

CMS Hospice Quality Reporting Program Forum

Thursday, December 12, 2024

Brenda Karkos, Abt Global

Okay, it looks like we have over 500 participants on at this point, so I'm going to start. Good afternoon, everyone. On behalf of CMS, I'd like to welcome you to today's hospice's quality reporting program or HQRP forum. My name is Brenda Karkos and I'm with Abt Global LLC.

We are supporting CMS for today's forum. Before we begin, I'd like to briefly share my background. I'm a hospice nurse and have been involved with hospice since the early nineteen eighties among other roles throughout the years I've served as an executive director of a hospice in the Northeast. I'm also part of the Abt HQRP team in support of HOPE and quality measure development. Also on the call today is my colleagues Zinnia Harrison, one of the principal associates at Abt Global, and I'll pass it to you Zinnia.

Zinnia Harrison, Abt Global

Hi everyone, I'm Zinnia Harrison and I serve as a project manager for HQRP. I've served in a number of hospice technical and leadership capabilities related to hospice payment policy, innovation, quality measurement, and research. So now I'll pass it over to our presenters for today's discussion and they'll introduce themselves, and that would be Jermama Keys and Deb Weiland.

Deb Weiland, CMS

Thank you for that. Good morning, good afternoon, everyone. I work on the Division of Quality Systems for Assessments and Surveys or the DQSAS team within the Center for Clinical Standards and Quality. We are responsible for overseeing the development and maintenance of the QIES and iQIES systems. Thank you and I'll pass it back to you, Brenda or Jermama.

Brenda Karkos, Abt Global

Thanks Deb. So we'll start the presentation. I'm going to review the agenda right now. So we're first going to talk about the HOPE tool, provide an overview of the tool. Then we'll talk about HOPE submission and the transition to iQIES after a brief summary, we'll share some relevant resources related to HQRP and HOPE. And finally, we'll open it up for some Q and A as time allows. We ask that you please use the chat feature to submit any questions you might have, and if we don't get your question today, CMS will review it following the session and it might appear in a future FAQ document. The slides from this forum will be published on the HQRP Provider and Stakeholder Engagement webpage in the coming weeks.

Next slide.

So this is just an acronym slide, some of the acronyms that we'll be using during this presentation are posted here.

Next slide.

And on the disclaimer side, I'm not going to read the whole slide, but this is a disclaimer that the materials used to prepare this presentation were current at the time it was published. Links and other related web pages have been provided as supplemental resources for your reference and includes links to statutes, regulations, and other policy materials. These slides are only a summary and CMS does encourage readers to review the specific statutes, regulations, and other interpretive materials for full and accurate statement of their contents. Now I'm going to turn it over to Jermama Keys to begin the presentation.

Jermama Keys, CMS

Okay, so what is HOPE? HOPE version 1.0 is a new standardized patient level data collection tool. It will replace the current hospice item set or HIS. HOPE will provide assessment-based quality data to enhance the HQRP and data collection. Use of HOPE will begin on October 1st of 2025.

Next slide.

Why did CMS create HOPE? This slide is going to summarize CMS' primary objective for HOPE and we really just wanted to enhance the QRP through a standardized collection of the quality data. We want to be able to support the survey and certification process and provide information to CMS to consider for future payment and quality improvement refinements. Let's walk through an overview of HOPE version 1.0.

So here's how HOPE has technically changed from the current HIS. With HOPE, there will now be 45 unique items, which is an increase of about thirty-two items in the HIS, twenty-four of those items were technically unchanged and they'll be collected in the very same way they are now; six HIS items were slightly modified and two were removed. In addition, HOPE will require data collection at new time points. One of those new time points is called the HOPE Update Visit or HUV.

Let's review the sections. So, section A is primarily administrative information about the patient and the hospice provider. Many of these items are used for record matching and new items in this section include ethnicity, race, language items, and some questions about living arrangements and availability of assistance.

So, section F is unchanged from the HIS and section I is your active diagnoses, which now has an expanded list and comorbidities. Section J or the health condition section includes questions about whether death is imminent, if there's evidence of neuropathic pain, and new items to evaluate the impact of pain and non-pain symptoms. Section M, skin conditions, is all new and it contains three items. And there is one new item in section Z.

