



# **Course 1: Didactic Recorded Training Series**

Hospice Outcomes and Patient  
Evaluation (HOPE) National  
Implementation Virtual Training Program

**Part 2**

**Section A:**

Administrative Information



# CMS Disclaimer

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# Objectives

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## Attendees will be able to:

- List at least three items from Section A that are unchanged.
- Describe some of the new items in Section A.
- Discuss the data collection for living arrangements and the availability of assistance.



# Speaker

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Senior Associate

Abt Global, LLC

# Acronyms

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For a list of HQRP acronyms, visit the [HQRP Acronym List](#).

LPN  
RN CMS SFV  
HUV HOPE  
HQRP LVN

# Section A: Administrative Information



# Section A: Items

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A1005. Ethnicity

A1010. Race

A1110. Language

A1905. Living Arrangements

A1910. Availability of Assistance



A0215. Site of Service at Admission

A0250. Reason for Record

A0600. Social Security and  
Medicare Numbers

A0810. Sex

A1400. Payer Information

A1805. Admitted From

## Section A: Items (cont.)

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A0050. Type of Record

A0100. Facility Provider Numbers

A0220. Admission Date

A0270. Discharge Date

A0500. Legal Name of Patient

A0550. Patient ZIP Code

A0700. Medicaid Number

A0900. Birth Date

A2115. Reason for Discharge



# Section A: Administrative Information Intent and Rationale

## • Section Intent

- The intent of this section is to obtain key administrative information about the patient and hospice provider.

## • Section Rationale

- This section obtains key information that uniquely identifies each patient, hospice, and potential patient care needs. Data collection in this section may be done by any of the assessing disciplines.

### SECTION A: ADMINISTRATIVE INFORMATION

#### Section Intent

The intent of this section is to obtain key administrative information about the patient and hospice provider.

#### Section Rationale

This section obtains key information that uniquely identifies each patient, hospice, and potential patient care needs. Data collection in this section may be done by any of the assessing disciplines.

#### A0050. Type of Record

A0050. Type of Record	
Enter Code	1. Add new record 2. Modify existing record 3. Inactivate existing record
<input type="checkbox"/>	

#### Timepoint(s) Item Completed

Admission (ADM)

HOPE Update Visit 1 (HUV1)

HOPE Update Visit 2 (HUV2)

Discharge (DC)

#### Item-Specific Instructions

- Indicate the record type being added.
- **Code 1, Add new record**, if this is a new record that has not been previously *submitted and accepted*.
- **Code 2, Modify existing record**, if this is a request to modify items for a record that has already been *submitted and accepted*.
  - Selecting response 2 creates a **Modification Request**.
- **Code 3, Inactivate existing record**, if this is a request to inactivate a record that has already been *submitted and accepted*.
  - Selecting Code 3 creates an **Inactivation Request**.

#### Coding Tips

- Corrections should be made to any record(s) that have errors to ensure that the information accurately reflects the patient's identification, location, and reason for the record.
- The current record would be a duplicate and not a new record if there is an existing record for the same patient in the same hospice with the same reason for record and with the same event date(s) (e.g., admission date or discharge date).
  - In this case, the system will reject the record when submitted, and a fatal error will be reported to the provider on the Final Validation Report (FVR).

#### DEFINITION

**MODIFICATION REQUEST**  
A modification request is used when a HOPE record has been previously *submitted and accepted* in the system, but the record contains clinical or non-key demographic errors. See Chapter 3, for more information.

#### DEFINITION

**INACTIVATION REQUEST**  
An inactivation request is used when a record has been previously *submitted and accepted* in the system, but particular item values are inaccurate. See Chapter 3, for more information.

