Thornberry

NDoc *Reference*
Hospice Outcomes and Patient Evaluation (HOPE) Transition Guidance

Contents

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 the final release, NDoc Updates 17.43.01 and 17.44.01 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

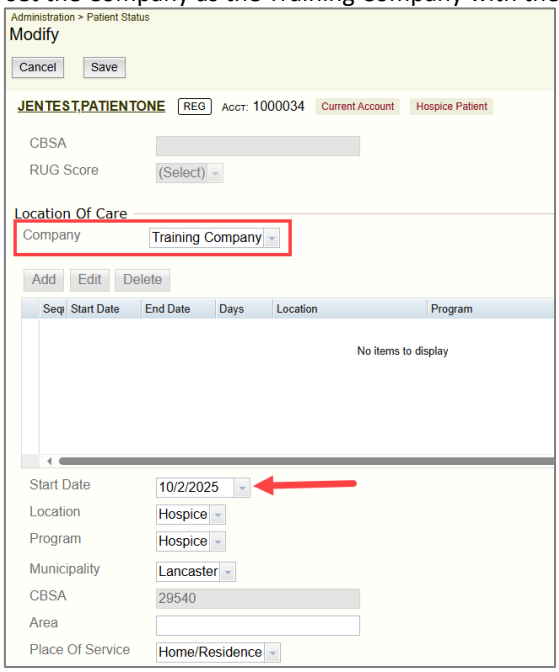
Upon installing the 17.43.01 NDoc Update, customers may begin viewing the HOPE questions both in Visit Charting screens and in Back-Office. To access these views, agencies will need to use training patients (i.e., patients assigned to the Training Company). This will ensure the records are not inadvertently 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:

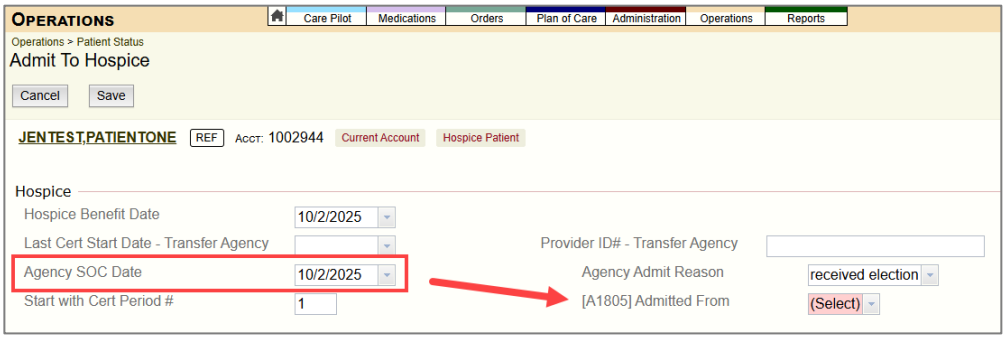
- **HBS Customers**: Register the patient as a hospice patient. Within the Referral>Demographics screens, users need to set the Company as the Training Company.

- **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.



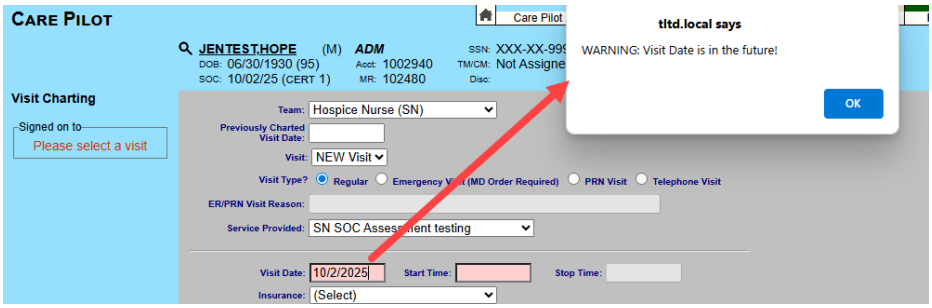
Admit to Hospice

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 Settings and Configuration Items

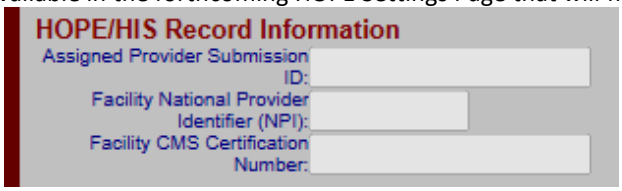
While HOPE assessments will in many cases follow the HIS Record settings and configuration, there are certain items that will require customization with the implementation of HOPE. The following are Tables and Settings that should be reviewed.

