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HOPE Release Information

CMS is mandating the use of a new hospice assessment referred to as the Hospice Outcomes and Patient Evaluation (HOPE) tool. This regulatory requirement is effective October 1, 2025, and is designed to replace the Hospice Item Set (HIS).

In anticipation of this release, the NDoc Version 17.43.01 release will include the initial release of Visit Charting and Back-Office functionality to allow hospice providers the opportunity to become acquainted with the HOPE assessment as it will be managed within NDoc. Future releases ahead of the October 1 effective date will include additional tracking and reporting tools, HOPE validation and edit check logic, and a HOPE Download page.

Supporting Resources as of June 30, 2025

The supporting resources used in developing and guiding this functionality are accessible via the CMS website. Specifically, as of June 30, 2025, the following links reflect the information:

HOPE Main Page:	https://www.cms.gov/medicare/quality/hospice/hope
HOPE Technical Specifications:	https://www.cms.gov/medicare/quality/hospice-quality-reporting-program/hospice-outcomes-and-patient-evaluation-hope-technical-information

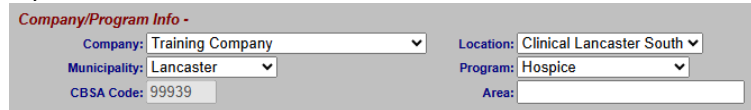
Testing and Training Ahead of October 1, 2025

Upon installing the 17.43.01 NDoc Update, customers may begin viewing the HOPE questions both in Visit Charting screens and in Back-Office. To access these views, agencies will need to use training patients (i.e., patients assigned to the Training Company). This will ensure the records are not inadvertently set up with exports, and future dates can be charted to see the future functionality.

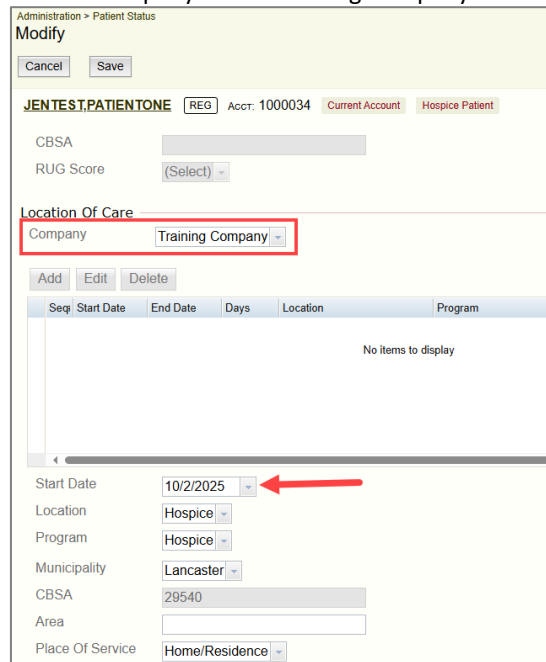
Training Company Assignment

Please see the following steps depending on whether your agency is using HBS Billing or Integrated Billing within NDoc:

- **HBS Customers:** Register the patient as a hospice patient. Within the Referral>Demographics screens, users need to set the Company as the Training Company.

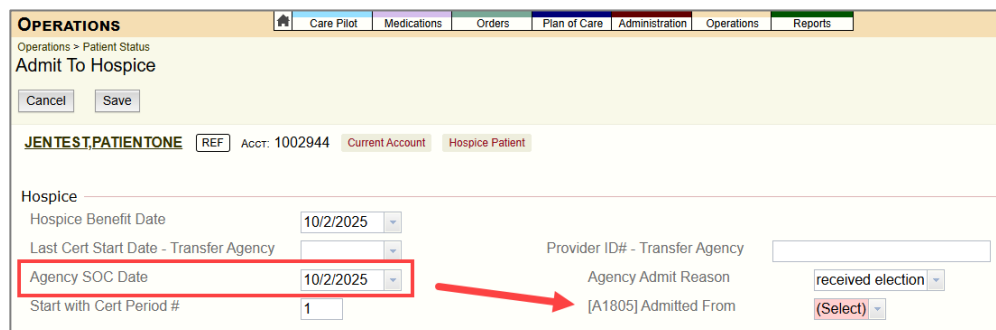


- **Integrated Billing Customers:** Register the patient as a hospice patient. Within the Referral process of setting the Location of Care within Patient Status, users need to set the Company as the Training Company with the start date in the future accordingly.



