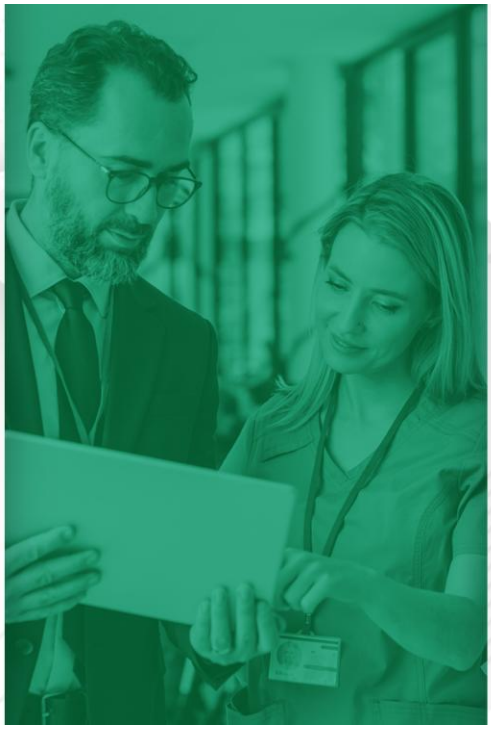
Lessons Learned from HOPE Implementation



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Tammy Stewart is a registered nurse who joined Healthcare Provider Solutions, Inc. (HPS) as a clinical consultant in August 2021. Tammy's commitment to service and compassionate nursing care started over 30 years ago when she began as a home health nurse. She has also worked as a hospice nurse providing care to patients in their home and in general inpatient (GIP) settings. Tammy is a member of the National Association for Healthcare Quality obtaining a Certified Professional in Healthcare Quality (CPHQ). She is also a certified consultant for Community Health Accreditation Partner (CHAP) and Accreditation Commission for Health Care (ACHC). In addition, she is a Certified OASIS Specialist (COS-C).

As a part of the HPS clinical consulting team, Tammy provides support and solutions to home health and hospice agencies nationwide to achieve regulatory compliance. Her experience includes developing and implementing quality assurance and performance improvement programs (QAPI) for home health and hospice agencies in addition to data analysis, clinical chart reviews, onsite billing audit reviews, assisting with medical review ADRs and appeals, and provider education.

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Learning Objectives:

- Review lessons learned from early HOPE implementation.
- Developing best practices for HOPE documentation and processes
- Discuss the impact of HOPE on HQRP and hospice Annual Payment Updates.
- Identify quality data reports available in iQIES

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HOPE Primary Objective

"To provide quality data for HQRP through standardized collection, support survey and certification processes and inform future payment and quality improvement refinements."

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HOPE Tool and Guidance

- Implementation was effective 10/1/25
- Patient-level item set for the collection and submission of standardized data on each patient.
- Data: demographics, pain and symptom management, symptom impact, skin conditions, medications and imminence of death.
- Replaced the HIS: HIS data collection ended on 9/30/25.
- Patients admitted BEFORE 10/1/25 should have had HIS data collected and only HOPE DC data collected at time of DC.
- The HOPE Guidance Manual was updated for the 3rd time effective 10/1/25 – Version 1.02.

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HOPE Tool and Guidance (cont.)

- Provides data for HQRP quality measures
- Informs future payment refinement
- Supports quality measures
- Contributes to the patient's plan of care through providing data throughout the hospice stay to improve practice and care quality.

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Hospice Quality Reporting Program Quality Measure Specifications User's Manual

Version 1.04

Effective February 25, 2026

Hospice Outcomes and Patient Evaluation (HOPE) Guidance Manual v1.02

Effective October 1, 2025

Centers for Medicare & Medicaid Services
Hospice Quality Reporting Program

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HOPE Tool

Required for all patients

- Regardless of payor, age, location of service or length of stay

Requires up to 7 visits per patient depending on length of stay

There are 4 HOPE Assessments:
HOPE Visits:

- HOPE Admission (day 0-5) + SFV if needed
- HUV 1 – day 6-15 + SFV if needed
- HUV 2 – day 16-30 + SFV if needed
- HOPE Discharge

HUV = HOPE UPDATE Visit **SFV = Symptom Follow-up Visit**

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HOPE Timepoints

- While there are 4 HOPE timepoints, up to 7 **visits <u>may</u>** occur related to HOPE following the required timeline.

