

HOPE Guidance Manual Change Table v1.00 to v1.01

Chapter and/or Section in v1.01	Page in v1.01	Change	Explanation
Cover page	i	Added OMB expiration date: 03/31/2028. Version number updated to v1.01.	Date received from OMB. HOPE Guidance Manual v1.01 updates made to provide clarification and corrections.
Table of Contents	ii	Replaced A0800. Gender item with A0810. Sex item.	To align hospice with items .across all PAC settings
Table of Contents	iii	Removed reference to examples from the table for items M1190-M1200.	Correction- examples are still within the manual in chapter 2.
Throughout the manual	3, 6, 7, 9, 10, 11, 12, 13	The words “complete” or “completed” were changed to <i>conduct</i> or <i>conducted</i> where applicable when referring to performing the actual HUV and SFV visits.	Adjusted for clarity and to minimize confusion with <i>completing</i> the entire HUV item set.
Throughout the manual		Minor wording or sentence structure adjustments or corrections made throughout with no impact on meaning.	Adjusted for clarity.
1-1.3.2. HUV Timepoints	6	Added language: <ul style="list-style-type: none"> • <i>If an HUV is missed or late for any reason (e.g., HUV1 conducted on day 17 or HUV2 conducted on day 33), conduct the visit as appropriate and submit the record once completed, including any SFV if applicable.</i> 	Clarification: re: SFV visits conducted beyond the required HUV timeframes.

1- 1.3.3. Symptom Follow-up Visit (SFV)	9 & 70	Added to and adjusted language re: SFV. <ul style="list-style-type: none"><i>It may occur anytime within two calendar days, or later on the same day as the assessment where the initial finding of a moderate or severe symptom was determined during the Admission or HUV. Depending upon timing and responses to J2051. Symptom Impact, at Admission, or either of the two HUV timepoints, the SFV could stretch beyond the assessment timeframe. For the HUV timepoints, Z0350. Date Assessment was Completed would be the date the HUV was completed, including any SFV where applicable. Depending on the length of stay (LOS), up to three SFVs may be required over the course of the hospice stay (Admission, HUV1 and/or HUV2).</i>	Clarification: re: SFV visits conducted beyond the required HUV timeframes.
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<p>1-1.3.3 Examples for SFV</p>	<p>12 & 13</p>	<p>NEW example added- Situation D:</p> <ul style="list-style-type: none"> • <i>On day 30 after the hospice election, the primary nurse, just returning from vacation, realizes that HUV2 has not yet been conducted . A visit is able to be arranged for that day to ensure the agency meets the requirement of conducting an HUV2 on or between days 16 to 30. Upon visiting, the nurse hears from the patient and caregiver that they have not been able to go out of the home recently, as the patient is experiencing diarrhea that is preventing them from doing any outside activities. Diet suggestions are provided by the nurse along with some medication adjustments, after consultation with the hospice physician. This symptom with moderate impact triggers the need for an SFV within two calendar days. The nurse revisits the home within 2 days (on day 32). The nurse determines the changes had a good effect and the impact is now slight. The nurse enters the date and result for J2052. Symptom Follow-up Visit (SFV) and J2053. SFV Symptom Impact and Z0350. Date Assessment was Completed to complete the HUV2.</i> • Rationale: <i>An SFV should be conducted within two calendar days as a follow-up for any moderate or severe pain or non-pain symptom impact identified during an Admission or HUV timepoint. Based on the timing of the HUV2 (on or between days 16-30) and the results for J2051.</i> • Symptom Impact, <i>the date of the SFV could stretch beyond the assessment timeframe. In this situation, Z0350. Date Assessment was Completed for this HUV2 would be when the SFV was conducted, which was two days after the HUV2 timeframe.</i> 	<p>For clarification. Situation D was added to provide an example of an SFV being conducted beyond the HUV timeframe due to the timing of the initial finding of moderate or severe symptoms.</p>
<p>1- 1.4. Applicable Hospices /Agencies</p>	<p>14</p>	<p>Revised reference for HQRP requirements.</p> <ul style="list-style-type: none"> • <i>For more details on requirements for current and new hospices, refer to section 1.7.1 below and visit the Provider Toolkit documents and those located in the Downloads section on the HQRP Requirements and Best Practices webpage.</i> 	<p>For clarity and to ease in finding the requirements for current and new hospice providers.</p>

