FREE WEBINAR | THU, MAR 6 | 1 PM CT

SFV SURVIVAL GUIDE

Understanding the new Symptom Follow-Up Visit (SFV) in HOPE

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HOSPICE

TODAY'S SPEAKERS

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AGENDA

01 Understand the SFV basics

Gain an understanding of SFV requirements within the HOPE assessment to support compliance and quality.

02 Examine the impact on hospice staff

Learn how SFVs will affect daily operations so you can craft a survival plan for navigating this transition.

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CMS Communications on HOPE

- CMS will likely release clarifications on aspects of HOPE between now and October 1

- We don’t know when that will happen or what that will look like exactly – but it’s important to stay informed
  - CMS HOPE Resource Page: https://www.cms.gov/medicare/quality/hospice/hope

- We will continue preparing for October 1 based on official published guidance related to topics like the SFV and HUVs

Let’s get our acronyms straight…

- **HOPE** – Hospice Outcomes and Patient Evaluation
- **HUV** – HOPE Update Visit
- **SFV** – Symptom Follow-up Visit
- **iQIES** - Internet Quality Improvement and Evaluation System
- **QIES** - Quality Improvement and Evaluation System (old)
- **HCI** - Hospice Care Index
- **HVLDL** – Hospice Visits in Last Days of Life
- **CAHPS** – Consumer Assessment of Healthcare Providers & Systems

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HOPE Purpose

Hospices will start using the HOPE tool on October 1, 2025

Primary objectives of HOPE are to:

- *provide quality data for HQRP requirements through standardized data collection*
- *support survey, and certification processes*
- *inform future payment and quality improvement refinements*

- Data collected at baseline, along with status changes and outcomes at other timepoints, will contribute to the updates to the hospice plan of care and support providers' quality improvement efforts
- Quality measures based on the HOPE items are described in the HQRP Quality Measures (QM) User Manual

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HOPE Implementation and Transition

Beginning October 1, 2025:

- HOPE data will replace HIS data for timely submission as a factor in determining a hospice's compliance.
- All data collected at the HOPE timepoints must be submitted and accepted on time.
- Submission to CMS will be done via iQIES
- The compliance threshold for HOPE records will remain at 90 percent.
- If not compliant looking at a 4% reduction in payment

- After October 1, 2025, hospices will only use HOPE for the collection of data. The HIS will no longer be accepted for new patients.
- ***For existing patients admitted prior to October 1, 2025, using the HIS data set, the only timepoint required is the HOPE-Discharge.***

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Applicable Patients

Completion of HOPE records (formerly HIS) applies to all patient admissions to a Medicare-certified hospice program regardless of the following:

- Payer source (Medicare, Medicaid, or private payer)
- Patient age
- Where the patient receives hospice services, such as a private home, nursing home, assisted living, or hospice inpatient facility.
- Hospice LOS

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3 Criteria Needed to Require a HOPE Assessment

There is a signed election statement (or other agreement for care for Non-Medicare Patients)

The Patient did NOT Expire prior to the effective date

The hospice made a visit in the setting where hospice services are to be initiated

If all 3 are **true** – then HOPE is Required

If any of the criteria are false – then HOPE NOT Required!

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Example

Pt signed election statement Sunday, effective date Monday. Nurse went to patient's house Monday afternoon and pt expired prior to arrival.

- **HOPE is NOT Required**
- Even though pt signed election statement and survived to date of election, pt expired before visit could be made in the setting where services were to be provided

Consents signed on the admission date. The patient expired during the admission visit.

- **HOPE IS Required**
- The hospice should complete BOTH the Admission and Discharge record with any HOPE data collected during the assessment visit.
- HUV would not be expected

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HOPE Timepoint & Timeframe

HOPE Admission	Admission data is collected as part of the comprehensive assessment	No later than 5 calendar days after the effective date of hospice election.
HOPE Update Visit 1 (HUV1)	HUV1 data is collected via an in-person visit to inform updates to the POC	HUV1 required between days 6 and 15 of the hospice stay (not in first 5 days).
HOPE Update Visit 2 (HUV2)	HUV2 data is collected via an in-person visit to inform updates to the POC	HUV2 required on or between days 16 and 30 after the hospice election.
HOPE Discharge	Data is collected at Discharge for any reason listed in A2115	Required at the time of discharge

Date of hospice election is “Day 0”

