



Texas Association for
Home Care & Hospice
Leading ★ Advancing ★ Advocating

56th Annual Meeting
Thursday, August 28, 2025
11:15am-12:15pm

4b. Turning Up the Heat on Hospice Quality: CAHPS, HOPE and High Temps

Presented by:

Chris Gallarneau, Senior Education Consultant, MAC Legacy
Brian W. Lebanon, CEO, Consultant, BC Healthcare Consulting LLC

Thank you to our Sponsors:



Turning Up The Heat On Hospice Quality:

CAHPS, HOPE, and High Temps



Session 4B | August 28, 2025

TODAY'S SPEAKERS



Chris Gallarneau
Senior Education Consultant



Brian W. Lebanion
CEO / Consultant

OBJECTIVES

CAHPS

Learn how to fire up the patient and caregiver experience.

HOPE

Understand the HOPE assessment tool and how to stay cool during the transition from HIS.

HQRP IMPACT

Prepare your team to meet rising regulatory demands with practical, quality-driven strategies for success.

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HQRP – Current State

HIS

CAHPS

HCI/HVLDL

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64202 Federal Register / Vol. 89, No. 151 / Tuesday, August 6, 2024 / Rules and Regulations

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

42 CFR Part 418
(2981-100-07)
RIN 0938-4120

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

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).
ACTION: Final rule.

SUMMARY: This final rule updates the hospice wage index, payment rates, and aggregate cap amount for Fiscal Year (FY) 2025. This rule also adopts the most recent Office of Management and Budget statistical area delineations, which will impact the hospice wage index. This rule clarifies current policy related to the "election statement" and the "notice of election," as well as adds clarifying language regarding hospice certification and includes a technical regulation text change to the Conditions of Participation (CoP). This rule finalizes changes to the Hospice Quality Reporting Program. Finally, this rule summarizes comments received regarding potential implementation of a separate payment mechanism to account for high intensity palliative care services.

DATES: These regulations are effective on October 1, 2024.

FOR FURTHER INFORMATION CONTACT: For general questions about hospice payment policy, send your inquiry via email to: hospicepolicy@cms.hhs.gov. For questions regarding the CAHPS Hospice Survey, contact Lauren Fuentes at (410) 786-1240. For questions regarding the hospice conditions of participation (CoP), contact Mary Elmi-Cougle at (410) 786-6951. For questions regarding the hospice quality reporting program, contact Jermaine Keys at (410) 786-7778.

SUPPLEMENTARY INFORMATION:

I. Executive Summary

A. Purpose

This final rule updates the hospice wage index, payment rates, and cap amount for Fiscal Year (FY) 2025 as required under section 1814(i) of the Social Security Act (the Act). This rule

also finalizes the adoption of the most recent Office of Management and Budget (OMB) statistical area delineations based on data collected during the 2020 Decennial Census, which will result in changes to the hospice wage index. In addition, this rule finalizes the reorganization of the regulations to clarify current policy related to the "election statement" and the "notice of election (NOE)," and adds clarifying language regarding who can certify terminal illness and admit patients to hospice. This rule also summarizes comments solicited regarding a potential policy to account for the increased hospice costs of providing high intensity palliative care services.

Additionally, this rule finalizes the Hospice Quality Reporting Program (HQRP) measures collected through a new collection instrument, the Hospice Outcomes and Patient Evaluation (HOPE). Finally, two HOPE-based measures and lays out the planned trajectory for further development of this instrument, and provides updates on Health Equity, Future quality measures (QMs), and public reporting requirements. We also acknowledge responses on the request for information on potential social determinants of health (SDOH) elements. Finally, this rule also finalizes changes to the Hospice Consumer Assessment of Healthcare Providers and Systems (Hospice CAHPS) Survey.

B. Summary of the Major Provisions

Section III A.1 of this final rule updates the hospice wage index and makes the application of the updated wage data budget neutral for all four levels of hospice care.

Section III A.2 of this final rule adopts the new OMB labor market delineations from the July 21, 2023, OMB Bulletin No. 23-01 based on data collected from the 2020 Decennial Census.

Section III A.3 of this final rule includes the final FY 2025 hospice payment update percentage of 2.9 percent.

Section III A.4 of this final rule includes an update to the hospice cap amount for FY 2025 to the hospice payment update percentage of 2.9 percent.

