CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HOSPICE
QUALITY REPORTING PROGRAM

Course 1:
Didactic Recorded Training Series

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

Part 5

Section M: Skin Conditions

Section N: Medications

Section Z: Record Administration

CMS Disclaimer

This information 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.

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Objectives

Attendees will be able to:

- Identify the new data elements in **Section M: Skin Conditions** and **Section Z: Record Administration.**
- Summarize the intent and rationale for the new Section M.
- Name at least three types of skin conditions in **M1195. Types of Skin Conditions.**
- Describe the new timepoints for **Section N: Medications** data collection.

Speaker

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Acronyms

For a list of HQRP acronyms, visit the HQRP Acronym List.

Section M: Items

M1190. Skin Conditions

M1195. Types of Skin Conditions

M1200. Skin and Ulcer/Injury Treatments

Section M: Skin Conditions Intent and Rationale

- **Section Intent**
  - The items in this section document the presence, type, and current treatment of various skin conditions common in the hospice patient population. It is important to recognize and evaluate each patient for current or potential skin injury.
- **Section Rationale**
  - Skin conditions, wounds, and lesions affect quality of life because they may limit activity and be painful. This information identifies patients at risk for further complications or skin injury.

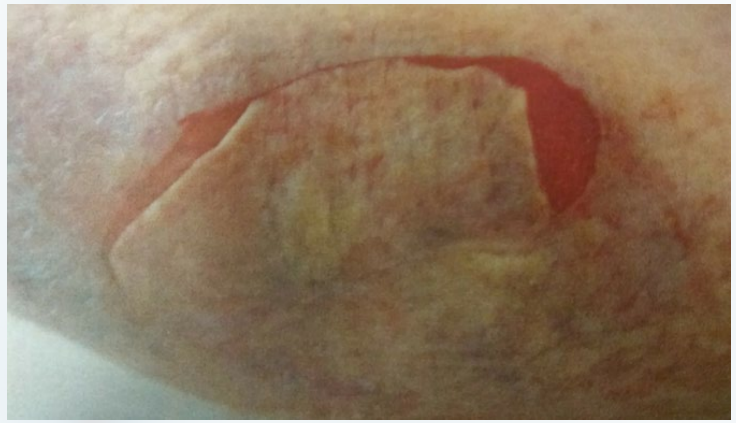
M1190. Skin Conditions

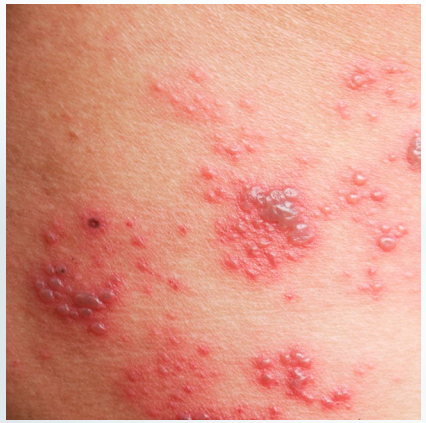
M1190. Skin Conditions	
Enter Code ☐	**Does the patient have one or more skin conditions?** 0. **No** – Skip to N0500, Scheduled Opioid 1. **Yes**

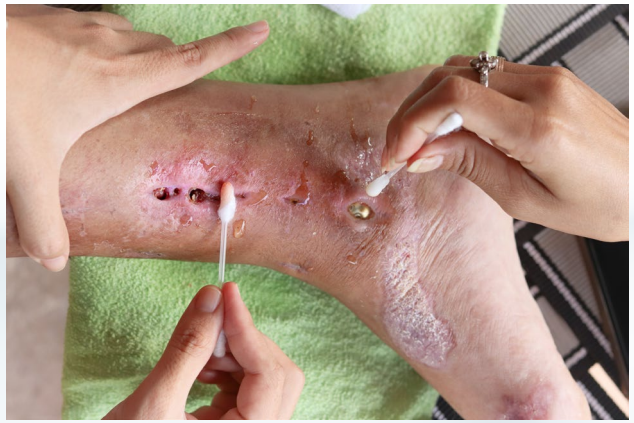
On Admission, HUV1, and HUV2

M1190: Item-Specific Instructions

- Review the medical record.
- Ask the patient/caregiver about any current skin conditions.
- Assess any ulcers, wounds, or skin problems if present.