We're going to take a look at who completes the HOPE tool. So, while some data elements will be collected during the routine clinical assessment visits, other data may be extracted from the clinical record by hospice staff as it is now. Based on the data being collected, HOPE may be implemented by any appropriate hospice staff members such as the registered nurse for HOPE

items requiring a skilled nursing assessment. And either an RN, or LPN, and LVN may complete the nursing in person symptom follow up visit, which is also referred to as the SFV.

As noted in the hospice COP's, it is at the discretion of the hospice to determine who can accurately complete HOPE.

We'll walk through the time points and their definitions. So, for the admission time point, this is basically collected as a part of the comprehensive assessment of the patient. Typically, during the initial visit by the RN, and like the comprehensive assessment described in the COP's, it is to be completed no later than day five after the effective date of the hospice selection. There are two HOPE update visits or two HUVs. Data for the HUV is to be collected via an in-person visit to inform updates to the plan of care. HUV 1 is required on or between days six and fifteen of the hospice stay, while HUV 2 is required on or between day sixteen and thirty. And lastly, there is the HOPE discharge, which is collected at the time of discharge.

Here you'll see a graphic of the HOPE timepoints that I just talked about. The graphic is going to highlight the timeline for the HOPE admission and both HUV visits, and if you look at the arrow at the bottom, it basically shows that a discharge may occur at any time. This means that for some patients, based on their length of stay, you might only collect one HOPE update visit or perhaps none at all.

So here are the HOPE timepoints and symptom follow up visit, or the SFV; the graphic that you see shows the HOPE time points and the symptom follow up visit or the SFV. So, the name of this visit was changed from the symptom reassessment or SRA in response to comments received after the notice of proposed rulemaking was posted and the visit is now called the symptom follow up visit or SFV. The SFV is a follow up visit that is required if any symptom is found to be moderate or severe when completing the symptom impact item on the admission assessment, HUV 1, or HUV 2. So, depending on the timing of the admission or the HUV visit, it is possible that an SFV might extend beyond the time frame outlined for the HOPE admission or the HOPE HUV. To decrease burden on providers, CMS made that change in the hospice's fiscal year 2025 rule to allow either an RN or an LPN and LVN to complete the follow up visit.

Now briefly I'll review the HOPE submission deadlines. The HOPE guidance manual suggests completion goals for the HOPE time points, so providers are ideally able to submit their HOPE on time. And these are recommendations only, but the submission deadlines are deadlines for submission and acceptance of HOPE into CMS. You can see on the graphic that these deadlines are thirty days from the date of admission or date of discharge and thirty days from the completion of the HUV. So, completion of the HUV time points are indicated by the new item in section Z.

Ninety percent of the HOPE data must be submitted within the thirty-day deadline during the calendar year to avoid that four percent payment penalty in the corresponding fiscal year. So, there are some QMs that are going to be supported by the HOPE as of October 1st, 2025.

The quality measure that is known as the Hospice and Palliative Care Composite Process Measure or the Comprehensive Assessment at Admission measure, which is CBE 3235. This is because the same data that is used for this measure at this time will still be collected.

So, by fall of 2027, CMS will have the new data for the new HOPE quality measures, and that is going to be the Timely Follow-Up for Pain Impact and Timely Follow-Up for Non-Pain Symptom Impact. Now I would like to turn it over to Deb to talk about iQIES. Deb.

Deb Weiland, CMS

Thanks very much, Jermama. Many of you have probably heard about iQIES. The CMS internet quality improvement and evaluation system will replace QIES and CASPER once hospices transition beginning October 1st, 2025. Currently, four of the five post-acute care patient assessments are already submitted via iQIES.

CMS's free HART tool that some providers use now will be retired by October 1st, 2025. Hospice providers need to select a private vendor in order to complete and submit their HOPE data. Please note that providers can choose to submit the records themselves or arrange with a third party to submit the records on their behalf.

Next slide please. Thank you.

Let's look for a minute at what will be different with iQIES. In iQIES, there will only be one login required to submit data and access reports. The CMS network, or CMSNet, goes away. Unlike QIES, iQIES access is not limited to just two users.

All hospice users will require a HARP user ID. Once the ID is obtained, they will access iQIES to request a specific role to the functionality in the iQIES system.