In section III B of this final rule, we make clarifying changes to the Hospice Conditions of Participation (CoP) and adopt clarifying regulations text, with no change to current policy. This includes reorganizing the regulations to clearly identify the distinction between the "election statement" and the "notice of election," as well as including clarifying text changes that align payment regulations and CoPs regarding who may certify terminal illness and determine admission to hospice care. This section also finalizes technical regulations text changes in the Medical Director CoP at § 418.102. In addition, we are making a technical correction in the personnel requirements at § 418.114(b)(9), where we inadvertently used the term "marriage and family counselor" when the correct term is "marriage and family therapist."

In section III C of this final rule, we include a summary of comments received on a potential policy to account for higher hospice costs involved in the provision of high intensity palliative care treatments. Finally, in section III D of this final rule, we finalize HOPE-based process measures, finalize the HOPE instrument, discuss updates to potential future quality measures, and finalize changes to the CAHPS Hospice Survey.

C. Summary of Impacts

The overall economic impact of this final rule is estimated to be \$700 million in increased payments to hospices in FY 2025.

II. Background

A. Hospice Care

Hospice care is a comprehensive, holistic approach to treatment that recognizes the impending death of a terminally ill individual and warrants a change in the focus from curative care to palliative care for relief of pain and for symptom management. Medicare regulations define "palliative care" as patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care encompasses the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice (42 CFR 418.3). Palliative care is at the core of hospice philosophy and care practices and is a critical component of the Medicare hospice benefit.

The goal of hospice care is to help terminally ill individuals continue life with minimal disruption to normal activities while remaining primarily in the home environment. A hospice uses an interdisciplinary approach to deliver medical, nursing, social, psychological, emotional, and spiritual services through a collaboration of professionals and other caregivers, with the goal of making the beneficiary as physically

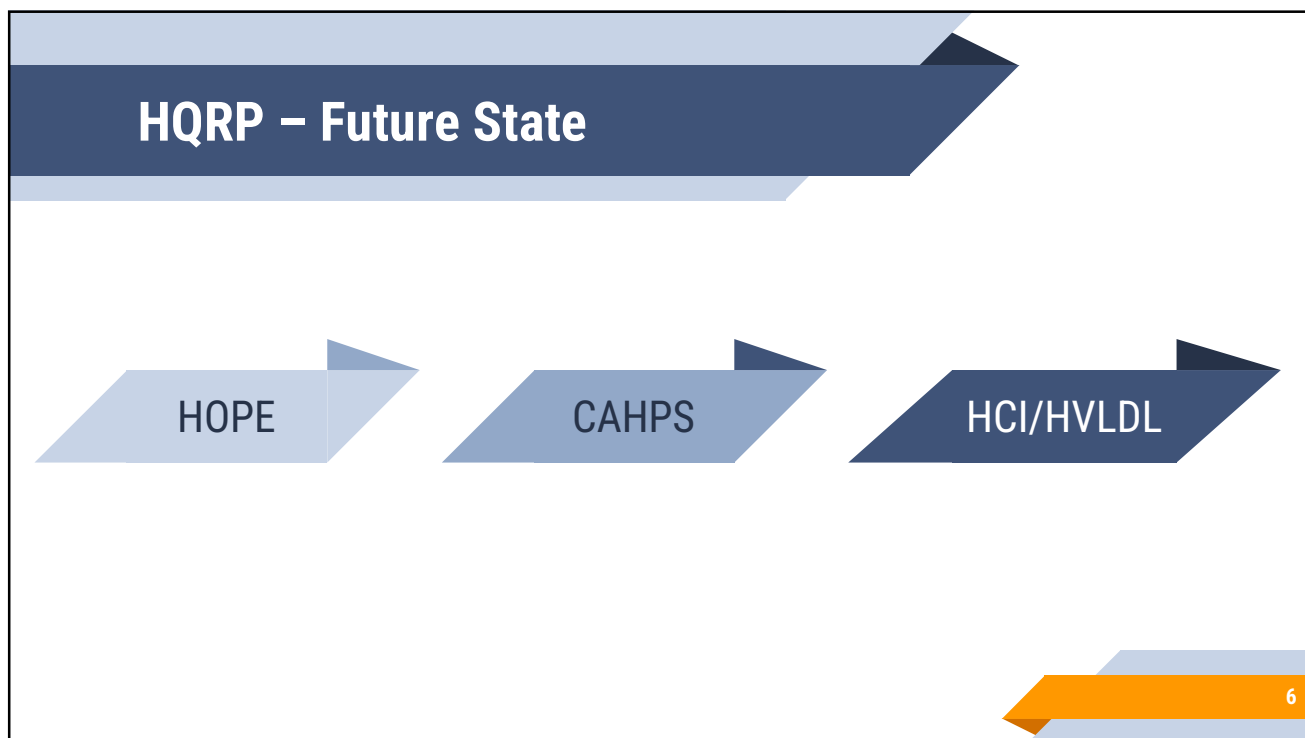
FY2025 Hospice Final Rule

Federal Register August 6, 2024.

