

# FAQ about The HOPE tool

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This document addresses frequently asked questions about the HOPE tool, offering a concise and accessible overview of its purpose, functionality, and impact. It serves as a more streamlined alternative to the whitepaper we published on March 21, 2025. For a more comprehensive overview of the HOPE tool, please download this white paper from WellSky.



## Hospice Outcomes and Patient Evaluation (HOPE): What you need to know

### Q: What is the HOPE tool?

**A:** The Hospice Outcomes and Patient Evaluation (HOPE) tool, developed by the Centers for Medicare & Medicaid Services (CMS), is a standardized data collection instrument that will replace the Hospice Item Set (HIS). HOPE requires data collection throughout a patient's hospice journey to help hospice teams more fully understand patient care needs and better contribute to their plan of care.

### Q: When does HOPE go into effect?

**A:** HOPE will officially replace HIS on October 1, 2025. That means that hospice providers must be prepared to comply with the new requirements by this date.

### Q: Why did CMS create the HOPE tool?

**A:** CMS created HOPE as part of its effort to focus more on care outcomes. The main objectives of the HOPE tool are to enhance HQRP quality measures, support the survey and certification process, and inform future improvements in payment and quality through the expansion of standardized data collection. The data collected will also help update hospice plans of care and support hospice providers in their ongoing quality improvement and education efforts. This information may be used to inform future payment adjustments and offer more transparency to consumers when they are evaluating hospice providers.

### Q: What are the key differences between HIS and HOPE?

**A:** The HOPE tool allows for significantly more data collection than the HIS. While HIS only required data collection at admission and discharge, HOPE adds up to two additional visits — called HOPE Update Visits (HUVs) — depending on the patient's length of stay. Within the first 30 days of admission, two HUVs (HUV1 and HUV2) must be completed. HUV1 is required on or between days 6 and 15 and HUV2 is required on or between days 16 and 30 after the election of hospice. In addition, a new Symptom Follow-Up Visit (SFV) is required, and must be completed in-person, within two calendar days of admission or an HUV for any moderate or severe pain or non-pain symptom identified. This expanded data collection schedule allows for more comprehensive patient evaluations, helping hospice providers better understand and respond to changing patient needs throughout their care journey.

**Q: What are the four primary HOPE timepoints?**

**A:** HOPE requires the collection of patient-level data at four timepoints as shown in this chart.

<i>Timepoint</i>	<i>Definition</i>	<i>Timeframe</i>
<b>HOPE Admission</b>	The HOPE-Admission data is collected as part of the comprehensive assessment of the patient.	No later than five calendar days after the effective date of the hospice election.
<b>HOPE Update Visit (HUV1)*</b>	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 <b>should not be completed</b> within the first five days after the election. The date of the hospice election would be considered "Day 0."
<b>HOPE Update Visit (HUV2)*</b>	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.
<b>HOPE Discharge</b>	The data is collected at discharge for any reason listed in A2115.	At the time of discharge.

*\*New from HIS to HOPE: SVFs are required when pain or symptom impact is assessed as moderate or severe during this timepoint.*

**Q: How will agencies transition their patients from HIS to HOPE?**

**A:** CMS clarified as of 4/22/25 with regards to the transition from HIS to HOPE:

- **For all current patients with discharges occurring through September 30, 2025:** HIS Admission and Discharge is required.
- **For patients admitted through September 30, 2025, but discharged on or after October 1, 2025,** providers will:
  - Complete and submit the HIS Admission.
  - Not be required to administer the HUV assessment(s).
  - Complete and submit a HOPE Discharge assessment.
- **For all patients admitted on or after October 1, 2025:** Only HOPE records will be accepted by CMS, including the HOPE Admission, HUV assessments (if applicable) and HOPE Discharge records.