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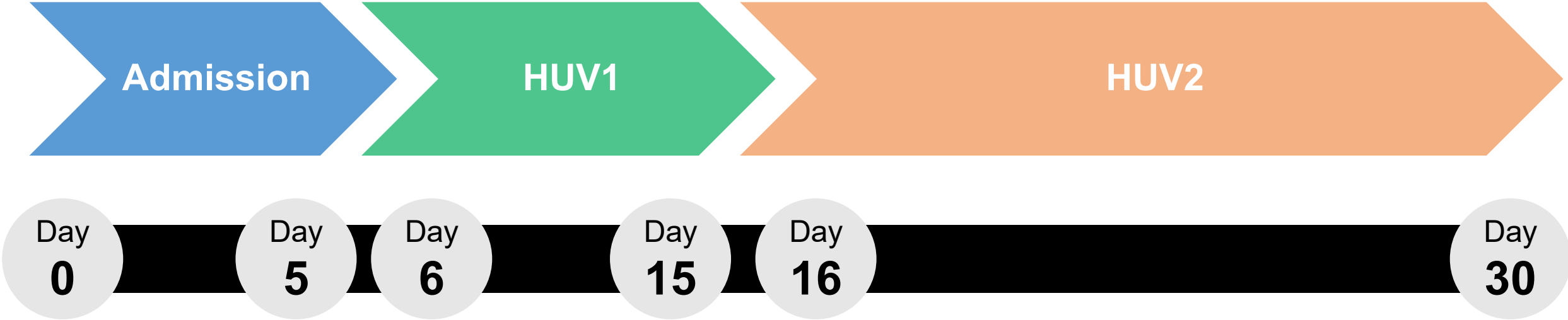
HOPE Data Collection Timepoints



Discharge data is collected at the time of the discharge, regardless of day

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New Quality Measures Related to SFV

- Timely Reassessment of Pain Impact measure captures the percent of hospice patient assessments that have a pain reassessment within two (2) days after pain impact was initially assessed as moderate or severe; and

- Timely Reassessment of Non-Pain Symptom Impact measure captures the percent of assessments that have a symptom reassessment within two (2) days after non-pain symptom impact was initially assessed as moderate or severe.

Pain and Non-Pain Symptom Impact

- Data for these measures are collected by hospice clinicians using HOPE.
- Symptom impact assessments are administered at fixed timepoints during a hospice election: at admission (ADM) and the two HOPE Update Visits (HUVs), each at specified timeframes.
- Symptom Impact item (J2051) may trigger the need for the Symptom Follow-Up Visit (SFV). When the patient's pain or non-pain symptom impact is assessed as moderate or severe, a HOPE SFV is expected within two (2) calendar days as a follow-up for any pain or non-pain symptom impact rated as moderate or severe.
- For these measures, the measurement time window begins at the date of the symptom impact screening (J2050B) where the impact is assessed as moderate or severe to within two (2) calendar days.
- Up to three SFVs may be required over the course of the hospice stay. If during an SFV, there is evidence of ongoing moderate or severe symptoms, no additional HOPE SFV is required.
- Although multiple SFVs are not required for the purpose of the HQRP, it is expected that the hospice staff will continue to follow up with the patient, based on their clinical and symptom management needs.

Data Sources

1. Obtain all records for the two-year/eight-quarter reporting period.
2. Identify case records(s) for each patient. This means:
    a. Identify the ADM record or HUV record (where applicable); and
    b. Identify the symptom impact assessment date (where available).
3. Select assessments to be included in the ***hospice process measure sample*** if the patient assessments have a discharge record with a ***target date*** within the ***reporting period***. All eligible assessments for a patient are included and a patient can have multiple assessments included in the sample.
4. Select each ADM record (A0250. = 01) and HUV record (A0250. = 02) associated with each patient assessment for the ***hospice process measure sample***.
5. Apply the measure specifications (see Section 3 below) to the selected ADM and HUV records. Round all measure scores using the rounding rule.

Calculation

Step	Calculation for Timely Reassessment of Pain Impact	Calculation for Timely Reassessment of Non-Pain Symptom Impact
1. Calculate Denominator	Total number of HOPE ADM or HUV assessments where pain impact was assessed as moderate or severe.	Total number of HOPE ADM or HUV assessments where any non-pain symptom impact was assessed as moderate or severe.
2. Remove denominator Exclusions	• Remove all patients who were discharged from hospice for any reason before an SFV could be completed, AND: • J2052C Reason SFV Not Completed: (1) Pt/Cg declined in-person visit, (2) Pt unavailable (ED, Hosp, Expired), (3) Attempts to contact Pt/Cg unsuccessful	
3. Calculate Numerator	Number of HOPE ADM or HUV assessments for which a symptom impact reassessment date was within two days of the initial/triggering assessment date.	
4. Express score as a proportion	Divide the hospice's numerator count by its denominator count to obtain the hospice's observed score; that is, divide the result of step 3 by the result of step 2. The score is converted to a percent value by multiplying by 100. Round the score using the rounding rule, as defined in Appendix 1.	

Public Reporting Threshold

- Hospices must have at least 20 qualifying denominator cases (i.e., 20 HOPE ADM or HUV assessments where symptom impact was assessed as moderate or severe) during the reporting period in each respective measure for scores to be publicly reported on the Care Compare site.

- Hospices that do not meet this threshold will have measure scores suppressed.

- If there are 20 qualifying denominator cases for one measure but not the other, then the measure above the threshold will be reported but the other with below 20 qualifying denominator cases will be suppressed.

HQRP Compliance Criteria

- HQRP includes data submitted by hospices through:
  - the HOPE tool
  - Medicare hospice claims
  - Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey.
- All Medicare-certified hospice providers must comply with these reporting requirements.
- Noncompliance with reporting requirements for any given reporting period will result in an APU reduction of **4 percentage points** for the corresponding FY.
- Specific criteria for determining compliance with HQRP requirements are proposed and finalized through the federal rulemaking cycle.

