

HOPE Implementation Frequently Asked Questions (FAQs)

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Hospice Item Set (HIS) to Hospice Outcomes and Patient Evaluation (HOPE)

1. When does HOPE start?

The Hospice Outcomes and Patient Evaluation (HOPE) tool will replace the Hospice Item Set (HIS) beginning October 1, 2025.

For all patients admitted on or after October 1, 2025, only HOPE records will be accepted by the Centers for Medicare & Medicaid Services (CMS). These include the HOPE Admission, HOPE Update Visit(s) (HUVs), if applicable, and HOPE Discharge records.

For all patients with discharges occurring through September 30, 2025, completion and submission of both the HIS Admission and HIS Discharge are required.

For patients admitted through September 30, 2025, but discharged on or after October 1, 2025, providers will:

- Complete and submit the HIS Admission.
- Complete and submit a HOPE Discharge assessment.

- NOT be required to administer the HUV assessment(s).

2. What is HOPE and why is CMS changing from HIS to HOPE?

HOPE is a new tool for hospices. HOPE contains a standardized set of items to capture patient-level data on each hospice patient. The HOPE tool contains a set of demographic, screening, and other data elements (also referred to as “items”), which contribute to a comprehensive assessment of all hospice patients. The primary objectives of HOPE are to provide CMS with quality data to:

- Enhance the HQRP through standardized data collection.
- Support survey and certification processes.
- Inform future payment and quality improvement refinements.

3. Will we have to discharge, readmit, and/or re-assess all patients using HOPE on October 1, 2025?

No, CMS does not require hospices to discharge and readmit patients already on service as of October 1, 2025.

4. How will the transition of hospice from QIES to iQIES impact HIS and HOPE data submissions?

On October 1, 2025, hospice providers will begin using HOPE.

HOPE Submissions

All HOPE data will be submitted to iQIES. iQIES will not accept HIS submissions.

HIS Submissions

All HIS data will be submitted to QIES. QIES will not accept HOPE submissions. For all patients with discharges occurring through September 30, 2025, hospices are required to complete both the HIS Admission and HIS Discharge and submit to QIES. QIES will accept HIS assessments with a target date of September 30, 2025, or earlier through February 15, 2026, after which QIES will not accept HIS records or corrections. This aligns with the review and correct data correction deadline for Q3 2025 which is February 15, 2026. Providers are encouraged to monitor their Q3 2025 HIS data submissions timely to ensure sufficient time to correct and/or submit HIS data as HIS data submissions and/or corrections will not be accepted after February 15, 2026.

HIS Admission with a HOPE Discharge

For patients who are admitted prior to October, 2025 but discharged on or after October 1, 2025, hospices are required to:

- Complete the HIS Admission and submit to QIES, and
- Complete the HOPE Discharge and submit to iQIES, and
- Are not required to submit HOPE Update Visit 1 (HUV1) or HOPE Update Visit (HUV2).

5. With the implementation of HOPE submissions to iQIES, will hospices still need to use Ivanti Secure VPN software?

iQIES is an internet-facing, cloud-based system. Accessing and logging into CMSNet will no longer be required once the data submissions migrate over to iQIES. However, for any HIS submissions that are performed through February 15, 2026, providers will need to continue to log into CMSNet, which requires the use of the Ivanti Secure VPN software.

6. Where can I find more information about HOPE?

CMS is committed to supporting hospices through the transition from HIS to HOPE and has the following resources available:

Resources

- [HOPE All Items](#): All items collected in the HOPE tool at all timepoints. Individual timepoint assessments are available as follows:
 - HOPE Admission Item Set
 - HUV Item Set
 - HOPE Discharge Item Set
- [HIS to HOPE v1.01 Item Set Change Table](#): A comparison of HIS to HOPE items, noting items that are new/changed from HIS to HOPE and the rationale for the changes.
- [HOPE Guidance Manual v1.01 Effective October 1, 2025](#): In-depth guidance on HOPE data collection items and timepoints.
- [FY 2025 Hospice Final Rule](#): This rule finalizes HOPE for use in the Hospice Quality Reporting Program, effective October 1, 2025.

