Course 1: Didactic Recorded Training Series

Part 1: Training Overview and Introduction to HOPE

Brenda Karkos:

Introduction

Hello, and welcome to Course 1, the didactic portion of the training for HOPE. The Hospice Outcomes and Patient Evaluation, or HOPE, is the new hospice data collection tool. This virtual training program is presented by CMS to prepare you for national implementation. Part 1 will provide an overview of the training and an introduction to HOPE.

CMS Disclaimer

This disclaimer just explains that the information included was current at the time it was published or uploaded onto the web. Medicare policy changes frequently, so links to the source documents have been provided within this presentation for reference. These may include links to statutes, regulations, or other policy materials. The intent of this presentation is to be a general summary and does not take the place of either the written law or regulations. We encourage readers to review all of the materials related to HOPE implementation in order to obtain a full and accurate statement of their contents.

Objectives

So here are the objectives for this lesson. At the end of Part 1, you should be able to describe the design of the HOPE Virtual Training Program, discuss the timeline for the national implementation of HOPE, identify who can collect or complete HOPE data collection, explain the data collection timepoints and the symptom follow-up visits, or SFVs. You should also be able to list three resources to learn more about HOPE.

Speaker

My name is Brenda Karkos. I'm a senior associate at Abt Global. I'm also an RN with many years of clinical and administrative experience, including inpatient,

community health, hospice, and oncology. I currently serve on the board of directors for the Hospice and Palliative Care Federation of Massachusetts. Since joining Abt in 2016, I have contributed mostly to CMS projects, focused on hospice, oncology, home health, and other post-acute care settings. As a hospice subject matter expert, I've been fortunate to have been able to contribute to the development of HOPE.

Acronyms

There are many acronyms used throughout this presentation, including new ones related to HOPE. The link on this slide will bring you to a list of common acronyms used for the Hospice Quality Reporting Program.

Virtual HOPE Training Overview

So let's start with an overview of the HOPE Virtual Training.

About the HOPE Training

The full training consists of two courses: Course 1 is this recorded didactic training series of which there are five parts. Course 2 is a coding workshop where you will learn how to code all of the items included in the HOPE tool. It is highly recommended that you complete all five parts of Course 1 before attending the coding workshop, or Course 2, since this course provides foundational material to understand the coding that will be presented.

Course 1: Didactic Recorded Training Series

So here is what you'll find in Course 1. It provides an overview of the training program, an introduction to the HOPE tool, and explains the key guidance for HOPE items. This five-part series of recorded presentations is designed to be self-paced. We will highlight items that are new for HOPE and describe items that are existing or have been updated from the original versions found in the current Hospice Item Set.

Course 1: Didactic Recorded Training Series (cont.)

As I mentioned, we're currently in Part 1, the Training Overview and Introduction to the HOPE Tool. Part 2 will cover Section A, the Administrative Information. Part 3 will cover Sections F, Preferences, and I, Active Diagnoses.

Part 4 is all about Section J, Health Conditions, and this section has several new items. Part 5 will cover Section M, an entirely new section focused on Skin Conditions; then N, Medications; and, lastly, Section Z, Record Administration.

Course 2: Coding Workshop

The Course 2: Coding Workshop takes a deep dive into coding all of the HOPE data elements or items. Participants will be able to practice coding HOPE items using clinical scenarios. After that presentation, a recorded version of the coding workshop and corresponding PDF will be made available.

Training Reference Icons

So to add clarity, you will see a variety of reference icons placed throughout both courses to ease recognition and to assist you in understanding the content. These icons will tell you if the content has been revised, is entirely new, or is unchanged. The icon in blue and white will specify the data collection timepoints for each of the items. Since this course cannot repeat everything included in the HOPE Guidance Manual, the icon with the little house is directing you to refer to the HOPE Guidance Manual for full details and many more examples on how to complete HOPE data collection.

The HOPE Tool

Now let's talk about the HOPE tool.

What is the HOPE Tool?

