



Hospice

Bringing HOPE to Your Hospice

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mazars

HOPE Finalized

2025 *Final* Rule



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
(CMS-1010-F)
RIN 0938-AV20

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: hospicypolicy@cms.hhs.gov.
For questions regarding the CAHPS® Hospice Survey, contact Lauren Fuentes at (410) 786-7290.
For questions regarding the hospice conditions of participation (CoPs), contact Mary Rossi-Coslin at (410) 786-6051.
For questions regarding the hospice quality reporting program, contact Jermaina 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 1314(b) 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); finalizes 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 updates to hospice payment rates.

Section III.A.5 of this final rule includes an update to the hospice cap amount for FY 2025 by 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 (CoPs) 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 \$790 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 throughout 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

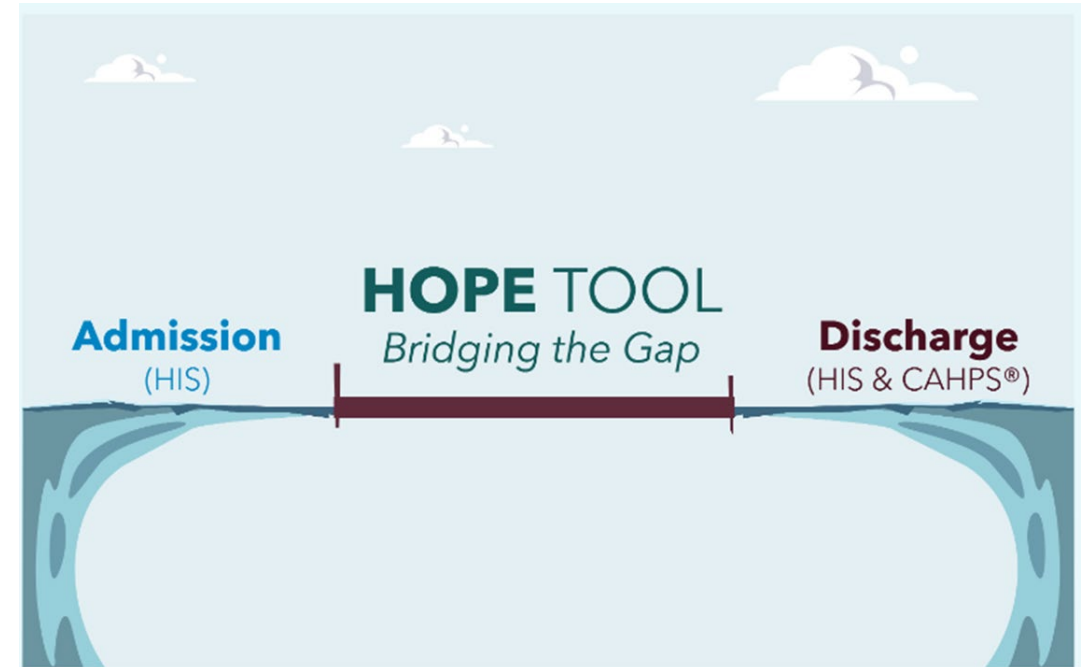
[Federal Register](#)
dated August 6,
2024



What is it?

HOPE stands for Hospice Outcomes and Patient Evaluation (HOPE)

- New standardized tool
- Developed to replace the HIS
- Will provide assessment-based quality data to the HQRP



HOPE is On it's Way – but when

- To be implemented October 1, 2025 (FY 2026)
 - Data collection on or after October 1, 2025
- Must be collected by an in-person RN visit – no telehealth
- Multiple time points
 - Admission
 - Hope Update Visits (HUV)
 - Defined time points
 - Dependent on length of stay
 - Discharge



HOPE Use Current and new measures

- Collect data for the HQRP
- Replaces HIS as data source for Comprehensive Assessment at Admission (CBE 3235)
 - 2 new measures
 - Anticipated public reporting in FY 2028
 - Analysis of 4 full quarters 2026 data in 2027 will determine decision of public reporting

Why?

HOPE Use Future

- Future testing measures for the HQRP
 - May be hybrid measures
 - Combined data with other sources like CAHPs and claims data
 - Further development of instrument
- Support survey and certification processes
- ***May*** inform future payment changes



Hospice | HOPE Details

- Replace this HIS – **last HIS collected will be on September 30, 2025**
- Includes new or expanded items in several domains
 - Sociodemographic
 - Living Arrangements
 - Availability of Assistance
 - Diagnoses
 - Symptom Impact Assessment
 - Imminent Death
 - Skin
- Submission required of the HOPE data
- 90% reporting requirement
 - **4% Payment Penalty**



NOTE: Patients on service at the start of HOPE data collection should not be discharged and readmitted using the HOPE tool.