4 HOPE ASSESSMENTS AND SUBMISSION TIMEPOINTS	UP TO 7 In-Person Visits Related to HOPE
HOPE Admission May include documentation from 2 visits.	Admission Visit + SFV if patient has moderate or severe pain/non-pain symptom impact (In-person visit(s)
HUV 1 May include documentation from 2 visits.	HUV1 Visit + SFV if patient has moderate or severe pain/non-pain symptom impact (In-person visit(s)
HUV 2 May include documentation from 2 visits.	HUV 2 Visit +SFV if patient has moderate or severe pain/non-pain symptom impact (In-person visit(s)
HOPE Discharge	<u>Not required</u> to be performed in person. Occurs at time of DC from hospice during the election.

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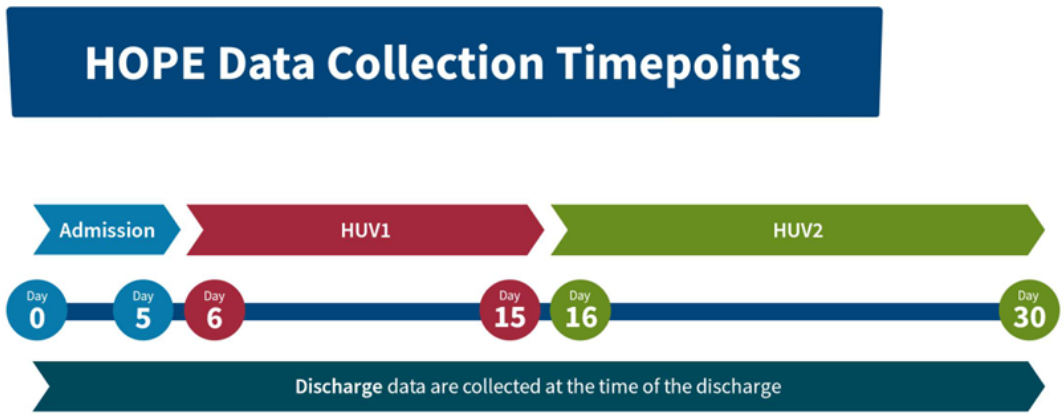
Figure 1: HOPE Data Collection Timepoints



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HOPE Tool Components

- Demographic and Screening Information
- The information collected in the HOPE Tool will contribute to the comprehensive assessment of all hospice patients.
- Data collection for some items is at the discretion of the hospice and may be collected by hospice staff including volunteers, contractors and affiliates.
- RNs are required to perform all HOPE assessment visits: the ADM (Admission) assessment, HUVs (Hope Update Visits).
- LPNs and RNs may perform SFV (Symptom Follow-up Visits).

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Lessons Learned

- Shift from retrospective to real-time, patient-centered assessments
  - ✓HOPE collects real-time, patient specific data at the bedside, rather than abstracting data from the HIS as in the past.
  - ✓Requires clinical judgement + patient/family input.
- Impact for hospices
  - ✓Staff need stronger assessment and clinical thinking skills.
  - ✓Documentation becomes more clinical and interactive, not just a chart review.

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Lessons Learned

- HOPE may significantly increase operational workloads
  - Requires multiple data collection timepoints: Admission, Update Visits, Symptom Follow-Up Visits and Discharge.
  - Can involve up to 4+ assessments per patient
- Impact on hospices
  - Revise processes that may involve
    - Visit scheduling
    - Staffing models
    - Clinician productivity expectations
- Reporting of workflow disruptions by early adopters if processes not revised to accommodate new requirements.

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Lessons Learned

Symptom management becomes a central quality driver.

- HOPE heavily emphasizes symptom tracking and response
  - ✓ New quality measures: Timely follow-up for pain and non-pain symptoms
  - ✓ Requires rapid assessment within 48 hours when symptoms are rated moderate or severe.
- Impacts on hospices
  - ✓ Hospices must strengthen documentation consistency and implement or revise rapid response processes.
  - ✓ Significant cultural shift from documentation compliance to clinical responsiveness.

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Lessons Learned

- Data quality and compliance risk are high
- HOPE raises the stakes for accuracy and timeliness
  - ✓90% submission compliance required or payment penalties (~4%)
  - ✓New system (iQIES) + new record types increase complexity
- Impact
  - Early lessons emphasize:
    - ✓Need for strong QA/auditing processes
    - ✓Training on submission timelines
    - ✓Increased coordination between clinical and billing/QA teams

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Lessons Learned

- Staff education is one of the biggest implementation challenges!
- HOPE introduces
  - ✓New domains (symptom impact, imminent death, expanded diagnoses)
  - ✓New assessment logic and scoring
- Impact on hospices
  - ✓One-time training is insufficient
  - ✓Successful organizations are implementing ongoing competency validation and incorporating into orientation and annual education.