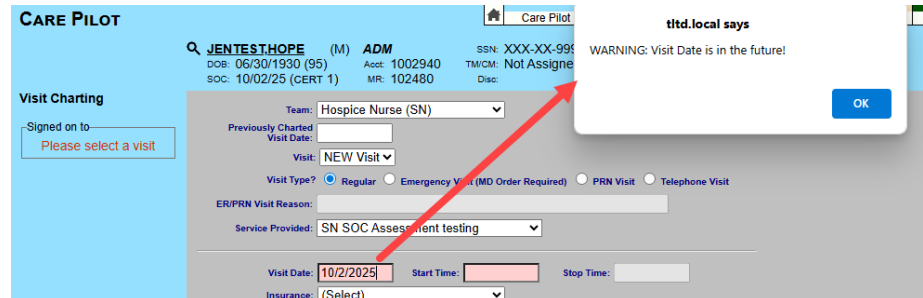
Admit to Hospice

With the Training Company assignment, the Admit to Hospice option within Patient Status will allow users to set the Agency SOC Date to a date on or after October 1, 2025. This will then update the Admitted From option from A1802 to the HOPE question of A1805 as shown:



Visit Charting

When accessing the Visit Charting screens, users can enter a future date and will be able to proceed with a prompt warning about the future date as shown here:

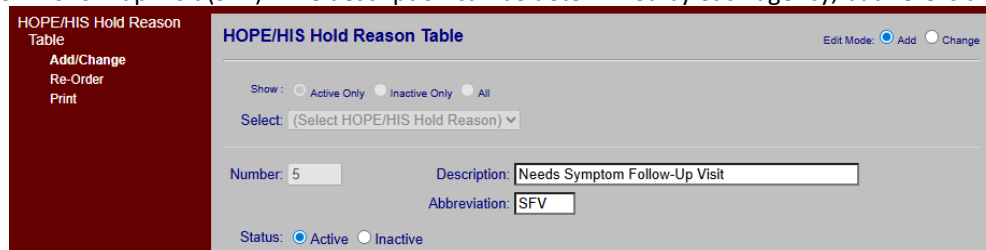


Special Considerations

The training options allow users to enter dates for the admission, HOPE Assessments, and/or visits with dates on or after October 1, 2025. The Registration and Referral Dates cannot be set for the future. The Level of Care and Location of Care (Integrated Billing) days will display negative numbers for their calculations.

HOPE/HIS Hold Reason Table

The existing HIS Hold Reason table has been modified to apply to HOPE. The table is now labeled the HOPE/HIS Hold Reason Table under Administration>System>Tables. Agencies should review this table. Any existing HIS Hold Reasons will remain active. Agencies may want to review the existing reasons to see if any descriptions should be updated. Agencies may also want to consider adding a new Hold Reason to apply to assessments that need to be placed on hold awaiting the Symptom Follow-Up Visit as called for in J2052 - Symptom Follow-up Visit (SFV). The description can be determined by each agency, but here is an example:



Navigation Considerations

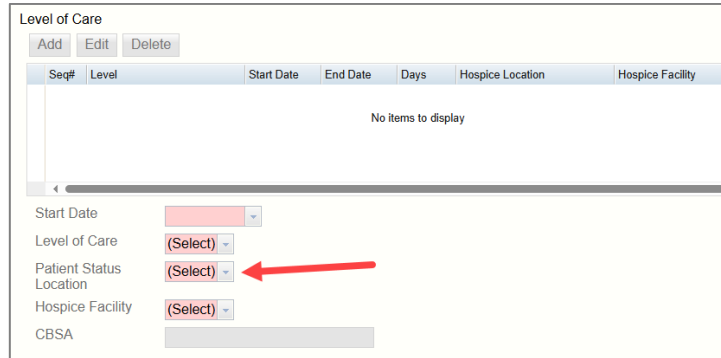
As users become more familiar with the HOPE charting, there is guidance that may be useful to consider and remember going forward.