Hospice | HOPE Development

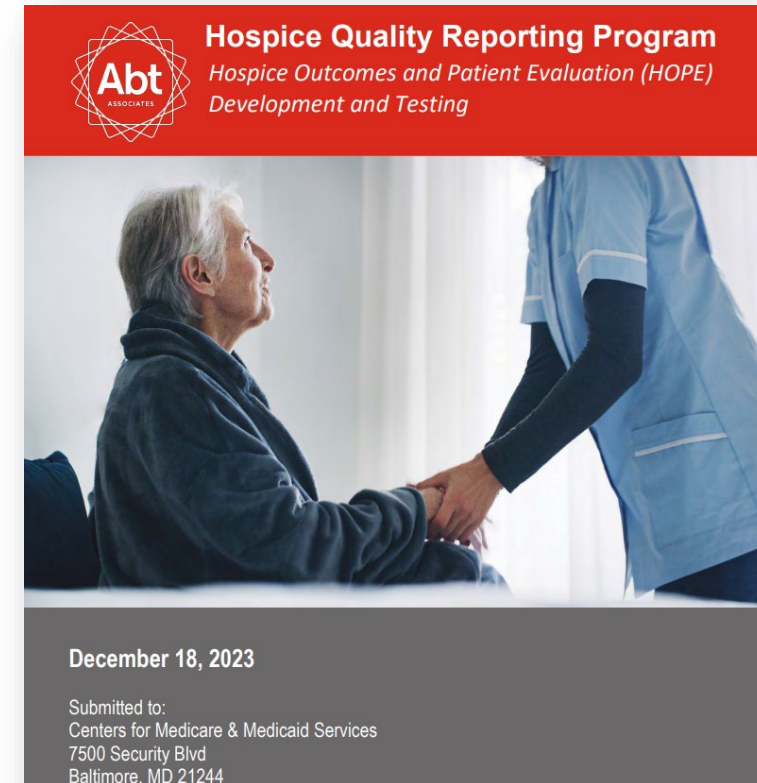
- Information gathering
- Stakeholder engagement
- Technical Expert Panel

[Provider and Stakeholder
Engagement | CMS](#)

- Tested

–Cognitive, pilot, alpha testing and national beta field testing completed October of 2022

[Hospice Quality Reporting Program \(cms.gov\)](#)



176 pages

Hope Guidance Manual

**Hospice Outcomes and
Patient Evaluation (HOPE)
Guidance Manual - v1.0 DRAFT**



Centers for Medicare and Medicaid Services
Hospice Quality Reporting Program

<https://www.cms.gov/files/document/draft-hope-guidance-manualv100.pdf>

Hospice | HOPE

HOPE by sections

Section A. Administrative Information	+
Section F. Preferences	+
Section I. Active Diagnoses	+
Section J. Health Conditions	+
Section M. Skin Conditions ★ New Section	+
Section N. Medications	+
Section Z. Record Administration	+

- ➡ Some changes
- ➡ No changes
- ➡ Expanded from 3 – 10 comorbidities and coexisting items added
- ➡ Several new items; one minor change to an existing HIS item
- ➡ Brand new section - 3 items
- ➡ Unchanged – will also be collected at HUV
- ➡ One new item added – the date assessment was completed

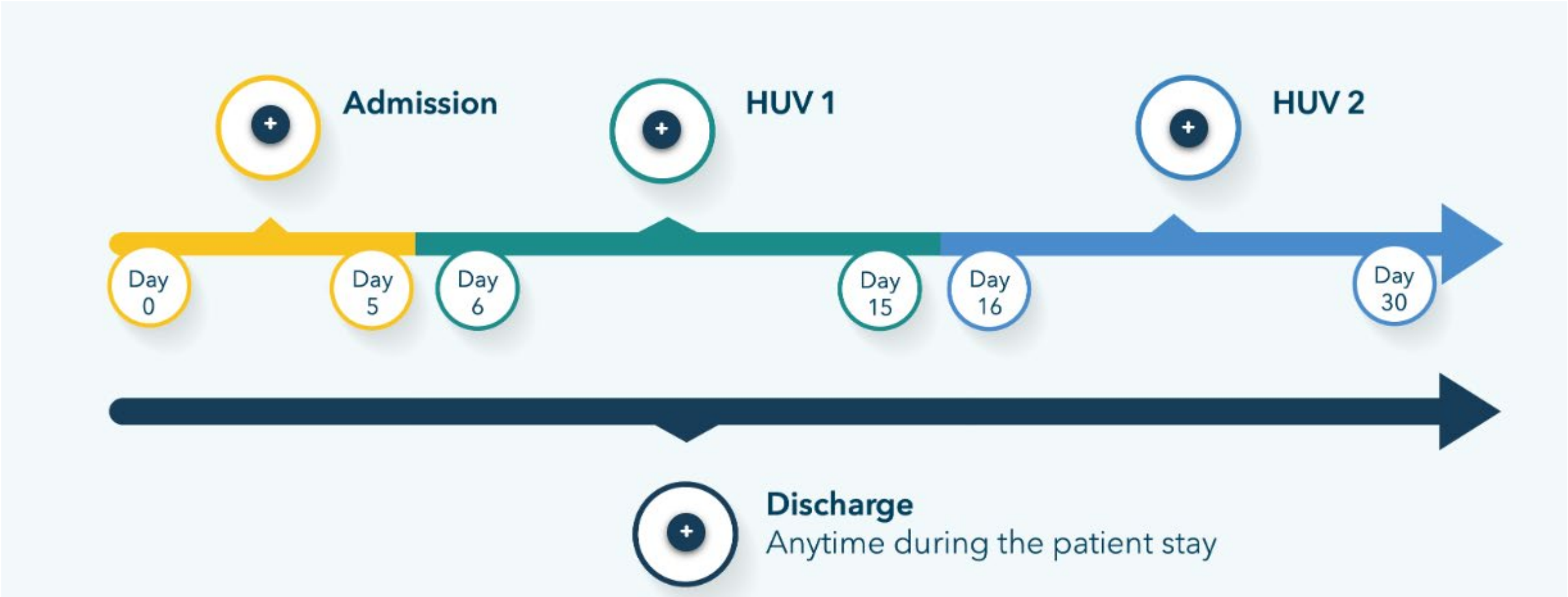
Collection Timepoints

- Admission
- HOPE Update Visits (H]UV)
 - Collect additional data for HQRP for the first 30 days
 - Up to 2 HUV dependent on length of stay
- Discharge