A major difference with iQIES is the addition of the provider security official or PSO. Here's what you will need to know about the PSO.

CMS will approve the first for each hospice. Hospices appoint at least one PSO although CMS recommends two PSOs per hospice provider, if possible. The PSO must be in place prior to any other user's obtaining their iQIES roles.

Information about the process and timeline for onboarding hospice PSOs will be released in summer 2025.

Once on iQIES, let's take a look at what stays the same. In terms of the hospice workflow, hospices will continue to assess patients, code the HOPE tool, and submit an XML file. Hospices will access reports and iQIES and some of these reports will be automatically generated and placed in your folders, while others can be run on an adhoc or on an on-demand basis.

Detailed information about the available reports and submissions into iQIES will be distributed later. Please note that CMS will continue to provide a validation utility tool, or VUT, for vendors and their software.

Now I will turn it back to Brenda to summarize and review the available resources.

Brenda Karkos, Abt Global

Thank you Deb. So let's summarize what we've covered in terms of the transition to HOPE.

HOPE data collection begins on October 1st, 2025. Many original HIS items are included in HOPE and can be collected in the same way you do now. For example, the preference items. New items designed for HOPE shall be collected in real time during routine assessment visits.

There are four time points for data collection, the HOPE admission, two HOPE update visits, and the HOPE discharge. And of course, this will depend on the length of stay for each patient.

Symptom follow up visits, or SFVs, are part of the admission or the HUV time points only if the impact of any symptom is determined to be moderate or severe during that assessment time point. These follow-up visits maybe completed by the RN or an LPN or LVN.

Submission deadlines remain unchanged, but now they include the HUV time points. So these would be thirty days from the target date, the admission or discharge, and thirty days from the completion of the HUV visits, which would include the symptom follow up visits if they're necessary.

So now let's go over some of the resources on this slide. We have some links to relevant resources like the main HQRP webpage, the HOPE webpage where the item sets are posted and the current manual, the hospice current measure page, and the link to the fiscal year 2025 hospice final rule.

Here are a few resources for the CMS special focus program, their mailbox and their website, and there's a link to the hospice COP's and the HQRP requirements and best practices page.

And on this slide, you'll see the general technical help desk, which is an iQIES address for CMS and there's also the QIES technical support office website where you can access some iQIES training videos.

And on this slide, we have some additional resources like the links to the training and education library where you can find the HOPE time point video and the initial HOPE web-based training. That's a nice overview of what to expect. There's also a link to the provider and stakeholder education webpage and the address for the hospice quality help desk.

Now I'm going to turn it over to Zinnia who is going to walk us through some of the questions we've received from providers.

Zinnia Harrison, Abt Global

Thanks Brenda. So yes, now we'll open it up for Q and A as well. I saw that there's quite a few questions coming in through the chat feature, so many have already started using that chat feature. So, you may submit your question there. If we do not get to your question today, CMS will review and they'll follow up in a maybe another session or potentially a FAQ document. You can also submit questions you may have about HOPE or anything related to HQRP to the HQRP help desk using this email right here on this slide.

Okay, so, I'm going to take a look at what type of questions we've received so far.

For the first question, will there be training specific to providers about HOPE?

Jermama Keys, CMS

I can take that one Zinnia. CMS does plan and actually has some trainings that are available, but we want to make sure that hospice providers and vendors have adequate time and training to implement the new HOPE instrument. So CMS will continue to provide education, training, and materials and events leading up to the implementation of the instrument in October of next year. CMS has already posted a HOPE time points explainer video in addition to a web based training on the HQRP education and training library page, but as always, information about upcoming provider trainings related to HOPE will be posted on the CMS QRP website on the announcement and spotlights page and we will be announcing those upcoming trainings on the Open Door Forums or ODF and future trainings will actually include more detailed item instructions, like coding and then information about that to help transition.

Zinnia Harrison, Abt Global

Thanks, Jermama. I think this next question looks like one for Deb. When will hospices transition from HIS and QIES or CASPER to HOPE and iQIES?

Deb Weiland, CMS

That is a great question. The HOPE tool will replace the HIS beginning October 1st, 2025, the CMS iQIES system will replace QIES and CASPER for hospices beginning October 1st, 2025.