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:

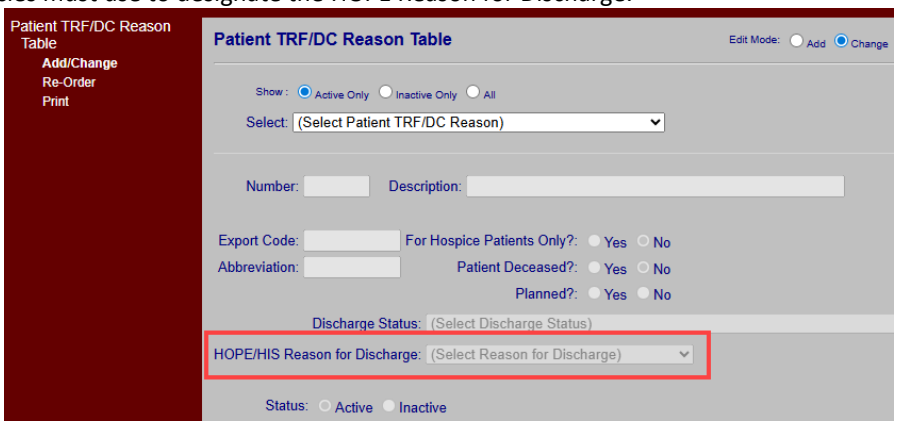
Company Table

The HIS Record Information fields within the Company Table (Administration>System>Tables) have been relabeled to reflect the application of these values to HOPE Records in the future. As with HIS Records, the HOPE XML files will be populated with either these fields or the fields that will be available in the forthcoming HOPE Settings Page that will mirror the HIS Settings Page.



Patient TRF/DC Reason Table

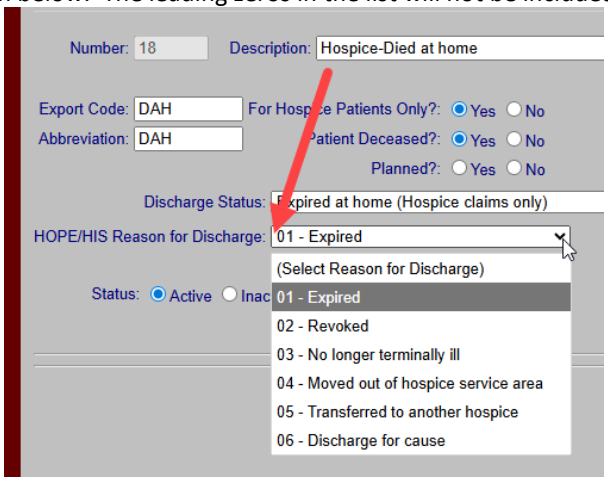
The Patient TRF/DC Reason Table, under Administration>System>Tables, has been updated to relabel the HIS Reason for Discharge option to the HOPE/HIS Reason for Discharge. This table populates the drop down for the Discharge reason within Patient Status and includes a field agencies must use to designate the HOPE Reason for Discharge.



The drop down consists of the options within the HOPE data element A2115 Reason for Discharge within the HOPE Discharge Record. The A2115 charting responses are as follows:

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

The NDoc TRF/DC Reasons already set up for HIS will still apply to HOPE Records. Any existing or new records must have the linked reason selected from the drop down. The agency's custom reasons can either match the A2115 entries or have their own custom description at their discretion as shown below. The leading zeros in the list will not be included in the XML HOPE file.