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HQRP Compliance Criteria

- The HQRP is currently a “pay-for-reporting” program, meaning that the act of submitting and the acceptance of the required HOPE data determines compliance with HQRP requirements.
- Timely submission of HOPE data is a factor in determining a hospice’s compliance with the HQRP requirements and APU determinations.
- To be compliant for the FY 2028 APU reporting year and all subsequent reporting years, providers must submit at least 90% of their HOPE records per the 30-day submission deadline specified in Chapter 3, Section 3.3. Timing and Sequence Policies.

Section J:
Health Conditions

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Items in Section J

- J0050 Death is Imminent
- J0900 Pain Screening
- J0905 Pain Active Problem
- J0910 Comprehensive Pain Assessment
- J0915 Neuropathic Pain
- J2030 Screening of Shortness of Breath
- J2040 Treatment of Shortness of Breath
- J2050 Symptom Impact Screening
- J2051 Symptom Impact
- J2052 Symptom Follow-up Visit (SFV)
- J2053 SFV Symptom Impact

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Section J: Health Conditions Intent & Rationale

Intended to document the physical symptoms and the impact of pain and non-pain symptoms for hospice patients.

Items are to incorporate information from the interview with the patient and family/caregiver, clinical assessment and judgment

Pain and non-pain symptoms (such as shortness of breath) are prevalent and undertreated for many populations of seriously ill patients, including those nearing the end of life.

Patients and family/caregivers rate pain management as a high priority when living with serious and life-limiting illnesses.

Screening for pain and non-pain symptoms will assist the hospice team with care planning and is essential for effective symptom management and treatment.

Effective treatment may include pharmacologic and non-pharmacologic interventions and will vary based on patient and family/caregiver preferences

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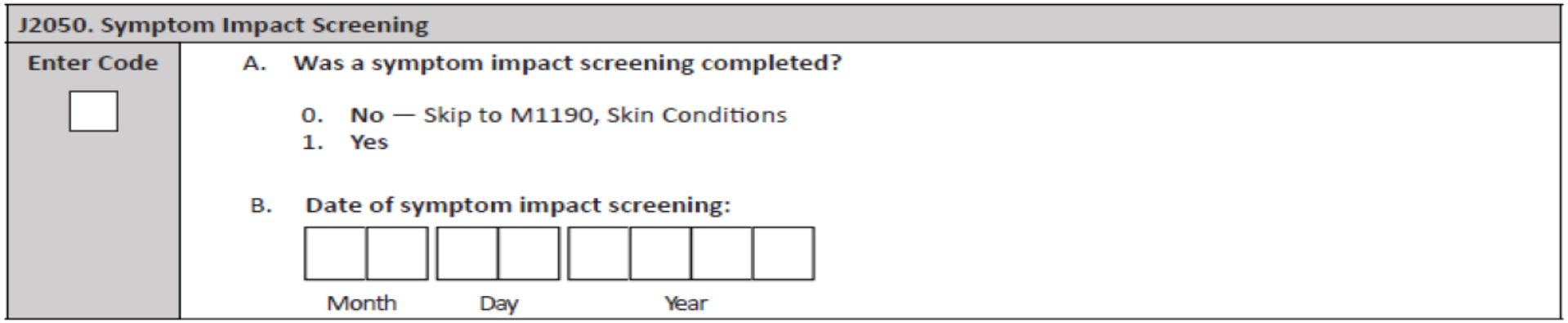
J2050 Symptom Impact Screening

ADM
HUV1
HUV2



J2050. Symptom Impact Screening	
Enter Code ☐	A. Was a symptom impact screening completed? 0. No — Skip to M1190, Skin Conditions 1. Yes B. Date of symptom impact screening: ☐☐ ☐☐ ☐☐☐☐ Month Day Year

SYMPTOM IMPACT
The effect of symptom(s) on the patient. Symptoms may impact a patient in multiple ways, (e.g., sleep, concentration, day to day activities).

A. Was a symptom impact screening completed?

- **Code 0, No**, if the patient was not screened for symptom impact and Skip to Item M1190, Skin Conditions.
- **Code 1, Yes**, if the patient was screened for symptom impact.

B. Date of symptom impact screening

- Enter the date of the symptom impact screening was performed.

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J2051 Symptom Impact

ADM
HUV1
HUV2

J2051. Symptom Impact

Over the past 2 days, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from patient and/or caregiver). Symptoms may impact multiple patient activities including, but not limited to, sleep, concentration, day to day activities, or ability to interact with others.