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Lessons Learned

- Staff perception of HOPE Assessments- burden versus benefit
- Challenges
  - Increased documentation time
  - Complexity of scoring symptom impact
  - Understanding definitions and intent of each HOPE question
- Benefits
  - Clearer understanding of patient needs
  - More structured symptom follow-up
  - Contributes to the Plan of Care
  - Directly involves the patient/caregiver

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Lessons Learned

- HOPE is not just compliance – it foundational for future reimbursement
  - Provides standardized data for quality measures and potential payment refinement
  - Will inform public reporting starting ~2028
- Agencies that effective use HOPE data can:
  - Improve QAPI performance
  - Prepare for value-based hospice models
  - Benchmark against peers

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Lessons Learned

Bottom line is…

HOPE implementation lessons learned can be summarized as:

- It's a clinical transformation, not just a documentation change
- It requires workflow, training, and cultural shifts
- It increases accountability for symptom management and outcomes
- Organizations that treat it strategically (not reactively) gain the most value

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Best Practices - Overcoming Challenges

Symptom Assessment & Clinical Practice

Goal: Ensure consistency and accuracy in symptom scoring

- Standardized approach to assessing:
  - Pain
  - Dyspnea
  - Anxiety/agitation
  - Other non-pain symptoms
- Staff trained on **severity vs. impact scoring**
- Clear documentation expectations for moderate/severe symptoms
- Protocol for escalation and follow-up
- **Red Flag:** Clinicians interpret symptom scales differently

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Best Practices - Staff Training & Competency

Ensure all roles are prepared and confident

- Role-based training completed:
  - RNs/clinicians
  - QA staff
  - Leadership
- Competency validation (not just attendance)
- Ongoing education plan in place
- New hire onboarding includes HOPE

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Best Practices - Staff Training & Competency

Questions to Ask:

- Can staff explain *why* HOPE matters?
- Do they understand scoring logic—not just clicking fields?
- **Red Flag:** "One-and-done" training approach

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Best Practices - Data Submission & Compliance (iQIES)

Goal: Avoid penalties and ensure data integrity

- Team understands **submission timelines**
- Process for tracking completion vs. submission
- QA review before submission
- Staff trained on common errors and corrections
- Monitoring system for **90% compliance threshold**
- **Red Flag:** No one owns submission oversight

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Best Practices - Quality Assurance & Auditing

Goal: Ensure accuracy and defensibility of data

- Routine chart audits for HOPE accuracy
- Audit focus areas:
  - Symptom scoring consistency
  - Timeliness of follow-ups
  - Missing data elements
- Feedback loop to clinicians
- Trending of errors and improvement plans
- **Red Flag:** QA only checking for completion—not accuracy

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Best Practices - Interdisciplinary Team (IDT/IDG) Integration

Goal: Use HOPE to improve care—not just document it

- HOPE findings incorporated into **plan of care**
- Discussed during IDT meetings
- Non-nursing disciplines engaged (SW, chaplain, MD)
- Clear communication of symptom changes
- **Red Flag:** HOPE data not discussed in IDT

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Utilizing the HOPE to Support Compliance with The SOM Appendix M:

Survey Protocol Phase 1 Core Requirement CoP Guidance: §418.56 CoP: IDG, Care Planning and Coordination of Services states,

"This interdisciplinary care model requires frequent communication between disciplines of care and patient settings, as well as between the hospice, the patient, and the family to formulate an effective plan of care that is continually monitored by the IDG. There should be a continuous feedback loop between the needs identified in the comprehensive assessment and an updated individualized plan of care. The RN, who is a member of the IDG, monitors the effectiveness of the plan of care and serves as the liaison between the patient and the IDG."

(pg. 33 SOM Appendix M)

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Best Practices - Change Management & Communications

Goal: Support adoption and reduce resistance

- Communication plan for staff (what, why, when)
- Leadership visibly supporting HOPE transition
- Feedback channels for frontline staff
- Addressing concerns about workload and time
- **Red Flag:** Staff see HOPE as "extra work with no value"

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Best Practices - Highest-Risk Areas

Focus and prioritize these areas:

- ❑ Symptom follow-up workflow (48-hour requirement)
- ❑ Staff competency in symptom scoring
- ❑ Submission compliance tracking (90% rule)
- ❑ Workflow redesign (not layering HOPE on top)

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HOPE Guidance Manual Changes

The **HOPE Guidance Manual v1.02 (effective October 1, 2025)** did *not* introduce major structural changes to the tool—it primarily focused on **clarifications, wording refinements, and minor technical updates** to improve consistency and usability prior to live-implementation.

