

FREE WEBINAR

THU, JUN 12 | 1 PM CT

Race to HOPE Compliance

The impact of HOPE, iQIES, SFVs/HUVs
& more on you & your workflows



simple.
a Netsmart solution

 **Netsmart**

mcbee
part of Netsmart

HOSPICE

TODAY'S SPEAKERS



LISA

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VP Clinical Services | McBee



JOSH

MILLER

Client Success Director | Simple

AGENDA



➤➤➤ HOPE Submission

Understand the transition to iQIES for & identify strategies to avoid late HOPE submissions

➤➤➤ New Visit Types

Examine workflows for scheduling SFVs & HUVs to meet HOPE's new requirements

➤➤➤ Staff Preparation

Explore strategies to prepare your team for HOPE

POLL | HOPE SUBMISSIONS

How prepared do you feel for HOPE submissions?
(Answers are anonymous)

- Ready to go - we could submit HOPE tomorrow!
- Not quite there but we'll be ready by Oct 1
- We still have a long way to go... Oct 1 is way too soon
- What is HOPE???

What is HOPE?

Hospice Outcomes & Patient Evaluation

It's a Quality Tool

It's a Compliance Tool

It's a shift in processes

It's a major shift in operations

Planning

What's new in HOPE?

- Submission to iQIES
- HUVs and SFVs
- New items – [**HIS to HOPE Crosswalk**](#) (download here)
- New outcome measures

What's **NOT** new in HOPE?

- Admission and DC
- Some items are the same
- **Penalties for untimely submission**

Change



Preparation

Sparks—what lit up your thinking as you were educated about the aspects of HOPE?

How will you operationalize those sparks?

How will your EHR operationalize those sparks?



Disruption

What problems can you foresee?

How will you respond?

What operations will not be completed by the EHR? How do you fill in those gaps?