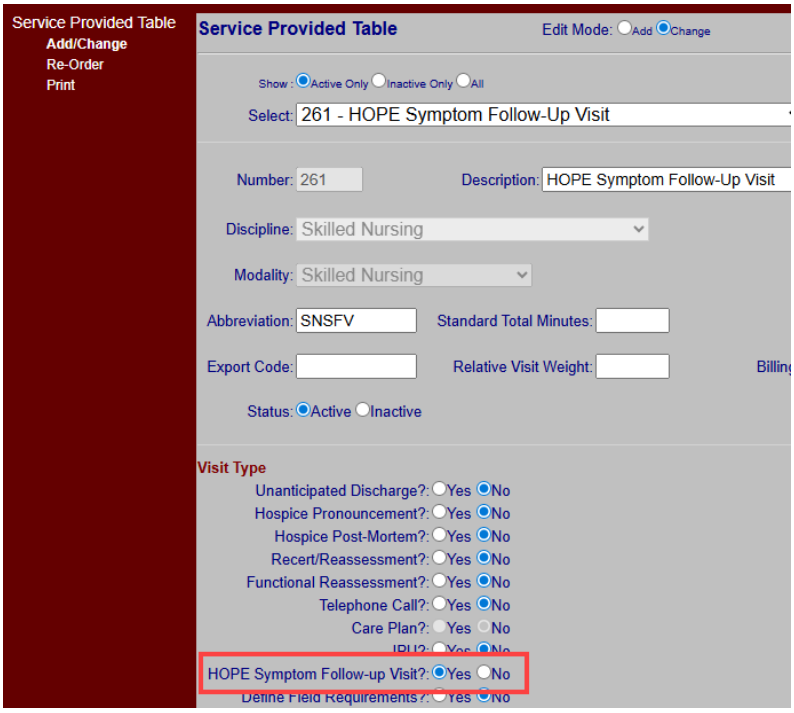
Service Provided Code Table

The Service Provided Code Table under Administration>System>Tables has an option to designate a visit as a Symptom Follow-Up Visit (SFV) as referenced in the Symptom Impact Screening section of the HOPE assessment. Specifically, if J2051 includes a response of 2-Moderate or 3-Severe within an Admission or HUV Assessment, then charting of J2052-Symptom Follow-up Visit (SFV) is set as required. As noted in the HOPE Guidance manual, the following conditions would apply:

- *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.*
- *Since the clinician has two days to conduct the SFV, completion of this visit could stretch beyond the specified Admission or HUV assessment timeframes.*

- *An SFV cannot be conducted during the same visit as the initial assessment to conduct a HOPE Admission or HUV, but it can occur later in the same day, as a separate visit.*

The option of "HOPE Symptom Follow-Up Visit?" is available under the Visit Type settings. Setting this to Yes, triggers the visibility and requirement of J2052 and applicable J2053 questions accordingly within Today's Care charting screens. These fields will be found under the Hospicecare Assessment section and can be used to document the information that needs to be captured back in the corresponding HOPE assessments.

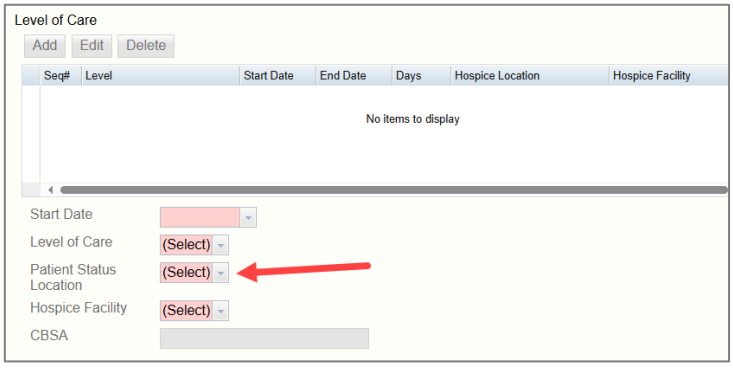


Navigation Considerations

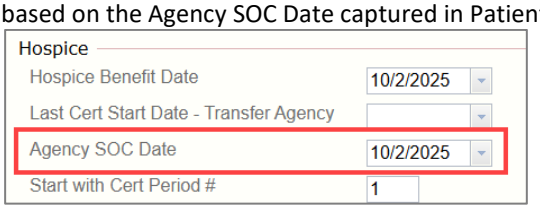
As users become more familiar with the HOPE charting, there is guidance that may be useful to consider and remember going forward.