Auto-filled/Carried Forward Fields

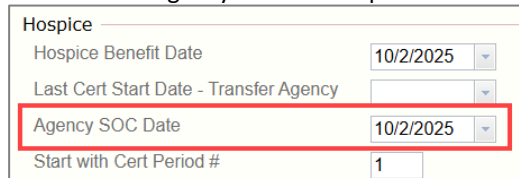
- **Site of Service at Admission [A0215]** – As with the HIS Record, the HOPE question for Site of Service at Admission (now A0215) is pulled from the Patient Status Location response captured within the Level of Care fields when charting the Admit to Hospice event within the Patient Status function. The drop-down entries for this field are sourced from the Patient Status Location Table under Administration>System>Tables. Refer to the table to confirm the entries are linked correctly to the Site of Service mapping option.

NDoc Reference

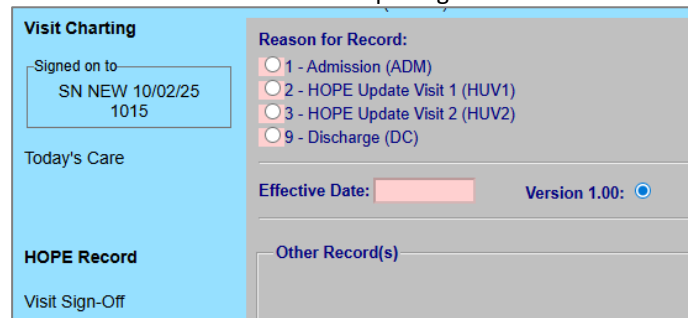
Hospice Outcomes and Patient Evaluation (HOPE) Transition Guidance



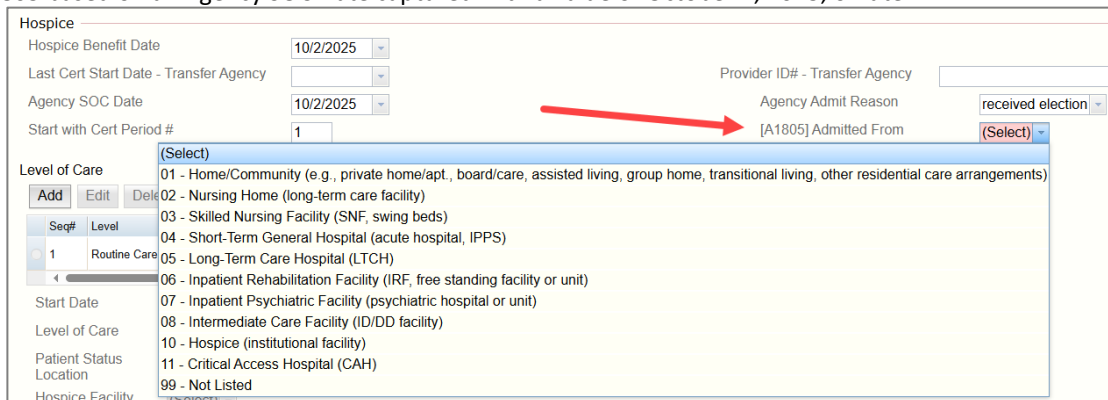
- **Admission Date [A0220]** - Value will be based on the Agency SOC Date captured in Patient Status>Admit to Hospice charting.



- **Reason for Record [A0250]** - Based on the selection made when opening the assessment in Visit Charting or Back-Office.



- **Discharge Date [A0270]** - Based on discharge date captured in Patient Status.
- **Patient Zip Code [A0550]** - Based on the value of the zip code entered on the address flagged as the Visit Address (set with the Visit Address Radio Button) at the time of the HOPE Admission Record. NOTE: This may not be the same as the zip code entered for the Permanent Address.
- **Ethnicity [A1005] and Race [A1010]** - New fields that replace the old A1000 Race/Ethnicity field.
- **Admitted From [A1805]** - This question replaces the HIS A1802 field. The value is pulled from Admit to Hospice option and will switch to A1805 based on an Agency SOC Date captured with a value of October 1, 2025, or later.



Diagnoses Section I – Active Diagnoses

I0010-Principal Diagnosis and Comorbidities and Co-existing Conditions – This field will only be set as required for the first portion of the question related to Principal Diagnosis. The second portion related to Comorbidities and Co-existing Conditions should be reviewed by users, but the fields will not have required logic applied to them because there is no option to capture a response when there is no applicable response. Agencies are encouraged to educate users to review the list carefully and chart accordingly without relying solely on required field prompting.