Trainings

- Web Based Training: [Introducing the Hospice Outcomes and Patient Evaluation \(HOPE\) Tool](#)
- Web Based Training: [Getting Started with the Hospice Quality Reporting Program and Public Reporting](#)
- Video: [HOPE Data Collection Timepoints Explainer Video](#)

- Video Series: [Hospice Outcomes and Patient Evaluation \(HOPE\) National Implementation Virtual Training Program](#)

Help Desk

- [iQIES Service Center](#) Assists with questions related to the HIS and HOPE data submission or other technical assistance information including error messages or record rejections.
 - Phone Number: 1-800-339-9313
 - Monday-Friday 8:00 a.m. - 8:00 p.m. ET

HOPE Submission

7. Is HOPE election considered Day 0 or Day 1?

CMS interprets the date of election to be Day 0. Therefore, if the patient was admitted on Wednesday and the effective date of hospice election was on Wednesday, Wednesday is Day 0, Thursday is Day 1, and so on. The Comprehensive Assessment, including the HOPE Admission, is required to be completed no later than 5 calendar days after the election of hospice care.

8. Do the HOPE Update Visits (HUVs) need to be submitted in sequence (such as HUV1 first then HUV2 in separate submissions)?

No. If for some reason the HUV2 is submitted prior to the HUV1, the system edits will return an out-of-sequence error, but the record will be accepted.

9. Do hospices need a vendor for the submission of HOPE data to the CMS system?

No, hospices are not required to contract with a third-party vendor for submission of HOPE data to iQIES. However, all HOPE records must be in an XML format in a ZIP file for submission, which requires a software application. The CMS HART software will sunset with the HIS.

10. Can a provider submit their own HOPE records?

Yes, providers can continue to submit their own records.

11. We already use iQIES for home health, will the process for submission of HOPE data be different from home health OASIS submission to iQIES?

Submitting HOPE data to iQIES will mirror the processes in place for submitting data to iQIES for other settings. If you have access and are familiar with using iQIES for other

settings, you will also need to request specific access for hospice. CMS will provide detailed instructions for onboarding in Summer 2025.

HOPE Timepoints

12. What are the data collection timepoints for HOPE?

HOPE includes 4 timepoints:

1. HOPE Admission (ADM)

The HOPE Admission data are collected as part of the comprehensive assessment of the patient. The HOPE Admission occurs no later than 5 calendar days after the effective date of the hospice election.

2. HOPE Update Visit 1 (HUV1)

HUV1, if applicable, based on length of stay, is required on or between days 6 and 15 of the hospice stay and should not be conducted within the first 5 days after the hospice election.

3. HOPE Update Visit 2 (HUV2)

HUV2, if applicable, based on length of stay, is required on or between days 16 and 30 after the hospice election.

4. HOPE Discharge (DC)

The data for the HOPE Discharge timepoint are collected at the time of discharge.

HOPE data are collected during the hospice's routine clinical assessments and are based on unique patient assessment visits. In counting days for the HOPE timepoints, the date of the hospice election would be considered Day 0. The number of HUVs required is dependent on the hospice patient's Length of Stay (LOS).

13. Since CMS is allowing an LPN/LVN to conduct Symptom Follow-up Visits (SFV), can they also conduct the HUV?

No. The HUV must be conducted by the RN as it is an assessment to update the plan of care.

14. Which patients require a HUV?

HUV1 is required for all hospice patients who have had a HOPE Admission assessment and are on service between days 6 and 15. HUV2 is required for all hospice patients who have had a HOPE Admission assessment and are on service between days 16 and 30. In counting days for the HOPE timepoints, the date of the hospice election would be considered Day 0.

15. What should a hospice do if it is late in completing the HUV?

If an HUV is missed or late for any reason (e.g., HUV1 conducted on Day 17 or HUV2 conducted on Day 33), conduct the visit as soon as possible after it was identified as missed or late and submit the record once completed, including any SFVs, if applicable. A late HUV record will still be accepted in iQIES.

16. Do we need a vendor to submit HOPE?

The HART tool will be retired on October 1, 2025. Hospice providers will be required to use a vendor or 3rd party to complete and code HOPE assessments. Providers can choose to submit the records themselves or arrange with a 3rd party to submit on their behalf.

Symptom Follow-up Visits (SFVs)

17. Can the SFV be conducted at the same visit as the HUV that identified moderate or severe symptom impact and triggered the SFV?

No, HOPE data are “collected during the hospice’s routine clinical assessments and are based on unique patient assessment visits.” The SFV is an in-person visit that occurs within 2 calendar days of a HOPE Admission or HUV in which any pain or non-pain symptom for HOPE item J2051. Symptom Impact are coded as moderate or severe. The SFV must be a separate visit from the HOPE Admission or HUV, although it may occur anytime within 2 calendar days or later on the same day as the HOPE Admission or HUV.

18. Why are the SFVs required to be in-person visits?

CMS selected this requirement for HOPE SFVs to be conducted as in-person visits based on expert input regarding hospice best practices. To minimize the burdensome impact of the in-person staffing requirement and to take advantage of the staff members hospices have, CMS finalized the decision that SFVs may be performed in-person by either RNs or Licensed Practical Nurses (LPNs)/Licensed Vocational Nurses (LVNs). CMS will continue to monitor the provision and burden of in-person HOPE SFVs after HOPE implementation and evaluate whether revisions to the HOPE administration requirements are necessary.