So what is HOPE? HOPE is a new standardized patient-level data collection tool. HOPE still maintains many of the original items from the Hospice Item Set. Actually, more than half will be very familiar. But with HOPE, CMS has added new assessment-based items. That means these new items are to be collected at the time of the visit. Once implemented, HOPE data will be used to enhance the Hospice Quality Reporting Program, otherwise known as the HQRP. Hospices will begin collecting data using HOPE on October 1st, 2025. Since HOPE just contains items that contribute to evaluating hospice quality, HOPE does not replace a thorough clinical assessment of each patient or dictate sound clinical practice or clinician judgment.

HOPE Tool Sections

Now let's go through the different sections in HOPE. On this slide, you can see in red what has changed. Section A: Administrative Information contains some new items. Section F: Preferences is entirely unchanged. Section I: Active Diagnoses, the list of diagnoses has been expanded and there is a new list that asks about comorbidities or co-existing conditions at the time of admission. Section J: Health Conditions contains some new items but also many items that hospices are already familiar with. Section M: Skin Conditions is all new. Section N: Medications—these items are unchanged. However, they will now be collected at the new HUV timepoints in addition to at admission. And Section Z: Record Administration contains one new item.

Who Completes the HOPE Tool?

So who completes HOPE? Any appropriate staff member may collect HOPE data applicable to their role. New HOPE items require data collection during the routine clinical assessment visits. For example, a registered nurse would be an appropriate staff member to complete HOPE items related to a skilled nursing assessment. A licensed practical nurse (LPN) or licensed vocational nurse (LVN) may complete the in-person symptom follow-up visit, or SFV.

Who Completes the HOPE Tool? (cont.)

While some HOPE data elements are to be collected during routine clinical assessment visits, many of the HOPE items are unchanged from those that were originally in the HIS. These data may still be extracted from the clinical record by hospice staff, including volunteers, contractors, and affiliates. One example of this are the preference items, where staff might be researching the date of the first discussions about preference regarding hospitalization or life-sustaining treatments.

HOPE Timepoints

Now let's move to the HOPE timepoints.

The HOPE Timepoints

The timepoints for HOPE data collection are the following: admission, two HOPE update visits, and discharge. HOPE update visits are referred to as HUV1 and

HUV2. HUV1 is collected on or between days 6 and 15, and HUV2 is collected on or between days 16 and 30.

HOPE Admission

For the HOPE admission, this data is collected as part of the comprehensive assessment of the patient, very much like hospices already do right now. The admission data collection timeframe is within five days after the effective date of the hospice election, although much of the information in HOPE may be collected during the initial RN assessment that occurs within 48 hours. This requirement is based on the Medicare Hospice Conditions of Participation, or the COPs.

HOPE Update Visit 1 (HUV1)

The HOPE update visit is new. This addition requires an in-person visit to collect data that will inform updates to the plan of care. The timeframe for HUV1 is on or between days 6 and 15 of the hospice stay.

HOPE Update Visit 2 (HUV2)

HUV2 is a second update to the plan of care requiring an in-person visit on or between days 16 and 30 after the hospice election.

Discharge

And the last data collection timeframe is the discharge, which is exactly the same as hospices do now since no new items have been added to discharge. As required now, the discharge data is complete at the time of discharge for any of the reasons listed here on this slide.

HOPE Timepoints: Determined by the Hospice Stay

So here is a graphic depicting all of the timepoints for HOPE. Since patient stays in hospice vary, the length of stay will determine the number of timepoints a hospice will submit. For example, a patient that stays on hospice for 60 days will be expected to have all four of the HOPE timepoints completed. That will include the admission, HUV1, HUV2, and the discharge, whenever that occurs. However, if a patient is only on hospice for two weeks, the hospice will only submit the admission, the first HUV (if completed), and then the discharge.

HOPE Timepoints Video

This slide includes a link to the HOPE timepoints video. Please take a few minutes to watch this video that is less than four minutes. It provides a nice overview for you or your staff on the HOPE data collection timepoints.