M1195. Types of Skin Conditions

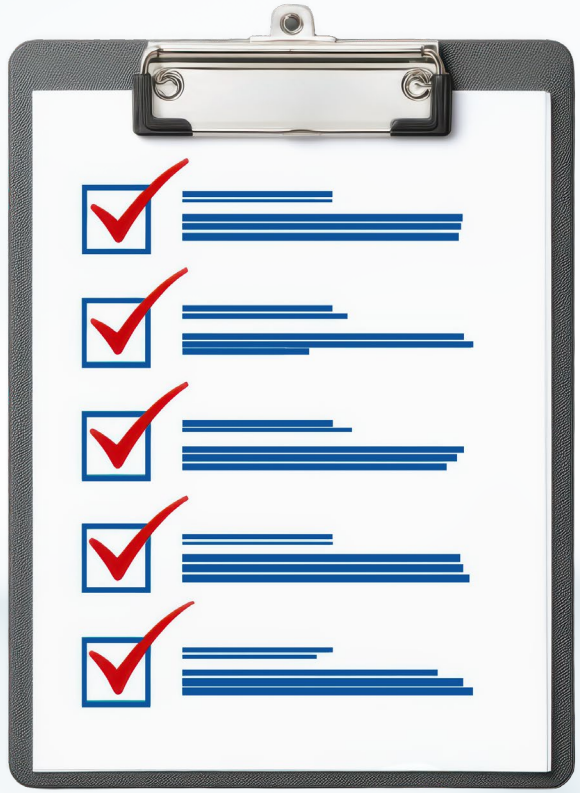
M1195. Types of Skin Conditions	
Indicate which following skin conditions were identified at the time of this assessment.	
↓ **Check all that apply**	
☐	A. Diabetic foot ulcer(s)
☐	B. Open lesion(s) other than ulcers, rash, or skin tear (cancer lesions)
☐	C. Pressure Ulcer(s)/Injuries
☐	D. Rash(es)
☐	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

On Admission, HUV1, and HUV2

M1195: Item-Specific Instructions

- Review the medical record.
- Assess any ulcers, wounds, or skin problems to determine the type(s) present.
- Check all that apply at the time of assessment.



M1200. Skin and Ulcer/Injury Treatments

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 present

NEW

On Admission, HUV1, and HUV2

M1200: Item-Specific Instructions

- Review the medical record, including treatment records and health care provider orders, for documented skin treatments.
- Ask the patient, caregiver, and responsible party about any wound treatments.

M1200: Item-Specific Instructions (cont.)

- For patients living in a facility, speak with direct-care staff and the treatment nurse to confirm conclusions from the medical record review.
- Some skin treatments can be determined by observation.
  - For example, observation of the patient's wheelchair and bed will reveal if the patient is using pressure-reducing devices for the bed or wheelchair.

Section N: Medications

Section N: Items

N0500. Scheduled Opioid

N0510. PRN Opioid

N0520. Bowel Regimen

Section N: Medications Intent

- Items in this section of HOPE gather information on opioids and bowel regimens.

Section N: Medications Rationale

- Opioids are commonly used in the management of pain and other symptoms. Constipation is one of the most common opioid-related adverse side effects. Most patients develop some degree of constipation after opioid initiation or dose increases.
- Reducing opioid-induced constipation has the potential to reduce patient discomfort and improve quality of life.
- Patients do not develop a tolerance to opioid-induced constipation; clinical guidelines recommend prophylactic bowel regimens.

Section N: Item-Specific Instructions

- Item completion should be based on what is determined during the assessment visit and/or included in the clinical record. Do not use sources external to the clinical record.
- Review the clinical record for information regarding medications and prescriptions.
- Review all response choices before making a selection.

N0500. Scheduled Opioid

N0500. Scheduled Opioid	
Enter Code ☐	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