19. Is telehealth allowed for the SFVs?

No, the SFVs are to be in-person only. CMS selected this requirement for in-person visits based on expert input regarding hospice best practices.

20. Can any Interdisciplinary Group/Team (IDG/IDT) member complete the SFV?

No, the SFVs must be completed in person by an RN or LPN/LVN.

21. Does the SFV have to be completed before the HOPE Admission or HUV is submitted?

Yes, the SFV is part of the HOPE Admission or HUV. When a SFV is triggered, it would be submitted as part of the HOPE Admission or HUV that triggered the SFV.

22. What are the HOPE Submission Deadlines?

To maintain compliance with the HQRP, providers must submit at least 90% of their HOPE records per the 30-day submission deadline as follows:

- For Admission records (A0250 = 1), the Submission Date may be no later than 30 days from the Admission Date (A0220).
- For HUV records (A0250 = 2 or 3), the Submission Date may be no later than 30 days from the date the HUV was completed (Z0350).
- For Discharge records (A0250 = 9), the Submission Date may be no later than 30 days from the Discharge Date (A0270).

23. Can the SFV extend beyond the assessment timeframes for the Admission or HUV? (such as on Day 17 or Day 31?)

Yes, the SFV can extend beyond the timeframe if necessary. The SFV is an in-person visit expected within 2 calendar days as a follow-up for any pain or non-pain symptom impact rated as moderate or severe. Since the SFV is part of the HOPE Admission or HUV, it is submitted as part of the timepoint that triggered it. Therefore, depending upon timing and responses to J2051. Symptom Impact, at Admission and the 2 HUV timepoints, the SFV could stretch beyond the assessment timeframe.

24. When a SFV indicates any symptom in J2053. SFV Symptom Impact is moderate or severe, is another SFV required?

No, multiple SFVs are not required for the purpose of the HQRP. Although not required for the HQRP or for HOPE data collection, it is expected that the hospice staff will continue to follow up with the patient based on their clinical and symptom management needs.

Vendor

25. Do hospices need a vendor for HOPE data collection?

Yes, hospices will need a private software vendor to collect HOPE data if they do not already have one. CMS' iQIES system will replace QIES and CASPER for Hospices beginning October 1, 2025. Hospice providers will need to use vendor/3rd party/corporate software to complete/code HOPE assessments.

Providers can choose to submit the records themselves or arrange with a 3rd party to submit on their behalf. All HOPE records must be submitted to iQIES in an XML format in a ZIP file.

26. Do hospices need a vendor for the submission of HOPE data to the CMS system?

No, hospices are not required to contract with a third-party vendor for submission of HOPE data to iQIES. However, all HOPE records must be in an XML format in a ZIP file, which requires a software application. The CMS HART software will sunset with the HIS.

iQIES

27. When will we be able to create accounts for iQIES?

CMS plans for hospices to begin using iQIES for HOPE data submission starting October 1, 2025. CMS will provide detailed iQIES onboarding instructions during the summer of 2025. As always, information about HOPE will be posted on the [Hospice QRP Announcements & Spotlight](#) page.

28. Will there be iQIES training for hospices?

There are several video tutorials available for providers on the iQIES YouTube channel. You can find the topics and links to these tutorials on the [QIES Technical Support Office \(QTSO\)](#).

29. When will the Hospice Validation Utility Tool (VUT) be released?

The VUT is posted on the [Validation Utility Tool \(VUT\)](#) page. Additionally, the VUT is web-based so it's not a downloadable file to install on your client's machine.

30. Will iQIES support API interoperability to vendors?

At this time, iQIES does not support API interoperability. CMS hopes to move in that direction in the future.

31. Does CMS have a list of vendors that support HOPE submission?

CMS does not provide a list of vendors who support the submission of assessment data.

Reports

32. When a hospice transitions from QIES to iQIES, will the Hospice-level and the Patient-level Quality Measure Reports, the Review and Correct Reports and the Care Compare Provider Preview Reports remain the same? Will they be available in iQIES on October 1, 2025?

The quality measure reports (i.e., Hospice-Level Quality Measure Report, Patient-Level Quality Measure Report, Review and Correct Report) and the Care Compare Provider Preview Reports in iQIES will be very similar to the current QIES reports, while being updated to include the iQIES-specific logo and report displays.