Zinnia Harrison, Abt Global

Thanks Deb. On the next question, a hospice is saying I do not have a vendor, and I understand HART is going away. What do I need to do? I'm a small hospice and I've been using HART since the beginning.

Jermama Keys, CMS

Yeah, so, basically the HART tool is going to be retired and it will require hospices to select the private vendor if they don't already have one. Hospice providers will need to use a vendor or third party to complete and code HOPE assessments, but providers can choose to submit the records themselves, or they can arrange with a third party to submit on their behalf. Okay, great.

Zinnia Harrison, Abt Global

Thank you. This one is related to the IDG or interdisciplinary team or group. So, are other interdisciplinary team or group staff available to complete the SFV? Like the hospice medical director or nurse practitioner, or the social worker or chaplain.

Brenda Karkos, Abt Global

I can answer that, Zinnia.

So, this is Brenda. So, certainly while all communication and visits by the IDG with hospice patients are very important, for the purposes of HOPE, only in-person nursing visits by the RN or LPN would be acceptable to complete the SFV and count toward that numerator for the new HOPE measures. CMS will continue to offer opportunities for engagement and feedback related to the assessment and the measures to data in regard to future versions of the HOPE tool.

Zinnia Harrison, Abt Global

Brenda, I have the next question, and it is not related to HOPE. It's actually related to the hospice special focus program. So, I'll ask if someone can answer. Is there a list of hospices that are selected for the special focus program? When will the special focus program surveys begin? So, I don't know if Jermama or Deb can answer that.

Jermama Keys, CMS

I can take this one.

The hospices selected into the special focus program will be reported annually on the CMS special focus program webpage starting after the first data analysis is run in November. So, their hospices should be notified of their selection into the special focus program.

But CMS should be sending out a letter, notification letter, to each of those hospices selected prior to actually conducting the special focus program survey. Those surveys are still slated to begin in January of 2025. And the resources for that, or the resources in reference to SFP, we're going to put a link in the chat. And also, you'll be able to go back to the link that was on the resource slide. Any additional questions that you might have about the hospice special focus program can actually be sent to that mailbox.

We don't have anybody on the call today from that group, but again, if you put your questions into an email and send them to that mailbox, you will get a reply from the special focus program group.

Zinnia Harrison, Abt Global

Thanks, Jermama. And for the next question, will we have to reassess all patients on hospice as of October 1st and submit a HOPE assessment?

Brenda Karkos, Abt Global

I can take that one Zinnia, so the answer is no, basically, you know, for patients that are already on service before October 1st, all you'll have to do is submit a HOPE discharge once that

patient is discharged. And if you look at the item sets from the HIS and compare it to HOPE, you'll see the discharge is pretty much the same information that you're completing now. So hopefully that will be a nice easy process.

Zinnia Harrison, Abt Global

Thanks Brenda. And I think this next one might be for you too. Can you please clarify if an HIS discharge record should be submitted for patients requiring an administrative discharge due to a payer change from commercial to Medicare? There's no interruption in care provided.

Brenda Karkos, Abt Global

Sure, I can answer this one. This does come up. This question comes up a lot from providers and the basic answer is no. So, provided there's no interruption in the care when a patient's payer source changes from private payer to Medicare, for example, there's no further action that's needed in terms of the HIS.

Eventually for HOPE purposes, there would be no need to complete a discharge. You would just discharge the patient when they are discharged at the end of care. Thanks.

Zinnia Harrison, Abt Global

And then this next one is related to in-person visits. So why is an in-person visit required to follow up on all symptoms?

Jermama Keys, CMS

So, I'll take this one on Zinnia. We selected the requirement for in-person visits based on expert input regarding hospice best practices. So, we will continue to monitor the provision and burden of in-person HOPE follow-up visits after implementation. In order to evaluate whether revisions to the HOPE administration requirements are necessary to minimize some of the burden of the in-person staffing requirement and to take advantage of staff members that hospices may have, CMS did finalize the decision that the symptom follow-up visit could be performed by either RNs or LPNs or licensed vocational nurses.

Zinnia Harrison, Abt Global

Thanks, Jermama, and I think this next question might also be for you too, about telehealth. So, is telehealth allowed for the symptom follow up visits?

Jermama Keys, CMS

The SFV visits are to be in-person only, and CMS did select this requirement for in-person visits based on expert input regarding hospice's best practices as well.