Coding:

0. Not at all – symptom does not affect the patient, including symptoms well-controlled with current treatment
1. Slight
2. Moderate
3. Severe
9. Not applicable (the patient is not experiencing the symptom)

PAST 2 DAYS

	Enter Code ↓
A. Pain	☐
B. Shortness of breath	☐
C. Anxiety	☐
D. Nausea	☐
E. Vomiting	☐
F. Diarrhea	☐
G. Constipation	☐
H. Agitation	☐

Symptom impact is coded based on the clinician's assessment and judgment after considering all the information provided by the patient, family/caregiver, and/or facility staff in addition to their own assessment

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J2051 Symptom Impact

Item-Specific Instructions

- Assess the patient for the impact of symptoms.
  - This is NOT an assessment of the severity, intensity, frequency, or other characteristics of the symptoms listed, but the impact these symptoms have on the patient.
- For Admission and at HUVs, this is an overall rating of how the patient is affected by their symptom(s) over the past 2 days.
- Based on the patient/caregiver interview, observation, clinical assessment, and clinical judgment, the assessing clinician decides the effect of each symptom on the patient.
- For each symptom, enter one code that best describes how the patient has been affected by the symptom.

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J2051 Symptom Impact | Example

J2051. Symptom Impact

Over the past 2 days, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from patient and/or caregiver). Symptoms may impact multiple patient activities including, but not limited to, sleep, concentration, day to day activities, or ability to interact with others.

Coding:

0. Not at all – symptom does not affect the patient, including symptoms well-controlled with current treatment
1. Slight
2. Moderate
3. Severe
9. Not applicable (the patient is not experiencing the symptom)

	Enter Code ↓
A. Pain	3
B. Shortness of breath	1
C. Anxiety	9
D. Nausea	9
E. Vomiting	9
F. Diarrhea	9
G. Constipation	9
H. Agitation	9

During admission assessment pt reports that in the last 2 days their pain is severely interfering with sleep at night and nap during the day. Pt also reports SOB only when going upstairs 1-2/day. SOB only has a slight impact on their abilities. Pt denies any other symptoms.

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Is SFV required?

If HOPE Admission or HUV	Then
-has at least 1 response to J2051 Symptom Impact scored as moderate or severe	Symptom Follow-up Visit (SFV) is required within two calendar days.
-has NO responses to J2051 scored as moderate or severe	SFV is NOT required.

A HOPE-SFV is an **in-person** visit expected when any pain or non-pain symptom *impact* (J2051 A through H) is rated as **moderate or severe (2 or 3)** when completing the HOPE-Admission or HUV.

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POLL | READY FOR SFV?

How ready are you feeling for the Symptom Follow-Up Visit (SFV)?

A. I’m ready! We could start doing SFVs tomorrow
B. I’m confident that I’ll be ready by Oct 1
C. I need A LOT more time to prep…
D. What is an SFV???

Next… the Symptom Follow Visit (SFV)

Symptom Follow-up Visit and **SFV Symptom Impact** to be completed on visit

J2052. Symptom Follow-up Visit (SFV) (complete only if any response to J2051 Symptom Impact = 2. Moderate or 3. Severe)

Enter Code ☐

An in-person **Symptom Follow-up Visit (SFV)** should occur within 2 calendar days as a follow-up for any moderate or severe pain or non-pain symptom identified during Symptom Impact assessment at Admission or HOPE Update Visit (HUV).

A. **Was an in-person SFV completed?**
0. **No** — Skip to J2052C, Reason SFV Not Completed.
1. **Yes**

B. **Date of in-person SFV** — Complete and skip to J2053, SFV Symptom Impact.

☐☐ ☐☐ ☐☐☐☐
Month Day Year

Enter Code ☐

C. **Reason SFV Not Completed** — Skip to M1190, Skin Conditions.

1. Patient and/or caregiver declined an in-person visit.
2. Patient unavailable (e.g., in ED, hospital, travel outside of service area, expired).
3. Attempts to contact patient and/or caregiver were unsuccessful.
9. None of the above

J2053. SFV Symptom Impact

Since the last Symptom Impact assessment was completed, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from patient and/or caregiver). Symptoms may impact multiple patient activities including, but not limited to, sleep, concentration, day to day activities, or ability to interact with others.

Coding:
0. Not at all – symptom does not affect the patient, including symptoms well-controlled with current treatment
1. Slight
2. Moderate
3. Severe
9. Not applicable (the patient is not experiencing the symptom)

	Enter Code ↓
A. **Pain**	☐
B. **Shortness of breath**	☐
C. **Anxiety**	☐
D. **Nausea**	☐
E. **Vomiting**	☐
F. **Diarrhea**	☐
G. **Constipation**	☐
H. **Agitation**	☐

SFV assessment findings will be reported in **J2052** and **J2053** on the original HOPE assessment where the symptoms were identified for submission to CMS

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SFV — Symptom Follow-up Visit

If the Symptom Follow-up Visit (SFV) is triggered:

- SFV is:
  - an **in-person visit**
  - expected within 2 calendar days (can be later on the same day as Admission or HUV)
  - as a follow-up for any pain or non-pain symptom impact rated as moderate or severe on J2051.
- SFV is a separate visit from the Admission or HUV – BUT is imbedded in the assessment item—NOT a separate timepoint
- Up to three SFVs may be required during the hospice stay depending on responses to J2051 at admission and HUVs, and the LOS.
- The SFV items may be completed by either an RN or LPN/LVN.

SFV is not its own timepoint…

There is not a separate instrument

SFV submission (with other timepoints) (ADM and HUV)

Question

It seems like the SFV is an additional timepoint?