Crisis Management



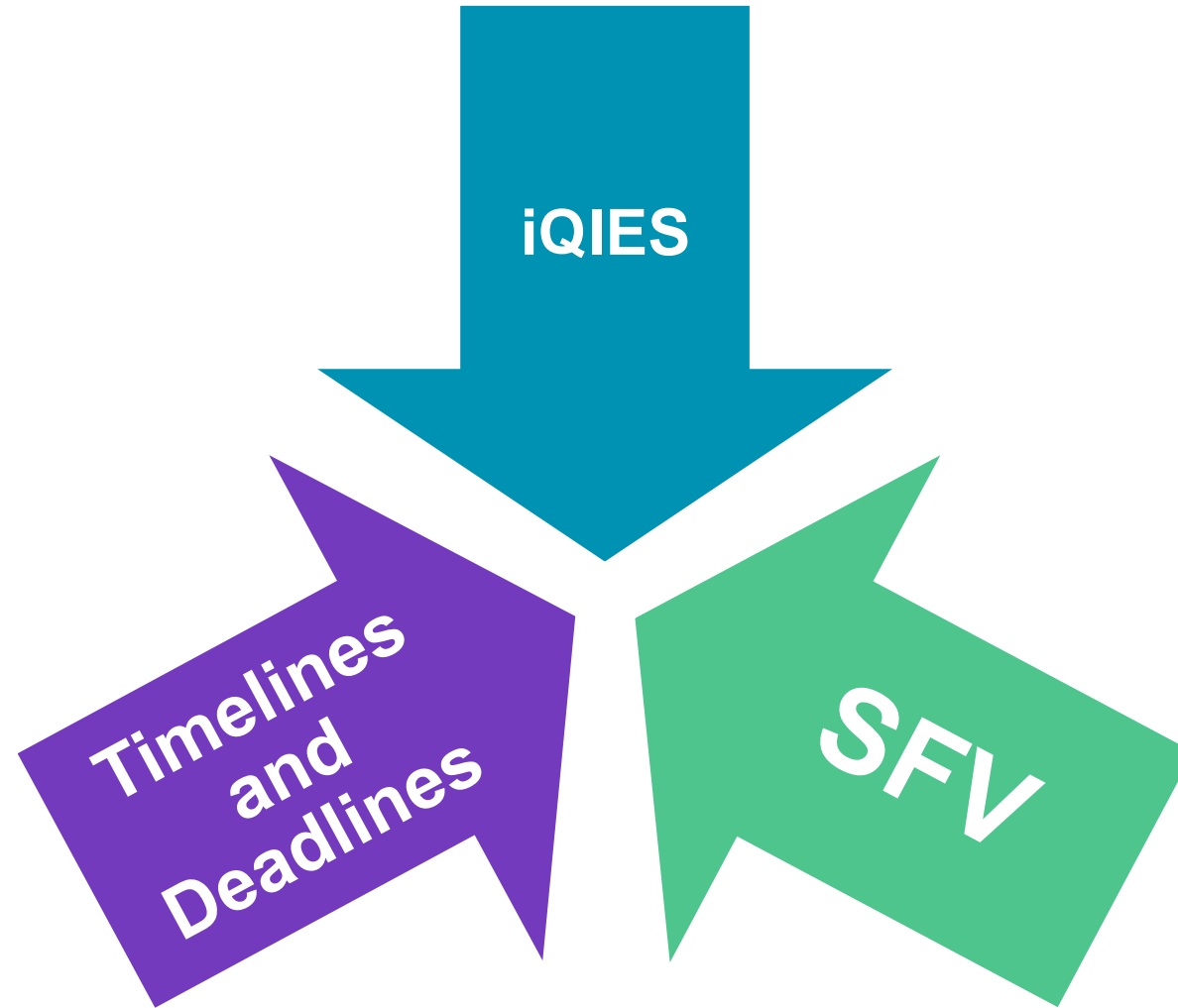
Stabilization

Incorporating the changes into daily operations



Sparks

Changes in workflow and operations



HOPE submissions

How do I prepare for iQIES?



What is iQIES (Internet Quality Improvement & Evaluation System)

- iQIES is an internet-based system that will be used for all submissions and communications to and from CMS starting on 10/1/2025
- This includes HOPE submissions, surveys, and certifications

The official iQIES manuals from CMS can be found by visiting:

<https://qtso.cms.gov/software/iqies/reference-manuals>

Simple's background with iQIES in skilled nursing and home health:
Over 8,500 providers use Simple to submit to CMS via iQIES

HOPE submissions

How do I prepare for iQIES?



Why the change?

Increased Federal Security Mandates

- Remote Identify Proofing
- Secure identity management provided by CMS through HARP

CMS wants to know who is accessing PHI information

- CMS wants to know what PHI they are accessing and who will be the Provider Security Official (PSO) at your organization

HOPE submissions

How do I prepare for iQIES?



Create an Account
HCQIS Access Roles and Profile

1 Profile Information 2 Account Information 3 Remote Proofing 4 Confirmation

Profile Information
Enter your profile information for identity proofing. HARP uses Experian to help verify your identity. Already called Experian? Enter Reference Number.
Want to retry a previously failed registration attempt? [Retry Remote Proofing](#)
All fields marked with an asterisk (*) are required.

Legal First Name * Legal Last Name *

Middle Name Date of Birth *

Email Address * Confirm Email Address *

Personal Phone Number Is your address in the United States? *

Home Address Line 1 * Home Address Line 2

City * State *

Zip Code * Zip Code Extension

Social Security Number *

Don't want to enter your SSN? [Initiate Manual Proofing](#)

By registering for HARP, you agree to the [Terms & Conditions](#)

Next →

Setting up iQIES access will be a two-step process

STEP 1 – (HARP)

- Register for a HARP account:
<https://harp.cms.gov/register>
- Setup MFA (Multi-Factor Authentication)
- Complete the Identity Proofing

HOPE submissions

How do I prepare for iQIES?



Setting up iQIES access will be a two-step process

STEP 2 – (iQIES)

- Log into iQIES using your HARP credentials
- Search by CCN and select the Providers you need access to in the system
- **NOTE:** Home Health (OASIS Submitters) may already have HARP

iQIES Assessments Reports

Home / My Profile / Access Request Form

STEP 3
Add Organizations

Add providers for the Provider Security Official role by entering their CCN or Facility ID.

Search By: CCN Search for: Add

Select whether to search by CCN or Facility ID

Provider	Provider Type	CCN	Facility ID
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Submit Request Previous

POLL | HARP ACCESS

Do you have a HARP account for OASIS/home health?

If so – you won't need to create a new account for HOPE

- Yes – I have HARP access today
- No – I'll need to create an account for HOPE
- What's HARP?

HOPE submissions

How do I prepare for iQIES?