# A0050. Type of Record and A0100. Facility Provider Numbers

## A0050. Type of Record

Enter Code

☐

1. Add new record
2. Modify existing record
3. Inactivate existing record

**UNCHANGED**

## A0100. Facility Provider Numbers

**A. National Provider Identifier (NPI)**

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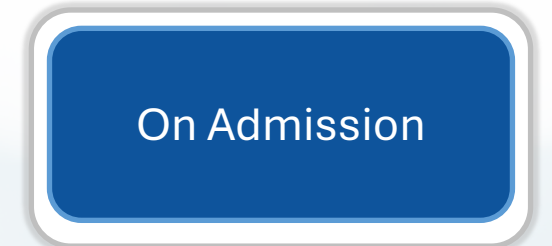
**B. CMS Certification Number (CCN)**

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On Admission,  
HUV1, HUV2, and  
Discharge

# A0215. Site of Service at Admission

A0215. Site of Service at Admission	
<p><b>Enter Code</b></p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div>	<ul style="list-style-type: none"> <li>01. Patient's Home/Residence</li> <li>02. Assisted Living Facility</li> <li>03. Nursing Long Term Care (LTC) or Non-Skilled Nursing Facility (NF)</li> <li>04. Skilled Nursing Facility (SNF)</li> <li>05. Inpatient Hospital</li> <li>06. Inpatient Hospice Facility (General Inpatient (GIP))</li> <li>07. Long Term Care Hospital (LTCH)</li> <li>08. Inpatient Psychiatric Facility</li> <li>09. Hospice Home Care (Routine Home Care (RHC)) Provided in a Hospice Facility</li> <li>99. Not listed</li> </ul>





## A0215. Site of Service at Admission (cont.)



- A0215 indicates the site where the patient is receiving hospice care **at the time of admission**.
- Revisions include:
  - Removal of repetitive words such as **“Hospice in”** or **“Hospice provided in.”**
  - “99. Not Listed” replaced “Hospice provided in a place not otherwise specified (NOS).”

# Section A: Date Items

**UNCHANGED**

A0220. Admission Date											
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Month		Day		Year					

On Admission,  
HUV1, HUV2, and  
Discharge

A0900. Birth Date											
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Month		Day		Year					

On Admission,  
HUV1, HUV2, and  
Discharge

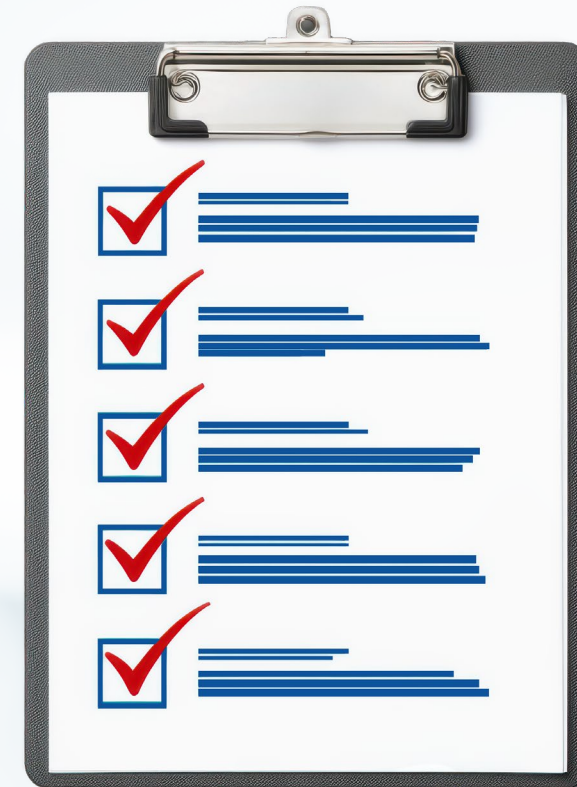
A0270. Discharge Date											
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Month		Day		Year					

On Discharge

# Date Items: Item-Specific Instructions

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- **Admission Date**
  - Specifies the date on which the hospice becomes responsible for the patient's care.
- **Birth Date**
  - The birth date of the patient.
- **Discharge Date**
  - The date the patient was discharged for any reason (expired, revoked, or was discharged).