Answer

No. The SFV is considered a follow-up to the admission and HUV timepoints only if a symptom is noted as ***2. Moderate, or 3. Severe.*** Any SFV data would be submitted along with those timepoints, if applicable.

The SFV data elements are included within the ADM and HUV datasets and are submitted as part of the record submissions for both of these timepoints.

https://www.cms.gov/medicare/quality/hospice/hqrp-training-and-education-library

The SFV requires another visit but is documented in the Admission or HUV, as applicable.

There is no separate instrument for the SFV.

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J2052 Symptom Follow-up Visit (SFV)

ADM
HUV1
HUV2

J2052. Symptom Follow-up Visit (SFV) (complete only if any response to J2051 Symptom Impact = 2. Moderate or 3. Severe)

An in-person **Symptom Follow-up Visit (SFV)** should occur within 2 calendar days as a follow-up for any moderate or severe pain or non-pain symptom identified during Symptom Impact assessment at Admission or HOPE Update Visit (HUV).

Enter Code ☐

A. **Was an in-person SFV completed?**
   0. **No** — Skip to J2052C, Reason SFV Not Completed.
   1. **Yes**

B. **Date of in-person SFV —** Complete and skip to J2053, SFV Symptom Impact.

☐☐ ☐☐ ☐☐☐☐

Month Day Year

Enter Code ☐

C. **Reason SFV Not Completed** — Skip to M1190, Skin Conditions.

1. Patient and/or caregiver declined an in-person visit.
2. Patient unavailable (e.g., in ED, hospital, travel outside of service area, expired).
3. Attempts to contact patient and/or caregiver were unsuccessful.
9. None of the above

If J2051 Symptom Impact has any symptoms rated as moderate or severe, an in-person SFV is required w/in 2 calendar days.

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J2052 Symptom Follow-up Visit (SFV)

Item-Specific Instructions

- The SFV item for symptom follow-up may be completed by either an RN or LPN/LVN.
- Complete only if any response to J2051, Symptom Impact is coded as 2, Moderate, or 3, Severe on either the Admission or an HUV assessment.
- The in-person SFV should occur within 2 calendar days as a follow-up for any moderate or severe pain or non-pain symptom impact identified during an Admission or HUV.
- An SFV cannot be conducted during the same visit as the initial assessment to complete a HOPE Admission or HUV, but it can occur later in the same day, as a separate visit.

J2052 Symptom Follow-up Visit (SFV)

A. Was an in-person SFV completed?

- **Code 0, No**, if an in-person SFV was not completed. *Skip to J2052C, Reason SFV not completed.*
- **Code 1, Yes**, if an in-person SFV was completed.

B. Date of in-person SFV:

- Enter the date the in-person SFV was completed, then skip to J2053. SFV Symptom Impact.

J2052 Symptom Follow-up Visit (SFV)

C. Reason SFV Not Completed

Enter code, then skip to M1190. Skin Conditions. Do not Complete J2053 SFV Symptom Impact

- **Code 1,** if the patient and/or caregiver declined an in-person visit.
- **Code 2,** if the patient was unavailable (e.g., in emergency department, hospital, traveled outside of the service area, expired).
- **Code 3**, if attempts to contact the patient and/or caregiver were unsuccessful.
- **Code 9,** None of the above, if none of the above reasons apply.

Code 1, Code 2, and Code 3 responses are subtracted from the denominator.

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According to the draft version of the HQRP Manual:

There are exclusions for the quality measures related to doing SFV timely

- if the patient was discharged from hospice before the SFV could be completed, or
- if you answer J2052 as: **Code 1**, if the patient and/or caregiver declined an in-person visit, **Code 2**, if the patient was unavailable (e.g., in emergency department, hospital, traveled outside of the service area, expired), or **Code 3** if attempts to contact the patient and/or caregiver were unsuccessful.

Incomplete or missed SFVs, if not excluded, will be included in the calculation for the quality outcome.

J2053 SFV Symptom Impact

ADM
HUV1
HUV2

J2053. SFV Symptom Impact	
Since the last Symptom Impact assessment was completed, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from patient and/or caregiver). Symptoms may impact multiple patient activities including, but not limited to, sleep, concentration, day to day activities, or ability to interact with others. Coding: 0. Not at all – symptom does not affect the patient, including symptoms well-controlled with current treatment 1. Slight 2. Moderate 3. Severe 9. Not applicable (the patient is not experiencing the symptom)	
	Enter Code ↓
A. Pain	☐
B. Shortness of breath	☐
C. Anxiety	☐
D. Nausea	☐
E. Vomiting	☐
F. Diarrhea	☐
G. Constipation	☐
H. Agitation	☐

This is conducted as part of the SFV as a follow-up for symptoms identified in the ADM or HUV.

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J2053 SFV Symptom Impact

Item-Specific Instructions

- SFV Symptom Impact item for follow-up of symptoms identified in a HOPE Admission or HUV may be completed by either an **RN or LPN/LVN**. This is not an assessment of the severity, intensity, frequency, or other characteristics of the symptoms listed, but the impact these symptoms have on the patient.
- For each symptom listed, enter one code that best describes how the patient has been affected.
- The clinician, based on the patient/caregiver interview, observation, and clinical judgment, determines

Coding Tips

- Symptom impact is coded based on the **clinician's judgment** after considering all the information provided by the patient, family/caregiver, and/or facility staff in addition to their own assessment.
- Symptoms may impact multiple patient activities including, but not limited to, sleep, concentration, day-to-day activities, or ability to interact with others.