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J2052 - Symptom Follow-Up Visits
J2053 – SFV Symptom Impact

<u>UNCHANGED</u> GUIDANCE FOR SFV/SFV Symptom Impact -

- SFVs may be performed by an RN or LPN/LVN.
- Conduct the SFV only if any response to J2051 – Symptom Impact is coded as 2-Moderate or 3-Severe on either the Admission or HUV visit.
- The in-person SFV should occur within 2 calendar days as a follow up for any moderate or severe pain or non-pain symptom impact identified during the Admission or HUV 1 or HUV 2.
- The completion date may occur outside of the Admission or HUV assessment timeframes.
- An SFV cannot be conducted during the same visit as the Admission, or HUVs but can occur later the same day as a separate visit.

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J2052: Symptom Follow-Up Visit (SFV)

#	Section or Item Set(s) Affected	Section or Item / Text Affected	HOPE v1.01	HOPE v1.02	Rationale for Change / Comments
6.	Guidance Manual, Admission and HUV timepoints	Item # J2052	**J2052. Symptom Follow-up Visit (SFV)** ***(Complete only if previous response to J2051 Symptom Impact = 2. Moderate or 3. Severe)*** An in-person Symptom Follow-up Visit (SFV) should occur within 2 calendar days as a follow-up for any moderate or severe pain of non-pain symptom identified during Symptom impact assessment at Admission of HOPE Update Visit (HUV). **A. Was an in-person SFV completed?** **0. No** — Skip to J2052C. Reason SRA Visit Not Completed. **1. Yes** **B. Date of in-person SFV** – Complete and skip to J2053, SFV Symptom Impact. Month (_ _) Day (_ _) Year (_ _ _ _) **C. Reason SFV Not Completed** – Skip to M1190, Skin Conditions. 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.	**J2052. Symptom Follow-up Visit (SFV)** ***(Complete only if previous response to J2051 Symptom Impact = 2. Moderate or 3. Severe)*** An in-person Symptom Follow-up Visit (SFV) should occur within 2 calendar days as a follow-up for any moderate or severe pain of non-pain symptom **impact** identified during Symptom impact assessment at Admission of HOPE Update Visit (HUV). **A. Was an in-person SFV completed?** **0. No** — Skip to J2052C. Reason SRA Visit Not Completed. **1. Yes** **B. Date of in-person SFV** – Complete and skip to J2053, SFV Symptom Impact. Month (_ _) Day (_ _) Year (_ _ _ _) **C. Reason SFV Not Completed** – Skip to M1190, Skin Conditions. 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.	added the word impact to the phrase "for any moderate or severe pain of non-pain symptom **impact**"

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J2052: SFV Coding Tips

Coding Tips

- If a new symptom is identified during an SFV, another SFV **is not required**, yet clinicians should follow agency practice standards to address, promptly treat, and follow up on any newly identified symptoms.

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J2053 SFV Symptom Impact

- Clarification of Symptom Impact vs. Severity (J2053)
  - Language revised from "not an assessment of" to "not a determination of.." to help reduce confusion among clinicians and emphasizing functional impact and not intensity.
  - Reinforced distinction between:
    - Symptom severity (NOT what is being scored)
    - Symptom impact on the patient (what IS being scored)

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J2053 SFV Symptom Impact

3.	Guidance Manual, Section J	J2053	**Item Specific Instructions** • SFV Symptom Impact item for follow-up of symptoms identified in a HOPE Admission or HUV may be conducted by either an RN or LPN/LVN. O This is not an assessment of the severity, intensity, frequency, or other characteristics of the symptoms listed, but the impact these symptoms have on the patient. • For each symptom listed, enter one code that best describes how the patient has been affected. • The clinician, based on the patient/caregiver interview, observation, and clinical judgment, determines how each symptom has affected the patient.	**Item Specific Instructions** • SFV Symptom Impact item for follow- up of symptoms identified in a HOPE Admission or HUV may be conducted by either an RN or LPN/LVN. O This is not a determination of the severity, intensity, frequency, or other characteristics of the symptoms listed, but the impact these symptoms have on the patient. • For each symptom listed, enter one code that best describes how the patient has been affected. • The clinician, based on the patient/caregiver interview, observation, and**/or** clinical judgment, determines how each symptom has affected the patient.	Wording was adjusted to include ***observations*** for the SFV by an LPN/LVN to say: Changed sub-bullet #2 from This is not an assessment of, to "This is not **a determination** of…" Bullet #3: added the word **or** to this phrase: "The clinician, based on the patient/caregiver interview, observation, and**/or** clinical judgment, determines…"

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J2053 SFV Symptom Impact

- **Code 0, Not at all,** if the patient is not affected by the symptom, including if the symptom(s) is well controlled with the current treatment.
- **Code 1, Slight,** if the patient is slightly affected by the symptom.
- **Code 2, Moderate,** if the patient is moderately affected by the symptom.
- **Code 3, Severe,** if the patient is severely affected by the symptom.
- **Code 9, Not applicable,** if the patient is not experiencing the symptom.