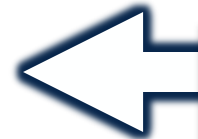




# A0250. Reason for Record



A0250. Reason for Record	
<b>Enter Code</b> <input type="checkbox"/>	<ul style="list-style-type: none"><li>1. Admission (ADM)</li><li>2. HOPE Update Visit 1 (HUV1)</li><li>3. HOPE Update Visit 2 (HUV2)</li><li>9. Discharge (DC)</li></ul>



HUV1 & HUV2  
timepoints  
added

On Admission,  
HUV1, HUV2, and  
Discharge

# A0500. Legal Name of Patient and A0550. Patient ZIP Code

A0500. Legal Name of Patient																					
	<p>A. First name:</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
	<p>B. Middle initial:</p> <table border="1"> <tr> <td></td> </tr> </table>																				
<p>C. Last name:</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
<p>D. Suffix:</p> <table border="1"> <tr> <td></td><td></td><td></td> </tr> </table>																					

**UNCHANGED**

On Admission,  
HUV1, HUV2, and  
Discharge

A0550. Patient ZIP Code												
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> <td>-</td> <td></td><td></td><td></td><td></td> </tr> </table>							-				
						-						

On Admission

# A0500 and A0550: Item-Specific Instructions

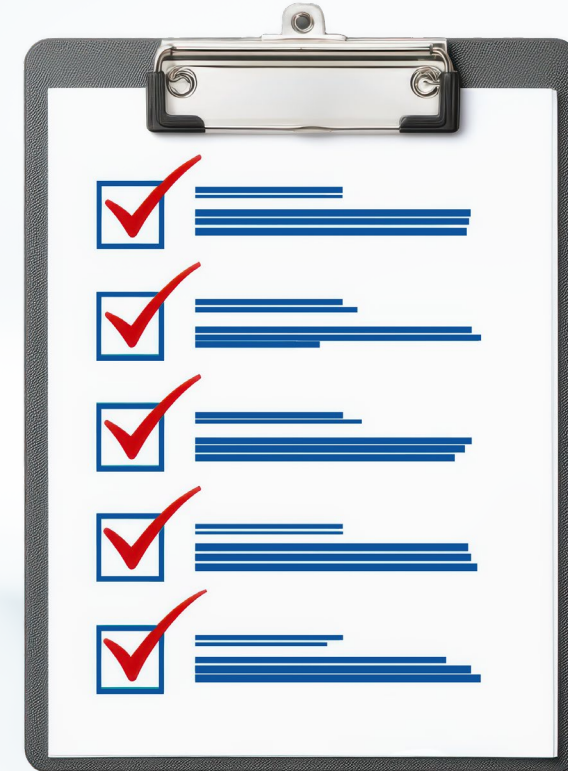
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- **Legal Name of Patient**

- The legal name is the patient's name as it appears on the Medicare card.
- If the patient is not enrolled in the Medicare program, use the patient's name as it appears on a Medicaid card or other government-issued document.

- **Patient ZIP Code**

- This is the ZIP Code, for the address at which the patient is residing while receiving hospice services, even if this is not the patient's usual (or legal) residence.





# A0600. Social Security and Medicare Numbers

**REVISED**

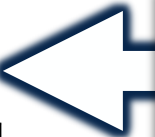
## A0600. Social Security and Medicare Numbers

**A. Social Security Number:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**B. Medicare Number:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Reference to railroad insurance # removed

On Admission, HUV1, HUV2, and Discharge

# A0700. Medicaid Number

**UNCHANGED**

## A0700. Medicaid Number

Enter “+” if pending, “N” if not a Medicaid Recipient

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On Admission,  
HUV1, HUV2, and  
Discharge

# A0810. Sex

A0810. Sex	
Enter Code <input type="checkbox"/>	1. Male 2. Female

**REVISED**

← Replaced # A0800

On Admission, HUV1, HUV2, and Discharge



# A1005. Ethnicity

## A1005. Ethnicity

Are you of Hispanic, Latino/a, or Spanish origin?