SFV Example

During the admission visit, J2051 pain and nausea are both marked as severe. Interventions are implemented and the nurse returns the next day to complete an SFV. During the SFV the impact of the nausea has improved to mild and the pain is down to moderate. **Is another SFV required?**

- If there is evidence of ongoing moderate or severe symptoms during an SFV, NO additional SFV is required for the purpose of HQRP
- However, the hospice staff is expected to continue following up with the patient based on their clinical and symptom management needs.

SFV Example

During admission RN assesses J2051 Pain impact as severe, returns in 2 days for SFV. HUV1 is done on day 11, no further symptoms. HUV2 done on day 24 J2051 reveals pain severely impacting sleep, triggering another SFV. RN returns on day 25 to complete SFV. RN visits on day 26 to assess pain. Pt expires on day 27. **Which timepoints are required to submit?**

- Given the LOS for this patient, the HOPE-Admission and HUV1 are required to be completed and submitted.
- An SFV is required when mod/severe symptoms are found at admission or HUV.
- The submission of HUV2 is optional because the patient died before day 30.
- However, since the HUV2 is complete, if the HUV2 record is submitted, this case will be accepted and ultimately count favorably towards the HQRP QM because the SFV was completed within two calendar days of the triggering HUV date.

SFV Scenario

- Patient complains of constipation causing a significant amount of distress at HUV 1. The RN implements the standard protocol. The LVN visits the next day to give an enema with limited results and finds the patient with a significant amount of mets pain impacting his day-to-day activities to a moderate degree. The constipation still impacts the patient to a moderate degree. The RN is visiting tomorrow. **How many SFVs need to be completed?**
- Although multiple SFVs are not required for the purpose of the HQRP, it is expected that the hospice staff will continue to follow up with the patient based on their clinical and symptom management needs.

Tip: If a new symptom is identified during an SFV, another SFV is not required, clinicians should follow agency practice standards to address, promptly treat, and follow up on any newly identified symptoms.

J2053 SFV Symptom Impact | Example

- During ADM on 10-20-25 pt reported pain severely interfering with sleep at night and nap during the day. Pt also reported SOB only when going upstairs 1-2/day. SOB only has a slight impact on their abilities. Orders are received at ADM to begin morphine around the clock.
- SFV performed on 10-22-25 and pt says pain is much better and they have been able to sleep through the night. The pain is no longer affecting activity. The effect of the SOB remains slight. The patient is now experiencing some nausea that is affecting their ability to eat a little more than half the day. No other symptoms are identified.

J2052. Symptom Follow-up Visit (SFV) (complete only if any response to J2051 Symptom Impact = 2. Moderate or 3. Severe)

Enter Code ☐

An in-person **Symptom Follow-up Visit (SFV)** should occur within 2 calendar days as a follow-up for any moderate or severe pain or non-pain symptom identified during Symptom Impact assessment at Admission or HOPE Update Visit (HUV).

A. **Was an in-person SFV completed?**
0. No — Skip to J2052C, Reason SFV Not Completed.
1. **Yes**

B. **Date of in-person SFV** — Complete and skip to J2053, SFV Symptom Impact.

1	0	2	2	2	0	2	5
Month		Day		Year			

Enter Code ☐

C. **Reason SFV Not Completed** — Skip to M1190, Skin Conditions.
1. Patient and/or caregiver declined an in-person visit.
2. Patient unavailable (e.g., in ED, hospital, travel outside of service area, expired).
3. Attempts to contact patient and/or caregiver were unsuccessful.
9. None of the above

J2053. SFV Symptom Impact

Since the last Symptom Impact assessment was completed, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from patient and/or caregiver). Symptoms may impact multiple patient activities including, but not limited to, sleep, concentration, day to day activities, or ability to interact with others.

Coding:

0. Not at all – symptom does not affect the patient, including symptoms well-controlled with current treatment
1. Slight
2. Moderate
3. Severe
9. Not applicable (the patient is not experiencing the symptom)

	Enter Code ↓
A. Pain	0
B. Shortness of breath	1
C. Anxiety	9
D. Nausea	2
E. Vomiting	9
F. Diarrhea	9
G. Constipation	9
H. Agitation	9

Date Summary

Hope Timepoint	Date	Assessment Timeframe	Record Completion Goal	Record Submission Deadline
Admission	Admission Date A0220	Within 5 days of admission	No later than the Admission Date A0220 + 14 days	No later than the Admission Date A0220 + 30 days
HUV1	HUV1 Date Z0350	On or btw day 6 and 15	No later than the HUV1 Date Z0350 + 14 days	No later than the HUV1 Date Z0350 + 30 days
HUV2	HUV2 Date Z0350	On or btw day 16 and 30	No later than the HUV2 Date Z0350 + 14 days	No later than the HUV2 Date Z0350 + 30 days
Discharge Assessment	Discharge Date A0270	At the time of discharge	No later than DC Date A0270 + 7 days	No later than DC Date A0270 + 30 days

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Another Example

The patient has a scheduled HUV2 on day 19 (Thursdays are his regular routine visits). The family calls on day 17 and reports increased shortness of breath and anxiety.