Zinnia Harrison, Abt Global

Thanks. I don't know if we have anybody on the call that can answer this. I think this is more related to CAHPS, the CAHPS Hospice Survey. So I'll ask if maybe somebody will help on this one. Will all survey vendors offer a web mail mode?

Brenda Karkos, Abt Global

So I can answer that one Zinnia. So, essentially no, each vendor will decide which modes they want to administer, Webmail is not required, but it's up to the hospice when they're looking for a survey vendor to discuss what modes that vendor offers, and how that might affect their response rate. And from there they can make their own decision on the vendor to choose.

Zinnia Harrison, Abt Global

Thank you. When will there be an update of the HCI measure on Care Compare that looks like it hasn't changed? This isn't HOPE related, but maybe Brenda, you can answer this one.

Brenda Karkos, Abt Global

I can take this one. So, the claims-based measures are only publicly reported, you know, or updated annually in November and the data does not change until they're refreshed again. The last refresh just occurred a few weeks ago, on November 26th, so you should see a change at this point in your scores. And the next refresh won't occur until a year from now, November 2025.

Also, if your hospice has less than twenty claims with dates ending during that reporting period, your HCI overall measure score will be suppressed. So, you won't see it if your hospice's claims are too small.

Zinnia Harrison, Abt Global

Thank you, Brenda, and this next one I think for you Deb is related to iQIES. Will CMS provide any training on how to use iQIES?

Deb Weiland, CMS

Hey. Thanks, yes, there are several video tutorials that are available for providers on the iQIES YouTube, you can find these topics and links to these tutorials on the QIES technical support office or QTSO website. And the QTSO website link is identified on the resource slide.

Zinnia Harrison, Abt Global

The next question is related to HUV. So, if a patient has pain that has is managed at admission, will they need a HUV?

Jermama Keys, CMS

Yes. They will still need a HUV. The HUV time points are designed to inform the updates to the patients written plan of care. So, depending on the patient's length of stay, up to two HUVs could be required.

Zinnia Harrison, Abt Global

Great, thanks Jermama. The next one's really to both, SFV and HUV, so could an SFV and an HUV occur during the same visit.

Brenda Karkos, Abt Global

I can take that Zinnia, so HOPE data are collected during the hospice's routine clinical assessment visits and are based on unique patient assessment visits. So, the SFV is an in-

person visit expected within two calendar days, only as a follow up for any pain or non-pain symptom that was rated as moderate or severe during the admission or a HOPE HUV visit. Now, the SFV could, it must be a separate visit, but it could also occur the same day later in that day or within two calendar days after the HUV assessment where a symptom impact was found to be moderate or severe. So, there's flexibility there and certainly if a nurse decided to go back that afternoon to check on the patient again that SFV would count, even if it was the same day.

Zinnia Harrison, Abt Global

Great, thanks Brenda. This one's related to APU. Will timely compliance and impact on the APU apply to the HOPE data submission just like HIS? And when will it be applied?

Jermama Keys, CMS

So yes, just like with the HIS, the timely submission of HOPE data for all of the time points will be a factor and actually determining a hospice's compliance with the QRP requirements. So, in order to be compliant, just as you were with HIS, ninety percent of the HOPE records must be submitted by the thirty-day submission deadline or that agency or provider would be subject to that four percent penalty. So, HOPE data that is submitted in calendar year 2025 will then impact your fiscal year 2027 payment.

And subsequently HOPE data collected in calendar year 2026 would impact the payments in fiscal year 2028.

Zinnia Harrison, Abt Global

Thanks, Jermama, and I think this next one might be as well. Since CMS is allowing an LPN/LVN to conduct symptom follow up visits, can they also conduct the HUV?

Jermama Keys, CMS

The HUV must be conducted by the RN as it is an assessment to update the plan of care. So the IDG would include or could include the RN, and not the LPN or LVN. As part of the COPs, the RN is required to complete the initial and the comprehensive assessment, as well as to update the assessment, no less frequently than every fifteen days. So, this would include the HUV time point. So, in this case, I can refer you to the COPs or the hospice COPs for specific details regarding the RN initial assessment and then any updates per the conditions of participation. So, I think it's standard for the initial assessment that the hospice registered nurse must complete an initial assessment within forty eight hours after the election of hospice care. In accordance with 418.24, is complete, unless the physician, patient, or representative requests that the initial assessment be completed in less than forty-eight hours and I can put a link to the ECFR in the chat or you can refer to the resource slides which would have that information about 418.54 title 42.