1- 1.5. Applicable Patients	14 & 15	<p>Revised the order and content to describe applicable patients.</p> <ul style="list-style-type: none"> • <i>For all current patients with discharges occurring through September 30, 2025, completion and submission of both the HIS Admission and Discharge is required.</i> • <i>For patients admitted through September 30, 2025, but discharged on or after October 1, 2025, providers will:</i> <ul style="list-style-type: none"> ○ <i>Complete and submit the HIS Admission.</i> ○ <i>Not be required to administer the HUV assessment(s).</i> ○ <i>Complete and submit a HOPE Discharge assessment.</i> • <i>For all patients admitted on or after October 1, 2025, only HOPE records will be accepted by CMS. These include the HOPE-Admission, HOPE Update Visit(s), if applicable, and HOPE-Discharge records.</i> 	For clarity and ease of understanding.
1- 1.5.1. Special Circumstances Affecting HOPE Traveling Patients	17	<p>Added language:</p> <ul style="list-style-type: none"> • <i>In rare circumstances where a newly admitted hospice patient travels during the first month of hospice service, the home hospice may request the host hospice to conduct and provide the documentation for HUV1 and/or HUV2.</i> 	For clarification re; travel impacting the HUV data collection.
1- 1.7.1. Compliance Criteria	20	<p>Adjusted language to removed specific fiscal year (FY) and refer more generally to the APU requirements.</p> <ul style="list-style-type: none"> • <i>To comply with the timeliness requirements providers must submit at least 90% of their HOPE records per the 30-day submission deadline throughout the calendar year, for each corresponding FY APU period.</i> <p>Added language for new providers</p> <ul style="list-style-type: none"> • <i>New providers are required to begin reporting data on the date noted in the letterhead of their CCN notification letter. However, if the CCN notification letterhead was dated on or after November 1st, they would not be subject to any financial penalty for failure to comply with HQRP requirements for the corresponding FY.</i> 	More general APU reference to minimize confusion and additional language to assist new providers.
2- A0215. Site of Service Coding Tips	24	Corrected the item number in the Coding Tips from A0205 to A0215.	Correction

2- A0810. Sex	31	<p>Replaced A0800. Gender item with A0810. Sex item. Added Coding Tips:</p> <ul style="list-style-type: none"> • <i>This Item assists in correct identification.</i> • <i>Provides demographic sex -specific health trend information.</i> • <i>Please Note: Patient sex must match what is in the Social Security system.</i> 	To align hospice with items across all PAC settings.
2- A1005. Ethnicity And A1010 Race	32- 35	<p>Simplified language for item specific Instruction to remove second sub-bullet. Adjusted language and simplified Coding Tips:</p> <ul style="list-style-type: none"> • <i>Standardizing self-reported data collection for ethnicity allows for the comparison of data within and across multiple healthcare settings and is an important step in improving quality of care and health outcomes.</i> 	To align hospice with items across all PAC settings.
2- A1400. Payer Information and Example 1	38 & 39	<p>Changed the “hospice episode of care” to the hospices stay. Adjusted made to the language for example 1.</p> <ul style="list-style-type: none"> • <i>The patient is a Medicare beneficiary and will be using traditional Medicare directly to access the Medicare Hospice Benefit. They also have private insurance available to them to help pay for prescriptions as needed, as well as some personal funds.</i> • Coding: <i>A1400A, H, and J would all be checked.</i> • Rationale: <i>This item is a “Check all that apply” item. Even though Medicare will be used to access the Medicare Hospice Benefit, the existence of a private insurance plan and personal funding should they be needed, are also coded as existing payment sources for A1400.</i> 	To align with accepted language used when referring to hospice. Adjusted for clarity.
2- I0010. Principal Diagnosis Comorbidities and Coexisting Conditions	55	<p>Added language and added one example:</p> <ul style="list-style-type: none"> • <i>Do not include the principal diagnosis, except if the patient has a secondary cancer.</i> 	Clarification for to address any circumstance where a hospice patient may have both a primary and a secondary cancer (co-morbidity).