↓ Check all that apply



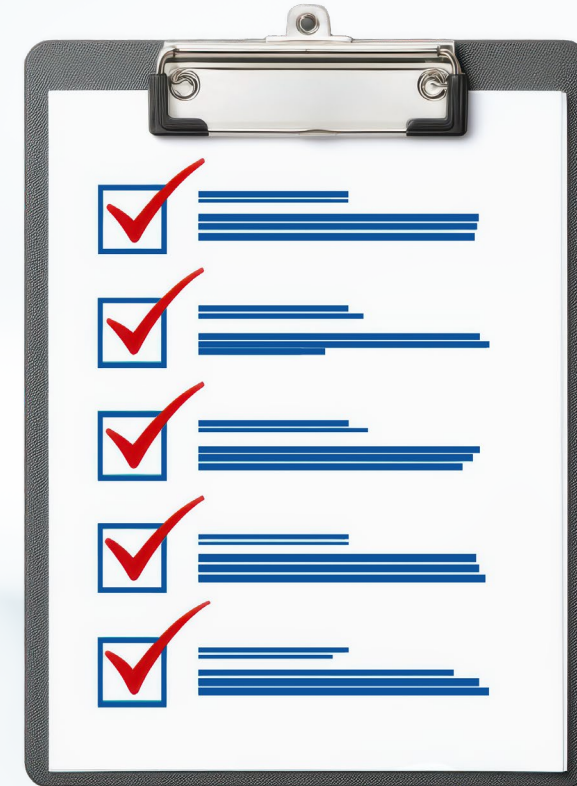
<input type="checkbox"/>	A. No, not of Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/>	B. Yes, Mexican, Mexican American, Chicano/a
<input type="checkbox"/>	C. Yes, Puerto Rican
<input type="checkbox"/>	D. Yes, Cuban
<input type="checkbox"/>	E. Yes, Another Hispanic, Latino, or Spanish origin
<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond

On Admission

# A1005: Item-Specific Instructions

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- Ask the patient to select the category or categories that most closely correspond to the patient's ethnicity from the list in A1005.
- Respondents should be offered the option of selecting one or more ethnic categories.
- Ethnic category definitions are provided only if requested in order to answer the item.



# A1005: Item-Specific Instructions (cont.)

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- If a patient is unable to respond, a response from a caregiver and/or responsible party may be used.
- Only use medical record documentation to code A1005. Ethnicity if the patient is unable to respond and no caregiver and/or responsible party provides a response for this item.
- **If a patient declines to respond, code Y, Patient declines to respond.**
  - Do not code based on other resources (caregiver, responsible party, or medical record documentation).
- If the patient can provide a response:
  - Check all that apply.
  - Check the box(es) indicating the ethnic category or categories identified by the patient.

# A1010. Race

A1010. Race What is your race?	
↓	Check all that apply
<input type="checkbox"/>	A. White
<input type="checkbox"/>	B. Black or African American
<input type="checkbox"/>	C. American Indian or Alaska Native
<input type="checkbox"/>	D. Asian Indian
<input type="checkbox"/>	E. Chinese
<input type="checkbox"/>	F. Filipino
<input type="checkbox"/>	G. Japanese
<input type="checkbox"/>	H. Korean
<input type="checkbox"/>	I. Vietnamese
<input type="checkbox"/>	J. Other Asian
<input type="checkbox"/>	K. Native Hawaiian
<input type="checkbox"/>	L. Guamanian or Chamorro
<input type="checkbox"/>	M. Samoan
<input type="checkbox"/>	N. Other Pacific Islander
<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond
<input type="checkbox"/>	Z. None of the above



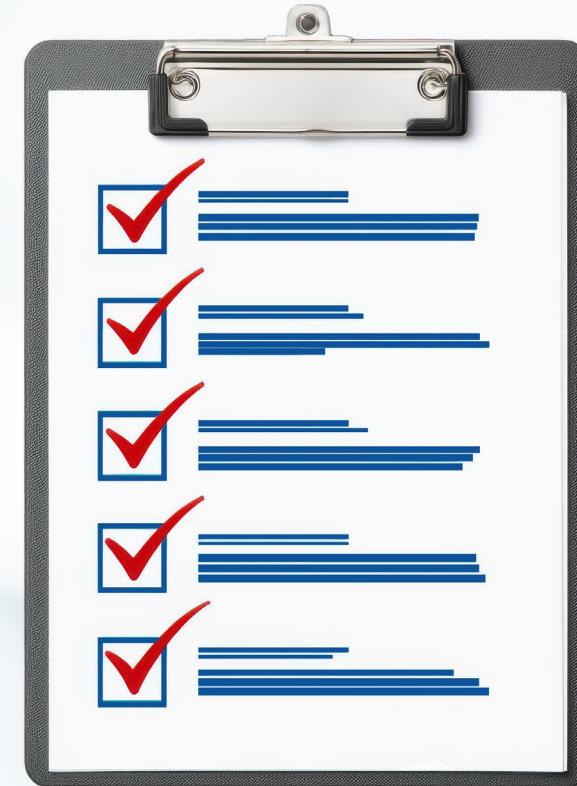
On Admission



# A1010: Item-Specific Instructions

---

- Ask the patient to select the category or categories that most closely correspond to the patient's race from the list in A1010.
- Respondents should be offered the option of selecting one or more categories.
- If a patient is unable to respond, the assessor may ask a caregiver and/or responsible party.