Updated CAHPS Survey Implementation

Transition of HIS to HOPE Timeline

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CAHPS

The Patient and Caregiver Experience

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Hospice CAHPS

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
 - National implementation for hospice in 2015
 - Standardized Questionnaire
 - Gather feedback about healthcare experience and quality of hospice care

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Hospice CAHPS

■ CAHPS Survey Goals:

- Public reporting to aid patients and families in decision making when selecting a hospice
- Aid hospices with quality improvement efforts
- Provide information to CMS on hospice care quality

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Hospice CAHPS

■ CAHPS Survey Compliance:

- Contract with an approved Vendor
- Data submitted to CMS quarterly
- Participation is required unless exempt by newness or size

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Hospice CAHPS Updated Survey

CMS Finalized:

- Web-mail Mode
 - E-mail notification link to a web-based survey
- Pre-Notification Letter
 - Sent one week prior to survey administration
- Data Collection Period Extension
 - Extended field period from 42 to 49 days

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MAIL ONLY	DAY -7	DAY 1		DAY 22	DAY 49	
	Prenotification letter mailed	1 st mailed survey		2 nd mailed survey	Data collection closes	
PHONE ONLY	DAY -7	DAY 1			DAY 49	
	Prenotification letter mailed	Initiate systemic telephone calls (up to 5 attempts)			Data collection closes	
MIXED MODE	DAY -7	DAY 1		DAYS 22-49	DAY 49	
	Prenotification letter mailed	Mail survey		systemic telephone contact (up to 5 attempts)	Data collection closes	
WEB MAIL MODE	DAY -7	DAY 1	DAY 3	DAY 5-8	DAYS 22-49	DAY 49
	Prenotification letter mailed	Email invite	Reminder email	1 st mailed survey	2 nd mailed survey	Data collection closes

▼
IMPORTANT NOTE: If a valid email is NOT available, the caregiver is not sent a survey until the 1st paper survey is mailed - 1 week into the fielding period.

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Updated CAHPS Survey Structure

Survey Length:

- Reduced the number of questions from 47 to 38
- 31 Questions on Hospice Care
- 7 Questions on Demographics

Items Removed:

- 3 Nursing Home Items
- 1 Relocation Item
- Confusing or Contradictory Survey Language

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9 CAHPS Measures

No Changes:

- Getting Timely Help
- Treating The Patient With Respect
- Emotional and Spiritual Support
- Help For Pain And Symptoms
- Rating of The Hospice
- Willingness To Recommend The Hospice

Measure Changes:

- Communication With Family
Removed 1 Question
- Training The Family To Care For The Patient*
Replaced 4 Questions
- Care Preferences*
New Composite Measure

**CMS will not publicly report until there are eight quarters of data collected.
(Q2 2025 – Q1 2027)*

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REFRESH	PERIOD	DETAILS
Present – February 2026	Current	> No Changes
May 2026 – November 2027	Transition	> New Care Preferences measure and substantially revised Getting Hospice Care Training measure are not publicly reported > Scores for the other 7 measures are calculated by combining scores from quarters using the current and updated survey - Star rating based on those 7 measures
February 2028 – Onward	Updated	> Scores for all 9 measures are calculated using data from the revised survey and are publicly reported - Star rating based on all 9 measures

CAHPS® Hospice Survey

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CAHPS Survey Strategies

- Collaborate with Your Survey Vendor
- Familiarize Yourself with The New Measures
- Implement Quality Checks
- Train Your Staff
- Ensure Data Accuracy

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CAHPS Survey Strategies

- Employee Engagement
- Prioritize Patient Values and Preferences
- Exceptional Customer Service Focus
(H.E.A.T. Customer Service Model)

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CAHPS Survey Communication

Can Do List:

- Inform Caregivers that a survey will occur to seek feedback on their experience
- Able to share the name of the CAHPS survey Vendor
- Providers may conduct quality improvement projects

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CAHPS Survey Communication

Can Not Do List:

- Can not ask Caregivers to opt out
- Can not show or provide survey materials
- Can not offer incentives to influence survey responses
- Can not complete survey for Caregivers
- Can not contact Caregivers regarding reported responses
- Can not share individually reported responses to direct care staff

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HOPE

From HIS To HOPE

Hospice Outcomes and Patient Evaluation (HOPE)

HOPE is a standardized set of items intended to capture patient-level data on each hospice patient.