[I0010] Principal Diagnosis:

- ☐ 01 - Cancer
- ☐ 02 - Dementia (including Alzheimer's disease)
- ☐ 03 - Neurological Condition (e.g., Parkinson's disease, multiple sclerosis, amyotrophic lateral sclerosis (ALS))
- ☐ 04 - Stroke
- ☐ 05 - Chronic Obstructive Pulmonary Disease (COPD)
- ☐ 06 - Cardiovascular (excluding heart failure)
- ☐ 07 - Heart Failure
- ☐ 08 - Liver Disease
- ☐ 09 - Renal Disease
- ☐ 99 - None of the above

Comorbidities and Co-existing Conditions
Check all that apply

- ☐ **Cancer**
- ☐ I0100. Cancer
- ☐ **Heart/Circulation**
- ☐ I0600. Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema)
- ☐ I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
- ☐ I0950. Cardiovascular (excluding heart failure)
- ☐ **Gastrointestinal**
- ☐ I1101. Liver disease (e.g., cirrhosis)
- ☐ **Genitourinary**
- ☐ I1510. Renal disease
- ☐ **Infections**
- ☐ I2102. Sepsis
- ☐ **Metabolic**
- ☐ I2900. Diabetes Mellitus (DM)
- ☐ I2910. Neuropathy
- ☐ **Neurological**
- ☐ I4501. Stroke
- ☐ I4801. Dementia (including Alzheimer's disease)
- ☐ I5150. Neurological Conditions (e.g., Parkinson's disease, multiple sclerosis, ALS)
- ☐ I5401. Seizure Disorder
- ☐ **Pulmonary**
- ☐ I6202. Chronic Obstructive Pulmonary Disease (COPD)
- ☐ **Other**
- ☐ I8005. Other Medical Condition

Symptom Impact and Symptom Follow-Up Visit Management and Use of Appropriate Hold Reason

Agencies should review the CMS Guidance on the J2051/J2052 - Symptom Impact and Symptom Follow-Up Visit (SFV) Management when guiding staff on how to manage these questions. As noted in the CMS Guidance, if J2051 - Symptom Impact is charted as 2-Moderate, 3-Severe on either the Admission or an HUV assessment, then charting of J2052 will need to be completed with an SFV. This field is set as required based on the applicable response in J2051 and clinicians will need to manage these fields manually. Per the HOPE Manual, *“the in-person SFV should occur 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.”*

As previously mentioned, agencies should consider adding a hold reason to the HIS/HOPE Hold Reason Table for the purposes of managing visits that require an SFV. Clinicians should place the assessment on HOLD and complete the SFV, ensuring that all relevant answers are then entered in the HOPE record as appropriate.

To manage the SFV, agencies should consider the following:

- Creating a new Service Provided Code (Administration>System>Tables>Service Provided Code) for these visits. For current training purposes, charting of training patient visits in Today's Care will include the J2052 (a, b, and c) and J2053 questions. These fields will NOT be required at this time. However, clinicians can visualize how to complete those fields within Today's Care for the SFV. A future enhancement will be released to allow agencies to set required field logic for these Service Provided Codes.
- Create a new SFV Visit Reason (Administration>System>Tables>Visit Reason) for scheduling these visits and link the applicable Service Provided Code.

IMPORTANT CONSIDERATIONS:

- The values captured for J2052 and J2053 in the SFV will **NOT** flow back into the HOPE record.
- Answers from the SFV visit can be added into the applicable HOPE Record by:
 - reopening the respective visit in Visit Charting; or
 - opening the record in HOPE Back-Office.
- In cases where the SFV Visit details are captured by a clinician other than the one that charted the applicable ADM, HUV1, or HUV2, then adding the SFV Visit information into the record may be best handled by going into the assessment via HOPE Back-Office. In this case, the only way that another clinician could add information to the Visit Charting screens would be to ensure the clinician has Clinical Oversight. Instead, to avoid accessing the visit in Care Pilot, using Back-Office may be a more prudent approach.