		<ul style="list-style-type: none"> ○ Example: <i>During the admission assessment, the patient explains that she has a history of diabetes which is well-controlled and also had breast cancer 25 years ago. She was treated for the breast cancer at that time and has scarring from a left breast mastectomy. At the time of the hospice admission, the terminal diagnosis is stage four colon cancer.</i> Coding: <i>I0010. Principal Diagnosis would be coded 01. Cancer, and I0100. Cancer, and I2900. Diabetes Mellitus (DM) would be checked for Comorbidities and Coexisting Conditions.</i> Rationale: <i>Based upon the clinician's assessment and patient report, the nurse records Cancer for both the Principal Diagnosis and the Comorbidities and Coexisting Conditions category.</i> 	
2- J2030. Screening of Shortness of Breath	68 & 69	Corrected skip pattern in item specific instructions and the coding examples to say <i>Skip to Item J2050, Symptom Impact Screening.</i>	Correction
2- J2040. Treatment for Shortness of Breath	71 & 72	Corrected skip pattern in item specific instructions and the coding example #3 to say <i>Skip to Item J2050, Symptom Impact Screening.</i>	Correction
2- J2052. Symptom Follow-up Visit (SFV) Item-specific Instructions	76	<p>Added language.</p> <ul style="list-style-type: none"> • <i>Since the clinician has two days to complete the SFV, completion of this visit could stretch beyond the specified Admission or HUV assessment timeframes.</i> 	Clarification: re: SFV visits conducted beyond the required HUV timeframes.

2-M1200. Skin and Ulcer/Injury Treatments Coding Instructions	82	<p>Added language:</p> <ul style="list-style-type: none"> • Check all that apply at the time of assessment, <i>including those initiated or continued.</i> <ul style="list-style-type: none"> ○ <i>Treatment is considered initiated when the hospice has received the order and there is documentation that the patient/caregiver was instructed to begin use of the medication or treatment.</i> 	For clarity
2- Z0350. Date Assessment was Completed Item-specific instructions	92	<p>Added language:</p> <ul style="list-style-type: none"> • <i>In situations where there is an SFV, this date may extend beyond the HUV assessment timeframes.</i> 	Clarification: re: SFV visits conducted beyond the required HUV timeframes.
3- 3.1. Submitting HOPE Records	95	Adjusted language about QTSO resources re: error messages.	Clarify where to find accurate resources for error messages
3- 3.3. Timing and Sequencing Policies Table 10	96	Corrected the Completion Goal to say Discharge Date +7 calendar days.	Correction
3- 3.3.1. Completion Timing and 3.3.2. Submission Timing	97	Adjusted reference for HOPE Update Visit (HUV) records to include both HUV1 and HUV2: (A0250 = 2 or 3).	Correction
3- 3.3.3 Submission Sequence	99	<p>Added two new sequencing examples:</p> <ul style="list-style-type: none"> • <i>Submission of HUV2 before HUV1.</i> • <i>A Discharge record where the Discharge Date (A0270) minus Admission Date (A0220) indicates that an HUV1 or HUV2 record should be the prior record.</i> 	For clarity

3- 3.5. HOPE Correction Policy	100 & 101	<p>Adjusted language in paragraph 2.</p> <ul style="list-style-type: none"> Any corrections or changes made to the provider's copy of the HOPE record after the record is accepted by CMS will not be recognized by the system. The same corrections or changes must also be made to the electronic version of the HOPE record, and that record must be submitted to and accepted by the system. It is the provider's responsibility to correct any errors that exist in an accepted HOPE record according to the HOPE Record Correction Policy. This ensures that the information accurately reflects the patient's hospice record. A correction can be submitted for any accepted record, up to 24 months from the Discharge Date, even if there has been a submission and acceptance of subsequent records for the patient. Furthermore, it is the provider's responsibility to ensure the record is complete and accurate prior to submission to CMS. 	For clarity
3- 3.7.1 Modification Requests Patient and Event Identifiers	102 & 103	<p>Adjusted patient identifier to eliminate A0800. Gender and include A0810. Sex item.</p> <p>Added event identifier to include the HUV completion date.</p>	Inclusion of new item and correction.
3- 3.7.2. Inactivation Requests	103 & 104	<p>Adjusted reference for Record Event Identifiers to include Z0350: Date Assessment was Completed (for HUV records A0250 = 2 or 3).</p> <p>Adjusted patient identifier to eliminate A0800 Gender and include A0810. Sex item.</p> <p>Added event identifier to include the or HUV completion date.</p>	Inclusion of new item and correction.
Appendix B. Resources Websites	107	Included the resource for the HOPE Technical Information webpage and updated the resource reference for QTSO.	Updated
Appendix C. Instruments	109 – 134	All snapshots replaced due to update of OMB Expiration date, titles of item sets, revised headers and footers, and updated PRA Disclosure Statement.	Updated