# A1010: Item-Specific Instructions (cont.)

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- Only use medical record documentation to code A1010. Race if the patient is unable to respond and no caregiver and/or responsible party provides a response for this item.
- If the patient declines to respond, code Y, Patient declines to respond
  - Do not code based on responses from a caregiver and/or responsible party or medical record documentation.
- If the patient can provide a response, check the box(es) indicating the race category or categories identified by the patient.
- Complete as close to the time of admission as possible.

# A1110. Language



## A1110. Language

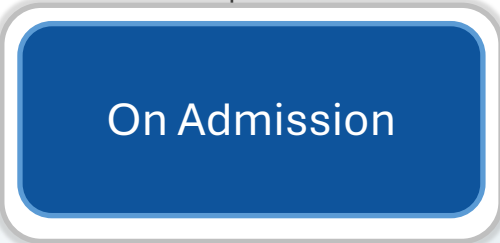
Enter Code

A. What is your preferred language?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

B. Do you need or want an interpreter to communicate with a doctor or health care staff?

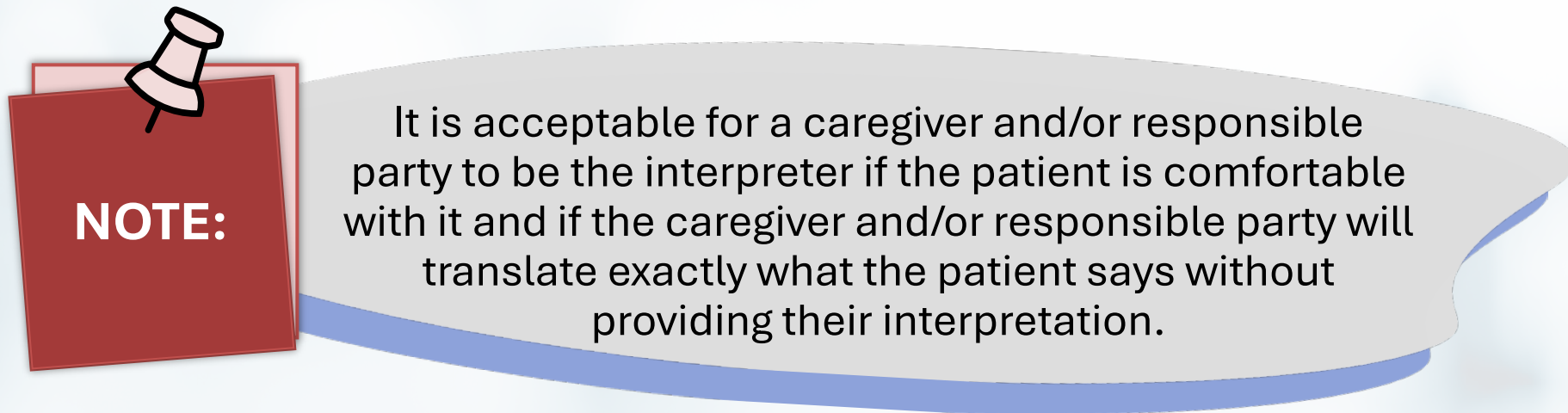
- 0. No
- 1. Yes
- 9. Unable to determine



# A1110: Item-Specific Instructions

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- Ask for the patient's preferred language.
- Ask if the patient needs or wants an interpreter to communicate with a doctor or health care staff.