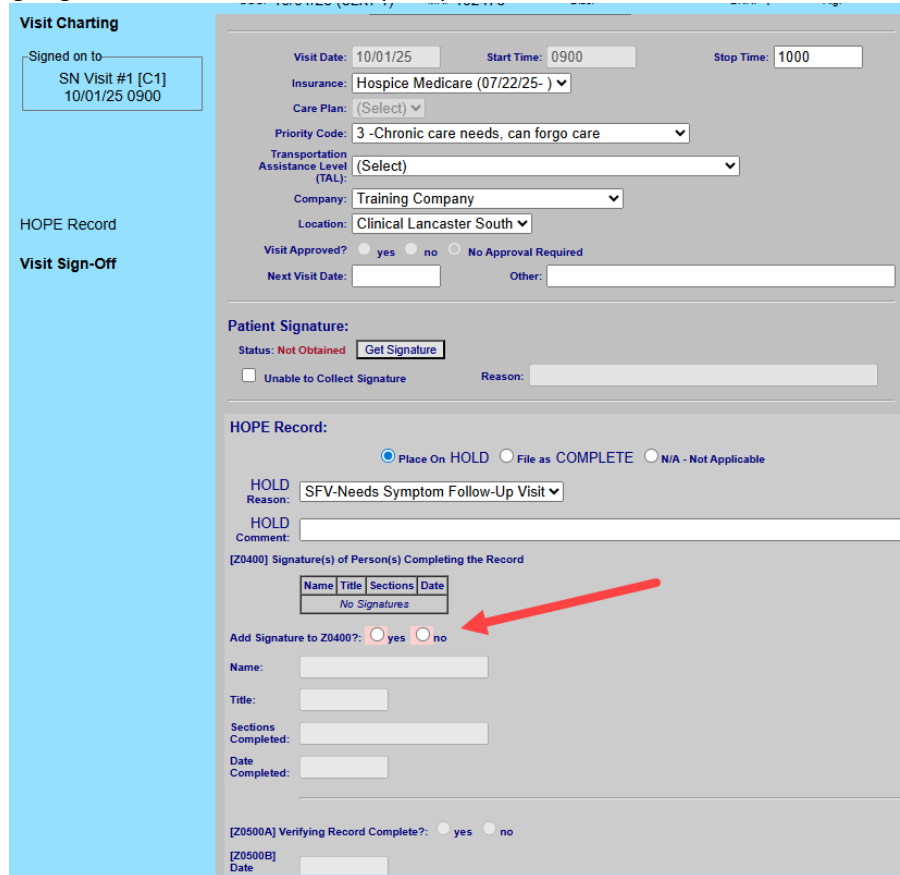
Possible Scenarios:

- **SCENARIO #1:** Nurse Jane starts a HOPE ADM on 10/2/2025 for Patient Doe. The response to J2051-Symptom Impact triggers the need to complete a Symptom Follow-Up Visit and answer J2052- Symptom Follow-up Visit (SFV). Nurse Jane performs the SFV visit in Visit Charting>Today's Care on 10/4/2025 with responses to J2052 and J2053 documented. On 10/5/2025, Nurse Jane reopens her 10/2/2025 visit in Visit Charting and documents the appropriate responses for J2052 and J2053 and then files the visit and HOPE Record as complete. Adds notes to the Z0400 Response for sections completed with dates.
- **SCENARIO #2:** Nurse Jane starts a HOPE ADM on 10/3/2025 for Patient Doe. The response to J2051-Symptom Impact triggers the need to complete a Symptom Follow-Up Visit and answer J2052- Symptom Follow-up Visit (SFV). Nurse Mary performs the SFV visit in Visit Charting>Today's Care on 10/4/2025 with responses to J2052 and J2053 documented. On 10/5/2025, Nurse Mary opens HOPE Back-Office, selects the appropriate visit date/time/assessment to access the HOPE ADM charted by Nurse Jane. Nurse Mary documents the appropriate responses for J2052 and J2053 and adds notes to Z0400 Response for sections completed with dates. Places the HOPE on Hold awaiting Nurse Jane setting the HOPE to complete.
- **SCENARIO #3:** Nurse Jane starts a HOPE ADM on 10/3/2025 for Patient Doe. The response to J2051-Symptom Impact triggers the need to complete a Symptom Follow-Up Visit and answer J2052- Symptom Follow-up Visit (SFV). Nurse Mary performs the SFV visit in Visit Charting>Today's Care on 10/4/2025 with responses to J2052 and J2053 documented. Nurse Mary alerts Nurse Jane the SFV was done with notes available in Visit Summary screens. On 10/5/2025, Nurse Jane opens the HOPE Record either via Visit Charting or HOPE Back-Office charts the J2052 and J2053 fields using notes from the 10/4/2025 visit. Nurse Jane sets the HOPE Record as Complete.