Timing

No official date yet from CMS on when HARP/iQIES setup will be available for hospices

Check here for monthly updates from CMS on QIES/iQIES:

[News & Updates | QIES Technical Support Office](#)

HOPE submissions begin in iQIES on 10/1/25

HOPE submissions

How do I prepare for iQIES?



Potential Risks



Turnover Issues

- Selection of PSO (Provider Security Official) is important
 - Corporate Level vs Location Level (or both)
- Consider having more than 1 PSO for each location



CHOW (Change of Ownership)

- Have a well-defined plan (Old Owners access → New Owners access)
- Establish access on or before effective date

HOPE submissions

How do I prepare for iQIES?



Managing Access – Provider Security Official (PSO)

Internal Users & Roles

Vendor Users & Roles

Ex: Third Party Submitter

Vendor Access Advantages

Ex: Report Access

Vendor Turnover Management

**Work with vendors to ensure
proper replacements**

Same as internal turnover

iQIES Resources & Training from CMS

- ① [Creating a HARP Account Training Videos](#)
- ① [iQIES Reference and Manuals Page](#)
- ① [iQIES Training Videos Page](#)
- ① [iQIES News & Updates Page](#)

HOPE Synopsis

Part of the comprehensive clinical assessment of ALL Hospice patients – does not replace thorough and ongoing assessment, clinical practice or clinical judgement

Hospices are required to submit up to 4 records for each patient admitted

Minimum of a HOPE Admission, HOPE Discharge, and up to 2 HOPE Update Visits (HUVs)

Depending on the length of stay, up to 2 HUVs may be required for each hospice admission, at specified timeframes

The items in the HOPE assessments vary from timepoint to timepoint

Planning

First step is education. What is HOPE?

- Timepoints, completion goals, submission deadlines
- How do the timepoints mesh with processes now?
 - Admission and Discharge
 - HUVs and Symptom Follow-Up
 - New items to understand and complete accurately

Who should be included?

- Clinicians
- Who else?

Planning | Admission as an example

How can the timepoints be incorporated into the requirements in the CoPs?

- Initial assessment within 48 hours of election
- Comprehensive assessment by IDG within 5 days after election.

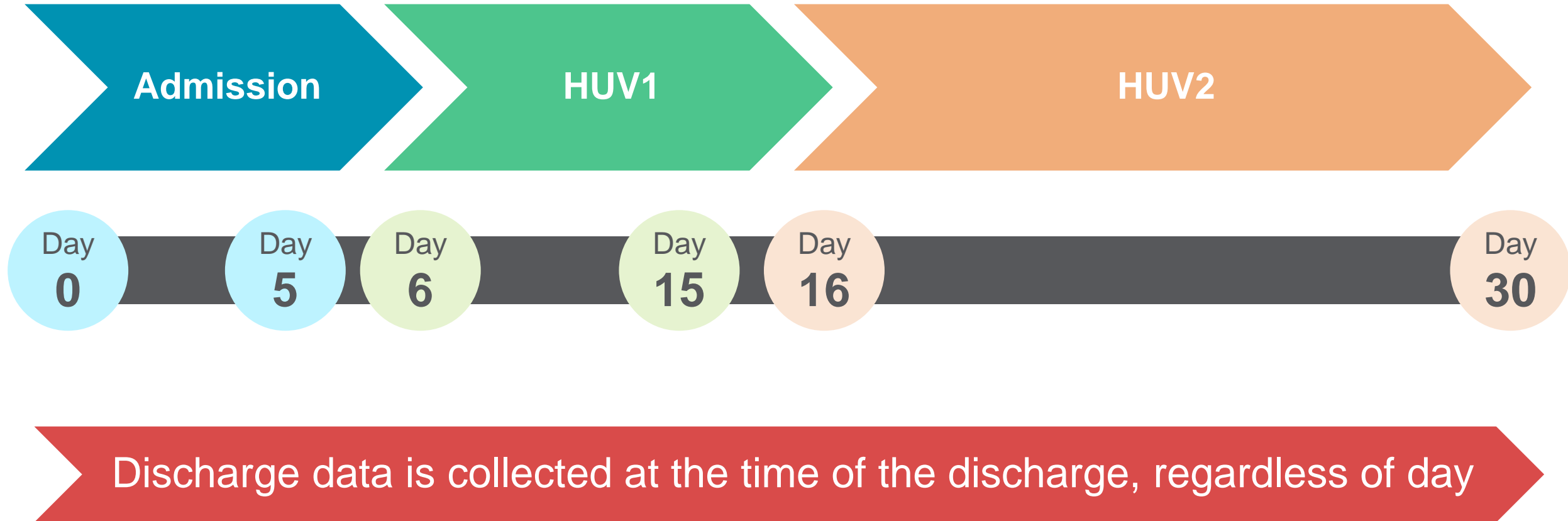
Completion goal of 14 days

- IDG meeting and care planning based on the assessment findings
- Additional routine visits within the 5 days may add to the HOPE Admission (IDG)
- SFV within 2 days of symptom impact finding



