

io Health Expands Care Optimized™ Platform to Support Home Health Agencies with Real-Time HOPE Assessment Validation

Advancing Documentation Infrastructure to Ensure Compliance with Federal HOPE Assessment Mandates and Reduce Clinician Administrative Burden

CA, UNITED STATES, February 17, 2026 /EINPresswire.com/ -- [io Health](#), a developer of artificial intelligence-driven infrastructure for post-acute care documentation, today announced the expansion of its [Care Optimized™](#) platform to include real-time validation for the Hospice Outcomes and Patient Evaluation (HOPE) assessment tool. The update provides hospice agencies with a point-of-care verification layer designed to ensure compliance with recent federal mandates while maintaining clinical workflow continuity.



AI home health documentation solutions

The expansion follows the implementation of the HOPE tool by the Centers for Medicare & Medicaid Services (CMS). The HOPE tool replaced the long-standing Hospice Item Set (HIS) as part of a broader federal shift toward standardized, real-time data collection in end-of-life care. Unlike the HIS, which focused on retrospective data abstraction at admission and discharge, the HOPE tool requires multiple assessments throughout the patient stay to capture clinical data in real-time.

Industry Context and Regulatory Framework

The transition to the HOPE tool represents a fundamental change in how hospice organizations report quality data. Under the Hospice Quality Reporting Program (HQRP), agencies must now perform assessments at the time of admission, at two specific update windows within the first

30 days, known as HOPE Update Visits (HUVs), and at the time of discharge.

CMS guidelines state that for HUV1, assessments must occur between days 6 and 15 of the hospice stay, while HUV2 must be conducted between days 16 and 30. Failure to submit at least 90% of required HOPE records within the mandatory 30-day window results in a 4% reduction in the subsequent annual payment update (APU). This financial penalty has increased from the 2% reduction previously associated with HIS non-compliance. Furthermore, the introduction of the Special Follow-up Visit (SFV) requirement necessitates an additional assessment within two calendar days if significant changes in pain or non-pain symptoms are identified during a primary visit.

"The move to HOPE is not simply a change in forms, it's a change in the frequency and nature of clinical documentation," said Dr. David Bell, Co-Founder and Chief Executive Officer of io Health. "By integrating real-time validation into the Care Optimized™ platform, we're providing a mechanism for agencies to verify that these new, time-sensitive requirements are met during the visit itself, rather than identifying errors days later during administrative review."



io health AI to reduce documentation errors



A clinician helping a patient and using io Health

Technical Integration and Platform Capability

The Care Optimized™ platform is designed as an "EMR-native" [AI overlay technology](#) that functions in conjunction with existing Electronic Medical Record (EMR) systems, such as Homecare Homebase. It does not replace the primary database of record but provides a validation layer that flags inconsistencies, missing fields, or timing errors as clinicians enter

data.

This proprietary architecture utilizes a "passive-active" logic engine that monitors clinical inputs without requiring the user to toggle between browser tabs or external applications. Beyond basic field validation, the platform's advanced algorithms cross-reference historical patient data to identify if a clinician's current findings trigger the newly mandated Symptom Follow-up Visit (SFV). By identifying these triggers, such as an increase in pain intensity from "moderate" to "severe," the system ensures that the required follow-up visit is scheduled within the mandatory two-calendar-day window, thereby neutralizing the risk of a non-compliance finding during a federal audit.

The new HOPE Validation feature addresses several technical challenges inherent in the 2025 mandates:

- Point-of-Care Verification: The system uses logic-based AI to alert clinicians to missing data points required by the HOPE manual v1.01 while they are still with the patient.
- Timeline Management: It tracks the specific windows for HUV1 and HUV2, notifying staff when an assessment is due to prevent late submissions.
- Symptom Impact Analysis: The platform identifies conflicting responses within symptom impact sections, ensuring that data regarding pain and non-pain symptoms align with clinical notes and prior assessments.
- Automatic Narrative Checks: AI-powered features perform contextual lookbacks to ensure the clinical narrative supports the selected assessment codes, a critical factor for audit defensibility.

Impact on Clinical and Administrative Operations

For many hospice providers, the increased frequency of assessments under HOPE has created operational friction. While HIS required only two data collection points, HOPE requires up to four, doubling the documentation volume for patients remaining on service for 30 days or longer.

Current market data indicates that agencies often struggle with "documentation debt," which is the accumulation of uncompleted or uncorrected charts that delay billing and increase the workload for Quality Assurance (QA) teams. According to io Health's research, agencies using point-of-care guidance have seen a 25% to 40% reduction in QA workload by focusing reviews only on complex cases where clinical judgment is most critical.

"The Care Optimized™ expansion is designed to shift the focus from correction to prevention," Dr. Bell stated. "When the documentation is validated at the source, the 'back-and-forth' between clinicians and QA managers is significantly reduced. This allows administrative teams to focus on clinical oversight rather than manual data entry errors."

Industry veterans have expressed concerns regarding clinician burnout associated with new technology. In response, io Health developed the HOPE validation layer to require minimal

training. The interface remains consistent with the existing EMR environment, appearing as a non-intrusive guide. Preliminary data suggests that agencies using the platform save an average of 22 minutes per assessment.

Additional Context: The Shift to Value-Based Care

The HOPE tool is currently in its first full year of implementation. While CMS has indicated that the data will not be used for public reporting on the Hospice Care Compare website until fiscal year 2028, the compliance requirements for data submission are active. The transition is widely viewed by industry analysts as a precursor to a value-based payment model, similar to the Home Health Value-Based Purchasing (HHVBP) model.

By standardizing patient assessments, CMS aims to gather more granular data on patient preferences, psychosocial needs, and caregiver support. This data is expected to inform future payment refinements and quality improvement initiatives. The Care Optimized™ platform is positioned to support agencies during this transition period, providing the infrastructure necessary to maintain compliance and protect revenue as the regulatory landscape continues to evolve.

About io Health

io Health is an AI-powered healthcare technology company founded in 2023 by home health and hospice industry veterans Hassaan Raza and Dr. David Bell. The company specializes in developing "Care Optimized™" infrastructure. The company's solutions provide EMR-native AI overlays that offer real-time documentation validation, compliance guidance, and operational analytics. io Health is HIPAA compliant and SOC 2 Type II certified, serving providers across multiple states to improve documentation accuracy and clinician efficiency.

David Bell

io Health

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