Z0400 Record Administration Information

Z0400 - Signature(s) of Person(s) Completing the Record Z0400 is now a field that can be completed within the charting screens and Back-Office.

In **Visit Charting**, when signing off the visit, users will see a prompt related to Z0400



Visit Charting

Signed on to: SN Visit #1 [C1]
10/01/25 0900

HOPE Record

Visit Sign-Off

Visit Date: 10/01/25 Start Time: 0900 Stop Time: 1000

Insurance: Hospice Medicare (07/22/25-)

Care Plan: (Select)

Priority Code: 3 -Chronic care needs, can forgo care

Transportation Assistance Level (TAL): (Select)

Company: Training Company

Location: Clinical Lancaster South

Visit Approved? ☐ yes ☐ no ☐ No Approval Required

Next Visit Date: Other:

Patient Signature:

Status: Not Obtained [Get Signature](#)

☐ Unable to Collect Signature Reason:

HOPE Record:

☒ Place On HOLD ☐ File as COMPLETE ☐ N/A - Not Applicable

HOLD Reason: SFV-Needs Symptom Follow-Up Visit

HOLD Comment:

[Z0400] Signature(s) of Person(s) Completing the Record

Name	Title	Sections	Date
No Signatures			

Add Signature to Z0400?: ☐ yes ☒ no

Name:

Title:

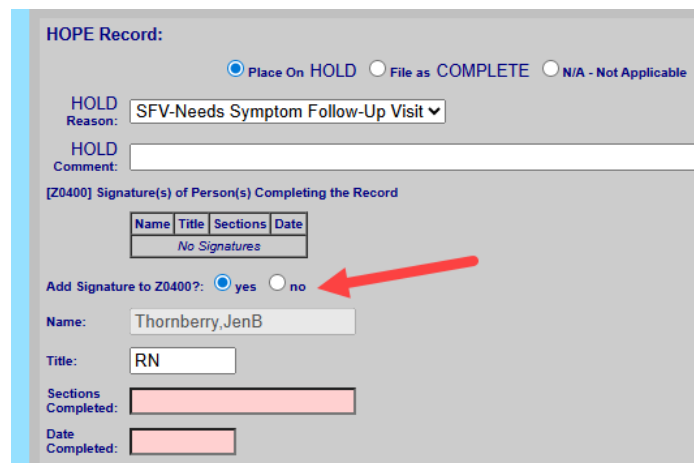
Sections Completed:

Date Completed:

[Z0500A] Verifying Record Complete?: ☐ yes ☐ no

[Z0500B] Date

Clicking **Yes** to *Add Signature to Z0400?* will autofill the user's name and the Title based on the Signature User Type Abbreviation as set in the Employee Table but can be edited as needed. The Section Completed (free text) and Date fields can then be edited accordingly.



HOPE Record:

☒ Place On HOLD ☐ File as COMPLETE ☐ N/A - Not Applicable

HOLD Reason: SFV-Needs Symptom Follow-Up Visit

HOLD Comment:

[Z0400] Signature(s) of Person(s) Completing the Record

Name	Title	Sections	Date
No Signatures			

Add Signature to Z0400?: ☒ yes ☐ no

Name: Thornberry, JenB

Title: RN

Sections Completed:

Date Completed:

Completing this information will appear as follows in the next visit sign-off.

HOPE Record:

☒ Place On HOLD ☐ File as COMPLETE ☐ N/A - Not Applicable

HOLD Reason: SFV-Needs Symptom Follow-Up Visit ▼

HOLD Comment:

[Z0400] Signature(s) of Person(s) Completing the Record

Name	Title	Sections	Date
Thornberry, JenB	RN	All except SFV fields	10/01/2025

Add Signature to Z0400?: ☒ yes ☐ no

Name:

Title:

In **Back-Office**, the field displays within the screens.