Submission (and acceptance) within 30 days of completion

Timing of HUV Timepoints



HUV Timepoints

Date of hospice election is “Day 0”

HOPE Update Visit 1 (HUV1)

- HUV1 data is collected via an in-person visit to inform updates to the POC
- HUV1 is required btw days 6 and 15 of the hospice stay (not in 1st 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 btw days **16** and **30** after the hospice election

“The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days.”

HUVs



Preparation

- If your patient is still on service at 30 days, you have minimally made two visits for HUV data collection.
- Are RNs making at least 2 patient visits after the admission in the first 30 days?
- What about timing?
- How will your EMR help you with scheduling so you don't forget?



Disruption

- Waiting until the last day to schedule HUV
- Staffing
- Patient changes settings



Stabilization

- Incorporated the HUVs into the routine schedule of reassessments

Two Birds with One Stone (Actually 3)

- ② Receive effective pain management and symptom control for conditions related to the terminal illness.
- ② §418.52(c)(1) Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness; Interpretive Guidelines §418.52(c)(1) Hospices are responsible for managing the patient's pain and symptoms related to the terminal illness and related conditions in a timely fashion. Patients should not have to experience long waits for pain and symptom management, medications, or interventions to address the patient's condition. Hospices should have methods in place to assure that the patient's pain, and all other distressing symptoms, are controlled effectively 24 hours a day/7 days per week, in all settings and wherever the patient resides.

SFVs

- ⦿ In-person visit within 2 days of a finding of symptom impact of moderate to severe
- ⦿ Will your EMR trigger a visit when symptoms are marked as moderate or severe?
- ⦿ Important thing is to meet the patient's needs
- ⦿ Only one SFV may be triggered at each assessment
 - Admission
 - HUV1
 - HUV2

The hospice is still expected to screen and engage in symptom management

Example of visit schedule

- ⦿ Admission (HOPE) Nausea is moderate.
 - +2 days SFV with nausea better
- ⦿ Other routine visits
- ⦿ HUV1 (HOPE) on Day 14 Constipation is severe.
 - +2 days SFV and constipation is better.
- ⦿ Routine visit—patient has N/V and constipation. No SFV, but symptoms are treated.
- ⦿ HUV2 (HOPE) on Day 25 Constipation is moderate impact.
 - +2 days SFV Constipation is still moderate
- ⦿ Routine visit 3 days later to check on GI symptoms (NOT an SFV)

SFVs



Preparation

- You already do “something” when patient has symptoms that need to be addressed
- Will you allow LPN/LVNs do these SFVs? Will you allow a different RN visit?
- What about timing?
- How will your EMR help you with scheduling?



Disruption

- Staffing
- Patient changes settings
- Patient refuses visit.



Stabilization

- Incorporated SFVs into the routine of following up on symptoms in the first 30 days

POLL | SYMPTOM FOLLOW-UP VISIT (SFV)