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Collection Timepoints

https://youtu.be/Bml0h_XN5aM



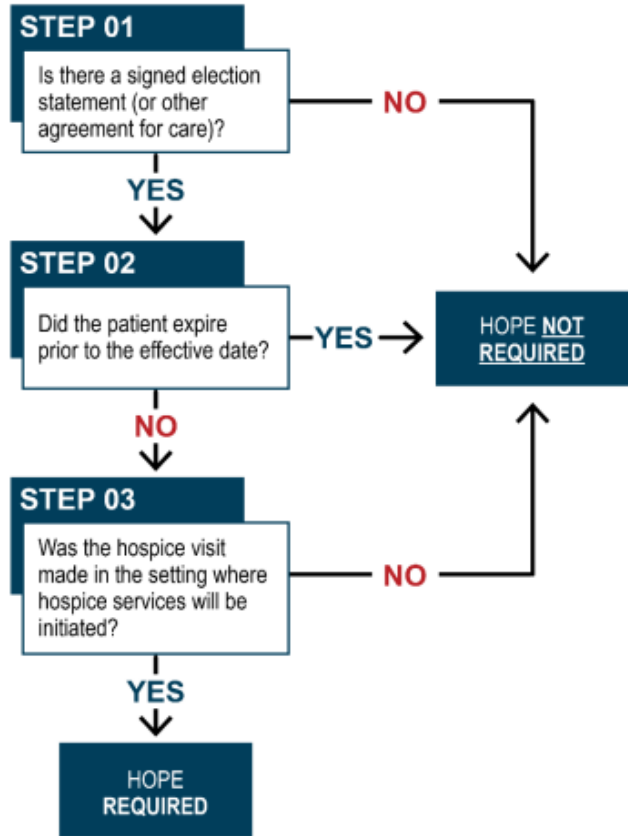
Admission Definition

- Admission HOPE required if: (all three criteria must be met for the purposed of HOPE reporting)
 - Signed election statement
 - Patient did not expire before the election or agreement for care
 - Hospice made a visits in the setting where hospice services are to be initiated

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Admission Record Flow

Figure 1: HOPE-Admission Record Flow Chart



Situation A

The patient signed an election statement on Monday with an effective date of Tuesday. The nurse went to the patient's home on Tuesday afternoon and the patient expired before the nurse arrived, so the nurse completed a visit with the grieving family.

Instructions

In this situation, the hospice is not required to submit the Admission or Discharge HOPE records. Although the patient signed the election statement and survived to the effective date of the election, the patient expired before the hospice visit could be made in the setting where the services were to be provided.

Situation B

The consents were signed on the admission date. The nurse was in the process of a visit where care was to be provided, but the patient died during the admission assessment.

Instructions

In this situation, since the assessment was in progress, the hospice nurse should complete the Admission and Discharge record with any HOPE data collected during the assessment visit. Due to the brief LOS, the HUV would not be required or expected.

Situation C

The patient was being transported for admission to an inpatient hospice facility. The admission process (including the election of the hospice benefit) was scheduled for that afternoon. The patient expired during transport, prior to arriving at the inpatient facility.

Instructions

In this situation, the hospice is not required to complete or submit HOPE data since the patient expired prior to electing the hospice benefit (hospice election) and before a visit could be made where the services were to be provided (the inpatient hospice).

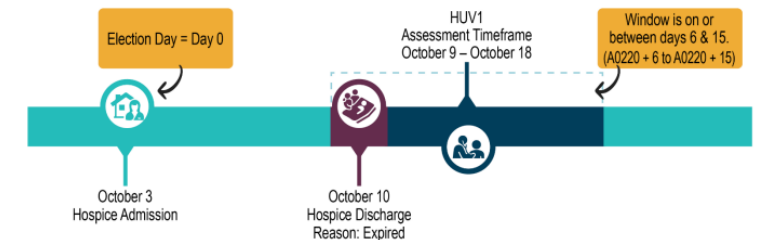
Admission Timepoint

- Collected within first 5 calendar days of admission
- Election day is Day “0”
- Must be collected by an RN
- Must be In-Person – no Telehealth
- Is to inform the plan of care
- May trigger a Symptom Follow-up Visit (SFV)