Coding Tips

- Symptom impact is coded based on the clinician's observations and/or clinical judgment after considering all the information provided by the patient, family/caregiver, and/or facility staff in addition to their own observations and/or clinical assessment.
- Symptoms may impact multiple patient activities including, but not limited to, sleep, concentration, day-to-day activities, or ability to interact with others.

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J2053 SFV Symptom Impact

#	Section or Item Set(s) Affected	Section or Item / Text Affected	HOPE v1.01	HOPE v1.02	Rationale for Change / Comments
1.	i	Cover Pager	HOPE v1.01	HOPE – v1.02	Updated version number
2.	All	Footer	HOPE v1.01 Effective October 1, 2025	HOPE Guidance Manual – v1.02 Effective October 1, 2025	Updated footer to correct version number.
3.	Guidance Manual, Section J	J2053	**Item Specific Instructions** • SFV Symptom Impact item for follow-up of symptoms identified in a HOPE Admission or HUV may be conducted by either an RN or LPN/LVN. O This is not an assessment of the severity, intensity, frequency, or other characteristics of the symptoms listed, but the impact these symptoms have on the patient. • For each symptom listed, enter one code that best describes how the patient has been affected. • The clinician, based on the patient/caregiver interview, observation, and clinical judgment, determines how each symptom has affected the patient.	**Item Specific Instructions** • SFV Symptom Impact item for follow- up of symptoms identified in a HOPE Admission or HUV may be conducted by either an RN or LPN/LVN. O This is not a determination of the severity, intensity, frequency, or other characteristics of the symptoms listed, but the impact these symptoms have on the patient. • For each symptom listed, enter one code that best describes how the patient has been affected. • The clinician, based on the patient/caregiver interview, observation, and/or clinical judgment, determines how each symptom has affected the patient.	Wording was adjusted to include ***observations*** for the SFV by an LPN/LVN to say: Changed sub-bullet #2 from This is not an assessment of, to "This is not a **determination** of…" Bullet #3: added the word **or** to this phrase: "The clinician, based on the patient/caregiver interview, observation, and/or clinical judgment, determines…"
4.	Guidance Manual, Section J	J2053	**Coding Tips** • Symptom impact is coded based on the clinician's judgment after considering all the information provided by the patient, family/caregiver, and/or facility staff in addition to their own assessment.	**Coding Tips** • Symptom impact is coded based on the clinician's **observations and/or clinical** judgment after considering all the information provided by the patient, family/caregiver, and/or facility staff in addition to their own **observations and/or clinical** assessment.	Bullet #1: Wording was adjusted to include ***observations*** for the SFV by an LPN/LVN to say: **observations and/or clinical** judgment and **observations and/or clinical assessment.**

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J2053 – SFV Symptom Impact

#	Section or Item Set(s) Affected	Section or Item / Text Affected	HOPE v1.01	HOPE v1.02	Rationale for Change / Comments
5.	Guidance Manual, Section J	J2053	**Example Rationale** Based on assessment, **and/or** observation, and interviewing the patient and caregiver, the nurse determined at the SFV that the nausea was now well-controlled with the current medication and had no further effect on the patient. However, based on observation and/or clinical judgment, the nurse determined that constipation was moderately affecting the patient.	**Example Rationale** Based on assessment, **and/or** observation, and interviewing the patient and caregiver, the nurse determined at the SFV that the nausea was now well-controlled with the current medication and had no further effect on the patient. However, based on **observation and/or** clinical judgment, the nurse determined that constipation was moderately affecting the patient.	Rationale phrasing adjusted to say: "Based on assessment, **and/or** observation, and interviewing the...." and "However, based on **observation and/or** clinical judgment, the nurse determined that constipation was moderately affecting the patient."

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J2053 SFV Symptom Impact

#	Section or Item Set(s) Affected	Section or Item / Text Affected	HOPE v1.01	HOPE v1.02	Rationale for Change / Comments
7.	Guidance Manual, Admission and HUV timepoints	Item # J2053	**J2053. SFV 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**	**J2053. SFV 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 **observations and/or** 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**	Adjusted the phrase to include ***observations and/or.*** "Base this on your **observations and/or** clinical assessment ..."

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J2053: SFV Symptom Impact Updated Item Coding Tips

Coding Tips

- Symptom impact is coded based on the clinician's observations and/or clinical judgment after considering all the information provided by the patient, family/caregiver, and/or facility staff in addition to their own observations and/or clinical assessment.
- Symptoms may impact multiple patient activities including, but not limited to, sleep, concentration, day-to-day activities, or ability to interact with others.