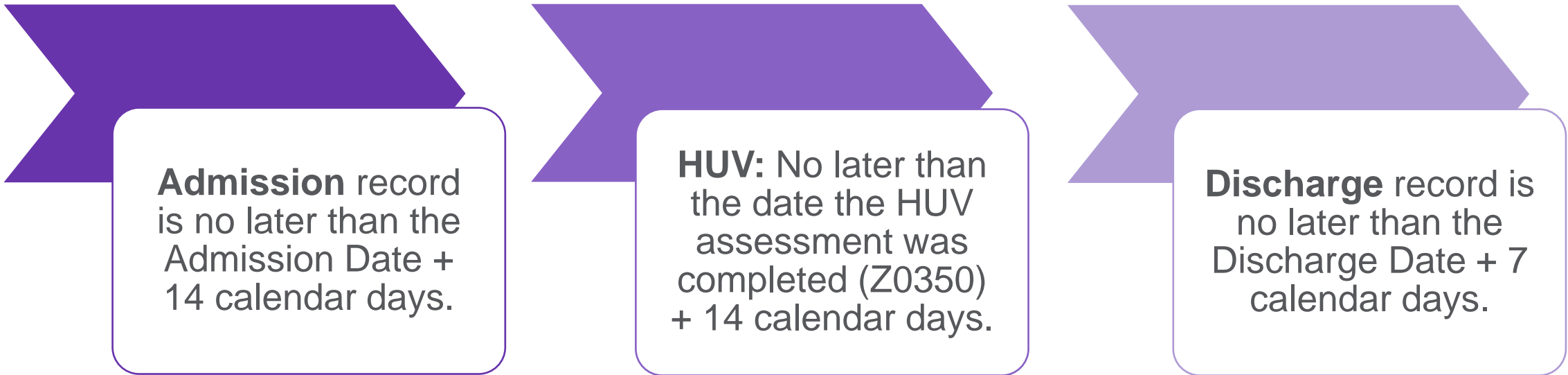
How ready are you feeling about the Symptom Follow-Up Visit (SFV)?

- 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???



Completion Goals

Completion goals are the latest possible date that a provider is *encouraged* to complete a HOPE record.



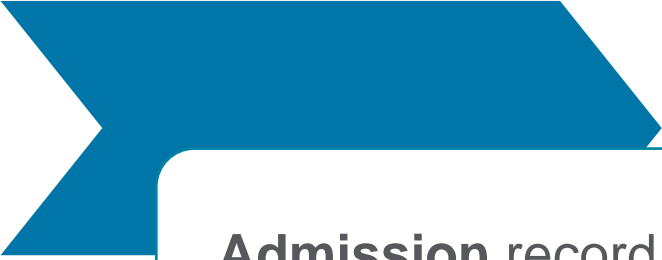
Admission record is no later than the Admission Date + 14 calendar days.

HUV: No later than the date the HUV assessment was completed (Z0350) + 14 calendar days.

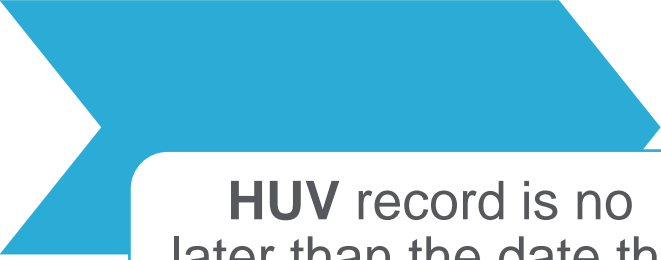
Discharge record is no later than the Discharge Date + 7 calendar days.

Submission Deadline

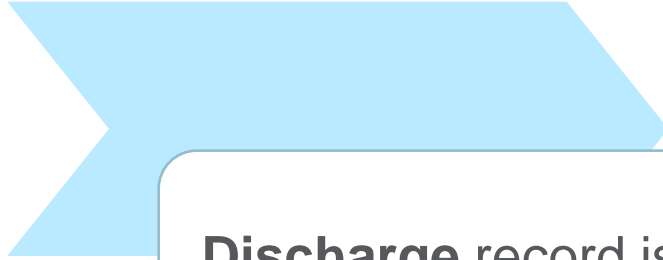
Submission deadline is defined as the latest possible date on which the HOPE record should be submitted to and accepted by CMS.



Admission record is no later than the Admission Date + 30 calendar days.



HUV record is no later than the date the HUV assessment was completed (Z0350) + 30 calendar days.



Discharge record is no later than the Discharge Date + 30 calendar days.

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

Timepoints and Submission



Preparation

- Do not procrastinate in completing HUVs
- Updating the comprehensive assessments
- What is the QA process?
- Setting up your iQIES access



Disruption

- Staffing
- Glitch somewhere



Stabilization

- Submitting accurate, valid assessments within the 30 days with plenty of time for QA, scrubbing, and resubmitting as necessary

POLL | REPORTING REQUIREMENTS

Noncompliance with reporting requirements for any given reporting period will result in an APU reduction of:

- A. 2%
- B. 4%
- C. 5%
- D. None of the above



Meet with us!



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McBee Education Services

Post-Acute Academy

- One-stop shop for education
- 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**

SimpleConnect™ for Hospice

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

No matter which EHR you use.