Auto-filled/Carried Forward Fields

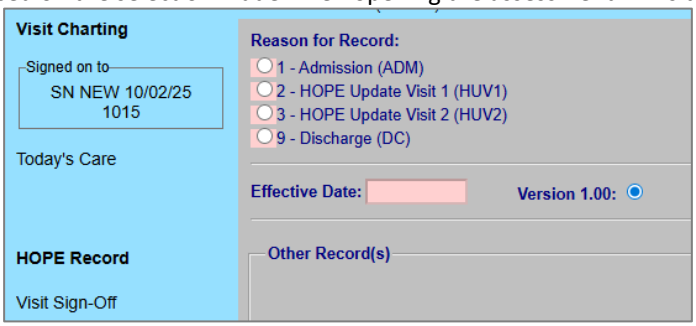
- **Site of Service at Admission [A0215]** – As with the HIS Record, the HOPE question for Site of Service at Admission (now A0215) is pulled from the Patient Status Location response captured within the Level of Care fields when charting the Admit to Hospice event within the Patient Status function. 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.



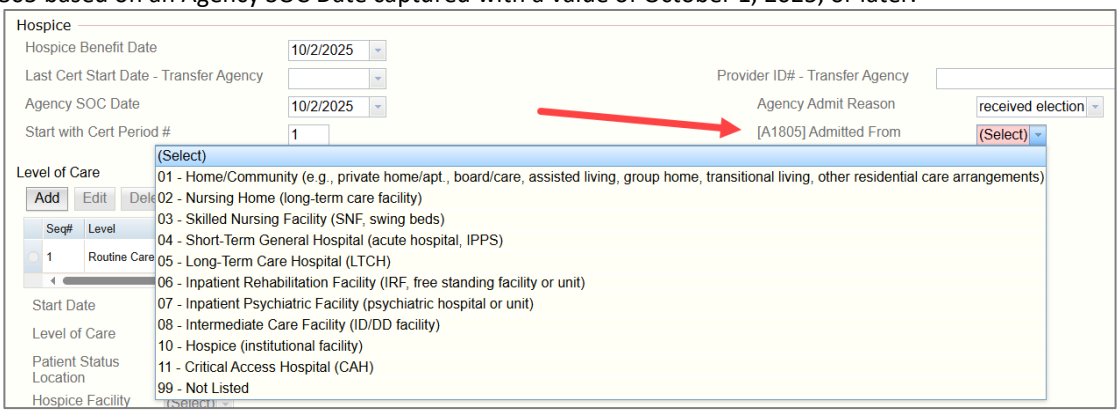
- **Admission Date [A0220] -** Value will be based on the Agency SOC Date captured in Patient Status>Admit to Hospice charting.