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Hospice Quality Reporting Program (HQRP)

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HQRP – Hospice Quality Reporting Program

- HQRP is <u>currently</u> "pay-for-reporting" which requires timely submission and acceptance of the HOPE data set assessments. Timely Submission = 30-day submission AND Acceptance deadline.
- Performance level is not a consideration when determining market basket updates referred to as Annual Payment Updates (APUs).
- Data from both the HOPE Tool submissions and CAHPS data are used when determining APUs.
- All Medicare certified hospices must comply with the reporting requirements.

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The FY 2027 APU will be impacted by HQRP Compliance for CY2025 data submissions that includes HIS/HOPE + CAHPS

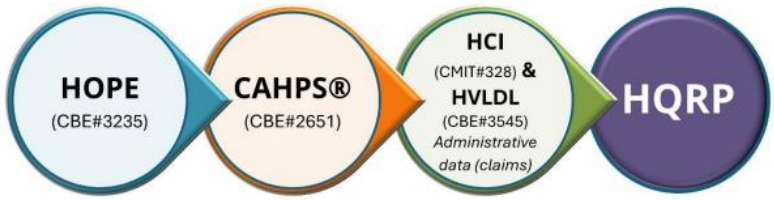

Figure 8: HQRP Compliance and Payment Impact

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HOPE Data Submission

- Submitted to CMS in the proper electronic file format via iQIES.
- Ensuring successful data submission: After each data submission to iQIES, providers must verify that the data submitted were accepted, meaning the records were saved in the system.
- HOPE data are collected and submitted on all patient admissions, regardless of the payer, patient's age, or location of the receipt of hospice services. For all patients admitted on or after October 1, 2025, only HOPE records will be accepted by CMS.
- Data Submission Deadlines: HOPE data are submitted on a rolling basis; all HOPE records (Admission, HUV(s),and Discharge) must be SUBMITTED to iQIES and ACCEPTED no later than 30 calendar days after the Admission Date (A0220), the HUV completion date (Z0350), and the Discharge Date (A0270).

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HOPE Data Submission

- Late HUVs, including symptom follow-up visits should be completed as soon as the missed or late visit is identified and will be accepted in iQIES.
- All timepoints are required to be performed within the timeline or late if identified. If an HUV2 is submitted before HUV 1, the submission will be noted as out of sequence but will still be accepted.
- The submission deadline (the day of assessment + 30 calendar days for all HOPE assessments) includes submissions and acceptance of the HOPE record. (Final Validation Reports)

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HOPE Compliance and Impact

- HOPE compliance is based on the timeliness of data submission. To be compliant, hospices must submit at least 90% of their HOPE records per the 30-day submission deadline specified above or be subjected to the APU penalty for that corresponding FY.
- Determinations of timeliness compliance are made based on records with a target date within the appropriate CY (Jan 1 – Dec 31).
- Hospices that fail to submit required HOPE assessments will receive a 4% payment reduction in the APU (Annual Payment Update)
- Hospice Timeliness Compliance Threshold Report will provide information ongoing about agency compliance with 90% threshold.

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HOPE Compliance and Impact

- New Hospice Providers: There are two considerations – when to begin submitting HOPE data and when you may be subject to the APU penalty for non-compliance.

  1. When to begin HOPE data submission: New hospice providers must submit HOPE data (HOPE-Admission, HUV(s), and HOPE-Discharge records) for all patient admissions on or after the date in their CMS Certification Number (CCN) notification letterhead.

  2. APU determination: If a hospice is found to be non-compliant, the hospice will need to follow the reconsideration process and attach the CCN notification letter and any other relevant documents to support their new status. Any new hospice with a CCN notification letter dated on or after November 1st in a CY will not be subject to the 4 percentage-point APU reduction (for the corresponding FY) for that first year only.

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2 HOPE-based Quality Measures

Timely Reassessment of Pain Impact and Timely Reassessment of Non- Pain Impact

- Measures how many patients who were assessed with moderate/severe pain or non-pain symptom impact were reassessed within two calendar days
- Severity and impact based on HOPE assessments
- Non-pain symptoms include shortness of breath, anxiety, nausea, vomiting, diarrhea, constipation, and agitation

Exclusions:

- ❑ Died or discharged within 2 days
- ❑ Reassessment visit refused
- ❑ Unable to contact/locate patient
- ❑ Patient in ER/hospital
- ❑ Patient travelling outside of service area

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2 HOPE-based Quality Measures (cont.)