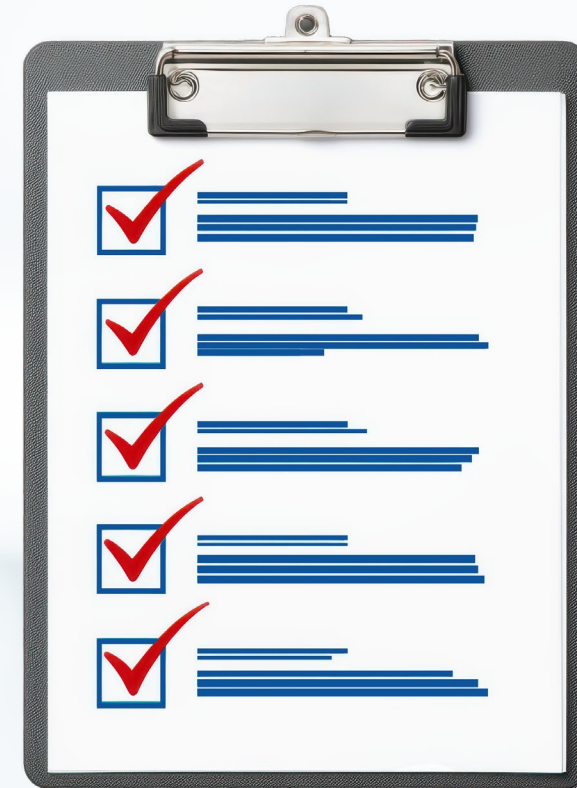




# A1110: Item-Specific Instructions (cont.)

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- If the patient, even with the assistance of an interpreter, is unable to respond, a caregiver and/or responsible party should be asked.
- If neither the patient nor caregiver and/or responsible party is able to provide a response to A1110A or A1110B, medical record documentation may be used.
- Complete as close to the time of admission as possible.



# A1400. Payer Information

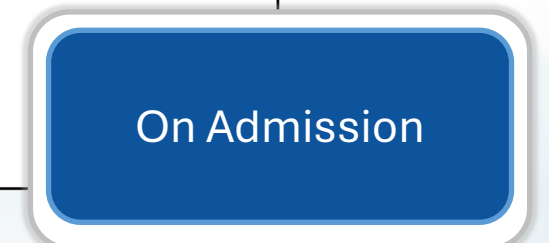
A1400. Payer Information	
↓	Check all existing payer sources that apply at the time of this assessment
<input type="checkbox"/>	A. Medicare (traditional fee-for-service)
<input type="checkbox"/>	B. Medicare (managed care/Part C/Medicare Advantage)
<input type="checkbox"/>	C. Medicaid (traditional fee-for-service)
<input type="checkbox"/>	D. Medicaid (managed care)
<input type="checkbox"/>	G. Other government (e.g., TRICARE, VA, etc.)
<input type="checkbox"/>	H. Private Insurance/Medigap
<input type="checkbox"/>	I. Private managed care
<input type="checkbox"/>	J. Self-pay
<input type="checkbox"/>	K. No payer source
<input type="checkbox"/>	X. Unknown
<input type="checkbox"/>	Y. Other



On Admission,  
HUV1, and HUV2

# A1805. Admitted From

A1805. Admitted From	
<p><b>Enter Code</b></p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div>	<p><b>Immediately preceding this admission, where was the patient?</b></p> <ul style="list-style-type: none"> <li>01. Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements)</li> <li>02. Nursing Home (long-term care facility)</li> <li>03. Skilled Nursing Facility (SNF, swing beds)</li> <li>04. Short-Term General Hospital (acute hospital, IPPS)</li> <li>05. Long-Term Care Hospital (LTCH)</li> <li>06. Inpatient Rehabilitation Facility (IRF, free standing facility or unit)</li> <li>07. Inpatient Psychiatric Facility (psychiatric hospital or unit)</li> <li>08. Intermediate Care Facility (ID/DD facility)</li> <li>10. Hospice (institutional facility)</li> <li>11. Critical Access Hospital (CAH)</li> <li>99. Not Listed</li> </ul>





# A1805: Admitted From - Revisions

- A1805. replaced A1802. to align with other post-acute care (PAC) settings.
- Response options have changed slightly.
- “99. Not Listed” replaced “99 None of the above.”





# A1905. Living Arrangements



## A1905. Living Arrangements

Enter Code

Identify the patient's living arrangement at the time of this admission.