HOPE Admission

A: Administrative Information
F: Preferences
I: Active Diagnoses
J: Health Conditions
M: Skin Conditions
N: Medications
Z: Record Administration

Required History Search

Section Z: Assessment Administration

[Z0400] Signature(s) of Person(s) Completing the Record

I certify that the accompanying information accurately reflects patient assessment information for this patient and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that reporting this information is used as a basis for payment from federal funds. I further understand that failure to report such information may lead to a payment reduction in the Fiscal Year payment determination. I also certify that I am authorized to submit this information by this provider on its behalf.

Add Edit Delete

Signature	Title	Sections	Date Section Completed
No items to display			

Name:

Title:

Sections Completed:

Date Completed:

Save Cancel

Clicking the **Add** button autofills the user's name and the Title based on the Signature User Type Abbreviation as set in the Employee Table but can be edited as needed. The Section Completed (free text) and Date fields can then be edited accordingly.

Section Z: Assessment Administration

[Z0400] Signature(s) of Person(s) Completing the Record

I certify that the accompanying information accurately reflects patient assessment information for this patient and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that reporting this information is used as a basis for payment from federal funds. I further understand that failure to report such information may lead to a payment reduction in the Fiscal Year payment determination. I also certify that I am authorized to submit this information by this provider on its behalf.

Add Edit Delete

Signature	Title	Sections	Date Section Completed
No items to display			

Name: Thornberry, JenB

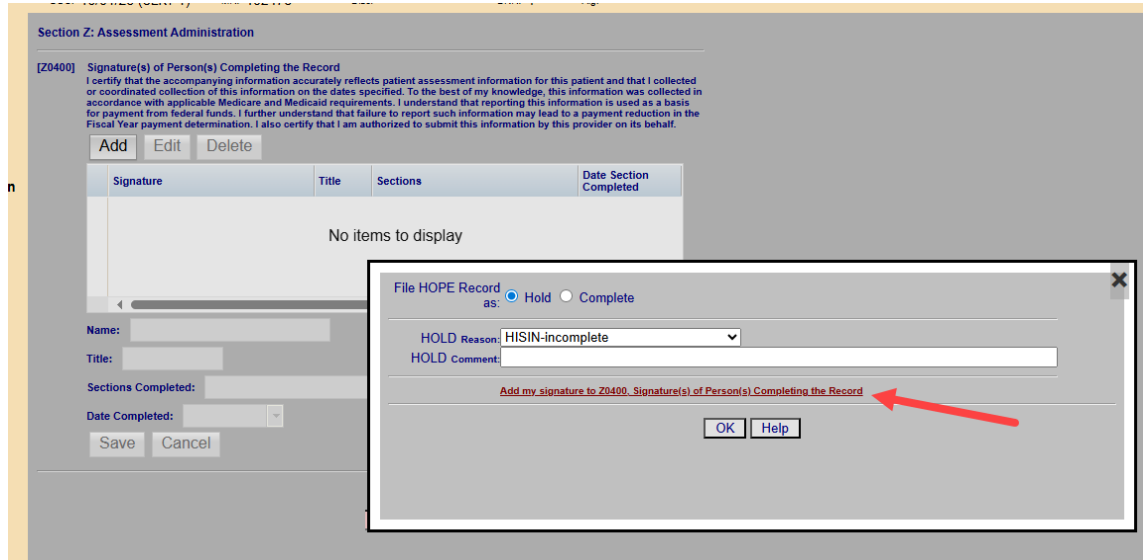
Title: RN

Sections Completed:

Date Completed:

Save Cancel

Alternatively, when quitting out of the Back-Office records, users will also see a prompt to redirect to this screen as shown here, which will autofill the details as shown above.



Section Z: Assessment Administration

[Z0400] Signature(s) of Person(s) Completing the Record

I certify that the accompanying information accurately reflects patient assessment information for this patient and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that reporting this information is used as a basis for payment from federal funds. I further understand that failure to report such information may lead to a payment reduction in the Fiscal Year payment determination. I also certify that I am authorized to submit this information by this provider on its behalf.