On Admission, HUV1, and HUV2

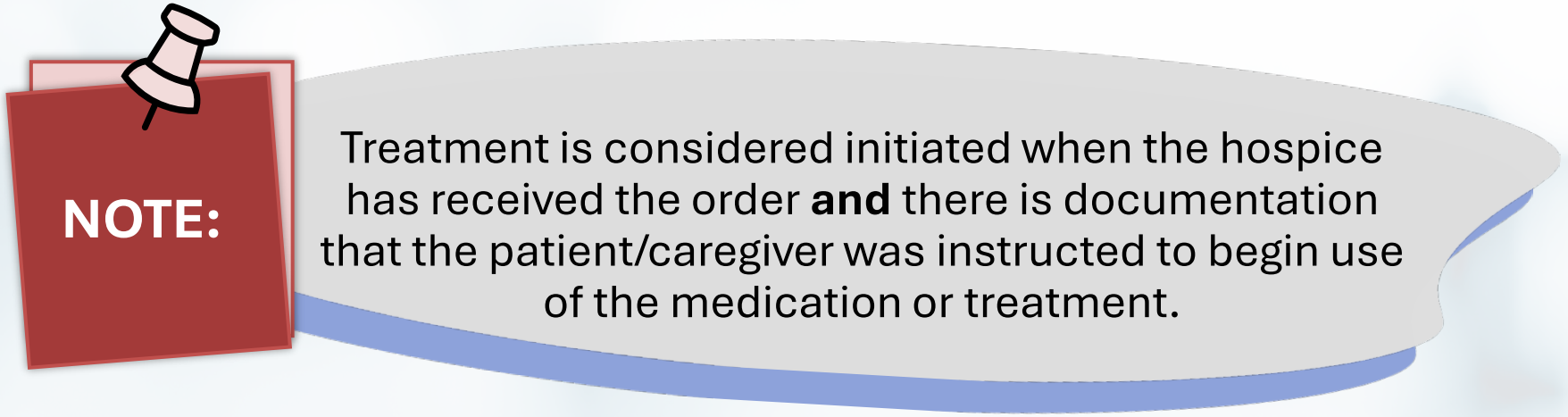
N0510. PRN Opioid

N0510. PRN Opioid	
Enter Code ☐	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

On Admission, HUV1, and HUV2

N0500 and N0510: Item-Specific Instructions

- A. Was a scheduled (or PRN) opioid initiated or continued?
  - Answer Yes or No.
- B. Date scheduled (or PRN) opioid initiated or continued?
  - Enter the date the scheduled opioid order was received, irrespective of if/when the first dose was given.



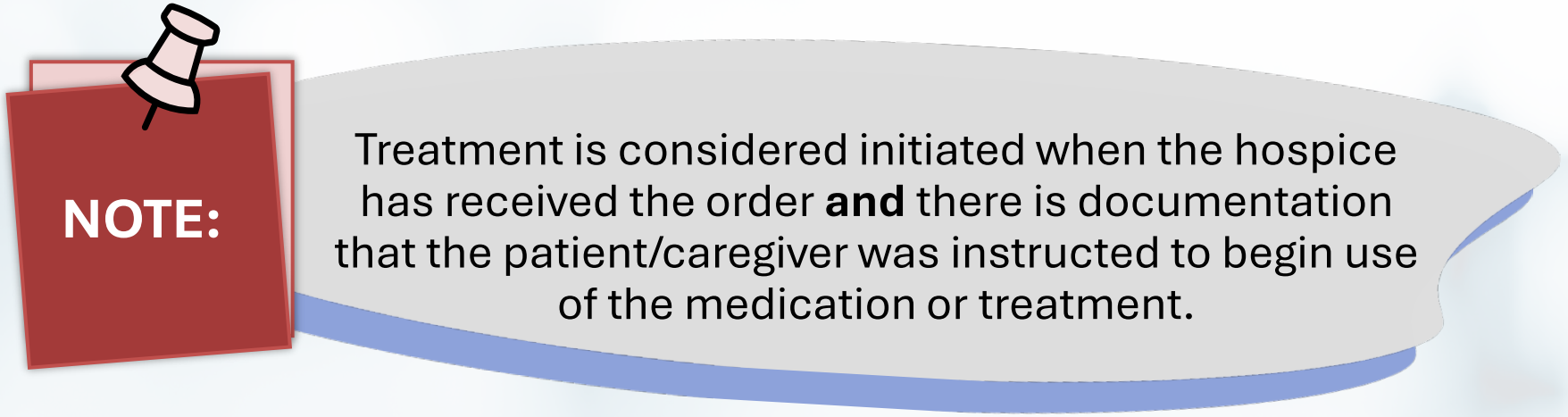
N0520. Bowel Regimen

N0520. Bowel Regimen (Complete only if N0500A or N0510A=1)	
Enter Code ☐	A. **Was a bowel regimen initiated or continued?** – Select the most accurate response 0. **No —** Skip to Z0400. Signature(s) of Person(s) Completing the Record 1. **No, but there is documentation of why a bowel regimen was not initiated or continued —** Skip to Z0400. Signature(s) of Person(s) Completing the Record 2. **Yes** B. **Date bowel regimen initiated or continued:** ☐☐ Month ☐☐ Day ☐☐☐☐ Year

On Admission, HUV1, and HUV2

N0520: Item-Specific Instructions

- A. Was a scheduled opioid initiated or continued?
  - Answer Yes, No, or No, but there is documentation of why a bowel regimen was not initiated or continued.
- B. Date scheduled (or PRN) opioid initiated or continued?
  - Enter the date the bowel regimen initiated or continued.



Section N and Comfort Kit Orders

- For comfort kits or pre-printed admission orders:
  - Proactive education on medications in a comfort kit in anticipation of symptoms is not considered initiation.