**Q: How can hospice providers prepare for HOPE now?**

**A:** In order to prepare for the implementation of the HOPE tool, providers should do the following:

- **Review [HOPE guidance manuals](#):**  
Understand CMS's guidelines, including those for data collection timepoints, item-specific data elements, and submission and correction processes for HOPE records.
- **Assess visit practices and staffing needs:**  
Determine if additional staffing is required for follow-up visits based on symptom severity and length of stay.
- **Optimize documentation workflows:**  
Adapt workflows to accommodate HUV1, HUV2, and SFV requirements. The SFV requirement for patients with moderate or severe pain or non-pain impact is a key operational change in terms of documentation. Encourage interdisciplinary teamwork for more accurate and timely documentation.
- **Educate and train staff:**  
Provide structured training on HOPE's assessment process by emphasizing patient-centered outcomes such as symptom management and quality of life. Communicate the importance of data collection in improving care quality.
- **Evaluate current quality measure scores:**  
Look for opportunities to improve performance now. Examine areas of pain and symptom management, sleep, functional status, and quality of life (including the ability to interact with others). Provide targeted training and process improvements to address any deficiencies.
- **Evaluate your EHR:**  
Ensure your electronic health record (EHR) system is configured to capture and report HOPE data accurately for both compliance and quality improvement needs.
- **Stay up to date on HOPE information:**  
Monitor CMS regulations and participate in WellSky training, including webinars and release updates.



**Q: Are there any things hospice providers should keep top of mind regarding HOPE?**

**A:** Yes. Here are some helpful things to remember:

- HOPE submissions are required for all patients regardless of payer or age.
- HOPE items requiring a skilled nursing assessment (Admission, HUV1, HUV2) must be completed by an RN, but SFVs can be completed by an RN or LPN/LVN.
- Multiple staff/disciplines may make entries in the HOPE documentation.
- HOPE signatures must include everyone who recorded data in the HOPE tool.
- Public reporting will be no sooner than FY 2028.
- HIS must be collected through September 30, 2025, with an overnight transition to HOPE starting on October 1.

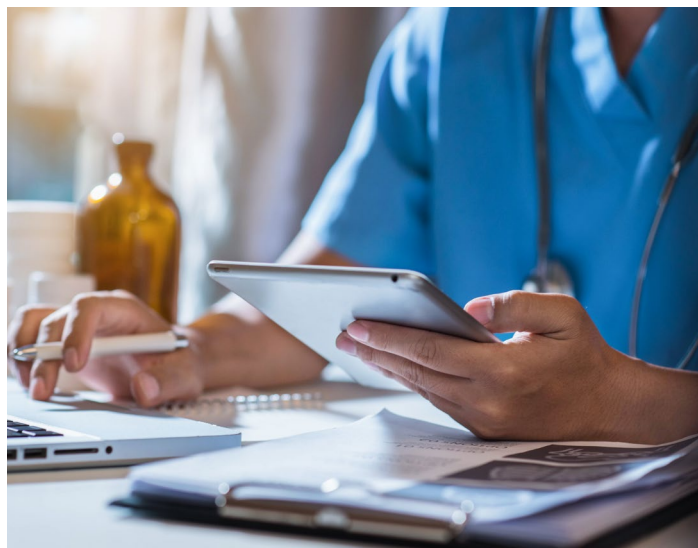
**Q: What solution updates will WellSky provide to ensure HOPE compliance and success?**

**A: Prior to October 1, 2025, WellSky solutions will be updated to ensure they comply with HOPE requirements.** This means the existing HIS will be replaced with the new HOPE assessment tool within the EHR workflow, according to regulatory deadlines. Workflows within **WellSky Hospice & Palliative** will be updated to comply with HOPE requirements as well as to streamline documentation, compliance, and reporting processes. Updates will include:

- **Integrated HOPE features:**  
Clinical documentation updates within patient encounters, a HOPE records data compilation screen, notifications/alerts to prompt upcoming HUV and SFV visits, batching and submission options, and a HOPE dashboard for operations and performance tracking.
- **AI-powered symptom impact recommendations** to help clinicians make informed symptom impact decisions.
- **WellSky CareInsights enhancements:**  
Indicators for when an SFV is required within 48 hours, additional HOPE data on patient's living conditions, caregiver situations, and associated risk, and incorporation of HOPE data into the 7-day mortality predictive model.
- **WellSky Value-Based Insights enhancements:**  
Incorporation of HOPE data, enabling tracking of the two new quality measures for timely reassessment of pain and non-pain symptom impact.

**Q: How else will WellSky be supporting my agency's transition to HOPE?**

**A:** Throughout 2025, WellSky will continue to provide helpful resources, including written guidance, webinars, training sessions, and industry-leading learning and consulting services to help you prepare.



**Q: Where can I find the most up-to-date information on HOPE?**

**A:** You can visit the [CMS HOPE website](#) for official guidance and updates as well as the [WellSky HOPE Resource Hub](#) where you'll find a library of HOPE educational, training, and solution update materials. WellSky users will also be alerted about solution updates via pop-up notifications within the solution.



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Get started with **WellSky® Hospice & Palliative** now and help set your agency up for success with HOPE.

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