# Hospice Outcomes and Patient Evaluation (HOPE):
## Frequently Asked Questions & Answers

*Updated: February 17, 2025*

**Starting October 1, 2025, the current hospice data set (HIS) will be replaced by the new Hospice Outcomes and Patient Evaluation (HOPE) assessment.** Hospice providers will be required to submit data via iQIES for the first time. CMS has released the final rule (available here: Hospice Final Rule) and the first edition of the HOPE Guidance Manual (Available here: HOPE Guidance Manual - v1.00)

**PLEASE NOTE: These answers are based on guidance released by CMS. That guidance is likely to change before October. We will update this document as additional guidance is released by CMS.**

With so many changes coming for hospices this year, there is a lot of confusion in the industry. Our experts are in constant communication with CMS and will continue providing updates as needed. Sources referenced in the following answers are listed at the end of this document.

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## HOPE Submission Process

**Q. Will HOPE submissions to iQIES need to be sequential like HIS (e.g., SOC, SFV, Death)?**

**HOPE Guidance Manual | 3.3.3. Submission Sequence | Page 92**

"The submission system will issue a warning on the FVR when a HOPE record is submitted out of sequence. Examples include the following:

- Submission of an Admission record where the prior record submitted was also an Admission record and there was no Discharge record submitted in between.
- Any record submitted for a patient after the submission of a Discharge record indicating that the patient has expired (A2115 = 1).
- Submission of a HUV record before an Admission record.
    - Admission and Discharge records may be completed and submitted on the same day when situations arise that warrant this; for example, when a patient is admitted and discharged or dies on the same day."

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**Q. How is iQIES different from QIES? When will iQIES be available for hospices?**

The Internet Quality Improvement and Evaluation System (iQIES) is an upgraded version of QIES (Quality Improvement and Evaluation System) – essentially a more modern, web-based platform offering improved reliability, scalability, security, and accessibility for submitting patient assessment data to CMS, eliminating the need for a VPN and utilizing a new user management system through HCQIS Access Roles and Profile (HARP) for logins. iQIES is basically the online, enhanced version of the QIES system.

CMS has stated iQIES will be available in the summer of 2025, but we are waiting on further clarification and specific dates.

**Q. Can hospices batch and submit HOPE data themselves into iQIES? Are hospices required to use a third-party vendor for HOPE and iQIES submissions?**

There have been discrepancies between the final rule and responses provided from CMS on this topic. We have reached out to CMS for clarification and will provide an update once CMS has responded with **official** guidance.

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## Vendor and EHR Considerations

**Q. Does Netsmart (myUnity, Homecare and Advisor) support HOPE data submission?**

Hospice Agencies should contact their EHR vendors directly with any questions about functionality. All Netsmart EHRs are actively preparing for the HOPE assessment changes, timepoint requirements, and data submission format changes. Simple supports submitting HIS assessments to CMS and will support submissions for HOPE assessments beginning on October 1. Netsmart EHR users will have the ability to submit HOPE assessments through their EHR starting October 1 using functionality powered by Simple.

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**Q. Where can we find a list of CMS approved vendors for HOPE and/or iQIES submissions?**

As of now, the Centers for Medicare & Medicaid Services (CMS) has not released an official list of approved vendors for the submission of the Hospice Outcomes and Patient Evaluation (HOPE) assessment data. The implementation of the HOPE tool is scheduled for October 1, 2025, and CMS is actively developing the necessary technical specifications and guidance for data submission.

Simple is currently scrubbing and submitting HIS assessments and is ready to do the same for HOPE assessments beginning October 1.

**Q. Can vendors like Netsmart, McBee or Simple handle HOPE requirements?**

Absolutely! Check out the links below to learn more!

Netsmart supports HOPE requirements through product-related workflow design, documentation requirements and tracking, industry education sessions and webinars, and data scrubbing and submission.

**Simple – HIS/HOPE scrubbing and submission**

**McBee – Hospice consulting services**

**Netsmart – Hospice solutions**

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## HUV and SFV Visits

**Q. Can LPNs/LVNs complete HUV or SFV visits?**

LVNs/LPNs cannot complete the HUVs. LVNs/LPNs can complete the SFVs. The name of this data collection visit was changed to SFV (Symptom Follow-Up Visit) to decrease the concern over the documentation required being an “assessment.”