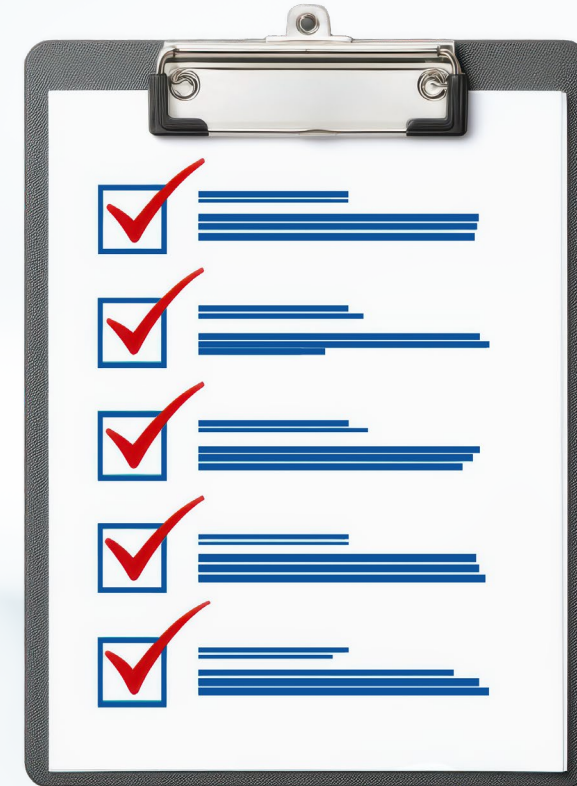
1. Alone (no other residents in the home)
2. With others in the home (e.g., family, friends, or paid caregiver)
3. Congregate home (e.g., assisted living or residential care home)
4. Inpatient facility (e.g., skilled nursing facility, nursing home, inpatient hospice, hospital)
5. Does not have a permanent home (e.g., has unstable housing or is experiencing homelessness)

On Admission

# A1905: Item-Specific Instructions

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- Patient and/or caregiver interview, clinical record, referral information, and observation can be used to code this item.
- Enter the code that best describes the patient's current living arrangements at the time of the assessment.



# A1910. Availability of Assistance



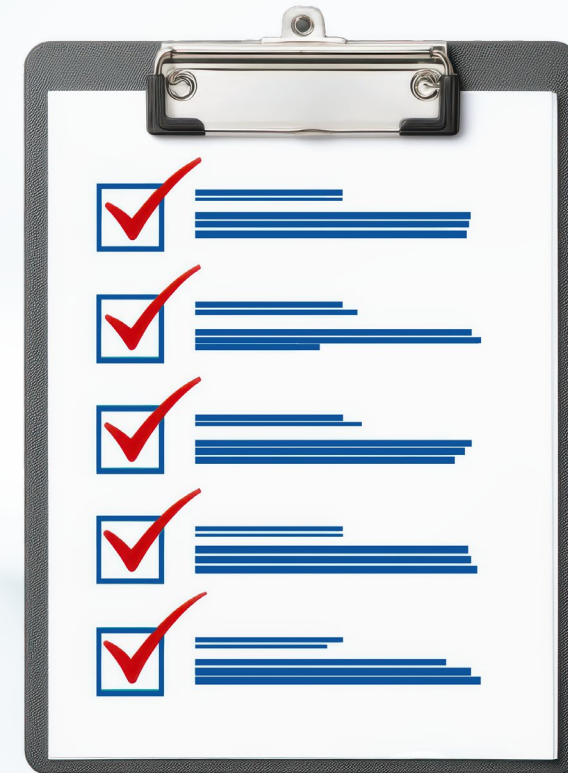
A1910. Availability of Assistance	
<div>Enter Code</div> <div><input type="text"/></div>	<div>Code the level of in-person assistance from available and willing caregiver(s), excluding hospice and facility staff, at the time of this admission.</div> <div> <ol style="list-style-type: none"> <li>1. Around-the-clock (24 hours a day with few exceptions)</li> <li>2. Regular daytime (all day every day with few exceptions)</li> <li>3. Regular nighttime (all night every night with few exceptions)</li> <li>4. Occasional (intermittent)</li> <li>5. No assistance available</li> </ol> </div>

On Admission

# A1910: Item-Specific Instructions

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- Patient and/or caregiver interview can be used to code this item.
- In the event the patient cannot respond, and no caregiver is present, facility staff, clinical record, and referral information can be used to code the item.