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

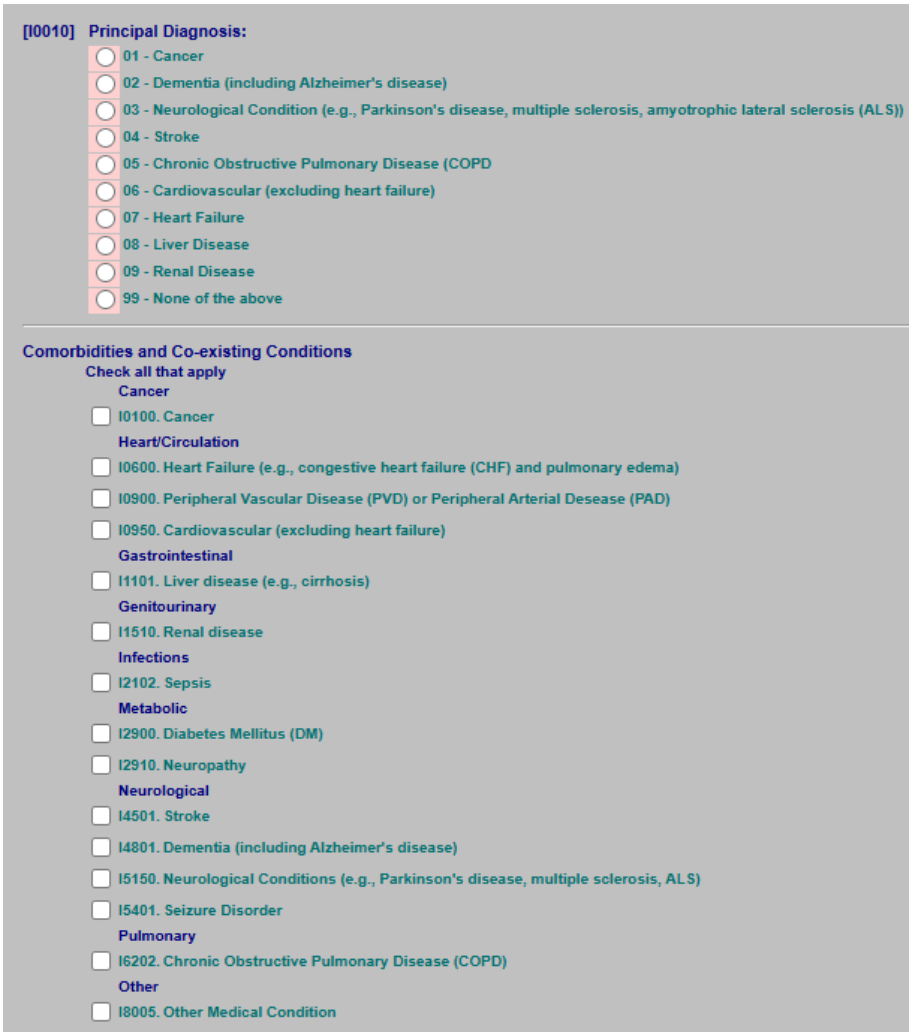


- **Discharge Date [A0270] -** Based on discharge date captured in Patient Status.
- **Patient Zip Code [A0550] -** Based on the value of the zip code entered on the address flagged as the Visit Address (set with the Visit Address Radio Button) at the time of the HOPE Admission Record. NOTE: This may 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.



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 Service Provided Code (Administration>System>Tables>Service Provided Code) for these visits. As described previously, the table setting can control access and required charting of J2052 and J2053 within Today's Care charting outside of a HOPE assessment.
- 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>Todays 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>Todays 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>Todays 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.

Managing HUV1, HUV2, and SFV Visits

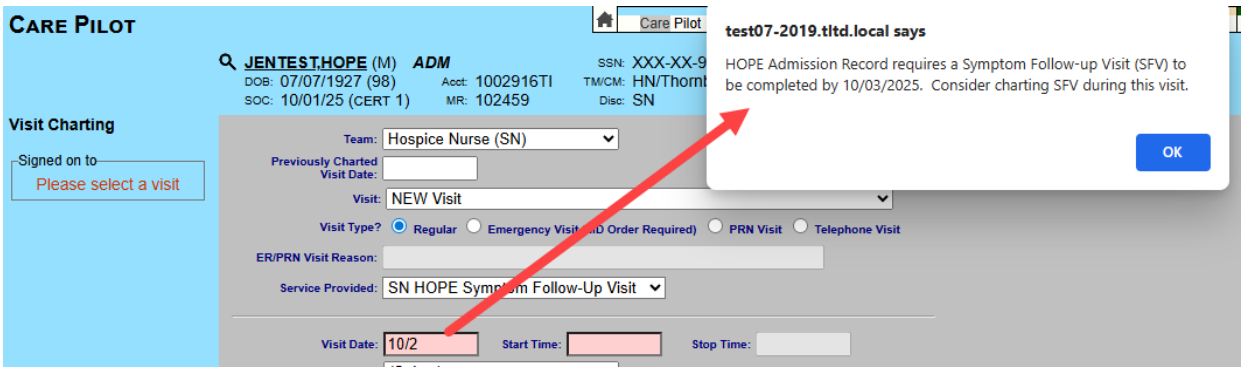
For ease in tracking HOPE Update Visits (HUV) and Symptom Follow-up Visits (SFV), agencies should consider setting up unique Visit Reasons for HUV1, HUV2, and SFV Visits. The reasons are used in scheduling and are configured under Administration>System>Tables>Visit Reason. The Visit Reasons will then be visible on the calendar and the Scheduled Visit Reports and can be sorted accordingly indicating the visit is for an HUV1, HUV2, or an SFV. The Visit Reason Table will then allow agencies to link an applicable Service Provided Code for each corresponding Visit Reason.

As previously described, creating a unique Service Provided Code for SFVs using the special settings for the HOPE Symptom Follow-Up Visit option will enable specific charting logic. These Service Provided Codes should be linked to the SFV Visit Reasons. Similarly, agencies should consider setting up a Service Provided Code for the HUVs either as one code for both HUV 1 and 2 or two separate codes for HUV1 and HUV2 respectively.