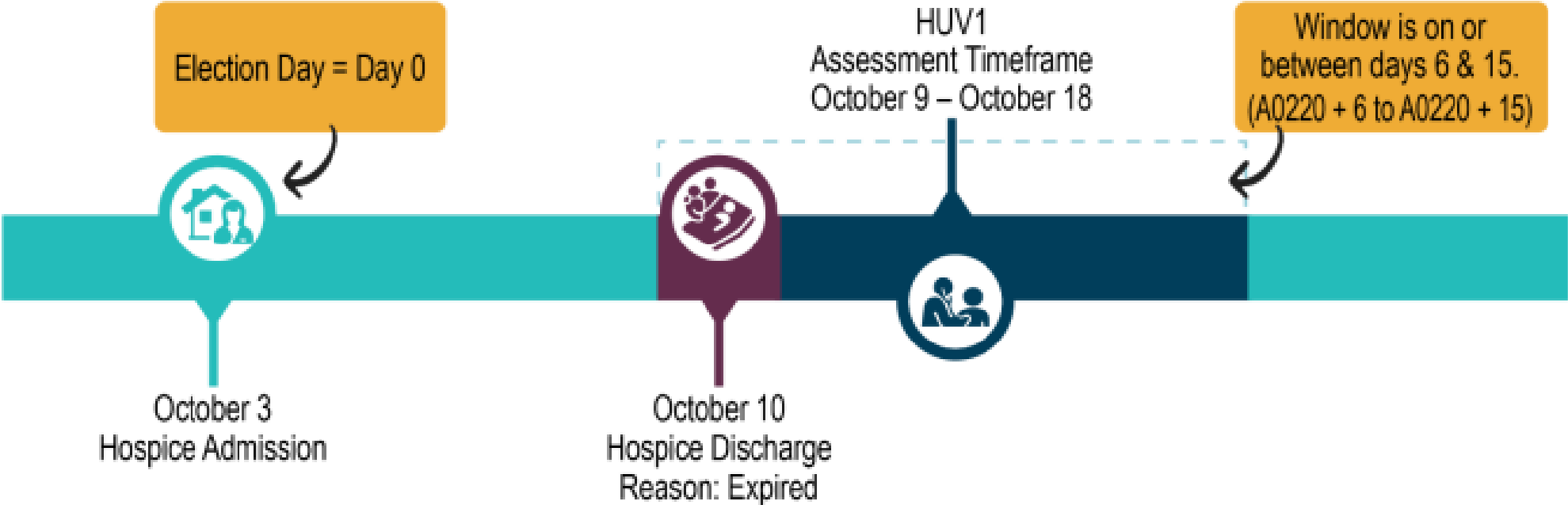


HUV 1 Timepoint

- Required between Day 6 and Day 15
 - Remember date of election is Day “0”
 - Not to be completed in first 5 days
- If patient discharges prior to collection in that window before HUV 1 completed – Discharge HOPE instead
- Must be completed in person by a RN
- Is to inform the plan of care
- May trigger a Symptom Follow-Up Visit



Discharge before HUV 1 Timepoint



HUV 2 Timepoint

- Required between Day 16 and 30
 - Remember date of election is day “0”
- Last of the HUV visits
- If patient discharges prior to collection in that window before HUV 2 completed – Discharge HOPE instead
- Must be completed in person by an RN
- Is to inform the care plan
- May trigger a Symptom Follow-Up Visit (SFV)

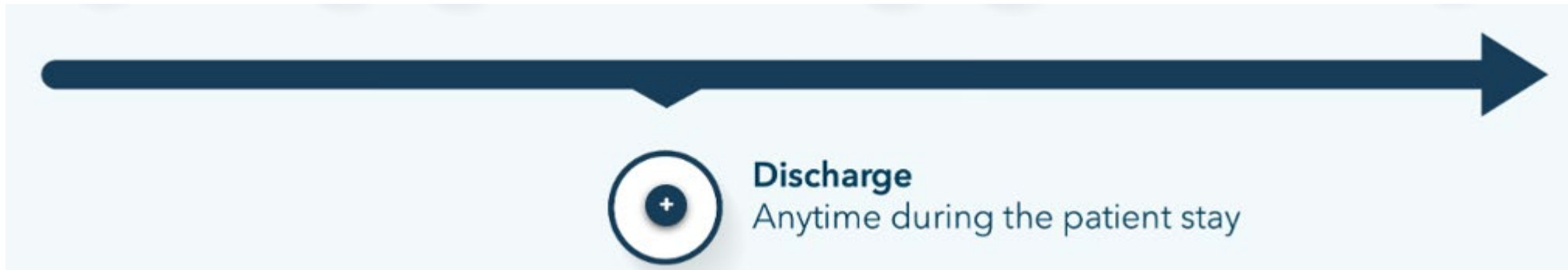


Discharge Timepoint

- Collected for any reason in A2115 →
- Collected at any time after Admission
- Collected on ALL patients after Oct 1, 2025
 - Admissions prior to Oct. 1, 2025 but discharged on or after October 1, 2025 – HOPE discharge only
 - No HIS after October 1, 2025

A2115. Reason for Discharge

A2115. Reason for Discharge	
Enter Code	
<input type="text"/>	
	1. Expired
	2. Revoked
	3. No longer terminally ill
	4. Moved out of hospice service area
	5. Transferred to another hospice
	6. Discharged for cause