Scrub & submit HOPE files

Validate CMS submissions

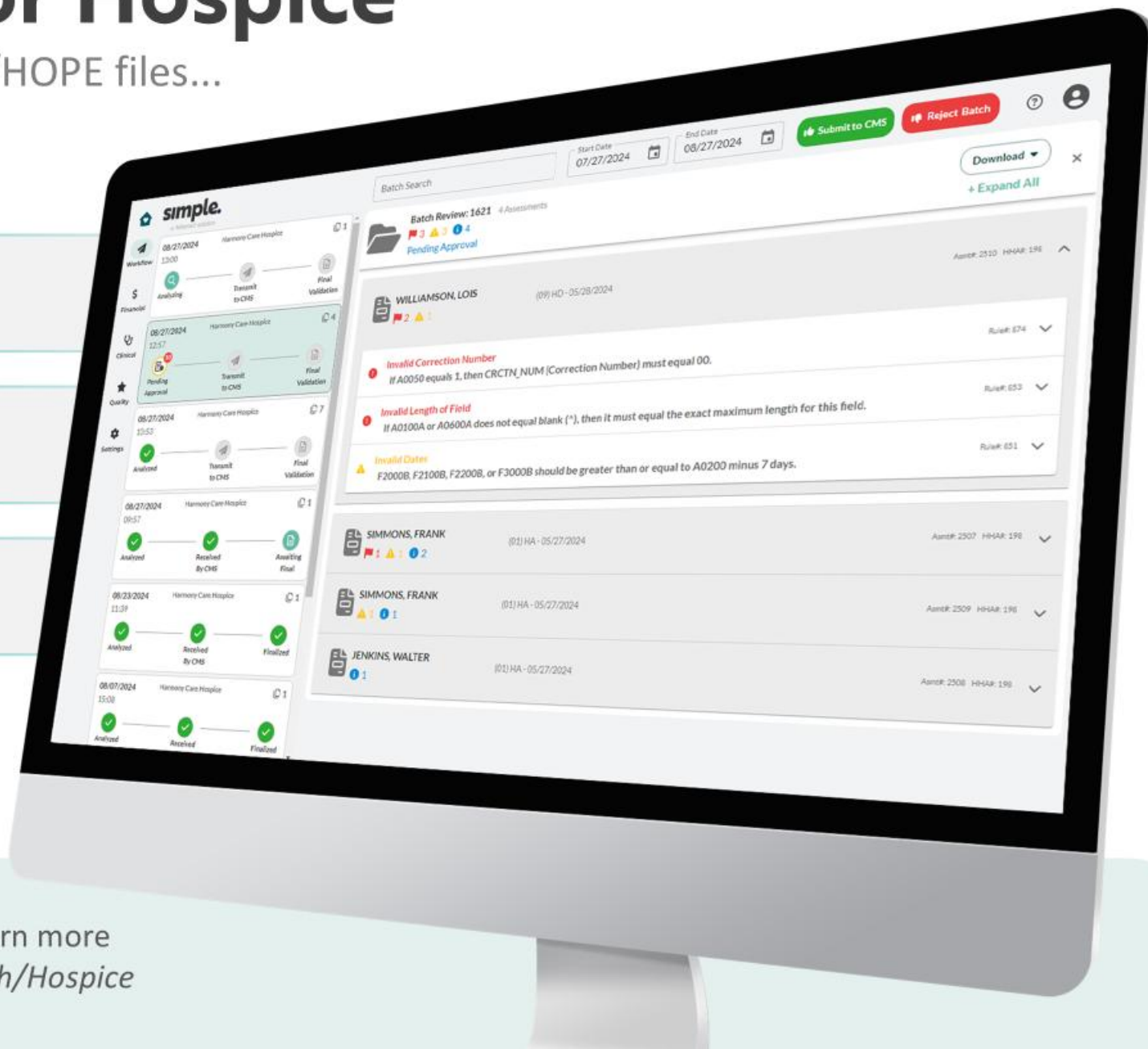
Simplify iQIES reporting

TRUSTED BY 8,000+ POST-ACUTE PROVIDERS

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a Netsmart solution



Scan the code to learn more
or visit Simple.Health/Hospice



QUESTIONS

Recording & slides will be available here:
www.simple.health/blog



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HOSPICE

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 btw days 6 and 15 of the hospice stay.
(not in first 5 days)

HOPE Update Visit 2 (HUV2)

HUV1 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”