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**Hospice Final Rule | Implementation of Two Process Quality Measures Based on Proposed HOPE Data Collection | Page 64240**

"We are finalizing the decision that a follow-up visit cannot be the same visit as the initial assessment, but it can occur later in the same day (as a separate visit). However, we recognize that requiring in-person visits may impact existing staffing shortages faced by many hospice providers. CMS maintains to avoid creating unnecessary burden for hospice providers. Therefore, to minimize the burdensome impact of the in-person staffing requirement and to take advantage of the staff members hospices have, we are finalizing a decision that symptom follow-up visits (SFVs), referred to in the proposed rule as the Symptom Reassessment, may be performed by either RNs or Licensed Practical Nurses (LPNs)/Licensed Vocational Nurses (LVNs)."

**HQRP Help Desk Questions and Answers: Quarter 3, 2024 | Page 3-4**

**"Question 7:** From the FY2025 proposed rule to the publication of the FY2025 final rule (FR), we noticed a change in the name of the visits from the Symptom Re-assessment visit (SRA) to the Symptom Follow-up Visit (SFV). Can you please confirm the name change?

**Answer 7:** In the FY2025 Hospice Final Rule, the name change was confirmed from the SRA to SFV to accommodate allowing LPN/LVNs to complete this follow-up visit for both moderate or severe symptoms."

**Q. Can HUV1 and HUV2 visits be part of a routine visit, or must they be separate?**

The HUV1, HUV2, and the SFV can all be a part of a routine visit. "HOPE data are collected during the hospice's routine clinical assessments and are based on unique patient assessment visits. However, not all HOPE items are completed at every timepoint." (HOPE Guidance Manual, Page 2)

**HOPE Guidance Manual | 1.6. General Conventions for Completing HOPE | Page 13**

"To accurately and fully complete HOPE data, hospice staff should understand what information each item requires and complete the item based only on what is being requested. Responses to items in HOPE can be selected by the assessing clinician as part of the routine assessment during a patient visit or, for select items, can be based on information documented in the clinical record and abstracted on or before the Completion Date (Item Z0500B)."

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**Q. What happens if an RN who starts the admission isn't available for SFV or HUV visits?**

The SFV can be completed by a different nurse (LVN/LPN or RN). The HUV visits can be completed by a different RN, than who completed the admission.

**Q. Can different RNs complete HUV or SFV visits and document in the original note?**

**HOPE Guidance Manual | 1.6.1. Who May Complete HOPE | Page 13**

"HOPE contains a combination of existing HIS items and new items. Some of the data elements are to be collected during routine clinical assessment visits, while other data may be extracted from the clinical record by hospice staff, including volunteers, contractors, and affiliates. For example, staff could collect data from the quality division of the health system to which a hospice belongs. HOPE may be completed by any appropriate hospice staff member, based on the data being collected, such as the registered nurse (RN) for HOPE items requiring a skilled nursing assessment. The hospice is responsible for the accuracy and completeness of information in HOPE. Per the hospice CoPs, (See 418.114 Conditions of Participation), it is at the discretion of the hospice to determine who can accurately complete HOPE. Each person completing any portion of HOPE should provide a signature in Section Z, Record Administration, per the instructions provided in Section Z of Chapter 2."

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## Timing and Compliance

**Q. What are the timeframes for completing and submitting SFV visits?**

**HOPE Guidance Manual | J2052. Symptom Follow-Up Visit (SFV) | Page 70**

- Unlike the assessments, the SFV item for symptom follow-up may be completed by either an RN or LPN/LVN.
- Complete only if any response to J2051, Symptom Impact is coded as 2, Moderate, or 3, Severe on either the Admission or an HUV assessment.

# Hospice Outcomes and Patient Evaluation (HOPE):
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- The in-person SFV should occur within two calendar days as a follow-up for any moderate or severe pain or non-pain symptom impact identified during an Admission or HUV.
- An SFV cannot be conducted during the same visit as the initial assessment to complete a HOPE Admission or HUV, but it can occur later in the same day, as a separate visit.

**Q. Is the HUV day considered Day 0 or Day 1 for the SFV timeline?**

The SFV may be completed on the same day as the HUV or within 2 calendar days after the HUV. An in-person Symptom Follow-up Visit (SFV) should occur within 2 calendar days as a follow-up for Admission or HOPE Update Visit (HUV). See HOPE Guidance Manual, Page 70.