The RN visits and finds the patient very agitated. He reports that he cannot relax and cannot sleep. He is “suffocating”. Anti-anxiety meds are started and the HUV assessment was completed.

A SFV visit is made on day 19 and the patient is fine except for his usual SOB.

HUV

J2051. Symptom Impact

Over the past 2 days, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from patient and/or caregiver). Symptoms may impact multiple patient activities including, but not limited to, sleep, concentration, day to day activities, or ability to interact with others.

Coding:

0. Not at all – symptom does not affect the patient, including symptoms well-controlled with current treatment
1. Slight
2. Moderate
3. Severe
9. Not applicable (the patient is not experiencing the symptom)

	Enter Code ↓
A. Pain	9
B. Shortness of breath	3
C. Anxiety	3
D. Nausea	9
E. Vomiting	9
F. Diarrhea	9
G. Constipation	9
H. Agitation	3

SFV

J2053. SFV Symptom Impact

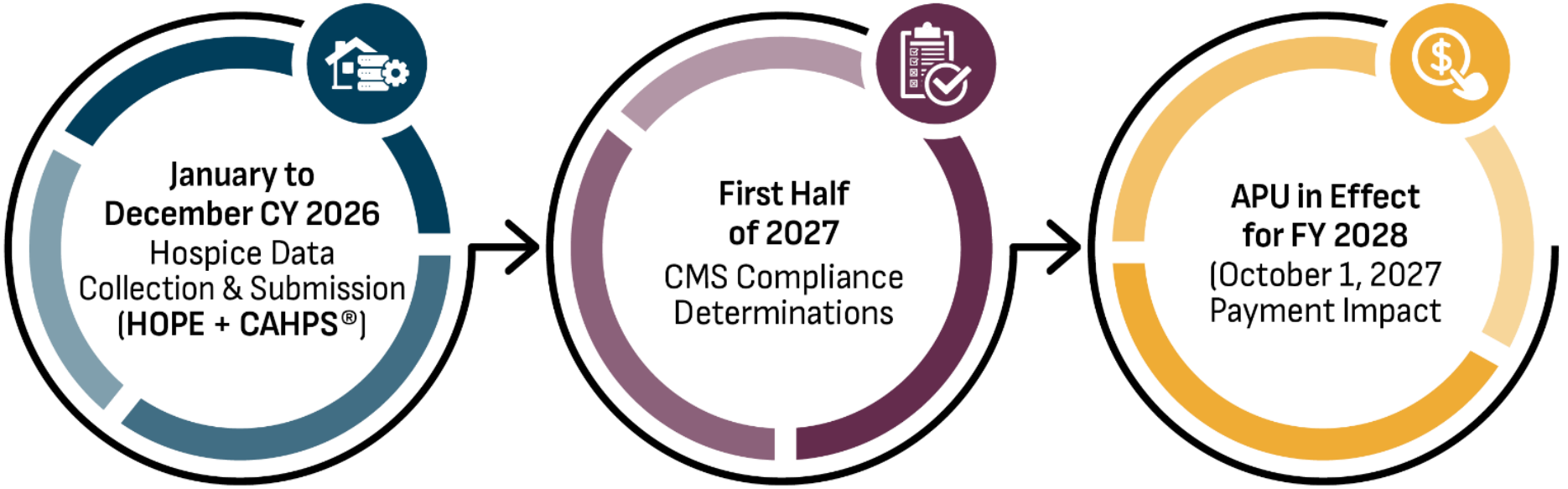
Since the last Symptom Impact assessment was completed, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from patient and/or caregiver). Symptoms may impact multiple patient activities including, but not limited to, sleep, concentration, day to day activities, or ability to interact with others.

Coding:

0. Not at all – symptom does not affect the patient, including symptoms well-controlled with current treatment
1. Slight
2. Moderate
3. Severe
9. Not applicable (the patient is not experiencing the symptom)

	Enter Code ↓
A. Pain	9
B. Shortness of breath	1
C. Anxiety	0
D. Nausea	9
E. Vomiting	9
F. Diarrhea	9
G. Constipation	9
H. Agitation	0

Compliance with HQRP Requirements and Annual Payment Update (APU)



- HQRP activities operate on a cycle of data collection and submission, compliance determinations, and payment impact.
- This is the HQRP FY reporting cycle. The data collected will impact hospice payments two years later.

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ACT NOW!

Do NOT wait until October!