Zinnia Harrison, Abt Global

I got it. Thanks, Jermama, thanks for putting that link in too. I think that would be really helpful. And for this next one for Brenda, I think this is kind of a follow-up. If you are completing an HUV on day fifteen and identify severe symptoms, must the SFV visit be

completed on day fifteen or is it ok to complete within two days which goes into the second HUV timeframe?

Brenda Karkos, Abt Global

Sure, I can answer that Zinnia. So, the HUV has a symptom impact item, and if the answer to that is moderate or severe pain or non-pain symptoms, then that would trigger the need for the SFV. So, we realized that with the SFV you have two days to complete it, so it certainly might go beyond day fifteen if you, if you waited to that last day to complete your HOPE update visit, but you do have two days even if it's slides beyond that assessment timeframe. Hopefully that clarifies it.

Zinnia Harrison, Abt Global

Thanks Brenda. And I think the next one is also for you. So, the questions coming in sync typically when a new data collection tool is implemented, the first two quarters of the data collected are not counted for the provider. Will this be the case with the implementation of the HOPE tool?

Brenda Karkos, Abt Global

I think that was discussed in the hospice's final rule. So, CMS does plan to assess the quality and how complete the HOPE data is as we near the end of, you know, 2025 Q4, when data collection starts.

Data collected by hospices during the four quarters of calendar year 2026, for example, quarter one, two, three, and four will be analyzed starting in calendar year 2027. And then CMS will inform the public of any decision about whether they will report some or all of the quality measures publicly based on the findings of that initial analysis and of the full year, calendar year 2026 data.

Zinnia Harrison, Abt Global

Thanks, Brenda. Looks like this next question is for Deb about using a contractor. So, will a hospice need to use a contractor to submit HOPE instead of submitting the HOPE themselves?

Deb Weiland, CMS

Thanks. The HART tool will be retired and will require hospices to obtain a new private vendor if they do not already have one. The hospice providers will need to use a vendor or third party to complete and code the HOPE assessments. Providers can either choose to submit the records themselves or arrange with a third party to submit the data on their behalf.

Zinnia Harrison, Abt Global

Thanks Deb. Oh, it looks like another CAHPS type of question. So, I'll ask and hopefully somebody can chime in here. Can you clarify who determines the mode of the survey administration, phone call, mail or web?

Jermama Keys, CMS

Hospices are going to make that determination on the mode that they will use when selecting their survey vendor, so the different survey vendors would likely offer different modes. So, after a hospice has determined the mode with the survey vendor they select, all cases from that, hospice are required to use that same mode.

Zinnia Harrison, Abt Global

Great, thanks Jermama, thanks for jumping in on that one.

In this next one, I just started as a quality lead at my hospice, so thank you for doing that. There is a lot of information, but where should I start? That's a great question.

Brenda Karkos, Abt Global

Yeah, I can take that Zinnia, so the best place to start; there's a hospice provider toolkit that is posted on the HQRP requirements and best practice webpage. It has quite a few documents that are great for someone that might be new or a new provider totally. We encourage you to explore the web pages, all of the pages are listed on the HQRP site if you use the left navigation page.

And you can find those links on the resource slide that are within this presentation. And again, all those slides will be posted in the next few weeks.

Zinnia Harrison, Abt Global

Thanks Brenda.

Brenda Karkos, Abt Global

Sure.

Zinnia Harrison, Abt Global

I see there's like a few questions related to HOPE data being publicly reported. So what people are interested in is when will HOPE data be publicly reported.

Jermama Keys, CMS

Reporting of the measures is anticipated no earlier than November of 2027, which is kind of fiscal year 2028.

Zinnia Harrison, Abt Global

Great. Thank you.

Zinnia Harrison, Abt Global

I see folks are interested in their compliance. So, can you tell me where I can find out if my hospice is in compliance with HIS reporting for HQRP?