HOPE will replace the current Hospice Item Set (HIS) as of October 1, 2025.

The original HIS was implemented in 2014 with several updates over the years.

HOPE contains a combination of existing HIS items, some of which have been revised, and new items.

Some of the data elements (or items) are to be collected during routine clinical assessment visits, while other data may be extracted from the clinical record (i.e.: by reviewing the patient's medical record).

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Hospice Outcomes and Patient Evaluation (HOPE)



Hospices must now submit **up to four** records for each patient admitted to their organization.



HOPE records include:

HOPE-Admission record
 HOPE-Discharge record
 HOPE Update Visit 1 (HUV1) depending upon the patient's length of stay (LOS)
 HOPE Update Visit 2 (HUV2) depending upon the patient's length of stay (LOS)

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HOPE – Implementation Strategies

It is essential to consider the following for the successful implementation of the HOPE Tool:

■ Understand the requirements.

- ▷ Who must participate.
- ▷ Who can collect the data elements (identify and assign staff).
- ▷ Acceptable sources for data collection.
- ▷ Submission requirements to meet HQRP compliance. (4% APU)
- ▷ HOPE tool data collection time points and time frames.

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HOPE – Implementation Strategies

■ What You and Your Staff Should Know:

- ▷ Difference between HIS vs HOPE (who will teach this).
- ▷ Additional time required for HOPE visits (factor into budget and productivity).
- ▷ How to educate staff and when to do so.
- ▷ Resources available to support implementation, learning, and education.
- ▷ Vendor support (EHR).

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HOPE – “GO LIVE”



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HOPE – “GO LIVE”

As of 10/1/2025, hospices WILL ONLY use HOPE for collection of data. The HIS will no longer be accepted for new patients.

For existing patients admitted prior to 10/1/2025, using the HIS data set, the only timepoint required is the HOPE – Discharge.

NOTE: Patients on service at the start of HOPE (10/1/2025) data collection SHOULD NOT BE discharged and readmitted using the HOPE tool.

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HOPE – Data Collection

- As of 10/1/25 – hospices must complete and submit only HOPE records to CMS.
 - ▷ HIS-Admission and HIS-Discharge records will no longer be accepted by the CMS system after this date.
- The primary sources of information for completing HOPE include the following:
 - ▷ Data collected through in-person visits and clinical care processes documented in the clinical record.
 - ▷ Documentation in the hospice clinical record from which the responses to HOPE data elements can be obtained.
 - ▷ EXTERNAL SOURCES should NOT be used when completing HOPE.

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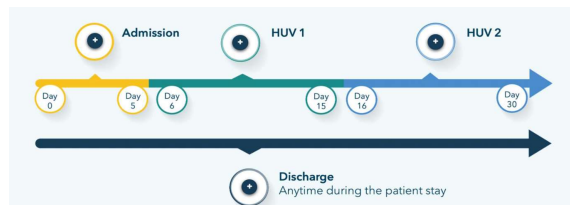
HOPE – Who Can Complete HOPE?

- RN is responsible for the clinical assessment and data collection (i.e.: anything that requires a skilled nursing assessment.)
- Additional data, administrative:
 - ▷ May be collected by an appropriate Hospice member identified by the agency.
 - ▷ It is at the discretion of the Hospice to determine who can complete HOPE.
 - ▷ Consider developing a policy and procedure to ensure compliance with HOPE.
- The Hospice agency is responsible for the accuracy and completeness of HOPE information.
- Every person completing any portion of HOPE should provide a signature in Section Z.

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HOPE – The Four Time Points

- Generally, hospices are required to submit up to four records for each patient admitted to their organization.
- This includes a minimum of:
 - HOPE-Admission record,
 - a HOPE-Discharge record,
 - and up to two HOPE Update Visits (HUVs).
 - Depending on the patient's length of stay (LOS), up to two HUV records may be required for every hospice admission, each at specified timeframes.