- **Avoid Financial Penalties**: Non-compliance with the 90% submission threshold will directly impact reimbursement, resulting in a **4% reduction in payment**. This could significantly impact your agency's financial stability
- ***Training and Process Change*** - The HOPE Assessment introduces a more comprehensive framework compared to HIS. Your team will need adequate time to train on the new assessment and adapt workflows to meet submission requirements.
  - Plan education ASAP | In-depth HOPE essentials training from Lisa & Michelle: HOPE Assessment Essentials: Preparing Your Hospice Team for Success in 2025
- **Vendor Selection Takes Time**: Partnering with a reliable vendor involves research, negotiation, onboarding and training. Starting early ensures you're operationally ready by the Oct 1 deadline.
- **Compliance Impacts Quality Reporting**: HOPE submissions will influence public-facing quality metrics. Non-compliance or inaccuracies could harm your agency's reputation and marketability.

Meet with us!

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- Video-based
- Self-paced
- Quizzes
- HOPE Assessment & more

AVAILABLE NOW

McBee Coding & HOPE Review Services

Hospice Coding & HOPE Documentation Review

- ICD-10 Coding for Hospice
- Validate HOPE responses
- Improve documentation submitted to CMS
- Quality reporting outcomes

Coding – AVAILABLE NOW
HOPE Review – COMING SOON

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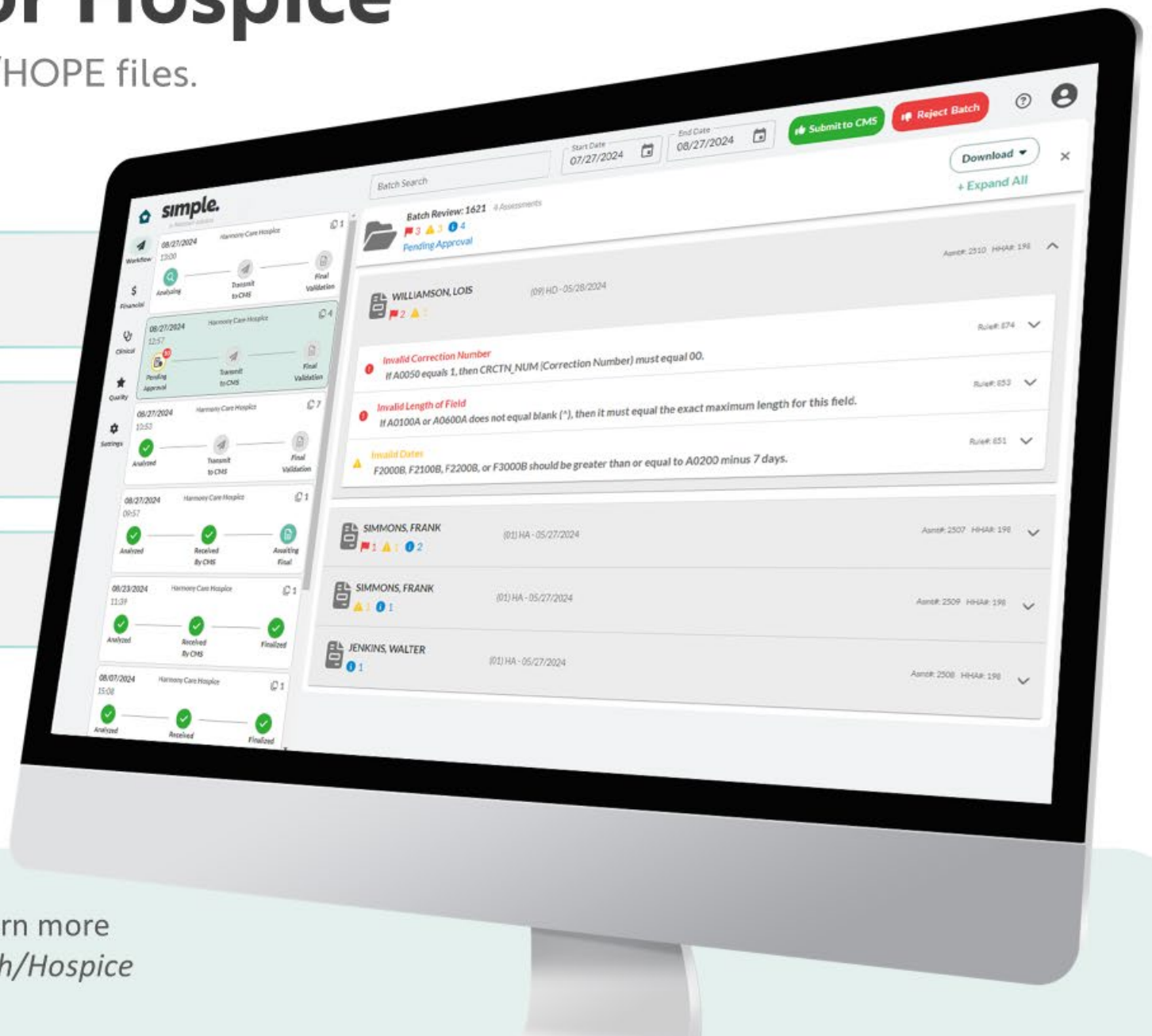
SimpleConnect™ for Hospice

One simple solution to scrub & submit HIS/HOPE files.

- Scrub & submit HOPE files
- Validate CMS submissions
- Simplify iQIES reporting



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QUESTIONS

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HOSPICE

Thank you for joining us!

Recording & slides will be available here:

www.simple.health/sfv-guide

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