Section Z: Record Administration

Section Z: Items

Z0350. Date Assessment was Completed

Z0400. Signature(s) of Person(s) Completing the Record

Z0500. Signature of Person Verifying Record Completion

Section Z: Record Administration Intent and Rationale

- **Section Intent**
  - Items in this section contain signatures of individuals completing HOPE and the signature of the individual verifying HOPE record completion.
- **Section Rationale**
  - It is the responsibility of the hospice to ensure that HOPE is completed.

Z0350. Date Assessment was Completed

Z0350. Date Assessment was Completed	
	☐☐ Month ☐☐ Day ☐☐☐☐ Year

On HUV1, and HUV2

Z0350: Item-Specific Instructions

- For HUV1 and HUV2 - enter the date that information/responses were gathered and documented by the assessing clinician including any follow-up visit data that was added for a Symptom Follow-up Visit (SFV) as applicable.
- This is the date that the entire HUV item set is completed including SFVs if any.

Z0350: Item-Specific Instructions (cont.)

- Submission of HUV timepoints is based on this date.
- In situations where there is an SFV, this date may extend beyond the HUV assessment timeframes.

Z0400. Signature(s) of Person(s) Completing the Record

Z0400. Signature(s) of Person(s) Completing the Record			
I certify that the accompanying information accurately reflects patient assessment information for this patient and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that reporting this information is used as a basis for payment from federal funds. I further understand that failure to report such information may lead to a payment reduction in the Fiscal Year payment determination. I also certify that I am authorized to submit this information by this provider on its behalf.			
Signatures	**Title**	**Sections**	**Date Section Completed**
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			

On Admission, HUV1, HUV2, and Discharge

Z0400: Item-Specific Instructions

- Item Z0400 provides a tracking log for the abstracted information contained in HOPE.
- The signatures in Z0400 are used to certify that the information the individual(s) provided is accurate and that the signer was authorized to collect the information documented on HOPE.

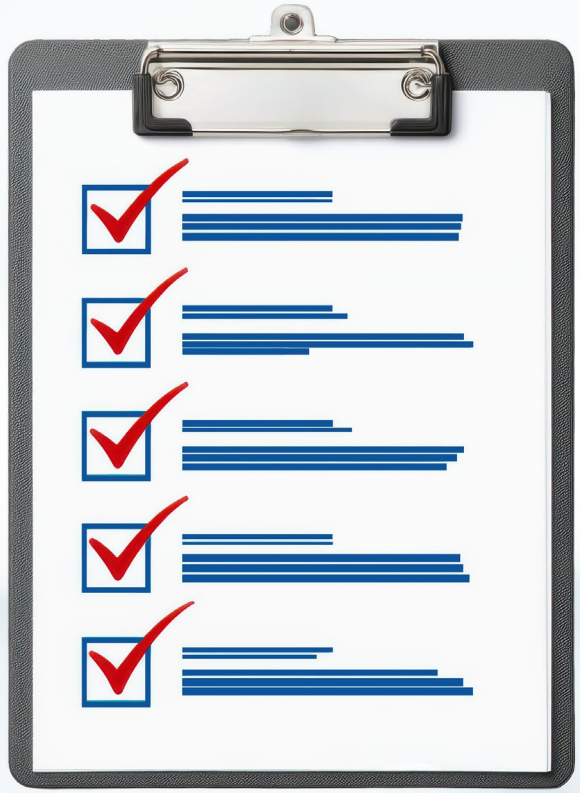
Z0500. Signature of Person Verifying Record Completion

Z0500. Signature of Person Verifying Record Completion	
	A. **Signature** _____ B. **Date** ☐☐ ☐☐ ☐☐☐☐ Month Day Year