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HOPE – Admission

- For HOPE purposes, a patient is considered admitted to a hospice if the following conditions are met:
 - There is a signed election statement (or other agreement for care for non-Medicare patients).
 - The patient did not expire before the effective date of the election or agreement for care.
 - The hospice made a visit to the setting where hospice services are to be initiated.

All three criteria listed above must be met for the patient to be considered admitted for the purposes of HOPE reporting.

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HOPE – Admission



HOPE-Admission data is collected as part of the comprehensive assessment of the patient.



No later than 5 calendar days after the effective date of the hospice election.

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HOPE – Process Measures

- Two new process measures will be collected via the HOPE Instrument:

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

For cases where a patient is assessed as having high (that is, more moderate or severe) symptom impact, practitioners suggest that good care processes include trying to follow up with the patient and having in-person visits/reassessment within 48 hours to ensure treatment has helped alleviate and/or manage those symptoms.

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HOPE Update Visit 1 (HUV1)

The data for HUV1 is collected via an in-person visit to inform updates to the plan of care.

HUV1 is required on or between days 6 and 15 of the hospice stay and **should not be conducted** within the first 5 days after the hospice election.

The date of the hospice election would be considered “Day 0.”

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HOPE Update Visit 2 (HUV2)

The data for HUV2 is collected via an in-person visit to inform updates to the plan of care.

HUV2 is required on or between days 16 and 30 after the hospice election.

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HOPE – Discharge



The data is collected at Discharge for any reason listed in A2115.



At the time of discharge.

Transitioning to HOPE on 10/1/25

Patient admitted on 8/1/25 expires on 9/30/25. What kind of HIS or HOPE do we perform?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sept 28	29	30 HIS DC	Oct 1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	Nov 1

Transitioning to HOPE on 10/1/25

Patient admitted on 9/15/25 expires on 10/2/25. What kind of HIS or HOPE do we perform?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sept 28	29	30	Oct 1	2 HOPE DC	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	Nov 1

Transitioning to HOPE on 10/1/25

Patient admitted on 9/01/25 expires on 10/15/25. What kind of HIS or HOPE do we perform?

Do you have to submit a HUV2 visit for this patient during days since the HUV2 Windows ends on 10/1?

NO – Only applies to patients admitted after the 10/1/25 HOPE start date.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sept 28	29	30	Oct 1	2	3	4
5	6	7	8	9	10	11
12	13	14	15 HOPE DC	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	Nov 1

New Admission 10/1/25

Patient with Admission Date A0220 – 10/1/25

RN Initial Visit completed on 10/2/25.

What is the 5 day window to complete HOPE?

Day 0 through 5, 10/1 through 10/6

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sept 28	29	30	Oct 1 Admission Date A0220 = Day 0	2 RN Visit	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	Nov 1

New Admission 10/3/25

Patient with Admission Date A0220 – 10/3/25

RN Initial Visit completed on 10/3/25.

Patient expires or discharged on Day 3.

Can you submit the HOPE Discharge record to IQES BEFORE the HOPE Admission Record?

Can you submit them on the same day?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sept 28	29	30	Oct 1	2	3 Admission Date A0220 = Day 0 RN Visit	4
5	6 HOPE Discharge, A0270 +5	7	8	9	10	11

HOPE Discharge IQES submission and acceptance deadline:

- Submission Deadline: 11/5/2025
- Admission Deadline: 11/3/25

A0250 Reason for Record

A0250. Reason for Record

A0250. Reason for Record	
Enter Code	1. Admission (ADM) 2. HOPE Update Visit 1 (HUV1) 3. HOPE Update Visit 2 (HUV2) 9. Discharge (DC)

Item-Specific Instructions

- Code 1, Admission**, for an Admission record.
- Code 2, HOPE Update Visit 1**, for an HUV1 record.
- Code 3, HOPE Update Visit 2**, for an HUV2 record.
- Code 9, Discharge**, for a Discharge record.

Coding Tips

- An Admission and Discharge record must be completed for each patient admission.
- Depending on the patient's LOS, up to two HUV records are required for each hospice admission
- Since the LOS for hospice patients varies, CMS understands that the number of HUV records will vary.