Jermama Keys, CMS

So, the best way to check, if your office is compliant is to monitor your hospice timeliness compliance threshold report, which can be now we're currently found in CASPER, but for

information regarding timely compliance, you can also refer to the requirements and best practices webpage on the HQRP website, and we do suggest that you review the timeliness compliance fact sheet that's found in the download section at the bottom of that page. Only letters of non-compliance are sent to hospices that have not met the HQRP requirements for that previous calendar year. So, the letters that you receive you would normally see those letters in July of each year from your MAC and then they're also placed in your hospice's CASPER folders at this time. So, you can also find three separate compliance lists for the fiscal year 2025 APU. Those were posted in the download section of the HQRP reconsideration webpage.

And I can put that web page in the chat for those that need it. But those three lists are going to be provided in the download section of that page.

Zinnia Harrison, Abt Global

Thanks, Jermama. This one is not related to HOPE either, but an interesting one about change in ownership. So, they're wondering, do I need to discharge an existing patient and readmit if my company was purchased by a health system?

Brenda Karkos, Abt Global

I can take that one Zinnia. So, this is Brenda. So that's considered a change in ownership or a CHOW as CMS refers to it and it typically occurs when a Medicare provider has been purchased or perhaps leased by another organization. So, the answer to your question will depend on whether there was a transfer of the old owner's Medicare identification number or the CCN number. And a provider agreement. If there was no transfer, your health system would be considered a new applicant, and you would need a new CCN number to begin submitting data to CMS. So, we suggest you reach out to the hospice quality help desk and they can refer you to the regulatory citation for a change in ownership or like I said, a CHOW. And we can also pop that link in the chat.

Zinnia Harrison, Abt Global

Great. Thank you. So, it looks like there's somebody that is just learning about HOPE. So I'm glad they have found this HQRP forum today and hearing about it. They want to know. They're kind of confused about why is CMS making this change and where can I find more information.

Jermama Keys, CMS

The best option is basically the CMS website, but basically CMS developed the new patient assessment tool over the past several years and the anticipation of replacing the hospice item set as part of the hospice quality reporting program. So, HOPE was actually finalized in the fiscal year 2025 final rule, which is CMS 1810-F and HOPE is going to provide assessment-based quality data to enhance the HQRP through standardized data collection. We want to be able to provide a better understanding of the patient care needs and we want to be able to contribute to the patient's plan of care in addition to providing clinical data that we could use to inform future payment refinements, support new quality measures. And, a lot of the key items that were in HIS, we tried to retain in HOPE v1.0 and will continue to inform the comprehensive assessment at admission quality measure and a lot of that information can be

found in the fiscal year final rule, which can be accessed from the HOPE webpage as well. And I think I can go ahead and put that in the chat so that people can have it, but it should also be in the resource slides, so start with that main page for the QRP website.

Zinnia Harrison, Abt Global

Let's see, I'm going to consolidate all these questions into one. Looks like there's a lot of people interested in iQIES and really wanting to get ready. So essentially what they're asking is, when will they be able to create an account in iQIES?

Deb Weiland

Yeah, this is Deb. I can take this question and I'm sure it is a question on the minds of many. So, providers can expect communication from CMS regarding the iQIES onboarding process in the summer of 2025. And of course, as always, information about HOPE will be posted on the CMS HQRP website on the announcements and spotlight page, and announced during the hospice open door forums.

Zinnia Harrison, Abt Global

Thank you.

For this next one, oh, sounds like we just need to do a clarification here. So, the person saying in the new HOPE web-based training, it mentions that after October 1, 2025, hospices will only use HOPE for the collection of data and that the HIS will no longer be accepted for new patients. It also mentions that for existing patients admitted with the HIS prior to October 1, 2025, only HOPE discharge would be required. So, can you please clarify the transition from the HIS record to HOPE?

Jermama Keys, CMS

Okay, so, as of October 1st, 2025, for all hospice patients that are admitted or discharged only HOPE records will be used. So, for instance, if a patient was admitted with a hospice item set prior to October 1st, 2025, you would only be doing a HOPE discharge. That's the only thing that will be required. Those HUV time points will not be required because you initiated or admitted that patient with the hospice item set. Hope that helps.

Zinnia Harrison, Abt Global

Thanks, thanks for clarifying that.