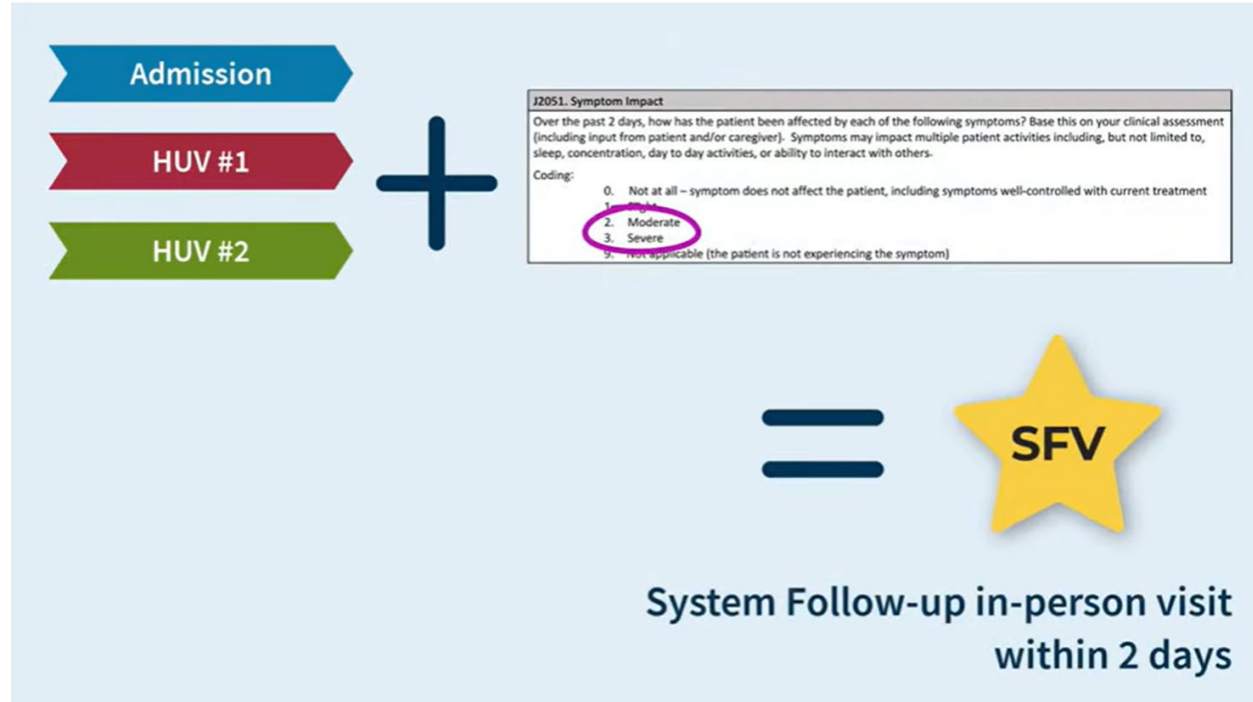


Symptom Follow UP

- Moderate or Severe Symptom Follow Up Requirement
 - Symptom Follow-Up Visits (SFV) will be required for moderate or severe symptom identification
 - In-Person nursing (RN or LPN/LVN) must be completed with in 2 **calendar** days

–Exemptions

- Patient refused
- Patient in the hospital



J2050 - Admission and HUV 1 & 2

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

J2050. Symptom Impact Screening asks if the screening was completed during the visit and if so, what the date of the screening was. If a screening was not completed, the clinician would select 0. No, and skip to the next section on the HOPE tool.

DEFINITION

SYMPTOM IMPACT
The effect of symptom(s) on the patient. Symptoms may impact a patient in multiple ways, (e.g., sleep, concentration, day to day activities).

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J2051 – Admission and HUV 1&2

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	<input type="text"/>
B. Shortness of breath	<input type="text"/>
C. Anxiety	<input type="text"/>
D. Nausea	<input type="text"/>
E. Vomiting	<input type="text"/>
F. Diarrhea	<input type="text"/>
G. Constipation	<input type="text"/>
H. Agitation	<input type="text"/>

This data element asks how the patient has been affected by each symptom listed *over the past 2 days*. The response options range from 0. *Not at all*, to 3. *Severe*, with an option for 9. *Not applicable* (if the patient is not experiencing the symptom at all).

Clinical Assessment & Judgement required to answer considering all information provided by patient, family/caregiver and/facility staff in addition to their own assessment

J 2502 -Symptom Follow Up

- Completed by RN or LPN in person
- Admission or HUV 1 or 2

J2052. Symptom Follow-up Visit (SFV) (complete only if any response to J2051 Symptom Impact = 2. Moderate or 3. Severe)

Enter Code

☐

Enter Code

☐

An in-person **Symptom Follow-up Visit (SFV)** should occur within 2 calendar days as a follow-up for any moderate or severe pain or non-pain symptom identified during Symptom Impact assessment at Admission or HOPE Update Visit (HUV).

A. **Was an in-person SFV completed?**

0. **No** — Skip to J2052C, Reason SFV Not Completed.

1. **Yes**

B. **Date of in-person SFV** — Complete and skip to J2053, SFV Symptom Impact.

MonthDayYear

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

This item is only completed if any response to J2051. Symptom Impact is 2. *Moderate* or 3. *Severe*. It asks if the follow-up visit was completed. (A.0 = No, or A.1 = Yes) and allows the clinician to either date (B. Date of SFV in-person visit) or skip to C. Reason SFV Not Completed and enter the appropriate code.