Please note that the Hospice-Level Quality Measure Report, Patient-Level Quality Measure Report, Review and Correct Report will not be available in iQIES until early 2026. QIES support will continue through the end of the HIS data submission period (February 15, 2026) and until all reporting currently in CASPER, including public reporting, is migrated into iQIES. Hospice providers will need to maintain their access into CASPER between February 16, 2026, and May 2026 so that they can access the February 2026 Hospice and CAHPS Provider Preview reports which correspond with the May 2026 refresh.

33. When a hospice transitions from QIES to iQIES, will the hospice provider reports remain the same? Will they be available in iQIES on October 1, 2025?

Yes, the hospice provider reports in iQIES will be very similar to the current QIES reports, while being updated to include the iQIES-specific logo and report display. Hospice provider reports will be migrated to iQIES for October 1, 2025.

There are 4 QIES provider reports that will be combined into 2 reports in iQIES as below:

1. The QIES Hospice Admission and Hospice Discharge reports will be combined into 1 report and enhanced to include information about HUV records in iQIES. The iQIES Hospice Admissions/HUV/Discharges Report will allow users to generate the report for patients for whom Admission, HUV, or Discharge HOPE or Admission or Discharge HIS records had been accepted into the system during the user-requested time period individually. Users will be allowed to run the report for all 3 event types or a subset of event types based upon their need.
2. The QIES HIS Records with Error Number XXXXX and HIS Record Error Detail by Provider reports will be combined into one iQIES report (Hospice Record Errors by Field by Provider Report).

34. Will the Final Validation Reports (FVRs) be available for HOPE in iQIES?

Yes, the FVRs will be available for HOPE users to download after a submission in iQIES, similar to the other care settings. These will include an on-demand Provider FVR, an autogenerated Provider FVR and a Submitter FVR. Format for the reports will be similar to the QIES reports for HIS but will report on HIS or HOPE data, depending on the date range selected (prior to or on/after October 1, 2025). These will be generated in HTML, PDF, and CSV formats similar to the other care settings, in iQIES.

Hospice Quality Reporting Program (HQRP) Compliance

35. Will the timeliness compliance threshold for HIS and HOPE change for CY 2025 submissions (the FY 2027 APU Period), given the HOPE implementation?

No, HOPE data submitted in CY 2025 will impact the payments in FY 2027. As with the HIS, the timely submission of HIS + HOPE data for all the timepoints in CY 2025 will be a factor in determining a hospice's compliance with the HQRP requirements. To be compliant, 90% of HIS + HOPE records must be submitted by the 30-day submission deadline or be subject to a 4% APU penalty.

36. Will the same timely compliance threshold of 90% be required for HOPE as it is for the HIS?

Yes, to be compliant, 90% of HOPE records must be submitted by the 30-day submission deadline or be subject to a 4% APU penalty. The first full year of HOPE data submitted in CY 2026 will impact the APU and payments in FY 2028.

37. If a hospice is late in completing the HUV, will it impact compliance?

No, HQRP compliance is based on submitting HOPE records within 30 days of the target dates, or for the HUVs, the date recorded on Z0350. Date Assessment was Completed. For submissions beyond 30 days, a warning will be issued. A late HUV record will still be accepted in iQIES. The system will identify the record by the information recorded on: A0250. Reason for Record (Admission, HUV1, HUV2, or Discharge).

Public Reporting of HOPE Data

38. What is the impact of HOPE on the HQRP Quality Measures?

For the Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission (CBE #3235)- Beginning on October 1, 2025, the data for this measure will continue to be collected at admission as part of HOPE.

In addition, CMS finalized the addition of 2 new quality measures that will be calculated using HOPE data:

1. Timely Follow-up for Pain Impact (#01795-02-C-HQR), and
2. Timely Follow-up for Non-Pain Symptom Impact (#01796-01-C-HQR).

39. When will the new HOPE quality measures first be publicly reported on Care Compare and the Provider Data Catalog?

Public reporting of the HOPE-based measures Timely Follow-up for Pain Impact (#01795-02-C-HQR) and Timely Follow-up for Non-Pain Symptom Impact (#01796-01-C-HQR) is anticipated no earlier than November 2027 (FY 2028).

40. With the start of HOPE, will the first 2 quarters of HOPE data collected be used in the publicly reported measures on Care Compare or on the Provider Data Catalog?

As noted in the FY 2025 Hospice Final Rule, CMS will assess the quality and completeness of HOPE data received as we near the end of Q4 2025 before publicly reporting the measures. Data collected by hospices during the 4 quarters of CY 2026 (for example, Q1, Q2, Q3 and Q4 CY 2026) will be analyzed starting in CY 2027. CMS will inform the public of the decisions about whether to report some or all of the quality measures publicly based on the findings of analysis of the CY 2026 data.