For this next question, it looks like they're asking about the comprehensive assessment measures, so how will the transition from HIS to HOPE work in regard to quality measures? And I think what they're talking about is specifically the comprehensive assessment.

Brenda Karkos, Abt Global

Sure, I can answer that Zinnia. So yes, the hospice care composite process measure, comprehensive assessment at admission. It's also called CBE 3235. This is determined from the HIS records currently. Beginning on October 1st, 2025, the data for this measure will continue to be collected, but as part of the admission that's now in HOPE, so as I mentioned earlier,

these are the same items in same data elements have just been moved over to the HOPE tool, so you can collect them the very same way you have been now.

Zinnia Harrison, Abt Global

Thanks. And just bouncing around and I see another one related to comprehensive assessments, so let me ask this one. Can you provide clarification of whether the day of admission or election of hospice is counted as day zero or day one for the comprehensive assessment as well as a clear example?

Brenda Karkos, Abt Global

Sure, I can take that one as well. So, the comprehensive assessment measure needs to be completed no later than five calendar days after the election of hospice care. So CMS interprets the date of election to be day zero. Therefore, if the patient was admitted on Wednesday and the effective date of hospice was on Wednesday, Wednesday would be day zero, Thursday's day one, and so on. So hopefully that is clear.

Zinnia Harrison, Abt Global

Thanks for that example. Let's see, the next one. I think this might be related to CAHPS, the way the questions coming in. Can hospices still submit paper vendor authorization forms? This is the CAHPS one.

Jermama Keys, CMS

So no, basically, the paper PDF authorizations are no longer accepted by mail or email, so all CAHPS hospice vendor authorization forms must be submitted online through the CAHPS Hospice website.

Zinnia Harrison, Abt Global

Okay, great. Thanks. And I think this next one again is for Jermama. Hopefully you can answer this one too. If web mail mode is being administered will caregivers receive both mail and email surveys or do hospices have to ascertain if the caregiver wants mail or email?

Jermama Keys, CMS

So, I can take this one too, Zinnia. If your hospice is actually using web mail mode, first, all caregivers with an available email address will receive that email invitation. So, if a caregiver doesn't respond to the web survey, then they'll receive the mail survey. So, it's possible for caregivers to actually get both web and mail. But hospices may not choose if the caregiver wants the mail or email.

Zinnia Harrison, Abt Global

Got it. Thank you. I think I have this next one for Brenda, again with HUV. So, if you complete the first HUV visit on day five and it triggers a SFV, could you complete the HUV and SFV on day seven in the same visit?

Brenda Karkos, Abt Global

So, the simple answer is no, and if you look at the manual and the examples in the manual, you'll see we really want that SFV to be a separate visit that's a follow up to that first initial symptom impact that was moderate or severe. So, it could be done the same day, but you would not complete it in the same visit.

And for HUV 2 or HUV 1, for example, you would have between days six and fifteen to complete another update visit for your IDG, so the hope is that you would complete that later at another time to follow up on the symptoms to see how that patient is doing, right?

Zinnia Harrison, Abt Global

I think I'm going to do two more questions based on the time. So, now that value-based purchasing has been added to Home Health, is value-based purchasing something that CMS is considering for hospice?

Jermama Keys, CMS

I'll take that Zinnia. So, at this time, CMS has no plans for hospice in regard to value based purchasing.

Zinnia Harrison, Abt Global

Thanks. And then here's another one that's sort of maybe related to HOPE. So, will items focusing on social determinants of health being added to HOPE tool in the future?

Jermama Keys, CMS

CMS is committed to developing approaches to meaningfully incorporate the advancement of health equity into the HQR, and in response to RFI commenters, there was some support of including SDOH data to evaluate health equity in the hospice setting. CMS will consider all of the input when considering potential items for SDOH, so we look forward to looking through those items and trying to figure out what we want to do in the future.

Zinnia Harrison, Abt Global

Great. Thank you.

Thank you everyone for all these great questions about HOPE and then there were some outside of HOPE, but that's great that all the questions are coming in. As you can see on this slide, please submit questions to this help desk if you have any follow up and if you have put questions in the chat, we, again, will take those questions into consideration and we'll submit them for CMS review, and they may be included in a future FAQ or another Forum.

So, with that I want to thank everybody for joining and have a great afternoon or morning. Take care.