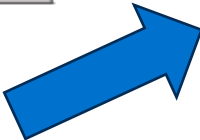


J 2053 – SFV Symptom Impact

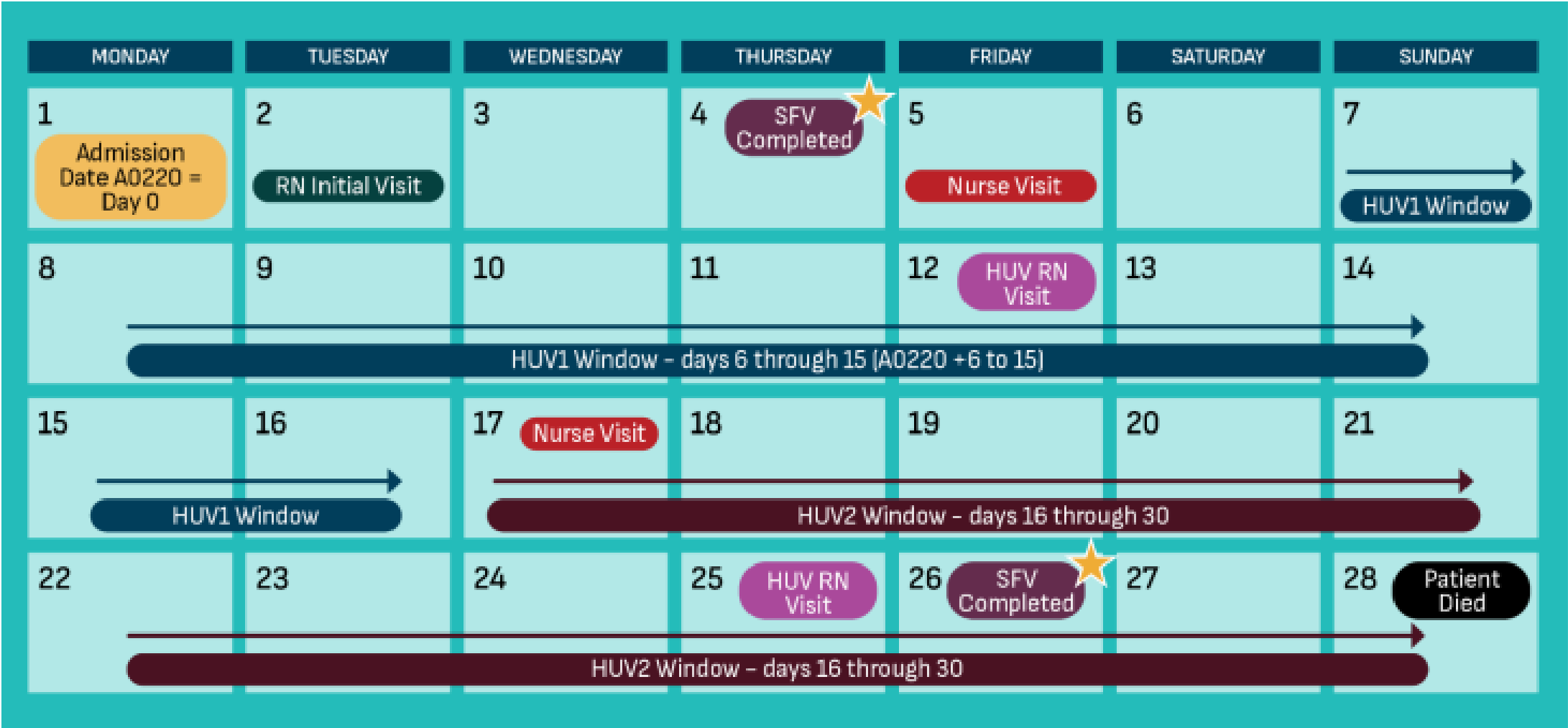
J2053. SFV Symptom Impact	
<p>Since the last Symptom Impact assessment was completed, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from patient and/or caregiver). Symptoms may impact multiple patient activities including, but not limited to, sleep, concentration, day to day activities, or ability to interact with others.</p> <p>Coding:</p> <ul style="list-style-type: none">0. Not at all – symptom does not affect the patient, including symptoms well-controlled with current treatment1. Slight2. Moderate3. Severe9. Not applicable (the patient is not experiencing the symptom)	
	Enter Code ↓
A. Pain	<input type="checkbox"/>
B. Shortness of breath	<input type="checkbox"/>
C. Anxiety	<input type="checkbox"/>
D. Nausea	<input type="checkbox"/>
E. Vomiting	<input type="checkbox"/>
F. Diarrhea	<input type="checkbox"/>
G. Constipation	<input type="checkbox"/>
H. Agitation	<input type="checkbox"/>

J2053. SFV Symptom Impact asks how the patient was impacted by each of the symptoms since the last Symptom Impact assessment and is completed if applicable based on the clinician's response to J2052.

If Moderate or Severe during this visit – Another visit is NOT required for HQRP purposes BUT..... You should absolutely follow up accordingly to meet the patient needs.



Calendar example of HOPE process



Two New Measures

- Measured with HOPE
 - Timely Follow-Up for Pain Impact process measure will determine how many patients assessed with moderate or severe pain impact were reassessed by the hospice within 2-calendar days
 - Assessed as Moderate or Severe
 - HOPE data will be calculated using assessments collected at admission or the HOPE Update Visit (HUV) timepoints

Two New Measures

- Measured with HOPE
 - Timely Follow-Up for Non-Pain Symptom Impact process measure will determine how many patients assessed with moderate or severe non-pain impact were reassessed by the hospice within 2-calendar days
 - shortness of breath, anxiety, nausea, vomiting, diarrhea, constipation, and agitation
 - Assessed as Moderate or Severe
 - HOPE data will be calculated using assessments collected at admission or the HOPE Update Visit (HUV) timepoints

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Submission Required

As of October 1, 2025, 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.