Visit Charting Reminders

In an effort to aid users in managing HOPE charting, visit charting warning reminders will be triggered based on follow-up requirements and meeting certain timepoints. The warnings are as follows:

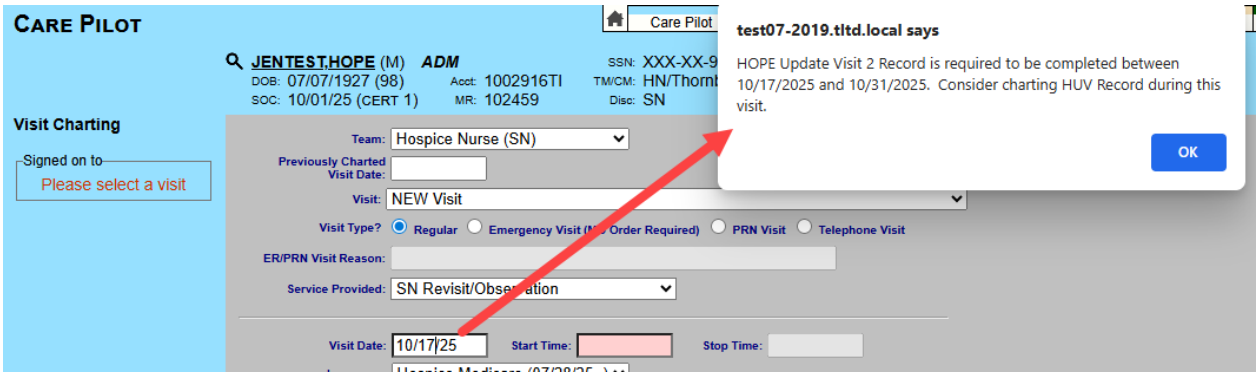
- **SFV Visit Required** – When a Symptom Follow-Up Visit is required as the result of a 2-Moderate or 3-Severe response in J2051, NDoc will trigger a visit charting warning message to remind clinicians an SFV Visit is required as shown below:



These warnings will persist for two calendar days after the SFV requirement is triggered or until the SFV responses are documented in the corresponding HOPE assessment, whichever comes first. Users linked to a Nursing Team (e.g., SN, HN, LPN) will see the warnings.

- **HUV 1 and HUV 2 Required –** Based on HOPE rules, a HOPE Update Visit (HUV) is required within two timepoints as follows:
  - HUV1 is required on or between days 6 and 15 of the hospice stay.
  - HUV2 is required on or between days 16 and 30 of the hospice stay.

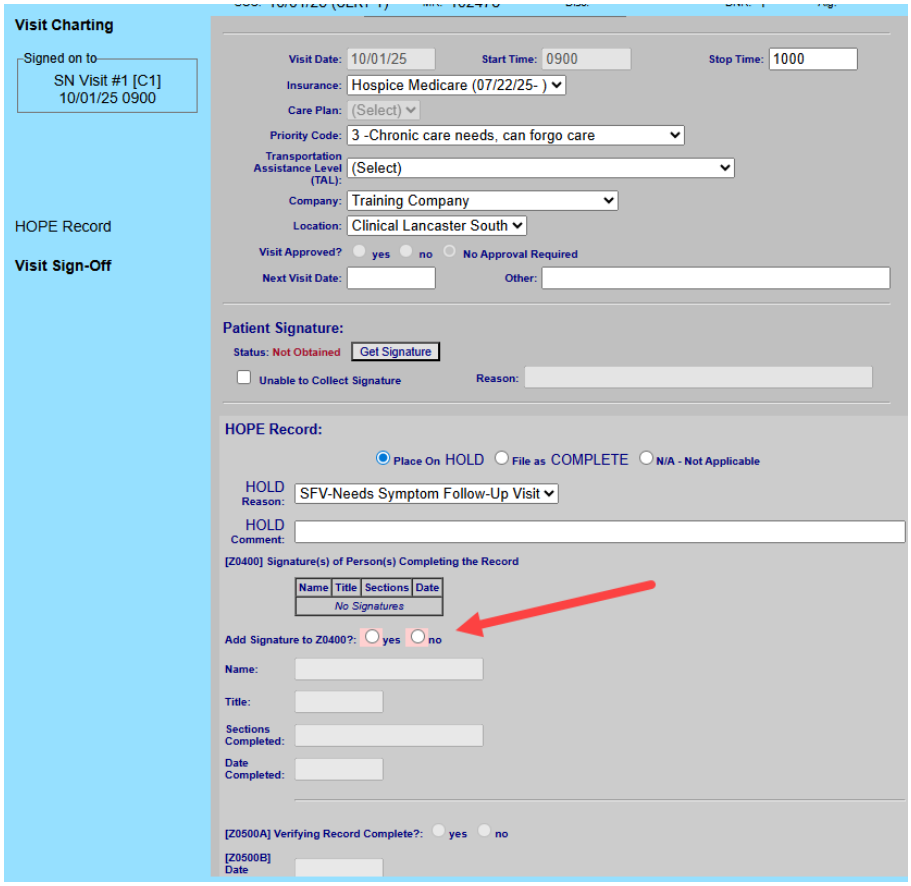
To assist in the management of these visits, the system will trigger warning reminders based on the applicable time period as follows:



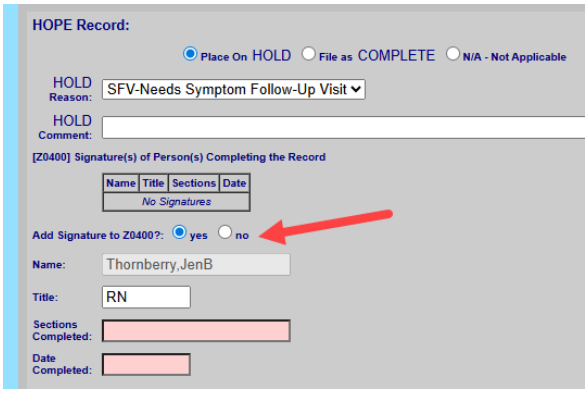
Z0400 Record Administration Information

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

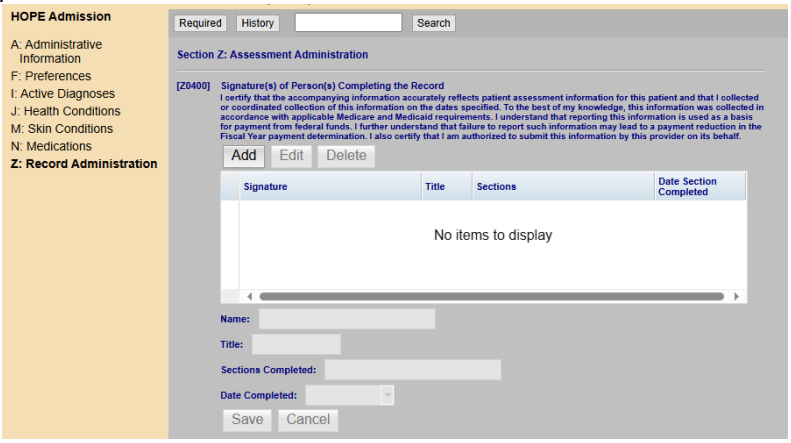


Clicking **Yes** to *Add Signature to Z0400?* will autofill the user's name and the Title based on the Signature User Type Abbreviation as set in the Employee Table but can be edited as needed. The Section Completed (free text) and Date fields can then be edited accordingly.

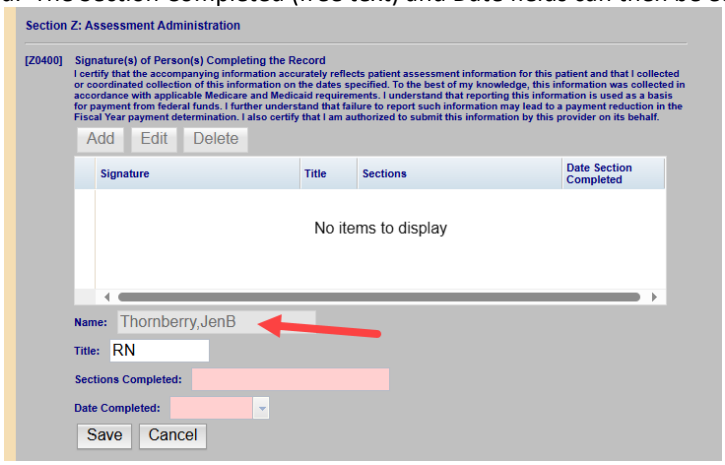


Completing this information will appear as follows in the next visit sign-off.