Add Edit Delete

Signature	Title	Sections	Date Section Completed
No items to display			

Name: [Text Box]
Title: [Text Box]
Sections Completed: [Text Box]
Date Completed: [Text Box]
Save Cancel

File HOPE Record as: ☒ Hold ☐ Complete

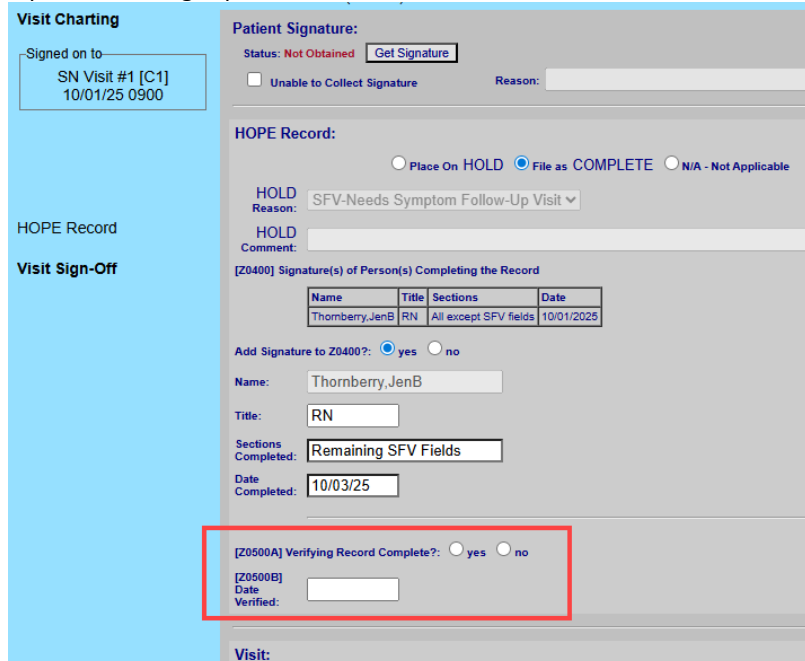
HOLD Reason: HISIN-incomplete
HOLD Comment: [Text Box]

Add my signature to Z0400, Signature(s) of Person(s) Completing the Record

OK Help

Z0500 - Signature of Person Verifying Record Completion

At this writing, the logic for the Z0500 verification question remains the same. The option is available within **Visit Charting** at Visit Sign-Off below the Z0400 question. This option is only available when the HOPE Record is set to Complete. Future changes to control the availability of this option are being explored.



Visit Charting

Signed on to: SN Visit #1 [C1] 10/01/25 0900

HOPE Record

Visit Sign-Off

Patient Signature: Status: Not Obtained Get Signature
☐ Unable to Collect Signature Reason: [Text Box]

HOPE Record: ☐ Place On HOLD ☒ File as COMPLETE ☐ N/A - Not Applicable

HOLD Reason: SFV-Needs Symptom Follow-Up Visit
HOLD Comment: [Text Box]

[Z0400] Signature(s) of Person(s) Completing the Record

Name	Title	Sections	Date
Thornberry, JenB	RN	All except SFV fields	10/01/2025

Add Signature to Z0400?: ☒ yes ☐ no

Name: Thornberry, JenB
Title: RN
Sections Completed: Remaining SFV Fields
Date Completed: 10/03/25

[Z0500A] Verifying Record Complete?: ☒ yes ☐ no

[Z0500B] Date Verified: [Text Box]

Visit: [Text Box]

As with HIS Records, the HOPE functionality in Back-Office does not provide the option to capture the Z0500 verification user or date. The verification, in these cases, will be managed within HOPE Records Maintenance similar to the existing HIS Records logic.

Document:
RFR:2-HOPE Update Visit 1 Record
Status:Complete

Select Action:

☐ **Place on HOLD**
 HOLD Reason: (Select) ▼
 HOLD Comment:
 Re-submit Record? ☐ Yes ☐ No Correction Number:

[Z0500A] Verifying Record Complete ☒ Yes ☐ No
[Z0500B] Date Verified:

☐ **Delete Record** ☐ **Re-add Record** (if previously deleted)

☐ **Inactivate Record**
 Create NEW record containing data from this inactive record? ☐ Yes ☐ No