Reminder

S	SU	HOPE-ADMISSION SUBMISSION DEADLINE	HOPE UPDATE VISIT SUBMISSION DEADLINE	HOPE-DISCHARGE SUBMISSION DEADLINE
No	No I	No later than the Discharge date + 30 calendar days.		

DISCHARGE TIMEPOINT - HOPE Version 1

Section A Administrative Information

AD050. Type of Record

Enter Code

☐

1. Add new record

2. Modify existing record

3. Inactivate existing record

AD100. Facility Provider Numbers

A. National Provider Identifier (NPI):

B. CMS Certification Number (CCN):

AD220. Admission Date

Month

Day

Year

AD250. Reason for Record

Enter Code

☐

1. Admission (ADM)

2. HOPE Update Visit 1 (HUV1)

3. HOPE Update Visit 2 (HUV2)

9. Discharge (DC)

AD270. Discharge Date

Month

Day

Year

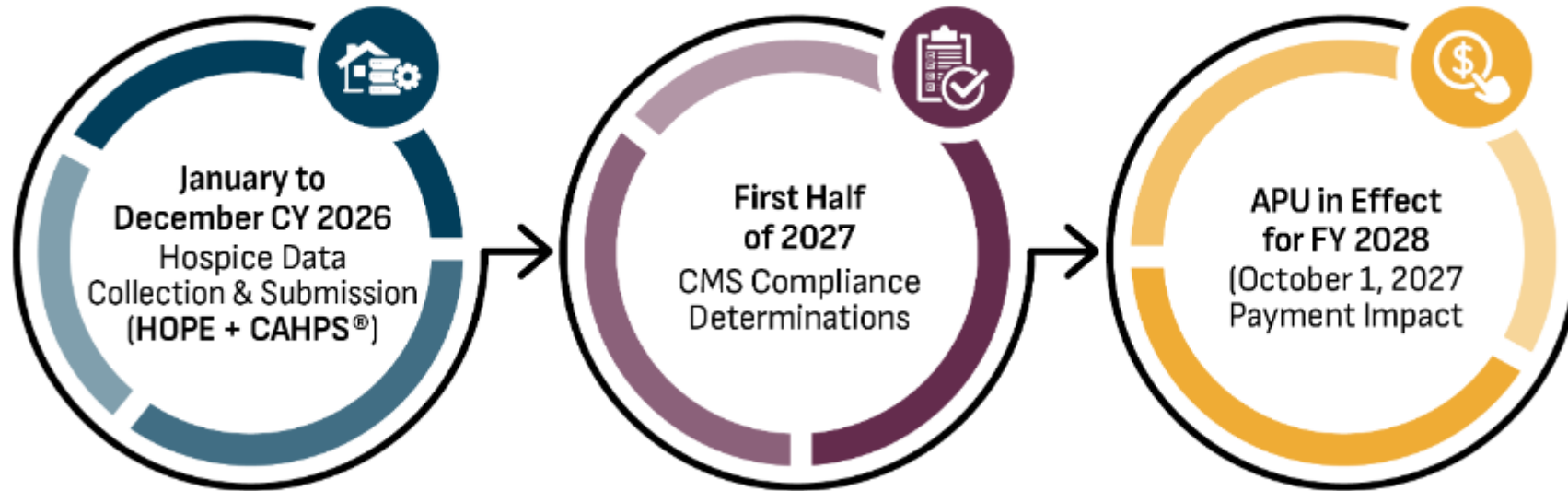
30 days for
every
HOPE
Submitted
&
Accepted

CMS Recommendation for Goals

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. 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.

HOPE submission penalties



4% payment reduction in you don't submit 90% or better ***on time***

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New Measure Reporting

TIMELY FOLLOW-UP FOR PAIN IMPACT

TIMELY FOLLOW-UP FOR NON-PAIN SYMPTOM
IMPACT

The percentage of hospice patients that have a pain follow-up visit within 2 days after pain impact was initially assessed as Moderate or Severe.

Timely Follow-up for Pain Impact

Numerator

Denominator

=

Assessments in which pain impact is followed up within 2 days of the initial/triggering assessment date

Assessments where pain impact is Moderate or Severe

Public reporting
no sooner
than October
2027 which is
FY 2028

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New Measure Reporting

TIMELY FOLLOW-UP FOR PAIN IMPACT

TIMELY FOLLOW-UP FOR NON-PAIN SYMPTOM IMPACT

The percentage of assessments that have a symptom follow-up visit within 2 days after non-pain symptom impact was initially assessed as Moderate or Severe.

Timely Follow-up for Non-Pain Symptom Impact

Numerator

Denominator

=

Assessments in which non-pain symptom impact is followed up with a visit within 2 days of the initial/ triggering assessment date

Assessments where at least one non-pain symptom impact is Moderate or Severe

Public reporting
no sooner
than October
2027 which is
FY 2028

Get Ready!

- Plan out education
 - HOPE Guidance Manual [Hospice Outcomes and Patient Evaluation \(HOPE\) Guidance Manual \(cms.gov\)](#)
 - CMS Resources
- Evaluate processes – Who and When
 - Scheduling
 - Submission processes
 - Policies


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Hospice Quality Reporting Program


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[Hospice QRP Health Equity](#)
[Current Measures](#)
[HQR Requirements and Best Practices](#)

Hospice Quality Reporting Program

Overview

This website provides information regarding the Hospice Quality Reporting Program (HQR) as required by Section 1814(i)(5) of the Social Security Act. This is the official website for providers to receive updates and announcements related to the HQR. The Secretary is authorized to establish quality reporting requirements for hospice programs and is also required to publicly report quality measures that relate to the care provided by hospice programs across the country on the Centers for Medicare & Medicaid Services (CMS) website.

