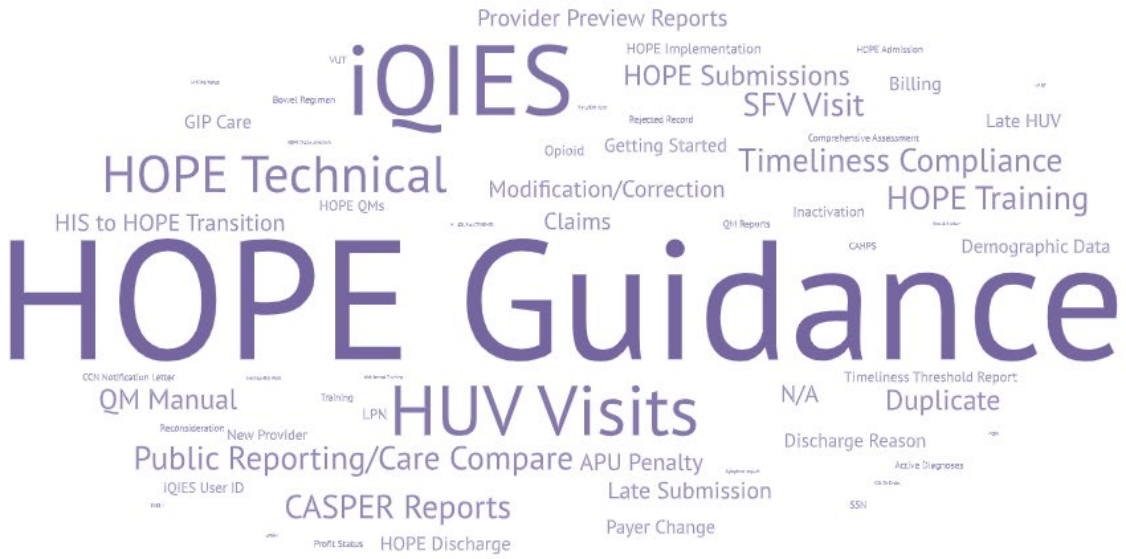
Hospice Quality Reporting Program (HQRP)

Help Desk Questions and Answers:

October 1, 2025

Word cloud reflects frequency of keywords for questions received during the quarter.



The HQRP Help Desk responded to 250 questions Since July 1, 2025, in the lead up to HOPE Implementation. This Q&A presents some of the more common questions to help providers understand HOPE.

Question 1:

Completing HOPE

Where can I find more information about completing the HOPE tool?

Answer 1:
Resources regarding the completion of HOPE can be found on the Hospice Quality Reporting Program website, specifically the HQRP Training and Education Library webpage.

We recommend the Hospice Outcomes and Patient Evaluation (HOPE) National Implementation Virtual Training Program Course 1: Didactic Recorded Training Series

- Part 1: Training Overview and Introduction to the HOPE Tool
- Part 2: HOPE Section A. Administrative Information Didactic Training
- Part 3: HOPE Sections F. Preferences, and I. Active Diagnoses Didactic Training
- Part 4: HOPE Section J. Health Conditions Didactic Training
- Part 5: HOPE Sections M. Skin Conditions, N. Medications, and Z. Record Admin. Didactic Training

We also suggest you view the live coding workshop. To access the training, click on the following link: https://www.youtube.com/watch?v=8fsh5np1wzg.

Question 2:

HIS/HOPE Data Submission

What is the difference between HIS data submission and HOPE data submission?

Answer 2:
Both the HIS and HOPE data contribute to the Hospice Quality Reporting program. As of October 1, 2025, HOPE replaced the HIS data.

HIS Submission
All HIS data should continue to be submitted to QIES. 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. QIES will not accept HOPE submissions.

HOPE Submission
As of October 1, 2025, all HOPE data will be submitted to iQIES. iQIES will not accept HIS submissions.
We suggest you review the resources on the iQIES Technical Support Office website. Specifically, What to Expect with the HOPE Assessment Submission and Reporting Launch in iQIES | QIES Technical Support Office and iQIES HOPE Assessment Submission and Reporting Launch and Provider Security Official Recruitment | QIES Technical Support Office.

For additional support with iQIES, including iQIES access and the submission of HOPE data, contact the iQIES Service Center via email: iqies@cms.hhs.gov or phone:# 1-877-201-4721, or 1-800-339-9313 (Monday-Friday 7:00 a.m. - 7:00 p.m. Central Time).

Question 3:

Admission/HUV1/HUV2 and the SFV

Can you explain the relationship of the SFV to Admission, HUV1 and HUV2?

Answer 3:
Admission, HUV1 and HUV2 are specific timepoints for HOPE data collection. Each timepoint has a timeframe for data collection. HOPE data are collected during the hospice's routine clinical assessments (within the specified timeframes) and are based on unique patient assessment visits.

The SFV is an in-person visit expected within two calendar days as a follow-up for any pain or non-pain symptom impact rated as moderate or severe in item J2051. The SFV **must be a separate visit** from the Admission or HUV. It may occur anytime within two calendar days, or later on the same day as the assessment where the initial finding of a moderate or severe symptom impact was determined during the Admission or HUV. Depending upon timing and responses to J2051. Symptom Impact at Admission, or either of the two HUV timepoints, the SFV could stretch beyond the assessment timeframe. If there is no moderate or severe impact during the Admission, HUV1 or HUV2, there is no need for the SFV and items J2052 and J2053 do not need to be completed.

The results of any SFV conducted is submitted with the corresponding HOPE Admission or HOPE HUV data.

Question 4:

HOPE Data Collection for Travel Patients

If a hospice patient travels during the first 30 days of service, which hospice would be responsible for completing the HUV and subsequent SFV visits, if applicable and submitting the HOPE data? Is it the responsibility of the home (admitting) hospice or the host hospice?