Data collected from Admission or Symptom Follow-up Visits (SFV)

- In-person visit
- SFV cannot be same visit as initial assessment, but can be later on the same day
- RN or LPN/LVN

Public reporting

- No sooner than FY2028
- CMS must establish reliability and validity
- At least four quarters of data analyzed

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HIS/HOPE Transition: QIES/iQIES Reports

- CASPER Quality Measure Reports (QIES) will continue to include detailed information about HIS submissions through 2/15/2026.
- Following the 10/1/2025 migration into iQIES, the following reports will continue to be accessible in CASPER: (cont.)
  - Hospice Review and Correct Report
  - Hospice Provider Preview Reports
  - Hospice CAHPs Provider Preview Reports
  - FY 2026 Non-Compliance Notification Letter
  - Hospice-Level Quality Measure Report - HIS, Hospice Care Index (HCI) and HVLDL (must request)
  - Hospice Patient-Level Quality Measure Report - Details of 7 component process measures for the HIS Comprehensive Assessment at Admission Measure. (Must request)

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Hospice Activity Report

Purpose	Displays a list of accepted records and inactivation requests that were submitted by or on behalf of select providers during a specified period.
Report Category	Provider
Report Type	Submission

Hospice Admissions /HUVs /Discharges Report

Purpose	Provides information about the patients who were admitted to, had HUVs submitted and/or were discharged from the selected provider during the specified period.
Report Category	Provider
Report Type	Admission/Discharge

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Hospice Error Detail Report

Purpose	Displays assessment information and error details for user selected error numbers and submission date within the requested date range where selected errors were encountered in successful submissions made by or on behalf of the selected provider. Included in the report are the assessment items and submitted data that caused the selected error to occur.
Report Category	Provider
Report Type	Error

Hospice Error Number Summary by Provider Report

Purpose	Summarizes the errors encountered in Hospice records submitted by or on behalf of select providers during a specified period.
Report Category	Provider
Report Type	Error

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Hospice Final Validation Report

Purpose	Displays detailed information about the status of select submission files for the provider. The report indicates whether the records submitted in each were accepted or rejected and details the warning and fatal errors encountered.
Report Category	Provider
Report Type	Validation

Hospice Record Errors by Field by Provider Report

Purpose	Summarizes by provider and Error Numbers the errors encountered in submitted hospice records during a specified period by select hospices.
Report Category	Provider
Report Type	Error

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Hospice Submission Statistics by Provider Report

Purpose	Summarizes the submissions made by or on behalf of select providers during a specified period.
Report Category	Provider
Report Type	Submission

Hospice Submitter Final Validation Report

Purpose	Displays detailed information about the status of a select submission file. The report indicates whether the records were accepted or rejected and displays the warning and fatal errors encountered. This report can only be requested by the submitter of the assessments.
Report Category	Provider
Report Type	Validation

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Hospice Timeliness Compliance Threshold Report

Purpose	Displays the number and percentage of Hospice records submitted within the 30-day submission deadline for the Annual Payment Update (APU) determination for select providers.
Report Category	Provider
Report Type	Submission

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Hospice FY 2027 Proposed Rule

- CMS expects public reporting to begin in November 2027 based on analysis of CY 2026 which begins early CY 2027.
- Due to the newness of the HOPE assessment along with the migration to the iQIES platform, CMS has granted a waiver to all HOPE assessments dated October 1, 2025, through December 31, 2025, and as a result, all HOPE assessments with a target date in 2025 will be considered timely.
- To meet the assessment timeliness threshold under the Annual Payment Update (APU), hospices must achieve a timely submission rate of 90 percent or higher for FY2027. This means that 90 percent of all HIS and/or HOPE assessments must be submitted to, and accepted by, CMS within 30 days of the patient's admission or discharge date. For HIS assessments, the reporting period is based on the submission of HIS admission or discharge assessments between January 1, 2025, and September 30, 2025. HOPE assessments began submission on October 1, 2025; therefore, the reporting period is based on the submission of the HOPE admission, discharge, and/or HOPE Update Visit (HUV) assessments between October 1, 2025, and December 31, 2025.

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Hospice FY 2027 Proposed Rule

- CMS proposing an Icon for hospices on Care Compare to indicate failure to meet reporting requirements.
- The proposed icon will identify hospices failing to submit any data or submitting less than the required 90 percent of HOPE submissions within 30 days of the patient's admission or discharge date within a year period.
- Despite the APU penalty increase from 2 percent to 4 percent in Fiscal Year (FY) 2024, we have not observed a significant improvement in the number of hospices meeting the QRP reporting requirements.