**Draft of the HQRP User's Manual for Proposed HOPE-Based Measures***

"Timely Reassessment of Pain Impact measure captures the percent of hospice patient assessments that have a pain reassessment within two (2) days after pain impact was initially assessed as moderate or severe; and

Timely Reassessment of Non-Pain Symptom Impact measure captures the percent of assessments that have a symptom reassessment within two (2) days after non-pain symptom impact was initially assessed as moderate or severe." (Page 2)

"Date of Symptom Impact Screening (J2050.B.) [1] ≤ Two (2) days..." (Page 5)

**Q. Are there penalties for incomplete or missed SFVs due to patient refusal or death?**

**Draft of the HQRP User's Manual for Proposed HOPE-Based Measures***

There are exclusions for the quality measures related to doing SFV timely if the patient was discharged from hospice before the SFV could be completed, or if you answer J2052 as Code 1, if the patient and/or caregiver declined an in-person visit, Code 2, if the patient was unavailable (e.g., in emergency department, hospital, traveled outside of the service area, expired), or Code 3 if attempts to contact the patient and/or caregiver were unsuccessful.

Incomplete or missed SFVs, if not excluded, will be included in the calculation for the quality outcome.

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# Hospice Outcomes and Patient Evaluation (HOPE):
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**Q. Can multiple clinicians sign and contribute to a single HOPE assessment? Does CMS expect documentation integrity when multiple clinicians contribute to HOPE notes?**

**HOPE Guidance Manual | 1.6.1. Who May Complete HOPE | Page 13**

"HOPE contains a combination of existing HIS items and new items. Some of the data elements are to be collected during routine clinical assessment visits, while other data may be extracted from the clinical record by hospice staff, including volunteers, contractors, and affiliates. For example, staff could collect data from the quality division of the health system to which a hospice belongs. HOPE may be completed by any appropriate hospice staff member, based on the data being collected, such as the registered nurse (RN) for HOPE items requiring a skilled nursing assessment. The hospice is responsible for the accuracy and completeness of information in HOPE. Per the hospice CoPs, (See 418.114 Conditions of Participation), it is at the discretion of the hospice to determine who can accurately complete HOPE. **Each person completing any portion of HOPE should provide a signature in Section Z, Record Administration, per the instructions provided in Section Z of Chapter 2.**"

**HOPE Guidance Manual | Z0400. Signature(s) of Person(s) Completing the Record | Page 86-87**

All staff who complete any part of the HOPE record shall enter their signature, title, section, or portion(s) of a section(s) they completed, as well as the date completed. The signature in Z0500A certifies only that all sections are complete. Persons completing Z0500 are not certifying the accuracy of portions of the HOPE record that were completed by other hospice staff members.

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## Specific Scenarios

**Q. If a patient dies after the HUV1 but before an SFV, how should this be documented?**

Based on the HOPE Guidance Manual, the patient dies within 2 days of the HUV1, then a HOPE DC is completed. The correct responses on the HUV1 to SFV J2052A are No and J2052C Response 2. The patient would be excluded from the quality measure.

# Hospice Outcomes and Patient Evaluation (HOPE):
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**Q. If a patient is admitted on Sept. 30, 2025, do they require HIS admission and HOPE discharge only?**

A patient who is admitted prior to October 1, 2025, requires only one HOPE assessment, the discharge.

**HQRP Help Desk Questions and Answers: Quarter 3, 2024 | Page 2-3**

"HIS to HOPE Transition

**Question 4:** Will CMS have any period where both HOPE and HIS records are acceptable, or is it just a hard cutover on 10/1/25?

**Answer 4:** While there will be some transition time to allow for HIS record corrections, only HOPE records will be accepted for all patients admitted or discharged on or after October 1, 2025.

HOPE and Hope Update Visit (HUV) data collection

**Question 5:** For patients admitted just before 10/1/25 using the HIS, will providers have to submit the HUV timepoint, or is that only for new patients admitted on or after 10/1/25?

**Answer 5:** The HUV data collection timepoints will only apply to new patients admitted on or after October 1, 2025, using the HOPE tool."