Video Narrator:

As of October 1st, 2025, the Hospice Outcomes and Patient Evaluation, or HOPE, will replace the current Hospice Item Set, HIS. HOPE requires the collection of patient-level data at additional timepoints during the hospice stay, not just at admission and discharge. This standardized set of items based on unique patient assessment visits will inform two new quality measures. Let's start by looking at the timepoints for completing HOPE. HOPE data collection includes both admission and discharge as well as two additional in-person visits called HOPE update visits, or HUVs. HOPE admission data will be collected as part of the comprehensive assessment of the patient. Depending on the patient's length of stay, up to two HUVs will be required, each within specified timeframes. Both HUVs occur within the first 30 days after hospice selection. HUV1 should be conducted between days 6 and 15 of the hospice stay. HUV2 should be conducted between days 16 and 30. Finally, HOPE discharge data are collected at the time of the discharge. Please note HOPE data collection may include up to four records for each hospice admission. HOPE includes two new standardized patient assessment data elements: J2051, Symptom Impact, and J2053, SFV Symptom Impact. These items assess a variety of distressing symptoms common to hospice patients. During the admission and the HUV timepoints, it is expected that the RN will assess the impact of these symptoms on the patient to complete J2051, Symptom Impact. If the impact for any symptom is moderate or severe, a symptom follow-up, or SFV, in-person visit is expected within two days to complete J2053, SFV Symptom Impact. For example, Mrs. L was admitted to your hospice 10 days ago, and you are completing the first HUV. Her pain impact is rated as Response 3, severe. Therefore, you are expected to complete an SFV visit within two calendar days. The timely submission of HOPE data for all of these timepoints will be a factor in determining a hospice's compliance with the HQRP requirements. To be compliant, 90% of HOPE records

must be submitted by the submission deadline. The deadlines for each timepoint are as follows: 30 calendar days from the admission date, 30 calendar days from the completion date of each HUV timepoint, and 30 calendar days from the date of discharge. Let's review. Beginning October 1st, 2025, hospices will collect data using HOPE at distinct timepoints to inform new quality measures. In addition to collecting data at admission and discharge, hospices will be required to complete up to two HOPE update visits within specified time periods, depending on the patient's length of stay. If any symptom impact is rated moderate or severe during the admission or either HUV, a symptom follow-up visit is completed within two days. To learn more about the HOPE tool, visit the HOPE page on the CMS HQRP website.

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Symptom Follow-up Visit (SFV)

Now we'll discuss the symptom follow-up visit.

What is the SFV?

So what is an SFV? Both the admission and the HUV timepoints contain a new HOPE item assessing the impact of a variety of symptoms. This new item is called the symptom impact item. You will learn more about this item when we get to Section J. The SFV is an in-person visit that is required whenever any symptom impact is found to be moderate or severe when completing this item for the admission, HUV1, or HUV2. This separate in-person visit is required within two calendar days or later the same day as a follow-up for that symptom. While it is more likely that this visit will fall within the timeframes we talked about, it's possible that depending on the timing of the admission or HUV visit, an SFV may extend beyond the timeframe outlined since the clinician has two more days to complete that follow-up visit.

SFV In-Person Visits

CMS heard from providers concerned about the burden to complete these follow-up visits. To address these concerns and decrease burden, the SFV or follow-up visit may be completed by either the RN or an LPN or LVN. The need for a follow-up visit is determined by the presence of moderate or severe

symptoms only when completing the admission or an HUV timepoint visit. So depending on the length of time a patient's on hospice, there may be up to three SFVs required over the course of the hospice stay.

Key Takeaways

Here are the key takeaways from this lesson. The HOPE Virtual Training consists of two courses: One for learning about the items in HOPE, and one dedicated to teaching hospices how to code the HOPE items. HOPE data are collected at four distinct timepoints, depending on the length of the hospice stay, and the SFV is a new requirement for a follow-up visit expected to occur within two calendar days, but this is only if triggered by a moderate or severe symptom impact during the HOPE admission assessment or one of the two HUVs. We encourage you to review the HOPE Guidance Manual for all the details about these timepoints and the items contained in HOPE.

Resources

So here's a list of resources with all of the links to help you learn more about HOPE and the Hospice Quality Reporting Program.

Submitting Questions

If you'd like to submit any questions based on this presentation, please use this link on the slide. During the coding workshop, select questions will be answered.

Thank You!

Thank you for your attention to Part 1 of this training. Please proceed to Part 2 to learn more about the HOPE data elements.