Important subdirectory pages are shown on the left side of the webpage. Providers are encouraged to bookmark the web address and visit the website regularly to stay up-to-date with all information related to the HQR. In addition to the CMS HQR website, providers can sign up for listservs pertinent to the HQR by visiting the [Provider and Stakeholder Engagement](#) webpage.

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Hospice Quality Reporting Program

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Hospice QRP Health Equity

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HQRP Requirements and Best Practices

HOPE

About this Page

This page provides information and resources specific to Hospice Outcomes and Patient Evaluation (HOPE), the new assessment tool for hospices. On this page are direct links to the draft HOPE tool, the draft HOPE Guidance Manual, and related materials. News related to HOPE activities (such as OMB approval) is also posted here.

Background of HOPE

The Centers for Medicare & Medicaid Services (CMS) developed a new patient assessment tool to replace the Hospice item Set (HIS). The name HOPE, was finalized in the [FY 2020 Hospice Final Rule](#). This tool intends to help hospices better understand care needs throughout the patient's dying process and

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Resources

Hospice Item Set (HIS) Version(v)3.00 to
Hospice Outcomes and Patient Evaluation (HOPE) v1.00
Item Set Change Table Effective October 1, 2025

#	Item Set(s) Affected	Item / Text Affected	HIS v3.00	HOPE v1.00	Rationale for Change / Comments
1.	All	Header	HIS – v3.00	HOPE – v1.00	Updated header.
2.	All	Footer	HIS – v3.00 v3.00 Effective 02/16/2021	HOPE Guidance Manual – v1.00	Updated footer.
3.	All	N/A	N/A	Punctuation and style revisions applicable throughout the instrument.	Punctuation and style revisions to align with HIS V3.00 for existing data elements and for standardized patient assessment data elements to align with PAC cross-setting data elements (e.g., Ethnicity A1005, Race A1010).
4.	Admission	A0205	A0205. Site of Service at Admission 01. Hospice in patient's home/residence 02. Hospice in Assisted Living facility 03. Hospice provided in Nursing Long Term Care (LTC) or Non-Skilled Nursing Facility (NF) 04. Hospice provided in a Skilled Nursing Facility (SNF) 05. Hospice provided in Inpatient Hospital 06. Hospice provided in Inpatient Hospice Facility 07. Hospice provided in Long Term Care Hospital (LTCH) 08. Hospice in Inpatient Psychiatric Facility 09. Hospice provided in a place not otherwise specified (NOS) 10. Hospice home care provided in a hospice facility	A0215. Site of Service at Admission 01. Patient's Home/Residence 02. Assisted Living Facility 03. Nursing Long Term Care (LTC) or Non-Skilled Nursing Facility (NF) 04. Skilled Nursing Facility (SNF) 05. Inpatient Hospital 06. Inpatient Hospice Facility (General Inpatient (GIP)) 07. Long Term Care Hospital (LTCH) 08. Inpatient Psychiatric Facility 09. Hospice Home Care (Routine Home Care (RHC)) Provided in a Hospice Facility 99. Not listed	HIS origin. CMS approved changes to remove "hospice in..." and "hospice provided in..." language for simplicity. For response option 06. Added GIP for clarity. Response option 09. was changed to Hospice Home Care (Routine Home Care (RHC)) Provided in a Hospice Facility. RHC was added for clarity. Original response option 09 language, "place not otherwise specified (NOS)" was removed. Added option 99. Not listed.

<https://www.cms.gov/files/document/his-v300-hope-v100-all-item-set-change-table.pdf>

Hospice | HOPE Resources

<https://rainmakerssolutions.com/postacutecaretraining/HOPETool/index.html>

Introducing the Hospice Outcomes and Patient Evaluation (HOPE) Tool

START COURSE



About this Course
The Centers for Medicare & Medicaid Services

Introducing the Hospice Outcomes and Patient Evaluation (HOPE) Tool

0% COMPLETE

COURSE INTRODUCTION

WHAT IS HOPE?

1.1 What is HOPE?

1.2 HOPE Testing

1.3 The National Field Test (Beta)

1.4 HOPE vs. Hospice Item Set (HIS)

1.5 Practice Activity

HOPE DATA COLLECTION

2.1 HOPE Data Collection

Course Overview and Objectives

Course Overview

The FY 2025 Hospice Final Rule stipulates that HQR measures be collected through a new data collection instrument, the HOPE tool. HOPE was developed by CMS to replace the original Hospice Item Set (HIS). This course includes information about HOPE, the timepoints for data collection, and some of the key data elements that will inform new quality measures. You will also learn how HOPE relates to HQR compliance. This “Train-the-Trainer” program is the first of a series of training courses about HOPE. More detailed comprehensive training will follow throughout FY 2025 as hospices begin to prepare for HOPE data collection, which begins on October 1, 2025 (FY 2026).

Learning Objectives

Upon completion of this training, you will be able to:

- Describe the new HOPE tool and the timeline for HOPE data



Thank You

Questions???

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