J2050 Symptom Impact Screening

J2050. Symptom Impact Screening

J2050. Symptom Impact Screening	
Enter Code	A. Was a symptom impact screening completed? 0. No — Skip to M1190, Skin Conditions. 1. Yes B. Date of symptom impact screening: Month Day Year

Timepoint(s) Item Completed

- Admission (ADM)
- HOPE Update Visit 1 (HUV1)
- HOPE Update Visit 2 (HUV2)

Item-Specific Instructions

- Review all response choices before making a selection.
- 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.

A. Was a symptom impact screening completed?

- Code 0, No**, if the patient was not screened for symptom impact and Skip to Item M1190, Skin Conditions.
- Code 1, Yes**, if the patient was screened for symptom impact.

B. Date of symptom impact screening

- Enter the date of the symptom impact screening was performed.

J2051 Symptom Impact

J2051. Symptom Impact

J2051. Symptom Impact	
Over the past 2 days, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from patient and/or 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 ↓
A. Pain	
B. Shortness of breath	
C. Anxiety	
D. Nausea	
E. Vomiting	
F. Diarrhea	
G. Constipation	
H. Agitation	

J2051 Symptom Impact

Timepoint(s) Item Completed

Admission (ADM) / HOPE Update Visit 1 (HUV1) / HOPE Update Visit 2 (HUV2)

Item-Specific Instructions

Assess the patient for the impact of symptoms. 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.

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. For Admission and at HUVs, this is an overall rating of how the patient is affected by their symptom(s) over the past two days.

Based on the patient/caregiver interview, observation, clinical assessment, and clinical judgment, the assessing clinician decides the effect of each symptom on the patient.

For each symptom, enter one code that best describes how the patient has been affected by the symptom.

Coding Tips

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.

Symptom Impact Example #1

■ Patient Case Summary

- **Pain:** Patient reports pain *severely impacting sleep* over the past 2 days.
- **Shortness of Breath (SOB):** Experienced only when walking upstairs; *slight impact* on daily activity.
- **Other Symptoms:** Denied experiencing or receiving treatment for other symptoms.

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Symptom Impact Example #1

J2051. Symptom Impact

J2051. Symptom Impact
Over the past 2 days, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from patient and/or 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)

Correct Coding

	Enter Code
A. Pain	3
B. Shortness of breath	1
C. Anxiety	9
D. Nausea	9
E. Vomiting	9
F. Diarrhea	9
G. Constipation	9
H. Agitation	9

Rationale:

Pain - severe impact reported by patient - difficulty with both sleep and rest.

SOB - minimal effect on activity, only with stairs.

All others – N/A, denied experience or treatment.

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Symptom Impact Example #1

Best Practice Recommendations

- Interview in Private: Elicits accurate symptom reporting, as demonstrated in this case.
- Use Clinical Judgment: Consider full context—symptom pattern, severity, frequency, and patient narrative.
- Clarify Scope of “Impact”: Ask about both physical and emotional effects where relevant.
- Document Thoroughly: Rationale must clearly connect symptoms with coded levels of impact.
- Consistency is Key: All symptoms not reported or treated must be coded as ‘9 – Not applicable.’

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Symptom Impact Example #2

■ Patient Case Summary

- **Pain:** Patient denies issue, but spouse reports severe interference with sleep, rest, and social activities.
- **Nurse Observation:** Patient appears uncomfortable and fidgety.
- **Anxiety:** Both patient and spouse agree it slightly interferes with social interaction, especially with groups.
- **Other Symptoms:** Denied by both patient and spouse—no experience or treatment reported.

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Symptom Impact Example #2

J2051. Symptom Impact

J2051. Symptom Impact
Over the past 2 days, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from patient and/or 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)

Correct Coding

	Enter Code
A. Pain	3
B. Shortness of breath	9
C. Anxiety	1
D. Nausea	9
E. Vomiting	9
F. Diarrhea	9
G. Constipation	9
H. Agitation	9

Rationale:

Pain - Despite patient's denial, spouse report and nurse observation support severe impact.

Anxiety – slight impact agreed upon by both patient and spouse during social interaction.

All others – N/A, denied experience or treatment.

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Symptom Impact Example #2

Best Practice Recommendations

- Interview Collaterals: Include family/caregivers to gain comprehensive insight, especially when the patient denies symptoms.
- Observe Behavior: Visual cues, such as fidgeting or discomfort, can validate reports from caregivers.
- Code Based on Total Evidence: Use clinical judgment when patient reports conflict with observations and collateral information.
- Clarify Vague Symptoms: Anxiety or psychosocial impacts may be underreported without direct probing.
- Document Sources of Input: Indicate how family input and observations contributed to coding decisions.