**Q. How does HOPE apply to patients under GIP level of care?**

**HOPE Guidance Manual | 1.5. Applicable Patients | Page 11**

According to Section 1.5. of the HOPE Guidance Manual, "completion of HOPE records applies to all patient admissions to a Medicare-certified hospice program regardless of the following:

- Payer source (Medicare, Medicaid, or private payer)
- Patient age
- Where the patient receives hospice services, such as a private home, nursing home, assisted living, or hospice inpatient facility.
- Hospice LOS"

# Hospice Outcomes and Patient Evaluation (HOPE):
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**Q. What happens if the patient transfers to a different hospice**?

**HOPE Guidance Manual | 1.5.1. Special Circumstances Affecting HOPE | Page 12**

"If a hospice patient's care transfers or changes from one hospice to another, and the two hospices have different CCNs, each hospice should complete a HOPE-Admission, HOPE Update Visit records (as applicable), and a HOPE-Discharge record for the care provided to the patient by their organization.

When the transferring hospice completes its HOPE discharge, response 05, "transferred to another hospice," should be selected for Item A2115—Reason for Discharge."

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## Clarifications on HOPE Assessment

**Q. Is the HOPE assessment tied to claims like OASIS?**

No. Please see the **Medicare Claims Processing Manual Chapter 11 - Processing Hospice Claims** for all information regarding claims.

There is a 4% penalty for not complying with HOPE assessment requirements for submitting data. See the CMS Hospice QRP Announcements & Spotlights page for additional resources: https://www.cms.gov/medicare/quality/hospice/hospice-qrp-announcements-spotlight

**Q. Are HOPE assessment responses modifiable for corrections?**

See Chapter 3 Section 3.7 | Correcting Errors in HOPE Records That Have Been Accepted by CMS (page 94) of the HOPE Guidance Manual regarding Modification vs Inactivation.

HOPE assessment responses will be modifiable to accommodate correction workflows within each Netsmart EHR.

# Hospice Outcomes and Patient Evaluation (HOPE):
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**Q. How is the impact of symptom severity determined (e.g., pain vs. nausea)?**

**HOPE Guidance Manual | J2051. Symptom Impact | Page 68**

"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.

Symptom impact is coded based on the clinician's assessment and judgment after considering all the information provided by the patient, family/caregiver, and/or facility staff in addition to their own assessment."

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## Documentation and Workflow

**Q. Does the admission nurse need to complete follow-up visits, or can other clinicians document them?**

**HOPE Guidance Manual | J2052. Symptom Follow-Up Visit (SFV) | Page 70**

"Unlike the assessments, the SFV item for symptom follow-up may be completed by either an RN or LPN/LVN.

Complete only if any response to J2051, Symptom Impact is coded as 2, Moderate, or 3, Severe on either the Admission or an HUV assessment.

The in-person SFV should occur within two calendar days as a follow-up for any moderate or severe pain or non-pain symptom impact identified during an Admission or HUV.

An SFV cannot be conducted during the same visit as the initial assessment to complete a HOPE Admission or HUV, but it can occur later in the same day, as a separate visit."

**Q. How do agencies handle pending or open forms in the EHR to avoid billing delays?**

Agencies will need to develop their own workflow and procedures for handling documents and timeliness.

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## Training & Resources

**Q. When will HOPE assessments be available in Netsmart EHRs for training?**

Netsmart is actively preparing to release functionality to support the HOPE assessment requirements within our EHRs based on guidance from CMS. We are engaged with CMS through technology vendor forums and are waiting on the final technical specifications to be released to finalize the functionality within our solutions.

Stay tuned for more updates from Netsmart in the coming weeks.

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## Sources & References

FY 2025 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, and Hospice Quality Reporting Program Requirements

Hospice Outcomes and Patient Evaluation (HOPE) Guidance Manual - v1.00 | Released Sep 17, 2024

Hospice Quality Reporting Program (HQRP) Help Desk Questions and Answers: Quarter 3, 2024

Quality Alert Letter from National Alliance for Care at Home – Sep 17, 2024 | Available here: https://www.nhpco.org/resources/

DRAFT | HQRP Quality Measure Specifications User's Manual for Proposed HOPE-Based Measures

*The final version of the HQRP manual will not be available until Summer 2025.

Medicare Claims Processing Manual | Chapter 11 - Processing Hospice Claims