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Hospice FY 2027 Proposed Rule

- In FY 2025, the percentage of non-compliant hospices increased to 23.53 percent and in FY 2026 the percentage of non-compliant hospices was 20.37 percent. The consistent lack of data for approximately one-fifth of hospices limits the ability of CMS to accurately measure the quality of care provided by hospices and limits the amount of data available to a consumer.
- Addition of the icon to Medicare Care Compare will be no earlier than FY 2028 (October 1, 2027) to align with adding HOPE data to the website.
- The data will be based on CY 2026 APU submission data received from January 1, 2026, through December 31, 2026. The proposed icon will be added or removed on an annual basis to give hospices an ample amount of time to review and correct data, and to comply with the 90 percent threshold.

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TABLE 13: HQRP Reporting Requirements and Corresponding Annual Payments Updates

Reporting Year for HIS/HOPE and Data Collection Year for CAHPS data (Calendar year)	Annual Payment Update Impacts Payments for the FY	Reference Year for CAHPS Size Exemption (CAHPS only)
CY 2025	FY 2027 APU	CY 2024
CY 2026	FY 2028 APU	CY 2025
CY 2027	FY 2029 APU	CY 2026
CY 2028	FY 2030 APU	CY 2027

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TABLE 14: HQRP Compliance Checklist

Annual Payment Update	HIS/HOPE	CAHPS
FY 2027	Submit at least 90 percent of all HIS/HOPE records within 30 days of the event date (for example, patient's admission or discharge) for patient admissions/discharges occurring 1/1/25-12/31/25	Ongoing monthly participation in the Hospice CAHPS survey 1/1/2025-12/31/2025
FY 2028	Submit at least 90 percent of all HOPE records within 30 days of the event or completion date (for example, patient's admission date, HUV completion date or discharge date) for patient admissions/discharges occurring 1/1/26-12/31/26	Ongoing monthly participation in the Hospice CAHPS survey 1/1/2026-12/31/2026
FY 2029	Submit at least 90 percent of all HOPE records within 30 days of the event or completion date (for example, patient's admission date, HUV completion date or discharge date) for patient admissions/discharges occurring 1/1/27-12/31/27	Ongoing monthly participation in the Hospice CAHPS survey 1/1/2027-12/31/2027
FY 2030	Submit at least 90 percent of all HOPE records within 30 days of the event or completion date (for example, patient's admission date, HUV completion date or discharge date) for patient admissions/discharges occurring 1/1/28-12/31/28	Ongoing monthly participation in the Hospice CAHPS survey 1/1/2028-12/31/2028

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Table 6—Anticipated HOPE Public Education, Data Collection, and Reporting

Key event	Time period
Provider Trainings for HOPE Implementation	Spring/Summer 2025.
Data Collection Begins	October 1, 2025.
CY 2026 Data Analyzed to Assess Quality and Completeness	Winter/Spring 2027.
Provider Preview Reports for HOPE Measure(s) Provided to Hospices *	Summer 2027.
Public Reporting of HOPE Measure(s) Begins *	Fall 2027.

** These dates are subject to change based on the quality and reportability of the data as determined based on CMS analyses; updates will be provided in the FY 2027 Hospice Rule.*

FY 2026 Hospice Wage Index and Payment Rate and HQRP Requirements

https://www.federalregister.gov/documents/2025/08/05/2025-14782/medicare-program-fy-2026-hospice-wage-index-and-payment-rate-update-and-hospice-quality-reporting

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Resources/References

- CMS HOPE Webpage and Links to Resources - https://www.cms.gov/medicare/quality/hospice/hope
- Hospice QRP Announcements and Spotlight - https://www.cms.gov/medicare/quality/hospice/hospice-qrp-announcements-spotlight
- Hospice Outcomes and Patient Evaluation (HOPE) Technical Information - https://www.cms.gov/medicare/quality/hospice-quality-reporting-program/hospice-outcomes-and-patient-evaluation-hope-technical-information
- Hospice Center 2026 Hospice Final Rule - https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/hospice-center
- Federal Register - https://www.federalregister.gov/documents/2025/08/05/2025-14782/medicare-program-fy-2026-hospice-wage-index-and-payment-rate-update-and-hospice-quality-reporting
- HOPE Implementation FAQs - https://www.cms.gov/files/document/hope-implementation-faqs.pdf
- iQIES Hospice Provider Report Information - https://qtso.cms.gov/system/files/qtso/iQIES%20Hospice%20Provider%20Report%20Information.pdf
- https://www.govinfo.gov/content/pkg/FR-2026-04-06/pdf/2026-06604.pdf
- https://www.cms.gov/files/document/getting-started-hqrp-jan-2026-pdf.pdf
- https://qtso.cms.gov/system/files/qtso/CMS%20iQIES%20Reports%20Guide%20Hospice%201.0.pdf

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Have any questions?
Scan the QR Code to schedule a call!
Thank You for Participating!
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