# A2115. Reason for Discharge

A2115. Reason for Discharge	
<b>Enter Code</b> <input type="checkbox"/>	<ol style="list-style-type: none"><li>1. Expired</li><li>2. Revoked</li><li>3. No longer terminally ill</li><li>4. Moved out of hospice service area</li><li>5. Transferred to another hospice</li><li>6. Discharged for cause</li></ol>

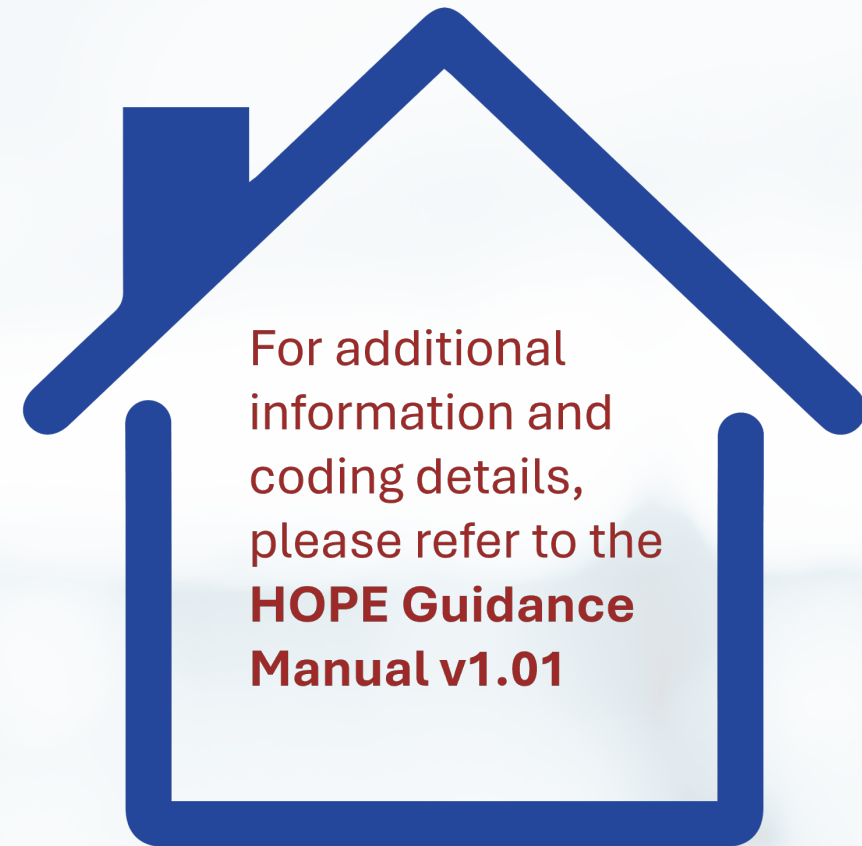
**UNCHANGED**

On Discharge

# Key Takeaways

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- In **Section A: Administrative Information**, most items are **unchanged** from the information hospices collect now.
- HOPE includes several new items and a few items that have been slightly revised for HOPE.
- HOPE data collection will now include documenting both the **Living Arrangements** and the **Availability of Assistance** at the time of the admission.



# Submitting Questions

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- Submit questions based on this presentation to [cmspostacutearetraining@RainmakersSolutions.com](mailto:cmspostacutearetraining@RainmakersSolutions.com).
- Select questions will be answered in the upcoming Coding Workshop.



# Thank You!

- You have completed Part 2 of the five-part training for HOPE.
- Please proceed to Part 3 to learn more about HOPE data elements.

## Complete in order:

- ☒ **Part 1:** Training Overview and Introduction to HOPE (Complete)
- ☒ **Part 2:** Section A: Administrative Information (Complete)
- ☐ **Part 3:** Section F: Preferences and Section I: Active Diagnoses
- ☐ **Part 4:** Section J: Health Conditions
- ☐ **Part 5:** Section M: Skin Conditions, Section N: Medications and Section Z: Record Administration