On Admission, HUV1, HUV2, and Discharge

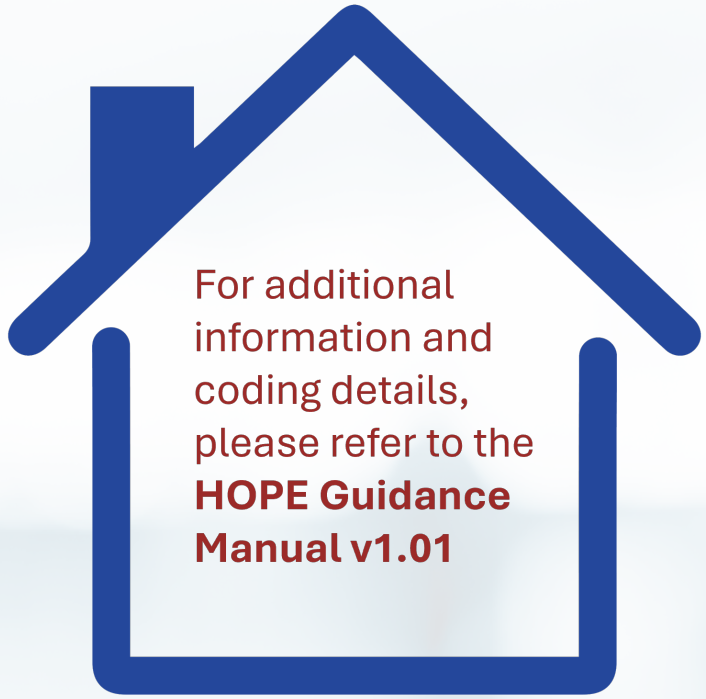
Z0500: Item-Specific Instructions

- Item Z0500 is used to document the individual responsible for ensuring HOPE is completed in a timely manner.



Key Takeaways

- HOPE contains a new section, **Section M: Skin Conditions**, to collect data about conditions, such as rashes, lesions, or surgical wounds.
- The items in **Section N: Medications** have not changed but will now be collected at the two new HUV timepoints, in addition to Admission.
- A new item in Section Z, **Z0350. Date Assessment was Completed** will provide the date the entire HUV item set was completed, including any applicable SFVs.

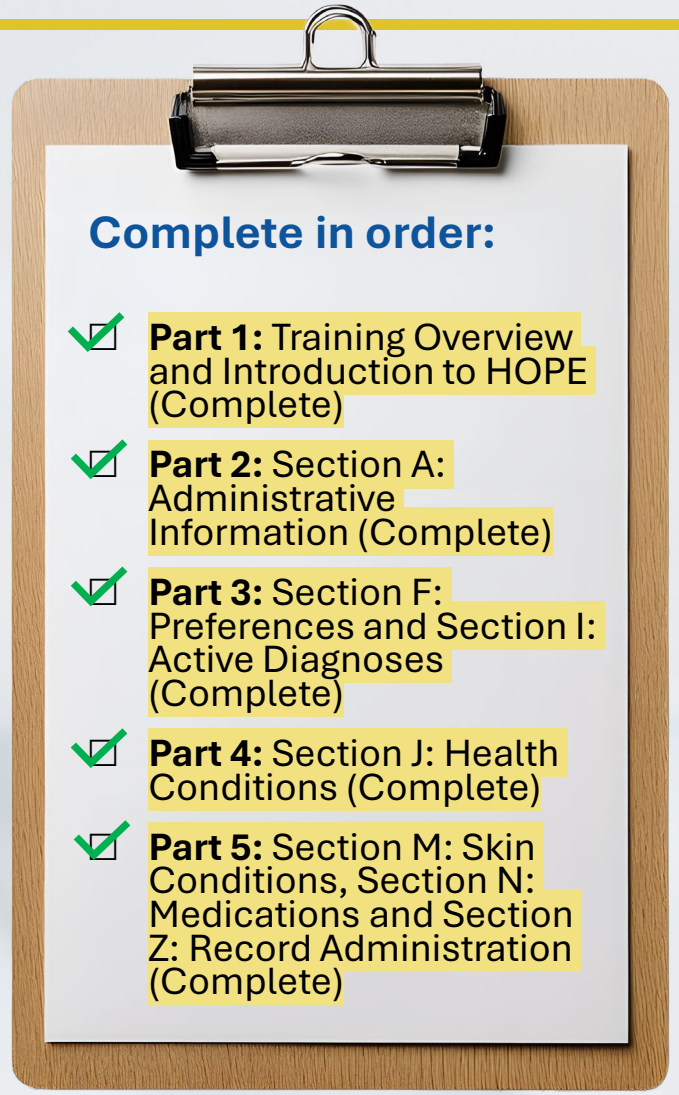


Resources

- CMS' HQRP Webpage
- HQRP Announcements and Spotlight
- HQRP Requirements and Best Practices
- HOPE Webpage
- HOPE Technical Information
- HQRP Help Desk
- HQRP Training and Education Library
- iQIES Website
- iQIES Service Center email
- iQIES Training Videos
- CMS Fiscal Year 2025 Hospice Final Rule (CMS-1810-F)
- Sign up for updates via the MLN and PAC Listservs

Thank You!

- You have completed Part 5 of the five-part training for HOPE.



HOPE Coding Workshop

- Submit questions based on this presentation to cmspostacutecaretraining@RainmakersSolutions.com.
- Select questions will be answered in the upcoming Coding Workshop.