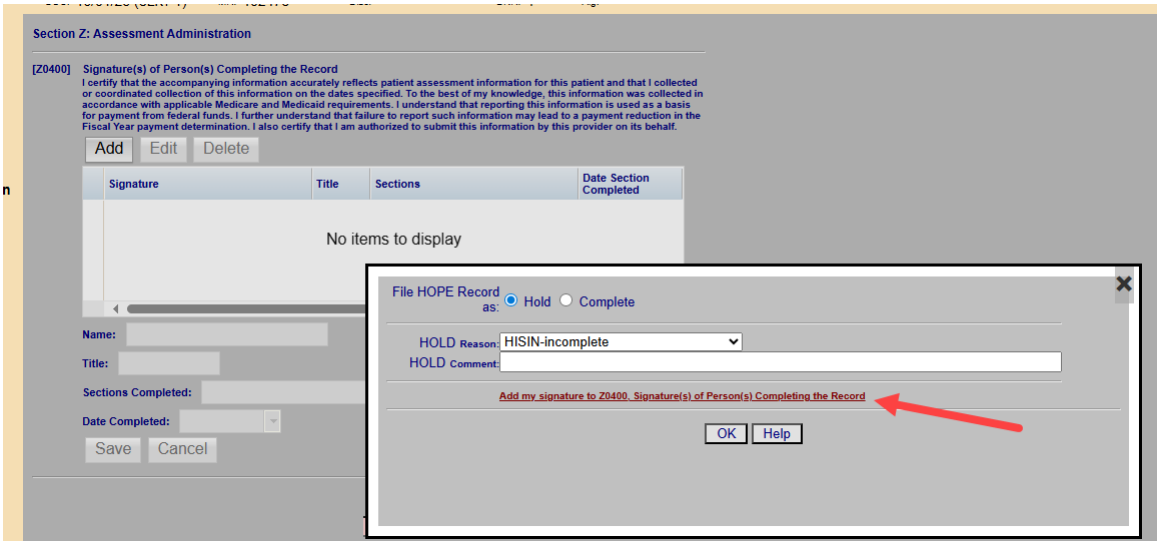
In **Back-Office**, the field displays within the screens.



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.

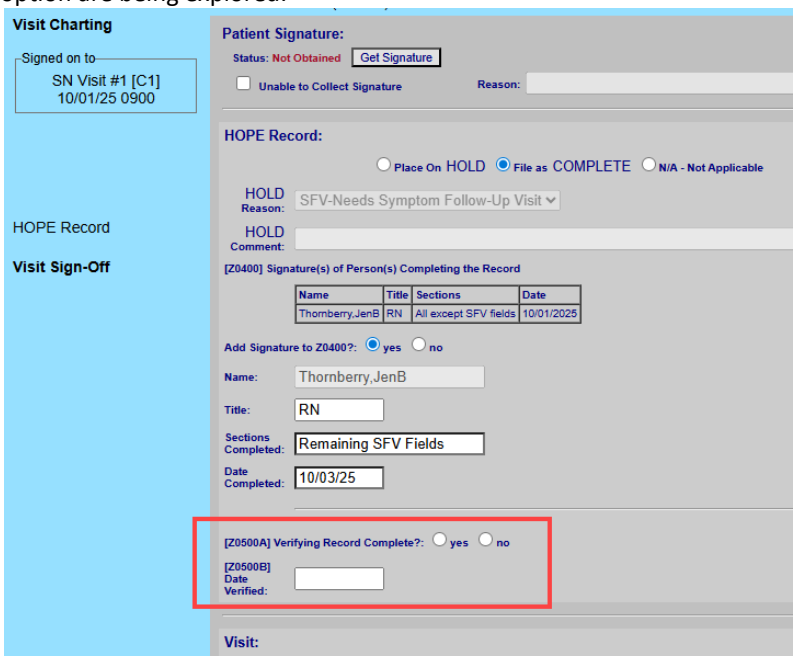


Alternatively, when quitting out of the Back-Office records, users will also see a prompt to redirect to this screen as shown here, which will autofill the details as shown above.



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.



As with HIS Records, 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.