Answer 4:

Please refer to the HOPE Guidance Manual, page 14, Section 1.5. Applicable Patients:

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

- *Where the patient receives hospice services, such as a private home, nursing home, assisted living, or hospice inpatient facility.*

"In rare circumstances where a newly admitted hospice patient travels during the first month of hospice service, the home hospice may request the host hospice to conduct and provide the documentation for HUV1 and/or HUV2."

It is the responsibility of the "HOME" hospice who admitted the patient for hospice services and is currently billing for these services to provide the documentation for the HQRP (all HOPE records).

A travel contract is typically to provide "core service" which may include necessary nursing visits, although CMS understands that it some cases, this may not be possible.

Question 5:

HOPE Data Collection: HUV and N0500. Scheduled Opioid

If a nurse is conducting the new HOPE- HUV timepoint and determines that an opioid is to be *continued* from a previous order when completing the item, **N0500. Scheduled Opioid** what date should be entered N0500-B? Is the date the hospice received the order for a continuing opioid, or the date of the HUV?

Answer 5:

As noted in the HOPE Guidance Manual and in the definitions for these two new timepoints (HUV1 and HUV2:

> *The primary objectives of HOPE are to provide quality data for HQRP requirements through standardized data collection, support survey, and certification processes, and to 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 via Quality Assurance Performance Improvement (QAPI).*
>
> ***The data for HUV1 and HUV1 are collected via an in-person visit to inform updates to the plan of care.***

N0500 was carried over from the Hospice Item Site (HIS). The purpose of the HOPE Update Visit (HUV) is to collect and confirm information. Item completion should be based on what is determined during the assessment visit and/or included in the clinical record. The date entered should coincide with the details obtained during the HUVs, regardless of whether it is newly initiated or continued from a previous order. If, during the HUV visit an opioid is identified as *continued,* one would enter the date of the HUV visit in **N0500B. Date scheduled opioid initiated or continued.**

Question 6:

Hospice Discharge and J2052C. Reason SFV not completed

Does **J2052C. Reason SFV not completed** have to be completed if the patient dies within the SFV timeframe of two days?

Answer 6:

No, J2052C would not need to be completed. A patient discharge for any reason before an SFV can be completed is a denominator exclusion for the new HOPE measures.

Please refer to page 31 of the HQRP QM Manual. Hospice Quality Reporting Program Quality Measure Specifications User's Manual, Version 1.03.

Question 7:

J2052C. Reason SFV not completed and Code 9. None of the above.

For **J2052C. Reason SFV not completed,** if the patient is available, but hospice staff are unable to get to the patient within the two days due to a variety of other reasons (e.g., staffing issues, weather conditions), which code should be used?

Answer 7:

For unsuccessful attempts to complete and SFV, unrelated to a patient issue noted in Codes 1, 2, or 3, the hospice should **Code 9, None of the above,** if none of the reasons listed apply.

Reason Codes 1, 2, and 3 on J2052 C would be used only in situations where a patient may decline or be inaccessible for a variety of reasons. These reason codes were added out of a concern raised by the Technical Expert Panel (TEP) during HOPE development.

CMS understands that there will be instances where an SFV may be late or missed due to a variety of reasons (weather conditions, staffing, etc.). A late SFV would still be accepted and if added to the HUV assessment prior to submission, it will be added to the HOPE data. All SFV submissions, even those that are late will help CMS understand the frequency of occurrence and the attempts made by hospices to follow-up with their patients having severe or moderate symptom impact. For extenuating circumstances that impact a hospices quality measure scores or timeliness, they have the opportunity to request an exemption: Extension and Exemption Requests | CMS. Please Note: Code 9 is not an exclusion for the QM calculations.

Question 8:

I0010. Principal Diagnosis and Comorbidities and Co-existing conditions

When completing the new section for comorbidities and co-existing conditions, does the hospice select only those diagnoses that are related to the hospice diagnosis, or should we be selecting all of the patients comorbid and co-existing conditions?

Answer 8:

Please refer to the HOPE Guidance Manual on page 55. The hospice should check ALL the comorbid and/or co-existing diseases or medical conditions that are addressed in the plan of care or that have the potential to impact the plan of care.

Question 9:

HOPE Update Visits (HUV) and the LPN/LVN

Since LPNs and LVNs can perform the Symptom Follow-up Visit (SFV), can they perform HUV?

Answer 9:

As stated in the HOPE Guidance Manual, The RN should assess items J2050. Symptom Impact Screening and J2051. Symptom Impact during the HOPE Admission or the HUV. As per the hospice COPs, the IDG includes the RN, not LPN. Therefore, CMS requires the RN to complete the Comprehensive Assessment and to update the assessment no less frequently than every 15 days.

Please refer to the requirements in the Hospice Conditions of Participation at eCFR :: 42 CFR Part 418 -- Hospice Care.

Question 10:

HOPE and Patient Transfers

If we receive a transfer from another hospice after day 30 and the former hospice completed their Admission, HUV1, and HUV2. Are we required to do more HOPE Update Visits?

Answer 10:

As stated in the HOPE Guidance Manual in **Section 1.5.1. Special Circumstances Affecting HOPE** Patient transfers from one hospice provider to another provider with a different CMS Certification Number (CCN):

- Hospice quality reporting is at the CCN level.

- If a hospice patient's care transfers or changes from one hospice to another, and the two hospices have different CCNs, each hospice should complete a HOPE-Admission, HOPE Update Visit records (as applicable), and a HOPE-Discharge record for the care provided to the patient by their organization.
- When the transferring hospice completes its HOPE-Discharge, response 05, "transferred to another hospice," should be selected for Item A2115—Reason for Discharge.