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New Admission 10/1/25 – Old Schedule

Patient with Admission Date
A0220 – 10/1/25

RN Initial Visit completed on
10/2/25.

Weekly Visits Initially
Scheduled and Assigned.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sept 28	29	30	Oct 1 Admission Date A0220 = Day 0	2 RN Visit	3	4
5	6	7	8	9 LVN Visit	10	11
12	13	14	15	16 LVN Visit	17	18
19	20	21	22	23 LVN Visit	24	25
26	27	28	29	30 RN Visit	31	Nov 1
2	3	4	5	6	7	8

New Admission 10/1/25 – HUV 1 & 2 RNs

Patient with Admission Date
A0220 – 10/1/25

RN Initial Visit completed on
10/2/25.

Admission Days 0 – 5
HUV1 Days 6 -15
HUV2 Days 16-30

When is a SFV Visit
necessary?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sept 28	29	30	Oct 1 Admission Date A0220 = Day 0	2 RN Visit	3	4
5	6	7	8	9 LVN Visit	10	11
12	13	14	15	16 HUV1 VS RN	17	18
19	20	21	22	23 LVN Visit	24	25
26	27	28	29	30 HUV2 RN VS	31	Nov 1
2	3	4	5	6	7	8

When Is A SFV Required?

An SFV is **required** when:

- A HOPE-Admission or HOPE Update Visit (HUV1 or HUV2) is completed, and
- At least one response to the Symptom Impact item (J2051A-H) is rated as:
 - ▷ **2 (Moderate impact) or**
 - ▷ **3 (Severe impact)**

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When Is A SFV Required?

J2051. Symptom Impact

J2051. Symptom Impact	
Over the past 2 days, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from patient and/or 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
	↓
A. Pain	
B. Shortness of breath	
C. Anxiety	
D. Nausea	
E. Vomiting	
F. Diarrhea	
G. Constipation	
H. Agitation	

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When Is A SFV Required?

- The SFV must be an in-person visit.
- It must be completed within two calendar days following the triggering HOPE timepoint (Admission, HUV1, or HUV2).
- It must be a separate visit from the HOPE timepoint that triggered it.
- The SFV may also occur later on the same day as the Admission or HUV.

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When Is A SFV Required?

- A maximum of **three SFVs** may be required per patient stay:
 - One after Admission (if triggered),
 - One after HUV1 (if triggered),
 - One after HUV2 (if triggered).

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When Is A SFV Not Required?

- If no symptoms are rated as moderate or severe
 - (J2051A-H ≠ 2 or 3).
- If the patient is discharged or expires before the two-day follow-up window closes.
- If moderate/severe symptoms are documented at the SFV itself, a new SFV is not required unless new symptoms trigger it at a subsequent HOPE timepoint

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New Admission 10/1/25 – HUV 1 & 2 RNs

Patient with Admission Date
A0220 – 10/1/25

RN Initial Visit completed on
10/2/25.

Admission Days 0 – 5
HUV1 Days 6 -15
HUV2 Days 16-30

Example: On Admission
10/2 J2051 was Marked
with a "1" Mild Anxiety.
All Other Answers = 9.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sept 28	29	30	Oct 1 Admission Date A0220 = Day 0	2 RN Visit	3 SFV Not Required	4
5	6	7	8	9 LVN Visit	10	11
12	13	14	15	16 HUV1 VS RN	17	18
19	20	21	22	23 LVN Visit	24	25
26	27	28	29	30 HUV2 RN VS	31	Nov 1
2	3	4	5	6	7	8

New Admission 10/1/25 – HUV 1 & 2 RNs

Patient with Admission Date
A0220 – 10/1/25

RN Initial Visit completed on
10/2/25.

Admission Days 0 – 5
HUV1 Days 6 -15
HUV2 Days 16-30

Example: On Admission
10/16 J2051 was
Marked with a “2 or 3”
Mild Anxiety. All Other
Answers = 9.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sept 28	29	30	Oct 1 Admission Date A0220 = Day 0	2 RN Visit	3	4
5	6	7	8	9 LVN Visit	10	11
12	13	14	15	16 HUV1 VS RN	17 SFV Required	18
19	20	21	22	23 LVN Visit	24	25
26	27	28	29	30 HUV2 RN VS	31	Nov 1
2	3	4	5	6	7	8

Who Can Complete A SFV?

