ _)	Added to the new HUV timepoint.

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29.	Admission and HUV	N0520	**N0520. Bowel Regimen (Complete only if N0500A or N0510A=1)** A. **Was a bowel regimen initiated or continued?** - Select the most accurate response 0. **No** — Skip to Z0350, Date Assessment was Completed 1. **No, but there is documentation of why a bowel regimen was not initiated or continued** — Skip to Z0350, Date Assessment was Completed 2. **Yes** B. **Date bowel regimen initiated or continued:** Month (_ _) Day (_ _) Year (_ _ _ _)	**N0520. Bowel Regimen (Complete only if N0500A or N0510A=1)** A. **Was a bowel regimen initiated or continued?** - Select the most accurate response 0. **No** — Skip to Z0350, Date Assessment was Completed 1. **No, but there is documentation of why a bowel regimen was not initiated or continued** — Skip to Z0350, Date Assessment was Completed 2. **Yes** B. **Date bowel regimen initiated or continued:** Month (_ _) Day (_ _) Year (_ _ _ _)	Added to the new HUV timepoint
30.	HUV	Z0350	N/A	**Z0350. Date Assessment was Completed** Month (_ _) Day (_ _) Year (_ _ _ _)	New data element.