According to the HOPE Guidance Manual v1.01, a Symptom Follow-up Visit (SFV) must be completed by an appropriate hospice staff member – typically a registered nurse (RN) or a licensed practical/vocational nurse (LPN/LVN) – who is qualified to assess and document symptom impact.

The manual does not prescribe a single discipline but allows flexibility based on clinical appropriateness:

- **RNs** are most often responsible, particularly if the symptoms involve complex assessment or intervention.
- **LPNs/LVNs** may complete SFVs if they are clinically competent and permitted by state scope of practice laws and hospice policy.
- The SFV must be an in-person visit and must occur separately from the triggering HOPE timepoint (e.g., Admission, HUV1, or HUV2).

Who Can Complete A SFV?

■ Clarified in Example (Page 14, Situation C)

- “The LPN/LVN on the hospice team returns on day 25 to complete the in-person SFV...” This indicates that LPNs/LVNs may perform SFVs, assuming hospice policy allows and the assessment is within their scope of practice.

■ Regardless of discipline, the hospice remains ultimately responsible for ensuring:

- The visit occurs within 2 calendar days of the triggering event.
- The visit is thorough, documented, and aligns with Symptom Impact (J2051) follow-up expectations.

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HOPE – Completion Goals



CMS issued “Completion Goals”

These are “goals” and ARE NOT “required”.
I would call them a “best practice”



It is at the discretion of the hospice to develop internal policies for completing and submitting HOPE records according to current requirements.



The completion goal is neither a requirement nor does it affect compliance determination.

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HOPE – Completion Goals

- As of October 1, 2025, the recommended completion goal for HOPE records is the following:
 - HOPE-Admission Records: No later than 14 days from the Admission Date (A0220). This is unchanged from the recommended completion timing for HIS-Admission records.
 - HOPE-HUV Records: No later than 14 days from the Date Assessment was Completed (Z0350) for each specified HUV timepoint.
 - HOPE-Discharge Records: No later than 7 days from the Discharge Date (A0270). This is unchanged from the recommended completion timing for HIS-Discharge records.

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HOPE – Submission Deadlines



CMS continues to recommend that providers complete and attempt to submit HOPE records early, prior to the submission deadline.



Allow time to address any technical issues encountered in the submission process, such as correcting fatal errors.



Watch out for sequencing – Can't submit them out of order.



Check with EMR Vendor – How will the system track this?



We will have more files to submit than we are used to!

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HQRP – Full Annual Payment Update (APU)



The HQRP is currently a “pay-for-reporting” program, meaning that the act of **submitting and the acceptance of the required data** determines compliance with the HQRP.



In addition to the CAHPS® Hospice Survey participation (if eligible), compliance is based on the timeliness of patient assessment data submission.



To avoid the 4-percent payment penalty in their APU for failure to meet the HQRP requirements, hospices must submit **at least 90 percent** of their records on time in accordance with the submission deadlines.

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QIES vs. iQIES

Feature	Old QIES System	New iQIES System
Identity verification	Local access (no HARP)	Required HARP account & Experian check
Assessment submission tools	jHAVEN, VPN	iQIES web-based interface
User roles and permissions	Manually handled	Role-based via HARP
System access	CMSNet and state-specific	iQIES portal (https://iqies.cms.gov)

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Summary

Ready, Set, Go!

Summary

HOPE is effective 10/1/2025

HIS no longer accepted for new admission after 10/1/25

Get signed up for iQES NOW!

Check with your EMR vendor for updates/plans

Educate your staff on the transition and new requirements

Summary

Partner effectively with your CAHPS survey vendor

Focus on quality patient care and ensure accuracy of data

Empower staff to deliver a high-quality patient experience

Prioritize patient-centered care

Stay informed of regulatory and public reporting changes

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Avoid Non-Compliance

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THANK YOU!

Questions?

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REFERENCES

CMS Hospice Quality Reporting Program (HQRP) webpage

- <https://www.cms.gov/medicare/quality/hospice>

CMS Hospice Outcome Patient Evaluation (HOPE) webpage

- <https://www.cms.gov/medicare/quality/hospice/hope>

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

- [CMS-1810-F | CMS](#)

FY 2026 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, and Hospice Quality Reporting Program Requirements

- [CMS-1835-F | CMS](#)

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